



HEMORRHAGIC GASTROENTERITIS

ABOUT THE DISEASE

Hemorrhagic gastroenteritis (HGE) is a potentially life-threatening intestinal syndrome that causes sudden, rapid movement of electrolyte-rich fluid into the bowels that causes explosive watery/bloody diarrhea in otherwise healthy canine patients. Patients may also show multiple episodes of vomiting, which may contain blood. HGE has been renamed **acute hemorrhagic diarrhea syndrome (AHDS)**.

In as little as 10 hours, patients will develop a dramatic amount of bloody diarrhea, and approximately 80% will experience vomiting. Vomiting may start a few hours before diarrhea develops. These symptoms are extremely dehydrating and if not promptly treated, the patient can go into shock.

Smaller canine breeds appear to have a predisposition towards HGE/AHDS, although any dog can be affected. The true underlying cause of patients developing this disease is unknown. Most dogs have no previous medical concerns or recent changes in their diet or environment.

OBTAINING A DIAGNOSIS

Abrupt onset clinical signs are the most suggestive diagnostic as there are no specific tests for HGE/AHDS. A few simple in-clinic blood tests are helpful in making the diagnosis, as many patients exhibit signs consistent with dehydration, protein loss, and electrolyte imbalances. Marked hemoconcentration (PCV > 60%) and low/normal blood protein levels are values used most commonly to diagnose this disease.

In more subtle cases, this condition may be difficult to differentiate from other conditions of the bowel. Other tests like x-rays (radiographs), abdominal ultrasound, coagulation tests, and even exploratory surgery may be required to diagnose the patient's condition.

TREATMENT

The cornerstone of treatment is aggressive intravenous (IV) fluid therapy to prevent or address shock. Marked dehydration and hypovolemic shock can develop rapidly (within hours) if not treated promptly. Without hospitalization and aggressive management this disease can be fatal.

Additional helpful medications are added for nausea, gastrointestinal protection, diarrhea, pain control, and probiotics to address overgrown intestinal bacteria. Rarely, antibiotics may be used to treat bacteria entering the bloodstream through damaged intestines, however this does not commonly occur.

Long-term management may require the patient be placed on a low-fat diet or prescription gastrointestinal diet.

Most patients show rapid significant improvement within the first 24 hours and stools often return to normal within the week.

Some patients will not develop this disease again; however others will have recurrent episodes of disease so continued monitoring is essential for ongoing success.

TIPS FOR SUCCESS

- Have the patient evaluated as early as possible for vomiting and diarrhea, especially if bloody.
- The rapid loss of fluid often requires correction through IV fluids and hospitalization.
- Most patients will stabilize in a day and recover in a week.