

Insurance Details

Insurance Company: Animal Friends
Policy Number: PY2732250-1
Reference:
Practice Reference: PRI036215

**Scarsdale Vets**

**Springwood Vets**

Pride Veterinary Centre
Hospital. Practice. Resort.

The Scarsdale Veterinary Group is a trading name of Scarsdalevets LLP. Registered in England and Wales under Registration No OC350938.
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The University of Nottingham **XLvets**
excellence in practice

Client

Name: Mrs Melissa Marlow
Address: 91 Wood Lane
Newhall
Swadlincote
Derbyshire
DE11 0LX

Telephone:
Email:

Members: Mr C S Parker BVM&S DBR MRCVS | Mr A M Jamieson BVM&S MRCVS Mr J D Turkington BVetMed MRCVS | Mrs K J Davis BVetMed MRCVS DipCABT COAPE | Mr P D Sands BSc BVetMed CertVD MRCVS | Mrs W A Furness MA VetMB CertEP MRCVS
Mr F P J Boyer MA VetMB CertSAM MRCVS | Mrs A K Cuckle BVSc MRCVS | Mrs J A Todd BVMS CertVR CertVC MRCVS | Ms R A Jackson BVSc DBR MRCVS | Mrs F Bird BVSc CertSAS MRCVS | Mr P Revell BVM&S MRCVS | Scarsdalevets (Derby) Ltd.

Case Information

Presenting Signs:
Condition: Collapse secondary to suspected neoplasia
First Noticed: Referral
Treatment Dates: 9Mar16 - 5Mar19
Did death or euthanasia result: Yes
Previous Claim No: None

Animal's Details

Name: Jake
Species: Dog
Breed: Irish Setter
Sex: 3.Male Neutered
Date of Birth: 1 January 2008
Date Registered: 9 March 2016

Financial Details

Date	Reference	Quantity	Description	Amount	Vat	Total
23Feb19	STA00763445	1.00	consult saturday	27.30	5.46	32.76
23Feb19	STA00763445	1.00	Lab BRANCH Full Profile	63.00	12.60	75.60
23Feb19	STA00763445	1.00	lab results evaluation	29.50	5.90	35.40
23Feb19	PRI03201582	1.00	schirmer tear test	3.33	0.67	4.00
23Feb19	PRI03201582	1.00	fluorescein sodium strip	0.94	0.19	1.13
23Feb19	PRI03201582	1.00	proxymetacaine hyd 0.5% minims	1.28	0.26	1.54
24Feb19	PRI03201582	1.00	hosp night level 5	72.00	14.40	86.40
24Feb19	PRI03201582	0.60	comfortan 10ml x 1ml	12.33	2.47	14.80
24Feb19	PRI03201582	0.60	comfortan 10ml x 1ml	12.33	2.47	14.80
24Feb19	PRI03201582	0.60	comfortan 10ml x 1ml	12.33	2.47	14.80
24Feb19	PRI03201582	1.00	augmentin alternative	12.98	2.60	15.58
24Feb19	PRI03201582	1.00	augmentin alternative	12.98	2.60	15.58
24Feb19	PRI03201582	30.00	paracetamol inj 10mg/ml x 1ml	11.25	2.25	13.50
24Feb19	PRI03201582	30.00	paracetamol inj 10mg/ml x 1ml	11.25	2.25	13.50
24Feb19	PRI03201582	0.60	comfortan 10ml x 1ml	12.33	2.47	14.80
24Feb19	PRI03201582	1.00	vetivex NO.11 1L	9.52	1.90	11.42
24Feb19	PRI03201582	1.00	iv drip set up (fluids extra)	78.75	15.75	94.50
24Feb19	PRI03201582	1.00	op drip t-port vygon	0.00	0.00	0.00
24Feb19	PRI03201582	1.00	op drip aquapharm long set	0.00	0.00	0.00
24Feb19	PRI03201643	1.00	hosp day level 3	56.00	11.20	67.20
24Feb19	PRI03201643	0.89	comfortan 10ml x 1ml	14.30	2.86	17.16
24Feb19	PRI03201643	0.89	comfortan 10ml x 1ml	14.30	2.86	17.16
24Feb19	PRI03201643	1.00	augmentin alternative	12.98	2.60	15.58
24Feb19	PRI03201643	29.80	paracetamol inj 10mg/ml x 1ml	11.23	2.25	13.48
24Feb19	PRI03201643	2.90	cerenia inj	31.85	6.37	38.22
24Feb19	PRI03201643	1.00	lab haem pcv	8.50	1.70	10.20
24Feb19	PRI03201643	1.00	lab results evaluation	29.50	5.90	35.40
24Feb19	PRI03201643	1.00	euthanase hospital cat o.o hrs	110.25	22.05	132.30
24Feb19	PRI03201643	1.00	cremate dog individual	135.63	27.13	162.76
24Feb19	PRI03201643	1.00	lab haem pcv	8.50	1.70	10.20
24Feb19	PRI03201643	1.00	lab results evaluation	29.50	5.90	35.40

Please make payment to: **Veterinary Practice**
VAT Registration Number: 108 2383 31

Total claimed: 845.94 169.23 **1015.17**

Continued...

Insurance Company: Animal Friends
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Client Name: Mrs Melissa Marlow
 Animal Name: Jake

Clinical Notes

9Mar2016 Lesley Bennett

Glenthorne history: at5_1457540038_334.pdf

Weight 36 Kgs, Target 0 Kgs

9Mar2016 Janie Goddard

Vaccs not upto date was due 17/3/15

11Mar2016 Ruth Crossland

Estimate: Lump removal approx 510.67

Weight 37.8 Kgs, Target 0 Kgs

Here for check over and a check of his anal mass. Felt previous vets were dismissive of it. Has been there since May 2015, grew to a pea size by Oct 2015 and has grown again since. Not ulcerated or licking at it. Otherwise well, eating fine, good appetite (is overweight), drinking as normal. Urine fine. Faeces variable, sometimes soft and other times seem quite hard. After he goes there is a really bad smell. Sometimes after he goes he lies with his bottom in the air as if uncomfortable. History of ear disease and ventral pyoderma but currently okay.

c/e BAR, very nice temperament. Is overweight, O aware. Some pigmentation to left cornea, small eyelid mass lower right lid, quite heavy tartar on teeth, gave O estimate for dental. Heart check fine, HR 108bpm, no murmur, lungs clear. Abdo nad, doesn't react to palpation. NAD on rectal exam, emptied glands and no masses in there. Lump on anus is very smooth, grape size swelling, discrete lump under the skin. No trauma and not obstructing anal passage. Is castrated so not likely testosterone influence. Advised remove with histo or monitor. Has been there a year and not showing any signs of systemic disease. Gave estimate for removal.

O thinks did have vacc last year so will check paperwork. If not will book in.

31Mar2016 Sue Watkins

Booster reminder lapsed

19Apr2016 Ruth Crossland

Weight 36.9 Kgs

BatchNo: A240A01/A093A01

Not vaccinated so restart today. No concerns other than those mentioned previously.

c/e BAR, eyes as above, teeth as before. Gave O estimate again. May book in. heart/lungs/abdo nad. Lump still grape size, no change. Checked hips and

Continued...

Insurance Company: Animal Friends
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Client Name: Mrs Melissa Marlow
Animal Name: Jake

Clinical Notes cont...**19Apr2016 Ruth Crossland**

definite clunk to both hips so think this may be causing issues with defacation rather than lump. Can x-ray hips and caudal abdo with dental if O would like but is concerned about costs so may leave. Chip working. First injection given. Resee 2-4 weeks for second.

8May2016 P D Sands

L a240a01

6Oct2016 Emma Bennett

october dental offer text sent

12Jun2017 Paul Revell

Weight 33.5 Kgs

BatchNo: a408b01

"Apply to left ear twice daily for"

"10-14 days. "

in good health. great weight loss - o been trying. still another 2-3kg to lose.

Exam NAD - needs dental, and perianal mass present. been told to monitor it previously. Not growing but advise removal if starts to bother him or ulcerate. also OE in L ear. mostly vertical canal but some pus in horizontal canal. r/c 2 weeks

27Jun2017 Janie Goddard

missed appt, rebooked.

29Jun2017 Ruth Crossland

Used the drops for 4.5 days before they ran out. Managed them fine. Outside of his ear seems okay, O has been cleaning but seems improved. c.e left ear clear to TM. Right ear still has a tiny amount of wax but no pus, no ulceration, doesn't appear infected. Has had ear infections in the past, sometimes both ears, sometimes just the one. Advised weekly cleaning, can increase or reduce the frequency depending on how waxy they seem. No need to resee.

2Aug2017 Paul Revell

Weight 33.2 Kgs

"Give 1 tablet twice daily for 1 week"

blood in urine. o noticed today. straining a bit afterwards. not been again since though.

Bladder lemon sized - gentle pressure and he urinated on floor. first part more red/brown than the main flow. Bladder feels thickened. no obvious stones. Prostate normal.

SG 1.030

Continued...

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Client Name: Mrs Melissa Marlow
Animal Name: Jake

Clinical Notes cont...**2Aug2017 Paul Revell**

Dip - prot +++, blood off scale, bilirubin +/-+, pH 8.
rest normal.
Tx as cystitis. o aware possibly underlying issues but
given its the first presentation -try antibiotics first.

27Oct2017 Sian Bowles

Weight 30.3 Kgs

27Oct2017 Ciara Zissman

"Give ONE tablet TWICE daily"

"CONTAINS PENICILLIN"

"dip/s.g - results to cz"

seemed fine after last lot of meds but for last week
not himself. Generally quieter than normal, couple of
episodes of urinating all over the kitchen floor (no
blood seen), vomited a couple of times, weight loss
noticed, appetite reduced - not wanted to eat anything
this morning

2 days ago seen drinking ++ from water bowl after
passing urine
normal faeces

c/e quiet but alert, mm p/m, crt <2s, teeth ok
Heart fine hr 88 normal rhythm
Abdomen - all feels normal, bladder is palpable but
quite small, not reacting to palpation. Prostate feels
normal - can't palpate it rectally which would expect
in neutered dog
Weight loss of around 3kg
Pyrexia - 40.1c

ddx UTI most likely but given changes in drinking and
weight loss concerned about other underlying problems
such as renal ds

Suggest health screen bloods, urine dip/sg again
Antibiotic injection given this morning while await
results

27Oct2017 Sian Bowles

Attachment: Lab Request Form.odt

27Oct2017

Urinalysis:

Blo-+++

PH-6.5

Pro-++

Everything else norm/neg.

SG-1.030

Continued...

Insurance Company: Animal Friends
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Client Name: Mrs Melissa Marlow
Animal Name: Jake

Clinical Notes cont...**28Oct2017 Ciara Zissman**

"Give 4ml into the mouth TWICE daily"
"Give TWO capsules every 8 hours"
"May cause drowsiness, if so then the"
"dose can be reduced."
"Feed little and often"
- neutrophilia
- lymphopenia
- elevated ALKP (6 x top ref range)
- elevated bilirubin
- mildly hypocalcaemic
- lipase and cholesterol elevated

Suspect UTI is secondary, more concerned about liver/biliary/pancreatic ds now
Spoken to O- adv of above, Jake seems a bit brighter and has eaten some rice but still very lethargic
Adv have concerns re hydration, ideally would like to trial oral meds tonight on suspicion of pancreatitis and see tomorrow to check temp and take bloods for snapCPL, poss admit depending on hydration.

O cant make it in today or tomorrow as away until sunday night, her son is looking after jake
O will contact her son and ask him to collect meds (over 18 so ok to collect meds), then book appt for monday, aware that if he deteriorates her son can call tomorrow for further adv
O aware that there is chance we will assess on monday and adv hospitalisation

30Oct2017 Jen Lees

taking tramadol and seems brighter, has been eating since yesterday. eaten some rice. had about half a tin morning and half a tin evening. actually showed interest in food yesterday, still not his normal self though.

Weight 30 Kgs
HR 100, RR WNL, mm pale pink and slightly moist, CRT just under 2 secs. cranial abdo discomfort present.
temp 38.7C
think ok to stay at home for now but run CPL snap to confirm if pancreatitis present (adv not 100% accurate test)
If stops improving may need hosp +/- abdo scan
cont on all meds as previous

30Oct2017 Laboratory

CPLi = Abnormal

30Oct2017 Jen Lees

Continued...

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Client Name: Mrs Melissa Marlow
 Animal Name: Jake

Clinical Notes cont...

30Oct2017 Jen Lees

Spoken to o, reported does have pancreatitis, keep on the same meds, update or recheck in 48hrs

31Oct2017 Charlotte Dunn

Attachment: NWL results received 28.10.17

2Nov2017 Jen Lees

Much brighter now, pretty much normal,. eating well.

Finished meds

"use instead of regular food for"

"next few days"

different dog today. really bright. exam NAD, abdo comfortable. try off meds now. use low fat food for anohter few days then merge onto normal. adv can have flare ups

16Nov2017 Jen Lees

From 'was lively', notes above are from today!

Was lively since last seen, is still eating now.

however is urinating everywhere and can see blood in it.

Also V+, brought up yellowy bile. has done this 2-3 times in last week.

Urinating everywhere started yesterday.

Weight 29.5 Kgs

"give 1 tablet twice a day"

"contain penicillin"

"CONTAINS PENICILLIN"

"give 3.9ml by mouth three times"

"a day, 30 min before food"

"full analysis please, needs"

"invoicing"

Estimate: full urinalysis 68.04

On exam, mm p+m, CRT <2. LN WNL.

HR about 200, faster than would expect for size of dog but is quite worried, chest sounded clear.

Abdo palp relaxed but couldnt identify bladder.

Rectal exam done to check prostrate, either not enlarged or out of my reach!

temp 40.1C

Disc with o, feel we are missing something here.

Start back on GI protectants for the V+.

ABs for poss bladder infection, adv to get morning urine sample tomorrow, if in before tom collects then full analysis, otherwise will just check dip/SG on this and need a fresh sample next week for full check.

HAVE ok'd for o to pay when back as away tomorrow and will be her son or friend bringing the urine in

.

If no answers on urinalyis, repeat bloods and do an abdo scan?

Continued...

Insurance Company: Animal Friends
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Client Name: Mrs Melissa Marlow
 Animal Name: Jake

Clinical Notes cont...

20Nov2017 Saoirse Wright

Attachment: Lab Request Form.odt

21Nov2017 Laboratory

Attachment: Urinalysis report - interim

24Nov2017 Laboratory

Attachment: Urinalysis report - final

24Nov2017 Jen Lees

Urine has grown probably significant levels of pseudomonas - multiple resistances! Low SG, some yeast, low level of strep too.

Need to stop noroclav and start on enrofloxacin.

"give 1 tablet once daily"

spoken to o, gone through results, he is ok in self atm, just drinking lots, apppy to give baytril. recheck at end of course

19Jul2018 Charlotte Dunn

O will call to book; aware already overdue.

21Feb2019 Ciara Zissman

Weight 29.8 Kgs

here to restart vaccination as going into kennels next month

No major concerns with jake but O has noticed his right eye looking cloudy over the last month

c/e right eye does appear cloudy - it looks like the anterior chamber is cloudy but it may be the cornea or both

lens ok mild nuclear sclerosis

no corneal defects fluoroscein negative

pupils equal and responsive

ddx uveitis if anterior chamber cloudy, poss glaucoma if corneal oedema is present

I would adv an eye pressure check and then further investigations depending on results - if high then may need referral, if low may need bloods to investigate uveitis. If normal then referral will still be helpful
 Given O price for eye pressure check, opted to leave today but will book back in soon, discussed what to look for to indicate deterioration

Heart/chest fine, good rom still in joints, good body condition and weight stable

First vaccine given, second in 2-4 weeks

kc vacc given, adv chance of mild clinical signs

23Feb2019 Ciara Zissman

Estimate: bloods 111.00

Estimate: 709.03

Continued...

Insurance Company: Animal Friends
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Animal Name: Jake

Clinical Notes cont...

23Feb2019 Ciara Zissman

seen 2 days ago for vacc, no major concerns with Jake at this time other than the cloudy eye was eating/drinking normally, bright Last 24 hours, off food, some retching no actual v+, no faeces passed but some straining seen O unsure if to urinate or defecate. Passed small amts urine. Very lethargic. Eyes really runny also. Not drinking.

c/e weak and lethargic, quite depressed compared with 2 days ago

Hr 136 normal rhythm, resp noises slightly increased bilaterally but not tachypnoeic/dyspnoeic Uncomfortable generally on abdominal palpation although nothing feels abnormal. Bladder moderately full and urine dripping from penis on palpation, collected a small sample for dip.

Urine dip - blood +++, pro ++
Insufficient sample for rest of dipstick or s.g

T 40.7c

oral mm appear to have some petechial haemorrhage, some blood in saliva when first opened mouth

Also blood in urine

Right eye - constricted pupil today with slight cloudiness in anterior chamber, scleral and conjunctival vessels slightly engorged in both eyes - uveitis most likely and at this stage suspect secondary to other problems

Adv blood sample this afternoon - O ok to go ahead

Results:

Haem - thrombocytopaenia, fresh smear confirms low platelet numbers, minimal clumps
neutrophilia, some toxic looking neutrophils on smear
HCT moderately elevated - dehydration

Biochem - hyperbilirubinaemia - not anaemic so hepatic or post hepatic cause

Significantly elevated ALP, normal ALT - extra hepatic cholestasis likely, potential for pancreatitis also

Azotaemic - this may be pre-renal or renal

NA/K+ mildly reduced

Discussed all of above with O - main concerns are the thrombocytopaenia plus liver and renal alterations

POTential for pyelonephritis plus liver and pancreas abnormalities

Suspect the uveitis and thrombocytopaenia are secondary

Continued...

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Clinical Notes cont...

23Feb2019 Ciara Zissman

to above processes

Discussed all of above with O - cant give accurate idea of prognosis until we have more information about the cause and how these symptoms are linked
Will need supportive fluids, ab's and analgesia followed by abdominal scan and urinalysis to investigate further
Unfortunately at this stage have to prepare for a poor outcome. O aware but would like to try all we can
Arranged transfer to pride

23Feb2019 Ciara Zissman

Plan:

- IVFT hartmanns at 120ml/hr with close monitoring of TPR
- Buprenorphine slow IV 0.02mg/kg q 6-8hr
- Co-amoxiclav slow iv 20mg/kg q 8hr
- Abdominal scan with cystocentesis and full urinalysis within the next 12-24hrs sooner if deterioration

O sent to pride with signed consent form estimate up to £1000 for the first 24 hrs, O aware if deterioration or complications then further investigation and treatment may be required

Lab Report: 'SKYLA Diag+ (CANINE)'

Lab Report: 'INSIGHT Haematology (BRANCH) - DOG'

K+ is slightly low, need to monitor this on IVFT, may need to add potassium to fluids

23Feb2019 Holly Jeffery

cbk sent to insurance

23Feb2019 Ashley Davies

Presented at PP for branch admit.
Last 2-3 days demeanour changed, more lethargic.
Had vacc few days ago (re-start).
No F travel. Unsure parasite px?.
Presented pyrexia; Hypovolemic; Very lethargic;
Mild-moderate abdo discomfort.
Has some lumps unchanged (near anus and on extremity)

Discussed poss causes, concerned infectious/neoplastic process.

- Adv will need stabilisation
- Then work -up , offered referral as an option for work-up
- O prefer start FO stabilisation

Continued...

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Clinical Notes cont...

23Feb2019 Ashley Davies

- O aware Jake is v poorly
"OS:8mm/min OD:10mm/min"
"Negative uptake. Postive OU Jones"

23Feb2019 Ashley Davies

OCULAR EXAMINATION:

OU: Tenacious, mucoid ocular discharge; Conjunctival & scleral hyperemia (No nasal dryness)

OS: Palpebral: +ve; Menace -ve; Dazzle +ve; PLR: cannot visualise through corneal opacification (oedema)
Altered iris profile on SLB. Cannot examine vitreal chamber. PLR R>L: +ve

OD: Palpebral/Menace/Dazzle/PLR: Positive;No aqueous flare on SLB

Diagnosis:

- Keratoconjunctivitis Sicca (bilateral)For now tx with lubithal q2h , ideally start optimmune 0.5cm BID both eyes
- OD: Severe corneal oedema (Corneal Endothelium Degeneration likely) SLB AQ cannot be visualised
- Would advise an ultrasound scan of eye during investigations to rule out any intraocular/vitreal pathologies.

23Feb2019 Ashley Davies

Given clinical examination findings and the bloods taken, Concerns are as follows:

- Azotaemia; Hyperbilirubinemia; Leucocytosis & neutrophilia; Moderate thrombocytopaemia; Marked increase in ALP;Mild hypoglycaemia
- Concern based on bloods that DDx included SIRS /Sepsis leading to MODS ; or alternatively paraneoplastic syndrome
- Thrombocytopaemia is not at a level that would usually cause spontaneous bleeding
- Ocular changes: cannot rule out a neoplastic process e.g. lymphoma

ADV:

- Abdominal ultrasound (ocular ultrasound; T rads
- Full urinalysis (free catch)
- Repeat haematology + blood smear elevation
- 4DX (ideally)

Would not advise steroid tx at this stage given the

Continued...

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Clinical Notes cont...

23Feb2019 Ashley Davies

above concerns

OVERNIGHT MONITORING

- Vital parameters
- Blood pressure
- Signs of further deterioration: blood for PCV, glucose measurement

24Feb2019 Thomas Hackney

Early evening noted to be mildly hypotensive and tachycardic - fluid bolus -> good response.

Mild hypovolaemia - consistent with haemoconcentration noted on haematology (HCT 60%) - as such IVFT increased to 3xM overnight.

Otherwise plan as per above, gradual improvement in demeanor noted since handover and temp now normal. Inappetent. u- so far, f-.

24Feb2019 Ashley Davies

Adv improvement in demeanor on IVFT and Analgesia

Seems uncomfortable in abdo, is weak.

Adv repeat bloods and invest tomorrow as above:

- Trads; AUS + ocular U/S to rule out vitreal/iris mass

24Feb2019 Chrissie Thornehill

PCV: 43% serum icteric

24Feb2019 Thomas Hackney

Acute deterioration around handover, seems to be more painful than previously.

AFAST - FF positive, tapped - blood (PCV - 40%).

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Discussed with the owner, likely acute bleed, highest differential would be neoplasia and in the absence of trauma an ex-lap would be advised.

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O attended and further discussion of options, possibilities and likely prognosis. Decision made to PTS on welfare grounds.

"V05"

24Feb2019 Anna Ross

cbk sent to DC - anna

24Feb2019 Anna Ross

pawtal book signed - DC and ins form in black box - anna

4Mar2019 Jo Bell (Rec)

client aware ashes are back and of balance due - Jo