Poster presentations

Bilateral ear swabs were collected from three dogs each as follows: D28 post-cleaning with ceruminolytic cleaner and additional ear swab on D30; D45 post-cleaning with ceruminolytic cleaner and additional ear swab on D47; D60 (no cleaning); and D80 (no cleaning).

RESULTS

Concentrations of actives were substantially higher after cleaning on D28 compared to swabs collected 48 hours later (D30) with similar results from D45 to D47. This is due to actives measured from loosened cerumen immediately post-cleaning resulting in an increase of cerumen on swabs.

Cleaning on D28 or D45 enhanced the removal of active ingredients as demonstrated by lower concentrations compared to those measured on D60 without cleaning.

STATEMENT (CONCLUSIONS)

Ear cleaning with a ceruminolytic removes active ingredients but may need repeating to further clean out loosened cerumen. Without cleaning, concentrations of actives remain measurable for at least 60 days after administration on D0 followed by a second administration on D7, with measurements at or below level of quantification by D80.

Pylorogastric intussusception in a puppy with a congenital intrahepatic shunt

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OBJECTIVES

To report the first case of intrahepatic portosystemic shunt and concurrent pylorogastric intussusception in a dog.

METHODS

Case report of a single patient describing intrahepatic portosystemic shunt and concurrent pylorogastric intussusception in a dog.

RESULTS

A 16-week-old female entire Akita-Inu puppy presented for investigation of abdominal distention, acute vomiting

and transient diarrhoea. After removal of transudate by abdominocentesis, abdominal ultrasound revealed a small and diffusely hyperechoic liver without visualisation of parenchymatous branching of portal vessels and abnormal tortuous course of the intrahepatic vessel connecting the portal vein and caudal vena cava in the right liver lobes. Additionally, pylorogastric intussusception was detected. The pylorus and proximal duodenum were displaced into the pyloric antrum and fundus. Multiple concentric echogenic and echolucent rings were visible on transverse section and colour Doppler ultrasonography revealed blood flow in vessels of the intussuscepted segment of stomach. Due to high surgical costs, medical management with amoxicillin clavulanic acid (12.5 mg/kg PO q12h), lactulose (5ml PO q8h), famotidine (0.5 mg/kg PO q24) and probiotics (1g PO q24) was elected. Three weeks later, abdominal ultrasound revealed a large amount of free anechogenic fluid in the abdomen and due to clinical deterioration, poor prognosis and financial concerns for coil embolisation, the puppy was euthanised.

STATEMENT (CONCLUSIONS)

This is the first report in veterinary literature describing the occurrence of an intrahepatic portosystemic shunt and concurrent pylorogastric intussusception. Pylorogastric intussusceptions can resolve spontaneously, however, they can be life threatening and the diagnosis can be made based on abdominal ultrasonographic findings.

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