CLINICAL AND PARACLINICAL ASPECTS IN THE ACUTE DIARRHEAL SYNDROME IN DOGS

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Abstract

The aim of this paper was to identify the clinical and paraclinical diagnostic elements of acute diarrheal syndrome in dogs, useful in streamling of treatment. The clinical diagnosis in haemorrhagical acute diarrheal was easy to establish given the profoundly altered general condition with cortical inhibition and melena; sometimes it has been clinically evolve as dysentery (frequent bloody defecation). In catarrhal acute diarrheal, it can sometimes be profuse (exhausting), accompanied by alteration of the patient's general condition and drowsiness. The ultrasonographical examination revealed inflammation of the intestinal wall with a hyperechoic appearance and a halo exterior hypoechogenic corresponding to parietal congestion. The haematological examination revealed hypochromic, normocytic anaemia and a systemic inflammatory syndrome (increased WBC=17.2±0.3x10³/mm³, decreased RBC=5.3±0.4x10⁶/mm³, HGB=11.8±0.4 g/dl and CHEM=31.0±0.2 g/dl). The blood biochemical examination showed subclinical liver failure without impairment of renal and exocrine pancreas functions. The sero-haemorrhagical acute diarrhea had clinically manifested by cyclic episodes of diarrhea. The radiological examination revealed inflammation of the intestinal mucosa and the presence of superficial ulcers, and the coproparasitological examination confirmed cryptosporidiosis. On the other hands, the sero-haemorrhagical acute diarrhea was the consequence of traumatic gastroenteritis, confirmed by radiological exam (dense, radiolucent contents in the gastrointestinal mass). In this situation, the haematological examination revealed a systemic inflammatory process (increased WBC=18.0±0.3x10³/mm³) and hypochromic, normocytic anemia (decreased CHEM=31.8±0.3 g/dl). The blood biochemical examination revealed subclinical liver failure (increased ALT=88.2±0.3 IU/L and ALP=120.3±0.4 IU/L, values only).

Key words: acute diarrhea, dogs, clinical, paraclinical