

Applicant's name: Suzie Q. Technician, CVT

Case log # 36 **Date** February 3, 2017 **Patient ID** 13254
Species/Breed Canine, Old English Mastiff **Age** 2y **Sex** FS **Wt** 59 kg

Diagnosis Hypoadrenocorticism

Treatment Plan Initial stabilization and hospitalization was recommended including venous access, fluid resuscitation, ongoing fluid therapy, and urinary catheterization. Diagnostics and patient monitoring included CBC, serum chemistry, electrolytes, adrenocorticotrophic hormone (ACTH) stimulation test, leptospirosis titers, non-invasive blood pressure monitoring, and pulse oximetry. Ordered medications included: dexamethasone SP 6mg IV q12h, metronidazole 600 mg IV q12h, ampicillin sulbactam 1.4g IV q8h, and desoxycorticosterone pivalate (DOCP) 132mg IM once.

Advanced skills & procedures performed

Patient's fluid resuscitation, ongoing fluid therapy, and drug dosages were calculated: NaCl 0.9% 1800mL IV bolus (1/3 shock bolus of 90 ml/kg) x 2, hypertonic saline 7.5% 240mL IV bolus (4ml/kg), dextrose 50% 25mL (0.4mL/kg diluted 1:3), NaCl 0.9% 250mL/hr (4mL/kg), dexamethasone SP 0.1mg/kg = 6mg (1.5mL) IV q12h, metronidazole 10mg/kg = 600mg (120mL) IV q12h, ampicillin sulbactam 23 mg/kg = 1.4g (11.2mL) IV, and desoxycorticosterone pivalate (DOCP) 2.2 mg/kg = 132mg (5.3mL) IM once (6, 16). Due to difficulty attaining peripheral venous access, a central venous catheter with a triple lumen was placed in the right jugular vein and maintained throughout hospitalization including routine heparinized flush q4h inspection of site, and bandage changes. Proper sample collection via central venous catheter and processing for CBC, serum chemistry, electrolytes, ACTH stimulation test, and leptospirosis titers (10). Urinary catheter maintenance for the purposes of monitoring urinary ins and out was performed (20). Although blood pressure was initially undetectable, after fluid resuscitation oscillometric NIBP was measured consistently (21). Recumbent patient care including heat/massage therapy, range of motion (ROM), urinary bladder care, and safe patient manipulation (33). Hospitalized potential infectious patient protocol instituted (gloves, gown, gloves during patient handling or any potential exposure to bodily fluids) due to azotemia and the potential of leptospirosis (34). An ACTH Stimulation test was performed. A pre-sample was obtained, cosyntropin 5 mcg/kg (max dose of 250 mcg - 1 mL) was then administered IV. One-hour post-sample was obtained (69).

Advanced skills & procedures assisted

Physical exam was performed by the clinician. The patient was found to be laterally recumbent, but responsive with a pain score (PS) of 1/4. Her temperature (T) was 99.3°F, heart rate (HR) was 120 beats per minute (bpm), respiratory rate (RR) was 28bpm, and body condition score (BCS) was 4/9. She was estimated to be 10% dehydrated and green, mucoid diarrhea was present. Peripheral pulses were unable to be palpated and her blood pressure was initially undetectable (1, 2). An eight French foley urinary catheter was placed (19).

Outcome

Patient was diagnosed with hypoadrenocorticism and was discharged four days after admission. The patient is planned to be medically managed on DOCP 2.2 mg/kg SQ every 25 days and prednisone 10 mg PO q24h. Recheck examination and electrolyte panel are planned for two weeks if the patient appears to be doing well.