

Applicant's name: Suzie Q. Technician, CVT

Case log # 10

Date March 21, 2020

Patient ID 43215

Species/Breed

Feline/ Domestic Shorthair

Age 2y **Sex** FS **Wt** 4.27 kg

CMPS- Feline 16/20 (1,37)

WSAVA BCS/MCS 5/9 (1)

Diagnosis Cat Bite Abscess on Dorsal Lumbar

Treatment Plan

Fine needle aspirate, cytology, open, lavage, debride abscess. ASA I (normal healthy patient) dexmedetomidine 20mcg/kg (85.4 mg) IM, ketamine 5 mg/kg (21.35 mg) IM and buprenorphine 0.01 mg/kg (0.04 mg) IM. Clipped and surgically prepped area. Bupivacaine 2mg/kg (8.54 mg) local anesthetic block, cefovecin 8 mg/kg (34.1 mg) SC, robenacoxib 2 mg/kg (8.54 mg) SC given post operatively. Placed recovery collar. Advised warm compress incision for 5 minutes Q12H. Advised FELV/ FIV test in 4 months.

Advanced skills & procedures performed

Calculated drug dosages and administered all drugs (6), performed percutaneous aspiration (68), evaluated cytology (61), placed all monitoring equipment including Doppler blood pressure (20), monitored anesthesia (48), provided thermal support (47), surgically prepped site (56) and administered local anesthesia (37). Insured all team members involved practiced cat friendly practice guidelines (91, 93). Reviewed discharge instructions with Owner (98).

Outcome

The owner stated that this cat was an indoor/outdoor cat. He was fed indoors but was allowed access to the outside environment and generally would sleep indoors at night. The cat did not come home the night before the veterinary visit. The cat returned home the next morning and the owner noticed a painful swelling on the dorsal lumbar area. The owner brought the cat in to the hospital for examination that morning. The physical examination revealed a soft fluctuant mass on the dorsal lumbar area that was sensitive to palpation. The cat was hyperthermic with a temperature of 103.5 F. The treatment recommendations included preoperative diagnostic bloodwork and culture with sensitivity panel of the abscess, but were declined by the Owner. The percutaneous aspirate revealed a thick purulent material. Cytology revealed copious amounts of degenerating WBC. The abscess was debrided surgically and lavaged with 0.02% chlorhexidine solution. The incision was closed using simple interrupted suture pattern with 3-0 polydioxanone. Cefovecin 8mg/kg (34.1 mg) SC, robenacoxib 2mg/kg (8.54 mg) SC and buprenorphine 1.8mg/kg (7.7 mg) SC were administered. The patient was discharged with written instructions to warm compress the surgical area for 5 minutes Q12H for 7 days, keep the recovery collar in place and keep the cat indoors until the progress examination in 10-14 days. The owner was counseled on how to minimize risk factors of outdoor cats such as building an outdoor enclosure or keeping the cat indoors. The patient returned 14 days later for the progress examination. The swelling had resolved, and the incision was healed. The owner scheduled a 4 month follow up appointment for retroviral testing.

Case log # 24 **Date** May 1, 2020 **Patient ID** 43215
Species/Breed Feline/ Domestic Shorthair **Age** 8y **Sex** FS **Wt** 6.9 kg
CMPS- Feline 14/20 **WSAVA BCS/MCS** 7/9 A

Diagnosis Obstipation secondary to osteoarthritis

Treatment Plan

Radiographs, comprehensive chemistry/CBC/UA, fluid therapy, oral polyethylene glycol therapy and subsequent anesthesia, enema and manual de-obstipation. Abdominal palpation revealed large amount hard stool in colon confirmed by radiographs. Radiographs also revealed osteoarthritis present right coxofemoral joint. Lab work was within normal limits. ASA II (due to obesity), buprenorphine 0.18 (1.2 mg) ml/kg given SC. 200mls LRS SC, polyethylene glycol 22 ml/kg (151.8 ml) total dose administered POq10 minutes for 10 doses. No stool produced after 12 hours. 22 g right cephalic intravenous catheter placed. Premedicated with hydromorphone 0.05 mg/kg (0.3 mg) and midazolam 2mg/kg (13.8 mg) IM followed by propofol IV 6 mg/kg (41.4 mg) for induction. Intubated and connected to non-rebreathing circuit. Maintained on 1-1.5% isoflurane in 100% oxygen. Intraoperative fluid rate at 5 ml/kg/hr (34.5 ml/hr). A 10 ml/kg (69 ml) warm water enema was performed. Manual de-obstipation performed. Robenacoxib at 2mg/kg (13.8 mg) SC and buprenorphine 0.18 mg/kg (1.2 mg) SC given post operatively. Polyethylene glycol 3350 powder, ¼ teaspoon mixed in food Q12H. Advised canned food diet only. Gabapentin 10mg/kg (69 mg)PO Q24H in the PM. Post procedure telephone communication in 24 hours. Progress examination scheduled in 7 days.

Advanced skills & procedures performed

Insured all team members followed cat friendly practice guidelines (91, 93), calculated drug dosages (6) and administered all drugs. Positioning and determination of technique for abdominal radiographs including a right lateral and ventral-dorsal view (73), performed phlebotomy left medial saphenous vein via 23-gauge butterfly catheter (8), performed ultrasound guided cystocentesis (17), placed IVC (9), calculated fluid rate and connected to infusion pump (13), intubated and pressure sealed ET tube cuff (41). Reviewed discharge instructions with Owner (98).

Outcome

Patient was eating and comfortable and producing stool 24 hours after discharge. The obstipation was determined to be caused by pain due to osteoarthritis. These patients can have difficulty getting in and out of a litter box that is too small or too tall. The owner was advised to purchase a large litter box that was at least 1.5 times the length of the cat. The owner was given written discharge instructions including administering gabapentin 10 mg/kg (69 mg) for pain PO Q24H for 7 days in the evening, polyethylene glycol 3350 powder to soften stool ¼ teaspoon added to canned food Q12H and feeding canned food only. One week progress examination revealed soft non-painful abdomen. Owner reported no problem administering diet or medications.

Case log # 36 **Date** October 16, 2020 **Patient ID** 2743
Species/Breed Feline/ Burmese **Age** 4y **Sex** FS **Wt** 3.45 kg
CMPS- Feline 16/20 **WSAVA BCS/MCS** 6/9 B

Diagnosis Feline Lower Urinary Tract Disease (FLUTD), Feline Idiopathic Cystitis (FIC) stress induced

Treatment Plan

Chemistry panel/ UA/urine culture. Buprenorphine 0.02 mg/kg (0.07 mg) transmucosally Q8-12H, Solliquin[®] anti- stress chewable 1 PO Q24H, Feliway[®] synthetic facial pheromone diffuser. Client education on environmental enrichment, resource management and multi-function urinary/stress diet. Progress examination scheduled for 7 days.

Advanced skills & procedures performed

Phlebotomy left medial saphenous vein via 23-gauge butterfly catheter (8), ultrasound guided cystocentesis (17), in-house thio broth culture (69), calculated drug dosages (6), calculated daily caloric requirement (26). Discussed discharge instructions with Owner (98).

Outcome

History of client moving from out of state 4 weeks ago, multi-cat household. The cats got along well for the most part but had had some behavioral flare-ups since the move. There were 3 cats in the household and only 2 litter boxes. Patient presented with history of hematuria, stranguria and over-grooming of ventral abdomen for 3 days. Ultrasound revealed small bladder with thickened walls. Blood chemistry values were within normal limits. UA revealed RBC 10-15/HPF, urine specific gravity (USG)-1.046. Urine culture revealed no growth after 72 hours. The owner was advised to increase the litter box number to 4 in the household, administer buprenorphine 0.02 mg/kg (0.07 mg) transmucosally Q8-12H, feed a prescription multifunction urinary/stress diet. A 48-hour post visit telephone communication revealed that the patient symptoms had resolved. She had been giving the pain medication, and using the pheromone diffuser as prescribed. The cat's weight was stable, and she was eating the new diet well. She had started adding water to the food to decrease the USG. The owner had added 2 more litter boxes to the household. A follow up UA 14 days later showed that the hematuria had resolved, and the USG was 1.035.