

Sep 03, 2019

Diamond In The Ruff Pet Rescue  
PO Box 6464  
Fargo, ND 58109  
H: (701) 720-3753 W: ( ) - ext:  
C: (701) 720-3753  
Email: healthcare@diamondpetrescue.org

**Client ID:** 26196  
**Spouse:**  
W: ( ) - ext:C: ( ) -  
**Balance:** \$ 1,434.17  
**Previous History:** DITR

## PATIENT CHART

### PATIENT INFORMATION:

**Name:** Mitzy  
**Sex:** FS  
**Birthdate:** 08/01/2005  
**ID** 1  
**Color** Black/White  
**Species:** Canine  
**Breed:** Mix, Pointer  
**Age:** 14 years and 1 month old  
**Rabies Tag:**  
**Weight:** 41.9lbs.

Reminders for: <b>Mitzy</b>	Date Due	Last Done
Wellness Exam		
Intestinal Parasite Screening		
Rabies		
Distemper/Parvo Booster		
Distemper/Parvo Second		
Bordetella Booster		
Lyme Vaccination		
Blood Parasite Screening		
Heartworm Preventative		
Wellness Blood Work	08/07/2020	08/07/2019
Annual Dental Cleaning		

### **Problems:**

08/28/2019 Open Tumor removal left inguinal

### **ALERT: Comments:** **Clients Comment:**

09/03/2019 33 Rad report: CONCLUSIONS:  
No radiographic evidence of thoracic metastasis is identified. However, very small thoracic metastasis cannot be totally excluded based on survey radiographs due to limited sensitivity.

### RECOMMENDATIONS:

If the reported mass is diagnosed as neoplastic, thoracic radiographs could be repeated in approximately 2 months, or earlier if clinically indicated, to evaluate for development of metastasis. Alternatively, thoracic computed tomography could provide a more immediate, more sensitive and specific evaluation for thoracic metastasis.

Called Deb- no answer, LMOM- let her know mass was completely excised and came back as a benign neoplasm; chest rads also came back without nodules; monitor for other nodules in the future, no concerns at this time, call with any q/c

Called Pam (foster)- updated her on the report; Pam said the sutures are intact and she has no concerns about the incision site; seems to be licking her rear end more- having her monitor, can look into it with SR- has Animax left over, can use BID topically; FD will e-mail histo report to Diamond in the Ruff

### Zoasis - Histopathology Full

08/31/2019 08:03 AM

Sep 03, 2019

Accession Result ID MEBC01024259

Histopathology Full

History:

Left caudal mammary gland.  
5 cm X 5 cm, firm, subcutaneous mass left inguinal region - unknown  
how long has been there.

-

Received: A 4.0 cm X 2.0 cm skin biopsy with a 3.0 cm X 1.5 cm mass.

Biopsy

Sep 03, 2019

**DESCRIPTION:**

Examined are sections of a mass composed of large nodular areas of bone separated by bands of bland spindle cells and rare neoplastic epithelial and myoepithelial components. Epithelial cells are arranged into acinar profiles intersected by loosely arranged streams of spindle-shaped myoepithelial cells. Myoepithelial cells have scant fibrillar cytoplasm and elongated nuclei with finely stippled chromatin and indistinct nucleoli. Anisocytosis and anisokaryosis are mild, and no mitotic figures are detected in ten high magnification fields.

**MICROSCOPIC FINDINGS:**

Mammary mass: MIXED MAMMARY ADENOMA

**SURGICAL MARGINS:**

The mass is well demarcated and completely excised.

**COMMENTS:**

Mixed mammary adenoma is a common, benign neoplasm of the canine mammary gland, composed of both epithelial and myoepithelial components interspersed with areas of bone. Chronically, they may be dominated by bone, as in this case. There is no evidence of infiltrative behavior or lymphatic invasion.

**PATHOLOGIST:**

Set Sokol, DVM, Diplomate ACVP

I am available during regular business hours (Central Time Zone) Monday and Thursday-Sunday. Veterinarians, if you would like to discuss this case, please email me at [set.sokol@antechmail.com](mailto:set.sokol@antechmail.com) or call my direct number at 865-888-0093. If I am unavailable and you need immediate assistance, please call Customer Service at 1-800-872-1001.

Note: With our Antech OnLine viewer, you can access the pathologist's Snippet image of the histopathologic lesions of this accession. Open the accession on Antech OnLine, and click the large DigiPath icon. You will see Antech Diagnostic's exclusive interactive Snippet, complete with a magnifier.

08/28/2019	VMA	VA attempted call for Update post Sx NANM:	
08/27/2019	28	220240INV	Gabapentin 100mg, capsule Give 2 capsules by mouth every 12 hours for 10 days for pain. Start tonight at 8:00pm.
08/27/2019	28	8139INV	Doxycycline 100 mg, Tablet
08/26/2020		08/26/2020	Give 1 tablet by mouth every 12 hours ( twice daily) Give with food or water to ensure immediate access to stomach.
08/27/2019		1	Take Home Instructions No. *Take home instructions signature page
08/27/2019		1	Take Home Instructions No. *Take home instructions
08/27/2019	28	563	Hospitalization

Sep 03, 2019

08/27/2019	28	LAB45213	Antech Histopathology
08/27/2019	28	SMX	Electronic Surgical Monitoring
08/27/2019	28	HOSP611	IV Catheter Set Up
08/27/2019	28	XR560	Radiograph 14x17 - up to 4 views
08/27/2019	28	612B	Intravenous Fluid Therapy
08/27/2019	28	8052INV	Midazolam 5mg/ml, ml
08/27/2019	28	561	Anesthesia
08/27/2019	28	SUR488	Skin Growth Removal > 5cm *
08/27/2019	28	5511INV	Hydromorphone 2mg/ml, ml
08/27/2019	28	2585INV	Propofol 10mg/ml, ml

### Growth Removal, Chest Rads

- 1) General Appearance     Normal     Abnorm
- 2) Integumentary         Normal     Abnorm    5cmx5cm firm SQ mass left inguinal region (sx to remove today); ~  
3inx3in firm mass caudal left thigh inbetween muscle bellies (not removing)
- 3) Musculoskeletal       Normal     Abnorm
- 4) Circulatory             Normal     Abnorm
- 5) Respiratory             Normal     Abnorm
- 6) Digestive               Normal     Abnorm
- 7) Genitourinary          Normal     Abnorm
- 8) Eyes                     Normal     Abnorm
- 9) Ears                     Normal     Abnorm
- 10) Neural System         Normal     Abnorm
- 11) Lymph Nodes          Normal     Abnorm
- 12) Mouth                 Normal     Abnorm
- 13) Mucous Membranes    Normal     Abnorm
- 14) Teeth                  Normal     Abnorm

Mitzsy has been on NeoPoly dex eye ointment and 100mg Doxycycline bid x 7

Owner comments that UR symptoms have resolved. - Redness under tail seems better while on antibiotics as well, but Mitzsy still likes to lick under her tail.

Pain Score Evaluation (0-3): 0

Pre op Temp: 100.6 F      P: 110 bpm      R: wnl      HR: 110pbm      Wt:39.8 lbs/18.1 kgs

Pre-Anes. Labwork: 8/7/19 BH

ALT mod inc (312), ALP mod inc (354), BUN slight inc (45), BUN/creat slight inc (35), precision PSL mild inc (263- no v/d/inappetence reported), cholesterol mild inc (401), triglycerides mod-severe inc (701), slight leukocytosis (15.6) with mild neutrophilia (12636) + mod inc bands (624)

Called Deborah- no answer, LMOM:

Consider 30 days Denamarin, rechecking FASTED chemistry after OR just rechecking FASTED chemistry in 30 days

Ok for surgery; discussed:

PCV: See Lab Record

KH\_\_\_ has reviewed labwork and performed a physical exam on the patient.

Tech: VA

Assistant: HR

Sx Times: 11:25/11:40/11:56/12:26

See Protocol

PE-      -ISO

Sep 03, 2019

Emergency (ABC)

Cerenia given last evening

**Pre-Medications:**

Midazolam (5mg/ml, IM)=0.7ml

Hydromorphone (2mg/ml, IM)= 0.9ml

Propofol (10mg/ml, IV,drawn/given IV/difference is waste)=6/5/1

**Local Block (Intradermal/Splash):**

Lidocaine 20mg/ml and Bupivacaine 5mg/ml (1mg/kg) =0.5 / 1.0 (splash block)

**Emergency Drugs Calculated:**

Atropine (0.54mg/ml)=1.3ml

Epinephrine (1mg/ml)=0.2ml

**Quality of Sedation:**

Good ( x )

Fair ( )

Poor ( )

**Quality of Induction:**

Good ( x )

Fair ( )

Poor ( )

**Endotracheal Tube Size: 8.0mm**

**System:**

Circle ( x )

Non rebreather ( )

A 20 gauge IV catheter was placed in the Left Ceph. vein. LRS was given IV at 90 mls/hr throughout surgery. Upon recovery from surgery the fluid rate was decreased to a maintenance rate of 26mls/hr and IV fluids were continued through the afternoon.

**Skin Tumor Excision**

An elliptical incision is made around the mass leaving approx. 1 cm margins. The skin is elevated and, using a combination sharp and blunt dissection, subcutaneous tissue is undermined until the mass is freed from underlying tissue. Hemostasis by vessel ligation and hemostatic forceps is used as needed. 0.5ml lidocaine and 1.0ml splash block. Subcutaneous tissue is closed in a simple continuous pattern with absorbable suture of (3/0\_\_\_). 7 Cruciate sutures of (\_\_\_20/ webglo\_\_\_) are used to close the skin. The mass is placed in fixative and submitted for histopathology at \_\_\_Antech\_\_\_. Suture removal in 14 days.

Anesthesia monitor sheet has been scanned in the file.

Additional procedures performed:  
complimentary nail trim

08/26/2019 SRH PC from O: NPO instructions: O called to ask about presurgical procedures. I let O know no food after midnight tonight, water is ok. Reminded her to give

Sep 03, 2019

both tablets of Cerenia tonight around 8pm. And confirmed 8am check in time tomorrow. O understood.

08/22/2019	33	8139INV	Doxycycline 100 mg, Tablet
08/21/2020		08/21/2020	Give 1 tablet by mouth TWICE DAILY (every 12 hours) until gone. Give with food or water to ensure immediate access to stomach.
08/22/2019	33	24651INV	Cerenia 24 mg, tablet - Pre-surgical
08/22/2020		08/22/2020	Give TWO tablets by mouth the night before surgery.
08/22/2019	33	EYE767INV	Neo Poly Dex Opth. Ointment
			Place a small ribbon of ointment in the RIGHT eye TWICE daily for 7 days. If the eye becomes red or gets worse, discontinue medication and contact your veterinarian. Do not touch the tip of the tube to the eye.
08/22/2019	33	EXAM206	Physical Exam/Consultation
08/22/2019		Check eyes	"S": Tech Hx: O notes drainage from the R eye starting on August 8th. Called and spoke with a tech who recommended monitoring. Discharge started out green-ish and is now gray-ish. R nostril also has some crusting. Eye draining has been consistent; sneezes in the morning, O does not note it being colored. Has sx on Tuesday and DITR has given the okay to do a chest rad that morning. E/D, U/D, energy WNL. On an anxiety med (melatonin?), fish oil for coat, and glucosamine. HWP (Sentinel?) and Credelio monthly.

"O": Assistant/Tech: AL

	<u>N/A/NE</u>	<u>Comments:</u>
1) Attitude/Appearance	N	QAR
2) Oral Cavity/Teeth	N	(D0-4): D3 mild dental calculus diffusely
3) Mucous Membranes	N	P/M, <2s
4) Eyes	N	Clear, visual, free of discharge OU
5) Ears	A	OD- dried green mucoid discharge medial canthi, cornea appears WNL; OS- WNL; otherwise visual OU
6) Cardiovascular	N	No murmurs or arrhythmias
7) Respiratory	A	Normal bronchovesicular sounds bilaterally; right nostril with dried purulent discharge
8) Gastrointestinal	N	Soft, non-painful, no masses
9) Musculoskeletal	N	Ambulatory x4, no lameness
10) Lymph Nodes	N	No lymphadenopathy appreciated on palpation
11) Urogenital	N	WNL
12) Integumentary	A	Clean coat, free of ectoparasites and alopecia; adequate hydration; ~5cmx5cm firm SQ mass left inguinal region (sx to remove Tuesday); ~3inx3in firm mass caudal left thigh inbetween muscle bellies
13) Nervous System	N	WNL
		T: 100.7°F
		P: 130 BPM
		R: 20 BrPM
		Pain Level (0-3): 0
		Wt: 41.9 lbs/BCS: 5/9
		Diet: Nutrosource, 2 cups BID. 1/2 cup canned daily.

Sep 03, 2019

Anesthetic Risk, if applicable:  
(minimal/slight/moderate/severe)

"A": 1. Suspect URI- nasal and ocular discharge (right-sided)

"P": 1. Rx: Doxycycline (100 mg tabs): 1 tab PO BID x 7 days  
Neo/PolyB/Dex ophthalmic ointment: 1/4" strip BID OD x 7 days

08/22/2019 KEW PC from foster- eye: Foster (Pam) called requesting an appt today to check Mitzy's eye before sx next week. O elects to come in at 8:50 to check eye. O called back later on stating couldn't make it in time and if anything later was available. Rescheduled to 11:00.

08/21/2019 SRH PC from O: Eye Discharge: Foster called and states that Mitzy is still have eye discharge and wants to know what she should do. I did not have a tech available but reiterated BH's recommendations from last week. Advised her to either postpone sx until it has resolved or been seen for the ye issue. Foster states that she is only available to bring her in tomorrow. I let her know that right now we are completely booked up tomorrow but I would recommend calling right away in the morning for any possible cancellation spots. She understood. She asked what she should do if we can't get her in. I let her know to call in the morning and if we can't get her in we could discuss with BH again and come up with a plan. She understood.

08/19/2019 SRH Chest Rads: Tara (Health Care Coordinator) from DITR called and asked if we can do chest rads prior to sx on the 27th. I let her know that I would add that to the schedule.

08/14/2019 SQB LMOM - discussion with BH: I called O to let her know what BH recommends. Per note from BH, the green discharge may indicate a bacterial infection. She recommends wait until it resolves before surgery (or make an appt to get it checked out and started on meds). Also, due to the fact that the mass is in the left groin which is an area of high mobility, she recommends no stairs during recovery. Let O know via VM that she can reschedule when the recovery period would be with her (not at her daughters house with all the stairs). Please call with questions or to reschedule sx or schedule appt to get eyes checked. sb

08/14/2019 SQB PC from O - questions about green eye discharge: O called regarding Mitzy, a dog she's fostering for Diamond in the Rough. She has surgery scheduled for next week for a lump in her groin. O is concerned because he's developed some green eye discharge now and she wanted to know if that would affect his sx. I will leave a note for BH to think about that. Also, O now will be out of time for a period during his recovery. She's wondering if her going up and down 10-12 stairs at her daughters house will be a problem. I told her it may as that incision may be in an area of high mobility and would be prone to not healing well or causing pocketing, etc. O understands. Will chat with BH. sb

08/09/2019 SRH Emailed full hx to DITR: Email on file

08/09/2019 33 Pre-sx BW: ALT mod inc (312), ALP mod inc (354), BUN slight inc (45), BUN/creat slight inc (35), precision PSL mild inc (263- no v/d/inappetence reported), cholesterol mild inc (401), triglycerides mod-severe inc (701), slight leukocytosis (15.6) with mild neutrophilia (12636) + mod inc bands (624)

Sep 03, 2019

Called Deborah- no answer, LMOM:

Consider 30 days Denamarin, rechecking FASTED chemistry after OR just rechecking FASTED chemistry in 30 days

Ok for surgery; discussed:

1. Cerenia (25 mg tab): 1.5 tabs PO night before + pre-sx paperwork to be filled out
2. Had discussed with Pam- thoracic rads, LN aspirates- wanting to know what they wanted to do with that?
3. Histo with surgery recommended

### Zoasis - Superchem, Complete Blood Count, T4, Free T4 By Equilibrium Dialysis

08/08/2019 05:07 AM

Accession Result ID	MEEB17527179		
Superchem			
Total Protein	6.2	5.0-7.4 g/dL	
Albumin	3.6	2.7-4.4 g/dL	
Globulin	2.6	1.6-3.6 g/dL	
A/G Ratio	1.4	0.8-2.0	
AST (SGOT)	23	15-66 IU/L	
ALT (SGPT)	312HIGH	12-118 IU/L	
Result Verified			
Alk Phosphatase	354HIGH	5-131 IU/L	
GGTP	18		
Result Verified			
Total Bilirubin	0.1	0.1-0.3 mg/dL	
Urea Nitrogen	45HIGH	6-31 mg/dL	
Creatinine	1.3	0.5-1.6 mg/dL	
BUN/Creatinine Ratio	35HIGH	4-27	
Phosphorus	5.1	2.5-6.0 mg/dL	
Glucose	96		
Calcium	10.1	8.9-11.4 mg/dL	
Magnesium	2.5	1.5-2.5 mEq/L	
Sodium	152	139-154 mEq/L	
Potassium	4.1	3.6-5.5 mEq/L	
Na/K Ratio	37	27-38	
Chloride	109	102-120 mEq/L	
Cholesterol	401HIGH	92-324 mg/dL	



Sep 03, 2019

Triglycerides	701HIGH	29-291 mg/dL
Amylase	460	290-1125 IU/L
PrecisionPSL	263HIGH	24-140 U/L



PrecisionPSL elevations correlate closely with abnormal PLI concentrations. In dogs with appropriate clinical signs, a PrecisionPSL result >216 is supportive of, but not definitive for, a diagnosis of pancreatitis.

CPK	51LOW	59-895 IU/L
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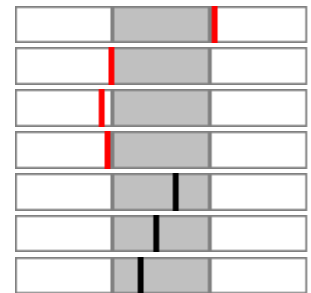


Comment

Hemolysis 2+, , Lipemia 4+ No significant interference.

Complete Blood Count

WBC	15.6HIGH	4.0-15.5 $10^3/\mu\text{L}$
RBC	4.6LOW	4.8-9.3 $10^6/\mu\text{L}$
Hemoglobin	10.5LOW	12.1-20.3 g/dL
Hematocrit	33LOW	36-60 %
MCV	71	58-79 fL
MCH	22.8	19-28 pg
MCHC	32	30-38 g/dL

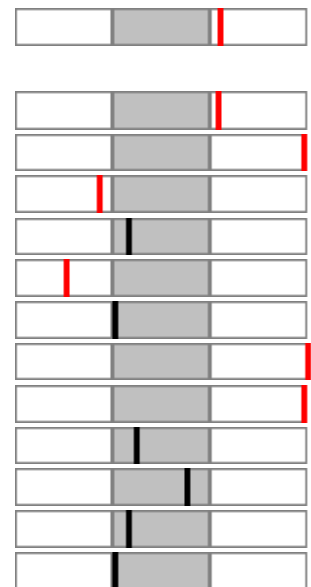


Blood Parasites None Seen

RBC Comment

RBC Morphology Normal

Platelet Count	412HIGH	170-400 $10^3/\mu\text{L}$
Platelet EST	Increased	
Neutrophils	81HIGH	60-77 %
Bands	4HIGH	0-3 %
Lymphocytes	10LOW	12-30 %
Monocytes	4	3-10 %
Eosinophils	1LOW	2-10 %
Basophils	0	0-1 %
Absolute Neutrophils	12636HIGH	2060-10600 $/\mu\text{L}$
Absolute Bands	624HIGH	0-300 $/\mu\text{L}$
Absolute Lymphocytes	1560	690-4500 $/\mu\text{L}$
Absolute Monocytes	624	0-840 $/\mu\text{L}$
Absolute Eosinophils	156	0-1200 $/\mu\text{L}$
Absolute Basophils	0	0-150 $/\mu\text{L}$



Comment

Sep 03, 2019

Blood smear reviewed by technologist.

T4

T4

0.8

0.8-3.5 µg/dL



The Total T4 result is less than 1.0 mcg/dl. A Free-T4 by equilibrium dialysis may be helpful in supporting the diagnosis of hypothyroidism in patients demonstrating clinical signs compatible with hypothyroidism. Please contact Customer Service for this additional testing.

Free T4 By Equilibrium Dialysis

Free T4 (Dialysis)

31.4

8-40 pmol/L



Tech: ED

## PCV/TP

Date 08/07/2019

Client 26196

Client Pet Rescue

Patient Mitzy

Species Canine

PCV %  
Canine(43-58) 42  
Feline(33-50)

TP G/dl  
Canine(6-8) 8.2  
Feline(6.5-8.5)

Hemolyzed

Lipemic

Icteric

Red Top Tube

Hematocrit

Time

08/07/2019 SRH Emailed estimates to DITR: [healthcare@diamondpetrescue.org](mailto:healthcare@diamondpetrescue.org)

### Emailed lump removal and diagnostics

08/07/2019 33 LAB090 Antech Senior Comp (SA090)  
We recommend annual bloodwork in senior pets. This bloodwork is important to detect early changes in liver, kidney and thyroid health as well as monitor trends in electrolytes. An outside lab will run this bloodwork so results will be discussed with you within 2-4 business days.

08/07/2019 33 EXAM206 Physical Exam/Consultation

08/07/2019 33 Check mammary glands: [Assistant/Tech:MS](#)

#### **Tech Hx:**

Current foster has had Mitzy since November 2018. Had sx in dec. 2018 to remove mammary tumors,

Sep 03, 2019

completely excised per histo. Taking melatonin 100mg SID, currently weaning off pred. after today will be starting 5mg EOD. Current mass is Left inguinal. Foster noticed mass about a month ago, not much change in size. Doesn't seem to bother her. PU/PD from the pred, but otherwise doing fine.

**DVM Hx:**

	<u>N/A/NE</u>	<u>Comments:</u>
1) Attitude/Appearance	N	QAR
2) Oral Cavity/Teeth	N	(D0-4): D3 mild dental calculus diffusely
3) Mucous Membranes	N	P/M, <2s
4) Eyes	N	Clear, visual, free of discharge OU
5) Ears	N	Clean, free of debris AU
6) Cardiovascular	N	No murmurs or arrhythmias
7) Respiratory	N	Normal bronchovesicular sounds bilaterally
8) Gastrointestinal	N	Soft, non-painful, no masses
9) Musculoskeletal	N	Ambulatory x4, no lameness
10) Lymph Nodes	N	No lymphadenopathy appreciated on palpation
11) Urogenital	N	WNL
12) Integumentary	A	Clean coat, free of ectoparasites and alopecia; adequate hydration; ~5cmx5cm firm SQ mass left inguinal region (mass wanting to remove); ~3inx3in firm mass caudal left thigh inbetween muscle bellies (not suspect of popliteal LN enlargement); left CCT with crusting abrasion
13) Nervous System	N	WNL
		T: 100.7°F
		P: 130 BPM
		R: 20 BrPM
Pain Level (0-3):		0
		Wt: 37.8#/BCS: 5/9
		Diet: Nutra Source senior

**Anesthetic Risk, if applicable:**  
*(minimal/slight/moderate/severe)*

**Vaccine sites(s):** None today

**Other Procedures:** Sr BW- pre-surgical

**Recommendations:**

1. Discussed staging with thoracic rads, LN aspirates- sent foster with estimates, will discuss with Diamond in the Ruff
2. Sent foster with estimate of mass removal- foster did schedule surgery today
3. Will call foster + Diamond in the Ruff with BW results, discuss hosp + sx release form + Cerenia
4. Can continue applying Animax SID prn to abrasion