

## **Wait-Worry-Panic: Symptom Checker**

We completely understand the fear and upset a sick pet can trigger in any pet parent. The below points are meant to be guidelines only. Regardless of your pet's symptoms, if you're concerned, please seek emergency veterinary care.

If you would simply like more information, please see our symptom checker below.

**Please waste no further time if you're consulting the checker for the following emergencies:**

- **Loss of consciousness**
- **Respiratory arrest**
- **Rapid/labored breathing in a pet breathing greater than 40 times per minutes**
- **Uncontrollable bleeding/hemorrhage**
- **Paralysis**
- **Seizures great than 5 minutes or multiple seizures**
- **Acute retching +/- abdominal distension in a deep chested large or giant breed**
- **Pale or white oral mucous membranes**
- **Absent urination despite a pet attempting to urinate**

**Present your pet immediately to one of the below facilities**

Local emergency facilities:

**Red Bank Veterinary Hospital**

**856-429-4394**

2051 Briggs Road

Mount Laurel Township, NJ 08054

**Mount Laurel Animal Hospital**

**856-234-7626**

220 Mount Laurel Road

Mount Laurel Township, NJ 08054

**NorthStar Mapleshade**

**609-259-8300**

2834 NJ-73N

Maple Shade, NJ 08052

**ASPCA Animal Poison Control**

**888-426-4435**

<https://www.asPCA.org/pet-care/animal-poison-control>

Common toxic substances found above\*

## **Pet Poison Helpline**

**855-764-7661**

<https://www.petpoisonhelpline.com/poisons/>

Common toxic substances found above\*

### Instructions for use:

- Symptoms are assigned to each category below
- Each category contains multiple bullet points, some of which may overlap
- Overlapping points under “worry” will be accompanied by more mild symptoms
- Overlapping points under “panic” will be accompanied by more severe symptoms
- If your pet’s symptoms mostly apply to one category, consult the instructions assigned to that category below
- *Italicized* points confer the highest level of concern

*Wait: Acceptable to monitor static signs and contact veterinarian when office is next open*

*Worry: Contact third party for advice (i.e. local referral hospital, Poison Control, etc.) and prepare to schedule as soon as possible or seek emergency care pending recommendation*

*Panic: Seek emergency care without delay*

## **Lethargy**

### Wait:

- Mild (pet may be laying or sleeping more but is still readily rousable)
- Appropriate (after intense exercise, vaccine or stressor)
- Unaccompanied by other symptoms (i.e. pet’s appetite and eliminations are normal)

### Worry:

- Moderate (pet is unwilling to go on walks or less excited by food items, etc.)
- After exercise on a hot day
- Pet suffers from a chronic condition for which lethargy can be a complication
- Pet is on chronic medication known to have lethargy as a complication
- *Accompanied by other symptoms (loss of appetite, vomiting, diarrhea, etc.)*

### Panic

- *Severe (pet is difficult to rouse, unable to lift his/her head or non-responsive)*
- *The above is seen after exercise on a hot day, vaccination/medication, ingestion of a toxic\* or unknown substance*
- *Pet is a known diabetic*
- Pet suffers from a chronic condition for which lethargy can be a complication
- Pet is on chronic medication known to have lethargy as a complication
- *Accompanied by other symptoms (those above or pale oral mucous membranes, abdominal distension, rapid/labored breathing, seizures/other neurologic signs, etc.)*

## **Loss of appetite**

### Wait

- Less than 24h of inappetence
- Pet is known to be picky in general and skips an extra meal or two
- Unaccompanied by other symptoms

### Worry

- 48h+ of inappetence
- 24h+ complete anorexia
- Pet is not known to be picky or skip meals
- *Accompanied by other symptoms (loss of appetite, vomiting, diarrhea, lethargy, weight loss, etc.)*

### Panic

- 72h+ of inappetence
- 24h+ of complete anorexia
- Pet is not known to be picky or skip meals
- *Accompanied by moderate to severe symptoms (those above or severe lethargy, pale oral mucous membranes, abdominal distension, rapid/labored breathing, seizures/other neurologic signs, etc.)*

## **Vomiting**

### Wait

- 2 or fewer episodes within a 24h+ period with intact appetite, normal bowel movements and bright demeanor
- Bilious vomiting with extended durations between meals
- Vomiting follows a cough and gag (this is not technically vomiting but regurgitation from a triggered gag reflex)
- 1-2 extra episodes of vomiting in a day from a pet known for chronic vomiting
- Unaccompanied by other symptoms
- No known ingestion of foreign or toxic substance\*

### Worry

- 4 or fewer episodes in under a 24h period
- Occurs shortly after meals but pet is able to drink and hold down water
- Significant enough that dehydration is a concern
- *Accompanied by other symptoms (loss of appetite, diarrhea, lethargy, weight loss, etc.)*
- Possible but unconfirmed ingestion of foreign or possibly toxic substance\*

### Panic

- 6 or more episodes in under under a 24h period
- *Intractable/constant*
- *Retching in a deep-chested large or giant breed dog with or without abdominal distension*
- *Occurs shortly after food and water intake*
- Significant enough that dehydration is a concern

- *Accompanied by other symptoms (those above or severe lethargy, pale oral mucous membranes, abdominal distension, rapid/labored breathing, seizures/other neurologic signs, etc.)*
- *Known ingestion of foreign or toxic substance\**

## **Diarrhea**

### Wait:

- Stools are soft but retain form
- Stools contain a small amount of blood or mucous
- Stools contain visible worms
- Stools are liquid and voluminous but infrequent (fewer than 3 episodes in 24h+ hours)
- Stools are liquid but small, urgent and/or accompanied by straining but infrequent (as above)
- Unaccompanied by other symptoms

### Worry:

- Stools contain a significant volume of blood but fecal material still predominates
- Stools are liquid, voluminous and frequent enough that sleep is interrupted, but in between episodes, pet can rest and find comfort
- Stools are frequent and voluminous enough that dehydration is a concern, but pet is drinking to compensate
- *Accompanied by other symptoms (loss of appetite, vomiting, lethargy, weight loss, etc.)*
- Possible but unconfirmed ingestion of foreign or possibly toxic substance\*

### Panic

- *Intractable/constant*
- Liquid, voluminous and frequent enough that sleep is interrupted and pet cannot rest or find comfort
- *Stools are replaced entirely by mucoïd or frank red blood*
- *Significant enough that dehydration is a concern, and pet is not drinking*
- *Accompanied by other symptoms (those above or severe lethargy, pale oral mucous membranes, abdominal distension, rapid/labored breathing, seizures/other neurologic signs, etc.)*
- *Known ingestion of foreign or toxic substance\**

## **Decreased defecation:**

### Wait:

- Pet is recently recovered from anesthesia, sedation
- Pet has recently recovered from a bout of inappetence, vomiting and/or diarrhea
- No defecation for less than 48h without explanation
- *Unaccompanied by other symptoms*

### Worry:

- No defecation for greater than 48h without explanation
- Infrequent (three or fewer episodes) straining for up to 24h without concurrent vomiting or loss of appetite
- With concurrent evidence of mild, inconsistent pain

- With possible foreign body ingestion
- With prior or current anal gland disease
- With recent or current change in stool shape (thin, pencil-like)
- *Accompanied by other symptoms (loss of appetite, vomiting, lethargy, weight loss, etc.)*

Panic

- *Frequent straining*
- *With severe, consistent pain*
- *With known foreign body ingestion*
- With visible peri-anal lesions
- *With concurrent urinary signs*
- *Accompanied by other symptoms (those above or severe lethargy, pale oral mucous membranes, abdominal distension, rapid/labored breathing, seizures/other neurologic signs, etc.)*

**Decreased urination/urine volume**

Wait:

- Smaller dark yellow urine volumes with transiently restricted water intake (i.e. pet goes for a long walk without water)
- Small frequent bouts of urination in a female patient with or without straining or blood in the urine
- Urinary accidents
- *Unaccompanied by other symptoms*

Worry:

- Small, dark yellow volumes of urine with refusal to drink water
- Orange, brown or uniformly red urine
- Small frequent bouts of urination with or without straining or blood in a male pet
- *Unaccompanied by other symptoms*

Panic

- Small, dark yellow volumes of urine with refusal to drink water
- Orange, brown or uniformly red urine
- Small frequent bouts of urination with or without straining or blood in a male pet
- Absent urination subsequent to above signs
- *Accompanied by other symptoms (loss of appetite, vomiting, diarrhea, lethargy, pale oral mucous membranes, abdominal distension, rapid/labored breathing, seizures/other neurologic signs, etc.)*

**Increased urination/urine volume**

Wait:

- Increased urination concurrent with increased thirst
- Urinary accidents
- Unaccompanied by other symptoms (this includes a stable weight)

Worry:

- Increased urination with normal to diminished thirst
- Orange, brown or uniformly red urine

- *Accompanied by other symptoms (increased or decreased appetite, vomiting, diarrhea, lethargy, weight loss, etc.)*

Panic:

- *Increased urination without water intake*
- *Orange, brown or uniformly red urine*
- *Accompanied by other symptoms (those above or pale oral mucous membranes, abdominal distension, rapid/labored breathing, seizures/other neurologic signs, etc.)*

**Coughing (also consult rapid/labored breathing)**

Wait:

- Acute dry hacking frequent or infrequent cough in young to middle-aged dog with recent exposure to other dogs
- Infrequent dry cough in a cat with or without known asthma
- Pet can sleep/rest between coughing fits
- Pet breathes normally and comfortably between coughing fits
- No known history of cough
- No known tracheal or cardiopulmonary disease (laryngeal paralysis/collapse, tracheal collapse, asthma, chronic bronchitis, lung cancer, heart disease, etc.)
- Unaccompanied by other symptoms

Worry:

- Moist, productive cough
- Cough concurrent with ocular discharge, nasal discharge, sneeze or heightened airway noise
- Cough frequently interrupts rest/sleep
- Cough accompanied by increased breathing rate but rate is less than 40 breaths/minute (see below)
- Mild to moderate progression in cough in a pet known for chronic cough
- Cough or mild to moderate progression in cough in a pet with known tracheal or cardiopulmonary disease
- *Unaccompanied by other symptoms*

Panic:

- Moist, productive cough with or without blood in sputum
- Cough concurrent with ocular discharge, nasal discharge, sneeze or heightened airway noise
- *Cough intractable enough that pet cannot rest, sleep*
- *Cough accompanied by increased breathing rate or effort greater than 40 breaths per minute (see below)*
- *Moderate to severe progression in cough in a pet known for chronic cough*
- *Cough or moderate to severe progression in cough in a pet with known tracheal or cardiopulmonary disease*
- *Accompanied by other symptoms (loss of appetite, vomiting, diarrhea, lethargy, pale or blue oral mucous membranes, abdominal distension, seizures/other neurologic signs, etc.)*

## Rapid/labored breathing

**\*\*SRR or sleeping respiratory rate in breaths per minute = # breaths in 15 seconds x 4**

### Wait:

- Concurrent with deep sleep or dreaming
- Concurrent with purring or after heavy exercise in a cat (chasing a LASER pointer, etc.)
- Concurrent with stress in a cat (placing a cat in a carrier, car trip, etc.)
- Panting with exercise, stress, pain in a dog (address pain in a timely fashion)
- Panting in a dog routinely known for panting
- No known tracheal or cardiopulmonary disease (laryngeal paralysis/collapse, tracheal collapse, asthma, chronic bronchitis, lung cancer, heart disease, etc.)
- Unaccompanied by other symptoms
- **SRR less than 40 breaths per minute\*\***

### Worry:

***There is a fine line between “worry” and “panic” in respiratory distress cases, so to delay care means any changes in your pets symptoms must be mild/subtle.***

- Increased breathing rate without exertion or explanation
- Increased breathing rate concurrent with cough, sneeze or heightened airway noise
- Increased breathing rate in a pet with known tracheal or cardiopulmonary disease
- Unexplained panting in a dog who does not routinely pant
- *All must be unaccompanied by other symptoms*
- Above symptoms with NORMAL pink oral mucous membrane color
- Above symptoms with NO INCREASED BREATHING EFFORT
- **SRR less than 40 breaths per minute\*\***

### Panic:

- *Increased breathing rate or effort without exertion or explanation*
- *Increased breathing rate or effort concurrent with cough, sneeze or heightened airway noise*
- *Increased breathing rate or effort with known tracheal or cardiopulmonary disease*
- *Increased breathing rate or effort with inability to rest or sleep*
- *Increased breathing rate or effort with changes in posture (standing, neck extension, open arms)*
- *Unexplained panting in a dog who does not routinely pant*
- *Any panting in a cat*
- *Accompanied by other symptoms (loss of appetite, vomiting, diarrhea, lethargy, abdominal distension, seizures/other neurologic signs, etc.)*
- *Above symptoms with pale, blue or purple oral mucous membranes*
- **SRR greater than 40 breaths per minute\*\***
- **Respiratory arrest (CPR!)**

## Wounds:

### Wait:

- Superficial
- Minimal to no bleeding
- No abnormal discharge (thick, malodorous, pus-like)

- Minimal to no pain
- Surrounding skin appears healthy
- Deep skin/muscle is not swollen or discolored
- Known trauma is perceived to be mild
- Unaccompanied by other symptoms

Worry:

- Full thickness laceration or wound; overall defect small
- Some but controllable bleeding
- Equivocally infectious discharge (pus)
- Some but not intractable pain
- Surrounding skin may be slightly swollen or discolored
- Known trauma is perceived to be significant
- *Any dog bite wound*
- *Accompanied by other symptoms (increased or decreased appetite, vomiting, lethargy, weight loss, etc.)*

Panic:

- *Full thickness laceration or wound; overall defect moderate to large; muscle or bone visible*
- *Heavy or uncontrollable bleeding*
- Purulent (pus) discharge
- *Severe, intractable pain*
- *Surrounding skin swollen, red, bruised or black*
- *Known trauma is perceived to be significant*
- *Any known or suspected bite wound*
- *Accompanied by other symptoms (increased or decreased appetite, vomiting, lethargy, weight loss, etc.)*

**Bleeding:**

Wait:

- Small volume of blood seen in/from feces/anus, urine, nose or wound (see above)
- Source of bleeding is intermittent or readily controlled with pressure
- Mild to moderate bodily bruising on an area of known but mild trauma
- Minimal to no pain
- Unaccompanied by other symptoms

Worry:

- Any blood seen in vomitus
- Moderate volume of blood seen in/from feces/anus, urine, nose or wound (see above)
- Source of bleeding is persistent and recurrent in spite of transient control
- Bruising with no known source of trauma, especially at the gums, inside the ears or along the belly
- Some but not intractable pain
- Known trauma is perceived to be significant
- *Accompanied by other symptoms (increased or decreased appetite, vomiting, lethargy, weight loss, etc.)*



### Panic:

- *Large volumes of blood seen in/from vomitus, feces/anus, urine, nose or wound (see above)*
- *Source of bleeding cannot be controlled*
- Bruising with no known source of trauma, especially at the gums, inside the ears or along the belly
- *Severe, intractable pain*
- Known trauma is perceived to be significant
- *Accompanied by other symptoms (those above or pale oral mucous membranes, abdominal distension, rapid/labored breathing, seizures/other neurologic signs, etc.)*

### **Limping/Lameness**

#### Wait:

- Weight bearing lameness after known exertion or injury
- Non-weight bearing lameness improves to weight bearing lameness with time
- Lameness improves with movement; pet can “walk it off especially after periods of recumbency
- One limb is affected
- Pain is mild to absent
- Pet has a history of lameness or injury in the same limb
- Known trauma is perceived to be mild
- Unaccompanied by other symptoms

#### Worry:

- Weight bearing lameness that is refractory to pain medication and rest
- Non weight-bearing lameness
- Lameness persists in spite of rest or movement
- Multiple limbs are affected
- Some but not intractable pain
- Known trauma is perceived to be significant
- *Accompanied by other symptoms (increased or decreased appetite, vomiting, lethargy, weight loss, etc.)*

#### Panic

- Non weight-bearing lameness
- Lameness persists in spite of rest or movement
- *Lameness accompanied by severe swelling, dangling of limb(s), fracture fragment protruding from limb(s) (bone may or may not be visible)*
- Multiple limbs are affected
- *Pet is unable to walk*
- *Intractable pain*
- Known trauma is perceived to be significant
- *Accompanied by other symptoms (those above or pale oral mucous membranes, abdominal distension, rapid/labored breathing, seizures/other neurologic signs, etc.)*

## **Weakness (scuffing of feet, loss of coordination, dragging of extremities)**

### Wait:

- Minimal to no scuffing of feet/toenails in back legs only
- Minimal to no loss of coordination in back legs only
- One leg is more affected than the other
- Muscle tone is unaffected
- Pet is readily able to walk
- Pet is readily able to posture and urinate/defecate normally
- Minimal to no pain
- Pet has a history of intervertebral disk disease (IVDD)
- Known trauma is perceived to be insignificant
- Unaccompanied by other symptoms

### Worry:

- Mild to moderate scuffing of feet/toenails or loss of coordination in back legs only
- Mild weakness in front legs +/- back legs
- Progression of weakness occurs over a short duration of time
- One leg(s) is more affected than the other
- Muscle tone is affected (overly weak or tense/rigid)
- Pet may be reluctant to stand/walk but can do so when coaxed or assisted
- Pet struggles to posture and urinate/defecate normally
- Some but not intractable pain
- Pet may or may not have a history of intervertebral disk disease (IVDD)
- Known trauma is perceived to be significant
- Pet is a Dachshund, Basset Hound, Beagle, Pekinese, Shih Tzu or Cocker Spaniel
- *Accompanied by other symptoms (increased or decreased appetite, vomiting, lethargy, weight loss, etc.)*

### Panic

- *Moderate to severe scuffing of feet/toenails or loss of coordination in back legs only*
- *Moderate to severe weakness in front legs +/- back legs*
- *Progression of weakness occurs over a short duration of time*
- One leg(s) is more affected than the other
- Muscle tone is affected (overly weak or tense/rigid)
- Pet may be reluctant to stand/walk but can do so when coaxed or assisted
- *Pet cannot walk/appears paralyzed*
- *Pet struggles to or cannot posture and urinate/defecate normally*
- *Pet does not urinate for greater than 12 hours*
- *Pet is acutely urinary or fecal incontinent*
- *Intractable pain*
- Pet may or may not have a history of intervertebral disk disease (IVDD)
- Known trauma is perceived to be significant
- Pet is a Dachshund, Basset Hound, Beagle, Pekinese, Shih Tzu or Cocker Spaniel
- *Accompanied by other symptoms (those above or pale oral mucous membranes, abdominal distension, rapid/labored breathing, seizures/other neurologic signs, etc.)*

## Seizures

*Seizures may manifest as the following: loss of consciousness, tremoring (generalized or focal), inadvertent urination, defecation, salivation, stiffness, staring, fly biting; most pets are altered after a seizure and may appear confused, agitated, weak or blind (post-ictal period).*

### Wait:

All below parameters apply only to patients with a known seizure history and under the care of a veterinarian for this issue.

- Seizure less than 1 minute in duration (seizures always appear longer than they actually are and thus should be timed whenever possible)
- Isolated seizure in a pet receiving seizure medication
- Isolated seizure in a pet not within a 24-48h period of another seizure
- Post-ictal period less than 24h
- *Unaccompanied by other symptoms*
- No known ingestion of foreign or toxic substance\*

### Worry:

- First time seizure in a pet 5 years of age and under
- Seizure 2-4 minutes in duration
- Active vomiting before, during or after a seizure
- More frequent seizures in a pet previously well controlled on medication
- More than one seizure within a 24-48h period
- Overly long post-ictal period or post-ictal period greater than 24h if atypical for pet
- Pet suffers from a chronic condition for which seizures can be a complication
- Pet is on chronic medication known to have seizures as a complication (including oral flea and tick preventatives)
- *Accompanied by other symptoms (increased or decreased appetite, vomiting, lethargy, weight loss, etc.)*
- Possible but unconfirmed ingestion of foreign or possibly toxic substance\*

### Panic:

- First time seizure in a pet 5 years of age and under
- *First time seizure in a pet greater than 6 years of age*
- *Seizure 5m or greater in duration*
- Active vomiting before, during or after a seizure
- More frequent seizures in a pet previously well controlled on medication
- *3 or more seizures within a 24-48h period*
- Overly long post-ictal period or post-ictal period greater than 24h if atypical for pet
- Pet suffers from a chronic condition for which seizures can be a complication
- *Pet is a diabetic*
- Pet is on chronic medication known to have seizures as a complication (including oral flea and tick preventatives and insulin)
- *Accompanied by other symptoms (those above or pale oral mucous membranes, abdominal distension, rapid/labored breathing, other neurologic signs, etc.)*
- *Confirmed ingestion of foreign or possibly toxic substance\**