

Case 2

Talisker Scott



History

- > 1 week history of vomiting after falling into a pond
- > Antibiotics, steroids, 24 hr starve
- > Ex lap- NAD no biopsies

History from the consultation

- > Owners description
- > “vomits foam and food without warning, retches and big abdominal effort”
- > No PU/PD, diarrhoea, cough or sneezing
- > Physical Exam- Good body condition no abnormalities detected

Conclusion- ?? Vomiting or regurgitation

Can you generate a problem list?

Action plan

New problem? – Problem list

Treatment and investigation plan

New developments

BUT.....

Suddenly 3 days later became dull and lethargic

Physical Examination

Pyrexia (40.3 C),

tachypnoea (28/min previously 18/min)

Auscultation- wheezes on ventral field

No other abnormalities detected

New problems

DDX

A-a Gradient ddx

New Treatment plan

Review of problems and reaching a diagnosis

Case 3

Amber 2 year old F(n) Irish Setter



Presenting problems and ddx

Plan

Results

What would you do next

Case 4 Pippin



History

- > 10 day history of intermittent vomiting, progressing to haematemesis

Acute collapse

Examination

- > T37 P38 R18
- > MM dry, tacky and pale, pulses weak
- > Thorax nad
- > Abdomen painful to palpation ventrocranially
- > Collapsed and unable to stand, poorly responsive

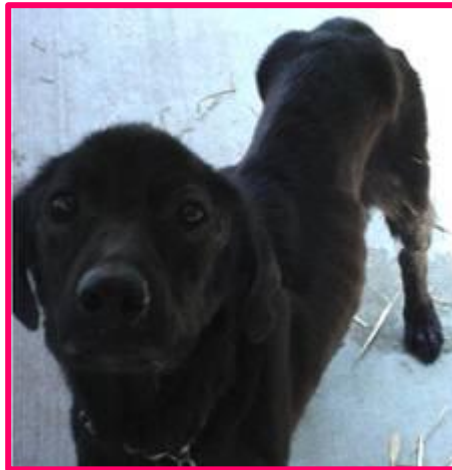
Problem List with ddx

Treatment and investigation plan

Investigations - results

Treatment

Case 5 Riley 4yo M(n) Labrador



History

4-5 month history of vomiting, diarrhoea and weight loss

Various tx including antibiotics, probiotics and diet changes

Worming history is good

No travel history

Examination

- > BAR
- > Clinical examination unremarkable apart from mild resentment of abdominal palpation ventrocranially

Problem list

What Next