

1/27/2012

Client ID: 261844  
Client Name: Craig Grant  
Address: [REDACTED]

Primary Phone #: [REDACTED]

Referring Vet: John C. Lewis  
Phone Number: (850) 973-8936 /  
(850) 973-8936  
Fax Number: (850) 973-3434 /  
macvet@earthlink.net

Patient ID: 249904  
Name: Tommy  
Species: Feline  
Breed: Domestic Shorthair  
Sex: Neutered Male  
Color: White brown and black  
Markings:  
Birth Date: 1/11/2002

#### Small Animal Medicine Discharge Instructions

Discharge Date: 1/28/12

#### Follow Up Date and Information

Please bring Tommy in to Dr. Lewis or to UF this week to remove the feeding tube and to evaluate his progress  
Please schedule Tommy for a re-check echocardiogram in 1 month

#### Diagnosis

Respiratory distress- open for Feline Asthma, heart failure  
Anemia- open for Mycoplasma haemofelis, Fleas, Onion toxicity  
Biventricular and biatrial enlargement - open for primary heart disease such as Unclassified Cardiomyopathy, or secondary to high output states such as anemia, hyperthyroidism  
Elevated liver enzymes- open for Hyperthyroidism, primary liver disease such as cholangiohepatitis  
Upper respiratory infection- open for Calicivirus  
Diarrhea- open for parasites (dewormed in hospital), abrupt diet change, inflammatory bowel disease, small cell lymphoma, liver disease, hyperthyroidism, vs. other.  
FIV Positive

#### History

Tommy presented to the UFVMC Emergency and Critical Care Service 01/26/12 for respiratory distress. He has been showing upper respiratory signs intermittently for approximately the past month; described as ocular and nasal discharge and difficulty breathing. He has been treated with Teramycin ointment (last used two weeks ago) which seems to improve/diminish the discharge, Convenia (last dose a couple days ago, owner unsure), NuFlor (0.2cc, last dose this morning) and Doxycycline (50mg single dose this evening, then immediately vomited up). He also received a dose of stercids. Approximately three days ago Tommy had a decrease in appetite and thirst, and since then Mr Grant has been force-feeding Science Diet a/d. He has also given SQ fluids the past two days and force fed pedialyte and baby food. Tommy had oral surgery two days ago to remove polyps and has recovered well. Tommy is one of the cats living on the Caboodle Ranch in Madison, Florida; there are approximately 400 other cats living on the ranch at this time, though Tommy has been in isolation in Mr Grant's trailer for approximately the past month due to upper respiratory signs.

#### Physical Findings

On presentation, Tommy was quiet and in marked respiratory distress. His respiratory rate was approximately 70 breaths per minute, with increased expiratory effort including an abdominal component, no open-mouth breathing was observed. He was placed in oxygen and responded well with effort improving. Further physical examination revealed tachycardia of approximately 250 beats per minute; a murmur was not appreciated. His weight was 4.6kg, with a body



condition score of 3/9 and approximately 7% dehydration. A moderate amount of flea dirt was diffusely present. Mucous membranes were pink but tacky, with a capillary refill time of 2 seconds. He has a moderate skin tent. Tommy had clear nasal and ocular discharge, with crusting around his mouth (possibly from vomiting earlier this evening or from dried discharge / pedicyle). Ulcerations were noted on the dorsal aspect of the nasal planum and his oral cavity.

#### Diagnostic Testing Information

**FIV/FelV:** positive for FIV, negative for FeLV

**HW antigen (canine test):** negative

**HW antibody (feline test):** negative

**ECC Thoracic Radiographs:** diffuse bronchiolar pattern, mild increase in soft tissue opacity - interstitial pattern - in right cranial lung field, marked cardiomegaly

**Echocardiogram:** Biventricular and biatrial enlargement - possibly secondary to high output state (R/O anemia, hyperthyroidism) or unclassified cardiomyopathy

**UA/Culture:** icterest:+++

**Abdominal Ultrasound:** mild peritoneal effusion, dilated fluid filled colon, ileus

**T4:** results pending

**Chemistry:** ALP 70, ALT: 197, AST: 80, bilirubin 1.7, albumin 2.2, calcium 7.2, BUN 51, Magnesium 3.2, Potassium 5.3

**CBC:** PCV: 24%, increased MCV 57.6, decreased MCHC 30, icterus 10, mature neutrophilia 12, lymphopenia 0.27

#### Current Therapy

**Fenbendazole 100mg/ml solution:** This is an anti-parasitic medication which may help to improve Tommy's diarrhea. He received three doses (2.25mls orally once daily) while here in the hospital. This will need to be repeated in 3 weeks and again in 3 months. Please refill this prescription with Dr. Lewis around February 17 to give the next course.

**Enrofloxacin 68mg:** Give 1 tablet by mouth once daily for 14 days. Please continue this medication until it is finished. This is an antibiotic which can cause gastrointestinal side effects such as vomiting and diarrhea. Please discontinue this medication if any of these signs are observed.

**Dexamethasone 1mg/ml:** Please give 0.25mls orally once daily. This is a steroid which will decrease the inflammation in his airways and help Tommy breathe if asthma is the reason for his respiratory problems. This will cause side effects such as increased drinking and urinating, increased appetite, muscle wasting and can cause more serious side effects such as GI ulcerations, pancreatitis, diabetes, and behavioral changes. Please contact UF or Dr. Lewis if you are concerned about any of these side effects. \*\*Prior to filling this script at any human pharmacy we must contact Dr. Lewis and see if Tommy received a long acting or short acting steroid.\*\*

#### Comments

Tommy presented on Thursday 1/26/12 in respiratory distress. He was stabilized in the Oxygen chamber and administered inhaled Albuterol. He was weaned off oxygen on Friday and continued to oxygenate well with mildly increased respiratory rate and sounds but clear lung in all lung fields. Tommy was also very dehydrated and mildly anemic at presentation. Mild icterus was noted on presentation. An echocardiogram revealed biatrial and biventricular enlargement, so it has been difficult to rehydrate Tommy without overloading his heart. A nasoesophageal tube was placed on Friday in order to feed him Clinicare (a liquid diet) and water. He has also received a three day course of Fenbendazole (an anti-parasite medication), Unasyn (IV Ampicillin), and a constant rate infusion of Metoclopramide for the decreased gastrointestinal motility found on abdominal ultrasound. We attempted to give Tommy doxycycline for treatment of Mycoplasma but he vomited after receiving it. While in the hospital, Tommy developed watery diarrhea and has not been interested in food or water.

At this time, Tommy likely has several problems going on simultaneously making it challenging to diagnose exactly which is causing his current symptoms. We will be sending him home with the nasoesophageal tube so that you may continue to rehydrate him at home. If he does not become interested in food at home, we recommend placing a more permanent feeding tube (esophageal tube). Please contact us or your veterinarian if he is not eating within three days of being home.

**Please feed Tommy 40mls of Clinicare 5 times daily.** Before administering, please give water and draw back to make sure there is no residual food in the tube or the esophagus. After giving the Clinicare, please flush the tube with 5-10mls of warm water. **THIS IS A TEMPORARY TUBE.** This tube can become dislodged and result in food/fluid into the trachea and lungs which could be fatal. If at any point when feeding Tommy begins to cough, do not continue feeding



and contact us or your veterinarian immediately. Do not feed Tommy any Baby Food as some baby foods contain onion powder which can result in red blood cell destruction.

**Respiratory distress:** Tommy's respiratory difficulty could be due to Feline Asthma, which is a recurring respiratory compromise featuring constriction of the lung's airways. Sometimes a low-grade chronic cough is the only manifested sign but an acute asthmatic crisis can arise at any time and can represent a life-threatening event. Asthmatic airway constriction can happen spontaneously or as a type of allergic reaction. When it comes to treatment, relieving and preventing airway constriction is what it is all about.

It is crucial to realize that the underlying problem in the airway is inflammation. Inflammation is responsible for the constriction. Corticosteroid medications have been the cornerstone of therapy to resolve inflammation. These can be given orally, by injection, or more recently via metered dose inhaler. Usually treatment is started with either an oral corticosteroid (such as prednisone or dexamethasone) or a long-acting injection (such as DepoMedrol). Inhalant medications such as bronchodilators can also help improve asthma and can be given through an inhaler made specially for cats. The AeroKat<sup>®</sup> Feline Aerosol Chamber (FAC) is designed to be used with a Metered Dose Inhaler (puffer) as recommended by a veterinarian to deliver aerosol medication to cats with feline asthma, chronic bronchitis or allergic rhinitis. When the AeroKat<sup>®</sup> FAC is attached to the puffer it allows your cat to breathe normally and inhale the aerosol medication which goes deep into your cat's lungs, where it is needed. The website for the AeroKat is <http://www.trudellmed.com/animal-health/aerokat>.

Minimizing irritants in the air is always helpful to an asthmatic cat.

- Do not allow cigarette smoke in the cat's environment.
- Use dustless cat litter.
- Consider non-topical insecticides. No sprays, either.
- Regularly replace air filters at home.

**Heart disease:** Tommy's respiratory distress could also have been caused by heart failure leading to fluid in his lungs. An echocardiogram revealed biventricular and biatrial enlargement which could be caused by Unclassified Cardiomyopathy or secondary to a high output state such as hyperthyroidism or anemia. PLEASE DO NOT GIVE TOMMY SUBCUTANEOUS FLUIDS AT HOME. This could result in more fluid than his heart can handle and cause him to go into heart failure. If Tommy appears dehydrated, please administer fluids orally via the nasopharyngeal tube.

**Anemia:** Tommy's anemia is a non-regenerative anemia which is likely due to a chronic disease. Tommy had a large amount of fleas which can cause significant blood loss and many secondary problems. *Mycoplasma haemofelis* is a bacteria which attacks the red blood cells and is carried by fleas. Topical flea control in addition to environmental changes such as professional spraying is recommended to decrease the amount of fleas.

**Liver enzymes:** Tommy's increased liver enzymes could be due to primary liver disease such as suppurative cholangiohepatitis, or could be secondary to other diseases such as hyperthyroidism. Tommy is very skinny and appears to be losing muscle mass, and this could be due to an increased metabolic state caused by Hyperthyroidism. T4 results are pending at this time. We will call you when we receive these results and if he is hyperthyroid we will recommend starting Tommy on a medication that will slow down his metabolic rate and help to reduce his weight loss.

**Icterus/hyperbilirubinemia:** This could be due to destruction of red blood cells due to *Mycoplasma haemophilum* or due to liver disease such as suppurative cholangiohepatitis.

**Weight loss:** Tommy is very thin and appears to be losing a great deal of muscle mass. He could have a gastrointestinal disease such as Inflammatory Bowel Disease or Intestinal Lymphoma, or he could have an increased metabolic rate due to Hyperthyroidism.

**Upper Respiratory infection:** The chief infectious agents that cause feline upper respiratory infections are herpesvirus and calicivirus, together accounting for about 90% of infections. Other agents include: *Chlamydia*, *Mycoplasma*, *Bordetella*, and others. Viruses are spread by the wet sneezes on infected or carrier individuals. **These are highly contagious infections and Tommy will need to be isolated from any other cats until his URI resolves.** Because Tommy is FIV positive, he is highly susceptible to these infections and will need to be isolated from any other cats showing URI symptoms and monitored closely for signs of infection. Bleach will readily inactivate either



virus but calicivirus is able to withstand unbleached laundry detergents. Symptoms to look for include sneezing, coughing, nasal discharge, runny eyes, and ulcers

**Feline Immunodeficiency Virus:** Tommy tested positive for FIV. If he has been vaccinated against the virus this test results could be a false negative. If he has never been vaccinated please refer to the information below.

FIV stands for feline immunodeficiency virus, just as HIV stands for human immunodeficiency virus. In fact, these two viruses are closely related and much of the general information that has become common knowledge for HIV also holds true for FIV. FIV is a virus that causes AIDS in cats; however, there is a long period without symptoms before AIDS occurs and our job is to prolong this asymptomatic period. The average life expectancy from the time of diagnosis for FIV is 5 years. Humans cannot be infected with FIV; FIV is a cats-only infection.

Some lifestyle changes will probably be needed now that you know you have an FIV+ cat.

Keep Tommy indoors: Now that you know your cat has an infectious disease, the responsible thing is to prevent the spread of this disease in your community. This means that your cat will need to be an indoor cat. No raw foods: There are currently numerous fad diets involving raw foods for pets. With an FIV+ cat, it is crucial not to succumb to these popular recommendations. Uncooked foods, especially meats, can include parasites and pathogens that a cat with a normal immune system might be able to handle, but which an FIV+ cat might not. Stick to the major reputable cat food brands. Parasite control: The last thing an FIV+ cat needs is fleas, worms or mites, especially now that he is going to be an indoor cat. There are numerous effective products on the market for parasite control. General monitoring: The FIV+ cat should have a check-up twice a year. Annually, a full blood panel and urinalysis is a good idea. Also, it is important to be vigilant of any changes in an FIV+ cat. Small changes that one might not think would be significant in an FIV-negative cat should probably be thoroughly explored in an FIV+ cat.

Tommy is a very sweet boy and we enjoyed having him as a patient. Please call us with any questions or concerns at 352-392-2235.

I have received a copy of my pet's discharges.



Client Signature

1/27/2012

Date

Clinician: Dr. Kirsten Cooke

Resident/Intern: Dr. Mayrim Perez

Student: Myles Rowley



Owner's Name CRAIG GRANT Client # 4552  
Address \_\_\_\_\_ Home Phone 904-377-1715  
Animal Name Tommy Work Phone 971-4417  
Species \_\_\_\_\_ Breed DST Emerg. Phone \_\_\_\_\_  
Sex M/C Age \_\_\_\_\_ Color/Markings BLU-WHT-BEIGE VAX DUE \_\_\_\_\_

1-24-12 Not eating Beer on Nutro 5-6 days  
wt 10th 12a on Doxy  
will eat chix - skipped early yesterday  
and Now V  
Nutro 0.25 ml SA Ceniva - 0.25 ml Sy  
0.5 Ceniva SA 0.25 ml Atroc Sy  
0.5 ml R/K Imm Dental - Scale Polish  
if stomach returns plan to extract  
Teeth - stomach w/ 1/2 can round  
lingual ulcer  
continue lingual ulcer & inflamed gingiva  
w/ iodine preparation  
Sent home

1-26-12 injection in Dorsal area  
ATO - MDG  
1/27/12 Dr. from UF called - Tommy seen  
in every - side - diaphragm - on  
Dr. call ATO - arotene - arotene -  
IV pos - X-ray show enlarged  
heart - will do full workup

1/30/12 Dr. Perez from UF called  
many pubs - possible hyperthyroid - acute renal  
possible carcinoma

1/31/12 still D. - poor feed via NG tube - oral ulcer improving  
DR 1/10/12  
Per conf - Dr. Chicone

2/3/12 Dr. Perez called from UF - Tommy is  
Severe hypoglycemia ↓ Blood glucose  
ITP pos CO no Ans



Owner's Name Craig Grant Client # 4552  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Animal Name Lenny Work Phone \_\_\_\_\_  
 Species \_\_\_\_\_ Breed DSH Emerg. Phone \_\_\_\_\_  
 Sex mlc Age 9m Color/Markings \_\_\_\_\_ VAX DUE \_\_\_\_\_

1/14/11 T 102.2 - ulcer on tongue & center  
 conjunctivitis O.D.  
 - wheezer in chest  
 - (L) ear blockage on ear - No Hm  
13 1/2

Dev. CRT, Wiskin  
 - .65cc Canavara SQ &  
 - .4cc Nuplat SQ &  
 - NPI O.O. O.D.  
 ← Cleaned

6-13-11 ✓ month - tooth issue - Badly  
 12# Severe Stomatitis  
 Severe flea dirt  
 T 102.2 Dirty Ears  
 Upper Resp Congestion.

0.6ml Canavara SQ &  
 Bath & Microchips (CRK)  
 Dental X  
 Microchips &

6/16/11 0.5ml RfC Dm &  
 loaded w/ Flea a Flea dirt  
 Flea comb - Capstar &

12-30-11 Wm - sneezing has a cold 11# 8.2  
 T 99.0 - wpt Wiskin  
 Liquid ulcer - 1g -  
 Rx - .6ml Canavara SQ &  
 .25cc Nuplat SQ &  
 Fleas small Capstar &

12/31/11 0.3ml Nuplat SQ &



Owner's Name

Craig Grant

Client #

4852

Address

Home Phone

904-377-1715

Animal Name

Tommy

Work Phone

971-4417

Species

Feline

Breed

DSH

Emerg. Phone

Sex

M/C

Age

Color/Markings

white/Black/Beige

1-26-09

✓ Raw - Boost Vaccine

13<sup>1402</sup>① ear - butterfly sized tumor in ear canal.  
Per area surgery a histopath No Fleas seen

to chd surg in am

4/27/09

0.7 ml P/K Imm  
Remove growth ② ear  
cauterizing

1/28/09

0.3ml Norel sarg  
Clear surgical  
site a ② ear  
Pack ear w/ ointment  
3cc Norel sargPr. 1) clear ear  
w/ needed  
3 Ave A/3  
3 Ave 1/4Dign Baytril 22  
#10 - 1 SID

2/3/09

Lab diff - Began inflammatory colitis -  
CO - No Abs -  
Day week ATO

## FELINE ANNUAL VACCINATIONS

TEMP

FELV TEST

FECAL

FVR-CP

DEWORM 0.15 Ivermectin

CHECK EARS growth

CHECK TEETH wdr

WEIGHT

13<sup>1402</sup>

FIV TEST

IMRAB

LEUK

C/NS

01/28/09

ID#: 012981

Refills: 0

Vet #: FL 2491

Madison Veterinary Clinic, L.L.C.

119 SW CAPTAIN BROWN RD

Madison, FL 32341

(850) 973-6936

John C. Lewis DVM (FL 2491)

CRAIG GRANT

Feline

TOMMY

Baytril 22mg - each

Qty: 10.00

Exp: 01/28/10

Strength: 22mg

GIVE CAT 1 TABLET BY MOUTH ONCE A DAY.

02/18/09

ID#: 013146

Refills: 0

Vet #: FL 2491

Madison Veterinary Clinic, L.L.C.

119 SW CAPTAIN BROWN RD

Madison, FL 32341

(850) 973-6936

John C. Lewis DVM (FL 2491)

CRAIG GRANT

Equine

SUPPLIES

Clindacure 25mg

Qty: 1.00

USE AS DIRECTED.

Exp: 02/17/10

Strength: ---





Owner's Name

Craig Grant

Client #

4552

Address

Home Phone

904-377-1715

Animal Name

Tommy

Work Phone

Species

Feline

Breed

DFA

Emerg. Phone

Sex

M/C

Age

Color/Markings

White/Black/Beige

3-28-07

Annie's couldn't catch

8-1-07

exam - wound

12#407

Bust abscess (2)

grow 2 gtr

small hole where

skin has pierced

shaved clear -

leaving dead tissue

in edges.

Flush H<sub>2</sub>O

Flush betadine -

Pz 1.0cc Bactel Pz

Dig Bactel 22mg

1st 1st 1st

other abscess on back

a bump - healing -

ATO done earlier.

## FELINE ANNUAL VACCINATIONS

TEMP

101.0 -

WEIGHT

12#407

FELV TEST

FIV TEST

FECAL

IMRAB

FVR-CP

LEUK

DEWORM

C/NS

CHECK EARS

CHECK TEETH

Social / Exp.

670508

09 JAN 08

Feline Rhinotracheitis-Calici-  
Panleukopenia-  
Rabies Vaccine  
(Modified Live Virus, Canine parvovirus)  
MERIAL

08/01/07

ID#: 007660

Refills: 0

Vet #: FL 2491

Madison Veterinary Clinic

1309 West Base Street

Madison, FL 32341

(850) 973-6936

John C. Lewis DVM (FL 2431)

Feline

CRAIG GRANT

TOMMY

Baytril 22mg - each

Exp 01/01/10

Qty: 14.00

Strength: 22MG

GIVE CAT ONE TABLET BY MOUTH ONCE A DAY.

Keep out of Children's Reach For Veterinary Use Only

8-13-07

rev

T-101.8

Abscess wounds in groin have

closed by 50% continue Baytril

1 PO STD, mild folliculitis around

wounds, clean area w/ H<sub>2</sub>O daily.