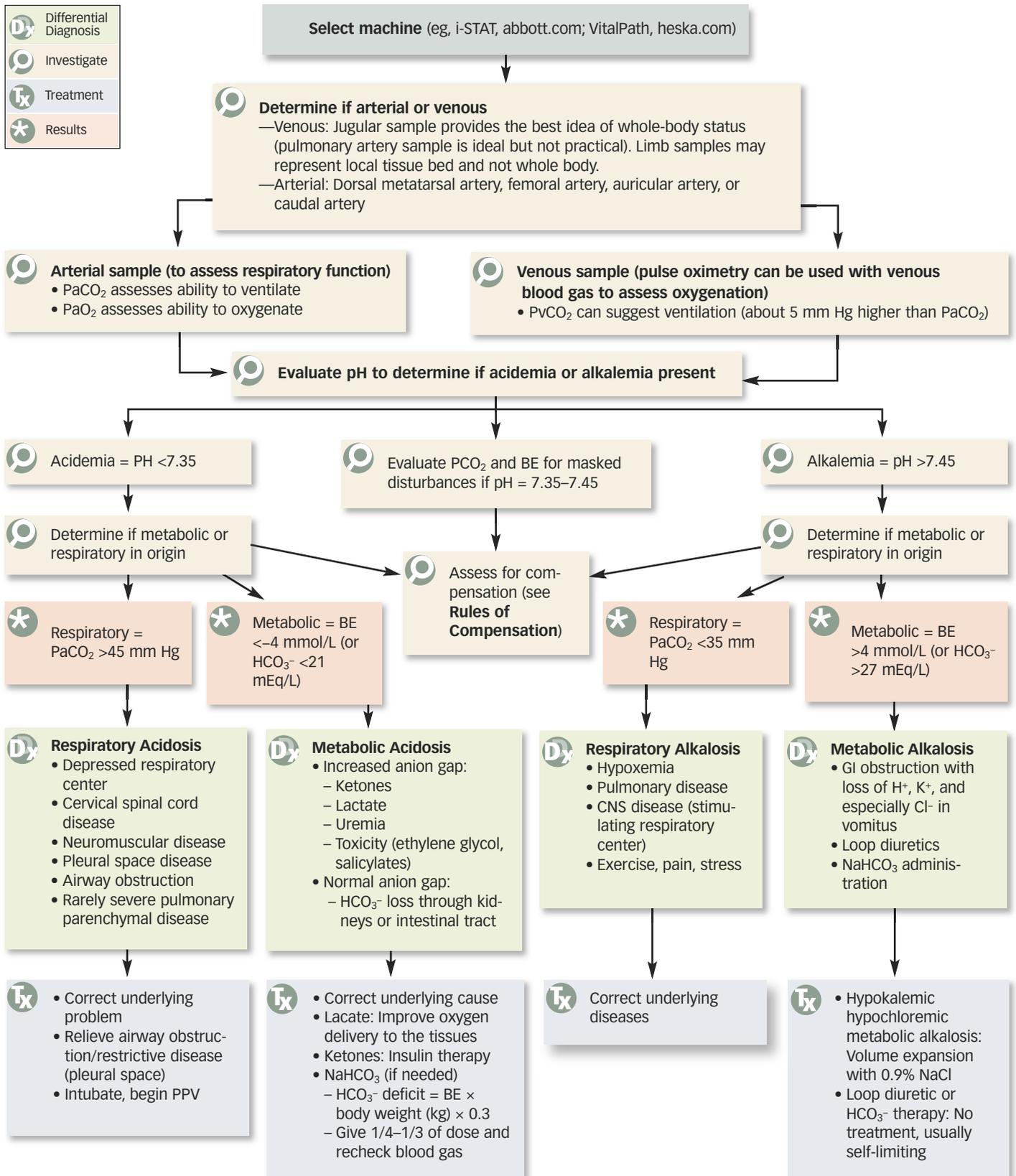


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# Blood Gas Analysis



This algorithm reflects canine normals. For cats, substitute feline normals for pH, BE (or HCO<sub>3</sub><sup>-</sup>), PCO<sub>2</sub>, and PO<sub>2</sub> values (Table 1).

### Rules of Compensation

1. Change in respiratory or metabolic component of the acid-base status will normally induce opposite, compensatory change in the other to return the pH toward normal.
2. Lungs compensate rapidly by changing minute ventilation (respiratory rate/tidal volume/both) within minutes.
3. Metabolic compensation occurs via the kidneys and is much slower, starting after a few hours and requiring 4 to 5 days for maximum compensation.
4. Absence or presence and degree of compensation for respiratory disturbance can give an idea of chronicity (Table 2).
5. Overcompensation does not occur.
6. If expected compensation is absent, a mixed disturbance is present. For example, if metabolic acidosis is not accompanied by compensatory respiratory alkalosis (the CO<sub>2</sub> is normal or increased), a mixed disturbance is occurring with both metabolic acidosis and respiratory acidosis.

	Arterial	Venous
<b>Canine</b>		
pH	7.35–7.45	7.35–7.45
PO <sub>2</sub> (mm Hg)	90–100	30–42
PCO <sub>2</sub> (mm Hg)	35–45	40–50
HCO <sub>3</sub> <sup>-</sup> (mEq/L)	20–24	20–24
BE (mmol/L)	-4–+4	-4–+4
<b>Feline</b>		
pH	7.34 ± 0.1	7.30 ± 0.08
PO <sub>2</sub> (mm Hg)	102.9 ± 15	38.6 ± 11
PCO <sub>2</sub> (mm Hg)	33.6 ± 7	41.8 ± 9
HCO <sub>3</sub> <sup>-</sup> (mEq/L)	17.5 ± 3	19.4 ± 4
BE (mmol/L)	-6.4 ± 5	-5.7 ± 5

Disorder	Primary Change	Compensatory Response
Metabolic acidosis	↓ HCO <sub>3</sub> <sup>-</sup>	0.7 mm Hg decrease in PCO <sub>2</sub> for each 1 mEq/L decrease in HCO <sub>3</sub> <sup>-</sup>
Metabolic alkalosis	↑ HCO <sub>3</sub> <sup>-</sup>	0.7 mm Hg increase in PCO <sub>2</sub> for each 1 mEq/L increase in HCO <sub>3</sub> <sup>-</sup>
Acute respiratory acidosis	↑ PCO <sub>2</sub>	1.5 mEq/L increase in HCO <sub>3</sub> <sup>-</sup> for each 10 mm Hg increase in PCO <sub>2</sub>
Chronic respiratory acidosis	↑ PCO <sub>2</sub>	3.5 mEq/L increase in HCO <sub>3</sub> <sup>-</sup> for each 10 mm Hg increase in PCO <sub>2</sub>
Acute respiratory alkalosis	↓ PCO <sub>2</sub>	2.5 mEq/L decrease in HCO <sub>3</sub> <sup>-</sup> for each 10 mm Hg decrease in PCO <sub>2</sub>
Chronic respiratory alkalosis	↓ PCO <sub>2</sub>	5.5 mEq/L decrease in HCO <sub>3</sub> <sup>-</sup> for each 10 mm Hg decrease in PCO <sub>2</sub>

See Aids & Resources, back page, for references & suggested reading.

BE = base excess, HCO<sub>3</sub><sup>-</sup> = bicarbonate, NaHCO<sub>3</sub> = sodium bicarbonate, PaCO<sub>2</sub> = partial pressure of arterial carbon dioxide, PCO<sub>2</sub> = partial pressure carbon dioxide, PO<sub>2</sub> = partial pressure oxygen, PPV = positive-pressure ventilation, PvCO<sub>2</sub> = partial pressure of venous carbon dioxide