Retrospective Study Of *Vitis Vinifera* Ingestion In 606 Dogs In Emergency Clinics

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**INTRODUCTION**

Ingestion of the fruits of *Vitis Vinifera* (grapes, raisins, sultanas and currants) is a common intoxication in dogs and can lead to acute renal failure and death. This study analysed the treatment and short-term outcomes of dogs treated at out-of-hours emergency clinics for grape/raisin (G/R) ingestion.

**METHODS AND MATERIALS**

The patient database of Vets Now was queried for all dogs with a diagnosis coded as G/R intoxication. Cases were included if the owner had witnessed G/R ingestion, if G/R was found in vomitus, or if the patient was transferred from another practice for management of G/R ingestion. Cases were excluded from analysis if the patient had concurrent toxin ingestion (such as chocolate), if ingestion could not be confirmed, or if the patient had pre-existing medical conditions.

Records were reviewed for information regarding signalment, time since ingestion, clinical signs, treatments given, diagnostic tests and short-term (<48 h) survival. These parameters were analysed using descriptive statistics.

**RESULTS**

855 cases were retrieved from the period between November 2012 and February 2016. 249 cases were excluded, leaving 606 cases for analysis.

74/606 (12%) cases presented with clinical signs. Of these, 49/74 (66%) were vomiting, 17/74 (23%) had diarrhoea, 18/74 (24%) were lethargic, and 7/74 (9%) had abdominal pain. Other signs seen less frequently included hypersalivation, abdominal distension, tachycardia, pollakiuria and increased water consumption.

506/606 (83%) of dogs received apomorphine. 494/506 (98%) vomited some form of G/R and 16/494 (3%) of these patients had ingested G/R more than 6 hours previously.

282/606 (47%) of dogs were treated as outpatients. Of the remaining 324 dogs that were admitted, 241 (74%) were discharged in <24 h, 79 (24%) were discharged between 24-48 h, and 4 (1%) were hospitalised for > 48 h. 321/324 (99%) of admitted patients were treated with intravenous fluids.

The incidence of renal failure could not be definitively evaluated from this data set due to the short-term nature of the patient records. However, of 43 patients with a creatinine measured at >24 h post-admission, only 1 had elevated results (135 mmol/L, reference range 44-115 mmol/L).
100% of cases survived until discharge.

CONCLUSIONS
Gastrointestinal signs are the most common clinical signs. Induction of emesis can retrieve G/R >6 h post ingestion. In this set of patients, short-term outcomes were good.