

DO NOT CLEAN EARS - OSURNIA APPLIED

Patient Data Form

Patient Name: <u>Boxy SAS</u>		ID #: <u>D18-166</u>
Species: <u>Canine</u>	Feline	Breed: <u>Husky X</u>
Markings: <u>tan</u>	Initial Weight: <u>10</u>	
Age: <u>8 yrs</u>	Sex: M <u>(F)</u>	S/N
Initial Physical Exam Performed? <input type="checkbox"/> Doctor:		

Medication		Surgery/Procedure		Medical Diagnosis	
Date	Type	Date	Type	Date	Type
8/17/18	OSURNIA				
8/29/18	ear med				

Preventive Medicine

Rabies	Bordetella	DA2PPV/FVRCP	Fecal	Result	Dewormer: Type
(2x) 11/24/15	8/18/18	8/18/18, 9/1/18			8/16/18, 9/1/18 - Strongid
					8/16/18 Vectra

Blood Work

CBC	Chemistry	HWT	Result	Other Tests			Date:

Weight History				Other Information		
Date	Weight	Date	Weight	Date	Comments	Doctor

SUNY Delhi Veterinary Technology
Primary Animal RecordAnimals Name Roxy Number D18-1166 Species (K9) FelineBreed Husky X Color/Markings Tan Gender circle M Mc F EsDate Received 9/6/18 Acquired from SAS Age 8yr

Date	WT	Problem List/Procedures Performed/Treatments	Initial
9/7/18	41.1 lb	<p>SV over non-dog hx: Osseous tx for otitis</p> <p>Physical Examination Name <u>BCS 3/9</u></p> <p>Gen Appearance Integument Musculo/Skeletal Circulatory <input type="checkbox"/> Norm <input type="checkbox"/> Abnorm <input type="checkbox"/> Norm <input type="checkbox"/> Abnorm <input type="checkbox"/> Norm <input type="checkbox"/> Abnorm <input type="checkbox"/> Norm <input type="checkbox"/> Abnorm</p> <p>Respiratory Digestive Uro-Genital Eyes <input type="checkbox"/> Norm <input type="checkbox"/> Abnorm <input type="checkbox"/> Norm <input type="checkbox"/> Abnorm <input type="checkbox"/> Norm <input type="checkbox"/> Abnorm <input type="checkbox"/> Norm <input type="checkbox"/> Abnorm</p> <p>Ears <input checked="" type="checkbox"/> Norm <input type="checkbox"/> Abnorm Neuro Lymphnodes Oral <input type="checkbox"/> Norm <input type="checkbox"/> Abnorm <input type="checkbox"/> Norm <input type="checkbox"/> Abnorm <input type="checkbox"/> Norm <input type="checkbox"/> Abnorm</p> <p>T=<u>102.7</u> P=<u>100</u> R=<u>30</u> MM=<u> </u></p> <p>Describe abnormalities:</p> <p>to integ - moderate/severe crusting along dorsum</p> <p>oral - moderate callosities, shiny appear</p> <p>Alu. - tx w/ Osseous in hx</p> <p>a: low BCS dx: open</p> <p>hx of otitis</p> <p>Integ dx: folliculitis (+/- Demodex)</p> <p>dental dx</p> <p>P: weight gain</p> <p>rec'd dechasing BCS, vrcap</p> <p>Loose, ears above b/c of Osseous</p> <p>rec'd moderate bath for</p> <p>Crusting</p>	
9/9/18		<p>Passed away overnight</p> <p>Placed in Necropsy walk-in cooler, Dbl bagged, Labeled</p> <p>Vet + ERVA have been Notified. PM Kennel staff</p> <p>on 9/8/18 Notified TmH of concern that p' appeared dull, continuing to eat, tasty options offered. P' was responsive + certain alert was low. Companion/Kennel mate was left w/ P' due to close bond + possible encouraging p' to eat. Kennel staff assessed it was not an emergency especially due to p' not eating @ shelter, ongoing issues + not a 'new' condition. P' had rigor with discharge from mouth + nose.</p> <p>10:00 Am</p>	TmH

Date	WT	Problem List/Procedures Performed/Treatments	Initial
9/10/18		<p>necropsy - lungs atelectic + white mottled diffuse bilateral, moderate serosanguinous pleural fluid</p> <p>mediastinal fat edematous 2° to cachexia</p> <p>- large dorsal pyometra - no fetuses palp'd</p> <p>- (L) kidney - renomegaly, large 10 cm fluid filled cyst - chylous appearance no foul odor, 5% kidney - remaining architecture destroyed due to compression in uterus</p> <p>Dx: pyometra renal cyst pleural effusion R/O CRF / ARF / DIC</p>	K. Murphy

necropsy - lungs atelectic & white

mouth diffuse bilateral.

moderate SeroSanguinous pleural fluid

mediastinal fat calcifications 2°
to cachexia

- large closed pyometra - no fetus
rapid

- (L) kidney - renomegaly, large

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no foul odor, 5% kidney - remainder

architecture destroyed due to
completion in 1932

Dyphometra

renal cyst

pleural effusion

R/O CRK / ARF / DIC

TRANSPORT OF ANIMALS FROM HCHS OR DVHS TO THE
VETERINARY TECHNOLOGY PROGRAM
FOR VETERINARY CARE

Tattoo#/ ID # D18-166

Species Canine

Shelter Name (if changed) Roxy

Date 9/6/18

Veterinary Science Name (if changed) _____

Breed Husky X

Color Tan

Sex F

Age 8 years

Description Tan, thin, bad ears

Date of Shelter Vaccinations:

DHPP 8/18/18, 9/1/18

Parvo _____

Bordatella 8/18/18

Rabies 3 year 11/24/15

FVRCP _____

Worming trazid 8/16/18

Heartworm Test _____

FELV/FIV Test _____

Date and type of Vet Sci. Vaccinations:

DHPP _____

Parvo _____

Bordatella _____

Rabies _____

FVRCP _____

Worming _____

Neutered /Spayed Yes _____ No _____

Date _____

Reason animal was brought to Humane Society and description of animal when found:

owner didn't have time, crawling w/ fleas

Town of Origin New Berlin

Signature of Sender Lara Handled

Date 9/6/18

Signature of Receiver Cory Daker

Date 9/6/18

Signature of Person returning to Humane Society _____

Date _____

Date of euthanasia of the animal, after consultation with Humane Society _____

Name of person adopting animal _____

Address _____

Date _____

Memo regarding Roxy, estimated 8-9 year old intact (not spayed) mixed breed female

Roxy was relinquished by her owners to the SAS (Susquehanna Animal Shelter) shelter in mid-August. Was reported by SAS to be covered in fleas and underweight on intake

Thursday 9/6

3 pm 5 dogs arrived from SAS. Roxy had ear meds and wasn't "eating well" being hand fed when arrived at Delhi from shelter. Not uncommon for new arrivals to not eat.

Friday 9/7

Dr. [redacted] did intake PE (physical exam). Thin body condition (common for shelter dogs). No fever, mucous membranes within normal limits. Heart/Lungs clear. Dull but bright when interacting with students. Plan to do comprehensive work up with blood work on Monday with students during shelter medicine class. Not eating. Coaxing to eat. Per Erica, unaware dog not eating.

Saturday 9/8

Not eating. Coaxing to eat. [redacted] ISA, contact person for students during weekend kennels. [redacted] was sent an email by students (had informed them to text) in pm.

"Hey, I just wanted to let you know Roxy in the dog room hasn't eaten in a few days, won't eat for me or Liz (student) and her breathing is really heavy. We are gonna leave the food and Liz will update you in the morning as she has kennels in the am. We just wanted to let you know because she's acting super depressed. Thank you, Sam H."

[redacted] called Erica and was told ok to wait until am. [redacted] also emailed Dr. [redacted] who (after kennels) said ok to wait until tomorrow. Dr. [redacted] was planning on coming in Sunday am to assess patient.

Sunday 9/9

Found dead in kennels in am. [redacted] came in and helped students and assessed kennel-mate (bonded to Roxy). KM alerted spoke with EM, TH, JL, AR then sent email (see below) to Department on Sunday to make all aware and be transparent. Dr. [redacted] spoke with Sara at the shelter

Hello Vet Sci,

Reply

Sun 9/9, 4:25 PM

Vet Sci Department

Sent Items

Phish Alert

Hello Vet Sci,

Please see the email regarding an unfortunate death of an SAS canine Saturday pm that recently arrived Thursday pm. She was underweight, inappetent, and QDR. SAS said she was 8 but appeared geriatric (age or disease?). [REDACTED] and [REDACTED] can you please forward the email below to VETS 104 and 204 students? I'll do a necropsy tomorrow am as SAS agreed. If you or students have any questions please refer them to [REDACTED] or myself. Thank you.

Hello Vet Sci students and department members,

This email is to inform you that **Roxy**, a mixed breed presumably geriatric canine, unfortunately passed Saturday night. **Roxy** arrived at SUNY Delhi late Thursday afternoon. At the time it was known that she was not eating well. She had an intake physical exam on Friday that [REDACTED] revealed a poor body condition and otitis (ear infection). Blood work and a comprehensive diagnostic plan were scheduled for Monday morning with the Shelter Medicine class.

We are all saddened by her passing and are in communication with the SAS shelter. We are working together to learn the cause of her death as we believe there was an underlying chronic condition. SUNY Delhi will be reviewing our intake procedures to assess what improvements can be made although it is unlikely her death could have been prevented. Death in our patients can be stressful and emotional. If you have any questions, concerns, or just need to talk, please do not hesitate to contact Dr. [REDACTED] or [REDACTED], facility manager.

With sympathy,

Monday 9/19

Necropsy performed with SAS's permission by KM. KM followed up with SAS regarding [REDACTED] findings and sent follow up email to Dept and SAS with necropsy findings.

Follow up with canine
[REDACTED]
[REDACTED]

Reply

Mon 9/10, 11:52 AM

Vet Sci Department

Phish Alert

Hi All,

We performed a necropsy and found:

- Left kidney cyst 10cm. Chronic compression that destroyed the kidney structure except for 5% of cortex/medulla. Filled with chylous-like green tinted fluid but no foul odor.
- Large pyometra

-Lungs atelectic with normal consistency on palpation (no consolidation). Diffuse white mottled appearance. Moderate amount of serosanguinous pleural effusion R>L

Presumed cause of death was DIC and/or pleural effusion secondary to all the other badness.

We have followed up with Sara and she was receptive to the situation and appreciative of the necropsy being performed. We will debrief the entire event at the next DVM meeting then to close the loop and evaluate from our end what, if anything, can/should be changed. Please let me know if any questions/concerns.

Thank you,

Monday 9/17

Follow up meeting with DVMs. Reviewed case and assessed what processes/protocols could change or be reviewed

-Update protocol/contact list (EM)

-All contact/notifications must be via phone call. Leave a message wait an hour for response and work down the contact list.

-Staff member on call should call a DVM (DVM most likely will ask staff member to look/perform basic assessment at patient so should probably do this while/during phone call to reduce delays). Staff member does receive comp time for time in on weekends.

-This message will be conveyed to ISAs at their next meeting and Dept at Program meetings