

AIMVT CASE LOG FORM

Name

Case Log #		Date		Patient ID +/-or #	
3		10/6/15		Bailey 314542	
Species	Breed	Sex	Age	Weight in Kg.	
Canine	mixed breed	F/S	9 yr	38 kg	
<p>Skill #5: Implement prescribed analgesic plans for oncology cases, at least 1 case each using local, systemic and regional pain management techniques.</p> <p>Skill #9: Properly perform or set up and assist with collection, handling, storing and submission of bone marrow and/or bone core samples for laboratory evaluation.</p>					

Diagnosis Multiple plasma cell tumors

Advanced Skills & Procedures I performed: Organized the procedures room for a bone marrow aspirate which included numerous slides, 6 ml syringe, #11 blade, sterile towels, sterile gloves for clinician, 15 gauge Illinois bone marrow needle, 2 ml EDTA tube, and two packages of sterile gauze for aseptically cleaning the area of aspiration. (9) Once the patient was placed under heavy sedation by another technician, the right proximal humerus was clipped and prepped with 4% chlorhexidine scrub and 70% isopropyl alcohol. A local block [lidocaine (20 mg/ml, 10 mg/0.5 ml) and sodium bicarbonate (84 mg/ml, 8.4 mg/0.1 ml)] was administered SC at the approximate site of aspiration. (5) Assisted the clinician by sterilely handing him towels, #11 blade, 6 ml syringe and the bone marrow needle. The bone marrow sample was collected by the clinician; the syringe and sample were handed over and a drop of sample was quickly placed on to many slides and the slides carefully smeared together. There was not enough sample to fill a 2 ml EDTA tube, this was not submitted. Evaluated the slides for spicules which are a good indication of proper sampling; this was cytologically confirmed by a clinician. (9)

Advanced Skills & Procedures I assisted: Doubled checked calculation of sedation drugs (methadone hydrochloride 10 mg/ml, 0.3 mg/kg, 0.3 mg x 38 kg = 11.4mg/1.1 ml and propofol titrated to effect, 10 mg/ml, maximum of 8 mg/kg, 8 mg x 38 kg = 304 mg/30.4ml rounded to 30 ml). (5) Transported the patient to radiology and assisted with aspiration of a hepatic mass. Labeled (case number, date and site of aspiration) all slides, completed cytology form and submitted all samples to clinical pathology. (9)

Outcome The bone marrow aspirate revealed normal bone marrow. The liver aspirate showed hepatocytes that possibly could be neoplastic due to some populations, re-aspiration was recommended.
A CT scan was performed as the patient had a laryngeal mass previously biopsied as a plasma cell tumor. The patient received stereotactic radiation therapy (SRT) of the laryngeal mass and also removal of two other plasma cell tumors that developed prior to her referral to CSU. The two masses were completely removed and diagnosed as plasma cell tumors. At time of submission the patient is doing great, has a good quality of life and no new

masses have appeared.

Case Log #		Date		Patient ID +/-or #	
7		10/13/15		Sadie 312830	
Species	Breed	Sex	Age	Weight in Kg.	
Canine	golden retriever	F/S	10 yr	21.5 kg	
Skill #25: Properly and safely mix chemotherapeutics utilizing a class 2 laminar flow biological safety cabinet/hood or other safety devices.					

Diagnosis Probable pulmonary histiocytic sarcoma

Advanced Skills & Procedures I performed: Within the chemotherapy preparation room, placed nitrile gloves on to collect all necessary materials (doxorubicin vial from the chemotherapy refrigerator, 150 ml bag of 0.9% NaCl, primary IV line, (2) 20 ml syringes, 20 mm PhaSeal® closed vial access device, PhaSeal® infusion access device, PhaSeal® closed male luer valve) needed to properly mix and draw up doxorubicin chemotherapy and placed them into the holding compartment on the side of the hood. Once chemotherapy gloves and gown were in place, used a negative pressure total exhaust aseptic containment compounding isolator hood and spiked a 150 ml bag of 0.9% NaCl. Using a PhaSeal® infusion access device and primary IV line, removed 11 mls of 0.9% NaCl from the bag and primed the line with saline from the bag. Using a 20 ml syringe, 23 mg (11.5 mls/rounded to 11 mls) of doxorubicin was drawn up and then injected into the bag via the PhaSeal® access device. The bag was inverted several times to mix the doxorubicin and saline together. Once outside of the hood, the solution and a 10 ml sterile normal saline syringe with attached PhaSeal® closed male luer valve adapter were placed in a chemotherapy safety bag and ready for administration to the patient. The chemotherapy gloves and gown were discarded in a chemotherapy bin. (25)

Advanced Skills & Procedures I assisted: Calculated doxorubicin chemotherapy based on CSU's single agent doxorubicin protocol (2 mg/ml , 30 mg/m^2 , $30 \text{ mg} \times 0.77 \text{ m}^2 = 23.1 \text{ mg}/11.55 \text{ ml}$ /rounded to 11 ml) and diluted in 10 ml/kg 0.9% NaCl up to 150 mls in a 150 ml bag; total of 161 mls.

Calculated anti-emetic and anti-diarrheal medications to be used as needed [maropitant (2 mg/kg , $2 \text{ mg} \times 21.5 \text{ kg} = 43 \text{ mg}$; Rx: 60 mg, (1) tablet PO SID PRN, #5) and metronidazole (11 mg/kg , $11 \text{ mg} \times 21.5 \text{ kg} = 236.5 \text{ mg}$; Rx: 250 mg, (1) tablet PO BID PRN, #14)]. Refilled gabapentin (5 mg/kg , $5 \text{ mg} \times 21.5 \text{ kg} = 107.5 \text{ mg}$; Rx: 100 mg, (1) capsule PO TID, #50).

Outcome At this appointment, the patient had failed lomustine chemotherapy and was found to have progressive disease based on three-view thoracic radiographs and abdominal ultrasound. The owner elected to pursue additional chemotherapy and she received her first dose of doxorubicin chemotherapy. She presented to RDVM two days later for severe diarrhea and vomiting. She was transferred to CSU and was found to have pleural effusion. The owner elected to humanely euthanize her on 10/18/15, no necropsy was performed.

Case Log #	Date	Patient ID +/- or #		
8	10/13/15	Bubba 314566		
Species	Breed	Sex	Age	Weight in Kg.
Canine	Chesapeake Bay retriever	M/N	7 yr	44.5 kg
Skill #19: Perform and evaluate body condition scores for oncology cases.				
Skill #34: Perform thorough physical examinations on two different species seen in your practice setting.				

Diagnosis Right distal radius osteosarcoma with amputation

Advanced Skills & Procedures I performed: Performed a TPR (T: 101.8°F, P: 80 Bpm, R: 40 breaths/min). Completed a thorough physical examination [normal mentation (quiet, alert, responsive); body condition score 7/9 (19) ribs and backbone could be palpated with mild pressure, moderate fat coverage present with a barely visible waist); mild dental tartar with no oral masses noted; mucous membrane color pink, capillary refill time <2 seconds; heart and lungs auscultated normal (no murmur or arrhythmias heard, no crackles or wheezing present); bilaterally strong femoral pulses; palpation of peripheral lymph nodes (all within normal limits); abdominal palpation (soft and non-painful abdomen, no organomegaly noted); rectal examination normal (no masses felt and normal anal sacs); evaluation of skin (a large crusty incision along the right forearm amputation site with intact continuous sutures present, a 6.5 cm x 6.0 cm underlying muscle dehiscence with moderate amount of bruising present ventrally (will eventually atrophy overtime), no SC or dermal masses present on body); ambulates well on three legs (normal gait with no apparent pain noted)]. (34)

Advanced Skills & Procedures I assisted: Assisted in restraint of the patient for jugular blood draw performed by a student. Incision appeared healed, sutures were removed.

Calculated maropitant (2 mg/kg, 2 mg x 44.5 kg = 89 mg; Rx: 160 mg, (½) tablet PO SID PRN, #3) and metronidazole (12 mg/kg, 12 mg x 44.5 kg = 534 mg; Rx: 250 mg, (2) tablets PO BID PRN, #28) doses.

Outcome A CBC was adequate for chemotherapy; the patient received his first dose of carboplatin without incident.

The patient received a total of four doses of carboplatin chemotherapy with three-view thoracic radiographs at the time of his third dose; these were clear of any metastasis. At time of submission, the patient is still doing very well and the owner is monitoring his quality of life.