

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 Record #: 106387 **Date:** 06/01/05
Visit ID: 0559692 **Owner:** Dean Reinke
Patient: Tai **Address:** W4423 Hwy A
Species: Canine **Elkhorn, WI 53121**
Breed: Springer Spaniel, English
Color: Liver/White **Home Phone:** (262) 642-2256
Sex: Male **Work Phone:** (262) 723-8331
DOB: 06/20/01

Referring Vet: Derek Williamson **Phone:** (262) 723-2644
Fax: (262) 723-2561
Admission date: 05/28/05 **Service:** Soft Tissue Surgery

- A. Diagnosis:** 1. Pyothorax with Nocardia Infection
 2.
 3.
 4.
 5.

B. Feeding: Usual Diet Other

C. Exercise: Normal Special

Please observe Tai for signs of exercise intolerance. Keep in mind that his lung capacity is still bellow normal and that he should be introduced to physical activity slowly and progressively.

D. Medication:		
<u>Drug</u>	<u>Size/Quantity</u>	<u>Instructions</u>
1. Clindamycin	225mg	(one 150mg tablet, and one 75mg tablet) Give by mouth two times daily for 30 days. Clindamycin is an antibiotic with excellent activity against most pathogenic anaerobic organisms. Adverse effects may include gastroenteritis, vomiting, loose stools, or infrequently bloody diarrhea. If any of these signs is noticed, please contact the VMTH. It is important to give the doses on a regular schedule preferably 12 hours apart. Do not skip doses. Continue administration of this drug until the entire prescription has been used. Incomplete or inappropriate dose regimen during antibiotic therapy may result in selection of resistant strains of the microorganisms and compromise future use of the drug.
2.		
3.		
4.		
5.		

E. Case Summary

a. History: Tai is a 4 years old intact male athletic Springer Spaniel who enjoys to engage in field trails. He was presented to the UW-VMTH Emergency Internal Medicine Service on May 28th after being seen by his local veterinarian. On the morning of that day, the owners noticed that Tai's performance on the field trial was bellow average and that his breathing was labored. The referring veterinarian took chest radiographs and performed a chest tap that revealed bloody-tinged fluid.

If you have any problems with your animal, please call the clinician listed above at (608) 263-7600

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Tai's medical history includes, one year ago a lump removed from his side which contained plant material (grass awn). Also, in September of 2004, he was treated for a bacterial pneumonia. He presented to the VMTH on 5/28/05 for dyspnea, relative lethargy as compared to his normal performance level, and reduced appetite.

b. Physical Examination: On physical examination Tai was depressed, with tacky mucous membranes and labored breathing. He had an elevated heart rate of 120 beats per minute and his body temperature was 102.8. He was admitted to CCU and the following tests were performed:

c. Laboratory Tests:

<u>Test:</u>	<u>Results:</u>
Blood Chemistry	Hypoalbuminemia 2.3 g/dL (normal 2.6-4.0) Low circulating levels of protein (albumine) is often seen in dogs with pleural effusion, due to losses of protein from the blood stream to the effusion.
Thoracic Fluid Analysis	Neutrophilic exudate, septic. Occasional small cocci were seen within neutrophil cytoplasm. These results confirmed that Tai's pleural effusion was associated to a thoracic cavity infection.
Thoracic Fluid Culture	Moderate growth on anaerobic culture of Gram Positive Rod. Suspect Nocardia Nocardia is a microorganism often associated with pneumonia and septic pleural effusion in dogs. The point of entrance of the infection is rarely identifiable.

d. Additional Diagnostics:

<u>Test:</u>	<u>Results:</u>
Thoracic radiographs	Severe pleural effusion noted on thoracic films. Radiographs were taken immediately following chest taps to remove as much fluid as possible. On subsequent thoracic radiographs taken on 5/29, 5/31, and 6/1, effusion was noted to decrease dramatically.

e. Treatment: Tai was admitted to the Critical Care Unit on Saturday, May 28th. Chest tubes were placed bilaterally on the following day and used to periodically remove fluid from the thoracic cavity (on average, four times a day). He was maintained under Dyspnea watch 24h/day until June 2nd, when his chest tubes were removed and he was transferred to the surgical ward.

Intravenous fluid therapy was initiated upon his arrival, using Lactated Ringer's Solution with added potassium chloride, to replace volume lost to the pleural effusion and keep Tai's hydration status within normal limits.

Clindamycin and Ampicillin were used to treat the infections within the thoracic cavity.

Rimadyl and hydromorphone were used to treat pain.

F. General Instructions: Sites on the lateral chest wall where the chest tubes had been placed should be inspected daily for swelling, heat, and discharge. If any of these occur, you should call the VMTH. Staples will need to be removed in 10-14 days.

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Tai has completely recovered from his pyothorax, but it is unpredictable whether or not he might have future infections similar to this one. If labored breathing, lethargy, or decreased appetite recur, please seek veterinary care immediately.

The route by which the pleura becomes infected in animals with pyothorax is usually not evident. Possible routes of infection include hematogenous spread, migrating foreign objects such as plant awns, penetrating wounds, pulmonary abscessation, and pulmonary trauma.

Management of pyothorax needs to be aggressive and the prognosis depends on how soon the condition is recognized and therapy is started. Following diagnosis of pyothorax, chest tubes should be placed, and regular or continuous suction should be employed. Systemic antibiotics are required for successful treatment of this condition and should be chosen based on culture and sensitivity. Antibiotics should be continued for 4-6 weeks.

Thank you for bringing Tai to the UW-VMTH Small Animal Medicine and Surgery Services. He is absolutely adorable and it was a pleasure to take care of him and help him recover from this episode of illness. During his stay with us, he became very attached to the stuffed whale toy. We hope the toy has made him happier during his hospital days and which we are sending it home with Tai.

Please feel free to contact us if you have any additional questions or concerns.

G. Your animal was treated by: Maria Faria, DVM, PhD;
Heather Wilson, DVM
Kevin S. Reed, 4th year veterinary student

Follow-up appointments:

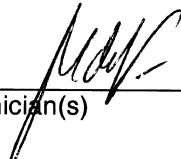
Return to VMTH: Not Required Requested Requested on 6/7/05 for Recheck.

*Please stop by the Reception Desk to make an appointment or phone 608/263-7600.

Return to Referring Veterinarian: Not Required Requested Requested on _____ for _____
Copy of Discharge Instructions to the Referring Veterinarian? Yes No

Signature of Owner/Agent

Signature of Clinician(s)



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