

Nottingham Animal Clinic

Patient Chart

14465 Memorial Drive
Houston, TX 77079
(281) 493-1919

Printed: 07-30-12 at 3:04p

CLIENT INFORMATION

Name	(6342)	Spouse	
Address	Houston, TX 77040	Balance	0.00

PATIENT INFORMATION

Name	Vienna	Species	Canine
Sex	Female	Breed	Great Dane
Deceased	07-25-12	Age	D@20m
ID	981020005030139	Rabies	12091
Color	Fawn W/ Black Mask	Weight	114.00 lbs
Reminded	03-27-12	Codes	D

Result (unknown)

MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Photo
07-17-12	SF	HYDROCO	Hydrocodone Bitartrate Tab(Tussigon)	40	
			Give 4 tablets twice daily for cough suppression (SF)		
		100	EXAMINATION/CONSULTATION		
		SOAP	Patient check-in		
			hacking, was at dog show last week now has Reliant this week, will be Doreen bringing in		

Age: 20m Weight: 121.00 Temp: 101.50 Pulse: 120.00
BCS: 3.00 / 5.00 Other: 0 / 4

SUBJECTIVE SECTION

CH: 07-17-12 at 11:21a: hacking, was at dog show last week now has Reliant this week, will be Doreen bringing in

VM: 07-17-12 at 11:25a: Hacking started on Monday, had some phlem, seems to be getting better, no discharge from eyes or nose more than usual, eating and eating ok, can not tell if energy level has gone down or not.

OBJECTIVE SECTION

ABNORMALITIES

Heart
normal

Respiratory
no nasal discharge pharynx and tonsils normal no tracheal cough here, but coughed exam room good bilateral lung sounds

Date	By	Code	Description	Qty (Variance)	Photo
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ASSESSMENT SECTION

NOTES

DDX bronchitis, kennel cough
DX open

PLAN SECTION

NOTES

Hydrocodone 4 bid for cough suppression
is already on cephalexin 500mg 3 bid for skin infection continue and observe for increased discharge
or effort

TREATMENT PLAN

Hydrocodone Bitartrate Tab(Tussigon)
Give 4 tablets twice daily for cough suppression (SF)

(Additional history not shown)

INVOICE

Nottingham Animal Clinic

14465 Memorial Drive
Houston, TX 77079
(281) 493-1919

FOR: Cathy Mitchell

Printed: 07-23-12 at 10:18a
Date: 07-23-12
Account: 6342

Date	For	Qty	Description	Price	Discount	Price
Services by James (Skip) Fix, DVM						
07-23-12	Vienna	1	EXAMINATION - RECHECK			
07-23-12		1	X-RAY 1 VIEW			
07-23-12		1	Injection 81-100 lbs			
07-23-12		1	Injection hospitalized addtl. 81-100l			
07-23-12		1	INFUSION PUMP			
07-23-12		1	ADMINISTRATION SET			
07-23-12		1	INTRAVENOUS FLUIDS			
07-23-12		1	CATHETER IV			
07-23-12		1	DISCOUNT Preferred	0.00		**

Total charges, this invoice...

**Total discount included: 90.30

Your old balance...

Total payment(s) received...

07-23-12 Visa payment

Your new balance...

Your invoice total reflects our **Client Class 1** discount.

Reminders for: Vienna (Weight: 114.0 lbs - 20m)	Last done
04/15 DA2P 3yr Vaccination	04-05-12
04/15 Rabies Canine 3yr	04-05-12
04/13 Heartworm 3DX Test	04-05-12
04/13 Fecal Float / Motility Annual	04-05-12
10/12 Annual/Semi-Annual Exam	04-05-12
09/12 Interceptor White 51-100lbs	03-16-12

NOTTINGHAM ANIMAL CLINIC
14465 MEMORIAL DR
HOUSTON, TX 77079-6722

MEMO

SALE

DATE: 07/23/12 TIME: 10:18 AM

Our vision : Through continuing education, professionalism and a passion for being, Nottingham Animal Clinic, is committed to excellence in providing in affordable and individualized healthcare in a friendly and efficient atmosphere because pets are family!
We are OPEN SATURDAYS 8am-noon

TOTAL

CUSTOMER COPY

Medical Record for "Vienna" Mitchell

Client Information:

Cathy Mitchell (#8291)

Patient Information:

Vienna (#141452)

Great Dane,
female

Monday, July 23, 2012

MED-Physical Examination (10:07 am Colleen Cook, DVM/CRW)

Date: 7/23/12

Time: 10:50AM

Patient: Vienna Mitchell

Signalment: 1yr 8 month FI great dane

ID Number: 8291-141452

CC: Pneumonia

RV: Dr. Fix

HPI: She developed a moist cough, Monday, 7/16 after getting back from San Antonio dog shows. went to RV on 7/17 and felt like it was all upper airway issue +- kennel cough-- two other dogs traveling with you had a dry cough, but have gotten over it now. She was on 1500mg cephalexin orally twice daily for 2 1/2 weeks prior and was kept on that (she was off of it for a week prior and on it for 6 weeks before that). On Friday, she was doing great. She was normal, except for coughing twice that day just 5 or 6 coughs. Saturday, 7/21, she was not quite as spunky. Sunday AM, she only ate 1.2 of her breakfast and slept all day. She started with moist coughing Sunday night. You took her to the emergency clinic, but they could not see her, as they were in an emergency surgery. Her temperature was 104.0 at home. All night long, she was "struggling to breathe--" she had her neck extended and did not want to lie prone. She was having obvious trouble when laying on her side. She never had any nasal discharge. She developed some white eye discharge this week. Her cough has been moist all along, but not productive. She only coughed last night after getting up from lying down. She was on the hydrocodone for just 1 1/2 days, as she was "so zoned out on it." The last time she ate normally was Saturday night. She is drinking some water, but less than usual. You force fed some peanut butter last night and water as well; then she got a drink.

RV history: 7/17/12: Hacking- was at dog show last week and now at Reliant this week. Started coughing up some phlegm on Monday of last week, then seemed to be getting better. No nasal or ocular discharge. Eating OK and normal energy level. PE: TP-101.5/120 Weight=121# No nasal discharge; normal pharynx and tonsils; tracheal cough heard but good bilateral breath sounds. Placed on 4 tablets hydrocodone PO BID and kept on 1500mg cephalexin PO BID (was on for skin infection).

7/19/12: Had to stop codeine.. Went off feed and would not get up. Nasal discharge was clear, but now thicker and yellow. Called in 300mg doxycycline PO BID over the phone-did not ever get it.

7/23/12: Labored breathing; ding much worse. Lethargic and not eating. Went to EC last night but could not be seen, Labored breathing and trouble catching her breath. Was doing better until yesterday afternoon, then "took a nose dive." Stopped eating and has lost a total of 14#. Had fever of 104.0 on Sunday, 7/22.

PE: TP=106.0/78. Weight=114# (down 7# in 6 days). Tacky mms. Labored breathing with increased expiratory wheeze. Inflamed arytoids and larynx. Pulse ox=89-90%. Placed nasal O2. Put on IV LRS at 305cc/hr and IV ampicillin, IM baytril.

Chest radiographs: bilateral ventral lung lobe consolidation and air bronchograms

Submitted CBC/chemistry panel. Recommend referral to TGCVS for oxygen therapy and continued supportive care.

Diet: Natural balance vegetarian diet; She is just finishing up with a diet trial- off all animal proteins tomorrow.

Environment: indoors; fenced in yard; travels alot- 5 different classes and competes on weekends--never saw

any obvious sick dogs

Meds: 1500mg cephalexin PO BID all along; did not ever start the doxycycline

HW/FeLV/FIV Status: Ivermectin due to allergies; not on topicals

Vaccination history: UTD

PMH: skin infections- working with Dr. Osborne at SW dermatology group

Drug allergies: NKDA; no transfusions

V/D: none; soft stool intermittently

Weight loss: used to weigh 128#

PU/PD: none

Trauma/toxin/FB ingestion: none

Weakness: gradually weaker; yesterday was a "quick-down-turn in the PM"

Temperature- 105.2

Pulse- 80-100

Respiration-48

Blood pressure- 200-170 L p/te IV---170

Weight- 118.5#

Pulse ox on room air=90%

Pulse ox on one nasal O2=94%

General- QAR

HEENT- pink and tacky mms; right nasal O2 catheter in place; no nasal discharge

Neck- neck extended to breathe and puffing out her cheeks, too

Respiratory- labored; synchronous pattern crackles in right ventral lung fields

CV- no murmur; SSP

Abdomen- tucked up and empty; decreased GI sounds

External/Skin- WNL

MS- patent right cephalic IV catheter

Neuro- normal CN and CPs

LN- WNL

Other- none

Clinician: COOK

MED-Admission Summary (11:51 am Colleen Cook, DVM/CRW)

Admission Summary

Date: July 23, 2012

Patient Name: Vienna Mitchell

Referring Veterinarian: Dr. Fix

Thank you for giving us the opportunity to treat your pet today. This summary has been prepared to keep you informed of your pet's medical problems, treatment plan, diagnostic plan and prognosis. This is an initial assessment and may change as diagnostics reveal more information. Your veterinarian will do everything possible to keep you and your referring veterinarian informed.

Assessment:

Problem list at admission:

1. Difficulty breathing and hypoxemia (low oxygenation)
2. Severe alveolar pattern with consolidation of lung lobes
3. Fever
4. Weight loss

Differential Diagnosis:

1. Difficulty breathing is usually due to either respiratory disease (cancer, pneumonia, asthma, other) or cardiac disease (cardiomyopathy, valve problem)-less likely. In Vienna's case, it is due to her having severe pneumonia.
2. Infiltrative lung disease ie bacterial +/- viral +/- aspiration pneumonia or (less likely) fungal pneumonia vs.

bleeding into lungs vs chronic bronchitis with pneumonia vs primary pulmonary hypertension

3. Bronchopneumonia- infection and inflammation
4. Poor intake and increased energy demands from respiratory distress

Plan:

Initial diagnostics:

1. Serial pulse oximetry
2. PT clotting test
3. Complete blood count
4. Chemistry panel
5. Serial chest radiographs to monitor progress in 24-48 hours
6. Canine PCR infectious respiratory panel--- you elect to hold off on for right now
7. Consider lung wash with cytology if not improving in 48 hours AND more stable

Initial treatment:

1. IV catheter and fluids
2. Oxygen therapy- bilateral nasal lines
3. Aggressive treatment for pneumonia with IV antibiotics, nebulization and coupage
4. IV antacids, anti-nausea medications and pro-motility agents to prevent silent aspiration

Current patient status/condition: critical

Prognosis: Any patient with difficulty breathing has a guarded short term prognosis, but we expect she will improve with aggressive supportive care for her pneumonia

Client education: Vienna is in serious condition, as she cannot oxygenate well unless she is on nasal oxygen and even then, she is struggling to catch her breath. Her pulse ox on one nasal oxygen line is still a bit low at 94% (we want it in the 99-100% range), so we will put in another line. She is also working quite hard to breathe. If that would continue, she could get exhausted and stop breathing, so it is a good thing that we are treating her with aggressive care, as it sounds like she went downhill quickly. When I listen to her lungs, there are loud crackles to indicate that there is "crud" in them. Her x-rays from the Dr. Fix show that most of her lung lobes are "full of crud," and she only has about 40% of her lung capacity that is clear and open. Unfortunately, we cannot get that fluid out; her lungs just need to heal with time. We may need to keep her mildly sedated to not "push her over the edge" and panic, as her breathing could get much worse. Ideally, we would like to do a lung wash and collect samples to look at under the microscope, as well as submit for culture. Vienna is in serious condition and is breathing so hard, that we do not feel she would tolerate the anesthesia safely to do the lung wash. That is certainly fine. Thus, we will continue to treat her empirically with aggressive therapy for pneumonia and see how she does. We talked about doing a canine infectious respiratory PCR panel (as it is a non-invasive test) to identify causes for her infectious pneumonia, especially with all of her travel and classes; but it is fine if we hold off on that. I will call you later with an update. No news is good news until then.

Your pet has been referred to Gulf Coast Veterinary Internists and Critical Care because there are serious concerns about your pet's health. Gulf Coast Veterinary Internists and Critical Care strive to provide you and your pet with the most compassionate care possible during what we know is a stressful time. Although we attempt to discuss all aspects of care with you, we cannot predict every circumstance or situation which may occur while your pet is hospitalized with us. Please realize that our goal is to improve your pet's quality of life, however, we cannot make any guarantee concerning results, treatment or outcome in regards to your pet's care. Although your doctor will discuss treatment options and care with you, please realize that all treatments and medications have potential side effects. Some diagnostic tests and treatments, although necessary, have the risk of making your pet's condition worse. If you have any questions regarding any aspect of your pet's care, please do not hesitate to ask your client services technician (CST) or your veterinarian.

Colleen Willms-Cook, DVM, DACVECC

Owner signature _____ Date: _____

MED-Clinical Pathology (2:10 pm Colleen Cook, DVM/)

Date: 7-23-12

Time: 1:31 pm

PCV 45 %
Total Protein 6.4
Serum Color straw

BG 81
Azostick5-15

MED-Clinical Pathology (2:10 pm Colleen Cook, DVM/)

Date:7-23-12

Time:1:31 pm

LAC 2.28 mmol/L

pH(ven) 7.44
HCO3(ven) 18.1 mmol/L
PCO2(ven) 29.0 mmHg
AnGap 27 mmol/L
tCO2(ven) 19.0 mmol/L
Na 158.0 mmol/L
K 4.1 mmol/L
Cl 117.0 mmol/L

MED-Clinical Pathology (2:11 pm Colleen Cook, DVM/)

Date:7-23-12

Time:1:31 pm

BUN 10 mg/dl
Crea 0.7 mg/dl
BUN/Crea 14 mg/dl
Phos 5.5 mg/dl
Ca 9.9 mg/dl
TP 6.1 g/dl
ALB 2.5 g/dl
Glob 3.6 g/dl
ALB/Glob 0.7 g/dl
ALT 66 U/L
ALKP 313 U/L
GGT <0 U/L
TBil 0.3 mg/dl
Chol 214 mg/dl
Glu 89 mg/dl

MED-Clinical Pathology (2:12 pm Colleen Cook, DVM/)

Date 7-23-12

Time 1:31 pm

RBC 6.96 1000/ul
HCT 46.1 %
HGB 16.4 g/dL
MCV 66.2 fL

MCH	23.6 pg
MCHC	35.6 g/dL
RDW	15.3%
%RETIC	0.4%
RETIC	25.1 K/uL
WBC	5.31 K/uL
%NEU	1.7 %
%LYM	58.9 %
%MONO	37.7 %
%EOS	0.0 %
%BASO	1.7 %
NEUTROPHILS	0.09 K/uL
LYMPHOCYTES	3.13 K/uL
MONOCYTES	2.00 K/uL
EOSINOPHILS	0.00 K/uL
BASOPHILS	0.09 K/uL
PLATELET	177 K/uL
MPV	10.3 fL
PDW	13.5 %
PCT	0.18 %

Manual platelet count = 130,500

MED-Laboratory (2:13 pm Colleen Cook, DVM/)
Manual WBC Differential

Date: 7-23-12
Time: 1:31 pm

Neutrophils (Mature):	16%
Neutrophils (Bands):	4%
Lymphocytes:	38%
Monocytes:	42%
Eosinophils:	0%

Tuesday, July 24, 2012

MED-Clinical Pathology (8:35 am Colleen Cook, DVM/)

Date: 7-24-12
Time: 6 am

PCV	45 %
Total Protein	6.6
Serum Color	straw

BG 93
Azostick5-15

MED-Clinical Pathology (8:36 am Colleen Cook, DVM/)

Date:7-24-12
Time:6 am

LAC 3.59 mmol/L

pH(ven) 7.36
HCO3(ven) 11.0 mmol/L
PCO2(ven) 21.0 mmHg
AnGap 34 mmol/L
tCO2(ven) 11.7 mmol/L
Na 171.0 mmol/L
K 3.5 mmol/L
Cl 129.0 mmol/L

ALB 2.5 g/dL

MED-SOAP Notes (9:10 am Melissa Garcia-Lacaze, DVM/AKM)

SOAP Notes from Patient Keeper:

Daily SOAP Notes

Date: 7/24/12

Time: 7a

Patient: Vienna Mitchell

Signalment: 1yr 8 month FI great dane

ID Number: 8291-141452

CC: Pneumonia

RV: Dr. Fix

History: She developed a moist cough, Monday, 7/16 after getting back from San Antonio dog shows. went to RV on 7/17 and felt like it was all upper airway issue +- kennel cough-- two other dogs traveling with you had a dry cough, but have gotten over it now. She was on 1500mg cephalexin orally twice daily for 2 1/2 weeks prior and was kept on that (she was off of it for a week prior and on it for 6 weeks before that). On Friday, she was doing great. She was normal, except for coughing twice that day just 5 or 6 coughs. Saturday, 7/21, she was not quite as spunky. Sunday AM, she only ate 1.2 of her breakfast and slept all day. She started with moist coughing Sunday night. You took her to the emergency clinic, but they could not see her, as they were in an emergency surgery. Her temperature was 104.0 at home. All night long, she was "struggling to breathe--" she had her neck extended and did not want to lie prone. She was having obvious trouble when laying on her side. She never had any nasal discharge. She developed some white eye discharge this week. Her cough has been moist all along, but not productive. She only coughed last night after getting up from lying down. She was on the hydrocodone for just 1 1/2 days, as she was "so zoned out on it." The last time she ate normally was Saturday night. She is drinking some water, but less than usual. You force fed some peanut butter last night and water as well; then she got a drink.

RV history: 7/17/12: Hacking- was at dog show last week and now at Reliant this week. Started coughing up some phlegm on Monday of last week, then seemed to be getting better. No nasal or ocular discharge. Eating OK and normal energy level.

PE: TP-101.5/120 Weight=121# No nasal discharge; normal pharynx and tonsils; tracheal cough heard but good bilateral breath sounds. Placed on 4 tablets hydrocodone PO BID and kept on 1500mg cephalexin PO BID (was on for skin infection).

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Called in 300mg doxycycline PO BID over the phone-did not ever get it.

7/23/12: Labored breathing; ding much worse. Lethargic and not eating. Went to EC last night but could not be seen, Labored breathing and trouble catching her breath. Was doing better until yesterday afternoon, then "took a nose

dive."

Stopped eating and has lost a total of 14#. Had fever of 104.0 on Sunday, 7/22.

PE: TP=106.0/78. Weight=114# (down 7# in 6 days). Tacky mms. Labored breathing with increased expiratory wheeze.

Inflamed arytenoids and larynx. Pulse ox=89-90%. Placed nasal O2. Put on IV LRS at 305cc/hr and IV ampicillin, IM baytril.

Chest radiographs: bilateral ventral lung lobe consolidation and air bronchograms

Submitted CBC/chemistry panel. Recommend referral to TGCVS for oxygen therapy and continued supportive care.

Diet: Natural balance vegetarian diet; She is just finishing up with a diet trial- off all animal proteins tomorrow.

Environment: indoors; fenced in yard; travels alot- 5 different classes and competes on weekends--never saw any obvious

sick dogs

Meds: 1500mg cephalexin PO BID all along; did not ever start the doxycycline

HW/FeLV/FIV Status: Ivermectin due to allergies; not on topicals

Vaccination history: UTD

PMH: skin infections- working with Dr. Osborne at SW dermatology group

Drug allergies: NKDA; no transfusions

V/D: none; soft stool intermittently

Weight loss: used to weigh 128#

PU/PD: none

Trauma/toxin/FB ingestion: none

Weakness: gradually weaker; yesterday was a "quick-down-turn in the PM"

Presenting physical examination (7/23/12):

Temperature- 105.2

Pulse- 80/100

Respiration-48

Blood pressure- 200/1 L p/lyte IV---170

Weight- 118.5#

Pulse ox on room air=90%

Pulse ox on one nasal O2=94%

General- QAR

HEENT- pink and tacky mms; right nasal O2 catheter in place; no nasal discharge

Neck- neck extended to breathe and puffing out her cheeks, too

Respiratory- labored; synchronous pattern crackles in right ventral lung fields

CV- no murmur; SSP

Abdomen- tucked up and empty; decreased GI sounds

External/Skin- WNL

MS- patent right cephalic IV catheter

Neuro- normal CN and CPs

LN- WNL

Other- none

Clinician: COOK

Daily Physical Examination:

SO: QAR

Urination: urinating well

Vomiting: none noted

BM: none

Appetite: NPO in case of lung wash procedure

Date 7/23 07-24

Temperature 105.2 101.3

Pulse 80 128

RR 48 44

Blood pressure (systolic) 200-

170

152

SpO2 off O2 90 98-99

SpO2 on O2 94

CVP

Weight (lb) 118.5 117.8

General- QAR

HEENT- pink and moist mms; bilateral nasal oxygen lines in place.

Neck- WNL, no neck extension noted

Respiratory- patient's breathing at rest was a bit increased with lips being drawn back/huffing. Oxygen rate increased which

seemed to improve and patient laid down. Lung fields are harsh bilaterally with crackles heard in both lung fields

CV- no murmur; SSP

Abdomen- tucked up and empty; decreased but present GI sounds

External/Skin- WNL

MS- patent right cephalic IV catheter

Neuro- normal CN and CPs

LN- WNL

Other- none

Bloodwork:

Daily Monitoring:

Date Time Lab PCV/TS serum Glu Azostick Na K Cl PT/PTT BUN Cr PO4 Ca TP Alb ALT ALKP Tbili WBC

Hct Plt

7/23 1p GC 45/6.4 Straw 81

1.25%

dextr

5-15 158 4.1 117 PT=12s 10 0.7 5.5 9.9 6.1 2.5 66 313H 0.3 5.31K 46 177K

4p GC 97

07-24 6a GC pending

7/23/12:

Lactate= 2.28

Complete blood count:

RBC 6.96 1000/uL

HCT 46.1 %

HGB 16.4 g/dL

MCV 66.2 fL

MCH 23.6 pg

MCHC 35.6 g/dL

RDW 15.3%

%RETIC 0.4%

RETIC 25.1 K/uL

WBC 5.31 K/uL

NEUTROPHILS 0.09 K/uL

LYMPHOCYTES 3.13 K/uL

MONOCYTES 2.00 K/uL

EOSINOPHILS 0.00 K/uL

BASOPHILS 0.09 K/uL

PLATELET 177 K/uL

MPV 10.3 fL

PDW 13.5 %

PCT 0.18 %

Manual platelet count = 130,500

Manual differential:

Neutrophils (Mature): 16%

Neutrophils (Bands): 4%

Lymphocytes: 38%

Monocytes: 42%

Eosinophils: 0%

A:

1. Difficulty breathing and hypoxemia (low oxygenation)
2. Severe alveolar pattern with consolidation of lung lobes
3. Fever

4. Weight loss
5. Neutropenia
6. Marginal blood glucose

Vienna is doing OK this morning – but her breathing is still a bit labored and she remains quite oxygen dependent. I am glad to

see that her fever responded and her temperature has been normal. Ideally it would be nice to obtain a lung wash as I am

concerned as to why such a young puppy with a competent immune system developed pneumonia- however in her condition, I

am concerned that she would be worse after the procedure than before – thus that would NOT be to her benefit. Alternatively,

I would recommend that we give her more time on current therapy as her fever is improving and on oxygen (increased) she is

breathing well. Let's plan on repeating some x-rays tomorrow to make certain that there is no worsening of the pneumonia and

make decisions at that time concerning a lung wash. If we are still not seeing significant improvement in her condition then we

can consider a lung wash. The other consideration is doing a respiratory panel to make certain that there are no complicating

factors causing the pneumonia to be persistent – this is a blood test and thus can easily be performed without worsening

Vienna's condition. Her condition is still very serious and not stable as long as she is oxygen dependent – but she is making

small steps in the right direction as far as her fever resolving.

P:

Fluids: IV p/lyte

Transfusions: none

Medications:

- Pantaprazole IV q24h
- Dolasetron IV q24h
- Unasyn IV q8h (at the co-owners request)
- Enrofloxacin IV q12h
- Nebulize/coupage with amikacin
- MTCL CRI
- Morphine CRI

Diagnostics pending:

None at this time

Recommendations:

- Continue supportive care for serious pneumonia
- Continue oxygen therapy on bilateral nasal oxygen lines with increased flow rate (4L) oxygen as she seems to do well

on this rate

- Offer a bit of food this morning as I do not feel that she is a good candidate for a lung wash this morning.

- Recom'd we consider chest x-rays tomorrow

- Recom'd strongly that we consider a respiratory panel to IDEXX – Ann, please see if this is something that she would

like to submit and let me know. She was not certain last she spoke to Dr. Cook

Prognosis: guarded pending more significant improvement. As long as she remains on oxygen, she needs to stay in the hospital – thus we are still looking at several more days in ICU as right now she is VERY oxygen dependent

Clinician: Garcia-Lacaze

Wednesday, July 25, 2012

MED-Clinical Pathology (7:34 am Melissa Garcia-Lacaze, DVM)

Date: 7-25-12

Time: 6 am

PCV 46 %

Total Protein 6.2
Serum Color clear

BG 88

Na 176 mmol/L
K 4.1 mmol/L
Cl 137 mmol/L

Imaging Request (8:23 am Melissa Garcia-Lacaze, DVM/AKM)
DIAGNOSTIC IMAGING RADIOGRAPH REQUEST

REPORT REQUESTED? Y

Employee Pet? N

OWNER WAITING? N

PREVIOUS RADS AT GCVDI? Y

DATE SCHEDULED: 07-25-2012 TIME ENTERED: 08:22 AM

OWNER NAME: Mitchell RAD #: 8291-141452

PATIENT NAME: Vienna DOB: 11-18-2010

SPECIES: canine SEX: female

BREED: Great Dane COLOR:

WEIGHT: 118.5 SIZE: XL

DOCTOR: Melissa Garcia-Lacaze, DVM DEPARTMENT: Internal Medicine

LOCATION: ICU

PRE-OP OR POST-OP: NA

ANESTHETIZED: N

TRANQUILIZED: N

NOTES:

TENTATIVE DIAGNOSIS:

HISTORY: patient has been managed for severe pneumonia with minimal clinical improvement. Recheck rads (previous ones done at RV, I will bring for comparison)

Patient will need medical escort and also need to remain on oxygen.

IDEXX VetConnect
1-888-433-9987

TEXAS GULF COAST VETERINARY SPECIALISTS
1111 W LOOP S STE 140
HOUSTON, TX 77027

Account # 45097
Owner: MITCHELL
Patient: VIENNA
Species: CANINE
Breed: GREAT_DANE
Age: 1Y
Gender: FEMALE
Requisition #: 8291-141462
Accession #: D7431431
Order recv'd: 7/25/2012
Ordered by: LACAZE,MELISSA

CANINE RESPIRATORY PCR

Test	Result	Reference Range
CANINE DISTEMPER VIRUS	NEGATIVE	
CDV QUANTITY (1)	Below Limit of Detection	THOUS/SWAB
FOLD DIFFERENCE ABOVE CUTOFFN/A		
CDV INTERPRETATION	N/A	
BORDETELLA PCR	NEGATIVE	
CANINE ADENOVIRUS TYPE 2	NEGATIVE	
CANINE HERPES VIRUS	NEGATIVE	
K9 PARAINFLUENZA VIRUS 3	NEGATIVE	
CANINE INFLUENZA PCR	NEGATIVE	
K9 RESP CORONAVIRUS PCR	NEGATIVE	
H1N1 INFLUENZA RealPCR	NEGATIVE	
MYCOPLASMA CYNOS PCR	NEGATIVE	
S EQUI ZOOEPIDEMICUS PCR (2)	NEGATIVE	

Comments:

(1) 3 RANGES OF CDV QUANTITY:

- 1) CDV Vaccine Strain: Below 105 Thous (105,000) CDV RNA particles per swab(s)
- 2) Indeterminate: Between 105 Thous (105,000) and 1,000 Thous (1 Million) CDV RNA particles per swab(s)
- 3) CDV Wildtype Infection: Above 1,000 Thous (1 Million) CDV RNA particles per swab(s)

(2) A POSITIVE CANINE RESPIRATORY PANEL PCR result indicates the detected organism(s) is likely contributing to the clinical signs. Additional causes should be assessed separately. Vaccination with a modified live vaccine may result in positive results for up to a few weeks post-vaccination.

A NEGATIVE CANINE RESPIRATORY PANEL PCR result indicates that the organism was not detected in this sample and suggests the absence of an infectious cause, by these organisms, for the clinical signs. PCR may not detect 100% of the isolates or levels of the organisms may be too low to be detected.

IDEXX VetConnect
1-888-433-9987

TEXAS GULF COAST VETERINARY SPECIALISTS
1111 W LOOP S STE 140
HOUSTON, TX 77027

Account # 45097

Owner: MITCHELL
Patient: VIENNA
Species: CANINE
Breed: GREAT_DANE
Age: 1Y
Gender: FEMALE
Requisition #: 8291-141462
Accession #: V5377444
Order recv'd: 7/25/2012
Ordered by: LACAZE,MELISSA

BAL FLUID ANALYSIS W/ CYTOLOGY

Test	Result	Reference Range
SOURCE/HISTORY		

The patient is a 1-year-old female Great Dane dog is being managed for pneumonia. She became acutely hypoxic this morning and ARDS is suspected as a component. Source is BAL; fluid and 2 slides were submitted and cytocentrifuged and direct preparations were made. Five slides were evaluated.

APPEARANCE	WHITE, TURBID	
NUCLEATED CELL COUNT	20,480	cells/uL

CYTOLOGICAL INTERPRETATION

SOURCE/HISTORY

The patient is a 1-year-old female Great Dane dog is being managed for pneumonia. She became acutely hypoxic this morning and ARDS is suspected as a component. Source is BAL; fluid and 2 slides were submitted and cytocentrifuged and direct preparations were made. Five slides were evaluated.

MICROSCOPIC DESCRIPTION

A well stained, adequately preserved, and highly cellular BAL preparation is present against a heterogenous basophilic background consistent with increased protein that contains some nucleoproteinaceous debris. Neutrophils predominate and most are degenerate exhibiting karyolysis or karyorrhexis. Low numbers of ciliated columnar respiratory epithelial cells are found arranged individually and in small clumps. These show minimal pleomorphic change. In addition, numerous extracellular variably sized, but typically large rods are seen in both the in-house and lab made slides. No neoplastic cells are found.

CYTOLOGICAL INTERPRETATION

Suppurative inflammation and many large rods, likely septic

COMMENTS

The appearance of the neutrophils along with the bacteria present suggest a persistent infectious component to this patient's condition. Await bacterial culture results for further characterization of the nature and pathogenicity of the microorganisms found.

IDEXX VetConnect 1-888-433-9987

Client: MITCHELL
 Patient: VIENNA
 Species: CANINE
 Breed: GREAT DANE
 Gender: FEMALE
 Age: 1Y

Date: 07/25/2012
 Requisition #: 72215591
 Accession #: V5377453
 Ordered by: LACAZE, MELISSA

TEXAS GULF COAST VETERINARY
 SPECIALISTS
 1111 W LOOP S STE 140
 HOUSTON, TX 77027
 713-693-1188

Account #45097

ANAEROBIC & AEROBIC CULTURE (401)

Test	Result	Reference Range	Low	Normal	High
SOURCE:	BAL				
STATUS:	IN PROCESS				
PRELIMINARY CULTURE RESULTS	NO ADDITIONAL ORGANISMS ISOLATED SO FAR.				
COMPLETED CULTURE RESULTS	Klebsiella pneumoniae - 2+				
ANAEROBIC RESULTS:	[PENDING]				

SUSCEPTIBILITY (60001)

Test	Result	Reference Range	Low	Normal	High
ORGANISM	Not tested ¹				
AMOXICILLIN	Resistant (>=32 ug/ml)				
AMOX/CLAV ACID	Sensitive (4 ug/ml)				
PIPERACILLIN	Resistant (ug/ml)				
CEPHALEXIN	Intermediate (ug/ml)				
CEFOVECIN	Sensitive (2 ug/ml)				
CEFPODOXIME	Sensitive (<=0.25 ug/ml)				
CEFOTAXIME	Sensitive (ug/ml)				
CEFTAZIDIME	Sensitive (ug/ml)				
CEFTIOFUR	Sensitive (<=1 ug/ml)				
IMIPENEM	Sensitive (<=1 ug/ml)				
AMIKACIN	Sensitive (<=2 ug/ml)				
GENTAMICIN	Sensitive (<=1 ug/ml)				
TOBRAMYCIN	Sensitive (<=1 ug/ml)				
CIPROFLOXACIN	Intermediate (ug/ml)				
ENROFLOXACIN	Intermediate (2 ug/ml)				
MARBOFLOXACIN	Intermediate (2 ug/ml)				
TETRACYCLINE	Intermediate (8 ug/ml)				
CHLORAMPHENICOL	Resistant (>=64 ug/ml)				
TRIMETHOPRIM-SULFA	Sensitive (40 ug/ml)				

Comments:

1. *Klebsiella pneumoniae*
2+