

Plenty

Patient Name: Plenty, 10yr

Sex: neutered male

Type: DSH tabby

Client History: Difficulty breathing; seems to struggle to “catch breath.” Also holding up right front paw, acting different, feed certain pouch food 2 wks ago - lethargic didn't eat for 24hrs, seemed like fever, better after 24 hrs - feed pouch food today @ 5-5:30 since fed has been lethargic.

Diet: sc. diet senior/royal canin occasionally w/ tuna

Prevention: not on Revolution

Objective:

Temp: 98.6 Pulse: 192 Respiration: 64

MM/CRT: Pale Pink < 2 sec BCS: 3/5 Pain Assessment: 0- not painful

Oral Cavity: Mild gingivitis

Nose/Throat: No abnormalities found

Eyes: No abnormalities found

Ears: No abnormalities found

Lymphnodes: No abnormalities found

Skin: No abnormalities found

Heart: Can not hear much over lung sounds but no obvious murmurs or arrhythmias heard

Lungs: Moderate harsh broncho-vesicular sounds bilaterally but sound worse on the L

Abdomen/GI: Stomach is distended, no other masses or organomegaly felt

Urogenital: No abnormalities found

Musculoskeletal: R carpus is cool to the touch and he is favoring it but has complete sensation and withdrawal, can not palpate any swelling. Nail beds are pink and appear normal.

Neurological: No abnormalities found

Behavioral: Anxious

Assessment:

Diagnostics: radiograph chest - R & L Lat, VD - NH, Went over with O, concerned about H.A.R.D. will see what Dr Steyn says

Rule Outs: Heartworm Associated Respiratory Disease, Pneumonitis (asthma), cardiac disease, hyperthyroidism, neoplasia, FCE, other

Diagnosis: Suspect HARD, pneumonitis

Plan:

Treatment: Gave 3mg of Dexamethasone SC, initially. Rx: Prednisolone 5 mg PO BID until O orders and receives Aero-Kat chamber and gets Fluticasone inhaler (110mcg) to be used instead of the oral steroids BID. Also will call in Rx for albuterol to have if needed for respiratory distress.

Recheck: Plan to recheck in one week, based on response to therapy.

I reviewed the patient's file and determined that in May of 2008 Plenty had a negative heartworm antibody test but that in July of 2009 his annual wellness lab work revealed a

positive heartworm antibody results. At this time (7/09) a heartworm antigen was recommended but not performed. According to the records, this patient was not placed on heartworm prevention (revolution, etc). Furthermore, in April of 2009, thoracic radiographs revealed an interstitial pattern but Plenty's clinical signs were not specific to respiratory disease and therefore heartworm disease was not investigated further.

Plenty responded very well to the oral prednisolone for about 2-3 days. His owner's started having difficulty giving the prednisolone and Plenty experienced another episode of respiratory difficulty on 2/6/10 and owner's took to emergency care facility and elected for humane euthanasia. The radiologist's report as well as response to oral anti-inflammatories likely indicates heartworm associated respiratory disease, but no definitive diagnosis was made due to the outcome. Necropsy with histopathology of the lungs would have been ideal to make this diagnosis.