



Public Integrity Unit

Case # 14-072

**Sadie
Medical Records**

SADIE'S MEDICAL HISTORY

A485350 57.60LBS DOG BLUE / WHITE F PIT BULL

11/03/14

02/03/13

EXAM -INTAKE BROKEN LIMB 57.60LBS Treated by: JLD Temp:
Indicate WNL (Normal) or note any Abnormal observations

Behavior VERY FRIENDLY DOG
Appearance CLEAN, WELL KEPT
Skin WNL
Eyes WNL
Ears/Nose WNL
Movement NON-WEIGHT BEARING ON LF LEG, POSSIBLE BROKEN, SENT TO JAH
Mouth/Teeth VERY GOOD
Anal/Genital WNL
Heart/Lungs
PYRANTEL
DAPP
BORD IN

02/04/13

EXAM - DIAGNO LIMBS 52.00LBS Treated by: JLD Temp:0.00
ort from Jefferson Animal Hospital:

Date: 02/03/13

Doctor: Dr. Cheever

Presenting Signs: HBC limping right front leg ok to x-ray then call Janet.

Exam: BAR-mm pink. Normal mentation.
Normal sinus rhythm - Clear lungs/panting.
Good body condition score and normal hydration.
Normal abdominal palpation, mild nipple development.
LN's WNL.
Non-weight bearing lameness R FL, knuckling foot. Dropped carriage of leg at the shoulder. Mild abraision injury lateral aspect of elbow. Mild bruising noted R axillary region. No pain with palpation of limb. No crepitus or obvious fx.

Diagnostics: X-ray: AP distal FL's, R lat R FL - No obvious fx or luxations. Increased opacity mid R radius, possible nutrient foramen vs healed fx. No shoulder views.

Diagnosis: R FL lameness, neuro deficits, R/O brachial plexus avulsion, traumatic IVDD, open.

Recommendations/Plan: LMM w/Janet: relayed no fxs, susp neuropathy likely secondary to brachial plexus avulsion. Possible old injury, mid R radius, ie healing hairline fx vs normal anatomy. Rec cage confinement and observation. May require amputation if permanent deficits especially if self traumatizing from trying to walk on foot incorrectly.

02/14/13

Jefferson Animal Hospital and Emergency Center

4504 Outer Loop * Louisville, KY 40219 * (502) 966-4104

DATE: 2/3/2013

DIAGNOSTIC / EMERGENCY EXAM

CLIENT# 51047

PATIENT # 71086

RDVM: Jefferson Animal Hospital

Metro Animal Services Metro
Animal Services

Pit Bull HBC

Dr. Patricia L. Kennedy

3705 Manslick Rd 40215

Pit Bull Female

Phone: (502) 966-4104

(502) 574-5524

Blue 1 Yrs. 6 Mos.

Fax: (502) 966-3904

Email:

Microchip:

Doctor:	Time:	Appt:	Rec:	Tech:	Weight:	Temp:
Cheever		c/a	ses		52#2oz	

PRESENTING SIGNS:

HBC limping right front leg ok to Xray then call Jar

CURRENT MEDICATIONS / DIET / HISTORY:

(DS 0-4, BCS 1-9, Pain Score P0-P6)

Updated: 2/3/2013, CURRENT and PRIOR MEDICAL HX: HBC limping RFL, CURRENT MEDS: none, OHW/ FLEA MEDS: , VACCINES/TESTINGS: , DIET: , APPETITE: , OWNED SINCE: , HABITAT EXPOSURE:

DOCTOR EXAM COMMENTS:

BAR-mm pink. N mentation.

Normal sinus rhythm- Clear lungs/panting

Good body condition score and normal hydration

Normal abdominal palpation, mild nipple development.

LN's WNL

Nonweight bearing lameness R FL, knuckling foot. Dropped carriage of leg at the shoulder. Mild abrasion injury lateral aspect of elbow. Mild bruising noted R axillary region. No pain with palpation of limb. No crepitus or obvious fx.

DIAGNOSTICS / LAB / RADS: RESULTS:

X-ray: AP distal FL's, R lat R FL No obvious fx or luxations. Increased opacity mid R radius, possible nutrient foramen vs healed fx. No shoulder views.

DDX: R FL lameness, neuro deficits R/O brachial plexus avulsion, traumatic IVDD, open

Medications Administered:	Amount	Rt

Medications Dispensed:	#	Dose
None		

CLIENT RECOMMENDATIONS / PLAN:

HOSPITALIZED : NO

LMM w/ Janet at MAS #797-3518: relayed no fxs, susp neuropathy likely secondary to brachial plexus avulsion. Possible old injury, mid R radius, ie healing hairline fx vs normal anatomy. Rec cage confinement and observation. May require amputation if permanent deficits especially if self traumatizing from trying to walk on foot incorrectly. Dr. Cheever

Sent dog with copy of radiographs. Transported back to MAS by Metro officer.

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Misc 1

Patient: 71086

Pit Bull HBC

Species: Canine

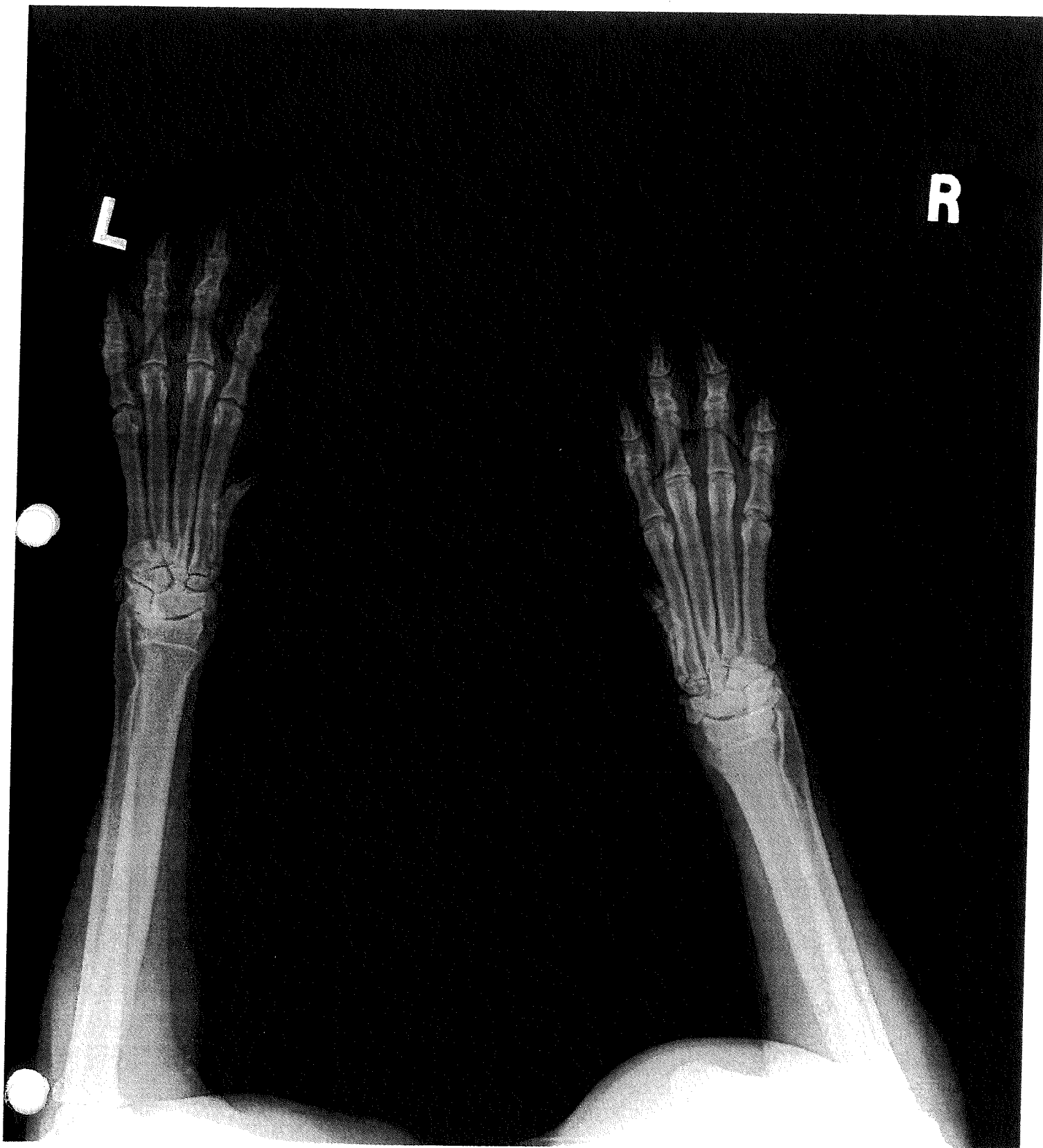
Breed: Pit Bull

Client: 51047

Metro Animal

DOB: 8/3/11

Gender: Female



EXT - Radius/Ulna R Lat (Retake)

Patient: 71086

Pit Bull HBC

Species: Canine

Breed: Pit Bull

Client: 51047

Metro Animal

DOB: 8/3/11

Gender: Female



EXT - Radius/Ulna R Lat

Patient: 71086

Pit Bull HBC

Species: Canine

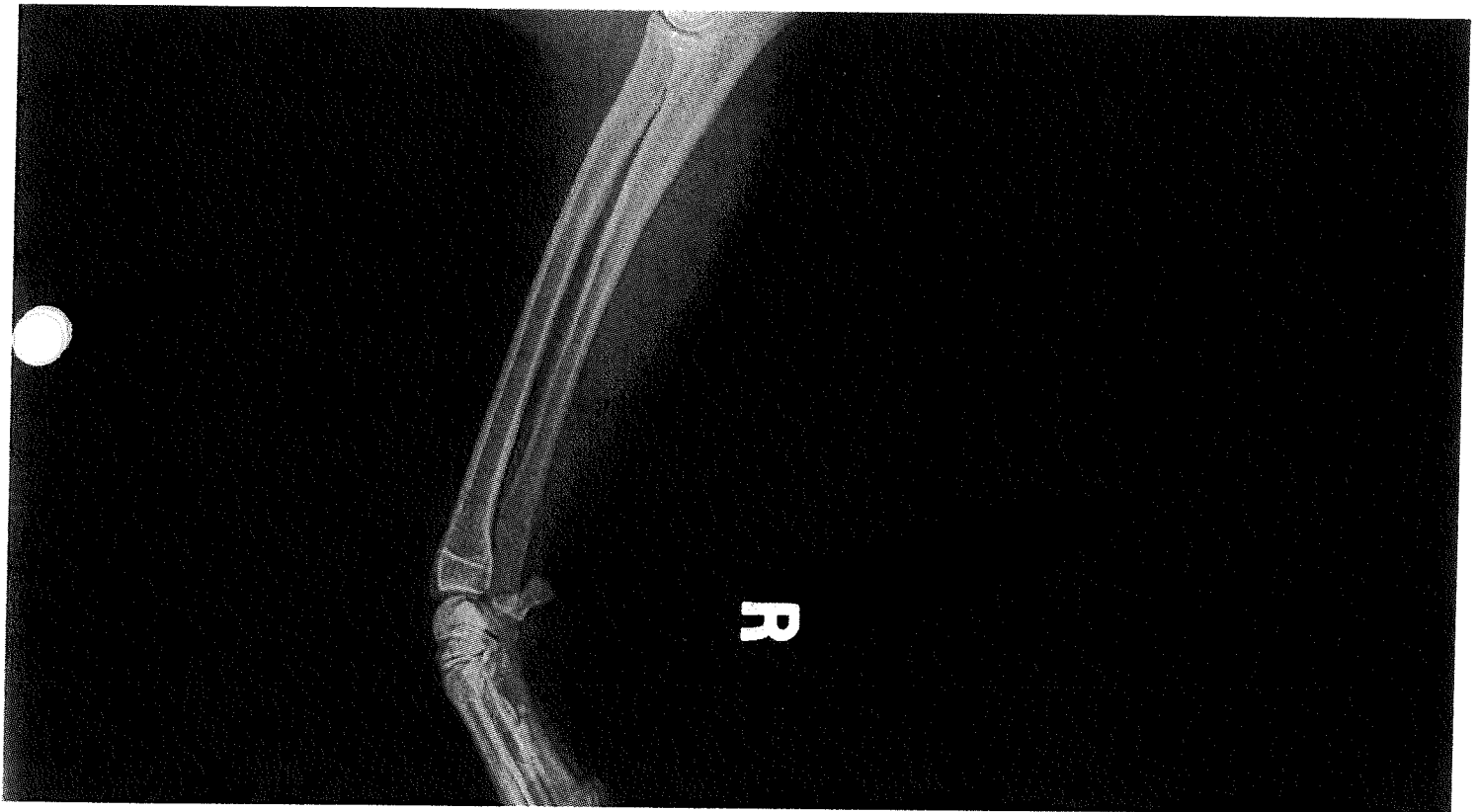
Breed: Pit Bull

Client: 51047

Metro Animal

DOB: 8/3/11

Gender: Female



EXT - Radius/Ulna R CC

Patient: 71086

Pit Bull HBC

Species: Canine

Breed: Pit Bull

Client: 51047

Metro Animal

DOB: 8/3/11

Gender: Female



BRACHIAL PLEXUS AVULSION

BASICS

DEFINITION

Fracture of the humerus with traction and/or abduction of the forelimb causes avulsion of nerve rootlets from their spinal cord attachment. • Ventral roots are more susceptible than are dorsal (sensory) roots. • Rule out nerve root avulsion in traumatized animals not able to weight-bear on a forelimb, especially before repair of orthopedic injuries.

SIGNALMENT

Occurs in dogs and cats.
No age, sex, or breed predilection.

DIAGNOSIS

Based on the extent and distribution of nerve damage. • Motor signs—weakness to paralysis (ventral root avulsion). • Sensory signs—decreased to absent pain sensation (dorsal root avulsion). • Muscle atrophy—begins within a week of injury. • Complete avulsion—spinal nerves C5–T2; most common; combines cranial and caudal avulsion deficits. • Cranial avulsion—spinal nerves C5 to C7; results in loss of shoulder movements, elbow flexion (dropped elbow), and analgesia of the shoulder, scapula and medial forearm; if C5–C6 preserved: weight-bearing remains almost normal; hemiplegia of the forelimb may be seen by fluoroscopy. • Caudal avulsion—spinal nerves C7 to T2; results in inability to bear weight, with limb held over dorsum of paw; if C5 to C7 and limb held in a flexed position and analgesia distal to the elbow (except for a small area on medial aspect of forearm); T1 to T2 involvement: causes an ipsilateral partial Horner syndrome (anisocoria only) and lack of ipsilateral contraction of the cutaneous triceps reflex (contraction present bilaterally). • Lateral—rarely encountered after a significant fall with sternal landing.

CAUSES & RISK FACTORS

Trauma—road accident; hung by foot; fall



DIAGNOSIS

DIFFERENTIAL DIAGNOSIS

Brachial plexus trauma without avulsion—temporary deficit owing to root contusion. • Brachial plexus tumor—usually insidious onset. • Brachial plexus neuritis—rare, lateral deficits. Acute onset but no trauma. • Embolic infarct—arterial emboli myelopathy—lateral deficits of the ipsilateral and contralateral hindlimbs and mild deficits of ipsilateral forelimb.

• Pure radial nerve paralysis caused by fracture of the humerus or first rib—no nerve root sign

CBC/BIOCHEMISTRY/URINALYSIS

Usually normal

OTHER LABORATORY TESTS

N/A

IMAGING

High-definition CT or MRI scan—visualize lesion; rarely needed for diagnosis

DIAGNOSTIC PROCEDURES

- Clinical—history of trauma with sudden onset of typical neurologic deficits
- Define involved spinal nerve roots—map motor and sensory deficits; note signs of Horner syndrome; determine cutaneous trunci reflex
- Electrophysiology (EMG)—shows denervation in affected muscles 5–7 days post-injury; with nerve conduction studies, may help further define deficits and detect signs of recovery

PATHOLOGIC FINDINGS

- Ventral and dorsal root avulsions—intradurally at the level of root–spinal cord junction (most fragile area, because it lacks protective perineurium)
- Neuroma formation—on the pial surface of the spinal cord



TREATMENT

APPROPRIATE HEALTH CARE

- No specific treatment
- Outcome depends on initial damage.
- Amputation of limb—advisable for patients showing complications and no improvement
- Carpal fusion (arthrodesis) and transposition of the biceps muscle tendon—consider only with adequate function of the triceps muscle and musculocutaneous

NURSING CARE

- Use protective wrapping or boot when patient walks on rough surfaces, because of increased skin fragility and lack of protective reflexes in the affected limb.
- Physical therapy—crucial for keeping joints and muscles mobile during recovery of reversible injuries
- Monitor uncomplicated cases for 4–6 months before considering amputation.



MEDICATIONS

DRUG(S)

Prednisolone (prednisone)—initial anti-inflammatory course for 1 week; may decrease edema and favor healing of reversible components of injury

CONTRAINDICATIONS/POSSIBLE INTERACTIONS

N/A



FOLLOW-UP

PATIENT MONITORING

Serial clinical and electrophysiologic monitoring—assess improvement

PREVENTION/AVOIDANCE

Avoid free roaming.

POSSIBLE COMPLICATIONS

- Skin excoriation with secondary infection of the digit(s)—from rubbing the paw on the ground
- Trophic ulcers—on thin, traumatized skin, especially over arthrodesis sites
- Self-mutilation—often devastating; result of paresthesia

EXPECTED COURSE AND PROGNOSIS

- Preserved pain sensation (dorsal roots intact)—suggests less severe injury to the ventral nerve roots
- Cranial avulsion—better prognosis because sensation to the distal limb and ability to bear weight are spared
- Complete avulsion—poor prognosis for recovery, amputation likely
- Rarely, mild cases may resolve after 2–3 months.



MISCELLANEOUS

SEE ALSO

Peripheral Neuropathies (Polyneuropathies)

ABBREVIATIONS

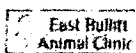
- CT = computed tomography
- EMG = electromyography
- MRI = magnetic resonance imaging

Suggested Reading

- Bailey CS. Patterns of cutaneous anesthesia associated with brachial plexus avulsions in the dog. *J Am Vet Med Assoc* 1984; 185:889–899.
- Cuddon PA, Delauche AJ, Hutchison JM. Assessment of dorsal nerve root and spinal cord dorsal horn function in clinically normal dogs by determination of cord dorsum potentials. *Am J Vet Res* 1999;60(2): 222–226.
- Moissonnier P, Duchosoy Y, Lavieille S, Horvat JC. Lateral approach of the dog brachial plexus for ventral root reimplantation. *Spinal Cord* 1998;36(6):391–398.
- Platt SR, Graham J, Chrisman CL, et al. Magnetic resonance imaging and ultrasonography in the diagnosis of a malignant peripheral nerve sheath tumor in a dog. *Vet Radiol Ultrasound* 1999;40(4):367–371.

Author Christine Berthelin-Baker

Consulting Editor Joane M. Parent



East Bullitt Animal Clinic
10774 Highway 44 E
Mount Washington, KY 40047
(502) 904-9800
FAX: (502) 904-9801

Patient History Report

Owner: Heather Adkins
Animal: Sadie
From 10/30/2013 to 3/4/2014
Page 1 of 1

Account # [REDACTED]

Owner: Heather Adkins

Address [REDACTED]

Ph [REDACTED]

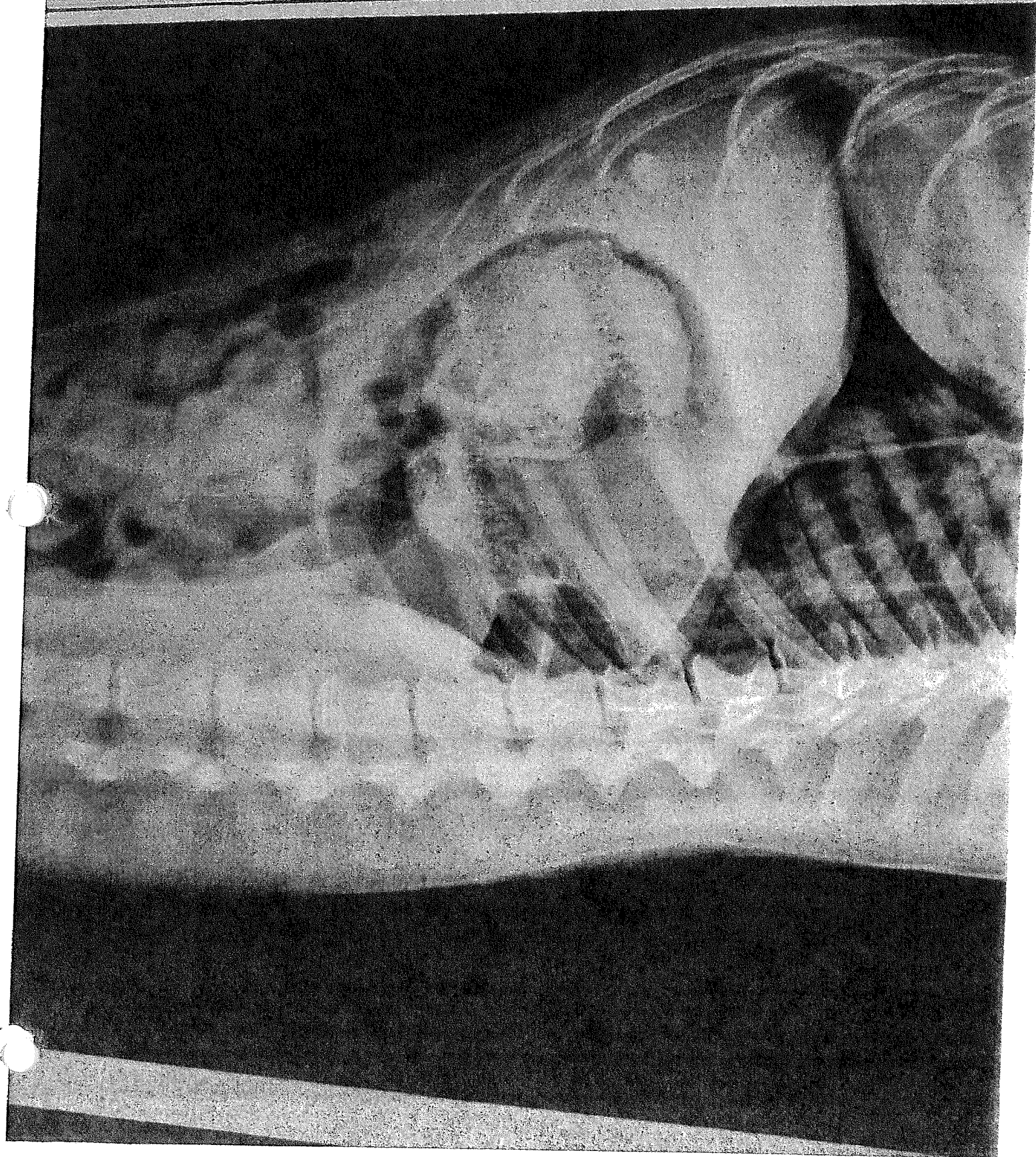
Animal: Sadie
Species: Canine
Breed: Pit Bull
Color: BLUE
Gender: Female
Birthdate: 10/30/2012
Age: 1 year 4 months 4 days
Weight: 0.00

Date	Doctor	Description	Weight
02/28/2014	Main	Heather called. Sadie is now in the care of BluePearl through the Arrow Fund. Sadie's condition worsened overnight and she has now been diagnosed with pneumonia. Also has megaesophagus. Unsure if secondary to FB or primary problem. Will call later to let us know if they are going to continue treatment or euthanize.	0
02/27/2014	Stephanie Pollett, DVM	Office Visit Radiology Subcutaneous Fluid Therapy at Home Rx004785: Cerenia 60mg Str-pill Qty-4.00 Refill-0 Expire- Rx: Give 1 tablet every 24 hours as needed for vomiting... Rx004786: Metronidazole 500mg Str-tablet Qty-7.00 Refill-0 Expire- Rx: Give 1 tablet every 24 hours...	0
02/21/2014	Stephanie Pollett, DVM	Brief Office Visit Bandage Application	0
10/30/2013	Stephanie Pollett, DVM	Office Visit Bandage Application Rx004430: Gabapentin 100 MG Str- Qty-30.00 Refill-0 Expire- Rx: Give 1 capsule every 12 hours... Rx004431: Cephalexin 500mg Str-capsule Qty-30.00 Refill-0 Expire- Rx: Give 1 capsule every 12 hours ... Elizabethan Collar, 25 ; Qty: 1.	0

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bluepearl

specialty + emergency
medicine for pets

13160 Magisterial Dr.
isville, KY 40223
(502) 244-3036
(502) 244-3046
03/03/2014

Fax Update

Attention: Dr. Jewell

Fax #: () 384-0553

This is: Dr. Smock

Patient Name: Sadie

Owner: The Arrow Fund

Date: 2/28/14

Primary problem: Radial nerve paralysis with self mutilation, megaesophagus, aspiration pneumonia, gastric foreign body (patient deceased)

Additional notes:

Hello Dr. Jewell,

Sadie presented to BluePearl on Friday after ingesting a bandage covering her mutilated front paw - the plan was to also perform a forequarter amputation while she was under anesthesia for foreign body surgery. Unfortunately pre-operative thoracic radiographs revealed megaesophagus and aspiration pneumonia, and after further inquiry it sounded as if these issues had been brewing for a long time. Arrow Fund elected euthanasia due to the poor prognosis.

Sincerely,

Courtney Smock, DVM

Thank you for trusting our doctors with Sadie's care on 03/03/2014. Please call at anytime with any questions or concerns.

FAXED

	DATE	TIME	SENT	CONFIRMED
1)	3/3	11:00	JS	JS
2)				
3)				



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medicine for pets

13160 Magisterial Dr.
Lexington, KY 40223
(502) 244-3036
(502) 244-3046
03/02/2014

Shift Assessment Form

Case Number: 42983

Patient: Sadie Arrow Fund

Date: 02/28/2014

Problem List: Radial nerve paralysis with self mutilation, megaesophagus, aspiration pneumonia, gastric foreign body

Appetite: NPO

Vomiting/Regurgitation/Diarrhea: none / none / none

Urination: normal

Physical Examination:

Wt: 48.0#

Temp: 101.1

Pulse: 120 bpm

Resp: 24 bpm

MM: pk

CRT: <2

Hydration: wnl

Eyes/Ears/Nose/Throat: copious purulent nasal discharge

Heart/Lungs: difficult to auscult heart, harsh lung sounds bilaterally with mild effort

Skin: necrotic soft tissue of distal right front foot

Musculoskeletal: muscle wasting of right forelimb

Nervous: radial nerve paralysis right forelimb

Peripheral lymph nodes: normal

Abdomen: soft, distended

Urogenital: normal

Rectal: not performed

Fundic: not performed

Diagnostics and Treatment Plan Update:

Arrow Fund has elected euthanasia, propofol IV to effect, 8 cc euthasol IV

Owner Communications:

Rebecca came this evening to be with Sadie for euthanasia, elected private cremation

Primary Veterinarian Communications:

none

Current Estimate: ~~

Current Invoice: \$1170

Doctor Initials: CS

Client: Arrow Fund, The (42983)

Patient Name: Sadie

Species: Canine

Breed:

Gender: Female

Weight: 0.0 lbs

Age: 2 Years

Doctor: Sura, Patti

BluePearl Veterinary Partners

Louisville

13160 Magisterial Drive Louisville,

KY 40223

502-244-3036

Test	Results	Reference Interval	LOW	NORMAL	HIGH
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Catalyst Dx (February 28, 2014 9:09 AM)

GLU	130 mg/dL	74 - 143			
BUN	10 mg/dL	7 - 27			
CREA	1.0 mg/dL	0.5 - 1.8			
BUN/CREA	10				
PHOS	4.2 mg/dL	2.5 - 6.8			
CA	8.9 mg/dL	7.9 - 12.0			
TP	7.8 g/dL	5.2 - 8.2			
ALB	2.9 g/dL	2.3 - 4.0			
GLOB	4.9 g/dL	2.5 - 4.5			
ALB/GLOB	0.6				
ALT	36 U/L	10 - 100			
ALKP	264 U/L	23 - 212			
GGT	7 U/L	0 - 7			
TBIL	0.4 mg/dL	0.0 - 0.9			
CHOL	244 mg/dL	110 - 320			
AMYL	477 U/L	500 - 1500			
LIPA	429 U/L	200 - 1800			
Na	153 mmol/L	144 - 160			
K	3.6 mmol/L	3.5 - 5.8			
Na/K	43				
Cl	110 mmol/L	109 - 122			
Osm Calc	-- mmol/kg				

Heartworm RT (February 28, 2014 9:13 AM)

HW Negative

FAXED

	DATE	TIME	SENT	CONFIRMED
1)	3/3	11:00		
2)				
3)				

Client: Arrow Fund, The (4298?
 Patient Name: Sadie
 Species: Canine
 Breed:

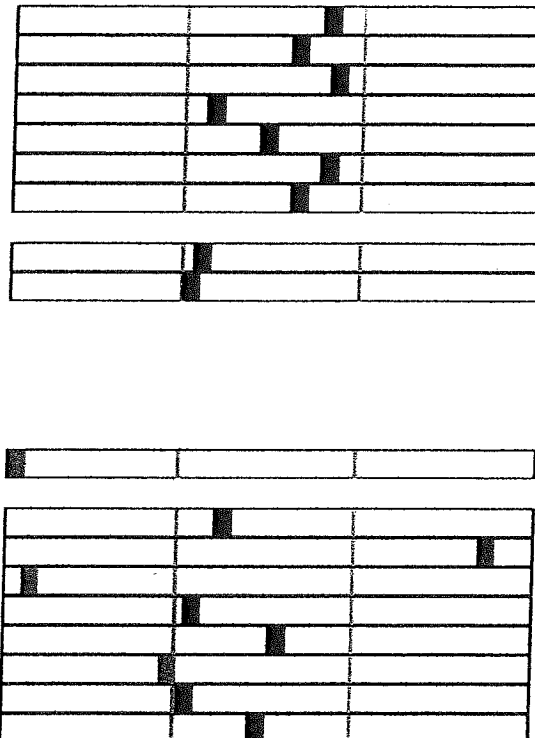
Gender: Female
 Weight: 0.0 lbs
 Age: 2 Years
 Doctor: Sura, Patti

BluePearl Veterinary Partners
 Louisville
 13160 Magisterial Drive Louisville,
 KY 40223
 502-244-3036

Test	Results	Reference Interval	LOW	NORMAL	HIGH
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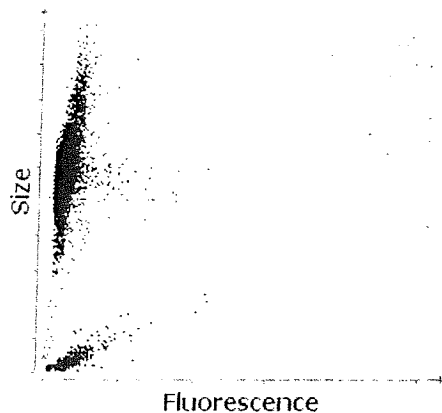
ProCyt Dx (February 28, 2014 9:00 AM)

RBC	8.29 M/ μ L	5.65 - 8.87	
HCT	52.7 %	37.3 - 61.7	
HGB	19.4 g/dL	13.1 - 20.5	
MCV	63.6 fL	61.6 - 73.5	
MCH	23.4 pg	21.2 - 25.9	
MCHC	36.8 g/dL	32.0 - 37.9	
RDW	18.8 %	13.6 - 21.7	
%RETIC	0.3 %		
RETIC	20.7 K/ μ L	10.0 - 110.0	
WBC	5.30 K/ μ L	5.05 - 16.76	
%NEU	* 1.9 %		
%LYM	* 39.8 %		
%MONO	* 57.9 %		
%EOS	0.2 %		
%BASO	0.2 %		
NEU	* 0.10 K/ μ L	2.95 - 11.64	LOW
BAND	* Suspect presence		
LYM	* 2.11 K/ μ L	1.05 - 5.10	
MONO	* 3.07 K/ μ L	0.16 - 1.12	HIGH
EOS	0.01 K/ μ L	0.06 - 1.23	LOW
BASO	0.01 K/ μ L	0.00 - 0.10	
PLT	339 K/ μ L	148 - 484	
MPV	8.5 fL	8.7 - 13.2	LOW
PDW	9.8 fL	9.1 - 19.4	
PCT	0.29 %	0.14 - 0.46	



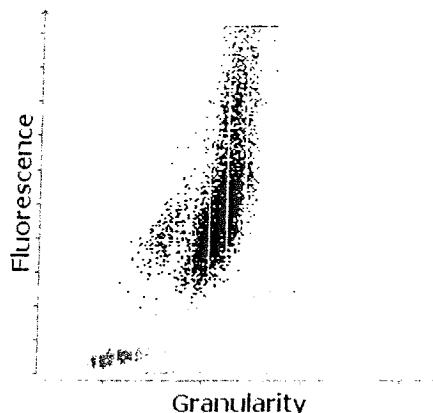
Band neutrophils suspected

RBC Run



■ RBC ■ RETICS ■ PLT ■ RBC Frags ■ WBC

WBC Run



■ NEU ■ LYM ■ MONO ■ EOS ■ BASO ■ URBC

FAXED
 DATE 3/3 TIME 11:00 SENT 18 CONFIRMED 18
 1) _____
 2) _____
 3) _____