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 bloody, watery diarrhea in otherwise healthy canine patients. 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. 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. Stress and hyperactivity are the most common predisposing factors.

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.

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.

Additional helpful medications are added for nausea, gastrointestinal protection, diarrhea, pain control, probiotics to address overgrown intestinal bacteria, or even antibiotics to address bacteria that entered the blood stream.

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

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

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.

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