

“Pearls”  
of  
Veterinary Medicine



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## Anesthesiology

### Brachycephalic dog anesthesia

Brachycephalic dogs face significantly higher peri-anesthetic risks than non-brachycephalic breeds due to conformational airway obstruction, increased regurgitation/aspiration risk, and frequent GI comorbidities (reported in up to ~97% of cases). Most are at least ASA II and require thorough pre-anesthetic evaluation of respiratory, cardiovascular, and gastrointestinal status.

To minimize complications, reduce pre-visit stress with fear-free handling and oral anxiolytics (**trazodone (5-10mg/kg PO)** or **gabapentin (10-30 mg/kg PO)**) is strongly recommended to limit airway swelling, hyperthermia, and collapse. Prolonged fasting should be avoided; instead, **offer a small meal 3-4 hours before anesthesia**, combined with acid suppressants, antiemetics, and prokinetics (**omeprazole, maropitant, +/- metoclopramide**) in known regurgitators.

Mask induction is contraindicated—use titrated IV induction (**Propofol (2-4 mg/kg IV)** or **alfaxalone (1-2 mg/kg IV)** +/- **Midazolam (0.25-0.5 mg/kg IV)** and lidocaine spray may be

used to reduce laryngeal spasm) followed by rapid intubation with multiple endotracheal tube sizes available. Provide **pre-oxygenation for at least 10 minutes** (via nasal prongs, flow-by, or facemask) to prevent rapid desaturation during induction and have trans-tracheal oxygen as an emergency backup (administered via a large-bore catheter such as an angiocath). During maintenance, use a well-secured cuffed tube, capnography (**ventilate if ETCO<sub>2</sub> > 50 mmHg**), along with standard monitoring (BP, SpO<sub>2</sub>, ECG).

Recovery remains the highest-risk period. Extubate as late as safely possible, provide supplemental oxygen via nasal prongs, and monitor closely for obstruction, regurgitation, or hypoxia. A re-intubation kit and tracheostomy capability must be immediately available.

To prevent agitation-induced airway compromise, low-dose sedatives (e.g., **micro-dosed dexmedetomidine (0.0005-0.001 mg/kg IV)** or **acepromazine (0.005-0.01 mg/kg IV)**) can be used in the post-operative period.

[Kozaruk, M. VetEducation 2025](#)

[Cap Rep \(2025\).44\(3\):1](#)

## Cardiology

### Algorithm for managing hypertension

Today's *Veterinary Practice* has downloadable algorithms for managing hypertension. A pdf can be downloaded [here](#) for both cats and dogs on one page but it is very fine print. A png file can be downloaded and printed for cats [here](#) and dogs [here](#).

[Gagne, J., DVM, DABVP. TVP \(2025\);15\(4\):98-102](#)

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