



# A Toxicologist and ER Vet Walk into a Bar – Lively Case Discussion Ensues!

January 31, 2017

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## What is Pet Poison Helpline?

- 24/7 animal poison control center
- Veterinary & human expertise
  - 20 DVMs, 35 CVTs
    - DABVT, DABT
    - DACVECC
    - DACVIM
  - 7 PharmDs
- Case fee of \$49 includes
  - Unlimited per case consultation
  - Fax or email of case report

- Educational center
  - Free webinars (archived)
  - Tox tools
    - Wheel of Vomit
    - Pot of Poisons (toxic plants)
  - Textbook
  - iPhone app
  - Newsletters for vet professionals
  - Free resources for clinics
    - Videos
    - Electronic material
    - Clings

Email us for info!







### What is VitusVet?

- A pay-for-performance, complete reminder solution and app branded to your practice
- We offer:
  - Reminders and confirmations (push, text, email and postcards)
  - Appt and refill requests
  - Text and picture messaging
  - Targeted marketing
  - Full reporting dashboard

- Our app gives pet parents a product of value, offering access to complete medical records in case of an emergency.
- Pet parents can also access the Pet Poison Helpline through our app.
- Visit <u>www.vitusvet.com</u> or email <u>info@vitusvet.com</u> for more information





## Case #1







#### Presentation

- HR 240 bpm
- Panting
- T = 104.6 F
- 170/120 mmHg
- Very agitated, slight tremors, mydriasis

### History

- PMH: Food allergies
- Signs for 3-4 hours
- Owner denies "toxin" exposure
- Claims there are no Rx meds in the home



"Meeko", 4 yo, 9 lb, MN Pomeranian





- Labs
  - Chem/CBC/UA WNL



- IVF for perfusion/cooling @ 1x maintenance
- Valium for sedation
- External cooling?
  - warm water rinse, alcohol on pads, fans, etc.



"Meeko", 4 yo, 9 lb, MN Pomeranian







- Treatment Results
  - IVF for perfusion/cooling @ 1x maintenance
    - HR drops to 200 bpm (from 240 bpm)
  - Valium for sedation
    - Result: CHAOS! Vocalizing, more agitated, etc.







- Call placed to poison control
  - Big variation between drugs...



- Ask more historical questions!
  - Illicit drugs? OTCs? Garbage? Yard?
- Acepromazine for sedation
  - Why? How much?







#### Results

- History
  - Owner mentions son on Ritalin (methylphenidate)
- Sedated from ace., remains tachycardic (~200 bpm)
- BP decreased to 160/100
- Mild tremors remain
- Temp now 100F
- What now?
  - Continue supportive care & monitoring
  - Tincture of time







## ADD/ADHD Drugs









## Amphetamine – Toxicity / MOA

- Rapidly absorbed from GI, cross BBB
- Toxic dose for most  $Rx = ^1 mg/kg$
- Mechanism
  - − ↑ norepinephrine
  - Direct alpha- and betaadrenergic receptor stimulation
- Rapid onset (<30 min)</li>
- Signs persist many hours







## **Amphetamine – Clinical Signs**

- Sympathomimetic
  - − ↑ temperature
  - 一个heart rate
  - CNS stimulation
  - Mydriasis
  - Head bobbing (poor prognosis)
  - Tremors, seizures
  - Coma
  - Death (DIC, rhabdomyolysis)







## Amphetamine – Video





## **Amphetamine - Treatment**

- Decontaminate?
- Sedate, sedate!
  - Phenothiazines (large doses!)
    - Up to **1**+ mg/kg of acepromazine?
    - 10-18 mg/kg chlorpromazine
  - Not benzodiazepines?
  - General anesthesia
- Supportive
  - Cooling measures. Stop at 103.5F
  - IV fluids for perfusion
  - Methocarbamol (injectable)
  - Beta-blockers (use, if needed, after ace to prevent hypotensive crisis)
    - Goal: Keep HR <160 bpm in large dogs, <180 bpm in small dogs</li>







## Case #2







### "Rico"

#### Presentation

- HR 140 bpm
- Sedation, mild tremors
- T = 100.6 F
- 140/xx mmHg



5yo, 50 lb, MN Australian Shepherd

### History

- Owner came home to chewed bottle of Prozac (fluoxetine)
- Got an unknown number of 20mg capsules
- Signs for unknown length of time







- Labs
  - Chem/CBC WNL

- Treatments
  - What would you do?



5yo, 50 lb, MN Australian Shepherd







## SSRI—treatment

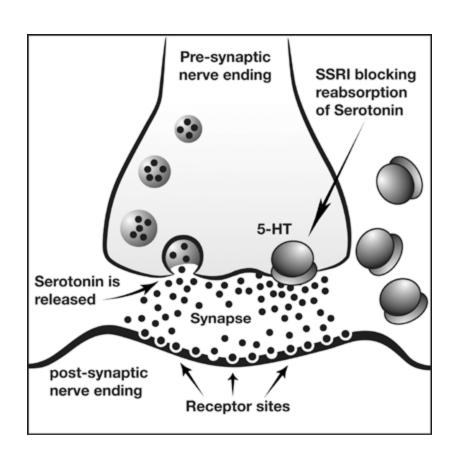
- Decontamination
  - Emesis?
    - In Rico's case we did not induce emesis
  - Activated charcoal with a cathartic.
    - Secure airway if needed
- Cyproheptadine (serotonin antagonist)
  - Oral or rectal
- Methocarbamol (for tremors)
- Outcome:
  - Rico clinically normal within 24 hours
  - Discharged uneventfully





## SSRIs (Prozac®, Reconcile®, Zoloft®)

- MOA—inhibits the uptake of serotonin
- Range of toxicity
  - 2-3 x overdose
  - Cats typically more sensitive
  - Higher does increase risk of serotonin syndrome
- Rapid absorption







## SSRIs—Clinical Features

- Clinical Signs
  - Onset 30 min few hrs post ingestion
  - Low doses—mild to moderate sedation
  - High doses
    - Salivation, ataxia, tremors, seizures
    - Possible serotonin syndrome (SS)
    - Agitation, vocalization, muscle rigidity, transient blindness, hyperthermia







## Case #3

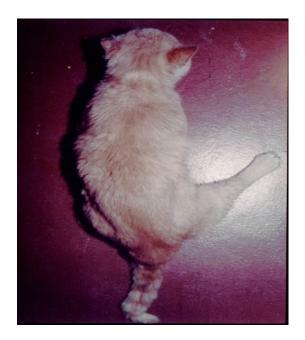


Photo courtesy Dr. David Dorman, NCSU





## "Foxy"

#### Presentation

- 10 yo FS DLH; barn cat
- T = 99.6 F
- 170/xx mmHg
- Rear limb ataxia
- decreased conscious proprioception

### History

- Found at evening feeding time
- Put out rat baits previous weekend

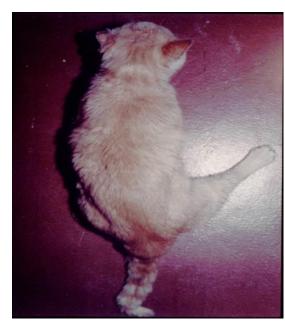


Photo courtesy Dr. David Dorman, NCSU





## "Foxy"

- Call placed to poison control
  - Get help. Fast.
- Recommendations
  - Find out which rat bait they used!
- Bromethalin....not an anti-coagulant!

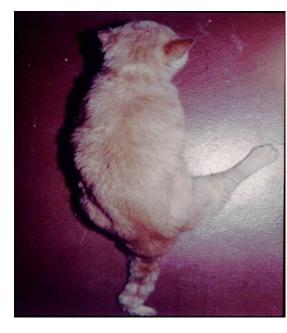


Photo courtesy Dr. David Dorman, NCSU



## New products

- All consumer baits must be sold with a bait station
- Problem? Just one station per pound!













## Interspecies Differences

Cats 10 x more sensitive than dogs

- Cat  $LD_{50}$ : 0.54 mg/kg
  - Lowest toxic dose reported 0.24mg/kg

- $Dog LD_{50}$ : 3.7 mg/kg
  - Lowest toxic dose reported 1-1.5mg/kg



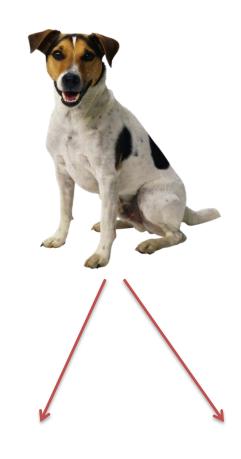




## Toxic Syndromes in Cats and Dogs







Paralysis (toxic dose < LD50)

Convulsions (toxic dose > LD50)





Experimental bromethalin intoxication in a cat. Animals placed on their back exhibit extensor rigidity (left image) and a lack of conscious proprioception (unable to place their feet appropriately) (right image) of all four limbs. Courtesy of Dr. David Dorman, NCSU.





### Bromethalin - Treatment

- Early and aggressive decontamination
  - Emesis
  - Activated charcoal, repeated doses
  - Enterohepatic recirculation





Monitor for/treat signs of cerebral edema!







## What about anticoagulants?

Cats are remarkably resistant!

- Brodifacoum
  - Canine  $LD_{50}$ : 0.2-4 mg/kg
  - Feline LD<sub>50</sub>: 25 mg/kg
- Bromadiolone
  - Canine LD<sub>50</sub>: 11-15 mg/kg
  - Feline  $LD_{50}$ : >25 mg/kg
- Diphacinone
  - Canine  $LD_{50}$ : 0.9-9 mg/kg
  - Feline LD<sub>50</sub>: 15 mg/kg







## In depth on rodenticides

### PPH webinar:

Rodenticides: It's more than just Vitamin K!

http://www.petpoisonhelpline.com/veterinarians/webinars/previous-webinars/rodenticides-just-vitamin-k/





## Case #4







## "Gracie"

#### Presentation

- HR 120 bpm
- Panting
- T = 101.6 F
- 140/xx mmHg

### History

- PMH: Inhalant allergies, takes Zyrtec daily as needed
- Ate a bag of green grapes about an hour prior

2yo, 65 lb, FS Golden Retriever





## "Gracie"

- Labs
  - Declined for financial reasons

2yo, 65 lb, FS Golden Retriever

- Treatments
  - IV Apomorphine for emesis
    - 0.03 mg/kg IV
  - Discharged w/ recommendation for follow-up renal values in 72 hrs





## "Gracie"

2yo, 65 lb, FS Golden Retriever

How big a deal is this?

 What kind of prognosis should I have given them?







### Which fruits are toxic?

Vitis spp. (grape family, nephrotoxic)



Ribes spp. (NOT related to grapes, no renal damage)









### **Grapes/Raisins/Currants**

#### Clinical signs:

- Vomiting 1-3 hours post-ingestion
  - Negative prognostic indicator?
- Diarrhea (intact fruit!)
- CNS depression
- ARF

#### Diagnosis:

- History
- Grapes/raisins in stool/vomit
- 一 个BUN, creatinine, Ca, P
- Oliguria (0.5-1.0 ml/kg/hour) or anuria (<0.5 ml/kg/hour)</li>
- Must get USG prior to any fluids!





#### Vitis spp. - Treatment

- Aggressive decontamination
  - Delayed emesis is OK
  - Activated charcoal with cathartic X 1
- Fluid therapy
  - Vasodilate renal vessels
    - Appropriate hemodilution is PCV/TS: 35%/5
  - 24-48 hours
- Monitoring baseline blood work
  - Presentation: CBC, chemistry, UA, USG
  - Recheck PCV/TS q 12-24 hr, renal panel q. 24 X 2-3 days; repeat 2-3 days post-discharge
- If no signs or lab abnormalities by 48 hrs, wean and send home! Recheck renal panel in 2 days.





### In depth of toxic foods

#### **PPH Webinar:**

#### Know When to Feast and When to Fret: Foods Toxic to Pets

http://www.petpoisonhelpline.com/veterinarians/webinars/previous-webinars/know-feast-fret-foods-toxic-pets/





#### Case #5





"Max", 4 yo, 70 lb, MN Labradoodle



"Scruff", 5 yo, 20 lb, MN mixed breed

- "Max": Vomited at home. Extreme sedation, HR 80-90 with normal pulses but heart is "beating hard"
- "Scruff": ataxic, dribbling urine, head bobbing
- Dogs alone all day, present ~4 pm
- Owner denies "toxin" exposure







"Max", 4 yo, 70 lb, MN Labradoodle



"Scruff", 5 yo, 20 lb, MN mixed breed

- Marijuana chocolate chip cookies!
  - 3 dozen cookies total, ~2 dozen missing
    - 1 ounce medical marijuana
    - 10 ounces of Nestle chocolate chips
- Max vomited a "large" amount of cookies at home







## Marijuana Trends at PPH

330% increase in cases over 5 yrs

- Sources
  - Food ("medibles") = 66%
    - Of food, 71% contain chocolate
  - Dried plant = 19%
  - Medical = 9%\*
    - Likely under-represented
  - Unknown = 5%







#### "Medibles"

- #1 source of PPH marijuana cases
- Common sources
  - Brownies & cookies
  - Cholate bars/choc covered fruit
  - Gummi bears
  - Butter/coconut oil
- Risk
  - High concentration THC
  - Better bioavailability (butter/oil)
  - Co-ingestants

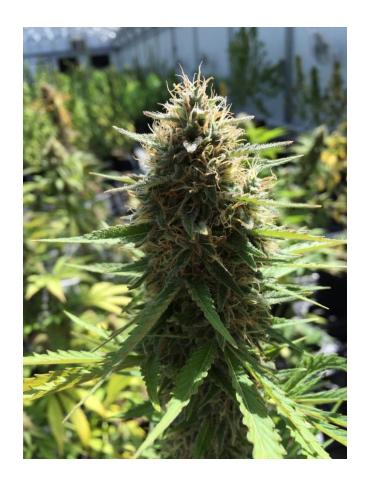






## **Dried plants**

- #2 source at PPH
- Not your parent's plants...
  - Up to 20% THC
  - Joint = 15-30 mg THC
- Tend to see more vomiting



Mature plant courtesy of Dr. Laura Bultman, Minnesota Medical Solutions (cannabis manufacturer)





#### **THC Concentrates**

- 50-90% THC
- Smoked or "vaped"
- High risk to pets







# **OTC On-Site Urine Drug Tests**

- Designed for human urine
- Cheap!
  - \$10-35/test in stores
  - cheaper online
- Do they work for pets?
  - –False negatives for THC
  - Gold standard = GC/MS
    - Select veterinary diagnostic labs
    - -www.aavld.org







### OTC On-Site Urine Drug Tests

- False positives in humans = lots of drugs!
  - PCP: Tramadol, Effexor, Benadryl, and Valium
  - Opiates: Fluoroquinolones (Baytril? Zeniquin?), ibuprofen, naproxen, codeine, and poppy seeds (Seinfeld)
  - Methadone: Benadryl
  - Marijuana/barbiturates: Ibuprofen and naproxen
  - Heroin: Elavil, penicillin and tetracyclines
  - Cocaine: Amoxicillin, ampicillin, and novocaine
- False positives currently unknown for pets





## Marijuana—Clinical Signs

- Common signs
  - CNS depression
  - Ataxia
  - Bradycardia (occasional tachycardia)
  - Urinary incontinence
  - ~25% develop agitation
- Other signs
  - Vocalizing, vomiting, diarrhea, hypothermia, hypersalivation, mydriasis, seizure, coma



Omaha, NE \$3 million seize





## Marijuana-Treatment

- Decontaminate
  - Emesis—may be
  - difficult
  - Activated charcoal
- Supportive care!
  - No antidote
  - Monitor body temp
  - IV crystalloids for perfusion
- Agitation/seizures
  - Diazepam
  - Acepromazine

- Monitor
  - Temp
  - Heart rate
  - Blood pressure
- Lipid therapy?
  - Fat soluble agent
  - 20% intravenous lipid emulsion
  - Mixed results @ PPH

# When in doubt, call 1-800-213-6680

- Something you're not familiar or comfortable with
- Human drugs
- Corrosive injuries



- Severe clinical signs
- Animals with preexisting disease





#### **Tox Goodies!**

Free to order: <a href="mailto:info@petpoisonhelpline.com">info@petpoisonhelpline.com</a>







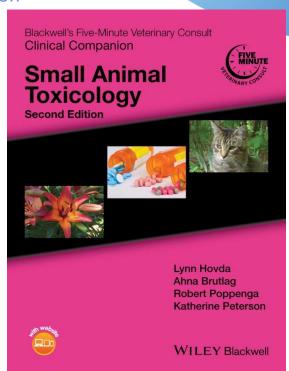
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# Small Animal Toxicology 2nd Edition

#### Drs. Lynn Hovda, Ahna Brutlag, Robert Poppenga, Katherine Peterson

- Provides concise, bulleted information focused on the most important facts needed when treating a poisoned cat or dog
- Carefully organized for ease of use in an emergency, with important toxicants arranged alphabetically within categories
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- Presents a wealth of color photographs to aid in plant identification
- Includes 14 new topics to this edition covering cyclosporine A, sleep aids, tacrolimus, bath salts, synthetic marijuana, poisonous lizards, imidacloprid, spring bulbs, and sodium monofluoroacetate



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- 2. I attended the webinar but wasn't the person who logged in. Can I still get interactive CE credit? Yes. Send your name and email address to info@petpoisonhelpline.com by Ipm central time on February 1, 2017 (strict deadline).
- 3. Can I watch the recorded webinar online for CE credit? Yes. You can receive non-interactive CE credit. Go to the "For Vets" page on our website, <a href="https://www.petpoisonhelpline.com">www.petpoisonhelpline.com</a> for more info.

Comments? Questions? Email us! info@petpoisonhelpline.com