was admitted to the Texas A&M University Veterinary Medical Teaching Hospital on February 19, 2015 .

Presenting complaint: Diarrhea and vomiting

Diagnosis:

- Ketoacidosis and hyperglycemia secondary to diabetes mellitus--ketoacidosis is currently resolved
- Pancreatitis

History: , a 13 year old male neutered Bichon Frise, presented to the Texas A&M ER service on February 19, 2015 for vomiting and diarrhea. According to , had been very lethargic for the week prior to presentation. He was not wanting to eat and was drinking a lot more water than usual. The day of presentation was the first day had any diarrhea or vomiting. He is kept confined to the hallway in the house because he has a history of getting into the garbage.

is up to date on vaccinations and takes Iverhart and Advantage for heartworm and flea and tick prevention. He has been treated here previously for dehydration, but has no other history of trauma, surgeries, or medical illnesses. He is not currently on any medications. He lives mostly indoors with one other dog and eats a dry dog food.

Physical Examination:

Temperature: 100.6°F Pulse:112/min Respiration: 24/min

Weight: 8.6 kg Body condition score: 4/9

Attitude: Bright, alert, responsive

Mucous membranes: Pale pink, dry, CRT <2 sec

Cardiovascular: Normal sinus rhythm detected; Grade I/VI heart murmur left apical;

femoral pulses strong and synchronous with pulse

Respiratory: Eupneic; normal bronchovesicular sounds bilaterally; no crackles/wheezes Ocular: No discharge noted; pupils equal and reactive; lenses were bilaterally cloudy ENT: Facial expression symmetrical; teeth – severe dental plaque build up; ears – clean, no odor or discharge

Integument: Multiple small skin masses were seen over the trunk (all <1 cm). A large mass was present on the body wall of the right side just caudal to the last rib.

Gastrointestinal: Abdomen was painful when palpated in the cranial portion; no fluid wave present; rectal exam was normal, anal sacs were easily expressible

Genital: No significant abnormalities noted

Neurologic: Normal mentation; no ataxia, menace/palpebral normally elicited; a full neurological exam was not performed

Musculoskeletal: Ambulatory x 4, no lameness noted on cursory examination; well-muscled and symmetrical

Lymph nodes: Mild enlargement of the submandibular lymph nodes, no other peripherial lymphadenopathy was noted.

Diagnostic Tests & Results:

NOVA (2/19/15):

Sample Type: Venous

FIO2: 20.9 % PCV: 40 TS: 7.2

test_code	test_type	result_value	unit	reference	flag
pH	M	7.224		7.38 - 7.49	L
pCO2	М	21.9	mmHg	29.8 - 40.8	L
pO2	M	54.2	mmHg	43.8 - 111.0	
Hct	M	43	%	35 - 51	
Na+	M	133.3	mmol/L	146.8 - 153.1	L
K+	M	3.40	mmol/L	3.91 - 4.4	L
CI-	M	99.2	mmol/L	110.6 - 115.5	L
Ca++	M	1.15	mmol/L	1.23 - 1.35	L
Mg++	M	0.39	mmol/L	0.38 - 0.52	