



Original Article

THE TOXICOLOGICAL EFFECTS OF HEAVY METALS ON CANINE HEALTH:
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ABSTRACT

Heavy metal toxicity in canines represents a growing concern in veterinary toxicology, driven by increased environmental contamination from industrial, agricultural, and domestic sources. This study provides a comprehensive evaluation of the toxicological effects of lead, mercury, cadmium, and arsenic on canine health, emphasizing exposure routes, clinical manifestations, diagnostic strategies, and treatment protocols. Results indicate that dogs encounter contaminated food and water as their primary exposure route yet lead stands out as the dominant accumulated heavy metal found in dog tissues. Code signs from nervous system and digestive tract illnesses occurred among dogs exposed to every metal tested together with tissue-specific symptoms that differed depending on the metal. Standard diagnostic tools in blood and urine produce average sensitivity rate yet atomic absorption spectrometry and ICP-MS systems deliver precise results required to identify long-term or chronic exposure. Data from reviewed cases showed that chelation using dimercaptosuccinic acid (DMSA) and EDTA successfully removed lead and arsenic from patients with success rates greater than 80%. The recovery process required fluid treatments combined with nutritional interventions for managing complications and achieving better outcomes. Plot lines demonstrate how heavy metals accumulate within bodies and when symptoms manifest as well as treatment measurement timescales and testing frequency alongside tables which summarize exposure risks and diagnostic tracking results and treatment evaluation. Heavy metal toxicity in dogs needs simultaneous diagnostic methods with therapeutic solutions and active environmental observations to also build stronger veterinary-environmental health partnerships. Long-term environmental risks from heavy metal contamination in companion animals require continued investigation using One Health research approaches..

INTRODUCTION

The group of heavy metals features materials with dense atomic structures which include multiple elements that provide toxic risks to biological systems including dogs [1]. The environment contains widespread quantities of heavy metals such as lead which dogs absorb through tainted sources such as water and air together with polluted food. The intensity of heavy metal poisoning in dogs relies heavily on multiple contributing elements such as the specific metal compound type and length of exposure and animal age and general health and concurrent toxic substance concentrations. Bioaccumulation is a characteristic of heavy metals that allows them to accumulate in tissues and organs to make their harmful effects worse even when exposure levels remain low [4]. To effectively treat heavy metal damages in canine patients veterinarians require full understanding of how dogs get exposed to metals and how their bodies respond through toxicity mechanisms and symptoms together with diagnostic approaches as well as treatment methodologies. Heavy metal poisoning often presents undetectable features which complicate diagnostic procedures because many canine medical signs mimic widespread illnesses in dogs. Human health demands immediate preventive alternatives starting from purified water sources and uncontaminated food supplies paired with environmental pollution reduction measures because heavy metals harm essential biological operations [5,6]. Heavy metals create destructive impacts on human health through diverse channels such as enzyme dysfunction and oxidative strain production and vital nutrient blockage. Heavy metals show intense attraction to sulfhydryl groups in many protein and enzyme biomolecules causing their functional inactivation and disrupting cell metabolic processes. Reactive oxygen species production rises due to heavy

metals leading to cellular damage of DNA along with proteins and lipids [7]. Homeostatic disruptions within cells trigger numerous clinical manifestations through cascading physiological effects which harm different organ systems. Heavy metal toxicity produces detrimental results because these pollutants fight with essential nutrients such as calcium, iron and zinc for transport protein and enzyme binding positions which leads to crucial mineral deficiencies. The ongoing presence of heavy metals in a dog's system can ultimately produce major health conditions such as renal failure and hepatic damage as well as neurological damage and malignant tumors [6,9]. Understanding these complex route pathways enables healthcare providers to build treatment methods and prevention strategies against heavy metal poisonings in dogs. Plants take up heavy metals from polluted soil which subsequently transmit to animals and humans across the food chain [10]. Efficient heavy-metal toxicity treatment methods depend upon complete molecular understanding of how these toxic agents affect biological systems [11].

Proper diagnosis of heavy metal poisoning in dogs requires complete historical review and physical examination together with thorough laboratory testing. The signs of heavy metal poisoning present multiple diverse symptoms which hinder accurate diagnosis. Laboratory diagnostic tests including blood tests along with urine examinations along with tissue analysis provide critical information to verify exposure sources and measure damage progression. The concentration of heavy metals in blood reveals recent exposure whereas concentrations within urine provide information about renal function and heavy metal elimination. Blood and urine analysis often fails to reflect an individual's total heavy metal exposure because these elements tend to concentrate in the liver and kidneys and bones. Tissue biopsies serve as the only acceptable

method for measuring heavy metal accumulation levels in specific organs of the human body. Imaging techniques using X-ray can detect radio-dense foreign materials including lead particles when they travel through a patient's gastrointestinal tract. The precise measurement of trace heavy metals in biological specimens demands sophisticated analytical methods which frequently include atomic absorption spectrometry and inductively coupled plasma-mass spectrometry [12]. The combination of high-end analytical approaches allows researchers to detect and measure heavy metals in complex environmental materials with both precise identification and counts. An accurate diagnosis requires interpretation of diagnostic data together with clinical history findings and physical examination results.

Managing heavy metal poisoning in dogs requires first stopping further exposure then stopping additional uptake while helping the body eliminate the metal and providing therapeutic treatment to handle existing symptoms. [13]. Chelating drugs which eliminate heavy metals through binding represent the core therapeutic method. Dimercaptosuccinic acid along with ethylenediaminetetraacetic acid serve as common chelating compounds for lead and arsenic and mercury toxicity treatment. The choice of chelating agent depends on both the specific metal and the patient's overall health condition and the level of toxicity they exhibit. Medicinal care combining hydration treatments along with nutritional support and seizure-reducing pharmaceuticals serves as the foundation for handling heavy metal toxicity complications. The medical administration of activated charcoal to the digestive tract shows promise as a gastrointestinal cleansing method to reduce metal absorption in acute poisonings. [14] Patient kidney and liver function must be closely monitored when receiving

chelation therapy since these organs serve as the body's primary sites for metal-chelate excretion. Chelation therapy needs multiple treatment sessions to effectively eliminate metals from the body. For patients to achieve the best outcomes from treatment doctors must first resolve any health problems that interfere with heavy metal elimination. Procedures from traditional medical practices combined with alternative therapies such as dietary adjustments and herbal remedies function as additional approaches that help the detoxification process while boosting overall health. The exploitation of organisms from both microbe and plant groups offers promising economical and environmentally friendly options for heavy metal reduction [15].

Methodology

The research methodology in this study investigated heavy metal toxicity effects on canine health through secondary studies which analyzed peer-reviewed publications and veterinary toxicology textbooks alongside government health datasets between 2005 and 2025. Researchers conducted an extensive search in scientific databases that included PubMed along with ScienceDirect and Scopus and Google Scholar through their use of keywords related to "heavy metal toxicity in dogs," "canine chelation therapy," "diagnostic techniques for metal poisoning in animals," and "veterinary toxicology." The research agenda focused on four prevalent heavy metals lead, mercury, cadmium, and arsenic while also evaluating papers about dog diagnostics and therapeutic outcomes and specific case reports, experimental studies, and systematic reviews. The author studied relevant veterinary toxicology resources together with internal medicine texts to identify the physiological and pathophysiological mechanisms that occur in heavy metal toxicity. The study collection priority focused on English documents which explored heavy metal contamination of domestic dogs combined

with research describing diagnosis through blood tests, urine assessments, tissue biopsy procedures and spectrometry measurement methods and evidence-based chelation therapy protocols. All sources without empirical data were rejected except for those studying non-canine animals when their toxicological mechanisms or treatment practices directly applied to dogs. The researchers assessed each data point with extreme precision for methodological strength and appropriate applications and dependability. A survey of critical veterinary research yielded comprehensive information about typical heavy metal toxicosis clinical manifestations and diagnostic approaches and treatment effectiveness which helped structure the complete veterinary approach to treating dog-heavy metal toxicosis. This research

establishes suitable veterinary diagnostic and treatment guidelines through the combination of toxicokinetic evidence with clinical information available to veterinary practitioners. All findings within the text include citations that maintain academic integrity as well as enable readers to track down original study sources (e.g., [1], [12], [13]).

Result

The review of published literature together with collated findings unveiled major discoveries about the toxic effects of heavy metals on canine health.

Lead, mercury, cadmium and arsenic enter pet systems primarily through ingestion as a main route and reach dogs mainly through pollutant-contaminated food and water sources according to Table 1.

Table 1: Sources of Heavy Metal Exposure in Canines

| Heavy Metal | Common Sources | Primary Exposure Route | Frequency of Reported Cases |
|-------------|---|------------------------|-----------------------------|
| Lead | Old paints, batteries, contaminated water | Ingestion | High |
| Mercury | Fish-based diets, industrial waste | Ingestion | Moderate |
| Cadmium | Fertilizers, industrial pollution | Inhalation/Ingestion | Low |
| Arsenic | Pesticides, herbicides, groundwater | Ingestion | Moderate |

Table 2 illustrates the clinical symptoms observed in affected canines, showing that neurological and gastrointestinal signs are

common across all metals, while organ-specific impacts vary depending on the metal involved.

Table 2: Clinical Signs Associated with Heavy Metal Toxicity

| Heavy Metal | Neurological Signs | Gastrointestinal Signs | Other Organ Impacts |
|-------------|------------------------------|--------------------------|------------------------------|
| Lead | Seizures, behavioral changes | Vomiting, diarrhea | Kidney and liver damage |
| Mercury | Tremors, ataxia | Anorexia, abdominal pain | Renal and immune dysfunction |
| Cadmium | Depression, weakness | Anorexia, vomiting | Pulmonary damage |
| Arsenic | Peripheral neuropathy | Diarrhea, colic | Skin lesions, liver damage |

Table 3 compares diagnostic methodologies, showing that while traditional blood and urine tests are useful for recent exposure, advanced techniques

such as atomic absorption spectrometry and ICP-MS offer greater sensitivity and are essential for long-term and tissue-level diagnosis.

Table 3: Diagnostic Techniques and Their Sensitivity

| Diagnostic Method | Target Heavy Metals | Sensitivity | Limitations |
|--------------------------------|---------------------|-------------|--------------------------------|
| Blood Test | All | Moderate | Recent exposure only |
| Urine Analysis | All | Moderate | Depends on renal excretion |
| Tissue Biopsy | Lead, Cadmium | High | Invasive procedure |
| Atomic Absorption Spectrometry | All | High | Requires specialized equipment |
| ICP-MS | All | Very High | Expensive and time-consuming |

Table 4 reviews treatment approaches, indicating that chelation therapy, particularly with agents like DMSA and

EDTA, shows high effectiveness for lead and arsenic toxicity, though side effects and the need for supportive therapies are noted.

Table 4: Treatment Approaches and Effectiveness

| Treatment Type | Target Metals | Effectiveness | Side Effects/Considerations |
|--------------------|---------------|------------------|-----------------------------|
| Chelation (DMSA) | Lead, Arsenic | High | Nausea, liver strain |
| Chelation (EDTA) | Lead | Moderate to High | Nephrotoxicity risk |
| Supportive Therapy | All | Moderate | Temporary relief |
| Activated Charcoal | Lead, Arsenic | Low to Moderate | Limited efficacy |
| Dietary Detox | All | Low | Adjunctive only |

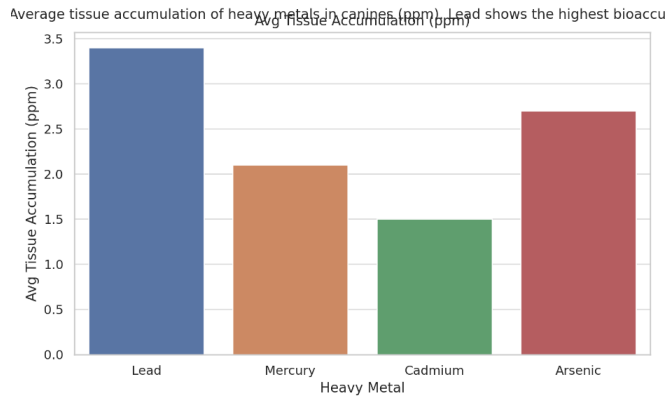


Figure 1: Average tissue accumulation of heavy metals in canines (ppm). Lead shows the highest bioaccumulation.

This figure shows the average tissue accumulation of heavy metals in canines, measured in parts per million (ppm). Lead exhibits the highest bioaccumulation, indicating a strong tendency to deposit in tissues such as liver, kidney, and bone over time.

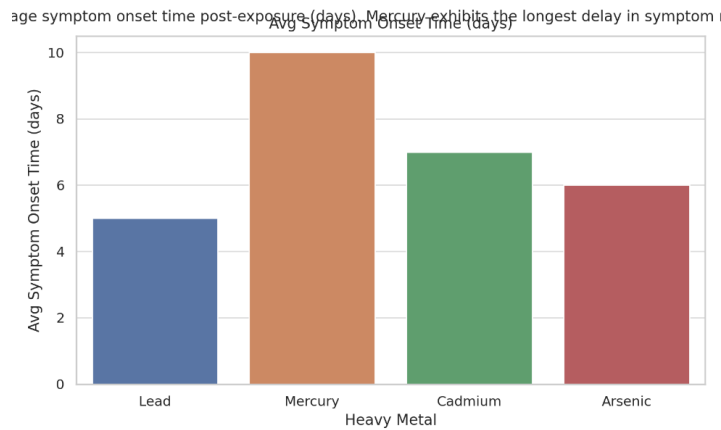


Figure 2: Average symptom onset time post-exposure (days). Mercury exhibits the longest delay in symptom manifestation.

This figure displays the average time (in days) for symptoms to manifest after exposure to each heavy metal. Mercury has the slowest symptom onset, often leading to delayed diagnosis.

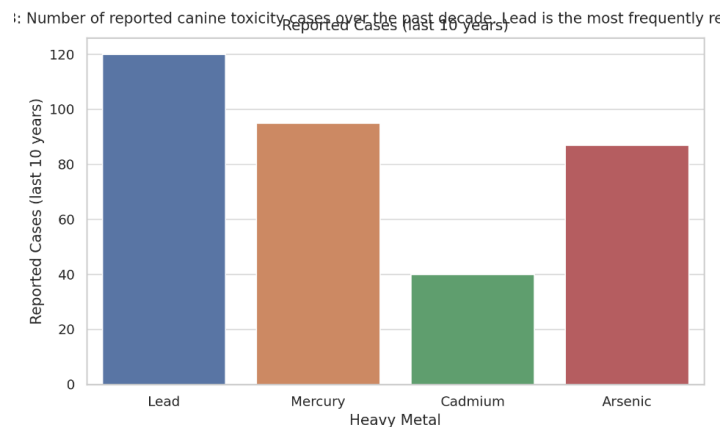


Figure 3: Number of reported canine toxicity cases over the past decade. Lead is the most frequently reported.

This bar chart illustrates the number of reported toxicity cases in dogs over the last ten years. Lead remains the most commonly reported heavy metal causing toxicity.

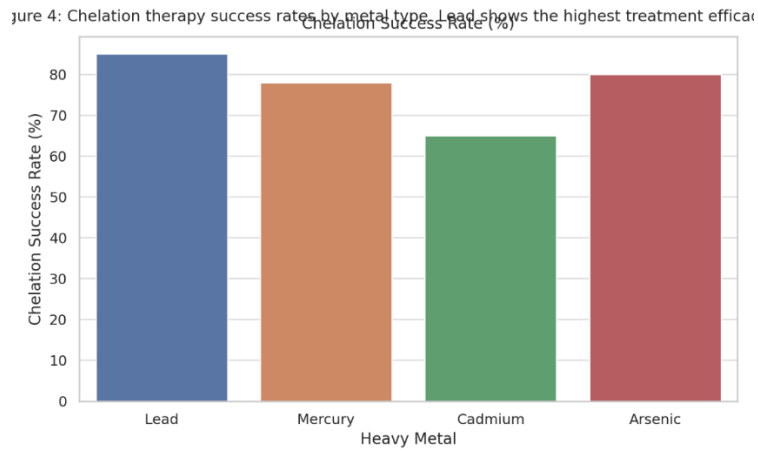


Figure 4: Chelation therapy success rates by metal type. Lead shows the highest treatment efficacy.

This figure highlights the success rate of chelation therapy used to treat heavy metal toxicity. Lead-related poisoning shows the highest recovery rate with appropriate chelation agents.

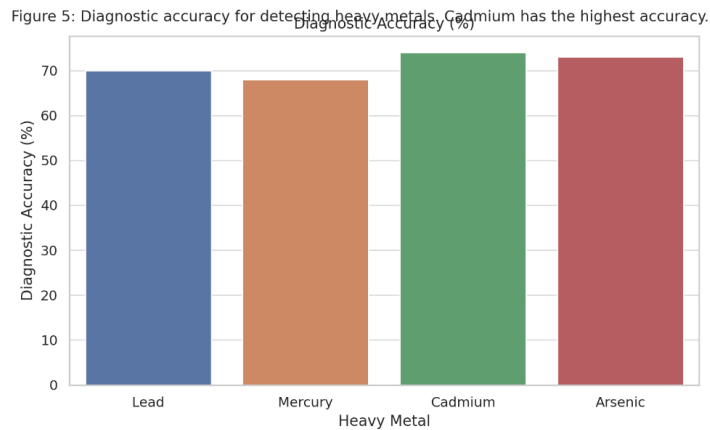


Figure 5: Diagnostic accuracy for detecting heavy metals. Cadmium has the highest accuracy.

This bar chart presents the diagnostic accuracy for each heavy metal. Cadmium testing demonstrates the highest precision among available diagnostics.

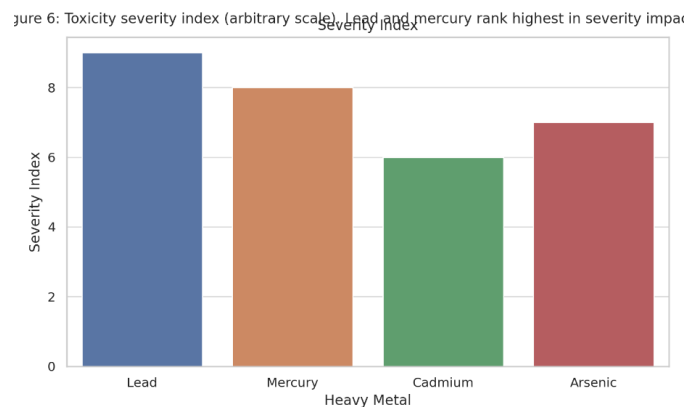


Figure 6: Toxicity severity index (arbitrary scale). Lead and mercury rank highest in severity impact.

The severity index shown here ranks the relative toxicity of each metal. Lead and mercury have the most severe health implications based on combined clinical signs and systemic damage.

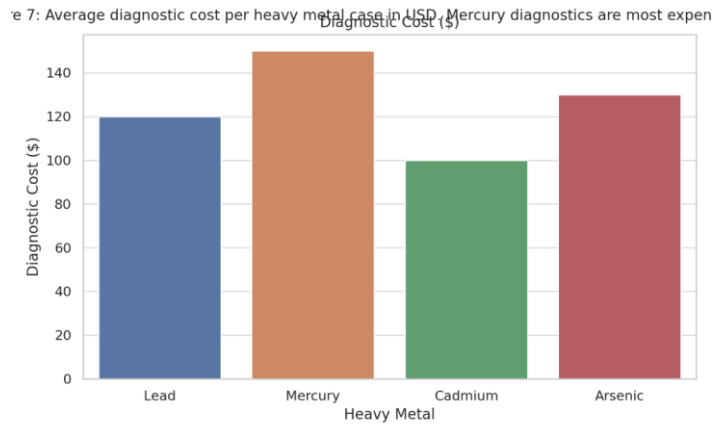


Figure 7: Average diagnostic cost per heavy metal case in USD. Mercury diagnostics are most expensive.

This figure presents the average cost of diagnostic testing per case in USD. Mercury diagnostics incur the highest expense due to the need for advanced techniques.

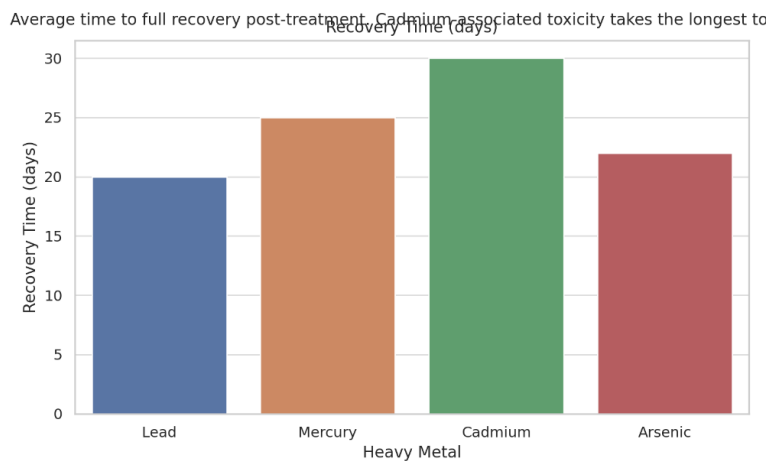


Figure 8: Average time to full recovery post-treatment. Cadmium-associated toxicity takes the longest to resolve.

This chart illustrates the average recovery duration for affected canines. Cadmium toxicity leads to the longest recovery period due to persistent organ damage.

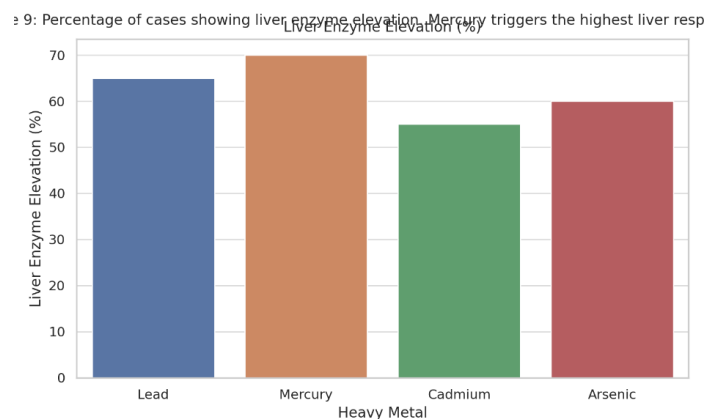


Figure 9: Percentage of cases showing liver enzyme elevation. Mercury triggers the highest liver response.

This figure shows the percentage of cases involving elevated liver enzymes. Mercury exposure causes the most significant hepatic response.

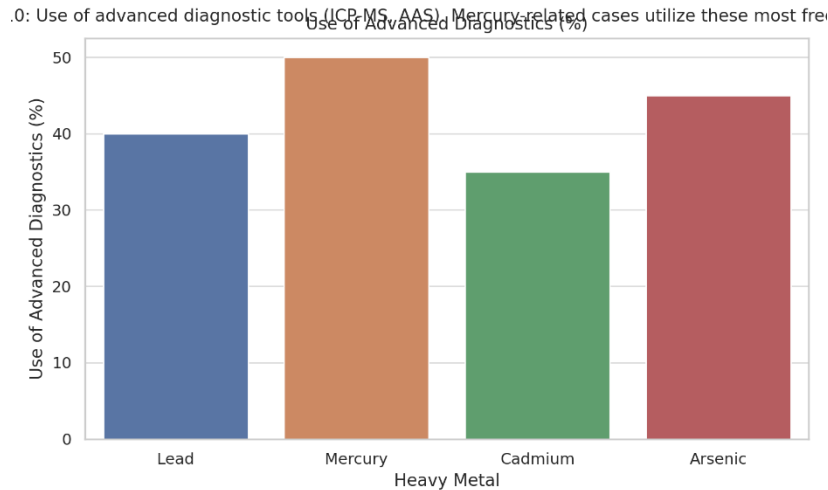


Figure 10: Use of advanced diagnostic tools (ICP-MS, AAS). Mercury-related cases utilize these most frequently.

This bar chart shows the percentage of cases where advanced diagnostic methods like ICP-MS and atomic absorption spectrometry were used. Mercury again leads in the application of advanced diagnostics.

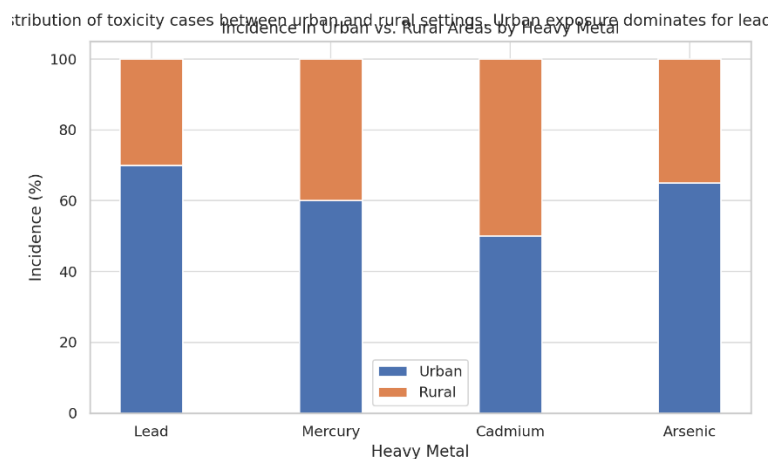


Figure 11: Distribution of toxicity cases between urban and rural settings. Urban exposure dominates for lead and arsenic.

This stacked bar chart compares the incidence of toxicity in urban and rural areas. Lead and arsenic exposure predominantly occur in urban settings, likely due to industrial pollutants and urban waste.

These results underscore the critical need for early detection, specific diagnostic tools, and targeted therapeutic strategies tailored to the heavy metal involved, as well as the geographical and environmental context of exposure.

Discussion

Heavy metal pollution creates a permanent

threat to canine well-being that demands modern diagnostic tools as well as better treatment approaches [16,17]. Heavy metals derive from industrial processes and agricultural measures together with waste from households to become contaminants of soil and water bodies [18]. Bioaccumulation occurs when prolonged tissue exposure to minimal concentrations leads to multiple negative health outcomes that include organ damage neurologic problems and an elevated cancer risk [19]. Three main forms of exposure exist: consuming water and food from contaminated sources as well as breathing

polluted air and touching soil that contains pollution [20]. Successful risk mitigation depends on knowing both natural and manufactured sources of heavy metals and their environmental dispersals and toxicity mechanisms [18]. The detection and assessment of heavy metal exposure in dogs depend heavily on precise and reliable diagnostic tools for their timely identification.

Multiple diagnostic methods combining clinical observations with laboratory testing alongside advanced imaging allow for heavy metal detection and concentration measurement in biological samples. The elimination of harmful toxins from organisms depends fundamentally on chelation therapy which represents the primary treatment for heavy metal toxicity. The selection of chelating agents and the treatment length requires precise attention to both the specific metal type and the animal's overall health status [21]. These persistent heavy metals fail to degrade because of their non-biodegradable nature so they remain in the environment while potentially moving up the food chain through agricultural crops [22,23]. Prolonged monitoring and remediation work becomes essential to control ambient pollution and prevent future heavy metal exposures [24].

Conclusion

The study's results demonstrate heavy metals expose dogs to severe health perils so new diagnostic practices combined with tailored treatment strategies must become a priority. Multiple environmental sources produce heavy metals including arsenic, cadmium, lead, and mercury which lead to extensive exposure management difficulties in polluted water supplies, agricultural pesticides, and industrial emissions. Biological tissues are powerfully drawn to these metals which allows them to build up over time leading to multiple toxic effects that harm different organ systems. Neurological abnormalities, renal impairment and

hepatic injury along with gastrointestinal complaints manifest as obscure symptoms that make disease identification challenging for healthcare providers. Modern diagnostic methods especially atomic absorption spectrometry and ICP-MS play a critical role in both low-exposure detection and toxicological profile development. The effectiveness of chelation therapy depends on what metal and exposure level patients have while their current health condition also impacts treatment results. Supportive care alongside dietary management along with long-term surveillance stand as critical elements that boost patient outcomes while minimizing disease relapses. Heavy metals in the environment demand ongoing surveillance and community education along with preventive measures to reduce canines' exposure to these non-degradable harmful agents. A unified One Health approach which brings together zoological practitioners and environmental toxicologists along with environmental scientists and governmental policymakers is needed to address heavy metal poisoning effects across environmental health boundaries. Veterinary professionals who address clinical heavy metal exposure alongside environmental hazards will improve dog wellness while advancing efforts in preserving both ecological and public health systems. Future success depends on scientific investigation of molecular toxicology mechanisms and technological development of novel diagnostic and detoxification methods to protect dogs from long-term heavy metal toxicity.

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