Review Article

TREATMENT OF HEMORRHAGIC GASTROENTERITIS IN DOG

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ABSTRACT

A 5 year old male dog presented from the field with the history of hemorrhagic gastroenteritis. Animal was treated with medicine and proper management.

INTRODUCTION

Haemorrhagic gastroenteritis is a common occurring disease in all breeds and age groups of dog. The most common clinical symptoms are sudden onset of acute vomition with blood, bloody diarrhea, dehydration, anorexia, weight loss and depression. Etiology responsible for this condition are viruses such as Parvo virus (Appel et al., 1978, Hoskins, 1997), Corona virus (Toma and Moraillon, 1980), Rota virus (Barrios et al., 1989), bacterial infections like Salmonella spp. (Chaudhary et al., 1985), Escherichia coli (Prada et al., 1991), Clostridium spp. (Turk et al., 1992), endoparasites such as Dipylidium caninum, Ancylostoma caninum (Kumar et al., 2001), food allergy (Kumar et al., 2003) and irritant drugs (Waters et al., 1992). The main objective of the treatment is either by treatment or by management.

Case History and Observation

A 5 year old male dog presented to outpatient department of Government Veterinary Hospital, Ghansali with a history of blood in vomiting, bloody diarrhea, dull, depress, dehydration and weak. At the time of examination, animal showed pain on pressing the abdomen and stomach.

The rectal temperature, respiration rate and pulse rate were recorded 100.2°F, 10 per minute and 50 per minute respectively. It is primarily diagnosed by history, physical examination and secondly by hematological examination.

Treatment with management

The treatment started with resting the stomach by withholding food for 24 to 48 hour. The dog was treated by administration of fluid or treated by fluid therapy (200ml each of Normal saline and electrolyte solution) IV, antiemetic (Metoclopramide @ 0.4 mg/kg IM), 50mg chlorpheniramine maleate IM (Anistamin, Intas Pharmaceuticals Ltd, Ahmedabad, India), Ranitidine @ 0.5 mg/kg wt IV, Antibiotic should be given to prevent the secondary bacterial infection Amikacin @ 10 mg/kg B.Wt TID IV. Cold water or crushed ice was given in multiple times daily but in small quantities. Complete recovery of the animal was reported on follow-up of the case and advised to owner do not introduce any new food suddenly. It is mix the new food with your pet’s former food, gradually increasing its proportion until only the new food is fed.

DISCUSSION

Hemorrhagic Gastroenteritis is characterized by a sudden onset of vomiting, profuse bloody diarrhea and depression.
Table 1. Hematological Picture of Hemorrhagic Gastroenteritis affected Dog

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Before treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hb</td>
<td>9.6 gm/dl</td>
<td>13.0 gm/dl</td>
</tr>
<tr>
<td>PCV</td>
<td>40.0%</td>
<td>46.0%</td>
</tr>
<tr>
<td>TLC</td>
<td>12 x10^3 µl</td>
<td>10 x10^3 µl</td>
</tr>
<tr>
<td>Platelet</td>
<td>60 x10^3 µl</td>
<td>390 x10^3 µl</td>
</tr>
<tr>
<td>DLC</td>
<td>Neutrophils 84%</td>
<td>Neutrophils 68%</td>
</tr>
<tr>
<td></td>
<td>Lymphocyte 14%</td>
<td>Lymphocyte 22%</td>
</tr>
</tbody>
</table>

Injury like chemical, ischemia, infection, or antigens can stimulate the release of inflammatory mediators and vasoactive compounds such as neutrophils, mast cells, platelets, endothelial cells and neurons from a variety of cell types (Perry et al., 1986 and Wallace, 2001). It is a serious disease that requires immediate veterinary intervention early in the course of the disease to prevent animal death. Withholding food for 24–48 hours is usually sufficient therapy for resolution in cases. Similar findings were reported by Webb et al., 2003. We have administered the fluids to prevent dehydration and correct electrolyte imbalances and antibiotic should be given to prevent the secondary bacterial infection.

REFERENCES


