

The Strange Case of the Anxious Dog With a Big Swollen Face!

One member of the learning team should read this out loud to the rest of the group:

History, Clinical Examination and Clinical Signs.



1. A distressed owner has presented you with her dog which has a large swollen face (see photo). The swelling started about two hours ago. The dog was playing in the back yard and started barking furiously. This was soon followed by yelp. The owner did not go back to investigate what all the barking was about since it was common for the dog to chase bees and other insects. She just assumed that the dog was just chasing another bee and had been stung like on many other previous occasions. The area in the back yard where the dog goes is also covered with poison ivy and the owner is really allergic to it.

2. On clinical examination, the dog's face is grossly swollen. The swelling is soft, hot and painful to the touch. The animal's face has swollen to about twice normal size. Several zones of subcutaneous ecchymotic hemorrhages are present and there is a small wound that might have been caused by a dog bite on the dorsal surface of the snout. On completing your clinical examination you find that although the dog is a little depressed, it has a normal temperature, pulse and respiratory rate. When you question the owner, she mentions that there are a couple of neighbor's dogs who visit her backyard and it is possible that her dog may have been bitten by one of them.

The team should now decide what are the next steps that they would take in managing this case: (1) construct a differential diagnosis; (2) what would you treat the dog with?; (2) would you send the dog home or hospitalize it for observation?; (3) what other diagnostic investigations would you perform?

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After deciding to err on the side of caution, you treat the dog with an antihistamine (diphenhydramine) and a broad spectrum antibiotic (levofloxacin) and hospitalize the dog for observation. You request that the veterinary technicians check the dog every 30 minutes. Three hours later, the dog is significantly more depressed and the swelling has spread over the top of the head and about 1/3 the way down the neck. There now also large areas of subcutaneous hemorrhage present in the swollen areas. The dog is in a significant amount of pain and some dyspnea is present. You collect blood from the right cephalic vein for CBC, clinical chemistry and culture. After withdraw the needle from the vein, you notice that it takes about 10 minutes for the injection site to stop bleeding. You also notice that the blood collected into the serum tube takes a long time (more than 15 minutes) to begin to clot and only partially clots.

The team should decide what other diagnostic tests should be performed on the blood sample.

The CBC results indicate hemoconcentration and shock, significant thrombocytopenia and the fibrinogen level is 50 mg/dl.

The team should now answer the following questions:

1. What is your diagnosis?
2. What antidote should be administered and what are the criteria and procedures for administering this antidote?
3. What supportive treatments should you administer?
4. How should this patient be monitored?