



**9/15/2018**

GIA NEGATIVE

BLOOD TEST I-

T-PORT

0.40 DEXTROSE 50% 1.00 TIMES/DAY FOR 1.00 DAYS

MISC TREATMEN WARMING PAD

BG LOW

0.03 DRON 1.00 TIMES/DAY FOR 1.00 DAYS

IVFLU

PARVO NEG

IV EXT

IVC

EXAM-INITIAL

LAB OTHER

Treated by: KB

Vet Scan i-STAT

	Results	Units	Canine	Feline
Na	121*	mmol/L	139-150	147-162
K	<2.0*	mmol/L	3.4-4.9	2.9-4.2
Cl	---	mmol/L	106-127	112-129
iCa	0.50*	mmol/L	1.12-1.4	1.2-1.32
TCO2	19	mmol/L	17-25	16-25
Glu	<20*	mg/dl	60-115	60-130
BUN	99*	mg/dl	10-26	15-34
Crea	<0.2*	mg/dl	0.5-1.3	1.0-2.2
HCT	21*	% PCV	35-50	24-40
Hb	7.1*	g/dl	12-17	8-13
AnGap	---	mmol/L	8-25	10-27
PCV		%	36-60	29-48
TP		g/dl	4.9-7.4	5.2-8.8

**9/15/2018**

EXAM-INITIAL

UNDRAGE/WT

Treated by: KB

Patient OTC stray. On triage by RVT TR, lethargic, hypothermic, dehydrated, thin, and pale with fleas and proglottid segments. Patient also noted to have mucoid diarrhea with streaks of blood (parvo SNAP negative). Per DVM KB, bring patient to trailer, place IVC if possible, start on heat and other supportive care. BG too low to read with RVT TR; oral and IV dextrose supplementation.

Triage DVM KB exam -

GEN: quiet to dull, Temp 91 F, CRT 1-2 seconds, pale and tacky mm, delayed skin tent

INTEG: fleas, dried pink substance on forehead (paint?)

EENT: no significant discharge OU, clear cornea and anterior chamber and lens OU, clean aural os AU, smooth and clean nasal planum, no dental calculus or gingivitis noted, no oral foreign bodies or masses or ulcerations noted

MS: BCS 3/9, weakly ambulatory x4

CV: adequate femoral pulse, no obvious murmurs or arrhythmias ausculted

RESP: eupneic, normal bronchovesicular sounds ausculted in all fields, no crackles or wheezes ausculted

GI/GU: nonpainful on abdominal palpation, reported proglottid segments, soft tan stool, urination WNL

NS: quiet, isocoric with appropriate pupil size, full neuro exam not performed

LN: no peripheral lymphadenopathy noted

A:

Hypoglycemia

Shock and suspected anemia

Dried pink substance on forehead (paint?)

Reported diarrhea

Tx - LRS 3 ml/hr IV, heat support, dextrose PRN. Offered food in pm which patient ate enthusiastically.

P: Transfer to LBAE for continued supportive care. If patient is doing well tomorrow, attempt networking, if worsens, recommend PTS

KB, DVM

**9/16/2018**

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EXAM-INITIAL

UNDRAGE/WT

Treated by: KB

Return from LBAE. On intake exam, patient noted to be obtunded, dehydrated and hypothermic with pale mm, a small amount of diarrhea around perineum, fleas, pustules and scabs along the abdomen/inguinal regions and ventral neck, scab on caudal head, crusted hair on caudal dorsum and hindend in general. Administered LRS IV, dextrose, maropitant, metronidazole , and heat support. Overnight patient was unable to maintain temperature and was not eating on own or swallowing when syringe fed. Patient was also noted to be depressed and minimally responsive most of the night.

Given severity of medical changes and lack of good response to treatment overnight as well as dull mentation, hematochezia, persistent hypothermia, and rectal prolapse, humane euthanasia elected. Xylazine 0.2 ml SQ followed by FatalPlus 2 ml IP. Group cremation.

KB, DVM

0.20 XYLA 1.00 TIMES/DAY FOR 1.00 DAYS

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IF YOU OR YOUR VETERINARIAN HAVE ANY QUESTIONS ABOUT THE MEDICAL TREATMENT YOUR ANIMAL HAS RECEIVED AT LONG BEACH ANIMAL CARE SERVICES PLEASE CALL US AT (562) 570-7387.