

**THE FIRST 5 MINUTES OF THE APPOINTMENT DID NOT RECORD.**

(sd) I don't want to trust my note taking. So, uhm, he was....

Let's say he was approximately an hour and a half in. You know the ...

(sd) I figured he wasn't very far.

No, he wasn't very far at all, which was very good for him.

The people who were with him at the time recognized that something was very seriously going on. It's all about the owners' recognizing their dogs and abnormal behavior. Which abnormal behavior could, in these big breed dogs, could be considered retching. Retching is a very common sign of either GDV or mesenteric torsion because it means that they feel like something is stuck in their belly and they are trying to get it out, but nothing is going to come out. They won't be able to keep down food or water for obvious reasons. uhm. You will also see that they, when they are starting to get into the shock phase, after it's been an hour or so, they will become really lethargic, so you can almost call it like a horse being down or a cow being down. They just don't want to move because their abdomen is so painful.

In some dogs you will actually see their abdomens really really tense, as well. Now in a GDV, where their stomach is twisted and bloated at the same time, you will find that you will see that really big bloated belly. Now mesenteric torsion, you won't always see that. Um, so what we do when a dog like that comes in, we are concerned about some sort of twist in the abdomen. You know we want to assess them first. So we want to see: are in shock, what's the color of their gums, you know if they are pale white, that means they are in shock. So, they are not getting proper blood supply to the rest of their body. You also want to listen to their heart, the higher the heart rate, the more likely they are in shock, that something severe is going on. You know, if they are not wanting to move, they are in shock, they are painful. Belly. Feeling the belly, the abdomen, is also very important, because that can tell you a lot.

Now are they going to show pain. (0201)

They usually do show pain. Yeah, now, some of the really stoic dogs aren't going to tell you a whole lot, but by feeling the abdomen, if it is very very bloated, you are not going to be able to palpitate anything. Now anytime there is what we call tense abdomen or a distended abdomen, especially in a large breed dog, is a very concerning sign for us.

And what I have always liked to do is immediately go to xrays first, because I want to see what is going on in the belly before I draw the blood work because at this point we are down to minutes to figure out what is going on. Ah, I will get blood drawn almost at the same time. But what I did, what I found in what works in diagnosing this a little bit better, is taking repeat xrays. I take the first xray of the abdomen, you usually see a gas pattern in the belly where there is these really big spaces for...

(SD) In the belly or in the intestine?

In the intestine. In the intestine where there is a large gas pattern where the small intestine should be in a couple different spots or if it is the colon. In the colon, but it is not a normal gas pattern. And I repeat it about 5 minutes later and another 5 minutes later, just a couple times. And then what I have seen is that if it is a mesenteric torsion and it tends to get a little bit worse each time. So it just dilates a little bit more and that lets me know that there is something serious going on.

(sd) So what are you actually seeing on a picture, just a bigger gas pocket?

Yes. So let me show you... This is the... This is the..the belly here..and this is the... That's the ribs there. What we're seeing is this is the colon here.. What I will see is... This is the gas right here... You will see something like this. Because gas appears black on an xray. Normal intestines should appear kind of like a grayish color. Because that is what soft tissue appears on an xray. And what we will see is something something like...something like this... .. And it can be in a variety of different areas. This is the area of the small intestine and colon. And what I will see is this will continue to get a little bit bigger. If that makes sense.

(sd) It progressively gets bigger? (0435)

Yes.

(sd) I have seen something about looking and seeing a blockage on the xray? Is that possible?

Yeah. there have always signs a blockage. Sometimes you can see if you have swallowed a foreign object. you could ...

(sd) I realize that there are other things that can happen, but in this case, for mesenteric torsion, are you showing a blockage on the xray?

Well it's not showing an actual blockage-well, in a way, it is. What's happening here, the intestines are being cut off.um let's pretend the mesentery, right here, it's being twisted around right here and part of a mesentery it is cutting off part of the intestine right here and here... So you are getting a partial blockage right here and this segment of the intestine is losing blood supply, and so you get bacteria releasing their gas in the intestine and that's why you get the constant expansion of gas in the large,er small intestine.

(sd) Okay. What does the block show up as? I mean.... (0545)

So you are not going to see the results of a physical blockage.... You are going to see the results. Because it is soft tissue, you are not going to be able to differentiate...oh, this is that part of the intestine A lot of it, is using the clinical signs and past experience and knowing the locations of the large intestines, the small intestines, in the stomach are. And using that all together to come up with a diagnoses.

(sd) Can you see these gas pockets anywhere throughout the intestines or are they normally towards the stomach? (0617)

So. The past few times it's been.... The stomachs sits up here... ah, it tends to sit about mid abdomen here..... But ah, if it's more of the colonic mesenteric torsion, you will see it sitting more back here..... If it's strictly small cranial small intestine, it sits up here.... But most of the time it happens mid abdomen right here... Because that is where the intestines are the most loose and most free. So it is easier for it to spin on its axis there.

OK. Okay. Okay. uhm do you ever see blood....in the ab... No, do you ever see blood... One person told me that they see blood.. they associate blood with mesenteric torsion, is vomiting blood and blood coming out its anus.

There is one case where the dog had gone on hours ( a long time?). Yeah and what happened with that is the blood supply actually started decreasing so much that the intestines we're sloughing off and so we did see a little bit a bloody diarrhea coming out this way. And the blood supply actually got so bad, cut off so badly, that it was affecting the stomach, as well and so there was bloody vomit coming out the abdomen. That is in really extreme cases. So it can happen.

(sd) OK.

But it is not what you normally see.

(sd) Do you ever see rolling, the dog rolling? (0801)

I don't normally see them rolling (they're in pain(sd)). They are in so much pain that they do not move around that much. To..

(sd) Well I don't know what colic is in horses, but I was told it is similar and that horses roll.

Yeah. Horses can roll when they....

(sd) like rolling on their back, etc?

They roll on their back.... Yeah and what they do... Colic can be caused by a number of different things. It's typically where their intestines, particularly, their large intestines stop working, gets spasms, and it can be also when their intestines get twisted up as well. It can be caused by parasites, it can be caused by impactions-if they eat something and it gets stuck in there. If they eat too much sand, too many rocks, and then it swings around because horses have that really wide belly, wide chest, and they have a lot of room in there. Horses normally like to roll on their back and....

(sd) Well, that is one thing I was considering too is because I have a 1/2 brother to him and he literally spends half of his time on his back. You know, he likes that position and to me, that is just not abnormal to him. I have several dogs that do that. (0915)

That's not abnormal thing, at all.

(sd) Okay.

When the dog comes in here and we are assuming it is mesenteric torsion, what are you expecting to see? Pale gums?

Pale gums. Yes.

(sd) Xray showing gas buildup, blockage?

Yes.

(sd) Decreasing body temperature?

Yes. You can see a decrease in body temperature because the blood supply is mostly focused on going to the,er, cut off from the intestines, so you are going to see a decreased blood pressure. Because the dog is going into shock, you will see a decrease in body temperature as well. So, you normally never see a high body temperature in the dog, like that.

(sd) Do you run blood work concurrent? But you do not wait for the answer?

No. We will wait, we will do the blood work, but usually by the time we are ready to do surgery, the blood work is done.

(sd) OK. What do you see in the blood work?

So, we will do a high white blood cell, a high white blood cell, usually, because that indicates an inflammation and infection. Occasionally, a low chromato?? will indicate anemic, but you usually don't see that, it does not happen that fast, er it doesn't - sorry, back up a second, usually if they become anemic it's over a longer period of time, and they have not lost enough blood for that. Liver, kidneys

usually are all pretty normal. OK. At that point, it is normally the high white blood cell count that we see. (1051)

(sd) Okay. So high white blood, low red blood?

Yeah, Occasionally, but not very often.

(sd) So anything else showing up in there?

No. The biggest thing is the high white blood cell count.

(sd) OK. But you are not necessarily waiting on that result (blood work)?

No. because It's an emergency.

(sd) It's time sensitive?

Yes. It's time sensitive, but it only takes us about 15 minutes to run the blood work, though.

(sd) Okay. I wasn't sure.

Yeah. But it's not a big wait, so if there is something else like let's say liver or any other issues, we can address their status, as well.

(sd) Special surgery techniques -I am talking here about.... I talked about... You are a MU grad?

Yes.

(sd) One thing I would like to get to you is.... is you guys are 2 1/2 hours away. No offense, but I am not going to drive down here if I have an emergency. (1155)

I understand.

(sd) That's like pushing it. My Vet is in MU grad, ( okay) and he is on the east side of Columbia and I am asking him about mesenteric torsion, and he has given me a look like what the hell are you talking about. So well I realize he has been out for several years, and this stuff has been just probably showing up later. He just doesn't give me that confident look, like if I bring my dog to him for torsion, he's going to look at him, and I am not sure he is going to know what to do. I've had a bad experience going to MU for the emergency clinic because it was basically give me your credit card and we'll... after we max it out, we will last for another one, or whatever the case may be. It was like pay up front, and maybe we will figure out.... Oh, I don't know. I have just had a bad experience with that, so I prefer to go with my own vet. And he doesn't seem like he knows what to do, or what to look for. (1308)

Okay. Mesenteric torsion. It used to be considered really really rare. (it's not rare anymore(sd)). It's becoming more and more, it's being made more aware of. So that, I know you had a lot of questions about the genetics. You know that is there anything you can do or look for to prevent it in the future. I did do some research on a to, just to see..., as far as genetics. You know there's not a proven genetic link as far as German Shepherds, however, (it sure looks that way(sd)), it sure looks that way, because the majority of dogs are all German Shepherds or large breed barrel chested dogs. So I am very very suspicious that there is a genetic link somewhere. The problem is there has not been enough dogs (data(sd)) studied yes-data to have that link proven .

(sd) You have to figure your average owner... is like, the dog is retching... I will give it five or 10 minutes or an hour.. Something like that.. and it may be too late by then. And the dog died and the dog is buried and nothing is done with it and the never found out why.

No, a lot of people don't do the necropsy. (1419)

One thing that people are thinking about potentially causing mesenteric torsion in these dogs, is anything that irritates the intestines, so any inflammatory disease, any infectious disease-so, parvo,-all dogs should be vaccinated for parvo-. Inflammatory disease, like inflammatory bowel disease. Then there is a disease called EPI, exocrine pancreatic insufficiency which is a German Shepherd, a predisposed breed, which is something you can test for. So that is something testable. A dog that has EPI has a higher likelihood of developing mesenteric torsion than a normal German Shepherd dog. (1505)

(sd) That basically, the stool smells like undigested fat?

Right. They're constantly losing weight. They can't gain the weight. Their coat looks a little unhealthy.

(sd) I had one that did that, and and she was so skinny, and the thing is..., she was constantly getting diarrhea, so much, that I just left her outside. And she would go park herself underneath the night light and eat bugs all night long. Skinniest dog you ever saw, but she had the shiniest coat from eating all those bugs.

The bugs have good protein. Ha ha.

(sd) Yeah. That was my only dealing with an EPI. So, anyway, getting back to the surgery techniques, you are going by xray and a couple quick signs. But when you open them up? (1605)

When I get in there, I see that there are what you call dilated dark black ?lucid? intestine and that indicates that the blood supply is pretty much gone. There is a slim chance that if it hasn't been too long that when I untwist the bowels and get blood flow back into the intestines and potentially save them. However, there's always risk when doing that, as well because there is something called bleed profusion injury. So whenever blood flow goes back into an area that has not had blood supply for a while, then bacteria have built up there and has released its toxins in that area. So, when you get new blood back into that area, you can get blood pressure changes and you can get a rush of that bacteria into the bloodstream. And occasionally, you can see a big majority of the deaths are during surgery at this time. And during the surgery, when you are untwisting the guts, untwisting the intestines, you get that reprofusion of blood back into that intestine, and the blood pressure drops, the heart rate spikes, and you get basically a heart attack. So what I have found works pretty well is putting them on a high dose of IV fluids, and then just working slowly but efficiently, to untangle that little torsion that was in there. And then making sure everything stays nice and fresh, flushing it constantly. (1729)

(sd) Flushing the cavity?

Yeah. With saline making sure, it stays nice and fresh.

(sd) But you SLOWLY unravel it?

I slowly do it. I don't do it really fast, but I know it is time sensitive. But if I do it too FAST, there is more risk to the dog. If anything looks so black that there is absolutely no way it's gonna reprofuse and there is just a section a ?estamosis? of the intestine so basically you remove the dead part of the intestine and you connect the healthy parts together and that can save the dog from the bacteria entering the bloodstream that way . (1805)

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you connect the healthy parts together and that can save the dog from the bacteria entering the bloodstream that way . (1805)

However, you have to be careful, there's a really large segment of the small intestine. you can only take a certain amount of the small intestines before they would get malnutrition issues later on.

(sd) Basically starve to death?

correct.

Because they do not have enough healthy intestine left? (1824)

Which is why we are trying to save it.

(sd) Do dogs have large and small intestines - roughly how much footage is in each? Roughly.

I don't have that specific amounts right now. I can look that up for you.

(sd) I mean 10 feet of small?

They have like 60 feet of small intestines

(sd) 60?

Yeah,

(sd) and maybe what, 10 feet of large?

about 5 to 10 feet

(sd) something like that?

(sd) So, how much.. if they had 60 feet, how much could they lose? assuming they did not die from torsion?

Assuming they didn't die, they could lose about 50%.

(sd) Okay. Anything more than that you'd be better off to put the dog down? (1907)

Yes.

(sd) Okay. anything else you can think of-surgery wise?

So, what I did it for the last dog, is I do not have to remove any intestine, but what seemed to help him a lot was I gave him a dose of metoclopramide, which is a medicine that helps to stimulate GI motility.

(sd) meta What?

metoclopramide. And what it does is you normally do not want to give that if you have to cut into the intestines at all, again, it stimulates GI motility. So if you just freshly sutured a couple of intestines together, you don't want to use this drug because it could potentially cause dehiscence of the suture material or however, since I did not actually cut the intestines (that you just unraveled(sd)) I just unraveled them. I felt confident enough to use this drug because I wanted to help promote more blood flow and stimulate the contractions of the intestines. And the dogs do really well with that afterwards. And I only did one dose immediately post-operative. So I think that is one thing that tends to help them out. But again, if you cut anything, you can't do that.

(sd) Okay.

As far as special surgery techniques, just unwinding it slowly, and not being afraid to get assistance from another doctor, if you need to, as far as holding back and extra hands. But I went slow, but efficiently. that's the biggest thing I can say.

(sd) How, overall for mesenteric torsion, I just want to deal with dogs, other things can get it too, but what is your success rate? Really, it's going to depend on the owner.

Yeah, Depending on the owner. Yeah I would say probably 60%, 70%.

(sd) That's actually pretty good.

Yeah. (2111)

(sd) That's one reason I came here for this. I was gonna put on...that I was going to come here and do this visit and put it on my German Shepherd page and I have a lot of interested people wanting to ask questions and stuff like that and a lot of them say well it's a death sentence, why try to save them, whatever. Anyway, I'm not gonna get in to that. There is a lot of interest in this particular appointment. (2141)

Okay.

(sd) So. There are people who want me to give your name and your vet, the location out. Is that okay with you?

Yes.

(sd) I don't know if you want to deal with these people are not. Some of them can be a little bit psycho...

As long as they're nice, I don't mind dealing with them.

(sd) And I think it's just a lot of people knowing the breed with this susceptibility to this disease, I guess this is a disease, and not much is known about it. There is a lot of fatality. So people are really nervous, is about what it amounts to. Nobody really knows enough. And...

(sd) Okay, what do you expect to see when opened up.... As far as a twisting, at what point would you not even bother?

so before surgery, at what point when I say it's not even worth it? If the dog is laterally recumbent, so it is lying on the floor on its side, it's gums are pale white, temperature is well below normal, it's not even lifting its head, its heart rate is really low or really high, that dog is probably too far gone. Because at that point, there is probably so much dead intestine inside, xxx and that bacteria is well into the bloodstream that not much surgery would have no chance of survival.

Well, I mean I am willing to do whatever, for the patient, as long as it is ethically safe, but do you want a put your dog through that knowing that it probably will not make it. Yeah and the anesthesia, itself, may not...

(2332)(sd) how about when you open it up .. is there a certain percentage of intestine, like 50% black intestine, or...?

I always I always will at least give it a chance to start reprofusing or wait for when I untwist it, I give it a chance to see if it wait to see if it will start pinking up at all, however, if I get in there and say 60 to 70%

of the intestines are black, you know, we may give the owner a call and warn them that this is not looking good. Would you like us to continue and try, or would you just like us put the dog to sleep on the table? You know, there is a slim chance it could survive at that point.

(sd) Anything you can suggest to a vet that has never done / dealt with this before? To me, it's almost, especially with a vet that is not familiar with it - my vet. Okay, I think this dog is undergoing mesenteric torsion, I want to take an xray, and start opening him up...? (2448)

I think you can't be afraid to offer abdominal exploratory surgery. I think some vets, not a lot, but there are some vets who are maybe nervous about offering or going straight to surgery in cases like this. Whether it is because owners can afford it, or whether they're just worried that they may get what we call a negative exploratory -negative exploratory means they open them up and the abdomen is completely healthy. There's nothing wrong. You know some owners. Actually, I have found that 95% of owners, if you do an abdominal exploratory and it turns out perfectly fine; let's say the dogs been vomiting a lot, very weak, you get in there, everything looks good, you close them up, they actually seem to do better. But the owners tend to be happy that there's nothing really wrong. (Relieved?(sd)) Yes. So I would rather get in there, find nothing wrong, than miss something big, like a torsion, a GDV, or a foreign body. So, I would not... That would be the biggest thing. Don't push hard core for an exploratory if there's no reason to. But if there's the breed, the clinical signs, and the xray suspicious, you know, I'd push for it.

(sd) If I'm reading you right, you are saying don't wait on blood? (2619)

Well, I mean, you can still run the blood con currently; if your blood machine is fast - 15 minutes, yeah you can wait for the blood work. Okay. But if the dog is in really really bad shape, you have to weigh your decisions. Okay? A lot of it, is just piecing the puzzles together.

(sd) Yeah, OK. How about tacking?

(2700) yeah I think tacking is always good for big breed dogs.

(sd) If you're in there just go ahead and do it?

Yeah. I'd do it. If I'm in there and the stomach hasn't been tacked before, I am just going to tack it, it doesn't take very long, the dog is already under, just a few sutures, under anesthesia. I'd rather do it then ....

(sd) I believe a certain dog might have been tacked

Now, tacking the stomach, I will say, doesn't always, not 100% preventable, for GDV or torsion. So it definitely helps to prevent GDV

(sd) But It does help?

It does help, yes. It makes it from being worse. Okay.

By GDV you are referring to bloat?

Yes. to the bloat yeah. The twisting of the stomach. GDV is gastric dilatation volvulus-it's where the stomach is bloated and twisted. And you can just get a straight bloat, where their stomach is bloated and not twisted. There's a little bit of a difference there.

(sd) Real briefly, what causes just the bloat?

The bloat could be as simple as they ate a bunch of food and their stomach is really really big, or they ate something that has a lot of gas producing in it, that is why the stomach is big.

(sd) And it's not necessarily because is obstructed? They just can't get rid of it quick enough?

correct. And it can also be now that the GDV, where it is twisted and bloated, usually it's the stomach that starts out small, it's usually after they ate a meal and they ran around and or flopped over. ( a lot of water?(sd)) Something like that. And their stomach flips and because it has no way to exit, the ?? can't exit, the stomachs start bloating up from air that the dog swallows.

(sd) So you think tacking would not necessarily prevent it, but would definitely help both cases?

Yes.

(sd) And yes I realize it would help the stomach from twisting; but the intestine, would it help?

Yes, I think it would help.

(sd) it would help?

Yeah it would help reduce the severity. (2857)

(sd) Are there any markers that can be done?

No, again, that's the point.

(sd) any dna ?

There is no DNA testing for this, at this point.

(sd) Have you ever heard of doing an ultrasound of basically the stomach exit?

Yeah yeah, you can do that. We have an ultrasound machine here. It's a tossup whether or not you want to do the ultrasound or the xray. I like the xray because you get the full body, or the full abdomen at once. Just takes a couple seconds to go take a picture and take another picture.

(sd) Well, I am talking about one particular area in general.

The exit of the stomach.

(sd) The exit of the stomach. I am hearing possibly rumors to the effect that maybe, I am guessing, that maybe the exit of the stomach may be too small in some cases and this a, maybe a predisposition for mesenteric torsion. And maybe this can be checked for, by doing an ultrasound - that's kinda what I'm talking about. (3003)

That's possible. Again there's. I wish there was more data out there, but there's not. But that's something that we could start doing in German Shepherds and just see what that it shows, but that is um.. I would have to do more research on that.

(sd) Have you by chance to have when you done surgery, have you noticed that the exit may be smaller?

No. I haven't noticed that.

(sd) OK. (3032) have you noticed is that at all in any dogs?

Let's see. Usually, it's been smaller breed dogs with a smaller exit and not just because of their size.

(sd) Proportion?

Yes. Proportion wise. I actually haven't noticed that German Shepherds or large breed dog have the smaller pilorus.

(sd) Okay. That was another one of those questions I was going to ask. If this exit or pilorus, I think the term pilorus was used, was enlarged, would that..?

That could. If pilorus was enlarged or irritated that could cause irritation with the duodenum, which is the first part of the small intestine. Then again, anything that irritates the intestines can predispose them to getting..

(sd) I am talking about more like, kinda of like tacking or actually going in there and physically / surgically enlarge this opening? (3138)

Naw, I think if you went in there and try to do enlarge the opening of the pilorus, you could cause a lot more problems with digestion. Because the pilorus' job is to

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(3140)

Naw, I think if you win in there and try to do enlarge the opening of the pilorus, you could cause a lot more problems with the digestion. Because the pilorus' job is to contract whenever you're eating and whenever the food starts to digest and that's when it lets the fluid through.

(sd) Okay. Okay. Genetics seems to point that way. Foods?

so, you know large meals. Two large meals a day seems to be little bit harder on them.

(sd) Go with like four smaller meals?

I would go with four or three smaller meals a day, that would be better. and making sure they don't snarf their food down. There's a lot of dogs that just love to eat their food really fast. Because when they eat their food that fast, it introduces air into their stomach or intestines.

(sd) I would think that would be more of a bloat problem.

Yeah. But again in the stomach is irritated, it's going to mess with the small intestines. But the food, yeah, the fatty foods will be worse, so if you get a high fat diet, that can make the mesenteric torsion worse. (3258)

(sd) Sex related? More boys? More girls?

Males.

(sd) more boys. Body type? Big chested?

Barrel chested, and it's usually younger dogs that I have seen it.

(sd) younger- barrel chested?

Younger barrel chested dogs.

(sd) barrel chested dogs kind of implies fat?

No, I think the barrel chested as the wide ribs, but not fat, by any means.

(sd) deep chested?

Yes

(sd) I am thinking of barrel chested as the overweight dogs

I haven't really noticed a body size correlation.

(sd) OK. This is..MT twisting of the mesentery axis of all the ligaments, lymph nodes, capillaries. the axis is what? - the centerline ...???

The axis is basically where the mesentery attaches to the wall of the abdomen, ?peritoneum?

(sd) that is what you are calling the axis?

Yes. Yeah.

(sd) has thyroid ever been linked? (3418)

Not that I know of.

(sd) canine torsion equal equine colic? That was already talked about a little bit. Somebody else wanted me to say the difference between bloat, stomach torsion, and mesenteric torsion? I think we have covered that part.

(sd) a younger dog with gut issues is more likely to be passed on?

I mean, yeah, if you have a young dog who has chronic bowel issues, whether it's diarrhea or trouble eating, I wouldn't necessarily want to breed them.

(sd) trouble eating??

So if they vomit or regurgitate or they have loose stools all the time, then that may be something you don't want to pass on. In your line.

(sd) OK

If you cannot find a definitive cause.

(sd) What person is this? Mesenteric torsion does not bloat. Have you ever seen mesenteric torsion along with bloat?

Yes

(sd) you have? OK.

uh huh.

(sd) the narrowing of the mesenteric root at the piloric sphincter, or whatever. That was the thing about making it larger and you said no. It's more likely to mess up things.

(sd) mesenteric torsion is not painful like stomach torsion or bloat?

Oh, it is painful. I think bloat is more painful because the stomach is filled, it's expanding, it's pressing on everything in there; the mesenteric torsion isn't quite as large, but it is still very painful. (3613)

(sd) any idea what causes or triggers mesenteric torsion?

The underlying digestive issue. I put the EPI, infections, inflammatory diseases, ???

(sd) how about gas control, gas X?

Yes you can always use...

(sd) okay like him, he's susceptible. Because his dad did. His dad did twist on the intestine, right?

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(3655)

Yes.

(sd) so he is susceptible. Would it be beneficial to put him on something like gas-x?

No, I would put a more on a Probiotic.

(sd) a Probiotic?

Yeah. so fortiflora is a good Probiotic, that I like.

(sd) what?

fortiflora

(sd) fortiflora, so is that is Wal-Mart type stuff?

I don't know if you can get it at Walmart, but you can get it at pet stores, we have it here. It's by Purina, you can even order it online, amazon. It's a really good Probiotic, it helps to reset normal bacteria in the gut, and it helps to reduce gas. I prefer that over...

(sd) it's a daily..?

It's a daily little thing that you sprinkle over the food and they tend to really like that.

(sd) OK. If you think the dog has issues, would it be OK, I don't think it would be a problem, to give the gas-x? (3746)

You have to be really careful with over the counter medication ( that's simethicone, right?(sd)). Yes. You have to, you know, each dog is more sensitive or less sensitive to certain over the counter drugs- the beano or the gas-x, may or may not work properly for them, and sometimes it can make them feel actually a little bit worse. Let's say... All dogs toot and if you had excessive gas... Again, I would rather go with a Probiotic or you can even add a little bit of fiber, like pumpkin or Metamucil, than something like beano or gas-x.

(sd) OK. getting back to bowel irritation, bacterial overload, you have already talked about that. How about Pepto Bismol? You think your dog has a problem, would you give gas-x or Pepto Bismol underway to vet, type thing?

No, I wouldn't.

(sd) you would not?

No. Number one at Pepto Bismol is an aspirin derivative, but if there's any chance of bleeding or damage to the intestine, and you get Pepto Bismol, that could just make the intestines worse. So no, I would not give that.

(sd) and the very last thing is to maintain with the Probiotic. MU reference:?

Would you like me to give you somebody?

(sd) yeah, I would like to talk to somebody at MU, I would like to know somebody close to me that knows what the hell they're doing. Or I could at least teach my vet what's going on...

Okay, you can ask Dr. Tony Mann, ??? He was my surgery resident.

(sd) Tony Mann?

Yes, He was my surgery resident. I really like him. And you can mention my name to do if you want. He should remember me.

(sd) because I asked, the only one I really know or dealt with, is the reproductive laboratory, down in the food animal clinic.

Dr.Voekl?

(sd) Voekl or Volkmann, couldn't really think of anybody, but told me to talk to somebody in small animal tissue or something.

Soft tissue?

(sd) soft tissue, yes.

Yes I think he's the head of soft tissue surgery. He's really good.

(sd) OK. Wrap this up. I guess that's about it. I am sure I may think of other questions..

If you like, you can take these references.

(sd) I'll take anything I can get my hands on.

You can actually take these notes too, if you want. Extra written notes.

(sd) OK. Thank you very much. I hope that I will not have to use your knowledge, but I am scared that I will have to someday. Because he is always fidgety, he is fidgety, as hell. And he is kind of high strung.

So (4041)

[END OF CONSULTATION INTERVIEW]