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Owner Name: JAMES DUNNE
Patient Name: BUMBLE
MSU Record #: 416099
Signalment: Old English Sheepdog, N, 3
Phone #: 231-938-1475
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DATE OF ADMISSION: 02/08/2012

DATE OF DISCHARGE: 02/10/2012

ATTENDING CLINICIANS: Dr. Hauptman, Dr. Hadley, Alex Piazza (CVM 2013)

DIAGNOSIS: Idiopathic chylothorax (diagnosed 11/4/11, corrected 11/8/11, PleuralPort removed on 2/9/12)

PRESENTING COMPLAINT:

Recheck examination post thoracic ligation, cisterna chyli ablation, and subtotal pericardectomy (performed on 11/8/11).

HISTORY:

On November 4, 2011 Bumble was diagnosed with idiopathic chylothorax after presenting to MSU ECCM for the evaluation of chronic, intermittent labored breathing. Thoracic duct ligation, cisterna chyli ablation, and subtotal pericardectomy were performed on 11/8/11. A PleuralPort was placed and allowed intermittent drainage of the thoracic cavity during the recovery period. Bumble has not required thoracic drainage since November. According to Mrs. Dunne, Bumble is doing very well at home and no evidence of respiratory distress has been observed.

Bumble has a history of food allergies and is currently eating home cooked Ostrich and potato. He appears to be doing well with dietary management.

PHYSICAL FINDINGS:

Temperature: 102.1F Pulse: 96bpm Respiration: 36bpm Weight: 38.7 kg BCS: 5/9

On presentation, Bumble was bright, alert and responsive. Mucous membranes were pink and moist with a CRT of < 2 sec. Abdomen was non-painful. No audible heart murmurs or arrhythmias were auscultated and the lungs sounded clear. All palpable lymph nodes were within normal limits. No pain or inflammation was associated with the PleuralPort.

DIAGNOSTIC TESTS:

Radiographs:

Thoracic views: This radiographic study is compared to one dated Dec. 14, 2011.

Compared to the prior study, there is slightly more dorsal displacement of the ventral lung margins by soft tissue opacity in the pleural space. Thin pleural fissures are again noted, and the one between the right cranial and caudal lung lobes is slightly wider medially on the ventrodorsal projection. The access port and tube are again noted in the right thorax. The pulmonary vasculature is normal.

Diagnosis: Slight pleural effusion.

TREATMENT/PROCEDURES PERFORMED:

Radiographs:

Sedation with Butorphanol and Dexmedetomidine was administered for radiographs.

PleuralPort Removal:

A 5cm incision was made over the VAP PleuralPort. 4 tacking sutures were removed and the port and catheter were extracted. Fibrous tissue was debrided. The surgical site was closed in three layers using 3-0 Monocryl and was covered with a Hypafix bandage.

DISMISSAL INFORMATION:

Overall, we are thrilled with Bumble's progress! Bumble's thoracic radiographs revealed that he still has a slight amount of pleural effusion. The PleuralPort was aspirated, and although it appeared functional, no fluid could be evacuated from the thoracic cavity. Given Bumble's clinical status and the possibility for the drainage catheter to lead to the development of mild fluid accumulation, we elected to remove the PleuralPort device.

Activity:

For the next 10-14 days, Bumble's activity should be limited to leash walks. All running, jumping, and rough play should be allowed to allow appropriate healing of the incision.

Incision Care:

Bumble currently has a small bandage over his incision site. This should remain in place for the next 2-3 days. After removal, please monitor the incision daily for signs of increased redness, swelling, or discharge. If any of these signs are observed, please let us know. Bumble must not be allowed to paw, lick, or chew at his incision. An E-collar can be used if needed to prevent these behaviors. Please keep the incision clean and dry; do not bathe or groom the region around Bumble's incision site for the next 10-14 days.

Medication:

Tramadol (50mg tablets): Please give 1 and 1/2 tablets (75mg) every 8-12 hours as needed for pain. *This medication is bitter tasting and may be given with food. Tramadol is an oral pain medication. The most common side effect of Tramadol is sedation, therefore, Bumble may appear more lethargic while on this medication. If Bumble seems overly sedated, please decrease the dose or frequency of administration.*

This medication is next due at 4pm.

Monitoring:

If, at any time, Bumble appears to develop signs of exercise intolerance or increased respiratory effort, he should be re-evaluated. **At rest, Bumble's respiratory rate should be less than 40 breaths per minute.**

Recheck Appointment:

No further recheck is needed if Bumble continues to do well. However, it may be beneficial to have thoracic radiographs repeated in 2-3 months to monitor the status of the pleural effusion. If problems develop, we are happy to see Bumble at any time.

Please feel free to call if you have any questions or concerns.

Bumble is a wonderful dog! Thank you for entrusting us with his care.

Thank you for choosing MSU's Veterinary Teaching Hospital and including us in your animal healthcare team. Patients like BUMBLE are vital to sustain our teaching mission. If you have any questions, please contact the Soft Tissue Surgery service at 517-353-5420.

Visit us on the web at: <http://cvm.msu.edu/hospital>

Signed by Alexander Piazza, CVM Student

Signed by Dr. Heather Hadley, Small Animal Surgery Resident, on 2/10/2012 at 8:11 AM