Poster presentations

Portuguese Water Dog-associated phenotype in canine atopic dermatitis

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OBJECTIVES

To establish Portuguese Water Dog (PWD) atopic dermatitis (AD) specific phenotype.

METHODS

Ninety-nine client or breeder-owned PWD were enrolled. The clinical diagnosis of AD was made according to accepted criteria and after ruling out other causes of pruritus. Exclusion criteria included any conditions/medications that might have prevented accurate assessment of AD and

potentially interfered with the study's outcome. Participating atopic dogs (n=26) required to receive appropriate flea control and owners were given a custom-made questionnaire. A thorough clinical examination was performed and all clinical data recorded. Additionally, serology for flea saliva specific antigen was also executed (LETI univet®). Results were compared with a generic population of atopic dog with Z test for proportions.

RESULTS

Significant differences were found between the clinical phenotype of atopic PWD and the whole population. This includes a special predisposition to lesions in the dorsolumbar area (38.5%) ($p<0.05$) (not related to flea allergic dermatitis as shown by serology ($p>0.05$), front feet (96.2%) ($p<0.05$), pinnae (92.3%) ($p<0.001$), eyelids (69.2%) ($p<0.001$), development of otitis (92.3%) ($p<0.001$), dry skin (69.2%) ($p<0.001$) and conjunctivitis (57.7%) ($p<0.001$).

STATEMENT (CONCLUSIONS)

PWD presents a specific breed phenotype for CAD with, among others, a particular predisposition for development of lesions in the dorsolumbar area. This can be misleading as the region is classically associated to fleabite hypersensitivity. CAD is a multifaced disease whose clinical presentation may be affected by numerous factors. Recent studies shown breed-associated differences regarding clinical phenotype.

Use of computed tomography for the diagnosis of pylorogastric intussusception in a 7 year old male dog: case report

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OBJECTIVES

Pylorogastric intussusception is rare with very few reports in the veterinary literature. The use of computed tomography (CT) for diagnosis of pylorogastric intussusception has

not been described. The aim of this report is to present the imaging features including CT findings of pylorogastric intussusception in a dog.

METHODS

A seven-year-old male neutered Dalmatian was presented for acute onset of haematemesis. Initially, an underlying coagulopathy (e.g. rodenticide intoxication) was suspected. Abdominal ultrasonography and radiography, and pre- and post-contrast CT examination were performed.

RESULTS

Radiography and ultrasonography showed a distorted semi-lunar-shaped gastric lumen. Ultrasonography further showed closely apposed and thickened stomach walls, and a pylorus-like structure present in the left cranial abdomen. Pylorogastric intussusception was suspected. However, patient size and conformation hindered complete ultrasonographic evaluation of the stomach. A CT examination was therefore performed to confirm diagnosis, and screen for gastric wall necrosis or underlying causes (e.g. gastric mass). CT confirmed pylorogastric intussusception. The gastric wall was markedly thickened but showed regular contrast enhancement suggesting viability. There was also mild lymphadenomegaly adjacent

to the displaced duodenum but no underlying cause of the intussusception was identified. The coagulopathy was presumed to be consumptive and surgery was performed following plasma transfusion. Gastric wall and lymph node biopsies were taken, also revealing no underlying cause for the intussusception. The patient recovered uneventfully.

STATEMENT (CONCLUSIONS)

Although rare, pylorogastric intussusception should be considered as a differential diagnosis in patients with haematemesis and coagulopathy, and CT examination may aid accurate diagnosis. This is the first report presenting CT findings of this condition.

Sjögren's Syndrome in a dog: diagnosis and treatment

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OBJECTIVES

Sjögren's Syndrome is a progressive systemic autoimmune disease characterized by hyposecretion of the lacrimal and salivary glands and other exocrine glands. The primary aetiology in dogs following the human international consensus guidelines is not yet reported. The aim of our case report is to describe the clinical presentation, diagnostic work up and treatment of a dog with Sjögren's Syndrome-like signs.

METHODS

A 5-year-old intact male, Poodle cross dog presented with two weeks history of xerophthalmia, xerostomia, nasal hyperkeratosis, adipsia and anorexia. Neurological

examination was unremarkable and Schirmer tear Test revealed 0 mm/min of tear production on both eyes with bilateral corneal ulceration, mucous membranes were tacky and there were no nasal secretions.

RESULTS

MRI, CSF, urine protein creatinine ratio, rheumatoid factor, thyroglobulin antibodies and protein electrophoresis were unremarkable. Thoracic radiographs revealed a mild interstitial pattern. In total 3 drops of 1% Pilocarpine on the oral mucous membranes instigated tear and saliva production after 40 minutes. Primary Sjögren's Syndrome was one of the differential diagnoses, as well as neurogenic causes of dry mouth and eyes, in particular, dysautonomia. Biopsy of the left mandibular salivary gland revealed presence of mild lymphoplasmacytic infiltration of the salivary gland. Oral 1% Pilocarpine, topical and oral Cyclosporine and supportive treatment successfully reversed clinical signs.

STATEMENT (CONCLUSIONS)

Sjögren's Syndrome should be considered as a differential diagnosis for patients with keratoconjunctivitis sicca and difficulties to eat or anorexia. Raising awareness for Sjögren's Syndrome will hopefully lead to further investigation into the disease and development of a treatment plan for affected animals.