



PATIENT PRESENTING CLINICAL SIGNS

Daemon Carrazana

Date: 6/14/2023 Reason for Visit: annual visit + vaccines (o stated previously Hw positive) no proof history: 3 y great dane presented for annual visit. Pet has been in the home for a couple of months. O stated the rescue mentioned that pet was hw positive and they are currently doing the slow kill method with 1ml Ivermectin (provided by rescue group--no label or bottle available) PO q 4 weeks. no coughing or exercise intolerance.. C/S/V/D: NO E/D/U/D: WNL Diet: purina pro plan FAS Score: 2 anxious dose not like mouth touched but was a good boy Current Medications (dose and frequency): NONE

SPECIES

Canine

Heartworm Prevention / Flea Prevention: IVERMECTIN ? Known Allergies and Medical Conditions: WAS HW POSITIVE Vaccine Reactor: Yes No Unknown **Scan for Microchip! 985141005316352 Date: 8/13/2023 Time: 12:26 Notes: Daemon was presented for 1st phase of HW treatment. SW Dr. Ward over the phone to confirm protocol, she said to only do Dx today and we can hold off on prednisone is P is not coughing and wait until radiographs report to come back. According with Dr.

BREED

Great Dane

Ward protocol we preformed radiographs and bloodwork (Adult Annual Plus w/UA - UA is pending! couldn't obtain sample today) today and O will come back on Wednesday for his first injection. P was very anxious on the radiograph table. We were unable to place P on dorsal recumbency due to FAS (P was kicking and trashing). We decided to do both lateral views, then tried a DV view. Lateral views were successful, however, P will not stay in position for DV view (tried to jump from the table). Technician: ALEXANDRA DE ACHURRA

SEX

NM

Abnormal PE/Chem/CBC/UA Results: Vital Signs Weight: 120 Temp: PASS HR: 114 RR: 34 MM/CRT: UNABLE TO OBTAIN Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: Adequate Mentation: BAR EENT: OU clear, no discharge. AU clear, no abnormal debris or odor, comfortable. No nasal discharge. Oral cavity: Mild tartar Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 5/9. Ambulatory x 4, normal gait, no lameness, joints palpate normally. Neurological: Alert and appropriate. No deficits noted. Findings/Assessment: Heartworm positive (unknown duration/staging); otherwise apparently healthy HW4dx: Negative HW+ Ehrlichia+ Anaplasmosis+ Lyme+ Declined/Not Performed Fecal: NPS Treatments: RV: Right Rear SQ Not Given/Not Due DA2PP: Front Right SQ Left Rear SQ Titer Performed, results pending Bordetella: Orally Injectable SQ Additional Vaccines Given: Lepto4 Influenza H3N2 Preventative: Adv-Multi Trifexis Interceptor Plus Credelio Simparica Trio ProHeart6 Other: Owner will order Bravecto online Prescriptions to Dispense: Dispense Doxycycline 200mg #90--1 and 1/2T PO BID with food x 4 weeks Additional Comments: Extensive discussion re: heartworm infection, heartworm disease. Ideally staging would be performed as no way of assessing possible worm burden or any changes currently present in pulmonary parenchyma/vasculature from infection--appears patient has been on Ivermectin since at least October 2022, but no idea when patient tested positive for HW. Discussed damage to pulmonary arteries/veins and parenchyma caused by adult worms, risk of thromboembolism, etc. Unknown whether permanent damage is present at this time without performing staging tests (thoracic radiographs/bloodwork). Since patient not clinical at this time, less likely--but permanent damage inevitable if parasites are not killed. Discussed Ivermectin alone not standard of care--recommended AHS-recommended three-injection protocol if financially able; second choice would be promising but not thoroughly studied "Moxi/Doxy" protocol. Owner is would like to pursue three-injection protocol and requests estimate. Will start Doxycycline 300mg BID x 30d with estimated first injection date of August 14. Owner has trouble giving preventatives q 4 weeks. Discussed ProHeart injection--safe with HW positive patients, can do today--owner agrees. Administered ProHeart SQ left shoulder. Owner will order Bravecto online for flea/tick control. Owner will make tech appointment(s) for thoracic radiographs and Adult Annual Plus with UA prior to imiticide treatment #1. Will email estimate for treatment costs by close of business today. Allison Ward, DVM

AGE

3 Years, 4 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Danley

INVOICE

59669

DATE

8-13-23



PATIENT

Daemon Carrazana

RADIOGRAPHIC STUDY OF THE THORAX

A right & left lateral projection of the thorax is provided for review.

SPECIES RADIOGRAPHIC FINDINGS

Canine

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

BREED

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

Great Dane

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

SEX

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

NM

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

AGE

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

3 Years, 4 Months

RADIOGRAPHIC DIAGNOSIS

INTERPRETED BY

- Normal thorax

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study of the thorax presents without abnormalities.

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PATIENT The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Daemon Carrazana

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

SPECIES

Canine

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com

BREED

Great Dane

SEX

NM

AGE

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