



Canine Hemorrhagic Gastroenteritis (HGE) Reporting Form

Overview: In the winters of 2004, 2005, 2006, and 2008 seasonal outbreaks of mild to moderately severe bloody diarrhea in dogs in LA County were reported to this office. As of yet, no clear cause of the seasonality of this condition has been uncovered. Please continue to report cases.

Date form completed _____

1. Dog Information

Name _____ Breed _____ Sex _____
Age _____ Color _____

2. Dog Owner

Name(s)

Address

City, ZIP

Telephone:

Is it okay for Public Health to call the owner(s) to ask more about the history? YES NO

3. Reporting Veterinarian

Name of veterinarian or technician:

Vet Clinic Name:

Address:

City, ZIP:

Telephone

Fax

E-mail:

4. Clinical Course

a. Date of onset of first symptoms _____ b. Date of presentation _____

c. Date of death(s), if applicable _____

d. Fever? YES NO If yes, highest temperature detected = _____

e. Clinical Signs (check all that apply):

Anorexia

Diarrhea-watery

Diarrhea - mucoid

Lethargy

Diarrhea - soft stool

Other clinical signs (list):

Vomiting

Diarrhea - bloody

Diarrhea - tarry/black stool

f. Already recovered as of date form filled out? YES NO UNKNOWN

g. Rate of recovery if known (circle one):

Fast (1-2 days)

Slow (3-5 days)

Very Slow (6+ days)

Waxing and Waning - no clear recovery

No recovery - chronic illness or euthanized/died

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5. Exposure/Possible Causes

- a. Did dog have any exposure to raw fish (especially Salmon or trout)? YES NO
b. Did the ill dog tend to eat dropped fruit or berries from trees in the environment? YES NO
c. Current brands of dry and canned dog food being fed: _____

d. Current type, brands of treats (dry biscuits, jerky treats, rawhide, etc) _____

e. Dietary indiscretion by dog in week before onset (i.e trash, swallowed a toy, etc)? YES NO

f. Dog's regular diet changed in the week before onset? YES NO

g. Any humans in the house have (or recently had) similar symptoms? YES NO

h. Any other dogs, cats, or other pets in the home have similar symptoms? YES NO

i. Any traveling with dog in the week before illness onset? YES NO

j. Does dog leave its property regularly (walks, escapes)? YES NO

k. Does dog have regular access to wildlife or feces/urine from wildlife? YES NO

l. Does owner/veterinarian have any theories about the cause of the dog's illness? YES NO

m. EXPLAIN. If there was a YES answer to any of the above questions, please use the space below to explain:

6. Treatment.

a. IV fluids administered? YES NO

b. Subcutaneous fluids administered? YES NO

c. Medications. Please **LIST** the names of all drugs (antibiotics, antiparasitics, antidiarrheals, etc.) used and route of administration (IV, PO, SQ etc). You do not need to note the dose or frequency of use.

7. Laboratory results

a. In-house Parvo SNAP test result: Negative Positive Not done

b. In-house fecal testing (type of test, result) _____

c. Please FAX all laboratory results to us along with this form.

Email to: vet@ph.lacounty.gov

Fax to: (213) 481-2375

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