Premier Veterinary Group in Orland Park

7000 W. 159th Street
Orland Park, IL 60462
708-388-3771

INVOICE

Client Information:

Small Paws Rescue
3316 S. 72nd West Ave
Tulsa, OK
, robin@smallpawsrescue.org

Patient Information:

"Zoey"
Mixed Breed, Female
Weight: 11.44 lbs, 5.200 kgs

Invoice Number: 461164

Date: 6/9/2019

Date	Doctor	Description	Quantity	Charge
6/9/2019	0	Payment - VISA/MC/Discover	1.00	-2,542.77

Previous Balance:	-632.60
Subtotal:	0.00
Sales Tax:	0.00
Payments:	2,542.77
Discounts:	0.00
Ending Balance:	-3,175.37

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We appreciate your confidence in us and want you to know we have treated your pet as we treat our own.

A client satisfaction survey will be sent to you via email within the next few days. We would appreciate if you took a few moments to respond and provide feedback on your recent visit. We actively use your comments to constantly improve the client experience and to provide you with the best possible service. Thank you in advance for your feedback.

***In complying with state law, all pets must be examined within 12 months to have medication prescribed. Once a pharmaceutical medication leaves the office, no returns can be allowed (FDA regulation CPG Sec 460.300)*

RDVM Copy 6/9/2019

Premier Veterinary Group
Animal Emergency and Specialty Centers

7000 W. 159th Street, Orland Park IL 60462
Ph: 708.388.3771 Fax: 708.388.3795

Client Information:
Small Paws Rescue (#123068)
3316 S. 72nd West Ave
Tulsa, OK
H, C(708) 336-0623

Patient Information:
Zoey (#206471)
Mixed Breed, White
Female, 3 year

Primary Referring Hospital: No Current Veterinarian

VISIT SUMMARY

Presenting Complaint:
Zoey was examined on 6/9/2019 at 04:42 PM for Zoey presented for examination after being found by a good samaritan yesterday while getting attacked by 2 other dogs. She was taken to Premier Veterinary Group in Chicago and treated with 1 mg of Methadone and her wounds were clipped and cleaned. There was significant suspicion for a flal chest on the left thoracic wall with air sucking sounds noted during examination. Zoey's wounds were bandaged and she was kept overnight on IV fluids, Methadone, and monitoring. This morning Zoey recieved Meloxicam 1 mg SC, Unasyn 152 mg IV, and a Morphine 1.51 mg bolus IV then started on CRI at 0.75 mg/hr . . Seen by Dr. Andrea Winney.

History:

Physical Examination:
Temperature: 101°F, Pulse: 160 / good, Respiration: 50
CRT: <2 sec, mm: Pale pink/tacky
Weight: 5.200 kg, 11.44 lb, 0.30 m2
Appearance: QAR/depressed
Eyes: normal OU
Ears: normal AU
Nose: normal
Oral Cavity: no dental tartar; mm pink, moist, CRT <2, small abrasion on gums above 203
Heart / Lungs: no murmur or arrhythmia appreciated, pulses synchronous; no crackles or wheezes appreciated, harsh bronchovesicular sounds bilaterally, eupneic, flail chest on the left side
Abdomen: soft, non-painful; no overt masses or organomegaly appreciated; no obvious fluid wave or distension
Musculoskeletal: unable/unwilling to stand on forelimbs
Neurological: normal mentation; unwilling/able to walk; full neurologic exam not performed
Skin: deep suspect penetrating wounds on the left thorax and ventral thorax with a 1 in full thickness laceration on the dorsal neck. bite wound on the left elbow and ventral neck

Lymph Nodes: normal sized and symmetric
Urogenital: normal
Rectal Exam: not performed
Other Comments:
Tentative Diagnosis: Dog bite wounds .

Hospital Services:
1) Thoracic radiographs with radiology review -owner consented
2) Pain medication
3) Wound management

Problem list:
1) Flail chest
2) Suspect penetrating chest wounds
3) Dog bite wounds
4) Unwilling/unable to stand on forelimb

Assessment:
Zoey is depressed with numerous full thickness wounds around her forelimbs and chest. Initial thoracic radiographs showed notable soft tissue injury and SC emphysema with displacement of the 5th rib on the left side. There is atelectasis of the cranial lung lobe and possible free air in the cranial thorax.

2 ml of Omnipaque contrast diluted to 4 mls was put in the left thoracic and sternal deep tissue wounds and thoracic radiographs were repeated. Zoey became notable painful after the contrast study and her radiographs are suspicious of a penetrating chest wound but not diagnostic.

Called and discussed the findings of the radiographs with Robin of Small Paws Rescue and advised that Zoey's x-rays are not diagnostic but suggestive of a penetrating chest wound in which case her prognosis is very poor and treatment would be extensive. Advised that she will likely need a CT to determine the extent of the wounds. Robin agreed to sending out Zoey's radiographs for radiology review and considering treatment including transfer to the surgery department tomorrow.

Plan:
1) Methadone 0.1 mg/kg IV at 4pm
2) Unasyn 152 mg IV at 6 pm
3) Norm R 26 ml/hr (2x maint)

Zoey's x-rays showed evidence of significant trauma to her chest especially her the left side of her chest. She has a broken rib on the right side and some evidence of internal damage, including a little fluid and a little air where it should not be. However, there was not obvious evidence of wounds that extend into her chest from the outside. The possibly of penetrating chest wounds cannot be completely ruled out but are considered less likely at this point. She will be treatment for pain and infection as well at treatment for her skin wounds.

Prescription:

Comments:

Instructions to owner:

Recheck:

In-House Laboratory Reports:

VETCT
CONSULTANTS IN TELEMEDICINE

OUTSIDE LAB RESULTS
RDVM FAXED
DATE_____INITIALS_____
CLIENT CONTACTED
DATE_____INITIALS_____
COMPUTER ENTRY
DATE 6/9 INITIALS BC

REPORTING SERVICE: XR

Report number: VETCT-193700 Report date: 10/06/2019

Referring Veterinarian: Dr. Winney

Referring Practice: Premier Veterinary Group - Orland Park - Ethos

Email address: imaging@ethosvet.com

Owner: SMALLPAWS Patient: ZOEY

Species: Canine Breed: Crossbreed, small Sex: Unknown Age: 3 years

Associated cases: VETCT-193701

Clinical History:

Zoey presented for examination after being found by a good samaritan yesterday while getting attacked by 2 other dogs. She was taken to Premier Veterinary Group in Chicago and treated with 1 mg of Methadone and her wounds were clipped and cleaned. There was significant suspicion for a flal chest on the left thoracic wall with air sucking sounds noted during examination. Zoey's wounds were bandaged and she was kept overnight on IV fluids, Methadone, and monitoring. This morning Zoey recieved Meloxicam 1 mg SC, Unasyn 152 mg IV, and a Morphine 1.51 mg bolus IV then started on CRI at 0.75 mg/hr.

Three images are attached as jpeg and were taken prior to using contrast in the study. If wound is penetrating into chest cavity, owner is electing to euthanize.

Questions to be answered:

Number of series / images: 9 / 9

Series: [VD THORAX, L LAT THORAX, R LAT THORAX]

Study dated: 09/06/2019

Study received: 09/06/2019

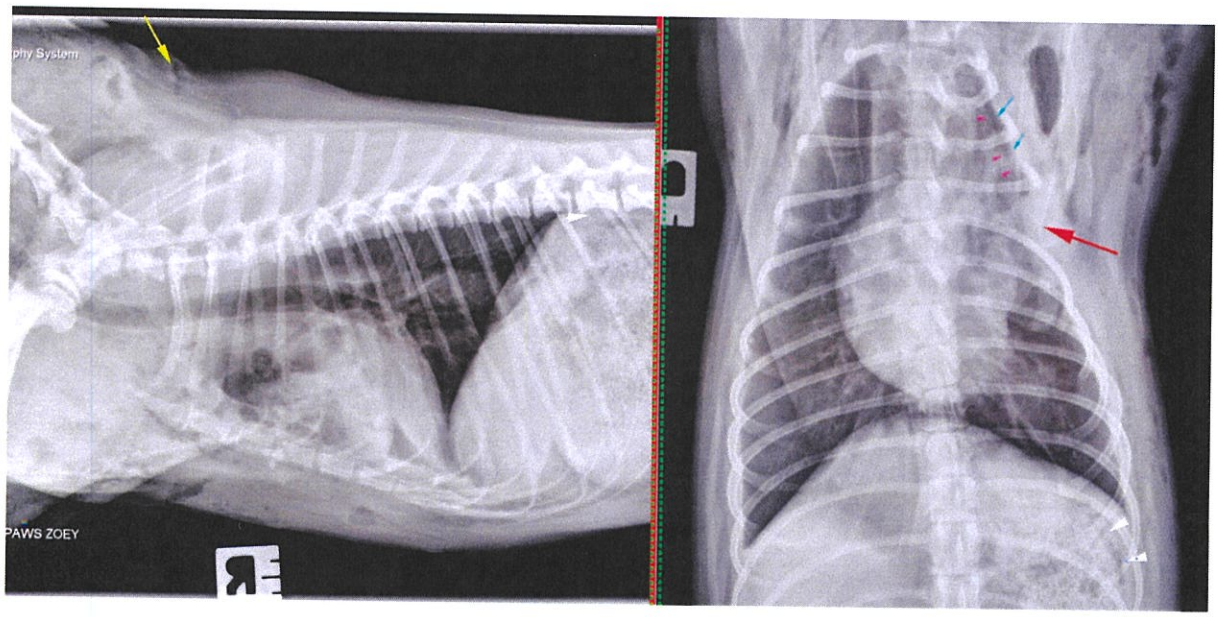
Anatomic regions: Thorax

This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It must therefore only be interpreted by a currently licensed and registered veterinary surgeon responsible for the care of this patient.

Details of study and technical comments: This is a radiographic study of the thorax with three standard projections. There is a follow up study of the thorax with a positive contrast fistulogram (left axillary wound followed by right axillary wound) performed approximately 30 minutes later (multiple left/right lateral and dorsoventral views).

Diagnostic interpretation:

There is a large amount of irregular gas opacity dispersed in the soft tissues of both axillary regions, prescapular area, dorsal neck and the brachii. There is a cutaneous soft tissue defect in the dorsal margin of the neck (yellow arrow). The left fifth intercostal space is moderately widened with local soft tissue swelling of the thoracic wall (red arrow). There is a suspect fracture of the chondral portion of the left fifth rib. There is moderate diffuse increased opacity of the left cranial lung lobe with border effacement of the left cranial contour of the cardiac silhouette (alveolar pattern). The left cranial lung lobe margin is retracted from the lateral thoracic wall (pink arrowheads) with interposed gas lucency (light blue arrows). Thin interlobar pleural fissure lines are visible. In the visible abdomen, there are fragmented small gas foci at the craniolateral aspect of the gastric fundus, seen on the ventrodorsal and right lateral view (white arrowheads). It is unclear if this gas is localised to the body wall, peritoneal cavity or stomach lumen.



Post left axillary fistulogram, there is a small volume of positive contrast and large amount of increased gas in the soft tissues of the left brachium, axilla and left thoracic wall. There is no clear evidence of positive contrast in the thoracic cavity.

Post right axillary fistulogram, there is a moderate volume of positive contrast in the right axilla, without clear evidence of communication with the thoracic cavity.

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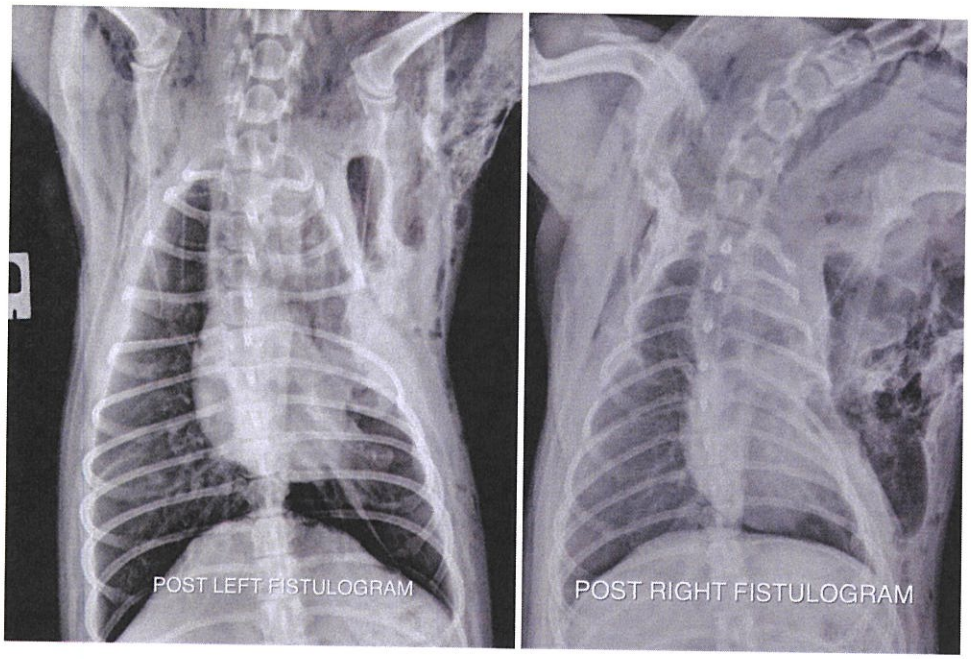

Conclusions:

1. Severe subcutaneous soft tissue swelling and emphysema of both axillary and prescapular regions, and the body wall of the neck and thorax.
2. Widening of the left 4th intercostal space with focal soft tissue swelling is compatible with thoracic wall trauma. Consider underlying intercostal muscle tear, hemorrhage or hematoma formation.
3. Suspect fracture of the chondral portion of left rib 5.
4. Mild left sided pneumothorax.
5. Mild pleural effusion, bilaterally.
6. Moderate alveolar pattern of the left cranial lung lobe is likely due to pulmonary contusion and hemorrhage.
7. Small gas foci overlying the craniolateral abdomen may represent superimposition of body wall gas, gastric content or pneumoperitoneum.

Additional comments:

There is radiographic evidence of focal thoracic wall trauma at the level of the left 4th intercostal space, which is mainly involving the intercostal muscles and possibly the chondral portion of the left 5th rib. There is no radiographic evidence of flail chest. The adjacent lung in this region is contused, and there is mild left sided pneumothorax and bilateral pleural effusion. Although the fistulogram study did not demonstrate clear communication of the external wound with the thoracic cavity, a penetrating wound of the pleural space cannot be excluded. The presence of soft tissue oedema/hemorrhage/inflammation can limit contrast flow in the subcutaneous space. Consider ultrasound of the pleural space and thoracocentesis for cytology as clinically indicated. Periodic recheck of the pleural space and thoracocentesis could be considered to monitor for septic pleuritis. Also consider a positional radiograph of the abdomen (i.e. horizontal beam lateral radiograph in dorsal recumbency) to rule out pneumoperitoneum as clinically indicated.

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Reporting Radiologist:

Dr Jennifer Chau BVSc (Hons) MVetStud FANZCVS (Radiology)

If you have any queries regarding this report then please "Add a comment" on the VetCT platform or contact info@vet-ct.com

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Treatment Plan

Client Information

Small Paws Rescue, # 123068
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Tulsa, OK
, robin@smallpawsrescue.org

Patient Information

"Zoey", # 206471
Mixed Breed, Female
Weight: 11.44 lbs, 5.200 kgs

Referring Veterinarian: Dr. RDVM No Current Veterinarian

Invoice Number: 149488

Date: 6/9/2019

Doctor	Description	Quantity	Low	High
505	Emergency Exam/Consultation	1.00	124.00	124.00
505	X-ray (3 view)	1.00	321.75	321.75
505	Radiology Review - Urgent	1.00	191.50	191.50
505	X-Ray (One View)	1.00	121.50	121.50
505	Fluids - Normosol-R 1 Liter	1.00	63.75	63.75
505	Hospitalization with Fluids	24.00	414.00	414.00
505	Surgery Consultation	1.00	154.00	154.00
505	CRI-FLK/HLK/MLK	1.00	74.25	74.25
505	FLK/HLK/MLK (totals mls) - Added to flui	20.00	45.00	45.00
505	Propofol Injection	1.00	32.00	32.00
505	Laceration	1.00	187.75	187.75
505	Sedation Monitoring	1.00	43.00	43.00
505	Ampicillin/Sulbactam Sodium per Injectio	3.00	72.35	72.35
505	Methadone 10mg/ml Injection	1.00	97.42	97.42
505	Procedures - Other	1.00	500.00	500.00
505	Pharmacy - Other	1.00	100.00	200.00
505		1.00	0.00	0.00
			2,542.27	2,642.27

The range of this treatment plan is from **2,542.27** to **2,642.27**.

***Depending on further evaluation and diagnostics, there may be additional diagnostics, procedures, surgery, or treatments which become necessary as the situation changes. These fees may vary. We will make every effort to keep you informed of the current charges and will attempt to contact you if it appears the high range of this treatment plan will be exceeded.*

___**This treatment plan is for "Out-Patient" services.**

___**This treatment plan is for "In-Patient" services.**

INITIAL TX PLAN
___12 hours or less
___24 hours

UPDATED TX PLAN
___12 hours or less
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Invoice Number: 149488
___36 hours
___48 hours

Date: 6/9/2019
___36 hours
___48 hours

If deemed necessary the undersigned agent of Zoey, consents to resuscitative efforts (CPR) for Zoey. **YES** or **NO**

I am either the owner or acting as the authorized agent of the owner and agree to the terms described above.

Signature Date

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505		1.00	0.00	0.00
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Signature Date