

Retrospective Study Of *Vitis Vinifera* Ingestion In 606 Dogs In Emergency Clinics

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INTRODUCTION

Ingestion of the fruits of *Vitis Vinifera* (grapes, raisins, sultanas and currants) is a common intoxication in dogs and can lead to acute renal failure and death. This study analysed the treatment and short-term outcomes of dogs treated at out-of-hours emergency clinics for grape/raisin (G/R) ingestion.

METHODS AND MATERIALS

The patient database of Vets Now was queried for all dogs with a diagnosis coded as G/R intoxication. Cases were included if the owner had witnessed G/R ingestion, if G/R was found in vomitus, or if the patient was transferred from another practice for management of G/R ingestion. Cases were excluded from analysis if the patient had concurrent toxin ingestion (such as chocolate), if ingestion could not be confirmed, or if the patient had pre-existing medical conditions.

Records were reviewed for information regarding signalment, time since ingestion, clinical signs, treatments given, diagnostic tests and short-term (<48 h) survival. These parameters were analysed using descriptive statistics.

RESULTS

855 cases were retrieved from the period between November 2012 and February 2016. 249 cases were excluded, leaving 606 cases for analysis.

74/606 (12%) cases presented with clinical signs. Of these, 49/74 (66%) were vomiting, 17/74 (23%) had diarrhoea, 18/74 (24%) were lethargic, and 7/74 (9%) had abdominal pain. Other signs seen less frequently included hypersalivation, abdominal distension, tachycardia, pollakiuria and increased water consumption.

506/606 (83%) of dogs received apomorphine. 494/506 (98%) vomited some form of G/R and 16/494 (3%) of these patients had ingested G/R more than 6 hours previously.

282/606 (47%) of dogs were treated as outpatients. Of the remaining 324 dogs that were admitted, 241 (74%) were discharged in <24 h, 79 (24%) were discharged between 24-48 h, and 4 (1%) were hospitalised for > 48 h. 321/324 (99%) of admitted patients were treated with intravenous fluids.

The incidence of renal failure could not be definitively evaluated from this data set due to the short-term nature of the patient records. However, of 43 patients with a creatinine measured at >24 h post-admission, only 1 had elevated results (135 mmol/L, reference range 44-115 mmol/L).

100% of cases survived until discharge.

CONCLUSIONS

Gastrointestinal signs are the most common clinical signs. Induction of emesis can retrieve G/R >6 h post ingestion. In this set of patients, short-term outcomes were good.