

Kiwi



This is a picture of a healthy Kiwi



This is a picture of Kiwi struggling to breath

Days Leading Up To The Vet Visit

Sunday March 6

Kiwi appeared to be in distress late afternoon and couldn't have a bowel movement. He was in and out of the box several times and did not go, except for one small piece of poop. He tried to go outside the box, on the bed, and floor, and still could not go. We also noticed that there was a piece of poop partially stuck in his butt.

At 18:49 I called the Emergency Vet on West Tropicana to see their cost and procedure. At 19:21 I called Emergency Animal on Patrick and asked them about cost and procedure.

Kiwi has been constipated in the past. After the last time he was constipated, I ordered a "Feline Pet-Ema" and had it on hand in case I needed it. I called Emergency on W Tropicana again and asked if they are familiar with it and if they thought it was safe. They said they were not, but couldn't recommend anything bought "on line".

Soon after that, Kiwi appeared to be okay. Not struggling like he was before. That one piece of poop was gone, so I thought that may have been the issue. Although, he still went into the box and didn't go, but wasn't struggling. So I thought I would give him some time.

His last bowel movement was Friday March 4th. But in the past, he has gone two full days without going, so at this time, it was not completely unusual.

Monday March 7

Kiwi was eating good, and seemed okay. At this point I decided to give him some more time. I started keeping track of how many times he was in and out of the box trying to go. I didn't get them all because I wasn't around all day, but I noticed at least three.

Tuesday March 8

Today he started going to his box early, but could not go. At 11:43 I called my regular Vet, Northeast Animal Hospital. They were closed because of a conference. I called Animal Kindness (11:44) and A Cat Hospital(12:00). The soonest appointment was Wednesday at 10:30 with Animal Kindness, so I took that one. I was a little disappointed that no one would squeeze him in. But at least I had an appointment set. Throughout today, he went to the box at least 13 times, so I was getting a little worried.

Wednesday, March 09, 2022

I took him in and talked to Dr Wachbrit and gave her a little history on the situation. This was his fourth time for constipation. The first three times; 10/12/18, 08/17/20, and 12/16/21, were at Northeast Animal Hospital.

She said to leave him there and they would do an x-ray, I think some blood work and an enema, and call me later. At 14:27 she called and informed me that a mistake happened. They accidentally gave my cat an enema with Calsorb, a calcium supplement for dogs. When she realized the mistake she called ASPCA Poison Control, and PRN, the manufacture of the Calsorb. They said there was no data for such an issue, but thought everything should be okay. She said they performed another enema to try and flush his system. I think she also put him on fluids. She did not provide me any records of what she did this day when I picked him up.

I picked him up around 17:30. She gave me Carafate and told me to give him a half pill crushed up in 3ml of water. She made some notes and told me to; "monitor for increased drinking and urinating, profuse vomiting, and /or anorexia. Contact ER if after hours." With an arrow pointing to profuse vomiting.

When we got home, I gave him the medicine as directed, and he vomited a thick brown fluid about ten minutes later. About an hour or so later he drink a little water, and vomited again. During this time, Kiwi was also in and out of his litter box three times, unable to have a good bowel movement, except for one very small poop. He didn't look right, so at 20:02 I decided to call the ER on Patrick and gave them the story. They said I should call the poison control helpline. I had no case number, but I called two, and the ASPCA found the record of Dr Wachbrit calling earlier that day. I was on the phone with Jen from ASPCA for 47 minutes. During the call, she also consulted another doctor. She told me to stop the Carafate, and go to the ER. She also said the symptoms for Calcium may not show up for 24 to 72 hours.

I got to the ER around 21:30 or so. I talked to a tech and gave them the history. I guess after that Dr Vriend did the exam. He talked to me around 23:45, and told me he felt what might be a mass in his abdomen, and heard a heart murmur. He intends to give him an enema, an EKG, check blood pressure, and some tests. He would also send things over to the vet.

03/09

Patient History Report

Client: SNOW, JIM (32891)
Phone:
Address:

Patient: KIWI (32891-1)
Species: FELINE
Age: 9 Yrs. 0 Mos.
Color: BLACK AND GREY

Breed: TABBY
Sex: Neutered/ Male

Date	Type	Staff	History
------	------	-------	---------

History: P presented today for Constipated since friday, vomited 3-4 times on sunday, mostly water. Urinating okay. Current diet IAMS hair ball (2/3 cup) / (1/3 cup) purina complete cat food dry, Tablespoon of wet food through out the day. Not current on vaccine. O states this is now the 4th time he has been to the vet for constipation, last visit was about 6 months ago. Regular Vet is NorthEast animal hospital. O is thinking that Pet may have mega colon. No other concerns. Yesterday P went 13 times to the litterbox, and is straining and having difficulty going.

Physical Exam:

3/9/2022
 10:45 AM
 Vital Sign EMD
 Weight 12.4 pounds
 BodyScore 6 - Moderate Overweight
 Alert BAR
 Temp 101.4
 Pulse 200
 Resp sniff
 Muc Pink/Healthy
 Memb
 CRT <2 sec
 Pain 1 - No Visible Pain

(1) GENERAL APPEARANCE ☒ Normal ☐ Abnormal	(2) INTEGUMENTARY ☒ Normal ☐ Abnormal	(3) MUSCULOSKELETAL ☒ Normal ☐ Abnormal
(4) CIRCULATORY ☒ Normal ☐ Abnormal	(5) RESPIRATORY ☐ Normal ☒ Abnormal	(6) DIGESTIVE ☐ Normal ☒ Abnormal
(7) UROGENITAL ☒ Normal ☐ Abnormal	(8) EYES ☒ Normal ☐ Abnormal	(9) EARS ☒ Normal ☐ Abnormal
(10) NEURAL SYSTEM ☒ Normal ☐ Abnormal	(11) LYMPH NODES ☒ Normal ☐ Abnormal	(12) MUCOUS MEMBRANES ☒ Normal ☐ Abnormal

Assessment: 5) Tachypneic (r/o stress vs metabolic acidosis due to constipation vs open); 6) Palpable firm linear mass in abdomen (r/o fecal constipation vs open)

Plan: 1 view lateral abdominal x-ray

Marked fecal constipation in colon. Adequate serosal detail. Remainder of image NSF.
 Gen Health BW in house - mild neutrophilia (12.29 - r/o stress vs inflammation vs open),

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing Instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative med note, V: Vital signs

Patient History Report

Client: SNOW, JIM (32891)
Phone:
Address:

Patient: KIWI (32891-1)
Species: FELINE
Age: 9 Yrs. 0 Mos.
Color: BLACK AND
GREY

Breed: TABBY
Sex: Neutered/ Male

Date	Type	Staff	History
------	------	-------	---------

otherwise overall WNL.

Baseline renal values - SDMA: 9ug/dL, Crea: 1.6mg/dL, BUN: 25mg/dL
Ionized Calcium submitted to IDEXX for baseline value

Enema administration was performed at approximately ~12:55pm (exact time was not documented). Calsorb (Lot # 170720B), an oral Calcium supplemental, was accidentally administered rectally instead of the intended disposable enema solution by the same company. The tube contained approximately 9mL of 170mg/mL calcium gel, though 6mL is suspected to be what P received rectally due to an estimate 3mL loss on surrounding fabric/towels during administration. Once the issue was noted, GHS (technician) immediately contacted ASPCA poison control and Dr. TW contacted the manufacturer of Calsorb, PRN Pharmacal. During this time, an IVC was placed in the R cephalic vein and routine monitoring of vitals was initiated. Refer to attached monitoring and tx sheet.

During these phone conversations, a warm saline enema was administered rectally to P to flush out as much of the product as possible. This treatment was recommended by both Dr. Benniton and Dr. Troudot. Multiple firm fecal balls were evacuated during. Approximately 150mL of warm saline was gently applied, though approximately half this volume retroflexed back out of colon so was not thought to be successfully administered or absorbed. The final applications of this saline flush were mixed with lube.

PRN Pharmacal - Spoke with Dr. Benniton regarding case and accidental administration. Per Dr. Benniton, there is no data regarding rectal administration of this product so absorption is unknown. The product does not contain Vitamin D3 so it is unlikely to progress to hypercalcemia and subsequent renal damage. The suspected likely side effects include GI irritation, but monitoring of ionized Ca and renal values was recommended 24 hours and then again 72 hours post exposure. It was not recommended by Dr. Benniton to pursue IV fluid or hospitalization at this time unless a change in blood values suggests. Treatment recommended included Carafate BID-TID for 5 days and to continue as planned for treatment of constipation. Case #006704

ASPCA Poison Control - Spoke with Dr. Troudot (veterinary toxicologist) regarding case. Per Dr. Troudot, only one similar incident has previously been reported and it was lost to follow up. Based on rectal route of administration, normal calcium absorption, and the lack of D3 in the product, GI irritation is the only side effect expected at this time. Renal damage unlikely and hospitalization is unwarranted. Per Dr. Troudot, no further steps besides management of GI signs is indicated. I inquired about monitoring iCa and renal values as recommended by manufacturer. Dr. Troudot stated it would benefit to have further information, but P is unlikely to develop anything life-threatening. She agreed with the recommendation to start Carafate and continue as planned for management of constipation. Case #220056211 and call back # (888) 299-2973. Refer to attached case report.

B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended, R:Correspondence, T:Images, TC:Tentative med note, V:Vital signs

Patient History Report

Client: SNOW, JIM (32891)
Phone:
Address:

Patient: KIWI (32891-1)
Species: FELINE
Age: 9 Yrs. 0 Mos.
Color: BLACK AND GREY

Breed: TABBY
Sex: Neutered/ Male

Date	Type	Staff	History
------	------	-------	---------

O was called (702-496-8618) @ ~2:00pm (after phone conversations with the manufacturer and Poison Control were completed) to relay the incident and recommendations. Explained to O the difference between calcium and Vitamin D3 and the low likelihood as indicated by the other professionals of hypercalcemia and renal damage. Recommend a baseline ionized Ca with a subsequent recheck after 72hrs, and rechecking renal values 24hr and 72hr post. O was concerned, asked how this could happen. Explained to O that unfortunately the tubes for the Calsorb product and the enema product appear similar. Assured that there would be no cost to O for any the emergency or monitoring steps taken or recommended, and that the Calsorb product has been moved in our clinic to a different area so this mistake would not be repeated in the future. Discussed keeping P on IV fluids for the new 2 hours until p/u @ 4:30pm out of caution. O agreed, would like to do whatever possible. O had no further questions at time of call.

Medications: Lactulose, Carafate, rec OTC Miralax 1/8th to 1/4 tsp BID or PRN

Recheck: tomorrow (3/10/22) for mini renal profile, then again Saturday (3/12/22) for recheck iCa and mini renal profile.

Spoke with O again at time of pick up. Went over calcium and D3 differences again and discussed hypercalcemia and low risk in this instance. Gave information for AEC and VECC emergency hospitals in the area if necessary. Advised O to monitor for anorexia, profuse vomiting, and PU/PD symptoms and recheck ASAP or take to ER if observed. P's IVC was removed before discharge due to low risk of emergency being necessary and higher concern of P removing catheter accidentally at home. O will bring P back tomorrow morning for recheck renal values.

3/9/2022	L	41	Miscellaneous results from IDEXX Reference Laboratory Requisition ID: 171755259 Asc: 7805414815 RE: 2285 IONIZED CALCIUM 2.08 mmol/L 1.13 - 1.38	Posted	Final
3/9/2022	CK	13	NC/NP- CONSTIPATED AGAIN SINCE FRIDAY-GG Reason for Visit: Exam Date Patient Checked Out: Mar 09/2022 Practice 1		

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative med note, V: Vital signs

Patient History Report

Client: SNOW, JIM (32891)
Phone:
Address:

Patient: KIWI (32891-1)
Species: FELINE
Age: 9 Yrs. 0 Mos.
Color: BLACK AND GREY

Breed: TABBY
Sex: Neutered/ Male

Date	Type	Staff	History																																																																																																																								
3/10/2022	CK	41	PER TW - COMING IN FOR BW,, EMD Reason for Visit: Labs / Blood-draw Date Patient Checked Out: Mar 10/2022 Practice 1																																																																																																																								
3/9/2022	P	41	15.00 Z1 of Carafate (I02031A) Rx #: 83735 0 Of 0 Refills Filled by: MB GIVE 1/2 TABLET MIXED IN 3ML WATER BY MOUTH EVERY 8 TO 12 HOURS AS NEEDED AS A GI PROTECTANT.																																																																																																																								
3/9/2022	P	41	1.00 EACH of Lactulose Solution 10g/15mL (16837) Rx #: 83734 0 Of 0 Refills Filled by: MB GIVE 2CC BY MOUTH EVERY 8 TO 12 HOURS.																																																																																																																								
3/9/2022	I	41	THE STAFF AND MANAGEMENT OF ANIMAL KINDNESS VET HOSPITAL WISH TO THANK YOU FOR BEING OUR CLIENT. YOUR OPINIONS AND COMMENTS, BOTH GOOD AND BAD, ARE IMPORTANT TO US. PLEASE TELL US HOW YOU LIKED YOUR VISIT AND ANYTHING THAT WE MAY DO TO IMPROVE OUR SERVICES. WE WILL BE HAPPY TO GIVE YOU A TOUR OF THE HOSPITAL AT ANY TIME.																																																																																																																								
3/9/2022	L	41	Chemistry results from IDEXX VetLab In-clinic Laboratory Requisition ID: 4799 <table><tr><th>Test</th><th>Result</th><th>Reference Range</th><th>Posted</th><th>Final</th></tr><tr><td>ALB =</td><td>3.6 g/dL</td><td>2.3 - 3.9</td><td></td><td></td></tr><tr><td>ALKP =</td><td>22 U/L</td><td>14 - 111</td><td></td><td></td></tr><tr><td>ALT =</td><td>127 U/L</td><td>12 - 130</td><td></td><td></td></tr><tr><td>AMYL =</td><td>1359 U/L</td><td>500 - 1500</td><td></td><td></td></tr><tr><td>BUN/UREA =</td><td>25 mg/dL</td><td>16 - 36</td><td></td><td></td></tr><tr><td>Ca =</td><td>10.1 mg/dL</td><td>7.8 - 11.3</td><td></td><td></td></tr><tr><td>Chloride =</td><td>117 mmol/L</td><td>112 - 129</td><td></td><td></td></tr><tr><td>CHOL =</td><td>140 mg/dL</td><td>65 - 225</td><td></td><td></td></tr><tr><td>CREA =</td><td>1.6 mg/dL</td><td>0.8 - 2.4</td><td></td><td></td></tr><tr><td>GGT =</td><td>0 U/L</td><td>0 - 4</td><td></td><td></td></tr><tr><td>GLU =</td><td>151 mg/dL</td><td>71 - 159</td><td></td><td></td></tr><tr><td>LIPA =</td><td>354 U/L</td><td>100 - 1400</td><td></td><td></td></tr><tr><td>PHOS =</td><td>3.9 mg/dL</td><td>3.1 - 7.5</td><td></td><td></td></tr><tr><td>Potassium =</td><td>4.1 mmol/L</td><td>3.5 - 5.8</td><td></td><td></td></tr><tr><td>TBIL =</td><td>0.4 mg/dL</td><td>0.0 - 0.9</td><td></td><td></td></tr><tr><td>TP =</td><td>7.8 g/dL</td><td>5.7 - 8.9</td><td></td><td></td></tr><tr><td>Sodium =</td><td>164 mmol/L</td><td>150 - 165</td><td></td><td></td></tr><tr><td>GLOB =</td><td>4.2 g/dL</td><td>2.8 - 5.1</td><td></td><td></td></tr><tr><td>OSM Calc =</td><td>330 mmol/kg</td><td></td><td></td><td></td></tr><tr><td>ALB/GLOB =</td><td>0.9</td><td></td><td></td><td></td></tr><tr><td>BUN/CREA =</td><td>16</td><td></td><td></td><td></td></tr><tr><td>Na/K =</td><td>40</td><td></td><td></td><td></td></tr><tr><td>SDMA =</td><td>9 ug/dL</td><td>0 - 14</td><td></td><td></td></tr></table> SDMA: SDMA and CREA within reference interval: impairment of GFR is unlikely. Recommended next step: evaluate complete urinalysis.	Test	Result	Reference Range	Posted	Final	ALB =	3.6 g/dL	2.3 - 3.9			ALKP =	22 U/L	14 - 111			ALT =	127 U/L	12 - 130			AMYL =	1359 U/L	500 - 1500			BUN/UREA =	25 mg/dL	16 - 36			Ca =	10.1 mg/dL	7.8 - 11.3			Chloride =	117 mmol/L	112 - 129			CHOL =	140 mg/dL	65 - 225			CREA =	1.6 mg/dL	0.8 - 2.4			GGT =	0 U/L	0 - 4			GLU =	151 mg/dL	71 - 159			LIPA =	354 U/L	100 - 1400			PHOS =	3.9 mg/dL	3.1 - 7.5			Potassium =	4.1 mmol/L	3.5 - 5.8			TBIL =	0.4 mg/dL	0.0 - 0.9			TP =	7.8 g/dL	5.7 - 8.9			Sodium =	164 mmol/L	150 - 165			GLOB =	4.2 g/dL	2.8 - 5.1			OSM Calc =	330 mmol/kg				ALB/GLOB =	0.9				BUN/CREA =	16				Na/K =	40				SDMA =	9 ug/dL	0 - 14		
Test	Result	Reference Range	Posted	Final																																																																																																																							
ALB =	3.6 g/dL	2.3 - 3.9																																																																																																																									
ALKP =	22 U/L	14 - 111																																																																																																																									
ALT =	127 U/L	12 - 130																																																																																																																									
AMYL =	1359 U/L	500 - 1500																																																																																																																									
BUN/UREA =	25 mg/dL	16 - 36																																																																																																																									
Ca =	10.1 mg/dL	7.8 - 11.3																																																																																																																									
Chloride =	117 mmol/L	112 - 129																																																																																																																									
CHOL =	140 mg/dL	65 - 225																																																																																																																									
CREA =	1.6 mg/dL	0.8 - 2.4																																																																																																																									
GGT =	0 U/L	0 - 4																																																																																																																									
GLU =	151 mg/dL	71 - 159																																																																																																																									
LIPA =	354 U/L	100 - 1400																																																																																																																									
PHOS =	3.9 mg/dL	3.1 - 7.5																																																																																																																									
Potassium =	4.1 mmol/L	3.5 - 5.8																																																																																																																									
TBIL =	0.4 mg/dL	0.0 - 0.9																																																																																																																									
TP =	7.8 g/dL	5.7 - 8.9																																																																																																																									
Sodium =	164 mmol/L	150 - 165																																																																																																																									
GLOB =	4.2 g/dL	2.8 - 5.1																																																																																																																									
OSM Calc =	330 mmol/kg																																																																																																																										
ALB/GLOB =	0.9																																																																																																																										
BUN/CREA =	16																																																																																																																										
Na/K =	40																																																																																																																										
SDMA =	9 ug/dL	0 - 14																																																																																																																									

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative med note, V: Vital signs

Patient History Report

Client: SNOW, JIM (32891)
Phone:
Address:

Patient: KIWI (32891-1)
Species: FELINE
Age: 9 Yrs. 0 Mos.
Color: BLACK AND GREY

Breed: TABBY
Sex: Neutered/ Male

Date	Type	Staff	History
------	------	-------	---------

3/9/2022	L	41	Hematology results from IDEXX VetLab In-clinic Laboratory Requisition ID: 4799																																																																																																
			<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Test</th> <th style="text-align: left;">Result</th> <th style="text-align: left;">Posted</th> <th style="text-align: left;">Final</th> </tr> <tr> <td>BASO =</td> <td>0.04 K/uL</td> <td>0.01 - 0.26</td> <td></td> </tr> <tr> <td>EOS =</td> <td>0.24 K/uL</td> <td>0.17 - 1.57</td> <td></td> </tr> <tr> <td>HCT =</td> <td>45.0 %</td> <td>30.3 - 52.3</td> <td></td> </tr> <tr> <td>HGB =</td> <td>15.1 g/dL</td> <td>9.8 - 16.2</td> <td></td> </tr> <tr> <td>LYMPHS =</td> <td>1.76 K/uL</td> <td>0.92 - 6.88</td> <td></td> </tr> <tr> <td>MCH =</td> <td>15.9 pg</td> <td>11.8 - 17.3</td> <td></td> </tr> <tr> <td>MCHC =</td> <td>33.5 g/dL</td> <td>28.1 - 35.8</td> <td></td> </tr> <tr> <td>MCV =</td> <td>47.4 fL</td> <td>35.9 - 53.1</td> <td></td> </tr> <tr> <td>MONOS =</td> <td>0.64 K/uL</td> <td>0.05 - 0.67</td> <td></td> </tr> <tr> <td>MPV =</td> <td>15.8 fL</td> <td>11.4 - 21.6</td> <td></td> </tr> <tr> <td>RBC =</td> <td>9.50 M/uL</td> <td>6.54 - 12.20</td> <td></td> </tr> <tr> <td>WBC =</td> <td>14.96 K/uL</td> <td>2.87 - 17.02</td> <td></td> </tr> <tr> <td>%LYMPHS =</td> <td>11.8 %</td> <td></td> <td></td> </tr> <tr> <td>%MONOS =</td> <td>4.3 %</td> <td></td> <td></td> </tr> <tr> <td>NEUT =</td> <td>12.29 K/uL H</td> <td>2.30 - 10.29</td> <td></td> </tr> <tr> <td>%NEUT =</td> <td>82.1 %</td> <td></td> <td></td> </tr> <tr> <td>%EOS =</td> <td>1.6 %</td> <td></td> <td></td> </tr> <tr> <td>%BASO =</td> <td>0.2 %</td> <td></td> <td></td> </tr> <tr> <td>PLT =</td> <td>271 K/uL</td> <td>151 - 600</td> <td></td> </tr> <tr> <td>Retics =</td> <td>9.5 K/uL</td> <td>3.0 - 50.0</td> <td></td> </tr> <tr> <td>%Retics =</td> <td>0.1 %</td> <td></td> <td></td> </tr> <tr> <td>RDW =</td> <td>23.4 %</td> <td>15.0 - 27.0</td> <td></td> </tr> <tr> <td>PCT =</td> <td>0.43 %</td> <td>0.17 - 0.86</td> <td></td> </tr> </table>	Test	Result	Posted	Final	BASO =	0.04 K/uL	0.01 - 0.26		EOS =	0.24 K/uL	0.17 - 1.57		HCT =	45.0 %	30.3 - 52.3		HGB =	15.1 g/dL	9.8 - 16.2		LYMPHS =	1.76 K/uL	0.92 - 6.88		MCH =	15.9 pg	11.8 - 17.3		MCHC =	33.5 g/dL	28.1 - 35.8		MCV =	47.4 fL	35.9 - 53.1		MONOS =	0.64 K/uL	0.05 - 0.67		MPV =	15.8 fL	11.4 - 21.6		RBC =	9.50 M/uL	6.54 - 12.20		WBC =	14.96 K/uL	2.87 - 17.02		%LYMPHS =	11.8 %			%MONOS =	4.3 %			NEUT =	12.29 K/uL H	2.30 - 10.29		%NEUT =	82.1 %			%EOS =	1.6 %			%BASO =	0.2 %			PLT =	271 K/uL	151 - 600		Retics =	9.5 K/uL	3.0 - 50.0		%Retics =	0.1 %			RDW =	23.4 %	15.0 - 27.0		PCT =	0.43 %	0.17 - 0.86	
Test	Result	Posted	Final																																																																																																
BASO =	0.04 K/uL	0.01 - 0.26																																																																																																	
EOS =	0.24 K/uL	0.17 - 1.57																																																																																																	
HCT =	45.0 %	30.3 - 52.3																																																																																																	
HGB =	15.1 g/dL	9.8 - 16.2																																																																																																	
LYMPHS =	1.76 K/uL	0.92 - 6.88																																																																																																	
MCH =	15.9 pg	11.8 - 17.3																																																																																																	
MCHC =	33.5 g/dL	28.1 - 35.8																																																																																																	
MCV =	47.4 fL	35.9 - 53.1																																																																																																	
MONOS =	0.64 K/uL	0.05 - 0.67																																																																																																	
MPV =	15.8 fL	11.4 - 21.6																																																																																																	
RBC =	9.50 M/uL	6.54 - 12.20																																																																																																	
WBC =	14.96 K/uL	2.87 - 17.02																																																																																																	
%LYMPHS =	11.8 %																																																																																																		
%MONOS =	4.3 %																																																																																																		
NEUT =	12.29 K/uL H	2.30 - 10.29																																																																																																	
%NEUT =	82.1 %																																																																																																		
%EOS =	1.6 %																																																																																																		
%BASO =	0.2 %																																																																																																		
PLT =	271 K/uL	151 - 600																																																																																																	
Retics =	9.5 K/uL	3.0 - 50.0																																																																																																	
%Retics =	0.1 %																																																																																																		
RDW =	23.4 %	15.0 - 27.0																																																																																																	
PCT =	0.43 %	0.17 - 0.86																																																																																																	

3/9/2022	V	EMD	Mar 9, 2022 10:45 AM Staff: EMD Weight : 12.40 pounds Body Score (1-9) : 6 - Moderate Overwt Alert/Attitude : BAR Temperature : 101.4 Pulse : 200 Respiration : sniff Mucous Membranes : Pink/Healthy Capillary Refill : <2 sec Pain Scale : 1 - No Visible Pain
----------	---	-----	--

3/9/2022	C	41	AKVH - General Exam - FINAL Mar 09/2022 - Constipated since friday.
----------	---	----	---

Tracy Wachbit, DVM

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative med note, V: Vital signs

Treatments

Patient Name: Kiwi

Date: 3/9/22

Client Name: Snow

Chart #: 32891

WT: 12.4

[illegible]

32891-1

PAGE 1

[illegible]



ANIMAL KINDNESS
VETERINARY HOSPITAL

JIM SNOW

ANIMAL KINDNESS VETERINARY HOSPITAL

4910 East Bonanza Road
Las Vegas, NV 89110

(702) 453-2990

3/9/2022

Page 1 / 1

Client ID: 32891

Estimate ID: 20759

Expiration Date: 3/9/2023

Patient ID:	32891-1	Species:	FELINE	Weight:	12.40 pounds	Sex:	Neutered/ Male
Patient Name:	KIWI	Breed:	TABBY	Birthday:	03/08/2013		

	Description	Low Qty.	Low Amount	High Qty.	High Amount
3/9/2022	Veterinary Care by Dr. Wachbrit	1.00	\$0.00	1.00	\$0.00
3/9/2022	OFFICE CALL/CONSULTATION	1.00	\$65.00	1.00	\$65.00
3/9/2022	PROFILE-GEN/HEALTH & CBC	0.00	\$0.00	1.00	\$224.99
3/9/2022	PROFILE-ELECTROLYTES	1.00	\$28.00	0.00	\$0.00
3/9/2022	X-RAY - initial	1.00	\$135.00	1.00	\$135.00
3/9/2022	X-RAY - additional	0.00	\$0.00	1.00	\$99.50
3/9/2022	ENEMA ADMINISTRATION	1.00	\$62.50	2.00	\$125.00
3/9/2022	Lactulose Solution 10g/15mL	1.00	\$17.50	1.00	\$17.50

Low Subtotal: \$308.00 High Subtotal: \$666.99

Calsoorb

Tax: \$1.47 Tax: \$1.47
Low Total: \$309.47 High Total: \$668.46

Monitor for increased drinking and
urinating, profuse vomiting, and/or anorexia.
↑
Contact ER if after hours

Miralax 1/8th - 1/4 tsp every 12 hours for
constipation.

Pet Poison Help Line 855-764-7661 -

This estimate is good for 30 days and includes only those items listed above. Due to unavoidable circumstances, prices may change without notice. Payment for services will be required when your pet is released from the hospital.

Authorized Signature

Call from Vet 1427 - About 1 1/2 hrs Ago

Home @ 1730

Gave CARAFATE @ 1740

Vomit @ 1750

Small poop @ 1830 3 visits prior

DR

Poison
Course

STOP CARAFATE

Vet

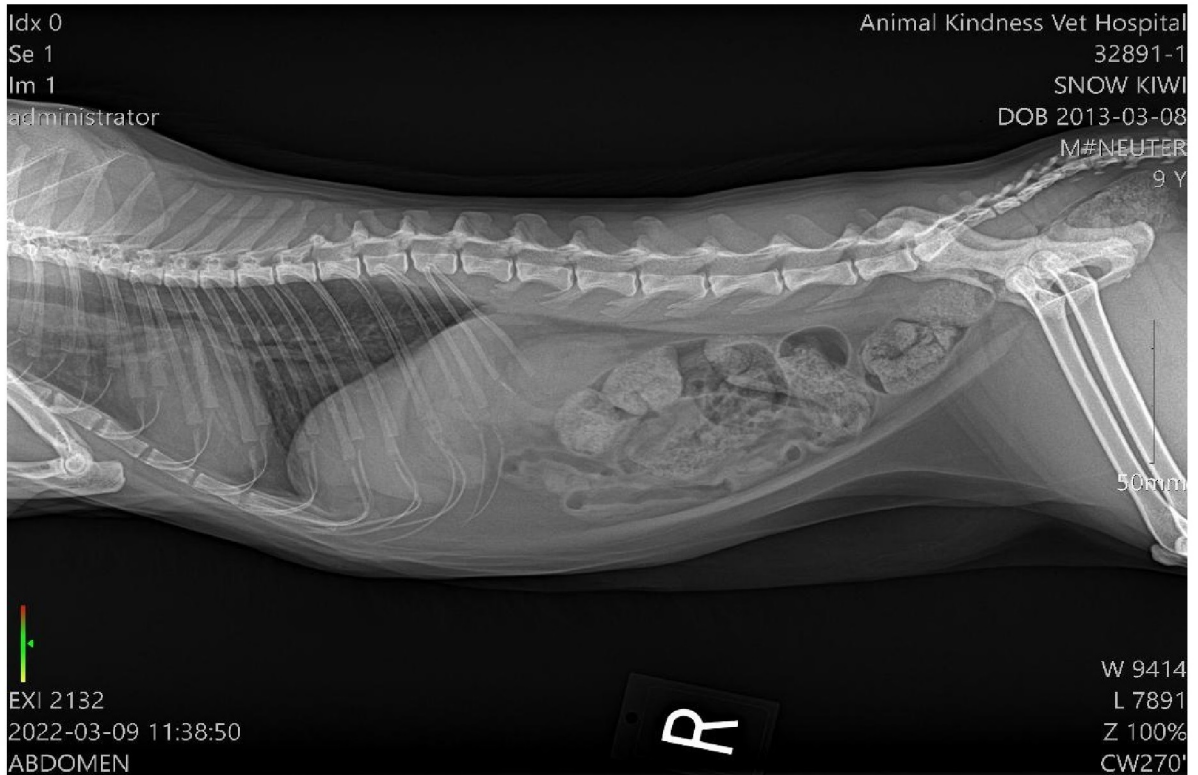
ASPCA Told/Hold 47 minutes

220 056 211 CB # 888-299-2973

ASPCA 888-486-4435

X-Ray from Animal Kindness

03/09



Wednesday, March 09, 2022
Late

Records from the emergency room from late Wednesday night, and early
Thursday morning

86285

Animal Emergency Center of LV & H
3340 East Patrick Lane
Las Vegas NV
(702) 457-8050
03/09/2022

03/09
PM

CLIENT INFORMATION:

Name: James Snow
Address:

Phone:

PATIENT CHART

Species: Feline
Breed: Domestic Short Hair
Age: 9 years old

PATIENT INFORMATION:

Name: Kiwi
Sex: MN
Birthday: 03/09/2013
ID: A
Color: Tabby

Spouse: Marieta Snow

Referring Veterinarian: Animal Kindness Veterinary Hospital

Dr. Vriend

03/09/2022

Dr. Vriend

Presenting Complaint: Iatrogenic administration of petenema

History: The owner reports that Kiwi was seen by the RDVM today for constipation that has been a chronic issue over the last two years. The owner reports that Kiwi has had multiple bouts of constipation over the last two years that responds well to enemas and administration of pumpkin in the diet. The owner reports that the RDVM took radiographs, performed bloodwork which was normal, diagnosed constipation, hospitalized Kiwi on IVF therapy and enema administrations to help evacuate the colon of feces. The RDVM accidentally administered calsoorb into the rectum as an enema. The RDVM contacted the ASPCA poison control hotline and received a case number: 220056211.

T - 102.1, P - 220, R - 20, MM - pink, CRT - <2S, Attitude - QAR, Wt - 5.7kg

EENT - Mild periodontal disease

MS/INTEG - Bandage on the LFL antebrachium - old IVC site

CARDIOVASCULAR/RESP - Grade 5/6 pansystolic heart murmur which a loud systolic swoosh, no arrhythmia auscultated, normal bronchovesicular sounds auscultated diffusely.

GI/REPRO - Mass palpated within the right caudal abdomen - rule out fecal loop vs mass

NEURO - NSF

Level Of Pain (0-4) - 2

Vaccination status current - Unknown

ASSESSMENT - Stable

PLAN - Consulted with owner regarding case. Offered a diagnostic work up and indicated care. The owner elected to perform indicated care.

Xrays pending radiologist review - in house review, the heart and thoracic appear WNL. The liver, spleen, kidneys and urinary bladder appear WNL. There is semifirm feces at the distal end of the rectum. There is moderate gaseous distension of the colon with firm feces visualized in the transverse and ascending colon. The musculoskeletal system appears WNL.

Ca - 14mg/dL

Ionized Ca - 2.11 mmol/L

1:05AM - BP 280/146, MAP 190, administered Cerenia 10mg/ml - 0.57mls by MA.

Discussed case with the ASPCA toxicologist and they recommend to hospitalize for transient hypercalcemia and prolonged and unresolved constipation. Discussed case results with the owner and he elected to hospitalize Kiwi overnight for continued care.

3AM -Placed a 20g IVC into the right cephalic vein and administered 0.2ml buprenex (0.6mg/ml) IV by SS. He was much more comfortable post administration of pain medication.

4AM - Initiated Kiwi on 0.9% NaCl @ 24mls/hr. He remained on this IVF rate throughout the night.

5AM - Administered a warm water enema with mineral oil using a red rubber catheter. 60mls total was administered. Kiwi had a large bowel movement.

Total IVFs administered - 48mls

Kiwi didn't have any urination throughout the night. After administration of the enema, Kiwi did have good fecal output. Kiwi had a continuous ECG throughout the night which showed a normal rate and rhythm. Wrapped Kiwi's IVC and prepared Kiwi for transport.

WORKING DIAGNOSIS - 1. Heart murmur - open vs physiologic (stress vs pain) vs occult heart disease vs HCM vs other, 2. Constipation - moderate, 3. Hypercalcemia

RX - None

FOLLOW UP - Immediate transfer to RDVM for continued care and case management.

ASSESSMENT - Stable

PLAN - Consulted with owner regarding case. Offered a diagnostic work up and indicated care. The owner elected to perform indicated care.

Xrays pending radiologist review - in house review, the heart and thoracic appear WNL. The liver, spleen, kidneys and urinary bladder appear WNL. There is semifirm feces at the distal end of the rectum. There is moderate gaseous distension of the colon with firm feces visualized in the transverse and ascending colon. The musculoskeletal system appears WNL.

3/10/2022, Addendum, Dr. Vriend

RADIOGRAPHIC FINDINGS - 3 radiographs of the thorax and abdomen are reviewed. The cardiac silhouette and pulmonary vasculature are within normal limits for size. No pulmonary parenchymal abnormalities are identified. The mediastinal structures are within normal limits. The pleural space is unremarkable. The liver is normal for size. No abnormalities are identified associated with the spleen. The kidneys are small bilaterally, smooth margin. The urinary bladder is small. The stomach contains a small volume of gas. The small intestines are relatively empty, considered within normal limits for size. Formed fecal material is identified within the proximal colon. There is also formed, dehydrated fecal material within the rectum. The colonic lumen at the level of the urinary bladder apex is indistinct, increased soft tissue opacity occupies this area. There is a mild loss of serosal margin detail within the caudal abdomen.

RADIOGRAPHIC CONCLUSIONS - No intrathoracic abnormalities are identified. Small kidneys, concerning for chronic renal changes. Correlation with blood work findings may be helpful. Formed, dehydrated fecal material within the colon. The colonic lumen is indistinct from margin at the level of the urinary bladder apex which could be a transient finding. Wall thickening (inflammatory infiltrates versus malignancy) at this level is also a consideration. An abdominal ultrasound would be helpful to assess for abnormalities associated with wall layering that are indistinct radiographically. Administration of contrast material into the rectum and repeat radiographs could also be considered to determine whether this is repeatable. Mild caudal abdominal effusion/inflammation.

Ca - 14mg/dL

Ionized Ca - 2.11 mmol/L

1:05AM - BP 280/146, MAP 190, administered Cerenia 10mg/ml - 0.57mls by MA.

Discussed case with the ASPCA toxicologist and they recommend to hospitalize for transient hypercalcemia and prolonged and unresolved constipation. Discussed case results with the owner and he elected to hospitalize Kiwi overnight for continued care.

NEW
INSERT

86285

**Animal Emergency Center of LV & H
3340 East Patrick Lane
Las Vegas NV
(702) 457-8050
03/09/2022**

We're here when your pet needs us most.

VetStat, Catalyst One
Date Performed: 03/10/2022 01:03 AM

Patient Info:

ID: 86285 A
Name: Kiwi
Owner: James Snow
Provider: 195

Species: Feline
Breed: Domestic Short Hair
Birthdate: 03/09/2013
Sex: MN

Clinic:

Animal Emergency Center of LV & H
3340 East Patrick Lane
Las Vegas, NV 89120-3413

CA	14 HIGH	7.8-11.3 mg/dL	
Ca++	2.11 HIGH	1.13-1.38 mmol/L	

Thursday, March 10, 2022

Early

Records from the emergency room from late Wednesday night, and early Thursday morning



03/10
2024 Rayford Road
Spring, TX 77386
1-888-4-PETRAYS

Requesting Veterinarian Dr. O'Dea
Requesting Facility Animal Emergency Center of Las Vegas
3340 East Patrick Lane
Las Vegas NV 89120
Phone 7024578050
Fax 7022071025

Report Date 03/10/22 9:11 am
Received Date 03/10/22 8:00 am
Request Date 03/10/22 8:07 am
Study Date 03/10/22
Report # 2210035

Patient Snow, Kiwi **Owner** James **Patient ID** 86285
Sex Male, Neutered **Age** 9y **Weight** 12.10 lbs. **Species** Feline **Breed** DSH
Study Plain Film/X-Ray: Thorax, Abdomen **Req. Type** STAT

History Owner reports cat has not had a bowel movement since Friday and has been straining when he tries to go. Also vomited today after an enema at rDVM and at home before coming to emergency. Patient also got Cal Sorb for the enema at rDVM by mistake and animal poison control was contacted, did not think any problems should arise but Calcium and ionized calcium were both elevated. Repeated x-ray and have given a warm water and lube enema. Did not produce a lot of feces but did have plant material present.

Findings

3 radiographs of the thorax and abdomen are reviewed.

The cardiac silhouette and pulmonary vasculature are within normal limits for size. No pulmonary parenchymal abnormalities are identified. The mediastinal structures are within normal limits. The pleural space is unremarkable.

The liver is normal for size. No abnormalities are identified associated with the spleen. The kidneys are small bilaterally, smooth margin. The urinary bladder is small. The stomach contains a small volume of gas. The small intestines are relatively empty, considered within normal limits for size. Formed fecal material is identified within the proximal colon. There is also formed, dehydrated fecal material within the rectum. The colonic lumen at the level of the urinary bladder apex is indistinct, increased soft tissue opacity occupies this area. There is a mild loss of serosal margin detail within the caudal abdomen.

Conclusions

No intrathoracic abnormalities are identified.

Small kidneys, concerning for chronic renal changes. Correlation with blood work findings may be helpful.

Formed, dehydrated fecal material within the colon. The colonic lumen is indistinct from margin at the level of the urinary bladder apex which could be a transient finding. Wall thickening (inflammatory infiltrates versus malignancy) at this level is also a consideration. An abdominal ultrasound would be helpful to assess for abnormalities associated with wall layering that are indistinct radiographically. Administration of contrast material into the rectum and repeat radiographs could also be considered to determine whether this is repeatable.

Mild caudal abdominal effusion/inflammation.

If you would like additional information regarding specific treatment recommendations for this case please submit an additional request for an internal medicine consultation. Please make sure you apply the same patient identification number to the request.

Gail White

<http://petrays.radrequest.com> <http://www.petrays.com>

Report # 2210035

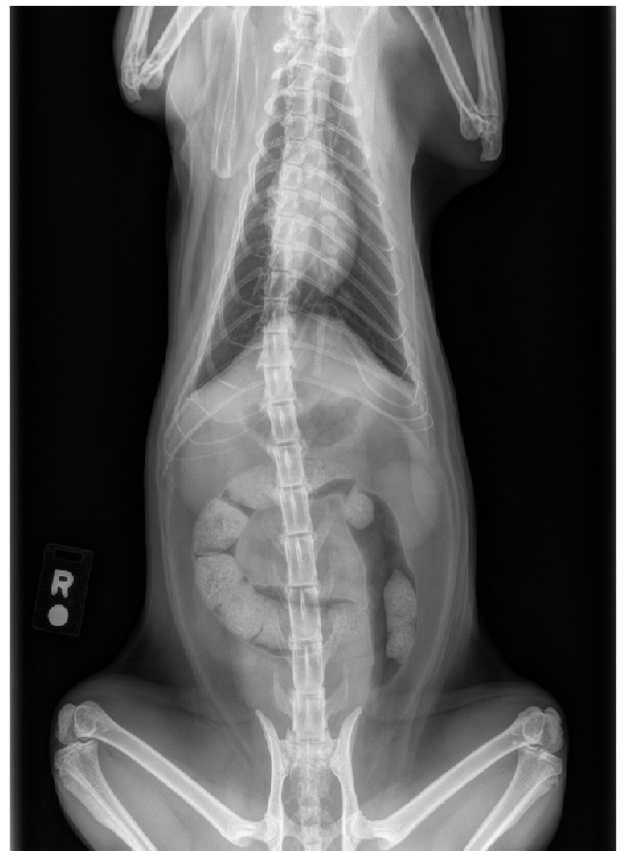
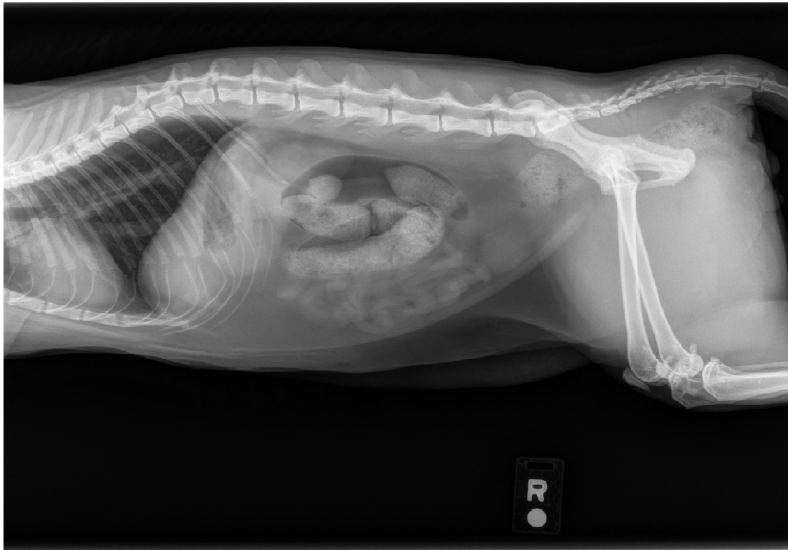


2024 Rayford Road
Spring, TX 77386
1-888-4-PETRAYS

Jennifer White, BVSc, MS, DACVR

If you have any questions (veterinarians only), please email me at jwhite@petrays.com or call 512-591-8805. You may also call 1-888-473-8729 for immediate assistance.

X-Ray from Animal Emergency
03/10



Thursday, March 10, 2022

I waited there Wednesday night, and around 01:55 or so I talked to the doctor again. He said he gave him some pain meds and the murmur seemed to go away. But he wanted to keep him for the night and put him on fluids. I should pick him up at 07:00 and take him back to the vet to continue the fluids. Which I did.

Dr Wachbrit put him on fluids, did tests, and gave him another enema. I picked him up around 16:30 or so. She said she would check him again tomorrow and give more fluids, then some tests on Saturday. Although Saturday she wouldn't be there, but Dr McAllister the owner would be there. The test on liver were a little high, but kidneys were okay, (I think).

I took him home and he did not look good. He wouldn't eat or groom. He was very weak. He went back and forth between the closet, where he usually takes naps, and under the bed, his safe place. He urinated one time but did not poop. He usually sleeps on the our bed at night, but he couldn't even jump up on to the bed. He was also leaking a little out from his butt, and was in much discomfort when I tried to clean him up a bit by patting his bottom lightly with a paper towel.

03/10

Patient History Report

Client: SNOW, JIM (32891)
Phone:
Address:

Patient: KIWI (32891-1)
Species: FELINE
Age: 9 Yrs. 0 Mos.
Color: BLACK AND GREY

Breed: TABBY
Sex: Neutered/ Male

Date	Type	Staff	History
------	------	-------	---------

3/10/2022 C 41 AKVH - General Exam - FINAL Mar 11/2022 - Recheck from 3/9/22

Tracy Wachbrit, DVM

History: P presented today for continued monitoring after overnight ER care with Animal Emergency Center (AEC). Per O, P received Carafate last night and vomited brown liquid after. O then observed P drink water not long after and vomit again 10 minutes post. O contacted ASPCA Poison Control to obtain case number. Poison Control recommended discontinue oral medications at this time and take P to ER for evaluation. Per O, ER DVM recommended an additional enema due to P's constipation. Refer to ER case report attached in separate medical note titled "AEC Report".

Physical Exam:

3/10/2022
 7:22 PM
 41
Vital Sign
Weight 12.4 pounds
BodyScore 6 - Moderate Overweight
Alert QAR
Temp 100.6
Pulse 170
Resp 50
Muc Pink/Healthy
Memb
CRT <2 sec
Pain 2 - Mild Pain

(1) GENERAL APPEARANCE ☐ Normal ☒ Abnormal	(2) INTEGUMENTARY ☒ Normal ☐ Abnormal	(3) MUSCULOSKELETAL ☒ Normal ☐ Abnormal
(4) CIRCULATORY ☒ Normal ☐ Abnormal	(5) RESPIRATORY ☒ Normal ☐ Abnormal	(6) DIGESTIVE ☐ Normal ☒ Abnormal
(7) UROGENITAL ☒ Normal ☐ Abnormal	(8) EYES ☒ Normal ☐ Abnormal	(9) EARS ☒ Normal ☐ Abnormal
(10) NEURAL SYSTEM ☒ Normal ☐ Abnormal	(11) LYMPH NODES ☒ Normal ☐ Abnormal	(12) MUCOUS MEMBRANES ☒ Normal ☐ Abnormal

Assessment: 1) QAR, lethargic; 6) P remains constipated with a smaller, but palpable linear mass in abdomen. Mucous membranes appear less tacky than yesterday, hydration status appears improved.

Plan: 0.9% NaCL IVF 24mL/hr until discharge (178.8mL total administered by 3:50pm when fluids were

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative med note, V: Vital signs

Patient History Report

Client: SNOW, JIM (32891)
Phone:
Address:

Patient: KIWI (32891-1)
Species: FELINE
Age: 9 Yrs. 0 Mos.
Color: BLACK AND
GREY

Breed: TABBY
Sex: Neutered/ Male

Date	Type	Staff	History
------	------	-------	---------

stopped)

Recheck 1 view lateral abdomen x-ray

Significant amount of fecal material still present in colon, though it is notable improvement from yesterday's image. No gas distention appreciated in colon, indicating movement since x-ray taken at ER based on radiologist report.

Recheck renal values

SDMA: 10 (increased from 9), Crea: 2.0 (increased from 1.6), BUN: 62 (increased from 25), BUN/Crea: 31 (increased from 16), Phos: 3.5 (decreased from 3.9)

Enema performed @ ~3:50pm with approximately 60cc of warm saline and lubricant administered. P did not defecate prior to discharge.

Recheck: tomorrow for continued IVF and monitoring.

Discussed overnight ER care with O and results of diagnostics today. P remained QAR throughout the day, but was hissing and growling periodically in the afternoon which makes me hopeful that he is feeling well enough to get upset. Explained to the O that I will contact ASPCA Poison Control about the findings today and discuss continued care and next steps. Advised O that PLIT insurance will be contacted as well for a claim, so to expect to be contacted by them and hopefully reimbursement is a possibility for ER care.

Discharged P into O care overnight with IVC remaining and wrapped with vet wrap. O was sent home with the IV fluids given by AEC in case ER care is needed overnight. Advised O to offer P's normal food tonight, but in small amounts and evaluate appetite. Monitor for fecal output. Recheck tomorrow morning to resume IVF and for continued care.

Contacted ASPCA Poison Control (888-299-2973) @ 5:15pm and spoke with Dr. Anderson regarding further recommendations. He agreed with continued IVF as supportive care for kidneys and recommended rechecking Blood Pressure, evaluating USG, PCV/TS, and recheck renal values if P is not improving overnight. If P is improving clinically, rechecking renal values and iCa on Saturday as previously advised is acceptable. Refer to updated VLPP case report.

3/10/2022	V	41	Mar 10, 2022 07:22 PM Staff: 41

Weight		:	12.40 pounds
Body Score (1-9)		:	6 - Moderate Overwt

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative med note, V: Vital signs

Patient History Report

Client: SNOW, JIM (32891)
Phone:
Address:

Patient: KIWI (32891-1)
Species: FELINE
Age: 9 Yrs. 0 Mos.
Color: BLACK AND GREY

Breed: TABBY
Sex: Neutered/ Male

Date	Type	Staff	History																								
			Alert/Attitude : QAR Temperature : 100.6 Pulse : 170 Respiration : 50 Mucous Membranes : Pink/Healthy Capillary Refill : <2 sec Pain Scale : 2 - Mild Pain																								
3/10/2022	L	13	Chemistry results from IDEXX VetLab In-clinic Laboratory Requisition ID: 4805 <table> <thead> <tr> <th>Test</th><th>Result</th><th>Posted</th><th>Final</th></tr> </thead> <tbody> <tr> <td>BUN/UREA =</td><td>62 mg/dL H</td><td>16</td><td>36</td></tr> <tr> <td>CREA =</td><td>2.0 mg/dL</td><td>0.8</td><td>2.4</td></tr> <tr> <td>PHOS =</td><td>3.5 mg/dL</td><td>3.1</td><td>7.5</td></tr> <tr> <td>BUN/CREA =</td><td>31</td><td></td><td></td></tr> <tr> <td>SDMA =</td><td>10 ug/dL</td><td>0</td><td>14</td></tr> </tbody> </table> SDMA: SDMA and CREA within reference interval: impairment of GFR is unlikely. Recommended next step: evaluate complete urinalysis.	Test	Result	Posted	Final	BUN/UREA =	62 mg/dL H	16	36	CREA =	2.0 mg/dL	0.8	2.4	PHOS =	3.5 mg/dL	3.1	7.5	BUN/CREA =	31			SDMA =	10 ug/dL	0	14
Test	Result	Posted	Final																								
BUN/UREA =	62 mg/dL H	16	36																								
CREA =	2.0 mg/dL	0.8	2.4																								
PHOS =	3.5 mg/dL	3.1	7.5																								
BUN/CREA =	31																										
SDMA =	10 ug/dL	0	14																								
3/10/2022	C	41	SCANNED PETRAYS RAD REPORT - FINAL Mar 10/2022 ANIMAL KINDNESS VETERINARY HOSPITAL																								
" KIWI" SNOW		32891-1	3/10/2022 11:03																								
PETRAYS RAD REPORT			JAC																								
3/10/2022	C	JAC	SCANNED REPORT FROM AEC FOR KIWI - FINAL Mar 10/2022 ANIMAL KINDNESS VETERINARY HOSPITAL																								
" KIWI" SNOW		32891-1	3/10/2022 08:11																								
AEC REPORT			Jennifer Conine																								

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing Instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative med note, V: Vital signs

Patient History Report

Client: SNOW, JIM (32891)
Phone:
Address:

Patient: KIWI (32891-1)
Species: FELINE
Age: 9 Yrs. 0 Mos.
Color: BLACK AND GREY

Breed: TABBY
Sex: Neutered/ Male

Date	Type	Staff	History																																																																																																
3/10/2022	CK	41	PER TW - COMING IN FOR BW ;; EMD Reason for Visit: Labs / Blood-draw Date Patient Checked Out: Mar 10/2022 Practice 1																																																																																																
3/9/2022	P	41	15.00 Z1 of Garafate (102031A) Rx #: 83735 0 Of 0 Refills Filled by: MB GIVE 1/2 TABLET MIXED IN 3ML WATER BY MOUTH EVERY 8 TO 12 HOURS AS NEEDED AS A GI PROTECTANT.																																																																																																
3/9/2022	P	41	1.00 EACH of Lactulose Solution 10g/15mL (16837) Rx #: 83734 0 Of 0 Refills Filled by: MB GIVE 2CC BY MOUTH EVERY 8 TO 12 HOURS.																																																																																																
3/9/2022	I	41	THE STAFF AND MANAGEMENT OF ANIMAL KINDNESS VET HOSPITAL WISH TO THANK YOU FOR BEING OUR CLIENT. YOUR OPINIONS AND COMMENTS, BOTH GOOD AND BAD, ARE IMPORTANT TO US. PLEASE TELL US HOW YOU LIKED YOUR VISIT AND ANYTHING THAT WE MAY DO TO IMPROVE OUR SERVICES. WE WILL BE HAPPY TO GIVE YOU A TOUR OF THE HOSPITAL AT ANY TIME.																																																																																																
3/9/2022	L	41	Chemistry results from INEXX VetLab In-clinic Laboratory Requisition ID: 4799																																																																																																
			<table> <thead> <tr> <th>Test</th><th>Result</th><th>Posted</th><th>Final</th></tr> </thead> <tbody> <tr> <td>ALB =</td><td>3.6 g/dL</td><td>2.3 - 3.9</td><td></td></tr> <tr> <td>ALKP =</td><td>22 U/L</td><td>14 - 111</td><td></td></tr> <tr> <td>ALT =</td><td>127 U/L</td><td>12 - 130</td><td></td></tr> <tr> <td>AMYL =</td><td>1359 U/L</td><td>500 - 1500</td><td></td></tr> <tr> <td>BUN/UREA =</td><td>25 mg/dL</td><td>16 - 36</td><td></td></tr> <tr> <td>Ca =</td><td>10.1 mg/dL</td><td>7.8 - 11.3</td><td></td></tr> <tr> <td>Chloride =</td><td>117 mmol/L</td><td>112 - 129</td><td></td></tr> <tr> <td>CHOL =</td><td>140 mg/dL</td><td>65 - 225</td><td></td></tr> <tr> <td>CREA =</td><td>1.6 mg/dL</td><td>0.8 - 2.4</td><td></td></tr> <tr> <td>GGT =</td><td>0 U/L</td><td>0 - 4</td><td></td></tr> <tr> <td>GLU =</td><td>151 mg/dL</td><td>71 - 159</td><td></td></tr> <tr> <td>LIPA =</td><td>354 U/L</td><td>100 - 1400</td><td></td></tr> <tr> <td>PHOS =</td><td>3.9 mg/dL</td><td>3.1 - 7.5</td><td></td></tr> <tr> <td>Potassium =</td><td>4.1 mmol/L</td><td>3.5 - 5.8</td><td></td></tr> <tr> <td>TBIL =</td><td>0.4 mg/dL</td><td>0.0 - 0.9</td><td></td></tr> <tr> <td>TP =</td><td>7.8 g/dL</td><td>5.7 - 8.9</td><td></td></tr> <tr> <td>Sodium =</td><td>164 mmol/L</td><td>150 - 165</td><td></td></tr> <tr> <td>GLOB =</td><td>4.2 g/dL</td><td>2.8 - 5.1</td><td></td></tr> <tr> <td>OSM Calc =</td><td>330 mmol/kg</td><td></td><td></td></tr> <tr> <td>ALB/GLOB =</td><td>0.9</td><td></td><td></td></tr> <tr> <td>BUN/CREA =</td><td>16</td><td></td><td></td></tr> <tr> <td>Na/K =</td><td>40</td><td></td><td></td></tr> <tr> <td>SDMA =</td><td>9 ug/dL</td><td>0 - 14</td><td></td></tr> </tbody> </table> SDMA: SDMA and CREA within reference interval: impairment of GFR is unlikely. Recommended next step: evaluate complete urinalysis.	Test	Result	Posted	Final	ALB =	3.6 g/dL	2.3 - 3.9		ALKP =	22 U/L	14 - 111		ALT =	127 U/L	12 - 130		AMYL =	1359 U/L	500 - 1500		BUN/UREA =	25 mg/dL	16 - 36		Ca =	10.1 mg/dL	7.8 - 11.3		Chloride =	117 mmol/L	112 - 129		CHOL =	140 mg/dL	65 - 225		CREA =	1.6 mg/dL	0.8 - 2.4		GGT =	0 U/L	0 - 4		GLU =	151 mg/dL	71 - 159		LIPA =	354 U/L	100 - 1400		PHOS =	3.9 mg/dL	3.1 - 7.5		Potassium =	4.1 mmol/L	3.5 - 5.8		TBIL =	0.4 mg/dL	0.0 - 0.9		TP =	7.8 g/dL	5.7 - 8.9		Sodium =	164 mmol/L	150 - 165		GLOB =	4.2 g/dL	2.8 - 5.1		OSM Calc =	330 mmol/kg			ALB/GLOB =	0.9			BUN/CREA =	16			Na/K =	40			SDMA =	9 ug/dL	0 - 14	
Test	Result	Posted	Final																																																																																																
ALB =	3.6 g/dL	2.3 - 3.9																																																																																																	
ALKP =	22 U/L	14 - 111																																																																																																	
ALT =	127 U/L	12 - 130																																																																																																	
AMYL =	1359 U/L	500 - 1500																																																																																																	
BUN/UREA =	25 mg/dL	16 - 36																																																																																																	
Ca =	10.1 mg/dL	7.8 - 11.3																																																																																																	
Chloride =	117 mmol/L	112 - 129																																																																																																	
CHOL =	140 mg/dL	65 - 225																																																																																																	
CREA =	1.6 mg/dL	0.8 - 2.4																																																																																																	
GGT =	0 U/L	0 - 4																																																																																																	
GLU =	151 mg/dL	71 - 159																																																																																																	
LIPA =	354 U/L	100 - 1400																																																																																																	
PHOS =	3.9 mg/dL	3.1 - 7.5																																																																																																	
Potassium =	4.1 mmol/L	3.5 - 5.8																																																																																																	
TBIL =	0.4 mg/dL	0.0 - 0.9																																																																																																	
TP =	7.8 g/dL	5.7 - 8.9																																																																																																	
Sodium =	164 mmol/L	150 - 165																																																																																																	
GLOB =	4.2 g/dL	2.8 - 5.1																																																																																																	
OSM Calc =	330 mmol/kg																																																																																																		
ALB/GLOB =	0.9																																																																																																		
BUN/CREA =	16																																																																																																		
Na/K =	40																																																																																																		
SDMA =	9 ug/dL	0 - 14																																																																																																	

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative med note, V: Vital signs

X-Ray from Animal Kindness 03/10



Friday, March 11, 2022

He urinated a little in the morning. Then I took him in around 08:00 to the vet. I talked to Dr Wachbrit and the plan was to give him more fluids, more tests, maybe another enema, and maybe feed him with a syringe. I picked him up around 16:30 or so. She said he was doing okay. But the liver test (I think) was a little high. She said to watch for any yellowing of the gums. I took him home, and he looked worse. Very lethargic, not wanting to eat or groom. He did drink a little bit. But he would just sprawl out on the floor on his side not moving, which is a little unusual for him. I noticed his butt was still leaking a smelly liquid. So we decided to keep him in the bathroom. We made it very comfortable with water, dry food, wet food, his cat-grass, a bed. and a litter box. He occasionally would sleep or take naps in there anyway, so he was okay with it. We checked on him very often. We'd change the soiled covers on his bed and smoothed out the dirt in his litter box so I could keep track how many time he went in there if he didn't go. We did have a couple of liquid drops of poop outside the litter box.

03/11

Patient History Report

Client: SNOW, JIM (32891)
Phone:
Address:

Patient: KIWI (32891-1)
Species: FELINE
Age: 9 Yrs. 0 Mos.
Color: BLACK AND GREY

Breed: TABBY
Sex: Neutered/ Male

Date	Type	Staff	History
------	------	-------	---------

3/11/2022
 8:47 AM
 Vital Sign GG
 Weight 12.4 pounds
 BodyScore 4 - Ideal - 5
 Alert BAR
 Temp 101.2
 Pulse 200
 Resp 70
 Muc Pink/Healthy
 Memb
 CRT <2 sec
 Pain 1 - No Visible Pain

(1) GENERAL APPEARANCE ☒ Normal ☐ Abnormal	(2) INTEGUMENTARY ☒ Normal ☐ Abnormal	(3) MUSCULOSKELETAL ☒ Normal ☐ Abnormal
(4) CIRCULATORY ☒ Normal ☐ Abnormal	(5) RESPIRATORY ☒ Normal ☐ Abnormal	(6) DIGESTIVE ☐ Normal ☒ Abnormal
(7) UROGENITAL ☒ Normal ☐ Abnormal	(8) EYES ☒ Normal ☐ Abnormal	(9) EARS ☒ Normal ☐ Abnormal
(10) NEURAL SYSTEM ☒ Normal ☐ Abnormal	(11) LYMPH NODES ☒ Normal ☐ Abnormal	(12) MUCOUS MEMBRANES ☒ Normal ☐ Abnormal

Assessment: 6) Palpable firm mass in abdomen - chronic constipation

Plan: 0.9% NaCL IVF have been give at 24mL/Hr. IV catheter was patent and limb was not swollen. P defecated a few small, hard fecal balls throughout the morning. P was offered Hill's a/d canned food and did not eat. P was syringe fed 1/8th can of Purina NF, approximately 24cc diluted with water.

Blood Pressure - 160/60 (74), 153/75 (94), 147/70 (80), 145/64 (66), 119/74 (79)

Chem 17 - hyperglycemia (255), Crea: 1.2 (down from 2.0), BUN: 26 (down from 62), hypophosphatemia (2.9), hypoproteinemia (5.3), hypoalbuminemia (2.2), elevated ALT (134), low ALP (<10)

Abdominal x-ray - marked amount of fecal material still present in colon. X-rays taken after enema indicated moderate fecal material still present, but notable improvement.

DSS Pet Enema applied rectally @ ~1:30pm - multiple small fecal balls evacuated throughout the

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative med note, V: Vital signs

Patient History Report

Client: SNOW, JIM (32891)
Phone:
Address:

Patient: KIWI (32891-1)
Species: FELINE
Age: 9 Yrs. 0 Mos.
Color: BLACK AND GREY

Breed: TABBY
Sex: Neutered/ Male

Date	Type	Staff	History
------	------	-------	---------

afternoon.

IVC removed due to duration and P's paw starting to swell.

Recheck: tomorrow for recheck ionized Calcium +/- mini renal profile.

Discussed diagnostics done today with O. Though calcium appears improved, ionized Ca will be the best test to confirm status as recommended tomorrow. Renal values appear improved today and fecal output is improving. Mild changes in liver and protein likely due to P's inappetence. Advised O to monitor for icterus, appetite, vomiting, lethargy, and fecal output. Rec. take P to ER if any urgent concerns.

3/11/2022	V	GG	Mar 11, 2022 08:47 AM Staff: GG

			Weight : 12.40 pounds
			Body Score (1-9) : 4 - Ideal - 5
			Alert/Attitude : BAR
			Temperature : 101.2
			Pulse : 200
			Respiration : 70
			Mucous Membranes : Pink/Healthy
			Capillary Refill : <2 sec
			Pain Scale : 1 - No Visible Pain

3/11/2022	CK	13	O WILL BE DROPPING OFF P IN THE MORNING, NO EXACT TIME. LFM
			Reason for Visit: Labs / Blood-draw
			Date Patient Checked Out: Mar 11/2022 Practice 1

3/11/2022	C	41	VLPP REPORT FOR KIWI - FINAL Mar 11/2022
			ANIMAL KINDNESS VETERINARY HOSPITAL

" KIWI" SNOW 32891-1 3/11/2022 07:59

VLPP REPORT Jennifer Conine

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing Instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative med note, V: Vital signs

Patient History Report

Client: SNOW, JIM (32891)
Phone:
Address:

Patient: KIWI (32891-1)
Species: FELINE
Age: 9 Yrs. 0 Mos.
Color: BLACK AND GREY

Breed: TABBY
Sex: Neutered/ Male

Date	Type	Staff	History
------	------	-------	---------

Plan: SQ PhyLyte 100cc
 Barium 2cc PO
 Syringe fed 15cc a/d in the room to show the owner
 Mirtazipine 3.75mg PO
 Mini Renal Panel- nsf
 Ionized Calcium to IDEXX

Medications: Owner to syringe feed 15cc every 3 hours at home

Recheck: Recheck on Monday if not eating yet, May need prescription of Mirtazipine. Discussed the possibility we may need to consider abdominal ultrasound

3/12/2022	CK	41	Recheck Ionized Calcium +/- renal panel - TW Reason for Visit: Labs / Blood-draw Date Patient Checked Out: Mar 12/2022 Practice 1												
3/11/2022	I	41	THE STAFF AND MANAGEMENT OF ANIMAL KINDNESS VET HOSPITAL WISH TO THANK YOU FOR BEING OUR CLIENT. YOUR OPINIONS AND COMMENTS, BOTH GOOD AND BAD, ARE IMPORTANT TO US. PLEASE TELL US HOW YOU LIKED YOUR VISIT AND ANYTHING THAT WE MAY DO TO IMPROVE OUR SERVICES. WE WILL BE HAPPY TO GIVE YOU A TOUR OF THE HOSPITAL AT ANY TIME.												
3/11/2022	L	41	Chemistry results from IDEXX VetLab In-clinic Laboratory Requisition ID: 4799 <table> <tr> <th>Test</th><th>Result</th><th>Posted</th><th>Final</th></tr> <tr> <td>Reference Range</td><td></td><td></td><td></td></tr> <tr> <td>2.8 - 5.1</td><td></td><td></td><td></td></tr> </table>	Test	Result	Posted	Final	Reference Range				2.8 - 5.1			
Test	Result	Posted	Final												
Reference Range															
2.8 - 5.1															

3/11/2022 C 41 AKVH - Hospitalization Progress Exam - FINAL Mar 11/2022 - Hospitalized Day 2
 Tracy Wachbrit, DVM

History: P was hospitalized for **Constipation and Transient Hypercalcemia**. Today is day 2 of hospitalization.

Physical Exam:

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative medl note, V: Vital signs

X-Ray from Animal Kindness

03/11



Saturday, March 12, 2022

When I got up, he had a small bowel movement and it was very soft. I took him in to the vet about 08:30 or so, this time it was Dr McAllister. We talked a bit and he intended to do some more tests on kidneys, liver and calcium levels, I think it was something like that. We went over the results about 09:50 or so. There was nothing good, but nothing real bad. One thing I noticed when Dr McAllister was talking to me, for maybe 15 minutes or so, he never made eye contact. It was so noticeable to me that I texted a friend of mine about it. I told her that I don't know if I can trust this guy, maybe he was holding something back. It seemed really weird. Anyway, the plan was to come back on Monday if he didn't start eating on his own. Two techs then came in and they gave him some food using a syringe. They gave me some to take home and said to feed him every two to four hours. At home he didn't seem much different. Maybe a little more alert, but still not eating or grooming. His butt was still leaking. We fed him with the syringe around 15:00, 18:00 and 21:30. He did not enjoy it, and spit out some of what we gave him. During the evening I saw that he peed five times through out the day, all in small quantities. That worried me a little. He also seemed to be breathing a little heavy. But I thought it was just because he was scared from what's been happening to him.

03/17

Patient History Report

Client: SNOW, JIM (32891)
Phone:
Address:

Patient: KIWI (32891-1)
Species: FELINE
Age: 9 Yrs. 0 Mos.
Color: BLACK AND GREY

Breed: TABBY
Sex: Neutered/ Male

Date	Type	Staff	History

3/12/2022 C 13 AKVH - General Exam - FINAL Mar 14/2022 - Recheck/Lab Work

Brian T. McAllister, DVM

History: P presented today for recheck and lab work, O says P is still not acting like usual, O says P is still not eating but is drinking a little bit of water, O says stool is soft and coming out, P has urinated twice per O once last night and once today in the morning, NO-C/V/S/D

Physical Exam:

3/11/2022
 8:47 AM
 Vital Sign GG
 Weight 12.4 pounds
 BodyScor 4 - Ideal - 5
 e9
 Alert BAR
 Temp 101.2
 Pulse 200
 Resp 70
 Muc Pink/Healthy
 Memb
 CRT <2 sec
 Pain 1 - No Visible Pain

(1) GENERAL APPEARANCE ☒ Normal ☐ Abnormal	(2) INTEGUMENTARY ☒ Normal ☐ Abnormal	(3) MUSCULOSKELETAL ☒ Normal ☐ Abnormal
(4) CIRCULATORY ☒ Normal ☐ Abnormal	(5) RESPIRATORY ☒ Normal ☐ Abnormal	(6) DIGESTIVE ☐ Normal ☒ Abnormal
(7) UROGENITAL ☒ Normal ☐ Abnormal	(8) EYES ☒ Normal ☐ Abnormal	(9) EARS ☒ Normal ☐ Abnormal
(10) NEURAL SYSTEM ☒ Normal ☐ Abnormal	(11) LYMPH NODES ☒ Normal ☐ Abnormal	(12) MUCOUS MEMBRANES ☒ Normal ☐ Abnormal

Assessment: Constipation

6) Colon palpates mostly empty today, large amount of gas with some fluid consistency, non painful

Still appears slightly depressed

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing Instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative med note, V: Vital signs

Patient History Report

Client: SNOW, JIM (32891)
Phone:
Address:

Patient: KIWI (32891-1)
Species: FELINE
Age: 9 Yrs. 0 Mos.
Color: BLACK AND GREY

Breed: TABBY
Sex: Neutered/ Male

Date	Type	Staff	History
3/14/2022	TC	41	3/13/22 RECORD FROM ANIMAL EMERGENCY CENTER - TENTATIVE ANIMAL KINDNESS VETERINARY HOSPITAL
" KIWI" SNOW		32891-1	3/14/2022 08:04
CB			Tracy Wachbrit, DVM

3/12/2022 L 13 **Miscellaneous results from IDEXX Reference Laboratory Requisition ID: 171946841 Posted Preliminary Asc: 7805540297 RE: 2285 IONIZED CALCIUM PENDING mmol/L 1.13 - 1.38**

3/12/2022 D 13 **Constipation Tentative**
 3/12/2022 V AA Mar 12, 2022 10:40 AM Staff: AA

Weight : 12.40 pounds
 Body Score (1-9) : 4 - Ideal - 5
 Alert/Attitude : BAR
 Temperature : 101.1
 Pulse : 190
 Respiration : 50
 Mucous Membranes : Pink/Healthy
 Capillary Refill : <2 sec
 Pain Scale : 1 - No Visible Pain

3/12/2022 L 13 **Chemistry results from IDEXX VetLab In-clinic Laboratory Requisition ID: 4807 Posted Final**

Test	Result	Reference Range
BUN/UREA =	23 mg/dL	16 - 36
CREA =	1.2 mg/dL	0.8 - 2.4
PHOS =	4.2 mg/dL	3.1 - 7.5
BUN/CREA =	19	
SDMA =	14 ug/dL	0 - 14

SDMA: SDMA and CREA within reference interval: impairment of GFR is unlikely. Recommended next step: evaluate complete urinalysis.

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative med note, V: Vital signs

Patient History Report

Client: SNOW, JIM (32891)
Phone:
Address:

Patient: KIWI (32891-1)
Species: FELINE
Age: 9 Yrs. 0 Mos.
Color: BLACK AND GREY

Breed: TABBY
Sex: Neutered/ Male

Date	Type	Staff	History
------	------	-------	---------

Plan: SQ PhyLyte 100cc
 Barium 2cc PO
 Syringe fed 15cc a/d in the room to show the owner
 Mirtazipine 3.75mg PO
 Mini Renal Panel- nsf
 Ionized Calcium to IDEXX

Medications: Owner to syringe feed 15cc every 3 hours at home

Recheck: Recheck on Monday if not eating yet, May need prescription of Mirtazipine. Discussed the possibility we may need to consider abdominal ultrasound

3/12/2022	CK	41	Recheck ionized Calcium +/- renal panel -TW Reason for Visit: Labs / Blood-draw Date Patient Checked Out: Mar 12/2022 Practice 1
3/11/2022	I	41	THE STAFF AND MANAGEMENT OF ANIMAL KINDNESS VET HOSPITAL WISH TO THANK YOU FOR BEING OUR CLIENT. YOUR OPINIONS AND COMMENTS, BOTH GOOD AND BAD, ARE IMPORTANT TO US. PLEASE TELL US HOW YOU LIKED YOUR VISIT AND ANYTHING THAT WE MAY DO TO IMPROVE OUR SERVICES. WE WILL BE HAPPY TO GIVE YOU A TOUR OF THE HOSPITAL AT ANY TIME.
3/11/2022	L	41	Chemistry results from IDEXX VetLab In-clinic Laboratory Requisition ID: 4799 Test Result Posted Final Reference Range GLOB = 3.1 g/dL 2.8 - 5.1

3/11/2022	C	41	AKVH - Hospitalization Progress Exam - FINAL Mar 11/2022 - Hospitalized Day 2 Tracy Wachbit, DVM
-----------	---	----	---

History: P was hospitalized for **Constipation and Transient Hypercalcemia**. Today is day 2 of hospitalization.

Physical Exam:

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative medl note, V: Vital signs

Sunday, March 13, 2022

My wife works nights, and when she got home she woke me around 07:15 and said "the cat is dying". I got up and saw that he was breathing extremely heavy with his mouth open and tongue out. I was scared and we got ready to go to the ER.

I called them at 07:35 to make sure they'd be open. We arrived, got checked in, and I gave a tech the details of the whole situation. Around 09:45 Dr O'Dea talked to us. He examined kiwi and said it looks like Congestive Heart Failure. He had fluid around his heart and lungs and could not breath. He needed oxygen just to be somewhat comfortable. He said it's possible he had this in the past, but all the circumstances of the past few days just put him over the edge. We decided to start treatment and put him on oxygen and give him some drugs to try and remove the fluid. He said to come back around 19:00, but I could call to check on him. At 14:42 I called, and Dr O'Dea told me he looked okay, but his breathing was pretty much the same. I called again at 18:01 with the same results. He said, in his opinion, it was best to just let him go.

We got in there soon after. They put us in a room and they brought him to us. There was no question, he was having a hard time to breath. We spent a few minutes and in that short time he got noticeable worse. Several times he would cry out. It was so, so , sad. I could not believe this was happening. But there was not much left to do but stop the suffering. It was time to let him go.

CLIENT INFORMATION:

Name: James Snow
Address:

Phone:

PATIENT CHART

Species: Feline
Breed: Domestic Short Hair
Age: 9 years old (deceased)

PATIENT INFORMATION:

Name: Kiwi
Sex: MN
Birthday: 03/09/2013
ID: A
Color: Tabby

Spouse: Marieta Snow

Referring Veterinarian: Animal Kindness Veterinary Hospital
>

Dr. O'Dea
Dr. O'Dea

03/13/2022

Presenting Complaint: Difficulty breathing

History: Owner reports that Kiwi has not been eating nor feeling well for the past 5-6 days and his renal values have been elevated recently after an accidental administration of a Calsorb per rectum (see previous AEC and AKVH's medical records). He was on IV fluid therapy for the past several days (discontinued on Friday afternoon). Owner noticed that Kiwi was having a difficult time breathing last night but it worsened significantly overnight. He vomited last on Wednesday night per owner.

T - 101, P - 160, R - 70, MM - P/M, CRT - <2S, Attitude - Distressed, responsive, Wt - 5.6 kgs

EENT - mild periodontal disease

MS/INTEG - NSF for age

CARDIOVASCULAR/RESP - Grade IV/VI holosystolic murmur (previously noted as a grade V/IV on 3/9/2022), moderate dyspnea, diffusely increased breath sounds with crackles auscultated.

GI/REPRO - NSF

NEURO - NSF

Level Of Pain (0-4) - 0

Vaccination status current - yes

ASSESSMENT - Guarded

PLAN - 9 AM - Supplemental oxygen supplied. Consulted with owner regarding case (CHF) and the poor overall prognosis. The owner consented to radiographs and 10-12 hours for treatment of CHF. If no improvement is noted or the clinical signs are worsening then they may decide to humanely euthanize Kiwi.

10 AM _ 20g IVC placed in the right cephalic vein. Lasix 50 mg/ml - 1.1 mls IV

Radiographs - 3 images are available for interpretation, and are compared to previous images from March 10, 2022.

The cardiac silhouette is tall and widened. The pulmonary lobar vessels are dilated and mildly tortuous in appearance. There is a mild to moderate diffuse interstitial pattern, coalescing ventrally to patches of alveolar pattern. There is a scant amount of pleural fluid. The mediastinum is within normal limits. The skeletal structures are within normal limits. RADIOGRAPHIC CONCLUSIONS: Cardiomegaly, pulmonary lobar vessel dilation, scant pleural fluid and diffuse interstitial to ventral alveolar pattern; this constellation of findings is compatible with congestive heart failure. Suspect underlying hypertrophic cardiomyopathy, rule out fluid overload. Echocardiography, ECG, O2 therapy as needed, and a diuretic trial with follow up radiographs to assess response could be considered for further evaluation.

Initiated a Lasix CRI (5 mg/ml) at 1.1 mls/hr. Continued supplemental oxygen at 40% FiO2. 1/4 inch strip of nitroglycerin paste applied to the left pinna.

2 PM - Replaced nitroglycerin paste.

6 PM - Owner called to inquire about Kiwi. Informed owner that Kiwi's dyspnea has not improved a significant amount.

7 PM - Owner came in for humane euthanasia. Propofol 10 mg/ml - 1 mls IV, Euthasol 3 mls IV. Hold body for Compassionate Care Cremation.

WORKING DIAGNOSIS - CHF; deceased



2024 Rayford Road
Spring, TX 77386
1-888-4-PETRAYS

Requesting Veterinarian Dr. O'Dea
Requesting Facility Animal Emergency Center of Las Vegas
3340 East Patrick Lane
Las Vegas NV 89120
Phone 7024578050
Fax 7022071025

Report Date 03/13/22 11:24 am
Received Date 03/13/22 11:05 am
Request Date 03/13/22 11:05 am
Study Date 03/13/22
Report # 2211572

Patient Snow, Kiwi **Owner** James **Patient ID** 86285
Sex Male, Neutered **Age** 9y **Weight** 12.30 lbs. **Species** Feline **Breed** DSH
Study Plain Film/X-Ray: Thorax **Req. Type** STAT

History Kiwi present in respiratory distress. Grade II/VI holosystolic murmur, moderate dyspnea, diffusely increased breath sounds with crackles auscultated. Previous radiographs submitted on 3/9/2022 after accidental administration of a Calsorb per rectum. Owner reports that Kiwi has not been eating well for the past 5-6 days and his renal values have been elevated recently. He was on IV fluid therapy for the past several days (discontinued on Friday afternoon). Owner noticed that Kiwi was having a difficult time breathing last night but it worsened significantly overnight. He vomited last on Wednesday night per owner.

Findings

3 images are available for interpretation, and are compared to previous images from March 10, 2022.

The cardiac silhouette is tall and widened. The pulmonary lobar vessels are dilated and mildly tortuous in appearance. There is a mild to moderate diffuse interstitial pattern, coalescing ventrally to patches of alveolar pattern. There is a scant amount of pleural fluid. The mediastinum is within normal limits. The skeletal structures are within normal limits.

Conclusions

Cardiomegaly, pulmonary lobar vessel dilation, scant pleural fluid and diffuse interstitial to ventral alveolar pattern; this constellation of findings is compatible with congestive heart failure. Suspect underlying hypertrophic cardiomyopathy, rule out fluid overload.

Echocardiography, ECG, O2 therapy as needed, and a diuretic trial with follow up radiographs to assess response could be considered for further evaluation.

If you would like additional information regarding specific treatment recommendations for this case please submit an additional request for an internal medicine consultation. Please make sure you apply the same patient identification number to the request.

James Montgomery, DVM, DACVR

If you have any questions (veterinarians only), please email me at jmontgomery@petrays.com or call 210-228-6754. You may also call 1-888-473-8729 for immediate assistance.

X-Ray from Animal Emergency

03/13

