ATTACHMENT 4

Odin's Discharge Summary from Second Hospital

VETERINARY SPECIALTY CENTER

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Date	11/8/2005
Patient	Odin
Owner	Roberta Wyde
Client ID#	22344
Species / Breed	Canine Old English Sheepdog
Age / Sex	4 Yrs. 0 Mos. Male Neutered

Discharge Summary

Diagnosis / Case Summary:

Odin was referred to VSC on 11-8-05 for vomiting multiple times for the past several days. He had been to his regular doctor where bloodwork and radiographs did not reveal any abnormalities. He had been hospitalized on intravenous therapy for a few days as well as at home for conservative management/oral medications. He remained inappetant for several days and continued to have vomiting. On physical exam he was uncomfortable in his mid to caudal abdomen with a fluid and gas intestinal segment palpated in that region. However, there was no obvious foreign object palpable in the abdomen. We decided to do a barium series to start. The barium had extremely rapid transit through the first 2/3 of the intestinal tract within the first 5 minutes, but the abruptly stopped/slowed down with some radiolucent filling defects within the jejunal lumen. He was taken to surgery and found some palpable intraluminal foreign materialpartially obstructing his intestinal tract which was manually "milked" into the colon. Duodenal and jejunal biopsies were taken at that time. After surgery was complete, his stool was examined and we found multiple small pieces of what appeared to be greenies - they were dark green and almost the consistency of clay. After talking to his parents, he did get a greenie approximately 1.5 to 2 weeks ago. He was hospitalized for his post-operative period and continued to regurgitate and then develop watery diarrhea. The biopsies returned as severe lymphoplasmactyic enteritis. The internist was consulted and recommended starting steroids and immunosuppressants. He began eating better without vomiting and his diarrhea significantly decreased over the next 48 hours. He was sent home with his parents at that time.

Medications:

Prednisone 20mg - Give one tablet every 12 hours by mouth for 7 days, then one tablet once daily for 2-4 weeks, then every other day thereafter.

Metronidazole 250mg Give 2 tablets every 12 hours by mouth for 7 days. Antibiotic.

Famotidine 10mg Give 2 tablets once daily by mouth for 10 days. This is Pepcid AC and can be purchased at your pharamacy. Decreases gastric acid.

Azathioprine 50 mg - Give 1 tablet orally every other day starting tomorrow as long as he is eating and drinking well.

Feeding:

z/d diet is recommended for an easily digested diet.

Instructions:

Recheck CBC and biochemical profile in 7 days, then once per month for next 4-6 months to monitor for azathioprine toxicity and response of the albumin.

Continue to monitor him for any continued vomiting/regurgitation, worsening diarrhea, inappetance, lethargy or other concerning problems. He does not have external sutures so he will not need suture removal. For follow-up you can return to your regular doctor or you can schedule an appointment with the internist who consulted on his case, Dr. Peterson. She would be able to discuss a little more in depth concerning long term therapy and prognosis of his enteritis.

Please do not hesitate to call if you have any questions or concerns (425) 697-6106.

Lisa Edwards, DVM