


Ocean State Veterinary Specialists

Medical Chart

NAME	Jackson	SPECIES	Canine	AGE	15 months	OWNER	David Halfelder
SEX	Neutered Male	BREED	Rottweiler Mix	DOB	May 01, 2014	ADDRESS	210 Chestnut St.
COLOR	Black & Tan	MARKS					Uxbridge, MA 01569
ID	108200	PHONE		FAX		PHONE	(508) 278-9314 (508) 797-7377

REASON FOR VISIT		
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PHYSICIAN		FURNITURE	
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WEIGHT (kg)	22.40 kg	Aug 11, 2015	
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MEDICAL HISTORY	ITEM	DESCRIPTION	QTY	HISTORY 8/11/2015 - 8/31/2015
Aug 12, 2015	Hospital Account	rDVM recs:		
	Note	rDVM recs		
Aug 12, 2015	Hospital Account			
Aug 11, 2015	S. Christopher Ralphs, DV	closeoinstrm	Close Visit -no instr/med	1
Aug 11, 2015	S. Christopher Ralphs, DV	examrefsurger	Exam - Referral Surgery	1
Aug 11, 2015	S. Christopher Ralphs, DV	Surgery Consult: Right Hind Lameness:		
	Subjective	Surgery Consult: Right Hind Lameness		
		Jackson Kelly is a 1 year old MN Rottweiler Mix who presents for an orthopedic examination and surgical intervention for right hind lameness. Jackson was a shelter dog who has a history of trauma to his pelvis, suspected to have been hit by a car earlier this year. He had an right FHO surgery on 2-24-15 at Haas Animal Hospital. Previous radiographs not currently available but rdvm notes state: right cranial acetabular fracture with lateral displacement of ilium. Fracutre of pelvic symphysis with caudallateral displacement of pubis and ischium. Jackson was placed in a foster home in May where he would yelp in pain and was non weight bearing on his right hind leg. Foster owner did physical therapy and lameness improved. He also has a history of testing positive for heartworm disease. He was treated with 2 doses of immiticide and last tested negative in April 2015. Owners adopted Jackson from the rescue 1 month ago. Since taking over ownership owners report that lameness has improved but he is still dog still lame in the mornings after resting on it for sometime, as well as on after heavy play. Jackson was brought to another rdvm for repeated radiographs which showed healing pelvic fractures. Owners report that he otherwise behaves normally. Eating and drinking well. Good demeanor. No recent episodes of coughing, sneezing, vomiting, or diarrhea. Not currently on any medications.		
	SUBJECTIVE: BAR			
	Objective			

Patient: Jackson

Rottweiler Mix

Client: David Halfelder

OBJECTIVE:

General Appearance: Bright, alert and responsive, Body score 5/9

Vitals: 5:34pm 8/11/15 Wt: 22.4 kg. HR: 120 RR: pant CRT: <2 By: SSS -- mm pink

Integument: Skin appears normal. Hair coat in good condition.*Eyes:* No ocular discharge. Eyes appear normal.*Ears:* No redness, swelling, or exudate noted.*Oral Cavity:* Mucous membranes pink and moist, CRT <2 seconds.*Cardiovascular:* Normal heart rate and rhythm. No murmur detected. Strong and synchronous pulses.*Respiratory:* No nasal discharge. Eupneic. Normal lung sounds bilaterally.*Gastrointestinal:* No vomiting or diarrhea.*Urogenital:* External genitalia normal.*Abdomen:* No masses or pain on palpation.*Musculoskeletal:* Right hind severe weight bearing lameness. Right hind leg is less well muscled than the left. Right hip is crepitant with limited extension. Grog is straight in both hocks when standing but seems to have normal range of motion at the foot.*Neurologic:* Normal ambulation, no neurologic deficits detected.*Peripheral lymph nodes:* Normal*New Diagnostic results:* None*Assessment:***ASSESSMENT:**

- 1) History of pelvic fractures that have healed. Pelvis is assymmetric
- 2) Right FHO performed after right acetabular fracture. There is a large amount of soft tissue mineralization and mineralized fibrosis in the area of the acetabulum

Discussed with owner and rescue person that this is not a typically FHO because of the healing of the acetabulum which has made formation of the pseudo-arthritis challenging. Also the dog was restricted during it's post-op recovery which mean that the range of motion was not maintained. It appears that some of the femoral neck may have been left behind, but I cannot be sure without additional films and that may or may not be playing a role in his dysfunction.

Offered 4 options:

- Continue with PT until we stop making progress. At that point, they would need to decide if his comfort and limb use are acceptable.
- Revise the FHO. This is not certain to help and there is a small chance that it could make it worse. However, if we revised and removed any remnant of the neck along with some of the mineralized fibrous tissue and follow with aggressive PT, he may be able to form a better pseudo-arthritis. The surgery would be challenging.
- Total hip replacement. This would also be challenging because of the FHO and the acetabular fracture. Both the femoral and acetabular components would be challenging to place and risks of loosening would be higher
- Amputation- this would be the most sure route to comfort in the leg, but would obviously leave him with only three legs.

Plan:

PLAN: Owners will continue with PT for now. If not improving to an adequate level, will consider additional surgery. Owners may pursue another opinion, which I encouraged.

RDVM COMMUNICATION:

Aug 11, 2015 S. Christopher Ralphs, DV