

Veterinary Health Guidelines

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Eyes:

- Corneal trauma (usually one eye), conjunctivitis/goopy eyes (usually both eyes) - rinse eyes 1-2x daily with saline/contact solution (warming to room temp makes it easier)
- Apply lubricating ointment like vaseline until a medicated ointment can be obtained
- For corneal laceration/ulcer, never use an ointment with steroid (dex/HC)
- For conjunctivitis, use antibiotic + steroid ointment
- Severe corneal injury makes a dog light sensitive
- Deep corneal injuries or ones not healed in 5 days typically need some form of intervention

Ears:

- Yeast & bacteria cause infection in the face of inflammation from allergy/moisture. Typically they need an rx ointment at that point (short acting daily x 7-10 days or long acting once weekly x 2 doses)
- Weekly checks: If dirty inner canals or head shaking noted, clean them every couple of days until consistently clean. Weekly cleaning is ideal especially for swimmers.
- How to clean: Saturate wipes with cleaner wrap around finger, go deep. Most of the funk is at the base of the canal. Eardrums will not be injured by your finger.
- Severely inflamed ears sometimes require an oral steroid for quicker resolution
- If an ear flap swells up like a water balloon, this is an aural hematoma caused by excessive head shaking. It will reabsorb over time w/help of steroid, but ear gets a little deformed in shape. Surgical repair is quicker but pricey and is a giant pain to manage post-operatively.

Skin allergy:

- Allergic reactions are either acute small puffy hives all over body or a focal swollen area (esp. face) - both generally caused by insect sting. Benadryl and prednisone will resolve these if given within a few hrs.
- Hot spots/rashes/generalized itch: Due to contact/inhalation of environmental pollens/grasses/allergens, food ingredients, insect bites. Raw or crusty/flaky spots on the body should be aggressively cleaned w/antiseptic every other then use a steroid/antibiotic spray or ointment (same as ears above). A bath in a human dandruff shampoo typically lends some relief (selsun blue, head & shoulders).
- Severe itch, deep or widespread hotspots typically require some oral steroid +/- skin allergy med and sometimes skin antibiotics due to secondary Staph infection.

- Monthly flea/tick preventative meds are A MUST! I like Nexgard (monthly) or Bravecto (every 3 mths) - both are oral. Use Bravecto only for pregnant/lactating bitches.

Lacerations/punctures:

- Initial prep: Trim hair around edges w/clippers (see link below). Immediately flush any wound with high pressure tap water to blast out the contaminants and encourage circulation/drainage. Warm water is better. For wounds on feet, do an initial pressure wash, then soak every other day using a large ziplock bag w/warm betadine or chlorhexidine dilution for 1-2 mins. Bandage if possible, keep bandage dry, and change bandage daily if wound was deep, every 2-3 days if superficial. For wounds extending to the deep tissue, start a skin antibiotic within 4-6H to prevent the infections that develop ~3d later. Be proactive even with a single deep puncture.
- Wounds >1": Closure with stapler ok if within 12-24H. Otherwise let it fill in by granulation and pressure clean it daily. Clean/dry the wound, pinch on either side of incision to appose edges, line up stapler arrow w/incision, apply pressure with device, depress trigger, one staple per ~3mm. Remove staples w/staple remover or sm hemostat ~7-10 days later.
- Longer/deeper/wider wounds need sutures. This usually requires numbing, sedation or both. Use a soft muzzle and restraint with any wound repair and try to have some oral sedatives on hand for the purpose (acepromazine, trazodone). Topical or injectable lidocaine will numb the area. Injectable lidocaine stings on injection initially, but then numbs the area for ~2h. There are various YouTube videos on suturing wounds. Try to not contaminate the wound, start antibiotics before even getting started. With clean scissors, trim ragged, dirty edges to get a fresh/smooth edge before closing the wound. Suture removal ~7-10 days.
 - Clippers: <https://www.chewy.com/andis-agc2-ultraedge-2-speed/dp/149458>
 - 40 blade cuts flush to skin
 - 10 blade for a buzz cut
 - Muzzles:
 - Fabric: https://www.amazon.com/Four-Flags-Quick-Muzzle-Blue/dp/B00AJHDXXKI/ref=sr_1_1?keywords=four+flags+xl&qid=1563898152&s=pets-supplies&sr=1-1
 - Plastic cage: https://www.chewy.com/omnipet-italian-basket-dog-muzzle/dp/147799?utm_source=google-product&utm_medium=cpc&utm_campaign=hg&utm_content=OmniPet&utm_term=&gclid=EAIaIQobChMI_d_x57XL4wIVSr3ACCh0aOAbkEAQYAIBEGKzg_D_BwE

Gastrointestinal:

Vomiting: 1-2 episodes is not a big concern, but repeated vomiting over the course of 2-3 days if accompanied by lethargy or appetite loss is worth more attention. Foreign body obstruction or toxin are of primary importance or vomiting, appetite loss, weight loss in an older dog. Most

vomiting is transient due to a gut disturbance. Feed in smaller increments more frequently and add some warm water/broth to soften the food. If your dog won't eat freshly cooked chicken or ground beef, there is cause for concern. Cerenia is a great oral nausea med, omeprazole/prilosec is good for acid reflux. Dogs with obstructions cannot hold food down and will ultimately refuse food. These dogs need a vet.

Diarrhea: 1 million causes. If progressing over 3 stools to liquid and increasing in frequency/urgency in 24H, intervene. Add fiber (pumpkin, green beans) to food, add water/broth to meals for hydration, and if no better, start Metronidazole (GI antibiotic) twice daily x 7 days. If they relapse or don't fully respond, get a stool sample to your vet for a Giardia/hookworm screen.

Bloat: Bloat may occur when a dog eats an ungodly volume of food or water in one sitting, or if there is an acute change in the activity level of the dog after being sedentary for days. Deep-chested dogs are at greater risk. The stomach stretches and gets gassy first which causes some discomfort and possibly distention. Some dogs don't look distended b/c the stomach is under the ribs. If you suspect an issue, WALK THE DOG like a horse with colic. They will release gas from each end and this will boost emptying of the stomach. Some patients fill up to the point where the esophagus and lower stomach sphincter twist closed. The stomach becomes a growing balloon and this is fatal within 6-12h. Dogs in full torsion will act uncomfortable, restless, panting, unable to sit/lay, typically appear distended in the abdomen and will try to vomit over and over again producing only foam. The vomiting will appear more like retching. This presentation can occur for other reasons. So try to feed your dog a bite of something irresistible and some water. If then can eat or drink and hold it down, they do not have a torsion. Stomach torsion/bloat is a pricey/risky surgical emergency with no promises of survival - it's so important to recognize the signs early on.

Toxins: various medications, dark/baking chocolate in significant qty, various rat bait in large qty, gums/candies/drinks containing xylitol sweetener, grapes/raisins, anti-freeze, onions/garlic (takes a lot), uncooked bread dough, sago palm plants (esp seeds), to a lesser degree macadamia nuts and avocado.

Toxins absorb within 20-30 mins after ingested after which point it doesn't help much to make a patient vomit. You can induce vomiting by forcing some hydrogen peroxide orally, but there is risk for aspiration and esophagitis. So it's best to call a vet or poison control to see if the toxin is even an issue based on your dog's body weight. Sometimes we give activated charcoal to bind any remaining agent in the gut depending on the toxin.

Urinary:

UTI: Bacterial urinary tract infections are typically a female dog thing. The dog will start urinating more frequently, smaller amounts, sometimes with blood, accidents in the house. Infected urine is typically dark and smells fishy. Catch a sample with a clean soup ladle, transfer to a container for your vet to assess. In the interim, Amoxicillin twice daily x 7 days will typically nip it in the bud. Some dogs who develop dermatitis around the "parts" or those whose vulva is tucked under a wall of skin are prone to these. Recurrent UTIs can cause a bladder stone(s).

Obstruction/stones: Male dogs are far more prone to obstruction due to a long urethra that narrows at the tip. Female urethras are wider and more compliant, so they can pass small stones. If obstructed with a small stone, a male dog will try to urinate constantly and not a drop will be produced. In the course of 24h, the dog will become distressed, vomiting, diarrhea, etc and will go into renal failure. The condition is fatal without emergency catheterization of the urethra, and subsequent surgical removal of the stone(s). Big stones will stay in the bladder and are not typically an emergency.

Seizures:

Seizures in healthy dogs under 8y age are typically due to epilepsy (genetic/brain). Toxin, inflammatory or fungal brain conditions and head trauma are other causes. Brain tumors and other systemic disorders that alter brain chemistry are considerations for older dogs. Seizures can be partial (twitching, acting spaced-out, swaying/falling) or classic where the dog loses consciousness, paddles and convulses. They typically last 30 sec-1 minute and are not life threatening unless they last >30 mins. We don't treat for epilepsy unless seizures happen monthly or are >5 mins in length. If a seizure occurs, take note of the time, dim lights and reduce noise. Do not attempt to open their mouth, even if they bite their own tongue. You will get bit involuntarily. A cold wet towel on the back of the neck may help reduce overstimulation. Make a log of date, time, features of the seizure, any correlation you can think of and any behavior before or after the seizure worth noting. Inform your vet. Dogs with seizures should not take certain medications like Trifexis (HW/Flea preventative).

Heat stroke:

Heat stroke occurs b/c dogs cannot dissipate body heat very well. They don't sweat much, so instead they pant excessively and radiate heat from their body surfaces. Older dogs, overweight/out of shape dogs, and those with breathing difficulties (laryngeal paralysis, elongated soft palate, short muzzle) are at greater risk. Even well conditioned dogs can easily overheat if worked during peak sun hours for a few hours w/o cooling measures. If body temp rises to 105F at any point and especially for a sustained period, internal damage is initiated. The effects may show by 2H, but often are delayed by 12-18H. Symptoms include: skin bruising (pinpoint or streaks), eye hemorrhages, vomiting, diarrhea, inappetence. Some patients look ok initially then die from multi-organ failure and inappropriate clotting/bleeding due to heat shock proteins released at the time of the insult.

How to avoid heat stroke: Keep your dog in shape and increase endurance work in the heat incrementally. Avoid peak sun hours 11am-5pm when possible in the summer or be sure there is a cool body of water at the site. Take breaks and provide ample hydration. Have fans or ice packs in the kennel. Never leave a dog in a hot car. Provide shade.

If you suspect your dog has overheated: Hose him/her off with cool water. Do not place a dog in an ice-cold tub - it will prevent radiant heat release from skin. Provide a cool floor to lay on, direct a fan on the dog, provide water, take temperature rectally (normal 99.5-102.5F), look for bruises in groin, armpits, whites of eyes, gums). If vomiting/diarrhea, appetite loss, prolonged weakness, skin bruises/hemorrhages noted, get to your vet for supportive care.

Snakebites:

Snakebites are very unpredictable based on location of bite, species of snake, time of year and if the snake determined this was a life-threatening event (all venom released).

Give your dog benadryl 1mg per pound of body weight orally, skin antibiotics if you have any, take a picture of the snake and get the dog to a vet ASAP. If you cannot, just monitor the swelling, maintain oral hydration, pain meds, benadryl and antibiotics. Refer to wound care in skin section if the bite wound becomes necrotic. Take care, as these dogs are very painful and may bite. The venom acts much like heat shock damage in the body systemically and the wound itself can cause septic infection over the course of days. Bites to the tongue, feet and lower leg are the most risky.

Rattlesnake/Crotalid Toxoid vaccine (Red Rock Biologics) is not a researched-backed product. No challenge studies have been performed to assess its effectiveness and several snakes are not included in their list. They also suggest it be given 2-3x yearly. Instead, I recommend snake training every 3 years to help your dog naturally avoid injury. Many bites are accidental/unavoidable, so always know where your closest veterinarian and vet ER is when you plan a trip with your dog.

*For info on reproductive/breeding, puppy stuff, general wellness-preventative care please email me @ dbaxter@hampshiremobilevet.com or call/text: (713) 380-1064.

Emergency Veterinary Kits:

Here is a comprehensive list of all the meds/items I include in my ER kits for my seasoned clients who travel a lot. It covers nearly every base you might encounter. If I have met your dog, I can make one for you. Otherwise, try to gather some of these a little at a time by talking with your vet or searching online for the non rx-items.

Eyes: BNP ointment, BNP w/Dex ointment, saline flush, gauze, syringes

Ears: EVERYwipes (email me if you want some, I make these), Epi-otic flush, dry gauze, Dermavet ointment, BKT packing ointment, gloves

GI: Cerenia tabs (nausea/vomiting), Metronidazole (diarrhea antibiotic), Immodium caps, metoclopramide tabs (gut motility), omeprazole caps (acid reflux)

Skin: Prednisone (steroid), Benadryl (antihistamine), Apoquel (skin allergy), Betagen spray, Chlorhexidine & Betadine concentrates (antiseptic), bandage material (padded wrap, telfa pad, vet-wrap, elasticon tape, bandage scissors), mupirocin ointment, electric clippers (optional), cefpodoxime tabs (skin antibiotic), silver nitrate sticks (for small skin bleeders)

Pain: NSAID (non-steroid anti-inflammatory), Gabapentin (nerve/bone pain), sedatives: Trazodone/acepromazine, lidocaine injectable and topical w/syringes/needles

Urinary: Amoxicillin (antibiotic)

Respiratory: Chlorpheniramine/phenylephrine tabs (upper resp), cough tabs (lower resp)

Surgical: Sterile gloves, stapler, suture 2 packs, sterile tool set, sterile gauze

Other/Tools: Heartgard dose, Nexgard dose, nail trimmers, quick stop, thermometer, lube, canned food, chicken baby food, soft muzzle.

