Countryside Veterinary Clinic
4866 Montgomery Rd
Ellicott City, MD 21043
United States
(410) 461-2400

GENERATED: 8/15/2025 12:34 PM

Client Information

Alyssa Bradley
2812 Bauernwood Ave
Baltimore, MD 21234
(910) 581-0749

Patient Information

Name	Spanky	Species	CANINE	Weight	9.9 LBS
Sex	Male Neutered	Breed	DACHSHUND	Microchip	985111000022364
Status	Euthanized (3/22/2025)	DOB	11/30/2007		
Id	24596-A	Age	17 years 3 months		
Color	Red	Tag	NONE		

Medical Chart from 1/1/2000 - 8/14/2025

Service on 3/22/2025

3/22/2025 11:00 AM **Reason for Visit** Euthanasia. O can decide on options when she comes in.

Service on 3/21/2025

3/21/2025 11:31 AM Note Communication- TTO Margaret Watkins, D.V.M.

Discussed lack of response, dull lethargic. not moving. poor QOL, o elects humane euth.

Service on 3/19/2025

3/19/2025 1:51 PM Note Communication- TTO Margaret Watkins, D.V.M.

patient is eating and drinking- u/d well, no v/d.
still taking antibiotic.
paw seems to be healing now.
patient still seems weak, head down and unable to stand on his own.
o to add potassium supplement and give update on friday.

3/19/2025 10:20 AM Note Communication- LMOM Margaret Watkins, D.V.M.

calling to see how patient was doing. call with an update.

Service on 3/15/2025

3/15/2025 12:00 AM **Reason for Visit** continued care

Service on 3/14/2025

3/14/2025 11:02 AM **Exam** Hospitalization Margaret Watkins, D.V.M.

Weight	9.9 LBS (4.4906 KG)
Pulse Quality	weak

Body Condition Score 4 - Ideal, slim

Doctor's Notes

p QR, in lateral recumbency.
heart and lungs clear, bradycardic.
blister along left side of lip.
right front paw very swollen with blister on dorsal surface. Rest of paws are improved from Wednesday visit.

BW elevated BUN, low USG. elevated alb, glob- inflammation.
TTO- discussed concern for chemical irritation or burn due to the now progressing blistering. Also discussed concern for kidney disease - possibly due to not eating/drinking or if chemical were licked/ingested.
Recommend hospitalization and IVF, IV buprenorphine for additional pain medications.

Per Dr. Watkins added 12.4mEq KCl to 550mL LRS, patient received about 70ml LRS before addition

PM-patient sitting up better later in the day, per Dr. Watkins offered canned i/d and a/d which patient ate quickly and readily, patient urinated twice in kennel, gave 0.25mL Buprenex IV at 6:15pm, flushed and wrapped IV catheter, patient more feisty and trying to bite when messing with IV catheter and getting patient ready to go home, owner to bring patient back tomorrow morning for continued IV fluids, received about 84mL LRS/KCl (283/JLB)

3.15AM- did not eat overnight, o did give abx this AM, no stool overnight, did urinate normally, bit o, broke skin -322

T- 98.6, QAR H+L-WNL, ABD-WNL, R front paw much less swollen- still painful- wound on rear less swollen- slight drainage
cont IV LRS @ 18ml w/ KCl- Dr. Y

9am gave Entyce PO-kv/dr Y
9:15am urinated in kennel. patient very vocal. Offer I/D and A/D-no interest-kv
11am -Gave 0.25mls Burprenex IV-kv
11:30am Patient resting quietly-kv
12:40pm Patient urinated small amount. Ate a tiny amount. Becoming vocal again.-kv

1pm Patient received about 75mls LRS w/ KCL over the morning. Owner came to pick up. Removed IV cath. showed owner how to best try and get oral meds into Spanky w/o getting bit. -kv

TTO at pickup- p not worse- paws improving- will cont to give p time- recheck Monday if still not eating- Dr. Y

Notes: Received from HESKA DRI-CHEM_1 (DriChem)

Analyzer Name: DRI-CHEM_1

Analyzer Type: DriChem

Test Date: 3/14/2025 8:23 AM

Download Date: 3/14/2025 9:33 AM

Sample Message: *Corrected Calcium is only valid for dogs which are greater than 6 months old

Test	Value	Range	Units	Status	Comments
BUN	40.2	9.0 - 29.0	mg/dl	**HIGH**	
Creatinine	0.7	0.4 - 1.4	mg/dl		
BUN/Creat Ratio	57.4				

Phosphorus	3.0	1.9 - 5.0	mg/dl	
Calcium	8.2	9.0 - 12.2	mg/dl	**LOW**
Corrected Ca	9.5	9.0 - 12.2	mg/dl	
Total Protein	6.3	5.5 - 7.6	g/dl	
Albumin	2.2	2.5 - 4.0	g/dl	**LOW**
Globulin	4.1	2.0 - 3.6	g/dl	**HIGH**
Alb/Glob Ratio	0.5			
Glucose	165	75 - 125	mg/dl	**HIGH**
Cholesterol	390	120 - 310	mg/dl	**HIGH**
ALT (GPT)	50	0 - 120	U/l	
ALP	144	0 - 140	U/l	**HIGH**
GGT	< 10	0 - 14	U/l	
Total Bilirubin	< 0.1	0.0 - 0.5	mg/dl	
Sodium	148	141 - 152	mEq/l	
Potassium	3.3	3.8 - 5.3	mEq/l	**LOW**
Chloride	114	102 - 120	mEq/l	
Na/K Ratio	45			
Est Osm	308		mOsm/kg	

Device: SediVue_Dx

Run Date: 03/14/2025 09:30:09.317 AM

Instrument Note: Confirm bacteria with one of the following: Image review SediVue Bacteria Confirmation Kit Air-dried, stained cytological preparation ('dry prep') Urine culture
Increased occult blood: Consider hemoglobinuria or myoglobinuria.
Potentially inappropriate concentration: Consider hydration status and, if persistent and inappropriate, renal disease, endocrinopathies, and medications.

Test	Value	Range	Units	Status
WBC	<1 /HPF			
RBC	<1 /HPF			
BACr	* None detected			
BACc	* Suspect presence			
sqEPI	None detected			
nsEPI	<1 /HPF			
HYA	None detected			
nhCST	None detected			
CRY	None detected			
CaOxDi	None detected			
STR	None detected			
BIURAT	None detected			
BILI	None detected			

Device: UA_Analyzer

Run Date: 03/14/2025 09:27:39.957 AM

Instrument Note: Consider re-evaluation of proteinuria after resolution of active sediment.

Test	Value	Range	Units	Status
Collec	Cystocentesis			
Color	Pale Yellow			
Clar	Clear			
SG	1.018			
pH	6.0			
LEU	neg			
PRO	TR			
GLU	neg			
KET	neg			
UBG	norm			
BIL	neg			
BLD	3+			

3/14/2025 8:30 AM **Reason for Visit** ***Lip is open? (hard to hear on phone)

Service on 3/12/2025

3/12/2025 3:37 PM **Exam** Illness Examination Margaret Watkins, D.V.M.

Weight	9.9 LBS (4.4906 KG)
Temperature	99.7°F By Rectal
Pulse Quality	weak
Body Condition Score	4 - Ideal, slim

History

Assistant: Nick
p stayed at a boarding facility for 7 days
o picked p up and p could not walk and had raw skin
p flopped over when he got home and could not sit up
p mouth paws and skin seem raw
p has not had bowel movement all day
o took p to VEG yesterday
VEG prescribed methocarbamol, enrofloxacin, prednisone, gabapentin, and cerenia
o gave a dose of methocarbamol and enrofloxacin
p does not want to eat
p drinking a lot of water

Examination General Appearance - Quiet, Responsive
sits with head down. Eyes - Bright Ears - Normal Dental Score/Oral Exam - 3/4 periodontal disease.
upper lips swollen, both sides (3cm region) with ventral ulceration. Cardiovascular - No murmur or cardiac arrhythmia appreciated. Respiratory - Normal bronchovesicular sounds bilaterally Abdominal - Abdomen is soft and nonpainful Lymph Nodes - Peripheral lymph nodes are all small and soft.
Integumentary - all 4 paws puffy, inflamed with ulcerations around and btw ventral paw pads. Red to purple skin scrotal and perineal region. Right paw is the worst- puffy and swollen from carpus down. Musculoskeletal - Patient is able to move and withdraw all 4 legs with assistance. Neurological - Normal gait and mentation. Full neurologic examination not performed. Genitourinary - External urogenital tract is normal

Vaccinations No Answer Given

Diagnostics/Radiographs No Answer Given

Laboratory No Answer Given

Treatment/Medications

enroflox (68mg, #5) 1/2 SID x 10 days
pred 2.5mg SID x 10 days then EOD x 10 days
gabapentin 50mg BID x 5 days for pain, may cause sedation
cerenia 0.4ml SQ with vitB12 0.4ml
start entyce- 0.4ml PO SID

Plan

offered BW and hospitalization.
discussed distribution of lesions(ventral paws, back of legs, perineal region, lips (probably from licking paws))- Suspect possible contact burn/irritation. Could be from a cleaner used at boarding that wasn't rinsed off or mixed improperly. Check with kennel about cleaning supplies.
paws are very painful
o is going to continue meds and supportive care

added ketoderm wipes BID, followed by predef powder.

O should call with an update on friday morning.

Discussion

Recommendations/Referrals No Answer Given

3/12/2025 3:30 PM	**Reason for Visit**	Follow up from VEG visit yest. Report uploaded. O specified this time
3/12/2025 12:11 PM	**Document**	Emergency Room Reports EAH, Pet ER, Catonsville ...

MEDICAL RECORDS

Patient: Spanky
Date Generated: Mar 12, 2025

Columbia MD
6630 Marie Curie Drive Suite A Elkridge, MD 21075
(410) 690-7170
elkridge@veg.vet

OWNER

Alyssa Bradley
(910) 581-0749
mailto:alyssabradley4@gmail.com

PATIENT

Spanky | 18 YO | Male (Neutered) | Dachshund | 3.61 kg
Patient ID: 348907762 | Canine
DOB: Mar 11, 2007
Allergies: None Recorded

LAB RESULTS - Ordered by Dr. Melissa Mcnabb

CHEMISTRY (as of Mar 11, 2025)

TEST	RESULT	REFERENCE RANGE/COMMENTS
Glucose	120 mg/dL	70-143 mg/dL
Creatinine	1.1 mg/dL	0.5-1.8 mg/dL
BUN	52 mg/dL	7-27 mg/dL
BUN: Creatinine Ratio	48	-
Phosphorus	7.3 mg/dL	2.5-6.8 mg/dL
Calcium	9.6 mg/dL	7.9-12.0 mg/dL
Sodium	171 mmol/L	144-160 mmol/L
Potassium	3.2 mmol/L	3.5-5.8 mmol/L
Na: K Ratio	54	-
Chloride	130 mmol/L	109-122 mmol/L
Total Protein	8.1 g/dL	5.2-8.2 g/dL
Albumin	2.9 g/dL	2.2-3.9 g/dL
Globulin	5.2 g/dL	2.5-4.5 g/dL

Albumin: Globulin Ratio	0.6	-
ALT	99 U/L	10-125 U/L
ALP	230 U/L	23-212 U/L
GGT	1 U/L	0-11 U/L
Bilirubin - Total	0.6 mg/dL	0.0-0.9 mg/dL
Cholesterol	405 mg/dL	110-320 mg/dL
Amylase	497 U/L	500-1500 U/L
Lipase	394 U/L	200-1800 U/L
Osmolality	350 mmol/kg	-

LAB RESULTS - Ordered by Dr. Melissa Mcnabb

CHEMISTRY (as of Mar 11, 2025)

TEST	RESULT	REFERENCE RANGE/COMMENTS
Glucose	116 mg/dL	70-143 mg/dL
Glucose	116 mg/dL	70-143 mg/dL
Creatinine	1.1 mg/dL	0.5-1.8 mg/dL
Creatinine	1.1 mg/dL	0.5-1.8 mg/dL
BUN	48 mg/dL	7-27 mg/dL
BUN	48 mg/dL	7-27 mg/dL
BUN: Creatinine Ratio	45	-
Phosphorus	6.8 mg/dL	2.5-6.8 mg/dL
Phosphorus	6.8 mg/dL	2.5-6.8 mg/dL
Calcium	9.0 mg/dL	7.9-12.0 mg/dL
Calcium	9.0 mg/dL	7.9-12.0 mg/dL
Sodium	null	-
Sodium	166 mmol/L	144-160 mmol/L
Potassium	null	-
Potassium	3.0 mmol/L	3.5-5.8 mmol/L
Na: K Ratio	55	-

Chloride	null	-
Chloride	124 mmol/L	109-122 mmol/L
Total Protein	7.6 g/dL	5.2-8.2 g/dL
Total Protein	7.6 g/dL	5.2-8.2 g/dL
Albumin	2.9 g/dL	2.2-3.9 g/dL
Albumin	2.9 g/dL	2.2-3.9 g/dL
Globulin	4.7 g/dL	2.5-4.5 g/dL
Albumin: Globulin Ratio	0.6	-
ALT	88 U/L	10-125 U/L
ALT	88 U/L	10-125 U/L
ALP	238 U/L	23-212 U/L
ALP	238 U/L	23-212 U/L
GGT	1 U/L	0-11 U/L
GGT	1 U/L	0-11 U/L
Bilirubin - Total	0.5 mg/dL	0.0-0.9 mg/dL
Bilirubin - Total	0.5 mg/dL	0.0-0.9 mg/dL
Cholesterol	399 mg/dL	110-320 mg/dL
Cholesterol	399 mg/dL	110-320 mg/dL
Amylase	486 U/L	500-1500 U/L
Amylase	486 U/L	500-1500 U/L
Lipase	415 U/L	200-1800 U/L
Lipase	415 U/L	200-1800 U/L
Osmolality	338 mmol/kg	-

LAB RESULTS - Ordered by Dr. Melissa Mcnabb

HEMATOLOGY (as of Mar 11, 2025)

TEST	RESULT	REFERENCE RANGE/COMMENTS
RBC	6.74 M/µL	5.65-8.87 M/µL
Hematocrit	42.3 %	37.3-61.7 %

Hemoglobin	14.6 g/dL	13.1-20.5 g/dL
MCV	62.8 fL	61.6-73.5 fL
MCH	21.7 pg	21.2-25.9 pg
MCHC	34.5 g/dL	32.0-37.9 g/dL
RDW	19.7 %	13.6-21.7 %
% Reticulocytes	0.5 %	-
Reticulocytes	35.7 K/µL	10.0-110.0 K/µL
Reticulocyte Hemoglobin	20.3 pg	22.3-29.6 pg
WBC	8.59 K/µL	5.05-16.76 K/µL
% Neutrophils	5.9 %	-
% Lymphocytes	78.3 %	-
% Monocytes	15.7 %	-
% Eosinophils	0.1 %	-
% Basophils	0.0 %	-
Neutrophils	0.50 K/µL	2.95-11.64 K/µL
Bands	Suspected	-
Lymphocytes	6.73 K/µL	1.05-5.10 K/µL
Monocytes	1.35 K/µL	0.16-1.12 K/µL
Eosinophils	0.01 K/µL	0.06-1.23 K/µL
Basophils	0.00 K/µL	0.00-0.10 K/µL
Platelets	546 K/µL	148-484 K/µL
PDW	12.0 fL	9.1-19.4 fL
MPV	12.7 fL	8.7-13.2 fL
Plateletcrit	0.69 %	0.14-0.46 %

EXAM with Dr. Melissa Mcnabb

COLUMBIA MD March 11, 2025 at 8:59 pm

PRESENTING COMPLAINT

Can't hold head up

HISTORY

Picked up from boarding today - was boarded for a week.
When picked up from boarding today, owner was told he was licking at his right front paw.
When owner got home she noticed immediately that he couldn't walk or move, couldn't lift his head up, and noticed he was bleeding from his paws and mouth.
When dropped off at boarding a week ago, he was walking.
Two days ago owner was sent a picture that owner felt looked odd - looked as if he couldn't hold his head up.
He's been eating normal per the boarding facility, however, some of the food bags that owner had sent with him were still there when she picked him up, so she thinks he likely skipped some meals.
No medications
History of IVDD and back surgery in 2014
No major medical history otherwise
He sundowns at night and sometimes gets stuck in corners. Sometimes he doesn't know when he's defecating as well.
Got a bath before owner picked him up

VITALS

Crt <2s

Weight 3.61 kg

Heart Rate 100 bpm

Resp Rate (bpm) 44/0

Mm pigmented/tacky

Attitude/Mentation qar/painful

Temp 97.5 °F

PHYSICAL EXAM

Eyes: Abnormal
NS OU

Ears: Normal

Nose: Normal

Mouth: Abnormal
Severe dental disease and halitosis

Integument: Abnormal
Cold to the touch
Interdigital erythema palmar/plantar aspect x4 paws (RF most severe, mildly ulcerated interdigitally and significantly inflamed)
LH digit 5 paw pad superficial abrasion

Musculoskeletal: Abnormal
Laterally recumbent, unable to move sternally on his own
Non-ambulatory, not able to stand on his own
Cervical ventroflexion, unable to hold head up
Pain on caudal cervical palpation
Moderate to severe generalized muscle wasting

Lymph Nodes: Normal

Heart: Normal
No M or A
HR 90

Lungs: Normal
Clear bilaterally, eupneic

Abdomen: Normal
Tense making deep palpation difficult
Bladder moderately sized and soft

Pulses: Normal
Difficult to palpate due to patient trembling

Neurologic: Abnormal
QAR, vocalizing intermittently
Motor function present
Non-ambulatory tetraparesis
Delayed to absent CPs pelvic limbs, but difficult to assess as patient will not stand without support
Intact spinal reflexes

Urogenital: Normal

Rectal: Normal

Notes
BCS 4/9
Est 5% dehydrated

PROB AND DIFFERENTIAL DIAGNOSIS

Neck pain, Non-ambulatory tetraparesis - r/o IVDD vs vascular vs neoplasia vs inflammatory vs other
Pododermatitis - r/o trauma vs neoplasia vs allergies vs other
Left shift - r/o inflammation vs infection
Hyperglobulinemia
Hyperphosphatemia
Elevated BUN, Creat 1.1 - r/o underlying CKD vs dehydration
Hypernatremia
Hypercholesterolemia
Elevated ALP
Thrombocytosis
Hypokalemia
Low-normal albumin
Generalized muscle wasting

RECOMMENDATIONS

As below

PROGRESS NOTES

Triaged immediately upon presentation

Initial diagnostics and treatments:
Initiated active warming
BP 140
Methadone 0.2mg/kg IV
POCUS: negative for pericardial, pleural, and peritoneal effusion; CVC ~30% bounce; hyperechoic liver nodule
BG 136
Lactate 0.9

Discussed neck pain with owner, which could definitely be the reason he's not holding his neck up and is not walking. Discussed IVDD as most common cause of neck pain, especially given signalment and history of IVDD. Owner is familiar with IVDD given his history. However, I worry that there may be something else going on given the concurrently low body temperature. This is when owner informed me he received a bath just before pick-up, which I strongly suspect to be the cause of his hypothermia due to his older age and low muscle mass. In addition to erythema from self trauma from licking, discussed changes to the paws concerning for poor hygiene/environmental conditions vs trauma from the flooring vs neoplasia. Recommend starting antibiotics to treat for skin infection. Recommended bloodwork to assess overall systemic health and chest x-rays to screen for evidence of metastasis. Owner elected to start with bloodwork.

Diagnostics:
-CBC: WBC 8.59, Neutropenia 0.5k (L) with suspected bands, Lymphocytosis 6.73, Monocytosis 1.35k, Thrombocytosis PLT 546
-PCV/TS: 46%/8.2
-Chemistry w/ lytes: Creat 1.1, BUN 52 (H), Phos 7.3 (H), Ca 9.6, Na 171 (H), K 3.2 (L), Cl 130 (H), TP 8.1, Alb 2.9, Glob 5.2 (H), ALP 230 (H), Chol 405 (H)
-Manual differential: Segs 44% (3.78), Bands 40% (3.43), Lymph 9% (0.77), Monos 6% (0.52), Baso 1% (0.08)

Discussed with owner concern for the degree of band neutrophils (immature or baby neutrophils) present, which is indicative of severe inflammation or infection. Recommend covering with antibiotics. Discussed severely elevated sodium level, which can cause neurologic signs (dull mentation, weakness, ataxia, seizures) when above 170. Underlying CKD may be the cause, as his muscle wasting is likely artificially lowering the creatinine. Need urinalysis to evaluate urine concentrating ability. Although I do not think elevated sodium is the cause of his low head carriage, I recommend hospitalizing him on IVF with close monitoring of the sodium. Discussed need to drop sodium slowly, typically over 24-48h (I would need to calculate), to avoid irreversible brain swelling. Discussed need for significant nursing care at home given his inability to ambulate. Discussed concern for his quality of life at this time, so euthanasia was also brought up. The owner ultimately made the decision to take Spanky home tonight to discuss with her family and follow-up with her primary vet for re-evaluation. Emphasized importance of monitoring his QOL at home. Owner understood.

10:50p Recheck Temp: 99.8

Treatments:
-DexSP 0.1mg/kg IV
-LRS 60ml SQ

Plan: (Owner requested only 2 days of medications be filled, as she plans to follow-up with primary vet ASAP)
Down dog care (keep clean, flip sides)
Enrofloxacin 10mg/kg PO q24
Mal-A-Ket wipes topically interdigitally q24 - owner to purchase OTC
Prednisone 0.69mg/kg PO q24
Gabapentin 13.8mg/kg PO q8-12
Methocarbamol 15mg/kg PO q8
Cerenia 2mg/kg PO q24 PRN in case of decreased appetite due to pain or opioids
Recheck with primary vet within 48h
Monitor QOL

ORDERS

DIAGNOSTICS

DIAGNOSTICS	RESULTS	QUANTITY	COMMENTS
Blood Smear		1	

MEDICATIONS

Methocarbamol Oral Solution 100mg/ml

Give entire contents of one syringe (0.54ml) by mouth every 8 hours for muscle relaxation and discomfort

QUANTITY	DATE FILLED	REFILLS	DRUG EXP	PRESCRIBER	RX #
3.24	Mar 12, 2025	0	Jun 10, 2025	Dr. Melissa Mcnabb	688647882

Gabapentin 50mg Tiny Tabs

Give 1/2 tablet by mouth every 8-12 hours as needed for discomfort

QUANTITY	DATE FILLED	REFILLS	DRUG EXP	PRESCRIBER	RX #
3	Mar 12, 2025	0	Jun 10, 2025	Dr. Melissa Mcnabb	688647877

Cerenia Tablet 16mg (Per Tablet)

Give 1/2 tablet by mouth every 24 hours for nausea and vomiting

QUANTITY	DATE FILLED	REFILLS	DRUG EXP	PRESCRIBER	RX #
1	Mar 12, 2025	0	Jun 10, 2025	Dr. Melissa Mcnabb	688647875

Prednisone 2.5mg Tablets

Give 1 tablet by mouth every 24 hours for pain and inflammation

QUANTITY	DATE FILLED	REFILLS	DRUG EXP	PRESCRIBER	RX #
1	Mar 12, 2025	0	Jun 10, 2025	Dr. Melissa Mcnabb	688647870

Enrofloxacin 68 mg tab

Give 1/2 tablet by mouth every 24 hours

QUANTITY	DATE FILLED	REFILLS	DRUG EXP	PRESCRIBER	RX #
1	Mar 12, 2025	0	Jun 10, 2025	Dr. Melissa Mcnabb	688647865

LAB ORDERS

HEMATOLOGY (as of Mar 11, 2025)

TEST	RESULT	REFERENCE RANGE/COMMENTS
RBC	6.74 M/µL	5.65-8.87 M/µL
Hematocrit	42.3 %	37.3-61.7 %
Hemoglobin	14.6 g/dL	13.1-20.5 g/dL
MCV	62.8 fL	61.6-73.5 fL
MCH	21.7 pg	21.2-25.9 pg
MCHC	34.5 g/dL	32.0-37.9 g/dL
RDW	19.7 %	13.6-21.7 %
% Reticulocytes	0.5 %	-
Reticulocytes	35.7 K/µL	10.0-110.0 K/µL
Reticulocyte Hemoglobin	20.3 pg	22.3-29.6 pg
WBC	8.59 K/µL	5.05-16.76 K/µL
% Neutrophils	5.9 %	-

% Lymphocytes	78.3 %	-
% Monocytes	15.7 %	-
% Eosinophils	0.1 %	-
% Basophils	0.0 %	-
Neutrophils	0.50 K/µL	2.95-11.64 K/µL
Bands	Suspected	-
Lymphocytes	6.73 K/µL	1.05-5.10 K/µL
Monocytes	1.35 K/µL	0.16-1.12 K/µL
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BUN	48 mg/dL	7-27 mg/dL
BUN	48 mg/dL	7-27 mg/dL
BUN: Creatinine Ratio	45	-
Phosphorus	6.8 mg/dL	2.5-6.8 mg/dL
Phosphorus	6.8 mg/dL	2.5-6.8 mg/dL
Calcium	9.0 mg/dL	7.9-12.0 mg/dL
Calcium	9.0 mg/dL	7.9-12.0 mg/dL
Sodium	null	-

Sodium	166 mmol/L	144-160 mmol/L
Potassium	null	-
Potassium	3.0 mmol/L	3.5-5.8 mmol/L
Na: K Ratio	55	-
Chloride	null	-
Chloride	124 mmol/L	109-122 mmol/L
Total Protein	7.6 g/dL	5.2-8.2 g/dL
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Albumin	2.9 g/dL	2.2-3.9 g/dL
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Lipase	415 U/L	200-1800 U/L
Osmolality	338 mmol/kg	-

CHEMISTRY (as of Mar 11, 2025)

TEST	RESULT	REFERENCE RANGE/COMMENTS

Glucose	120 mg/dL	70-143 mg/dL
Creatinine	1.1 mg/dL	0.5-1.8 mg/dL
BUN	52 mg/dL	7-27 mg/dL
BUN: Creatinine Ratio	48	-
Phosphorus	7.3 mg/dL	2.5-6.8 mg/dL
Calcium	9.6 mg/dL	7.9-12.0 mg/dL
Sodium	171 mmol/L	144-160 mmol/L
Potassium	3.2 mmol/L	3.5-5.8 mmol/L
Na: K Ratio	54	-
Chloride	130 mmol/L	109-122 mmol/L
Total Protein	8.1 g/dL	5.2-8.2 g/dL
Albumin	2.9 g/dL	2.2-3.9 g/dL
Globulin	5.2 g/dL	2.5-4.5 g/dL
Albumin: Globulin Ratio	0.6	-
ALT	99 U/L	10-125 U/L
ALP	230 U/L	23-212 U/L
GGT	1 U/L	0-11 U/L
Bilirubin - Total	0.6 mg/dL	0.0-0.9 mg/dL
Cholesterol	405 mg/dL	110-320 mg/dL
Amylase	497 U/L	500-1500 U/L
Lipase	394 U/L	200-1800 U/L
Osmolality	350 mmol/kg	-

TREATMENTS

Methadone HCl 10mg/ml (Per ml)

QUANTITY

0.07

DISCHARGE INSTRUCTIONS

Spanky has significant neck pain on examination this evening. Spanky most likely has a ruptured disc which is causing pain due to pressure on either the spinal cord or the nerves coming out of the spinal cord. We are starting Spanky on anti-inflammatory steroids, gabapentin, and muscle relaxant. He will need to be strictly crate rested. Spanky will require significant nursing care at home since he is not able to walk. See below for specifics.

Bloodwork today showed elevated level of baby white blood cells, which is concerning that Spanky is fighting a severe infection or inflammation. We are starting him on antibiotics, which should help treat the infection on his feet as well.

Please follow-up with your primary vet within 24-48 hours to have Spanky re-evaluated. Additional doses of medications can be obtained at that time. A complete blood count should be rechecked to re-evaluate his white blood cells in 24-48 hours as well to ensure they're not worsening. His sodium should also be rechecked, as it was severely elevated today.

Spanky's quality of life should be monitored closely and humane euthanasia should be considered if he remains painful despite medications and/or if he does not re-gain his ability to walk.

IMPORTANT: Any pain medication received while in the hospital may cause sleepiness or for Spanky to appear wobbly or disoriented. Please keep him in a safe area away from stairs and off furniture and exercise necessary precautions to prevent injury for the next 6 to 8 hours.

MEDICATIONS:
1. Methocarbamol Oral Solution 100mg/ml
Give entire contents of one syringe (0.54ml) by mouth every 8 hours for muscle relaxation and discomfort (3.24 mL)
This is a muscle relaxant. Side effects may include sedation, weakness, wobbliness, or gastrointestinal upset (loss of appetite, vomiting, or diarrhea)
You may start this medication at any time

2. Gabapentin 50mg Tiny Tabs
Give 1/2 tablet by mouth every 8-12 hours as needed for discomfort (3 tablets)
May cause mild sedation
You may start this medication at any time

3. Cerenia Tablet 16mg (Per Tablet)
Give 1/2 tablet by mouth every 24 hours for nausea and vomiting (1 tablets)
You may start this medication at any time

4. Prednisone 2.5mg Tablets
Give 1 tablet by mouth every 24 hours for pain and inflammation (1 tablets)
This is a steroid. Side effects may include increased hunger, thirst, urination, and panting. Do not abruptly discontinue.

NEXT DOSE DUE: tomorrow 3/12 around 11pm

5. Enrofloxacin 68 mg tab
Give 1/2 tablet by mouth every 24 hours (1 tablets)
This is an antibiotic. Watch for gastrointestinal upset (loss of appetite, vomiting, diarrhea).
You may start this medication at any time

You can purchase Mal-A-Ket wipes to clean the affected skin region on the paws daily

CAGE REST
Please keep Spanky exercise restricted for the next 3-4 weeks. Spanky should be confined to a small crate or room and should prohibited from running, jumping, playing, or going up and down stairs. The crate should be large enough to allow Spanky to stand and turn around comfortably, but not to move around excessively.

Spanky should be carried outside and walked on a leash using a harness when going to the bathroom; do not place anything around Spanky's neck to avoid exacerbation of neck pain. These walks should be kept as SHORT as possible to allow them to use the bathroom. Please keep them on a very short leash, no longer than 6 feed long even if the yard is fenced. No stairs, furniture, running or jumping are allowed during this healing period.

AT HOME CARE FOR A DOWN DOG:
Passive Range of Motion
You will need to perform passive range of motion on your pet once every 4-6 hours to stimulate muscle and joint movement. Please refer to this link for a video on how to perform PROM - https://www.youtube.com/watch?v=7InzbsDaie4

Frequent position rotation
To prevent bed sores you will need to rotate your pet once every 4-6 hours. Typical positions are laying on the left side or right side (lateral recumbency) or laying with their chest/belly down (sternal recumbency). Ensure he has lots of fluffy bedding to help reduce the risk of sores.

Bladder expression
If your pet is unable to eliminate urine from their bladder on their own you may need to perform bladder expressions. Urine retention can lead to both medical and surgical emergencies resulting in cardiopulmonary arrest (death). If your pet goes more than 12 hours without urinating, please seek veterinary attention immediately.

Urogenital Hygiene
In some cases pets are unable to retain urine and feces and will require frequent cleaning of the skin to prevent urine/fecal scald and skin infections.

MONITORING
Please monitor carefully for any worsening or persistent pain, inability to move his legs, vomiting, diarrhea, decreased appetite, difficulty breathing, lack of urination for 12h or longer, seizures, worsening redness on

his paws. If you see any of these signs, or have any other concerns about how Spanky is doing at home, please have him re-evaluated by a veterinarian.

DIET:
Ensure Spanky is sitting or laying upright when eating. You may need to bring his food and water bowls directly to his face to eat.

FOLLOW UP:
Please follow-up with your primary vet within 24-48 hours to have Spanky re-evaluated.

Thank you for entrusting us with Spanky's care -- he was a pleasure. Please let us know if you have any questions or concerns.

Dr. Melissa Mcnabb