

## **Anticoagulant Toxicity**

Any species can be affected but it is most common in dogs.

Clinical signs depend on the agent, the time since ingestion and site of haemorrhage.

For about the first 72 h no clinical signs are apparent but the owner may note green or blue (some rodenticides may be pink) coloured faeces from dye in the bait. Thereafter bleeding may occur from the nose, lungs, into joints, body cavities or spine producing associated clinical signs. However, signs can also be non-specific and include exercise intolerance, weakness and pallor.

## **Testing for Toxicity**

### ***Samples to submit***

Citrated blood (blue top) for PT and APTT, ± EDTA (purple top) for determination of anaemia

When a citrated sample is not available EDTA can be used to evaluate PT, but not APTT.

### ***When to test***

Prior to onset of clinical bleeding PT may be prolonged if > 48 h have elapsed since the time of bait ingestion, however APTT is not. Once bleeding is present both PT and APTT are prolonged.

Within 5-12 h of Vitamin K administration, PT returns to normal and diagnosis of rodenticide toxicity cannot be made at this point.

PT is re-assessed 48 h after ceasing Vitamin K therapy to determine if treatment needs to be continued.

## **Determination of the Specific Anticoagulant**

There is no cost-effective analysis for toxins in the live animal available in New Zealand. However, samples can be referred to an outside laboratory.

In a dead animal, the liver and kidney are taken for toxin analysis. When possible indicate the suspected anti-coagulant so that the appropriate test can be run. Please contact SVS Laboratories to discuss beforehand because of the cost associated with this test.