

## 2021 AIMVT Case Logs Form

### Case Log 1

<b>Initial treatment date</b> 3/30/2021	<b>Patient ID</b> 820203	<b>Species</b> Canine		
<b>Breed</b> Dachshund	<b>Sex</b> Female Spayed	<b>Age</b> 3.50	<b>Weight in kg</b> 5.4	

### Diagnosis (or differential list)

T12-T13 IVDD with Hemilaminectomy

### Case presentation

Patient presented for acute difficulty with ambulation and lethargy. The applicant handled and restrained the patient for neurologic examination and gait evaluation for the clinician and was found to be non-ambulatory paraparetic with a T3-L3 localization (2,3). A CT scan was ordered by the DVM. The applicant positioned the patient in dorsal recumbency for imaging of the thoracolumbar spine, and identified hyperintense compressive material within the spinal canal at the level of L1-L2 (29, 32). A hemilaminectomy was performed at that time and the patient recovered from anesthesia uneventfully. The applicant calculated and monitored a fentanyl (50 mcg/mL) CRI at a rate of 3 mcg/kg/hr, dose of 15 mcg/hr (0.3 mL/hr) IV post-operatively (17). The applicant managed a non-ambulatory patient including rotating recumbency, maintaining nutrition and hydration, administration of medications, keeping the skin clean and dry, and intermittently expressing the urinary bladder and monitoring for urinary tract infection (33). Additionally, the applicant performed physical rehabilitation exercises including assisted standing and weight shifting, passive range of motion, and muscle massage (40). Clinical improvement was not seen within 5 days of surgery, so the DVM elected to re-image with CT, which revealed additional extruded disc material at the same site. The patient returned to surgery for additional spinal decompression, and recovered from anesthesia uneventfully. Prior post-operative care was continued by the applicant, and clinical improvement was noted within 24 hours with improved motor function in the pelvic limbs. At the time of discharge, the applicant communicated potential post-operative complications to the owner, including incisional swelling and seroma formation (45). The application explained post-operative management of the patient, including instructions for manual bladder expression, risk of urinary tract infection, keeping clean, and the important of strict crate confinement (43).

### Advanced skills the applicant performed

Handling and restraint of neurological patients (2)  
Positioning to obtain diagnostic quality computed tomography scans. (29)  
Basic ability to read spinal radiographs, myelograms / computed tomography scans, and magnetic resonance imaging scans (32)  
Calculate, prepare, and administer a constant rate infusion (CRI) of analgesic medication, and monitor the neurologic patient receiving the infusion (17)  
Manage a non-ambulatory patient (33)  
Explain and perform basic rehabilitative techniques and principles utilized in caring for the neurologically impaired patient. (40)

### Advanced skills the applicant assisted with

Assist with and/or perform gait and movement assessments (3)  
Communicate to clients the important factors involved in the care and management of patients with upper motor neuron disease (43)  
Recognize potential postoperative complications (e.g. wound infection, wound dehiscence, seroma formation) and discuss them with clients (45)

### Outcome

The patient was discharged to owners 4 days after the second surgery. The DVM dispensed gabapentin 50 mg (10 mg/kg) PO TID and tramadol 25 mg (5 mg/kg) PO BID for pain control; and prazosin 0.5 mg

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(0.1 mg/kg) PO TID to decrease urethral sphincter tone and improve ability to voluntarily urinate. At a follow up visit 4 weeks later, the patient was ambulatory with proprioceptive ataxia.

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