

PATIENT *History*

Brodie Davidson Constipation with associated hematochezia and dyschezia. Inappropriate diet - table scraps with commercial dog food.

SPECIES *Current therapy*

Canine Metronidazole.

BREED *Physical Examination*

Wheaten terrier Initial normal rectal palpation but associated with diarrhea thereafter. Now showing severe pain on rectal examination. No obvious masses on rectal palpation.

SEX *Urinalysis*

MN N/A

AGE *Hematology*

13 years N/A.

WEIGHT *Serum biochemistry*

15 kg N/A.

Abdominal Ultrasound

HOSPITAL NAME

Ladysmith Animal Hospital

- Discomfort with probe pressure over mid-abdomen/transverse colon.
- Ill-defined appearance of the wall of the proximal descending colon.
- No obvious obstruction.
- Normal appearance of the retroperitoneum.

REFERRING VET

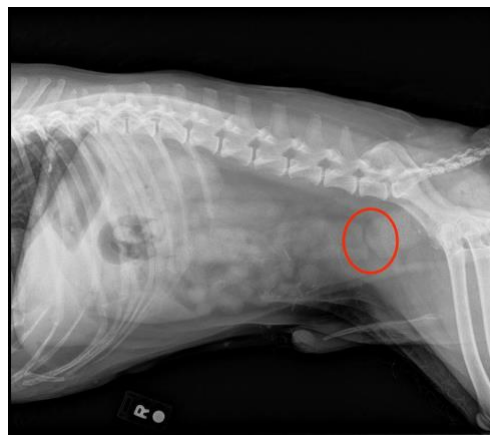
Dr Donna Markland, DVM

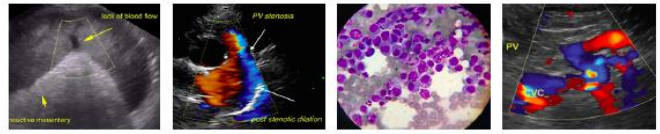
Survey Radiographs

Constipation with fecal material telescoping on each other. Normal appearance of the thorax, pelvis, lumbar spine, and lumbar-sacral junction.

DATE

9/16/21





PATIENT

Brodie Davidson

SPECIES

Canine

BREED

Wheaten terrier

SEX

MN

AGE

13 years

WEIGHT

15 kg

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INTERPRETATION OF THE FINDINGS

Although the constipation may be causing the rectal pain and hematochezia, underlying colonic disease needs to be considered, especially with the ultrasound findings.

DIFFERENTIAL/PERTINENT DIAGNOSES

Etiologies for constipation would be:

- Pelvic fracture malunion.
- Foreign bodies.
- Rectal diverticula.
- Strictures.
- Neurological disease (disc disease, spinal neoplasia).
- Orthopedic disease (osteoarthritis, cruciate disease).
- Prostatic disease.
- Colitis (helminths, granulomatous disease, inflammatory bowel disease, dietary hypersensitivity).
- Colonic neoplasia.
- Dehydration.
- Electrolyte anomalies (hypokalemia, and hypercalcemia).
- Hypothyroidism.

Of these, pelvic fracture malunion, foreign bodies, rectal diverticula, and prostatic disease have been excluded. Dehydration and strictures would also be highly unlikely.

FURTHER RECOMMENDATIONS

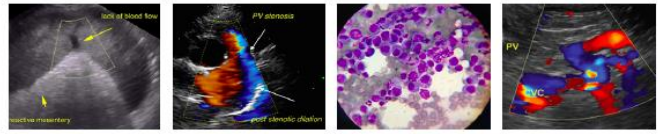
Further assessment would be:

- Fecal analysis.
- Neurological examination.
- Orthopedic examination.
- Serum electrolytes.
- Thyroid panel.
- Colonoscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the constipation is based on dietary, pharmacologic intervention, and enemas.

If there is no inflammatory bowel disease or dietary hypersensitivity, a high fiber diet is recommended; however, if the former is present, then a hypoallergic/novel protein diet would be indicated.



PATIENT

Brodie Davidson

If there is no improvement, then an emollient or hyperosmotic laxative should be added. Stimulant laxatives should be avoided as there is rectal pain and hematochezia present. Lubricant laxatives such as liquid paraffin should generally be avoided as they can result in aspiration pneumonia. Products that could be considered would be docusate and/or lactulose.

SPECIES

Canine

From the appearance of the fecal material on the radiographs, an enema would be indicated.

BREED

Wheaten terrier

Thank you for the referral. Please do not hesitate to contact me if you require any further advice concerning this case and if there is further diagnostic data available.

SEX

MN

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WEIGHT

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