

12.30.21 9yr MN Golden Retriever 32kg / 1.02m2

Diagnosis: Lymphoma stage 3a

Case presentation:

Patient presented with generalized lymphadenopathy. The patient had normal vitals and an unremarkable history except for enlarged lymph nodes (LN) noticed 2 weeks ago. The patient weighed 70.4 lb. The applicant measured all enlarged lymph nodes (LN): right submandibular LN 2.7 cm x 1.2 cm, left submandibular LN 1.9 cm x 1.4 cm, right prescapular LN 2.3 cm x 1.2 cm, left prescapular LN 2.3 cm x 1.7 cm, right popliteal LN 1.0 cm x 1.0 cm, left popliteal LN 0.8 cm x 1 cm, all others small and within normal limits; and assisted with a fine needle aspirate (FNA) of the popliteal LN (7 & 17, see pull lists). Cytology sample slide evaluated then submitted to reference laboratory. Some small lymphocytes were noted with an occasional neutrophil, as well as a majority of large lymphocytes with multiple nucleoli (16). The clinician diagnosed as lymphoma pending confirmation by the pathologist. Patient was then staged by applicant obtaining 3 view thoracic radiographs (right lateral, left lateral, and VD) and assisting clinician by restraining patient in dorsal recumbency for an abdominal ultrasound (22). All images had no significant findings. Client declined bone marrow aspiration and immunophenotyping. The clinician prescribed the CHOP chemotherapy protocol (32, see pull list). The applicant prepared vincristine per week 1 of protocol (32kg, 1.02m2; 0.5mg/m2, 1mg/mL; 0.51mg, 0.51mL) with no adjustments (25, see pull list; 33). The applicant then administered vincristine via 22ga IV catheter in the left cephalic vein using appropriate materials and PPE with no issues (26 & 30, see pull list). All chemotherapy waste was discarded and patient discharged to owner with after care instructions (27 & 28, see pull lists).

Performed:

Demonstrate the ability to palpate and measure peripheral lymph nodes, and masses (including but not limited to: epidermal, dermal, and subcutaneous). (17)

Demonstrate the ability to perform microscopy for basic cytology and correctly identify both basic cell differentials (i.e. mast cell, lymphoma, spindle cell) and cytological indications for malignancy. (16)

Demonstrate staging protocols and procedures for typical oncology cases. (22)

Execute a prescribed chemotherapy or immunotherapy protocol, properly administering the appropriate medications at the appropriate time, and providing appropriate monitoring of the patient's physiological state. (32)

Correctly calculate the size of oncology patients using pounds, kilograms, and m2. (33)

Properly and safely mix chemotherapeutics utilizing a class 2 laminar flow biological safety cabinet/hood or other safety devices. (25)

Administer IV chemotherapeutics utilizing special handling techniques and safety equipment indicated. Case Logs citing this skill must outline administration requirements, considerations (i.e., anaphylaxis, vesicants) and dose ranges. (26)

Demonstrate techniques for handling chemotherapy extravasations including the use of "antidotes" where applicable. (30)

Provide client education on drug side effects, common toxicity, half-life, nadir, and the handling of animal waste products while on chemotherapy. (27)

Properly handle and dispose of chemotherapy waste materials and patient waste. (28)

Assisted:

Properly collect (or assist in the collection of), handle, store, and submit cytology samples for laboratory evaluations (i.e., lymph node aspiration, mass aspiration, etc.). Case Logs citing this skill must include the manner of sample preparation (i.e., slide preparation, tubes used, handling, and submission information). (7)

Demonstrate staging protocols and procedures for typical oncology cases. (22)

Outcome:

The patient had no side effects or reactions to his first treatment. He was discharged with prednisone 40mg (39mg/m²) PO SID x 7 days with tapering dose over 4 weeks: 30mg (29mg/m²) PO SID x 7 days, then 20mg (20mg/m²) PO SID x 7 days, then 10mg (10mg/m²) PO SID x 7 days, then stop (see CHOP protocol pull list); and went into remission by week 3 of CHOP protocol. He finished the protocol with 1 delay after the week 8 vincristine administration and no other issues. He is currently 3 months out from chemotherapy completion and still in remission.