

Below is a hospital summary for Casper Adams who presented on 01-03-2021.

Please do not hesitate to contact me with any questions or concerns regarding Casper's care, or if you would like to discuss any other case.

Sincerely,

Elana Hadar, DVM, DACVIM
ACCESS San Fernando Valley
20051 Ventura Boulevard
Woodland Hills, California, 91364
(818) 887-2262

Client Details

Name	Adams, Norman	Phone	661-227-1859
Address	3617 E Ave J3 Lancaster, California, 93535		661-361-5271

Patient Details

Name	Casper	Age	16 years
Species	Feline	Sex	Male Neutered
Breed	Domestic Short Hair	Referral	North Valley Veterinary Clinic - Lancaster

Health Status

Date/Time	Blood Pressure	Weight (kg)	Temp(°F)	Heart Rate	Respiratory Rate	CRT	Pulse Quality	Respiratory Effort	Notes
01-05-2021 8:00:00pm									Attitude = Dull
01-05-2021 7:00:00pm									Attitude = Dull
01-05-2021 6:00:00pm		2.54	100.0	168	28	1-2 sec	Normal	Normal	Attitude = Dull MM = Lt pk
01-05-2021 5:00:00pm									Attitude = Dull Humulin R Insulin = CMB
01-05-2021 4:00:00pm	102		99.3						Attitude = Dull
01-05-2021 3:00:00pm									Attitude = Dull Humulin R Insulin = Do Humulin R Insulin = Hold
01-05-2021 2:00:00pm									Attitude = Dull
01-05-2021 1:00:00pm									Attitude = Dull
01-05-2021 12:00:00pm	84		99.0	180	30	1-2 sec	Normal	Normal	Attitude = Dull MM = Lt pk
01-05-2021 11:00:00am									Attitude = Dull Humulin R Insulin = Do
01-05-2021 10:00:00am									Attitude = Dull
01-05-2021 9:00:00am									Attitude = Dull
01-05-2021 8:00:00am	100		99.7						Attitude = Dull
01-05-2021 7:00:00am	88	2.42	100.2	164	24	1-2 sec	Normal	Normal	Attitude = Dull MM = Lt pink
01-05-2021 6:00:00am									Attitude = Dull
01-05-2021 5:00:00am	90		97.9						Attitude = Dull Humulin R Insulin = AO
01-05-2021 4:00:00am									Attitude = Dull

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01-05-2021 3:00:00am								Attitude = Dull
01-05-2021 2:00:00am								Attitude = Dull
01-05-2021 1:00:00am	92	98.9	180	16	1-2 sec	Normal	Normal	Attitude = Dull MM = Lt pk Humulin R Insulin = Za
01-05-2021 12:00:00am								Attitude = Dull

Shift Summaries

INPATIENT UPDATE January 5, 2021:

SUBJECTIVE:

Casper, 16 year old MN Domestic Short Hair, remained hospitalized for management of DKA and hypernatremia. Casper has no interest in eating or drinking. Casper urinated but did not defecate overnight. No vomiting or diarrhea was reported.

OBJECTIVE:

General: mildly obtunded to QAR; euhydrated; IVC in place and patent

Eyes, Ears, Nose, Throat: Sclera, conjunctiva, anterior chamber clear OU; mucous membranes are pink and moist; CRT < 2 sec. NG tube in place.

Cardiovascular: No murmurs or arrhythmias; strong, synchronous femoral pulses

Respiratory: Normal bronchovesicular sounds bilaterally; no crackles or wheezes; eupneic

Abdomen: No masses, organomegaly or fluid palpated; non-painful

Integumentary: Dull haircoat

PLNs: < 0.5 cm

Rectal/GU: External structures within normal limits; digital exam not performed.

Musculoskeletal/Neurologic: Ambulatory x 4; mentation is appropriate; no overt CP or cranial nerve deficits; full neurologic exam not performed; BCS 3-4/9. Moderate epaxial muscle wasting.

ASSESSMENT:

Abnormal mentation - improved 1/5/2021

Diabetes mellitus

HHS

Renal Failure

Likely chronic kidney disease

Hypernatremia, severe

Hyperkalemia

Neutrophilic leukocytosis - r/o infectious vs inflammatory

PLAN:

IV Fluids:

1. LRS at 12 ml/hr

Medications:

1. Maropitant 2.3 mg IV q 24h
2. Pantoprazole 2.3 mg IV q 12h
3. Unasyn 68.4 mg IV q 8h
4. Humulin R 0.25 IM q 4h PRN

Diagnostics/Treatments:

1. BG q 4h
2. PCV/TS q 12h
3. Serum ketones q 24h
4. Free water via NGT q 4h

 Diagnostic Result

Radiographs - Two Body Regions (Ref: US10449-DR463149)

Outcome

Imaging Report for Adams^Casper US10449-DR463149

History:

X-rays 1-4 are of another patient.

Date: 01-03-2021 Notes: Casper, a 16yo MN DSH, was referred to the ACCESS Emergency service for anorexia and lethargy. The owner reports that Casper has been hyporexic since 12/23, with severe progression over the past 3 days to anorexia today. He did vomit twice after eating 2 days ago, and had diarrhoea today. The owner reports no history of GI signs, any recent dietary changes, or known dietary indiscretion. His water intake and urination is decreased recently. Casper was seen by their primary care veterinarian today, where bloodwork was performed (see below). He was referred for treatment.

The owner reports he was diagnosed with Diabetes Mellitus in mid December 2020 - the owner reports that he was PUPD, had weight loss, and was ataxic at the time of diagnosis. His PUPD has improved since starting Vetsulin.

There is no current history of coughing or sneezing. Casper is an indoor only cat.

Diet: Proplan DM, Forza10 Actiwet Diabetic

FelV/FIV status: Unknown

PPHx:

Diabetes Mellitus

Azotaemia

Stomatitis

Rx:

Vetsulin 1U SQ q12h (last given at 9.40am)

pDVM diagnostics:

CBC/biochem (1/3/2021): WBC 28.88k, neut 26.07k, lymph 1.41k, plt 185k, alb 5.0, ALT 114, amyl 1606, BUN 49, creat 2.7, glu 319, phos 8.8, Na >170, TP 9.0

CBC/biochem (12/18/2020): WBC 28.43k, neut 26.04k with bands suspected, eos 0.08k, glu 538, SDMA 17, BUN 69, creat 1.7, glob 5.3, chol 261, total T4 0.7

CBC/biochem (11/6/2020): retic 54.4k, eos 0.13k, otherwise WNL

GEN: QDR, 8-10% dehydrated

EENT: Eyes- Clear, no discharge OU. Ears: No debris, smooth epithelium AU. Nose: Moist nasal planum

ORAL EXAM: Moderate dental calculi and gingivitis, multiple missing teeth

CV/RS: No murmur or arrhythmia. Fair synchronous femoral pulses. Eupneic, clear BV sounds all quadrants, no crackles or wheezes. CRT 1-2 sec MM light pk

GU/GI: Comfortable on abdominal palpation, smooth bowel loops, No organomegaly palpated, small urinary bladder (patient urinated

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upon palpation)

MS/NS: BCS: 2-3/9, moderate to severe cachexia, dull mentation, full CN exam not performed, CP deficit in the RPL, no spinal pain

GAIT EXAM: Tetraparesis

INTEG: Haircoat clean/no dandruff, no ectoparasites noted

LN: No peripheral LA

Findings:

The submitted study includes 10 radiographs that include a geriatric feline and young canine. Consider resubmission with the correct imaging.

Conclusion:

The submitted study includes 10 radiographs that include a geriatric feline and young canine. Consider resubmission with the correct imaging.

Peter Noel

Peter Noel, DVM, DACVR

Parallax Teleradiology (parallaxvet.slack.com)

Please see attached report for more details

Blood Gas Panel Siemens (Ref: US10449-DR463806)

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
01. pH	7.209		7.230	7.423	
02. pCO2	32.7	mmHg			
03. PO2	58.8	mmHg			
04. HCO3-	12.8	mmol/L	16.8	24.0	
05. BE	-13.9	mmol/L	-9.5	-0.7	
06. ctCO2	13.8	mmol/L			
07. HCT	18	%			
08. tHb	6.0	g/dL			
09. sO2	76.0	%			
11. O2Hb	75.4	%			
12. COHb	0.7	%			
13. MetHb	0.1	%			
14. HHb	23.8	%			
15. ctO2(v)	6.5	mL/dL			
16. Na+	159.4	mmol/L	149.8	155.7	
17. K	3.32	mmol/L	3.19	4.76	
18. Ca++	1.25	mmol/L	1.19	1.35	
19. Cl-	131	mmol/L	113	121	
20. AnGap	19.0	mmol/L	15.4	23.4	
21. Glu	169	mg/dL	75	120	
22. Lac	0.60	mmol/L	0.50	5.23	

PCV/TS Lab (Ref: US10449-DR463808)

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
PCV	17	%			
Buffy Coat	1	%			
Total Solids	7.8	g/dL			
Serum Color	clear				

I-Stat Chem 8 (Ref: US10449-DR463807)

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
01. Na	157	mmol/L	147	162	
02. K	3.2	mmol/L	2.9	4.2	
03. Cl	136	mmol/L	112	129	
04. iCa	1.29	mmol/L	1.2	1.32	
05. TC02	15	mmol/L	17	24	
06. Glu	157	mg/dL	80	130	
07. BUN	121	mg/dL	15	34	
08. Creat	5.3	mg/dL	1.0	2.2	
09. HCT	15	%	30	45	
10. Hb	5.1	g/dL	8	13	
11. AnGap	10	mmol/L	10	27	

Serum Ketone Test (Ref: US10449-DR463809)

Outcome

Negative

PCV/TS Lab (Ref: US10449-DR463752)

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
PCV	19	%			
Buffy Coat	1	%			
Total Solids	8.0	g/dL			
Serum Color	colorless				

IDEXX CBC-SELECT(300) (Ref: US10449-DR463610)

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
WBC	33.9	K/uL	3.9	19.0	
RBC	4.12	M/uL	7.12	11.46	
HGB	6.2	g/dL	10.3	16.2	
HCT	19.5	%	28.2	52.7	

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Test	Results	Unit	Lowest Value	Highest Value	Qualifier
MCV	47	fL	39	56	
MCH	15.0	pg	12.6	16.5	
MCHC	31.8	g/dL	28.5	37.8	
% RETICULOCYTE	0.7	%			
RETICULOCYTE	29	K/uL	3	50	
RETIC HGB	16.3	pg	13.2	20.8	
% NEUTROPHIL	91.0	%			
% BAND	3.0	%			
% LYMPHOCYTE	2.0	%			
% MONOCYTE	2.0	%			
% EOSINOPHIL	0.0	%			
% BASOPHIL	0.0	%			
% METAMYELOCYTE	2.0	%			

PLATELET	122	K/uL	155	641	
SEE PLATELET COMMENT					

PLATELET COMMENTS

Scanning of the blood film revealed adequate platelet numbers. Due to clumping, the automated platelet number cannot be accurately determined.

ANISOCYTOSIS SLIGHT

POIKILOCYTOSIS SLIGHT

REMARKS

Slide reviewed microscopically.

No feline Hemotropic Mycoplasma (FHM, formerly Hemobartonella) seen. If FHM is suspected, the IDEXX RealPCR for FHM is more sensitive than blood film review. Unit code 1717

NEUTROPHIL	30849	/uL	2620	15170	
LYMPHOCYTE	678	/uL	850	5850	
MONOCYTE	678	/uL	40	530	
EOSINOPHIL		/uL	90	2180	
BASOPHIL		/uL		100	
METAMYELOCYTE	678	/uL			
BAND	1017	/uL		300	

CHEM 25 w/ SDMA(111) (Ref: US10449-DR463610)

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
GLUCOSE	131	mg/dL	72	175	
SDMA	46	ug/dL		14	
SDMA and creatinine are increased: acute, active or chronic kidney injury likely. Recommended next step: complete urinalysis. For information on recommended actions visit: www.idexx.com/sdmaalgorithm .					
CREATININE	4.5	mg/dL	0.9	2.3	
BUN	98	mg/dL	16	37	
BUN/CREATININE RATIO	21.8				
PHOSPHORUS	10.6	mg/dL	2.9	6.3	

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Test	Results	Unit	Lowest Value	Highest Value	Qualifier
CALCIUM	9.6	mg/dL	8.2	11.2	
SODIUM	171	mmol/L	147	157	
RESULT VERIFIED BY REPEAT ANALYSIS					
POTASSIUM	3.5	mmol/L	3.7	5.2	
CHLORIDE	139	mmol/L	114	126	
RESULT VERIFIED BY REPEAT ANALYSIS					
NA/K RATIO	49		29	42	
TCO2 (BICARBONATE)	11	mmol/L	12	22	
ANION GAP	25	mmol/L	12	25	
TOTAL PROTEIN	7.1	g/dL	6.3	8.8	
ALBUMIN	3.3	g/dL	2.6	3.9	
GLOBULIN	3.8	g/dL	3.0	5.9	
ALB/GLOB RATIO	0.9		0.5	1.2	
ALT	61	U/L	27	158	
AST	49	U/L	16	67	
ALP	23	U/L	12	59	
GGT	<1	U/L		6	
TOTAL BILIRUBIN	0.3	mg/dL	0.0	0.3	
BILIRUBIN UNCONJUGATED	0.2	mg/dL	0.0	0.2	
BILIRUBIN CONJUGATED	0.1	mg/dL	0.0	0.2	
CHOLESTEROL	257	mg/dL	91	305	
CREATINE KINASE	490	U/L	64	440	
HEMOLYSIS INDEX	N				
Index of N, 1+, 2+ exhibits no significant effect on chemistry values.					
LIPEMIA INDEX	N				
Index of N, 1+, 2+ exhibits no significant effect on chemistry values.					

CASPER ADAMS

PET OWNER: **ADAMS**
SPECIES: Feline
BREED: Shorthair, Domestic
GENDER: Male
AGE: 16 Years
PATIENT ID: 384561

Animal Critical Care
20051-D Ventura Blvd.
Woodland Hills, CA 91364
818-887-2262
ACCOUNT #: 5608
ATTENDING VET: Dr. Elana Hadar

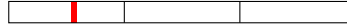





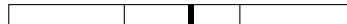


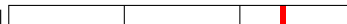
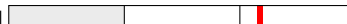
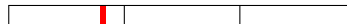
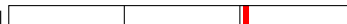


LAB ID: 7803688323
ORDER ID: 463610
COLLECTION DATE: **1/4/21**
DATE OF RECEIPT: **1/5/21**
DATE OF RESULT: **1/5/21**

IDEXX Services: **HealthChek™ Profile Select**

Hematology



1/5/21 (Order Received)
1/5/21 12:30 PM (Last Updated)

TEST	RESULT	REFERENCE VALUE	
RBC	4.12	7.12 - 11.46 M/μL	L 
Hematocrit	19.5	28.2 - 52.7 %	L 
Hemoglobin	6.2	10.3 - 16.2 g/dL	L 
MCV	47	39 - 56 fL	
MCH	15.0	12.6 - 16.5 pg	
MCHC	31.8	28.5 - 37.8 g/dL	
% Reticulocyte	0.7	%	
Reticulocytes	29	3 - 50 K/μL	
Reticulocyte Hemoglobin	16.3	13.2 - 20.8 pg	
WBC	33.9	3.9 - 19.0 K/μL	H 
% Neutrophils	91.0	%	
% Bands	3.0	%	
% Metamyelocytes	2.0	%	
% Lymphocytes	2.0	%	
% Monocytes	2.0	%	
% Eosinophils	0.0	%	
% Basophils	0.0	%	
Neutrophils	30.849	2.62 - 15.17 K/μL	H 
Bands	1,017	0 - 300 /uL	H 
Metamyelocytes	678	<= 0 /uL	
Lymphocytes	0.678	0.85 - 5.85 K/μL	L 
Monocytes	0.678	0.04 - 0.53 K/μL	H 
Eosinophils	0	0.09 - 2.18 K/μL	L 
Basophils	0	0 - 0.1 K/μL	



Hematology (continued)

TEST	RESULT	REFERENCE VALUE	
Platelets	^a 122	155 - 641 K/μL	L
Platelet Comments	Scanning of the blood film revealed adequate platelet numbers. Due to clumping, the automated platelet number cannot be accurately determined.		
Poikilocytosis	SLIGHT		
Anisocytosis	SLIGHT		
Remarks	Slide reviewed microscopically. No feline Hemotropic Mycoplasma (FHM, formerly Hemobartonella) seen. If FHM is suspected, the IDEXX RealPCR for FHM is more sensitive than blood film review. Unit code 1717		

^a SEE PLATELET COMMENT

Chemistry



1/5/21 (Order Received)
1/5/21 12:30 PM (Last Updated)

TEST	RESULT	REFERENCE VALUE	
Glucose	131	72 - 175 mg/dL	
IDEXX SDMA	^a 46	0 - 14 μg/dL	H
Creatinine	4.5	0.9 - 2.3 mg/dL	H
BUN	98	16 - 37 mg/dL	H
BUN: Creatinine Ratio	21.8		
Phosphorus	10.6	2.9 - 6.3 mg/dL	H
Calcium	9.6	8.2 - 11.2 mg/dL	
Sodium	^b 171	147 - 157 mmol/L	H
Potassium	3.5	3.7 - 5.2 mmol/L	L
Na: K Ratio	49	29 - 42	H
Chloride	^c 139	114 - 126 mmol/L	H
TCO2 (Bicarbonate)	11	12 - 22 mmol/L	L
Anion Gap	25	12 - 25 mmol/L	
Total Protein	7.1	6.3 - 8.8 g/dL	
Albumin	3.3	2.6 - 3.9 g/dL	
Globulin	3.8	3.0 - 5.9 g/dL	



Chemistry (continued)

TEST	RESULT	REFERENCE VALUE	
Albumin: Globulin Ratio	0.9	0.5 - 1.2	
ALT	61	27 - 158 U/L	
AST	49	16 - 67 U/L	
ALP	23	12 - 59 U/L	
GGT	<1	0 - 6 U/L	
Bilirubin - Total	0.3	0.0 - 0.3 mg/dL	
Bilirubin - Unconjugated	0.2	0.0 - 0.2 mg/dL	
Bilirubin - Conjugated	0.1	0.0 - 0.2 mg/dL	
Cholesterol	257	91 - 305 mg/dL	
Creatine Kinase	490	64 - 440 U/L	H
Hemolysis Index	^d N		
Lipemia Index	^e N		

^a SDMA and creatinine are increased: acute, active or chronic kidney injury likely. Recommended next step: complete urinalysis. For information on recommended actions visit: www.idexx.com/sdmaalgorithm.

^b RESULT VERIFIED BY REPEAT ANALYSIS

^c RESULT VERIFIED BY REPEAT ANALYSIS

^d Index of N, 1+, 2+ exhibits no significant effect on chemistry values.

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Patient Information

Patient:	Adams, Casper	Patient ID:	384561	Report #	47416
Birth Date:	20050103	Age:	16Y	Gender:	M
Study Description:	Radiographs - Two Body Regions	Accession:	US10449-DR463149	Study Date:	20210103
Sedation Used:	No	Anesthesia Used:	No	Modalities:	DX

Annotated Images Requested: No

STAT Request: 0

History

X-rays 1-4 are of another patient.

Date: 01-03-2021 Notes: Casper, a 16yo MN DSH, was referred to the ACCESS Emergency service for anorexia and lethargy. The owner reports that Casper has been hyporexic since 12/23, with severe progression over the past 3 days to anorexia today. He did vomit twice after eating 2 days ago, and had diarrhoea today. The owner reports no history of GI signs, any recent dietary changes, or known dietary indiscretion. His water intake and urination is decreased recently. Casper was seen by their primary care veterinarian today, where bloodwork was performed (see below). He was referred for treatment.

The owner reports he was diagnosed with Diabetes Mellitus in mid December 2020 - the owner reports that he was PUPD, had weight loss, and was ataxic at the time of diagnosis. His PUPD has improved since starting Vetsulin.

There is no current history of coughing or sneezing. Casper is an indoor only cat.

Diet: Proplan DM, Forza10 Actiwet Diabetic

FeLV/FIV status: Unknown

PPHx:

Diabetes Mellitus

Azotaemia

Stomatitis

Rx:

Vetsulin 1U SQ q12h (last given at 9.40am)

pDVM diagnostics:

1. CBC/biochem (1/3/2021): WBC 28.88k, neut 26.07k, lymph 1.41k, plt 185k, alb 5.0, ALT 114, amyl 1606, BUN 49, creat 2.7, glu 319, phos 8.8, Na >170, TP 9.0
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EENT: Eyes- Clear, no discharge OU. Ears: No debris, smooth epithelium AU. Nose: Moist nasal planum

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GAIT EXAM: Tetraparesis

INTEG: Haircoat clean/no dandruff, no ectoparasites noted

LN: No peripheral LA

Findings

The submitted study includes 10 radiographs that include a geriatric feline and young canine. Consider resubmission with the correct imaging.

Impressions

The submitted study includes 10 radiographs that include a geriatric feline and young canine. Consider resubmission with the correct imaging.

Recommendations

Report on 2021-01-05 21:51:21 UTC signed by:

Peter Noel

Peter Noel, DVM, DACVR

Parallax Teleradiology (parallaxvet.slack.com)

powered by  VETROCKET



CASPER ADAMS

PET OWNER: **ADAMS**
 SPECIES: Feline
 BREED: Shorthair, Domestic
 GENDER: Male
 AGE: 16 Years
 PATIENT ID: 384561

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 Woodland Hills, CA 91364
 818-887-2262
 ACCOUNT #: 5608
 ATTENDING VET: Dr.Cecilia Kong

LAB ID: 8300328600
 ORDER ID: 463146
 COLLECTION DATE: **1/4/21**
 DATE OF RECEIPT: **1/4/21**
 DATE OF RESULT: **1/6/21**

IDEXX Services: **Urinalysis, Urine Culture and MIC Susceptibility***

Urinalysis



1/4/21 (Order Received)
1/6/21 9:13 PM (Last Updated)

TEST	RESULT	REFERENCE VALUE
Collection	CYSTOCENTESIS	
Color	Yellow	
Clarity	CLOUDY	
Specific Gravity	1.020	
pH	5.5	
Urine Protein	1+	
Glucose	^a 3+ (1000 mg/dL)	
Ketones	NEGATIVE	
Blood / Hemoglobin	2+	
Bilirubin	NEGATIVE	
Urobilinogen	NORMAL	
White Blood Cells	2-5	0 - 5 HPF
Red Blood Cells	20-30	HPF
Bacteria	NONE SEEN	
Epithelial Cells	1+ (1-2)/HPF	
Mucus	NONE SEEN	
Casts	NONE SEEN	
Crystals	NONE SEEN	



Urinalysis (continued)

a RESULT VERIFIED BY REPEAT ANALYSIS

Microbiology



1/4/21 (Order Received)

1/6/21 9:13 PM (Last Updated)

Source: URINE

Culture Results: Status: FINAL

No Growth

INTERPRETATION KEY for Antibiotic Susceptibility Results (when performed)

S = Sensitive. Organism is inhibited by usual recommended dose.

I = Intermediate. Organism is inhibited only by the maximum recommended dose.

R = Resistant. Organism is resistant to the maximum recommended dose.

These standards have been established by the Clinical and Laboratory Standards Institute (CLSI).

TF = To Follow. Susceptibility testing for this antibiotic is performed by Kirby-Bauer and results will follow shortly.

N/I (not indicated) will be reported and/or MIC data may be left blank and not reported if:

a) the growth requirements of the organism require the sensitivity testing to be performed by another method

b) interpretive criteria are not available from CLSI (in this case, recommended antibiotics will be reported based on clinical efficacy studies)

c) certain antibiotics are not available due to limitations of our commercial laboratory system; or

d) the drug is known to be clinically ineffective against the organism regardless of in vitro results
If "N/I" is listed for ALL antibiotics for a specific isolate, susceptibility testing was not performed for that organism. Please refer to the comment associated with the organism for recommendations if applicable.

For more information on Minimum Inhibitory Concentration (MIC) please see the "Microbiology Guide to Interpreting Minimum Inhibitory Concentration (MIC)" section of the IDEXX Reference Laboratories Directory of Services or visit www.idexx.com/MIC.