

RSPCA - Black Tag
301 Fairfield Rd
Fairfield QLD 4103

Ref: 489
RSPCA Vet : 07 3426 9909

UNIVERSITY OF QUEENSLAND
Veterinary Teaching Hospital
St Lucia 4072
(07) 3365 2110

Patient History - Period 01/01/1970 to 06/08/2008

Patient Name: Jason	Species: Dog Sex: Male
Breed: Poodle Standard	Colour: Apricot
DOB: Age:	Current Weight: 25.00

07/03/2008 Vet: Meredith Cox Weight: 25.00 Temperature: 40.80

Invoice Details:

History Details: Reason: Rspca transfer

History:

Black tag. RSPCA history

4/3/08 - lethargic, inappetent, mucopurulent nasal discharge, respiration OK, temp 40.8C.
Treated with baytril.

5/3 breathing OK, chest clear, serous nasal discharge. Baytril cont.

6/3 as above, not eating, IV fluids started. Baytril cont.

7/3 chest crackling, dyspnoea, congested, temp 40.3C. Treated with baytril, noroclav and ambroxyl (last given in am). Becoming increasingly dyspnoeic throughout day.

Transported to UQSAC 5pm for chest radiographs.

Examine:

On arrival:

Flat, BCS 2/9. Eyes very depressed/retracted.

OMM bluish and tacky, CRT 2 secs.

Thoracic auscultation - crackles heard throughout L worse than right,

HR140, RR40. Percussion - dull on left.

Oxygen saturation 78%.

Difficult to palpate abdomen in lateral recumbency, no guarding or pain.

Temp 40.8C.

PCV38.5/TP69.

Assessment: Dyspnoea, hypoxaemia, chest crackles, pyrexia.

Treatment:

Admit for chest radiographs - unable to take until Jason stabilised.

Started on intranasal oxygen (2 lines),

Anxious when tried to place for radiographs - given sedation (ACP 0.4mg (0.2ml);

methone 5mg (0.5ml)) IV. Good moderate sedation.

Chest radiographs show severe alveolar pattern over cranial and caudoventral lung lobes obscuring the cardiac silhouette.

Suspect pneumonia.

Started on IVFT (0.9% NaCl @180ml/hr).

Baytril (5mg/kg SC SID);

Amoxicillin (22mg/kg IV q6);

Metronidazole (10mg/kg IV BID).

Handover to WAEC vet - Comprehensive blood profile/CBC to be performed tonight.

Continue fluids/antibiotics over weekend if deemed appropriate. Please communicate updates with Anne Chester (██████████).

Invoiced Items:

Service Provided	No.
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Patient History - Period 01/01/1970 to 06/08/2008

Consultation	
Standard Consultation	1.00
WAEC Charges	
WAEC Xray Plate Set	1.00
Hospital Procedures	
Oxygen Therapy	12.00
Anaesthesia-Theatre	
Sedation	1.00
Fluid Therapy	
Hospitalisation	
ICU Hospitalisation-Night	1.00
Medication	
Baytril 5% Injection Per MI	2.00
Metronidazole Infusion 100ml	1.00

08/03/2008 Vet Western Animal Emergency Centre

Invoice Details:

History Details: Reason: Alveolar/interstitial lung pattern.

Subjective: Handover from RSPCA, has been hospitalised for past 3 days with signs lethargy. Has deteriorated and when started to develop dyspnoea on Friday he was transferred to WAEC.

Objective: Initially flat laterally recumbent poorly responsive. Improved markedly overnight in demeanor - ambulating, urinating, sitting up. Temp improved from 40.4 - 39.0, rr has fluctuated 30-59, hr 120-170. Gums tacky but with good colour and refill. Producing diarrhoea - fetid smell, possibly toxæmic. SPO2 has fluctuated from 80% - 97% with dual nasal oxygen lines.

Assessment: Severe pneumonia or pulmonary neoplasia. Response to treatment will determine prognosis. Still poor. Improvement is hopeful but changes in lungs are severe on radiographs.

Plan: Keep in WAEC until no longer requiring oxygen and then can go back to rspca clinic. Triple antibiotic amoxycillin/baytril.Metronodazole. Add other medications as think necessary. Coupage and nebulise regularly. Maintain nasal oxygen lines-trial removal if think will be handled. Maintain iv fluids over weekend. Most likley referral to medicine vet on Monday or back to rspca.

Invoiced Items:

Service Provided	No.
Laboratory - In-House	
PCV/TP MicroHct Tube	1.00
Vetscan CBC	1.00
Blood Count	1.00
zNot Utilised	
zzzAmoxil 1g Vial For Injection	1.00

08/03/2008 Vet Janette Flynn

Invoice Details:

History Details: Reason: Dyspnoea

08/03/2008 Vet Janette Flynn

Invoice Details:

Patient History - Period 01/01/1970 to 06/08/2008

History Details: Reason: Dyspnoea

Objective

Qar, mm mg but sl cynotic, crt wnl, harsh chest sounds L and R dorsal, SpO2 85% 8am but dec to 78% 10.30 so theophylline added and ^ intranasal O2 to 2.5L/min -> improved spO2 83% at 11.30, cant ausc murmur but diffc to asuc fully, ivft reduced from 150 to 75ml/h at 9am, drinking, not eating much - had a little adult/pup diet this am, passed faeces, saline nebuliser/coupage/chg recumbency q 2h - seems more settled in sternal later in morning

Assessment

Guarded - STO RSPCA - finances is an issue

Plan

Metron 10mg kg bid iv
Amox 22mg kg q 6h iv
Baytril 5mg kg sid sc
Theophylline 15mg kg po bid
Buprenorphine 0.01mg kg sc prn
Monitor urination
Chk bl gases

Invoiced Items:

Service Provided	No.
Hospital Procedures	
Oxygen Therapy	12.00
Hospitalisation	
ICU Hospitalisation-Day	1.00
ICU Care Extra Care	1.00
Laboratory - In-House	
Istat CG4+ Test	1.00
Medication	
Nuelin SR 200mg Tablet	2.00
Metronidazole Infusion 100ml	1.00
Temgesic 0.3mg/ml Ampoule	0.80
zNot Utilised	
zzzAmoxil 1g Vial For Injection	1.00

09/03/2008 Vet WAEC Rest

Invoice Details:

Patient History - Period 01/01/1970 to 06/08/2008

History Details: UPDATE @ 0600 9/3/08 Dr Ben Haines

Subjective:

Jason is hospitalised for suspected pneumonia. Overnight he has continued to deteriorate - severely hypoxic despite O2 supplementation (bilateral nasal O2), depressed, severely dyspnoeic, inappetence, diarrhoea. Attempted to call RSPCA contact overnight to discuss Jason's condition and the ongoing costs - unable to contact, left message. Presently Jason is depressed.

Objective:

T 38.8, PR 120, RR 80, MM sl cyanotic, CRT <2s, SPO2 64%

Thoracic auscultation: Severe expiratory dyspnoea, increased harsh respiratory sounds bilaterally.

Abdominal palpation: NAD

Musculoskeletal: Reluctant to stand, prefers to lie in RIGHT lateral recumbency.

Neurological: Depressed

Assessment:

1. Thoracic radiographs (VD view is over-exposed and non-diagnostic) - lateral view reveals severe alveolar pattern of predominantly ventral lung lobes - appears to be consolidated cranial-ventral lung lobe, cardiac silhouette indistinct.
2. Severe dyspnoea, hypoxia, depression, inappetence
3. Diarrhoea
4. Intermittent pyrexia

Plan:

1. Need to discuss case with RSPCA carer - according to last history, there are financial constraints. Account is presently at \$1300 - would estimate a further \$280 minimum per 12h. Given Jason's deterioration and poor prognosis, euthanasia may be considered.
2. Continue intranasal O2, nebulise/coupage, IV antibiotics, fluids.

UPDATE @ 0400 - spoke to Anne Chester and explained Jason's deterioration. She will phone back later in AM and possibly instruct to euthanase.

Invoiced Items:

Service Provided	No.
Hospital Procedures	
Oxygen Therapy	12.00
Hospitalisation	
ICU Hospitalisation-Night	1.00
ICU Care Extra Care	1.00
zNot Utilised	
zzzAmoxil 1g Vial For Injection	1.00

09/03/2008 Vet Janette Flynn

Invoice Details:

Patient History - Period 01/01/1970 to 06/08/2008

History Details: Reason: Dyspnoea

Objective

Wagging tail, but SpO2 levels remain lower than yd, 7.30am 70%, taken to yard for sev mins -> cyanotic SpO2 53%. Levels remained low thro morning. Offered food but not interested so will try syringing if not too stressful for him. Chgd to plasmalyte 50ml/h at 9am. Continuing coupage/nebulisation but nothing being brought up.

ST RSPCA - hx KC at moment

Assessment

ST MT - often takes 5d b4 improvement seen. Consider ventilator.
ST rspca - want to continue for now. Discussed ventilator but hold off for now due to costings. Ok for ET tube \$500 if think will improve O2

Plan

Metronidazole 10mg kg slow iv bid
Amox 22mg kg slow iv q6h
Baytril 5mg kg sc sid
Buprenorphine 0.01mg kg q 6h
Plasmalyte 50ml/h

Invoiced Items:

Service Provided	No.
Hospital Procedures	
Special Procedure	1.00
Oxygen Therapy	12.00
Fluid Therapy	
Hospitalisation	
ICU Care Extra Care	1.00
ICU Hospitalisation-Day	1.00
Medication	
Temgesic 0.3mg/ml Ampoule	1.65
Baytril 5% Injection Per MI	0.50
Metronidazole Infusion 100ml	1.00
zNot Utilised	
zzzAmoxil 1g Vial For Injection	1.00

10/03/2008 Vet: Western Animal Emergency Centre

Invoice Details:

History Details: Reason: Hospitalised suspected pneumonia/lung neoplasia

Subjective: Jason is in a much poorer condition tonight than on Friday night when I last saw him. He will stands with assistance but is otherwise very lethargic and non-responsive. His breathing is markedly laboured. Jasons fluids are running @ 50ml/hr

Objective: rr 68 hr 137 temp 37.7 mm muddy but pink, tacky when arrived, Jasons SPO2 is not greater than 70%, gets to as low as 50% depending on lying position. Approx 2am Jasons SPO2 dropped to 50% and would not respond to positional adjustment. An endotracheal tube was placed which made no difference. This was removed and oxygen given by mask rather intranasal. This resulted in short-lived improvement in SPO2 to just over 70%. A tracheal oxygen line was placed under the assumption he was not breathing through his nose and would do better with tracheal supplementation however sats dropped to 40% and would not respond to oxygen by mask or tube or fly by at very high rate.

Assessment: RSPCA were contacted and it was decided to euthanase Jason on the grounds of hopelessly poor prognosis and to avoid any further suffering.

Invoiced Items:

Service Provided	No.
Hospital Procedures	
Oxygen Therapy	9.00

Patient History - Period 01/01/1970 to 06/08/2008

Hospitalisation	
ICU UQ Patient - Night	1.00
ICU Care Extra Care	1.00
Medication	
Baytril 5% Injection Per MI	2.50
Euthanasia	
Euthanasia Solution Per ML	14.00

10/03/2008 Vet: Alana Rosenblatt

Invoice Details: Clinician: WAEC

History Details:

WAEC radiographs 7/3/08

Thorax: the VD/DV projection is over-exposed and relatively non-diagnostic. The lateral projection shows a severe increase in alveolar opacity with the presence of prominent air bronchograms, particularly in the ventral lung fields. There is also an increase in bronchial markings which are most likely consistent with peri-bronchial cuffing due to the interstitial disease rather than bronchial disease. The cardiac silhouette cannot be visualised due to the overlying lung pathology. The visible vasculature is unremarkable. The VD/DV projection suggests that the alveolar disease is bilateral.

Conclusions: severe alveolar disease, particularly in the ventral lung lobes, consistent with pneumonia. Other possible but unlikely DDx include haemorrhage, oedema.