

VETERINARY MEDICAL TEACHING HOSPITAL

University of Wisconsin – School of Veterinary Medicine
2015 Linden Drive, Madison, WI 53706-1102
Phone: 608-263-7600, 800-386-8684; FAX: 608-265-8276

MEDICAL REC #: 123074 VISIT ID: 1125492 PATIENT: Mango SPECIES: Lapine BREED: Other Lapine (Rabbit) COLOR: Red/White SEX: Castrated Male DOB: 09/12/06 WEIGHT: 3.3 Kilograms REFERRING DVM: CLINICIAN(S): D. Keller, DVM, PhD	EXAMINATION DATE: 09/06/11 OWNER: Kotoyo Hoshina ADDRESS: 5002 Sheboygan Ave Apt 120 Madison, WI 53705 HOME PHONE: (608) 334-5123 WORK PHONE: - PHONE: - FAX: - SERVICE: Special Species STUDENT(S):
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Current diagnostic impressions:

DIAGNOSIS	COMMENTS
GI stasis	
Non-regenerative anemia	Open: differentials for this problem include blood loss, lack of normal red cell production, or destruction of red blood cells. Based on a positive urine blood test we suspect that blood is being lost via the urinary tract.
History of positive E. cuniculi test and exposure in 2008	No prior clinical signs associated with this
Hematuria (blood in urine)	Noted in urine on repeat urinalysis on 9/5/11

Instructions for care after discharge:

FEEDING: ☐ Usual diet ☒ Special

Instructions: If Mango does not eat well at home, continue feeding the Herbivore Critical Care diet as you have been doing. He should receive about 60 ml of diet per feeding, 4-6 times a day.

EXERCISE: ☒ No restrictions ☐ Special

Instructions:

MEDICATION	SIZE/QUANTITY	INSTRUCTIONS
Metoclopramide	1 mg/ml solution <i>08時, 8時, 4時</i>	Continue to give 1.7 ml by mouth three times a day for an additional 2 days. This medication is a pro-kinetic which helps the GI tract increase its activity. It also has some anti-nausea properties. Next dose is due at midnight, but you can give the medication at bedtime.
Meloxicam	1.5 mg/ml suspension <i>8時 (AM, PM)</i>	Continue to give 0.47 ml by mouth twice a day until gone. This is a non-steroidal anti-inflammatory medication. Possible side effects of this medication include kidney and GI effects, and since he has suspected urinary tract disease but no signs of renal failure on his blood work we have been cautiously continuing to use this medication.
Enrofloxacin	20 mg/ml suspension <i>8時 (AM, PM)</i>	Continue to give 1.6 ml by mouth twice a day for an additional 6 days. This is an antibiotic which we have prescribed since we cannot rule out an underlying infectious cause for the urinary tract signs.
Albendazole	114 mg/ml suspension <i>8時 (AM)</i>	Give 0.9 ml by mouth once a day for 5 weeks, then 0.45 ml by mouth once a day for an additional 3 weeks. This medication is being prescribed because of the history of an E. cuniculi positive titer and renal signs now. There is no cure for E. cuniculi (i.e. infection is for life) but we can try to manage signs. The next dose is due at 8 am 9/7/11.
Lactated Ringer's solution		Mango received fluids under the skin while he was in hospital over the weekend, and also received two doses during the day today.

Tests performed during this visit:

TEST	RESULT
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DISCHARGE INSTRUCTIONS

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Abdominal ultrasound	<p>ABN (Mark with 'X') Norm Not Seen BX FNA</p> <p>Comment</p> <p>x Liver Mild diffuse pinpoint hyperchoic foci ("speckled") throughout parenchyma. Slightly hypoechoic to kidney.</p> <p>Gallbladder x</p> <p>Intrahepatic Bile Ducts x</p> <p>Common Bile Duct x</p> <p>Spleen x</p> <p>Left Kidney x</p> <p>Right Kidney x</p> <p>Left Adrenal</p> <p>Right Adrenal</p> <p>Left MILN x</p> <p>Right MILN x</p> <p>Urinary Bladder x Normal amount of suspended echogenic debris. Wall normal. (See cineloop)</p> <p>Prostate x</p> <p>Jejunum x</p> <p>Ileum x</p> <p>Stomach x Ingesta filled.</p> <p>Duodenum x</p> <p>Colon x</p> <p>Pancreas</p> <p>x Peritoneum Trace amount of free fluid adjacent to urinary bladder.</p> <p>Lymph Nodes x</p> <p>Testes/Ovaries</p> <p>Uterus</p> <p>x Other Moderate amount of fluid in subcutaneous tissues consistent with recent fluid administration (See cineloop)</p> <p>Additional Comments: Patient reportedly received subcutaneous fluid bolus prior to exam.</p> <p>Ultrasonographic Diagnosis:</p> <p>1) Normal liver variation vs vacuolar hepatopathy, chronic hepatitis or fibrosis.</p> <p>2) Trace amount of non-specific peritoneal effusion vs potential normal variant following recent fluid administration.</p> <p>No abnormal findings were noted in the urinary tract; the changes in the liver may real or may be normal variants</p>
Whole body radiographs	<p>Taken on 9/3/11</p> <p>Stomach is ingesta filled. Intestines are gas filled.</p> <p>Serosal margin detail is reduced, but likely due to thin body condition.</p> <p>Thorax is within normal limits.</p> <p>Radiographic interpretation: Suspect functional ileus</p>
Complete blood count	<p>Performed on 9/2/11</p> <p>Packed cell volume 20% (low)</p> <p>RBC index low</p> <p>Hemoglobin: low</p> <p>Total white cell count: within normal limits</p>
Biochemistry panel	<p>Performed on 9/2/11</p> <p>ALT: increased</p> <p>Sodium, phosphorus, potassium: low</p>
Reticulocyte count	<p>Performed on 9/3/2011</p> <p>% Reticulocyte: 1.0%</p> <p>The count is low which is supportive of a non-regenerative anemia.</p>
PCV	<p>Performed on 9/5/11</p> <p>22% (very slight increase from previous)</p>

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Urinalysis	<p>Analysis 9/4/11 on fluid collected overnight, which was held in the refrigerator*</p> <p>Color: dark-brown red, clear</p> <p>Urine specific gravity: 1.010</p> <p>Negative for urobilinogen, ketones and glucose. Trace protein, large positive for blood. pH: 7.5</p> <p>Cytology: no red or white blood cells noted, no crystals noted.</p> <p>* Red blood cells may lyse if kept in alkaline medium, which may explain why red cells were not seen in this sample. Alternatively a positive blood test on a urine dipstick can be due to a cross reaction with hemoglobin or myoglobin, so these cannot be ruled out.</p> <p>Analysis 9/5/11 (following aggressive fluid supplementation)</p> <p>Color: light brown, turbid</p> <p>Urine specific gravity: 1.010</p> <p>Negative for urobilinogen, ketones and glucose. Trace protein, large positive for blood. pH: 8.0</p> <p>Cytology: few red blood cells noted, rare white blood cells. No crystals noted. Large amount of proteinaceous material, possible hyaline casts. Small number of transitional epithelial cells (lining of bladder wall), some of which have cellular size variability and multiple nuclei. Moderate amount of stratified epithelial cells.</p>
Fecal occult blood test	<p>Performed on 9/4/11</p> <p>Negative</p>

Additional instructions and comments:

Mango is a nearly 5 year old male neutered rabbit who presented to the Special Species department today for abdominal ultrasound. Mango was an inpatient at the VMTH from 9/3-9/5 due to GI stasis, anemia, and hematuria. He was discharged on the morning of 9/5. Once back home Mango was eating a little more food on his own than he had eaten in clinic, so force feeding was discontinued. Urine production was normal, and the color was a more normal turbid brownish color (had been dark brown red on 9/3).

On presentation today Mango was bright and alert. His stomach was palpably softer than it had been when he presented on ER 9/3. Heart rate was 240 beats/minute. The urinary bladder was small on palpation but there continued to be discomfort when this area is touched. The penis was examined and was normal. Repeat oral examination revealed a mild irregularity in crown height of the lower right cheek teeth, but no points, mucosal lesions or halitosis. Remainder of physical examination was within normal limits.

Mango was sedated with midazolam and butorphanol for an abdominal ultrasound. His abdomen was shaved for the procedure. No significant urinary tract abnormalities were noted that could explain the finding of blood in the urine. There were some changes in the liver which may represent a hepatitis, but may also be a normal rabbit variant (we are looking for other examples of rabbit liver ultrasounds but so far have not found any references to use as comparison). We have tried to collect a sample of urine from Mango to submit to the clinical pathology laboratory for follow-up examination (previous analyses were done by Dr. Keller) but have not been successful despite multiple subcutaneous fluid administrations. We are sending Mango home with some No-Sorb plastic litter which might be helpful in collecting a sample. If you are able to get a sample, please keep it in the refrigerator and bring it to the vet school for analysis.

At this moment the presumptive cause of anemia is blood loss through the urinary tract. This may be from the kidneys, ureters or bladder. We did not see signs of any masses or stones in any of these structures, but it is possible that the changes are at the microscopic and not macroscopic level. E. cuniculi can certainly cause inflammation in the kidneys and liver and could account for most of the signs and changes noted on diagnostic tests but we cannot rule this in as the ultimate cause without a biopsy of the kidney or liver. We will continue treatment for bacterial disease (enrofloxacin) and palliative medication for E. cuniculi (albendazole). The antibiotic and pain medication (meloxicam) will also be helpful if there is a bacterial cystitis (bladder inflammation or infection) and may be useful if there is a hepatitis.

We would like to recheck his red cell count in one week to monitor his anemia. In the meantime please monitor food intake, fecal output and character as well as urine production and urine color. If you notice that appetite and fecal output are decreasing again, or that urine color is darker, that he is straining to urinate or seems painful on urination, please call us right away.

Follow-up examination/communication with the Veterinary Medical Teaching Hospital:☐ Not required☒ Please set up appointment for: recheck PCV on the following date: one week

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Faxed to veterinarian by _____ date _____

[] Do not FAX 123074

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- ☐ Please provide us with a progress report by telephone, fax, or letter on or about this date:
☐ We will call you with the following information:

Follow-up examination/communication with your regular veterinarian:

- ☐ Not required
☐ Please set up appointment for: _____ on the following date: _____
(If you have a local veterinarian who referred you to the VMTH, we will send him/her a report of this visit)



Signature of Owner/Agent



Signature of VMTH Clinician(s)

Referring Veterinarian Report:

--CLIENT INVOICE--

University of Wisconsin - Madison
UW Veterinary Care
2015 Linden Drive
Madison, WI 53706
608-263-7600 or 1-800-DVM-VMTH
<http://uwveterinarycare.wisc.edu>

KOTOYO HOSHINA
5002 SHEBOYGAN AVE
APT 120
MADISON, WI 53705

Date: 09/06/11

Account: 137820

Patient		Amount
	Previous Balance Due	
	OR Deposit Credit (-)	0.00
Mango		
	Charges: RADIOLOGY	56.50
	RADIOLOGY-ULTRASOUND	181.00
	CRITICAL CARE UNIT	29.00
	SA-SPECIAL SPECIES	10.60
	Total Due	277.10
09/06/11	VMTH ADJUSTMENT	53.70-
	Reason: taken out per CCU tech. CCU did not handle; Keller treated	
09/06/11	PAYMENT BY CREDIT CARD	223.40-
	Payment Due	0.00
Clinician:		

This invoice reflects currently processed charges. Additional charges may be forwarded to the cashier and will be billed separately.

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