

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 #: 106387	EXAMINATION DATE: 05/01/07	DISCHARGED: 5/2/07
VISIT ID: 0712725	OWNER: Dean Reinke	
PATIENT: Tai	ADDRESS: W4423 Hwy A Elkhorn, WI 53121	
SPECIES: Canine	HOME PHONE: (262) 642-2256	
BREED: Springer Spaniel, English	WORK PHONE: (262) 723-8331	
COLOR: Liver/White		
SEX: Male		
DOB: 06/20/01		
REFERRING DVM: Derek Williamson	PHONE: (262) 723-2644	
	FAX: (262) 723-2561	
	SERVICE: Small Animal Soft Tissue Surgery	
CLINICIAN(S): Sara Colopy, DVM Jonathan McAnulty, DVM	STUDENT(S): Sandy Park	

Current diagnostic impressions:

DIAGNOSIS	COMMENTS
Left chest wall abscess, superficial and deep to the caudal left ribs	Surgically removed with rib resection on 5/2/07
II/VI left apical systolic murmur	Mild mitral regurgitation found on echocardiogram

Instructions for care after discharge:

FEEDING: Usual diet Special Instructions:

EXERCISE: No restrictions Special Instructions: See below

MEDICATION	SIZE/QUANTITY	INSTRUCTIONS
Fentanyl patch	75 mcg/hr	This patch delivers a controlled amount of pain medication through the skin. Please remove the patch on 5/5/07, fold it in half, and flush it down the toilet.
Carprofen	100 mg	Please give 1/2 tablet by mouth twice a day. This medication rarely causes stomach ulceration, so watch for signs of vomiting, dark tarry stool, or decreased appetite. If seen, please discontinue administration and contact a veterinarian as soon as possible.
Clavamox	375 mg	CONTINUE to give 1 tablet by mouth twice a day. We may recommend changing the antibiotic when the culture / sensitivity results are available.
Tramadol	50 mg	Please give 2-3 tablets by mouth 2-4 times a day. This is an oral pain medication. If Tai is excessively sedate on this medication, the dose can be reduced.

Tests performed during this visit:

TEST	RESULT
Thoracic radiographs	Study: Routine thorax. Roentgen signs: 1) Cardiovascular structures are within normal limits, VHS 10.75. 2) Soft tissue opacity over the second and third sternbrae, consistent with the sternal lymph node. Diagnostic interpretation; 1) Normal thorax. 2) Sternal lymphadenopathy DDX: reactive vs. neoplastic. Consistent with thoracic wall pathology. 3) Cannot identify thoracic wall mass/abscess described in clinical history.

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Fine needle aspirate / cytology	Neutrophilic / histiocytic inflammation. Microorganisms were not observed but a culture is indicated.
Culture / sensitivity Histopathology	RESULTS PENDING
Echocardiogram consultation	Left ventricular dilation, mild mitral insufficiency (likely secondary to chronic valvular disease, no overt evidence of vegetative lesion), sinus bradycardia and ECH changes consistent with opioids and athletic condition - no medications recommended at this time, left ventricular dilation is excessive for amount of mitral regurgitation and may reflect a combination of athletic changes with temporary dilation due marked bradycardia.

Additional instructions and comments:

Tai's abscesses were removed surgically on 5/2/07. There was the obvious abscess on top of his ribs and a second abscess under the ribs. In order to remove all possibly infected tissue, the ribs between the abscesses were removed surgically as well. Tai did well during surgery, and recovery from anesthesia was smooth. He had no complications overnight from the surgery.

Tai will need to be treated at home with a Fentanyl patch that is located on his left chest. This patch delivers a controlled amount of pain medication through his skin. Tai should not be allowed to lick or chew at this patch, and children should not be allowed to touch the patch. It should be removed on Saturday (5/5/07), folded in half, and flushed down the toilet. Tai should continue to be treated with the antibiotic Clavamox that he was prescribed previously. This antibiotic may need to be changed if dictated by culture and sensitivity. Carprofen is a medication that will help reduce inflammation. A rare side effect is stomach ulceration, so Tai should be monitored for signs of vomiting or dark tarry stool. The pain medication, Tramadol, was prescribed if additional pain relief is needed. The dose for this is 2-3 tablets every 2-4 hours, so the high end of the dose is 3 tablets every 2 hours and the low dose is 2 tablets every 4 hours. Any number of tablets in between can be given. If a higher dose is used and Tai is excessively sedate, then a lower dose should be given.

Tai should be exercise restricted for 3 weeks while his body heals from surgery. This means he should be confined to a room or a crate, and activity should be limited to leash walks for no more than 10 minutes to go to the bathroom. This is especially important since a section of Tai's ribs were removed. Until Tai's incision heals, there is a chance that air can enter his chest cavity and interfere with expansion of his lungs. Please watch for signs of difficulty breathing (gasping for air, deep and short breaths, anxiety, etc), and contact a veterinarian immediately if seen.

Please make sure that Tai does not chew or lick at his incision while it heals. If he starts this at home, he will need to wear an e-collar while he's unsupervised. Please watch the incision for signs of redness, swelling, discharge, or bleeding, and contact a veterinarian if seen. The skin staples should be removed in 10-14 days by a veterinarian.

A soft II/VI murmur was found after surgery. Echocardiogram showed mitral regurgitation, which means that a valve within Tai's heart leaks when the heart is pumping. This is very mild and not currently a problem, and Tai has no signs of decreased heart function. This murmur should be monitored by your regular veterinarian in the future. Signs of heart failure to watch for are dry coughing, difficulty breathing, and lethargy. A recheck is recommended when Tai is back to his normal lifestyle and health, or in 6 months.

We will contact you when the results of the culture and sensitivity are available. If you have not heard from within a week, please call us.

Thank you for bringing Tai to the VMTH! He was a very sweet boy.

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 / sensitivity and pathology results

Follow-up at regular DVM: Not Required

Please set up an appointment for: staple removal on the following date: in 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)

Signature of Owner/Agent

Signature of VMTH Clinician(s)

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Referring Veterinarian Report:

Tai (6 year old male Springer Spaniel) presented to the VMTH for 5 week history of a chest wall abscess. According to the owner, fine needle aspirate of the mass showed purulent material containing white blood cells. Tai was treated with 4 weeks of Clindamycin with no improvement, then approximately 1 week of Clavamox with mild improvement. Tai continues to field train and has had no systemic signs of illness. He was hospitalized 2 years ago at the VMTH for pyothorax that resolved with treatment with Clindamycin and Ampicillin.

On physical examination, Tai was bright alert, and responsive. TPR was within normal limits. There was a firm mass on the left chest wall that was 5cm in diameter and 1cm extended from the chest wall. The mass was somewhat mobile under the skin in a lateral plane, but adhered to the chest wall.

Thoracic radiographs showed normal heart and lungs and sternal lymphadenopathy. The chest wall mass was not visible on lateral or VD views. Fine needle aspirate of the mass showed neutrophilic / histiocytic inflammation. Ultrasound revealed a well-encapsulated heteroechoic mass superficially adjacent to the left caudal ribs, and a well-encapsulated more hypoechoic mass adjacent deep to the caudal left ribs.

A II/VI left apical systolic murmur was heard after surgery, and echocardiogram showed mild mitral regurgitation. This should be monitored in the future, and is not currently a problem. Heart size on radiographs is within normal limits.

Surgery was performed to remove the abscesses. The deep abscess involved the peritoneum and diaphragm and was adhered to omentum. The abscesses were removed with partial rib resection. Tai was monitored overnight in CCU. Tai was sent home with a Fentanyl patch, carprofen, tramadol, Clavamox as previously prescribed pending results from culture and sensitivity, and advised to watch for difficulty breathing. Skin staples will need to be removed in 10-14 days.