

VETERINARY MEDICAL TEACHING HOSPITAL

University of Wisconsin – School of Veterinary Medicine
2015 Linden Drive, Madison, WI 53706-1102
Phone: 608-263-7600, 800-386-8684; FAX: 608-265-8276

MEDICAL REC #:	123928	EXAMINATION DATE:	04/16/08	DISCHARGED:	
VISIT ID:	0833826	OWNER:	Dean Reinke		
PATIENT:	Roz	ADDRESS:	W4423 Hwy A		
SPECIES:	Canine		Elkhorn, WI 53121		
BREED:	Springer Spaniel, English	HOME PHONE:	(262) 642-2256		
COLOR:	Liver/White	WORK PHONE:	(262) 723-8331		
SEX:	Female				
DOB:	07/22/04	PHONE:	(262) 723-2644		
REFERRING DVM:	Jeff Korosec	FAX:	(262) 723-2561		
		SERVICE:	Small Animal General Surgery		
CLINICIAN(S):	Dale E. Bjorling, DVM, DACVS Sara Colopy, DVM	STUDENT(S):	Gretchen Jeitler		

Current diagnostic impressions:

DIAGNOSIS	COMMENTS
Right body wall and sublumbar abscess due to foreign grass awn	Diseased tissue was excised 4/17/08. A grass awn was found lodged in the sublumbar muscles

Instructions for care after discharge:

FEEDING: Usual diet Special Instructions:
EXERCISE: No restrictions Special Instructions: Please see instructions below.

MEDICATION	SIZE/QUANTITY	INSTRUCTIONS
Clavamox	250mg 42 tablets	Please give 1 tablet by mouth TWICE daily (every 12 hours) for 3 weeks. This is an antibiotic prescribed to treat residual infection. Potential side effects include GI upset (vomiting, diarrhea). If any of these signs are noted, call the VMTH.
Carprofen (Rimadyl)	75 mg 14 tablets	Please give 1/2 tablet (37.5 mg) by mouth TWICE daily (every 12 hours) for 5 days. After that, please give as needed (but no more than the recommended dosage). This is a non-steroidal anti-inflammatory medication. Potential side effects include GI upset (vomiting, diarrhea, ulceration). If any of these signs are noted, stop the medication and call the VMTH.
Fentanyl patch	75 mcg/hr	A fentanyl patch was placed on Roz's back on Thursday (4/17/08) to help control post-operative pain. Fentanyl is a potent pain medication that is absorbed through the skin. Please remove the patch on Tuesday, April 22nd using a piece of toilet tissue, fold the patch in half and flush it down the toilet. Please prevent other pets or people from coming into contact or ingesting the patch to prevent potential toxicosis. Side effects that have been observed with this medication include: gastrointestinal upset (vomiting, diarrhea, constipation, inappetence), sedation, urine retention (absence of urination for a period of 12-18 hours). Should you notice these side effects, please remove the patch as stated above and contact your local veterinarian or the UW-VMTH immediately.

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Tests performed during this visit:

TEST	RESULT
Complete Blood Count (CBC)	Monocytes - 1.450 (0.15-1.35) All other parameters unremarkable
Biochemistry panel	All parameters within normal limits
CT scan	Study: CT abdomen. Imaging findings: 1) Ill defined, soft tissue swelling, right body wall, wrapping around the 13th rib and involving the 12/13th rib intercostal muscles. The mass is heterogeneously contrast enhancing with a hypoattenuating, non-contrast enhancing central region. The mass is deviating the body wall medially but does not breach it. 2) Immediately caudal to the body wall mass, the right transverse abdominal muscle is thickened and at the level of L3 there is an irregular heterogeneously contrast enhancing lesion with a maximal measurement of 1.5cm x 4.2cm x 4.2cm (h x w x l) within the right quadratus lumborum and psoas major muscles. 3) Hypoattenuating, non-contrast enhancing round structure within the medial aspect of the caudal pole of the right kidney. This structure does not communicate with the renal pelvis. Diagnostic interpretation: 1) Suspect migrating foreign body (not specifically identified) with abscessation of the right extra-abdominal wall and right sublumbar musculature. 2) Right renal cyst.
Aerobic and anaerobic cultures of the abscess	Pending
Histopathology of the abscess and tracts	Pending

Additional instructions and comments:

Roz presented to the VMTH on 4/16/08 for possible surgical removal of a right body wall abscess. On physical presentation, she is quiet, alert and responsive. On her caudal thorax/cranial abdomen, there is a firm mass with non-distinct borders measuring about 5-10 cm in size. All other parameters are unremarkable.

Roz was admitted to the hospital on the same day. Upon FNA of the mass, there are red blood cells and neutrophils. Bloodwork was performed and the results are listed above. On 4/17/08, Roz was placed under general anesthesia for surgery to surgically remove the abscess on the right body wall. The surgery was performed without complication and Roz recovered well from the anesthesia. A grass awn was removed from the muscles below the vertebrae. However, it is not guaranteed that all plant material was removed. Please monitor Roz for signs of recurrence.

To help close the wound, some mesh was sutured into the muscle layers. Over time, this tissue should be incorporated into the normal body tissue by the normal healing process. The mesh will act like normal body tissue and Roz should not be affected by it. However, sometimes the body develops a response to this mesh and may reject it. If this happens, infection can occur. Please monitor Roz and consult a veterinarian if you are concerned with Roz's health.

We have submitted the abscess and tracts for histopathology. We also took some swabs for cultures. We will call you when we receive those results.

We have prescribed carprofen to manage Roz's pain. We have also prescribed Clavamox to treat any existing infection and prevent new infections from developing. Please start administering these medications TONIGHT. Please see above for dosage instructions. These medications may cause GI upset (vomiting, diarrhea). If you notice any of these symptoms please consult a veterinarian. A fentanyl patch was applied to Roz's back after surgery. This provides pain medication through the skin (transdermal). On Tuesday, April 22nd, please remove this patch as instructed above.

Please keep Roz calm and quiet for 2 weeks. No running, jumping or rough playing. She should go out to the bathroom on a leash and then brought immediately back inside. She should be kept in a kennel or small room to limit her activity. Roz should not be training for a period of 1 month. After that time, she can return to normal activity.

Roz had a chest tube in place to drain air and fluid after surgery. Her breathing rate and effort have been normal since the tube was removed. Please monitor her respiratory rate when she is sleeping. She has been breathing approximately 20 breaths per

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minute at rest. If you notice that her rate is above 30-40 breaths per minute while she is sleeping, you should have her evaluated by a veterinarian. In addition, if she seem to have difficulty breathing or has exercise intolerance (heavy breathing after walking) she should be evaluated immediately.

Please monitor Roz's incision daily for excessive redness, swelling or discharge. If you notice any of these problems or have other concerns about the incision please have her evaluated by a veterinarian. Please do not let Roz lick at her incision. If you notice this is a problem, please use a plastic cone collar (e-collar) which you may purchase at a local pet store, local veterinarian or the UW-VMTH. Skin staples should be removed either at your local veterinarian's office or the UW VMTH in 10-14 days.

Roz may have some swelling and bruising around her surgery site. You may apply a cold compress to the incision 3-4 times daily for 10-15 minutes at a time over the next 2 days. The ice pack should be wrapped in a thin towel to prevent injury to the skin. Following this period you may apply a warm compress 3-4 times daily, 10-15 minutes at a time, for an additional 3-5 days to reduce swelling.

Roz is a really sweet dog! It was a real pleasure to work with her. Thank you for bringing her into the VMTH for treatment and entrusting her in our care. If you have any questions or concerns, please call us at 608-263-7600.

Follow-up examination and communication

Follow-up Not required

At VMTH: Please set up appointment for: on the following date:
 Please provide us with a progress report by telephone, fax, or letter on or about this date:
 We will call you with the following information: culture and histopathology results

Follow-up at regular DVM: Not Required
 Please set up an appointment for: suture removal on the following date: 10-14 days
(If you have a local veterinarian who referred you to the VMTH, we will send him/her a report of this visit)

[Handwritten signature]

Signature of Owner/Agent

[Handwritten signature: Sara Colopy]

Signature of VMTH Clinician(s)

Referring Veterinarian Report:

Roz is a 3+ year old female Springer Spaniel that presented to the VMTH on 4/16/08 for possible surgical removal of a right body wall abscess.

History: Since Thanksgiving 2007, Roz has had recurring episodes (about every 3 months) of lethargy, not feeling herself and muscle pain (not jumping like normal). CBC/Biochemistry panel and urinalysis from the rDVM is unremarkable. After training Roz last night (4/15/08), the owner noticed a lump on the right body wall. FNA this morning (4/16/08) at the rDVM was red/brown thick fluid with RBCs, degenerative neutrophils and macrophages. There was no etiologic agent noticed including yeast. Incidental note: May 2007, Roz's brother had a similar history and underwent surgery at the VMTH to remove an abscess caused by a foreign grass awn.

Physical Exam: Upon presentation to the VMTH, Roz was quiet, alert and responsive. Vital parameters were: Temp = 102.0, Pulse = 110 beats per minute, Respirations = 20. She has a body condition score of 5 out of 9 with a weight of 16.6 kg. Heart and lungs both auscultated normally (no murmurs, arrhythmias, wheezes, crackles noted). Her mucous membranes were moist and pink with a capillary refill time 1-2 sec. Femoral pulses were strong on palpation. All peripheral lymph nodes are within normal limits. On the right body wall (caudal thorax/cranial abdomen), there is a firm mass with non-distinct borders measuring about 5-10 cm. All other parameters were within normal limits.

Roz was admitted to the hospital on the same day (4/16/08). Upon FNA of the mass, there are red blood cells and neutrophils. Bloodwork was performed and the results are listed above. Roz was placed under general anesthesia on 4/17/08. A CT scan was performed before surgery and the results are listed above. The surgery was performed without complications and recovery from anesthesia was smooth. The abscess was found to have wrapped around the 12th and 13th rib and extend into the sublumbar muscles. It was adhered to the caudal vena cava as well. The abscess, the 12th and 13th ribs and a portion of the sublumbar muscles were removed during the surgery. Upon further inspection of the epaxial muscles, a grass awn was found to be embedded in the muscles. A swab was taken for aerobic and anaerobic cultures. The abscess and tracts were submitted for histopathology. A chest tube was placed to evacuate air and fluid from the thoracic cavity, and Roz recovered uneventfully from surgery.

Thank you for your referral. If you have any further questions or concerns, please call us at 608-263-7600.