



Levine Veterinary Neurology

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CLINICAL SUMMARY	
Animal No.	105089
Clinical No.	308704
Record Date	09-01-2022
Attending Vet(s)	Dr. Chris Levine
Primary Vet	Dr Tejbir Sandhu
Primary Clinic	Parkway Animal Hospital

Client Details

Name	Southeast Beagle Rescue	Phone	352-873-4317
Address			352-598-2434 702-250-9387

Patient Details

Name	Billy IV	Age	7 years
Species	Canine	Sex	Male Neutered
Breed	Beagle	Referral	Dr Sandhu, Tejbir - Parkway Animal Hospital

Patient Visit Summary

Date of Discharge: September 1, 2022

Diagnosis:

- 1) Paraparesis
- 2) Myelopathy - L4-S2 - right side- moderate
- 3) Disc herniation - L7-S1 - mildly compressive - right sided
- 4) Neuritis L7-S1- likely secondary to disc herniation
- 5) Disc herniations - Th13-L1 & L1-2 -mild - chronic
- 6) Prostatitis vs benign prostatic hyperplasia.

Diagnostic Tests:

- 1) URINALYSIS & C+S

Addendum:

- 1) PENDING

Comments:

Billy IV initially presented to Levine Veterinary Neurology on September 1, 2022 for evaluation of a chronic history of paraparesis that was nonresponsive to medical therapy. An MRI was performed on Billy IV's lumbosacral spine, which documented a right sided L7-S1 disc herniation. As the disc herniation was only mildly compressive, the decision was made to try medical management in hopes that mother nature would be able to scar down the material enough to allow for a positive clinical outcome. Billy IV recovered from anesthesia uneventfully and was sent home for continued care.

The goal of resting is to allow the fibrous annulus fibrosus (outer donut portion of the disc) to heal over and prevent further nucleus (jelly portion of the disc) from extruding and compressing the spinal cord further. The extruded material that is present now will not resorb. It will remain there and our hope is to have this remodel and compress the spinal cord less. As time progresses, the disc material becomes more adherent to the spinal cord and other structures. If surgery is pursued in the future, a slightly longer recovery time is expected due to anticipated spinal cord manipulation.

In addition, to reduce inflammation associated with the disc extrusion, anti-inflammatories will be used at a tapering dose. Over the counter Pepcid AC can be used to help offset any GI irritation from the prednisone.

If Billy IV does not improve, he loses the ability to move his limbs, or remains painful, a surgical option is highly encouraged. Surgery would remove the compression on the spinal cord and nerve roots. This would relieve any discomfort present. At the time of surgery, depending on the state of the discs in the vicinity, a prophylactic procedure, fenestration, may be performed to reduce the recurrence at those sites.

Billy IV may have another episode of back pain/suspected intervertebral disc herniation at any time, weeks from now or never. It is impossible to predict. It is also impossible to predict his final neurological resolution from this episode.

AT HOME INSTRUCTIONS:

Medication: Prednisolone 5 mg tablets

Instructions: Give 5 mg (1 tablet) by mouth every 12 hours for 7 days then call with an update for further instructions

Next dose due: when obtained

Possible side effects: You will likely see an increase in thirst, urination, (some pets even have accidents in the house...sorry), panting, and an increased appetite. The prevalence of these is likely to diminish as the dose is reduced. Sometimes, prednisone can cause some irritation to the gastrointestinal tract and cause nausea, vomiting, and/or diarrhea. If you notice any of the GI signs, please contact our office and we will make changes to our medications.

Medication: Gabapentin 100 mg capsules

Instructions: Give 100 mg (1 capsule) by mouth every 8-12 hours as needed for pain.

Next dose due: when obtained

Possible side effects: Mild sedation

Medication: Amoxicillin / Clavulanic acid 91.4mg/mL

Instructions: Administer 146mg (1.6mL) by mouth every 12 hours.

Next Dose Due: when obtained

Side Effects: Gastrointestinal (GI) upset

Activity: For the next 4-6 weeks, Billy IV's activity should be restricted to allow him to heal properly. No running, jumping, or rough play is allowed. Billy IV should be kept in a small, 4ft x 4ft, well padded, level area to minimize any motion that he may have.

Food/Water: Billy IV will likely have an increase in his thirst and appetite due to the prednisolone, but please do not feed more than usual as we do not want him to gain excess weight. I would allow Billy IV to have free access to fresh water, knowing that he will need to urinate more than normal.

Urination/Defecation: Billy IV will likely have to urinate more than normal secondary to the prednisolone. Defecation can take a few days to occur. Fasting, anesthesia, some medications, and also pain can lead to delayed defecation or constipation. I only have concerns if there is no bowel movement after 5 days. At that time, we can add in canned pumpkin to his diet. If that does not work, then we can prescribe a laxative.

Pain: Pain is difficult to measure in most of our patients. I would, at least for the first few days, use pain medications 2-3 times a day. If you think that he is comfortable (trying to do more normal activities, eating well, being energetic and peppy), then you can try to reduce the amount and frequency of the pain medication.

Surgery: If you wish to pursue surgical decompression in the future, or if Billy IV does not improve or worsens, please call to schedule the procedure.

Questions/Concerns: If you have any questions or concerns, please feel free to contact us at any time. We are always here for you.

Chris Levine, DVM, DACVIM (Neurology)

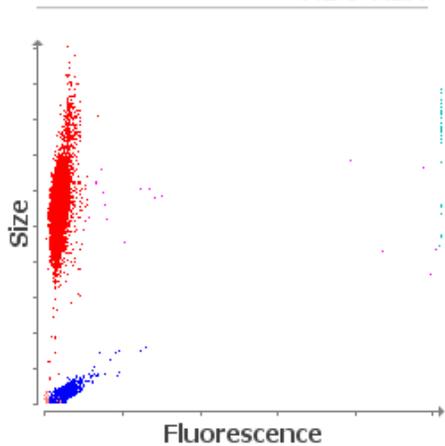
Thank you for entrusting Levine Veterinary Neurology with your loved one's care.

Client: Keeney, Lynn (6587)
 Patient Name: Billy IV
 Species: Canine
 Breed: Beagle

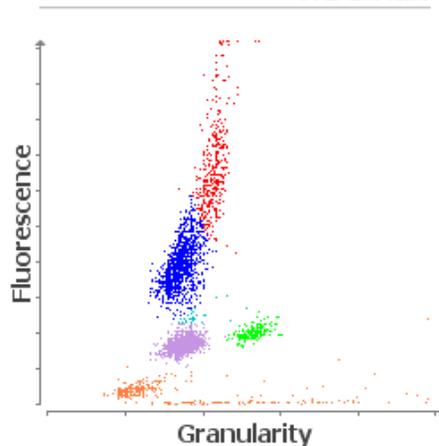
Gender: Male/Castrated
 Weight: 23.32 lbs
 Age: 7 Years
 Doctor: Dr. Chris

Test	Results	Reference Interval	LOW	NORMAL	HIGH
ProCyte Dx (September 1, 2022 12:18 PM)					
RBC	4.79 M/ μ L	5.65 - 8.87	LOW		
HCT	32.0 %	37.3 - 61.7	LOW		
HGB	10.8 g/dL	13.1 - 20.5	LOW		
MCV	66.8 fL	61.6 - 73.5			
MCH	22.5 pg	21.2 - 25.9			
MCHC	33.8 g/dL	32.0 - 37.9			
RDW	15.7 %	13.6 - 21.7			
%RETIC	0.1 %				
RETIC	3.8 K/ μ L	10.0 - 110.0	LOW		
RETIC-HGB	23.9 pg	22.3 - 29.6			
WBC	4.37 K/ μ L	5.05 - 16.76	LOW		
%NEU	54.5 %				
%LYM	28.8 %				
%MONO	10.3 %				
%EOS	5.7 %				
%BASO	0.7 %				
NEU	2.38 K/ μ L	2.95 - 11.64	LOW		
LYM	1.26 K/ μ L	1.05 - 5.10			
MONO	0.45 K/ μ L	0.16 - 1.12			
EOS	0.25 K/ μ L	0.06 - 1.23			
BASO	0.03 K/ μ L	0.00 - 0.10			
PLT	280 K/ μ L	148 - 484			
MPV	10.8 fL	8.7 - 13.2			
PDW	9.6 fL	9.1 - 19.4			
PCT	0.30 %	0.14 - 0.46			

RBC Run



WBC Run



■ RBC ■ RETICS ■ PLT ■ RBC Frags ■ WBC

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

1. Anemia without reticulocytosis - Likely non-regenerative anemia; consider pre-regenerative anemia.

Client: Keeney, Lynn (6587)
 Patient Name: Billy IV
 Species: Canine
 Breed: Beagle

Gender: Male/Castrated
 Weight: 23.32 lbs
 Age: 7 Years
 Doctor: Dr. Chris

Test	Results	Reference Interval	LOW	NORMAL	HIGH
Catalyst One (September 1, 2022 12:25 PM)					
GLU	88 mg/dL	74 - 143			
CREA	0.6 mg/dL	0.5 - 1.8			
BUN	11 mg/dL	7 - 27			
BUN/CREA	20				
PHOS	4.9 mg/dL	2.5 - 6.8			
CA	9.9 mg/dL	7.9 - 12.0			
TP	7.5 g/dL	5.2 - 8.2			
ALB	2.6 g/dL	2.3 - 4.0			
GLOB	4.9 g/dL	2.5 - 4.5			HIGH
ALB/GLOB	0.5				
ALT	34 U/L	10 - 125			
ALKP	55 U/L	23 - 212			
GGT	0 U/L	0 - 11			
TBIL	< 0.1 mg/dL	0.0 - 0.9			
CHOL	190 mg/dL	110 - 320			
AMYL	927 U/L	500 - 1500			
LIPA	439 U/L	200 - 1800			
Na	147 mmol/L	144 - 160			
K	4.6 mmol/L	3.5 - 5.8			
Na/K	32				
Cl	108 mmol/L	109 - 122	LOW		
Osm Calc	291 mmol/kg				