



August 23, 2012

Lee Hanrahan
2244 McGovern
Oxford Mills, ON K0G 1S0

To Whom it May Concern;

Regarding Embrr Hanrahan,

Diagnosis/ Prognosis

Pneumothorax - Infectious with complications - Not hereditary / Not congenital in origin.

Bulla and abnormal area in the left caudal lung lobe - Not Hereditary / Not congenital in origin.

History

Embrr was admitted to AVAH on March 19, 2012. She was dyspneic when lying down. Upon admission, she was tachycardic, tachypneic, grunting and in heat.

Chest Radiographs: Pneumothorax. Bulla-like lesion in left caudal lung lobe ventrally. Possible fluid in pleural space. One liter of air was drained.

Physical Exam

The general physical exam revealed no significant findings. Normal auscultation. Weight 27.3 kg.

March 20, 2012

A left thoracotomy at the 6th and 9th spaces was performed by Dr. N. Parker on March 20, 2012 (surgical report faxed to RDVM).

UPDATE: **March 26, 2012**

Histopath Results:

- 1) Pyogranulomatous mediastinitis with filamentous bacteria.
- 2) Suppurative inflammation and fibroplasia, lymph node structure.
- 3) Severe fibrosing pleuritis with atelectasis.

Bacteria: Nocardia or actinomycosis.



Best Treatment:

- 1) Clindamycin 5 mg/kg every 12 hours.
- 2) Baytril 5 mg/kg every 24 hours.
- 3) TMP-S 30 mg/kg every 12 hours.

Minimum of six months of therapy (two months beyond normal). Need to check CBC/tear production monthly.

Medications

Tribrisin (TMP-S) 480 mg 1 3/4 tablets every 12 hours for 30 days (6 repeats).
Prolong Baytril 150 mg every 24 hours for 5 1/2 months.
Prolong Clindamycin 150 mg every 12 hours for 5 1/2 months.

Conclusion

This is an acquired disease and will have no impact on future breeding, due to medical treatment with antibiotics and surgery.

If you have any questions regarding Embrr Hanrahan, please contact me personally. Thank you for entrusting your clients and patients to Alta Vista Animal Hospital.

Sincerely,

Eric de Madron, D.V.M., A.C.V.I.M., Cardiology, E.C.V.I.M., Internal Medicine