

Inside Out: Veterinary Internal Medicine CE

Dr. Laura Motschenbacher, DVM, DACVIM

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TRIAGE STRIP

PLE Triad Indicators: Albumin + Globulin +
Cholesterol all low → Immediate advanced workup

REGURGITATION RED FLAGS: No abdominal
effort, passive expulsion →
Esophageal/neuromuscular focus

1 VERIFY AND LOCALIZE BEFORE DIAGNOSTICS

- Differentiate regurgitation vs vomiting vs diarrhea before selecting a pathway.
- Use observed abdominal effort, timing, and expelled material characteristics to localize source.
- If passive expulsion is present, prioritize esophageal/neuromuscular localization and aspiration-risk screening.

2 CLASSIFY PRIMARY VS SECONDARY GI DISEASE

- Classify presentation as likely primary GI disease or secondary/systemic disease before expanding diagnostics.
- Favor GI-focused differential when signs remain localized to GI pattern without broader systemic instability.
- Elevate secondary/systemic differential when chronic vomiting or mixed-pattern signs persist despite initial GI-focused approach.

3 EXECUTE BASELINE DIAGNOSTIC STRATEGY

- Start with minimum database plus GI-focused workup as first-line baseline.
- Escalate to broader systemic workup when pattern, progression, or baseline results indicate higher secondary-disease risk.
- Document branch choice and reassessment trigger after each diagnostic step.

DIAGNOSTIC DECISION MATRIX

Clinical Pattern	Primary Differential Focus	Diagnostic Priority	Secondary Disease Risk
Large Bowel Diarrhea	Chronic enteropathies, infectious	GI-focused workup	Low
Small Bowel Diarrhea	Food-responsive, IBD, neoplasia	Minimum database + GI	Moderate
Chronic Vomiting	Primary GI vs systemic disease	Broad systemic workup	High

DO	DON'T
Localize syndrome first, then test.	Don't treat regurgitation and vomiting as interchangeable syndromes.
Keep branch decisions explicit (primary GI vs secondary/systemic).	Don't anchor on a single abnormality while ignoring full pattern.
Reassess pathway after each new data point.	Don't delay broader systemic workup when chronic or mixed-pattern signals persist.
Escalate promptly when red flags are present.	

References / QR

Source: VetOnIt CE — Inside Out: Veterinary Internal Medicine CE
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