



# updates from the field

## NEWS

## Gastric Dilatation-Volvulus



CVH is an accredited Partner Practice of the Faculty of Veterinary Science at the University of Sydney. We host Year 3 and 5 veterinary science students and in 2015, 6 students interested in rural mixed practice will stay for up to 4 weeks.

Kara Altman (above) is our current student. Along with an intensive final year schedule, she is also tackling an Honours project: *Parvovirus Vaccination Failure*.

CVH staff enjoy having students. As Rob Churchill says, 'University of Sydney vet students bring up-to-date academic knowledge. In return, we give them as much practical experience as we can. We also appreciate the generosity of our clients in accepting and welcoming the vet students in our practice.'

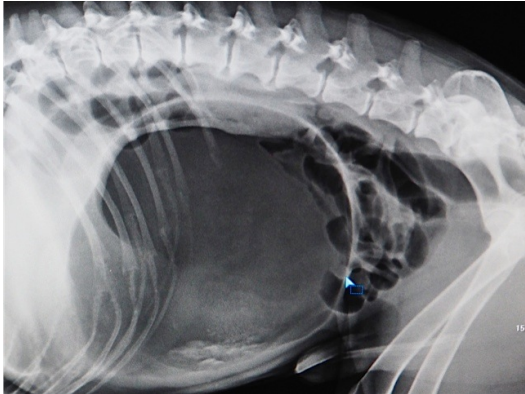
**June and July are CVH Geriatric Months**  
 Bring your senior pet in for:

- **Complementary health check**
- **HALF PRICE geriatric blood screening test, and**
- **enter the draw for \$100 FREE veterinary services**

At CVH, it's often a Sunday when emergencies are presented. Sunday 31 May was no exception. A frantic phone call preceded the arrival of an 11 year old labrador, weak and in acute abdominal pain. A full blood count and an x-ray - see below, showing the gas-filled, very distended stomach - confirmed the diagnosis of gastric dilatation-volvulus.

Gastric dilatation-volvulus (GDV) – also called bloat or stomach torsion – is a life-threatening condition of dogs. It can occur in any breed, but is most common in deep-chested dogs such as great danes, dobermans, Irish setters, weimaraners, German shepherds and St Bernards.

GDV is a sudden dilation of the stomach with a simultaneous twisting of the stomach at one or both ends (the volvulus). Food and gas can't escape and the severe distension of the stomach puts pressure on surrounding organs. Blood supply to the stomach and spleen is blocked.



Other major blood vessels are compressed, including the portal vein to the liver and the caudal vena cava (a large vein in the abdominal cavity), blocking the return of blood to the heart. Pressure on the diaphragm causes difficulty breathing. Shock sets in rapidly. This is an emergency!

The condition is often initiated by a single large meal in a deep-chested dog, usually middle aged or older. If the dog is a greedy eater, drinks a lot of water or exercises after eating, the stomach can be vulnerable to dilation. Dogs that have survived GDV are more vulnerable to repeat episodes. Some foods have been implicated, but there is no firm evidence to suggest specific diets cause GDV.

**Symptoms**  
 Dogs suffering from GDV are almost always presented in shock and extremely ill. Owners may see early signs at home, including standing and stretching, drooling, looking anxiously at a bloated stomach, or dry retching.

As the condition progresses, the dog will have trouble breathing, become weak and eventually collapse. The condition is fatal if not treated rapidly.

**Diagnosis and treatment**  
 Abdominal x-rays will confirm the diagnosis and show the extended, gas-filled stomach. A full blood count is recommended to provide information about collateral damage to other organs such as the liver and kidneys.

(continued over)

# updates from the field

## CHEESY GLAND (CLA)



A typical cheesy gland abscess in a superficial lymph node. Image: courtesy VetNext.

Caseous Lymphadenitis (CLA) – cheesy gland – is a common chronic disease in sheep and goats. It occurs in around 97% of flocks in NSW and is responsible for up to 50% of condemned sheep carcasses at slaughter. The cheesy gland organism, the bacterium *Corynebacterium pseudotuberculosis*, causes abscess formation in the lung, liver, spleen, kidneys and lymph nodes of infected sheep.

The loss of CLA carcasses costs meat producers over \$14 million per year and for wool producers, annual wool losses of \$15-20 million. Affected sheep are often less productive and can lose around 4-7% of clean wool production. CLA can affect ram and ewe fertility – mastitis and uterine infections in ewes, and testicular abscesses in rams.

### Clinical signs

Two forms of the disease occur in sheep and goats. The superficial form is more common in goats, and the visceral (internal) more often diagnosed in sheep. In goats, cheesy gland can be fatal and affected goats in milking herds should be culled.

In the superficial form, abscesses form in lymph nodes near the skin surface – most commonly around the head, neck, shoulder and flanks. The nodes become enlarged and eventually burst, releasing a thick pus discharge. The internal form involves abscesses in lymph nodes associated with internal organs - the lungs, kidney, liver and intestine.

While many infected animals don't show clinical signs, CLA can cause a range of symptoms: decreased wool production, weight loss, coughing or superficial abscess formation as above.

Cheesy gland spreads through a flock in a number of ways – through contact with pus from abscesses or, most frequently, via airborne bacteria from coughing sheep. Management practices can encourage spread. These include holding sheep under cover after shearing, or the use of dips contaminated by sheep with open abscesses.

### Prevention

Treatment of cheesy gland is impractical, prevention by vaccination is recommended. Cheesy gland vaccine is included in 3-in-1 and 6-in-1 vaccines. Lambs must be vaccinated twice to achieve strong immunity: at marking and 4 to 6 weeks later around weaning. Annual boosters, preferably before shearing, are essential to maintain immunity.

Spread can be minimised by disinfecting shears regularly, shearing lambs first, releasing sheep as soon as possible after shearing, avoiding dipping off shears unless shearing cuts have healed, ensuring sheep have been vaccinated against the disease 4-6 weeks before shearing.

**CVH stocks vaccines protecting against cheesy gland - ring us for advice on (02) 4832 1977.**

Thanks to University of Sydney final year vet student Dini Hapukotuwa. Dini spent 4 weeks at CVH in 2015 as part of her final year practical rotations and prepared this article.

## GDV continued

Stabilisation of the pet is critical before surgery. Balanced I/V fluid therapy is instituted to help combat circulatory collapse. Surgery is begun as soon as possible to return the stomach to its normal position and remove the contents. At CVH we always perform gastropexy – the fixing of the stomach to the abdominal wall to prevent future rotation. During surgery, the health of other abdominal organs is evaluated to make sure there has been no serious loss of blood supply and tissue death. The pet requires intensive fluid therapy, pain relief and other intensive care during recovery. Early intervention is essential if the pet is to recover and survive.

### Managing pets post GDV

Long term dietary management is essential following correction of gastric dilatation-volvulus. This means feeding 2 to 3 small meals each day rather than a single large meal, avoiding exercising the dog after eating, and ongoing monitoring of the pet for signs of abdominal pain or discomfort after feeding.

Two days later Cooper, our patient, is still in intensive care but recovering well.

## Contact us

Opening hours 8.30am – 5.30pm Monday to Friday | 9am – 12pm Saturday

**24 hour emergency service**

Telephone: (02) 4832 1977 | Fax: (02) 4832 1459 Email: [info@crookwellvet.com.au](mailto:info@crookwellvet.com.au)

Web: [www.crookwellvet.com.au](http://www.crookwellvet.com.au) 220 Goulburn Street, Crookwell NSW 2583