University of Pennsylvania Charitable Remainder Trust Program
compromised, resulting in endotoxemia, sepsis, hypovolemic shock and, in the absence of rapid surgical intervention, death.

The overall incidence of GDV is low, ranging from two to six percent. However, large-breed or giant breed dogs, such as the great Dane, Weimaraner, German shepherd and Irish setter, are at substantially higher risk (21-24%). GDV occurs more commonly in middle-aged to older dogs, with a slightly higher frequency in male dogs. Other risk factors for GDV include a once-daily feeding schedule, rapid food consumption, elevated feeding, stressful events, nervous temperament, and occurrence of GDV in a first-degree relative.

The main clinical signs for GDV are vomiting, retching, salivation, restlessness, reluctance to lie down, depression and abdominal distention. Diagnosis is made by abdominal radiography. Although derotation of the stomach is sometimes achieved through gastric tubing and decompression, surgery is usually required.

“The goals of the surgery,” said Dr. Puerto, “are to decompress the stomach and reposition it back to normal.”

Once the stomach is intraoperatively repositioned, a stomach tube is passed and the stomach lavaged. Abdominal exploratory is performed to assess ischemic damage to the gastric wall, and necrotic portions are removed. The final step is a gastropexy, by which the stomach is sutured to the body wall to reduce the likelihood of GDV recurrence.

The overall survival rate for GDV is 85 percent, with rapid admission to surgery being a critical factor for survival. By contrast, negative prognostic indicators include depressed or comatose state upon presentation, preoperative arrhythmias, elevated lactate levels, and gastric or splenic necrosis. J.C.G.