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Conroe Animal Emergency Hospital
505 Interstate 45N.
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Treatment Plan

Patient: Honey | canine | Labradoodle | Age: 3 years | Female

Date: December 28, 2025 | **Weight:** 34 lbs

DIAGNOSIS: DIETARY INDISCRETION/ACUTE DIETARY CHANGE WITH VOMITING AND MILD HYPERNATREMIA

RECOMMENDED DIAGNOSTIC TESTS:

Initial Diagnostics and Predicted Concerns

- Serum electrolytes (repeat): Potential findings: persistent hyponatremia; may reflect free water loss from vomiting or inadequate water intake.
- PCV/TS and physical hydration assessment: Potential findings: hemoconcentration and dehydration if GI losses significant.
- Abdominal radiographs or focused ultrasound (if vomiting persists >24–48 h or signs worsen): Potential findings: gas/fluid patterns suggestive of obstruction, foreign material, pancreatitis indicators.
- SNAP cPL (canine pancreatic lipase) if vomiting persists or abdominal pain develops: Potential findings: elevated cPL suggestive of pancreatitis.
- Fecal diagnostics if diarrhea develops or if raw diet exposure raises concern: Potential findings: parasites (ova/antigen), enteropathogens (e.g., Salmonella, Campylobacter) on PCR/culture.

Results Interpretation

- Normal CBC with isolated mild hyponatremia supports simple GI upset/dehydration from dietary change rather than systemic infection or major inflammatory disease.
- Persistent or worsening electrolyte abnormalities would argue for ongoing losses or inadequate intake and guide fluid/electrolyte therapy.

Definitive Test

- None typically required for uncomplicated dietary indiscretion; diagnosis is clinical and by response to therapy. Further imaging is indicated if nonresponsive or if obstructive disease is suspected.

Disease Monitoring

- Serial electrolytes (focus on sodium), hydration status (body weight, mucous membranes, skin turgor), vomiting frequency, appetite.

Test Frequency and Timing

- Recheck electrolytes (including sodium) in 24 hours; sooner if clinical signs worsen.
 - If not improving within 24–48 hours or if new signs develop (diarrhea, abdominal pain, lethargy), add imaging and cPL.
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TREATMENT STRATEGY:

Objectives

- Stop vomiting.
- Correct mild hyponatremia slowly and restore hydration.
- Transition back to a safe, balanced, cooked/commercial diet; discontinue raw diet.
- Prevent esophagitis/gastritis and promote GI mucosal healing.

Treatment Options

- Antiemetics (injection initially, then oral).
- Gastroprotectants.
- Subcutaneous crystalloids (outpatient) vs. IV fluids (inpatient if unable to maintain hydration).
- Dietary management: small, frequent bland meals; gradual transition back to prior balanced diet.
- Probiotics to support GI recovery.

Inpatient vs. Outpatient

- Outpatient management is appropriate if Honey is bright, alert, maintaining hydration, and able to keep down oral fluids after antiemetic therapy.
 - Hospitalization with IV fluids and closer monitoring if vomiting persists despite therapy, sodium rises, or hydration cannot be maintained.
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MEDICATIONS:

1. Maropitant (Cerenia) injection

- Dosage: 15.4 mg total (1 mg/kg)
 - Volume: 1.54 mL per dose (10 mg/mL solution)
 - Frequency: Once now
 - Duration: Single dose (transition to oral tomorrow if improved)
 - Route: Subcutaneous or IV
 - Formulation: Injectable solution
 - Indications: Control acute vomiting; facilitates oral rehydration/feeding
 - Contraindications/Precautions: Use caution with hepatic disease; potential injection-site discomfort
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1. Maropitant (Cerenia) tablets (home)

- Dosage: 30 mg total (1.95 mg/kg)
 - Tablets: 0.5 tablet per dose (60 mg tablets)
 - Frequency: Every 24 hours (q24h)
 - Duration: 3–5 days or until vomiting resolves
 - Route: Oral
 - Formulation: Tablet
 - Indications: Ongoing control of nausea/vomiting
 - Contraindications/Precautions: Give on empty stomach when possible; discontinue if vomiting resolved for 24–48 hours
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1. Famotidine

- Dosage: 10 mg total (0.65 mg/kg)
 - Tablets: 1 tablet per dose (10 mg tablets)
 - Frequency: Every 12–24 hours (q12–24h)
 - Duration: 3–5 days
 - Route: Oral
 - Formulation: Tablet
 - Indications: Reduce gastric acid; helpful with gastritis/esophagitis risk from vomiting
 - Contraindications/Precautions: Adjust in renal disease; generally well tolerated
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1. Sucralfate

- Dosage: 500 mg total (approx. 32 mg/kg)
 - Tablets: 0.5 tablet per dose (1 g tablets)
 - Frequency: Every 8 hours (q8h)
 - Duration: 3–5 days, then reassess
 - Route: Oral
 - Formulation: Tablet (can be slurry in small water volume)
 - Indications: Esophagitis/gastritis protection if vomiting has been frequent or there is regurgitation
 - Contraindications/Precautions: Give 2 hours apart from other oral meds/food; may cause constipation
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1. Subcutaneous crystalloids (e.g., Lactated Ringer's Solution)

- Dosage: 300 mL total (20 mL/kg)
 - Volume: 300 mL once (may split into 2–3 sites)
 - Frequency: Once today; consider repeat tomorrow based on clinical response and sodium
 - Route: Subcutaneous
 - Formulation: Sterile crystalloid
 - Indications: Mild dehydration with mild hyponatremia; gentle outpatient rehydration
 - Contraindications/Precautions: Avoid if cardiac disease or volume intolerance; monitor for SC edema
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1. Ondansetron (reserve if breakthrough vomiting despite maropitant)

- Dosage: 8 mg total (0.52 mg/kg)
 - Tablets: 2 tablets per dose (4 mg tablets)
 - Frequency: Every 8–12 hours (q8–12h) as needed
 - Duration: 2–3 days as needed
 - Route: Oral
 - Formulation: Tablet
 - Indications: Additional antiemetic effect if nausea persists
 - Contraindications/Precautions: Use caution with cardiac disease (QT prolongation risk) or serotonergic drugs
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1. Probiotic (e.g., Purina FortiFlora Canine)

- Dosage: 1 sachet
 - Frequency: Once daily
 - Duration: 5–7 days
 - Route: Oral (sprinkle on food)
 - Formulation: Powder
 - Indications: Support GI microbiome during recovery
 - Contraindications/Precautions: Generally safe; discontinue if gas/bloating worsens
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LONG-TERM MANAGEMENT STRATEGIES:

Medications

- Stop antiemetics and gastroprotectants once symptom-free for 24–48 hours.
- No antibiotics indicated for uncomplicated dietary indiscretion without diarrhea, fever, or leukocytosis.

Supportive Care Options

- Provide free access to fresh water; encourage frequent small drinks.
- Feed small, bland meals (e.g., boiled chicken/turkey and white rice or a veterinary GI diet) for 2–3 days, then gradually transition.

Home Care Instructions

- Discontinue the raw diet immediately due to pathogen risk (Salmonella, Campylobacter, E. coli) and GI upset potential.
- After the antiemetic injection, begin offering small amounts of water. If tolerated for 4–6 hours, offer small frequent bland meals.
- Gradually transition back to previous complete diet over 4–7 days (25% new increments every 24–48 hours).
- Do NOT induce vomiting at home (e.g., with hydrogen peroxide); vomiting is already present and aspiration risk is increased.

Lifestyle Modifications

- Avoid abrupt diet changes. When switching diets, transition slowly over at least 5–7 days.
- Avoid high-salt treats/foods while correcting hypernatremia.

LIST OF POTENTIAL COMPLICATIONS:

- Aspiration pneumonia: Avoid home emetics; seek care if coughing, difficulty breathing, or fever.
- Worsening dehydration/hypernatremia: Ensure water access; recheck electrolytes; escalate to IV fluids if oral intake inadequate.
- Esophagitis: Use antiemetic/gastroprotectants; monitor for regurgitation or pain on swallowing.
- Foreign body or pancreatitis unmasked by persistent vomiting: If no improvement in 24–48 hours or new pain develops, proceed with imaging and cPL testing.

OVERVIEW OF EXPECTED PROGNOSIS:

- Disease Prognosis: Good for uncomplicated dietary indiscretion with prompt supportive care.
 - Long-term Impacts: None expected; recurrence possible with future abrupt diet changes or raw diet exposure.
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PATIENT DISCHARGE CRITERIA:

- Clinical Stability: Minimal to no vomiting after antiemetic therapy.
 - Ability to Maintain Hydration: Drinking voluntarily without regurgitation; normal mucous membranes.
 - Adequate Nutritional Intake: Tolerating small, frequent meals.
 - Stable Vital Signs: Normal temperature, heart rate, respiratory rate.
 - No Newly Developed Complications: Sodium trending toward normal; no evidence of obstruction or pancreatitis.
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AT-HOME CARE INSTRUCTIONS:

- Give medications exactly as prescribed (timing of sucralfate away from other meds/food).
 - Offer water frequently; avoid large single volumes. If vomiting occurs after water, withhold for 2 hours then reintroduce in small amounts.
 - Feed bland diet in small frequent portions for 2–3 days, then transition back to prior balanced diet over 4–7 days.
 - Monitor for: repeated vomiting, blood in vomit, lethargy, abdominal pain, bloating, diarrhea, or refusal to drink. If any occur, contact the clinic immediately.
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FOLLOW-UP VISITS:

- Recheck in 24 hours for physical exam and repeat electrolytes (sodium).
 - If not improved in 24–48 hours, schedule abdominal imaging and cPL; earlier if deterioration occurs.
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ONGOING MONITORING:

- Track number of vomiting episodes, appetite, water intake, energy level, and stool quality.
- Monitor body weight if possible.
- Ensure consistent, gradual diet transitions in the future; avoid raw diets.

Note: This treatment plan was generated using AI-assisted veterinary guidance. All treatments should be verified by a licensed veterinarian before implementation.

Thank you for entrusting us here at Animal Emergency Clinic of Conroe with your pet's care where the pet comes first.

Chris Tiller, DVM
December 28, 2025

Please verify all medications and dosages before implementation.