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Diagnosis and management of uroabdomen in dogs and cats

Goals are to review definition, historical findings, physical examination findings, diagnostic testing and therapeutic options for uroabdomen in both dogs and cats. The syndrome produces a constellation of clinical signs dominated by chemical peritonitis, abdominal pain, dehydration, azotemia, acid base and electrolytes disturbances. Approximately 50% of dogs and cats develop uroabdomen secondary to a blunt abdominal trauma, and the current diagnostic options including abdominal fluid analysis and diagnostic imaging will be reviewed. Treatment is usually surgical and all different options, including medical management, will be reviewed.

Update on the treatment of feline aortic thrombo-embolism

The goals of the presentation are to review the current evidence for diagnostic, treatment and prognosis of feline aortic thromboembolism (FATE), also known as saddle thrombus. Help with diagnosis includes physical examination, glucose/lactate differentials and point-of-care ultrasound. Both prospective and retrospective studies spending decades showed that FATE is associated with 30-40% survival rate with treatment, and long term survival up to 1-2 years, although euthanasia rates up to 90% have plagued the syndrome. Treatment options includes pain control, thromboprophylaxis, thrombolysis, and treatment of the primary cause, including heart disease. CURATIVE guidelines will be reviewed.

What is new for the management of feline urethral obstruction?

The goals of the lecture are to update diagnostics and treatment options for feline urethral obstruction with the reviews of several recent studies regarding the treatment of feline urinary obstruction. As strong evidence-based medicine is lacking, the session will focus on the author's experience with a series of How do I...", paired with a thorough literature review on available subjects. It will review diagnostic workup and minimal database, as well as treatment using the 4 pilars of fluid therapy; treatment of electrolytes and acid-base disturbances, including treatment of hyperkalemia; unblocking techniques, and long-term treatment of the inciting cause.