



MEDICAL HISTORY

03-Sep-2023 to 03-Sep-2023

Client	Patient
<b>Charlene Biggerstaff</b> [REDACTED] Home: ([REDACTED]) [REDACTED]	<b>Shanti</b> (89406) 7y (03-Sep-2016) Feline Black Burmese Female / Spayed 5.1 kg (03-Sep-2023)
Most recent visit date: 03-Sep-2023 Microchip No.: n/a Rabies tag ID / date : n/a	Patient Alerts: <b>Body on HOLD at Gateway - Bit a staff member - Public Health needs to be contacted - 05-Sep-2023 7:53 PM (Erin Aitken, RVT) contacted</b>

Current medical overview: as of 11-Sep-2023

Weight by Age	Wt.	Record date
n/a		
Active Concerns	Established	
n/a		
Inactive Concerns	Established	
n/a		
Resolved Concerns (since 03-Sep-2023)	Established	Resolved
n/a		
Medications (since 03-Sep-2022)	Amount	Disp. Date
n/a		

**Outpatient visit** (03-Sep-2023 to 03-Sep-2023)

Appointment Type: **Walk In Emerg** Provider: **Dr. Kim Viljoen** Sex / age / weight: **Female - Spayed / 7y / 5.1 kg** (03-Sep-2023)

**03-Sep-2023 Order items**

- Euthanasia w/ Consult [36.175]: 1.00 each
  - Euthanasia Drug (Pick List) LINK [36.800]: 1.00 proc
    - Alfaxan (Alfaxalone) 10mg/mL/mL [53.9090] - Dose: 20 mg (Amt: 2 mL)
    - Dexmedetomidine (Dexdomitor) 0.5mg/mL/mL [53.9052] - Dose: 0.08 mg (Amt: 0.16 mL)
    - Euthanasia Sol/mL [53.9073]: 2.00 mL
    - HYDROmorphine (gen) 10mg/mL/mL [53.9041] - Dose: 5 mg (Amt: 0.5 mL)
  - Remains Packaging (Pick List) [599.1409]: 1.00 each
- Group Cremation [35.2025]
  - Group Cremation [35.25]: 1.00 each
  - Admin Fee Group Cremation [35.501]: 1.00 each



MEDICAL HISTORY

18-Sep-2023 to 18-Sep-2023

Client	Patient
Charlene Biggerstaff ( ) Home: ( )	Shanti ( ) Feline Burmese 7y (03-Sep-2016) Black Female / Spayed 5.1 kg (03-Sep-2023)
Most recent visit date: 03-Sep-2023 Microchip No.: n/a Rabies tag ID / date : n/a	Patient Alerts: <b>Body on HOLD at Gateway - Bit a staff member - Public Health needs to be contacted - 05-Sep-2023 7:53 PM (Erin Aitken, RVT) contacted</b>

Current medical overview: as of 22-Jan-2024

Weight by Age	Wt.	Record date
n/a		
Active Concerns	Established	
Dog bite - wound		18-Sep-2023
Inactive Concerns	Established	
n/a		
Resolved Concerns (since 18-Sep-2023)	Established	Resolved
n/a		
Medications (since 18-Sep-2022)	Amount	Disp. Date
n/a		

**Non-visit note**Provider: **Dr. Kim Viljoen** Sex / age / weight: **Female - Spayed / 7y / n/a****Concerns** (Problem List)

Active

- **Dog bite - wound** (18-Sep-2023)

**18-Sep-2023 Progress note****Dr. Kim Viljoen****12:26**PATIENT HISTORY

General findings

**History** - Late entry. Presented STAT for having been bitten by a dog. O states she was on the porch where she normally spends time, and a neighbourhood dog came onto the porch and attacked her unprovoked. O states this is not the first time the dog has attacked her, but last time she was able to run up a tree to get away. O states there have previously been issues with this dog and neighbour, lunging and acting aggressive towards other people and pets in the neighbourhood.

EXAM FINDINGS

Whole body

General findings

**Quiet** - Very painful, vocalising. MM pink and tacky, CRT <2 secs.  
Ears: clean and clear of debris.  
Eyes: clear. No obvious injuries to cornea, no discharge present. Pupil size appropriate for lighting situation, and equally sized.  
Oral: normal occlusion, no dental disease present. No visible foreign bodies, no masses or blood present. No lingual foreign body.  
Nasal: no discharge present. No auditory respiratory sounds  
Lymph nodes: no peripheral lymphadenopathy  
Integument: hemorrhage present in fur over lumbar spine, but unable to find any specific puncture wounds  
Musculoskeletal: patient is non-ambulatory in hindlimbs. Extremely painful around spinal palpation in thoracic to lumbar region.  
Lungs: vocalising  
Cardiac: strong. No murmurs or arrhythmias noted on auscultation  
Neurological: patient is very painful. No withdrawal present in hindlimbs and deep pain not present bilaterally.  
Other: no abnormal findings.

ASSESSMENTS**Dog bite - wound**

CVS - critical

Concern for internal injuries. Given degree of neurological changes in hindlimbs, concern for spinal fracture vs trauma

Prognosis - grave

PLANS**Dog bite - wound**

Hydromorphone 0.1mg/kg IM.

SWO and relayed PE findings. Given absence of deep pain in hindlimbs, prognosis is grave. Explained that spinal cord has four layers and deep pain is linked to the innermost one, and when that is absent it is a very poor prognostic indicator and is often irreversible. O asked if the spine is fractured - unable to say without rads, but suspect either fracture or severe trauma from dog bite. Explained dogs will often "shake" their prey and this can cause more severe injuries than just the initial puncture wounds. We can attempt transfer to a neurologist if O would like, but O must be aware that this likely something that cannot be repaired. O declined transfer, would like euthanasia.

While attempting to place IV catheter, a staff member was bitten. Informed O of this - because Shanti is not up to date on her rabies vaccines, Public Health will likely hold her body and may proceed with rabies testing. After this they can either cremate or send the body back to O for home burial. O thankful for this information, feels very upset that someone was bitten by this whole situation and expressed her apologies.

Considering accumulated data and discussion of the differential diagnoses as well as prognosis for the patient, owner elected to perform humane euthanasia without further treatment or diagnostic procedures. Autopsy was not requested at the time of the euthanasia. Explained potential side effects to owner (agonal breathing, eyes remaining open, muscle tremors and loss of control of bowels) - owner understands and is aware and prepared.

**18-Sep-2023 Progress note**

**Dr. Kim Viljoen**

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**12:26** Humane euthanasia performed by administering intravenous injection of Pentobarbital.  
Death confirmed by absence of heart sounds on thoracic auscultation, and absence of corneal reflex.