

Sedation & Preparation Summary – Dogs (for Imaging Procedures)

Pre-visit Preparation

- Fasting: Withhold food for 6–12 hours before the procedure.
- Bladder preparation: Avoid walking the dog in the hour before the ultrasound to allow bladder filling and optimal examination.
- Sedation:
 - Trazodone 5–10 mg/kg PO ~60 minutes before arrival (avoid if on SSRIs such as fluoxetine or clomipramine, or if seizure risk).
 - Alternative: Gabapentin 20–30 mg/kg PO 1 hour before.
 - May be combined for particularly fractious dogs (trial lower doses in advance).

In-clinic Sedation

- Butorphanol 0.2 mg/kg IM.
 - If significant pain, GI obstruction, or painful procedure (e.g., tru-cut):
 - Substitute with a pure μ -agonist:
 - Methadone 0.3 mg/kg IM, or
 - Fentanyl 2–5 μ g/kg IV.
- For moderately fractious dogs (otherwise well): Medetomidine or dexmedetomidine 5 μ g/kg IM + butorphanol or methadone.
- For severely fractious dogs: Medetomidine or dexmedetomidine 10 μ g/kg IM + butorphanol or methadone. Sedation may be best performed in a quiet, dark room with the owner present, as effectiveness is reduced if the dog is already highly aroused.
- If IV catheter placement cannot be achieved with the above: Alfaxan 1–2 mg/kg IM.
- Onset: Moderate to heavy sedation usually within 10–20 minutes.
- If IV anaesthesia is required, please have available:
 - Alfaxalone 1–2 mg/kg IV, or
 - Propofol 2–6 mg/kg IV.

In most cases without brachycephalic conformation or significant respiratory compromise, patients can undergo a 'twilight' procedure without intubation.

For longer procedures (e.g., thoracocentesis, large volume abdominocentesis, tru-cut biopsies) or where there are concerns regarding respiratory disease or BOAS, intubation is recommended.

Clipping Instructions

- Abdominal ultrasound: Clip from the xiphoid caudally to the pubis, extending laterally along the costal arch.
 - For deep-chested dogs or in cases undergoing investigation for possible portovascular anomalies, continue clipping in a straight line from the xiphoid dorsally to the sub-lumbar muscles to allow examination of the liver and cranial abdominal structures through an intercostal window.
- Thoracic ultrasound: Clip a large, rectangular window on both left and right thoracic walls, extending from the 4th to 8th ribs and from the spine to the sternum.
- Cervical ultrasound: Clip the ventral cervical region from the manubrium to the submandibular region, extending 1 clipper blade width either side of the trachea in small dogs and 2 clipper blade widths either side in large dogs.

If Insufficient

- Alfaxan 1–2 mg/kg IM may be used to facilitate IV catheter placement.

Supportive Measures

- Oxygen available (ideally via mask).
- Airway management:
 - Laryngoscope
 - Small syringe of lignocaine to desensitise arytenoids and minimise laryngospasm
 - Cuffed or uncuffed ET tubes (3–7 mm)
- IV fluids: Provide at 5mL/kg/hr if indicated based on hydration status or clinical disease. **AVOID IN CASES WITH Stage C or above MMVD (unless otherwise directed) and use cautiously in dogs with advanced heart disease eg. B2 MMVD.**

Emergency Preparedness – Crash Cart

Have a crash cart immediately available containing:

- Adrenaline
- Atropine or Glycopyrrolate
- Other essential resuscitation drugs (see below) and equipment eg. Laryngoscope, esophageal stethoscope, aa multi-parameter including the ability to measure blood pressure, HR and ideally ETCO₂, ECG etc

Emergency Drug Quick Reference

DRUG	DOSE	2.5 kg (mL)	5 kg (mL)	10 kg (mL)
Adrenaline (1:1000; 1mg/ml)	0.01 mg/kg IV	0.03	0.05	0.1
	0.02mg/kg intratracheal	0.06	0.1	0.2
Adrenaline (1:10000)	IV	0.3	0.5	1.0
	Intratracheal	0.6	1.0	2.0
Atropine (0.6 mg/mL)	0.05 mg/kg IV	0.25	0.5	1
Midazolam (5 mg/mL)	0.2–0.5 mg/kg IV/IM/IN	0.1–0.25	0.2–	1–2
Diazepam (5 mg/mL)	0.5–1 mg/kg IV	0.25–0.5	0.5–1.0	1–2
Naloxone (0.4 mg/mL)	0.04 mg/kg IV	0.25	0.5	1
Atipamezole (5 mg/mL) *	0.04ml/kg IM *** (Dogs)	0.10	0.2	0.4

*  Not to be given IV due to risk of cardiovascular collapse

** OR half the volume of the previously administered dexmedetomidine/medetomidine dose

*** OR the same volume as the previously administered medetomidine/dexmedetomidine dose