Oral presentations

It significantly impacts on owner's perception of QOL. This could lead to reduced treatment compliance or

euthanasia of patients. Assessment and potential treatment of visceral pain in canine CE demands further study.

Combined endoscopic and fluoroscopic assisted balloon dilation as a treatment method for benign oesophageal strictures in dogs

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OBJECTIVES

To assess the effectiveness of combined endoscopic and fluoroscopic assisted balloon dilation in dogs with benign oesophageal strictures.

METHODS

A retrospective study was performed in dogs that underwent combined endoscopic and fluoroscopic assisted

balloon dilation for benign oesophageal strictures. Cases were assigned a Modified Dysphagia Score (MDS) at presentation based on previously published literature (MDS = 0 if no dysphagia present with normal diet; MDS = 1 if able to swallow some solid food; MDS = 2 if able to swallow semi-solid food; MDS = 3 if able to swallow liquids only; MDS = 4 if unable to swallow liquids).

Information recorded included the location and number of strictures, duration of clinical signs, fluoroscopic confirmation of full stricture dilation, number of balloon dilations performed and final MDS score. Cases were excluded if assigning a MDS (either pre or post procedure) was not possible due to lack of information in the medical record.

RESULTS

Five dogs were included in the study. One patient had undergone 4 endoscopic balloon dilations prior to referral. Combined endoscopic and fluoroscopic dilatation was well tolerated in all cases with no complications reported. Patients underwent an average of 2 dilation procedures and all patients were discharged within 24 hours of treatment. The MDS improved in 4/5 cases and remained static in the remaining case. The mean pre treatment MDS was 2 and mean post-treatment MDS was 0.4.

STATEMENT (CONCLUSIONS)

Combined endoscopic and fluoroscopic assisted balloon dilation appears an effective method of treating benign oesophageal strictures in dogs.

Indications for administration of gastroprotectant medications in hospitalised dogs and cats

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OBJECTIVES

To establish how frequently gastroprotectant medications are administered in a specialist veterinary hospital and the stated indications for their use.

METHODS

A prospective, nurse-led survey was performed over a period of 9 weeks, including all dogs and cats referred to a specialist internal medicine clinic that were hospitalised for more than 24 hours. The use and dosages of gastroprotectant drugs were recorded; attending clinicians completed a questionnaire to establish indications for their use.

RESULTS

Of 189 dogs and 58 cats hospitalised for more than 24 hours, 74 (39%) dogs and 24 (41%) cats received gastroprotectant drugs. Omeprazole was the drug administered most frequently in 50 dogs and 8 cats, all at a dose

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of 1 mg/kg twice daily. Among dogs, major stated indications included vomiting (44%), decreased appetite (20%), regurgitation (14%), gastrointestinal ulceration (10%), pancreatitis (8%), administration of glucocorticoids (8%), azotaemia (6%), haemorrhagic gastroenteritis (4%), and hepatic disease (4%).

Ondansetron was prescribed at 1–2 mg/kg/day in 20 dogs and 1 cat. Among dogs, the major indications were nausea (55%), vomiting (35%), decreased appetite (25%), and pancreatitis (10%).

Maropitant was prescribed at a dose of 1 mg/kg/day in 37 dogs and 8 cats. Indications in dogs included

vomiting (46%), nausea (32%), decreased appetite (30%), whereas the major indication in cats was decreased appetite (50%).

STATEMENT (CONCLUSIONS)

There was considerable variation in the rationale for administration of gastroprotectant drugs, with no uniform pattern of prescribing. These results will inform development of guidelines for use of these drugs in veterinary practice.

Does sedation increase the frequency of radiographic oesophageal dilation in dogs without signs of clinical oesophageal disease?

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OBJECTIVES

Sedatives are thought to cause artefactual oesophageal dilation in dogs and therefore to assess for oesophageal disease, conscious thoracic radiography is recommended. Evidence to support this recommendation is limited. The aim was to compare the frequency of radiographic oesophageal dilation in dogs without clinical evidence of oesophageal disease when radiographed either with, or without sedation.

METHODS

Dogs undergoing thoracic radiography between 20/12/17 and 19/9/18 and without vomiting/regurgitation

in the previous 30 days were eligible. Cases radiographed under anaesthesia, with oesophagostomy tubes or oesophageal foreign bodies were excluded. Sedative/opioids administered were recorded. Radiographs were blindly reviewed for oesophageal dilation. If dilated, maximum oesophageal diameters (mm) were measured and the ratio of this to thoracic inlet diameter was calculated (mm).

RESULTS

298 dogs were included; 108 dogs were conscious, 42 had butorphanol alone, 92 butorphanol and medetomidine and 56 other opioids and/or sedatives. The proportion of dogs with oesophageal dilation was similar in all groups (29.6%, 33.3%, 23.9% and 26.8%, respectively). Median maximum oesophageal diameters were 10.7 mm (range: 3–28.6), 8.4 mm (range: 2.8–20.9), 10.1 mm (range: 1.6–23.9) and 16.4 mm (range: 3.3–40.1) respectively, and median ratios of maximum oesophageal diameter to thoracic inlet diameters were 0.17 (range: 0.04–0.34), 0.11 (range: 0.04–0.28), 0.14 (range: 0.03–0.34) and 0.18 (range: 0.06–0.35) respectively.

STATEMENT (CONCLUSIONS)

Conscious animals without signs of oesophageal disease may have radiographic oesophageal dilation. Sedated dogs were no more likely to have oesophageal dilation than conscious dogs, nor was it more severe. Based on this study, there is no evidence that sedation increases the risk of radiographic oesophageal dilation.