Which parasite has been associated with a hypoadrenocorticism-like syndrome and has been suggested as a cause for cecolic intussusception in dogs?

A - Toxocara canis  
B - Ancylostoma caninum  
C - Spirocerca lupi  
D - Physaloptera spp  
E - Trichuris vulpis

Good Work, you picked the right answer!

Whipworms, (Trichuris spp) are typically found in the cecum and large intestine. Mainly in dogs, rare in cats. *Trichuris suis* in pigs can cause unthriftiness in younger animals.

If clinical, look for signs of large bowel diarrhea (frequent urgent defecation of loose watery feces, possibly with mucus or fresh blood). Can be associated with a hypoadrenocorticism-like syndrome (hyponatremia, hyperkalemia, azotemia, metabolic acidosis). Whipworm infection has been suggested as one cause of cecolic intussusception.

*Physaloptera spp* (Stomach worms) may cause vomiting, anorexia, dark feces.

*Spirocerca lupi* makes nodules in the esophageal, gastric, or aortic walls. Typically asymptomatic.

Roundworms (Toxocara canis) may cause visceral and ocular larva migrans.

Hookworms (Ancylostoma spp) may cause cutaneous larva migrans.

A 3 year old male cat is positive for feline leukemia virus (FeLV) by both ELISA and IFA tests.

A complete blood count (CBC) shows
PCV=19% .................. [N=24-45%] with polychromasia, reticulocytosis, anisocytosis
WBC=3,600 ............... [N=3800-19,500] with neutropenia, lymphopenia
Thrombocytes=300,000/microliter. [N=300,000-700,000]

In addition to feline leukemia, what other infection is suspected in this cat?

A - Mycoplasma haemofelis  
B - Cytauxzoon variabilis  
C - Toxoplasma gondii  
D - Chlamydophila felis  
E - Hemobartonella bigemina

Good Work, you picked the right answer!

When you see regenerative anemia (polychromasia, reticulocytosis, anisocytosis) in a FeLV-positive cat, suspect coinfection with *Mycoplasma haemofelis* (or *Mycoplasma haemominutum*). Typically, the anemia of *feline leukemia virus* (FeLV) alone is NON-regenerative.

*Mycoplasma haemofelis* (formerly called *Hemobartonella felis*) causes *feline infectious anemia*, and is treated with tetracyclines.

Click here to see regenerative anemia on a blood smear.

In the SE USA, *Cytauxzoon felis* must be differentiated from *Mycoplasma felis* in cats with regenerative anemias.

Think of *Toxoplasma gondii* (with neurologic and ocular manifestations) more in association with *feline immunodeficiency virus* (FIV).

An 11 year old male neutered dog is presented with a 4 week history of worsening problems with urination. The dog appears to have abdominal pain and strains to urinate a small volume of reddish urine.


A pneumocystogram radiograph looks like this
Click here to see image

Which one of the following choices is the most likely diagnosis?

A - Amyloidosis  
B - **Transitional cell carcinoma**  
C - Benign prostatic hypertrophy  
D - Struvite urolithiasis  
E - Renal calculi with secondary nephrosis

**Good Work, you picked the right answer!**

This is likely to be neoplasia, specifically, a **transitional cell carcinoma** seen here in the trigone of the bladder after pneumocystogram (air in bladder) and here after injection of contrast media.

Hematuria, pollakiuria, abdominal pain and bacterial cystitis in an older dog may also suggest urolithiasis, but if stones were visible on radiograph, they would be less likely to sit in the trigone. The most common form is **struvite urolithiasis** (generally radio-opaque), seen in 60% dogs, 90% cats.  
Click here to see a [radiograph of a cat with urolithiasis](#).

With renal calculi, look for **classic "staghorns"** in the kidneys on DV rads.

With **prostatic hypertrophy** look for prostate displacing the bladder cranially into the abdomen. The oval closest to the pelvis is the prostate, the larger oval cranial to it is the bladder.

A 9 year old German shepherd is presented with unchecked bleeding from a cut on the gums above the right canine tooth. The owner relates that the dog has lost weight and had an episode of collapse 3 days ago, but he recovered.

On physical exam, the gums are pale with petechiae and ecchymotic hemorrhages. There is tachycardia and a palpable cranial abdominal mass.

A coagulation profile shows the following:

- Thrombocytes = 82,533 per microliter. [N=200,000-900,000]
- Buccal mucosal bleeding time (BMBT), increased
- Activated partial thromboplastin time (aPTT), increased
- Prothrombin time (PT), increased
- Thrombin time (TT), increased
- Fibrin degradation products (FDPs), increased

What disorder of coagulation best fits this pattern?

A - Disseminated intravascular coagulation
B - Hepatic insufficiency
C - Idiopathic thrombocytopenia
D - Von Willebrand's disease
E - Anticoagulant rodenticide toxicity

Good Work, you picked the right answer!

A lab pattern of low platelets, increased bleeding time and across the board increases in aPTT, PT, TT and FDP tests suggests disseminated intravascular coagulation (DIC). DIC is not a disease in its own right- it is a complex hemostatic defect characterized by enhanced coagulation and fibrinolysis, secondary to other diseases. Fibrinolysis and depletion of clotting factors leads to hemorrhage.

Many, many diseases, all of them bad, can precipitate DIC. This case presentation (pale, older German shepherd with Hx of collapse, bleeding and an abdominal mass) suggests hemangiosarcoma.

Remember your "H diseases" associated with DIC:
- Heartworm
- Heart failure
- Hemolytic anemia
- Hemangiosarcoma
- Hemorrhagic gastroenteritis
- Hepatic disease, especially hepatic lipidosis in cats.
- Gastric dilatation-volvulus (GDV), mammary gland carcinoma and pancreatitis can also lead to DIC.

Follow this link to see a table of the four most important coagulation disorder patterns.