Response to dietary changement in a dog suffering from severe dysphagia

- A case report -

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Anamnesis
- Belgian shepherd
- female
- 18 kg BW (ideal 19 kg)
- 5 years old
- hypothyroidism

Symptoms
- incessantly smacking
- gulping
- soil licking
- allotrichophagy

➔ all symptoms occurred predominantly at night

Symptoms began after putative ingestion of snail bait and were firstly dominated by severe salivation for several days followed by chronic vomiting.

Clinical examination
➔ only mild gastrointestinal inflammation (food-responsive enteritis?)

Diagnosis: hyperproduction of gastric acid and reflux oesophagitis

Medication: - antacids
- thyroid hormones

Dietary assessment
- 70 g commercial dry food (one single meat and carbohydrate source)
- 225 g cooked potatoes
- feeding frequency: 4 times a day

Sodium bicarbonate and healing earth powder were added to each meal.

Recommendation and follow-up

➔ Energy supply was increased to 70 kcal ME/kg BW^{0.75} because of the slight underweight
➔ Nutrient supply was adjusted to the requirements
➔ Total feed and protein amount were doubled (Tab. 1)

Composition:
- 300 g commercial canned food (single meat and carbohydrate source)
- 50 g chicken breast meat
- 200 g vegetables

Additionally, it was recommended to give small amounts of dry food (50 g, same brand than canned food) via an automatic feeder during the night.

<table>
<thead>
<tr>
<th>food intake g/day</th>
<th>cP/ME</th>
<th>cP</th>
<th>NFE%</th>
<th>Fat</th>
<th>Fibre</th>
</tr>
</thead>
<tbody>
<tr>
<td>before</td>
<td>309</td>
<td>10.6</td>
<td>14.7</td>
<td>57.4</td>
<td>5.4</td>
</tr>
<tr>
<td>after</td>
<td>600</td>
<td>20.0</td>
<td>33.8</td>
<td>38.8</td>
<td>15.0</td>
</tr>
</tbody>
</table>

Table 1: Total food intake (g/day), protein-energy relation and crude nutrients in % dry matter (DM) before and after nutrition consultation

➔ Energy supply was 45 kcal ME/kg BW^{0.75}

Conclusion

As the former carbohydrate rich diet as well as the addition of baking soda has not led to an improvement of the symptoms, the presumed hyperproduction of gastric juice seemed rather unlikely.

The fact that the clinical symptoms improved after increasing the protein intake underlines this aspect.

However, it is not possible to identify which factor (increase of protein, total food or energy amount) was the most important.

Symptoms were relieved by 70 % within two and by 90 % within four weeks!!!

Figure 1: Nutrient intake in % of requirements before nutrition consultation

Literature: