



**Patient ID:** 314544

**Patient:** Whiskey

**Species:** Canine (Dog)

**Sex:** Male Neutered

**Breed:** German Shepherd

**Age:** 7 years 3 months 12 days

**Weight:** 75.398 Lbs

**Color:**

**Microchip Number:**

**Visit Start Date:**

**Owner of Animal:**

Mangle, Elizabeth

1965 Gray-Wilmurt Road

Cold Brook New York 13324

**Phone:** 315-826-3172

**Discharge Date:** 12/24/12

**Reason for Visit:** Laparoscopic liver and intestinal biopsies

**Veterinarian:** Dr. Kellie Cammarano

**Problem List/Diagnosis:**

1. Predominantly hepatocellular, mixed chronic liver enzyme elevation

- Rule out chronic hepatitis (infectious vs immune-mediated) vs copper hepatopathy vs neoplasia (lymphoma or HCC) vs other

- Liver biopsies and culture: pending

- 12/22/21 Liver Panel: ALT 1892 U/L, AST 206 U/L, ALP 248 U/L, direct bili 0.2 mg/dL; coagulation panel within normal limits

- AUS 12/15/21: mild diffuse splenic and liver nodules, cholecystomegaly with dependent movable debris

- 12/15/21 liver cytology: Marked copper accumulation in some hepatocytes, mild mixed inflammation suspected, mild vacuolar change (glycogen)

- 12/15/21: Chem: ALT 2084 U/L, ALP, 243 U/L, AST 193 U/L, T Bili 0.3 mg/dL

- 12/10/21: Chem 10: ALT 2315 U/L, ALP 282 U/L

- 10/15/21: Chem 17: ALT 1589 U/L

- 9/13/21 AUS: Normal abdomen

- 9/13/2021: Chem 10: ALT 1142 U/L, ALP 433 U/L

2. Historic exocrine pancreatic insufficiency

- Fecal smear 12/15/21: abundant fat droplets

- 12/15/21: Chem: Decreased lipase (10 U/L)

- 6/29/2021: Texas GI panel: Folate 10.7 ug/L (normal), TLI 9 ug/L (low normal), PLI <30 ug/L (normal)

- Responsive to pancreatic enzyme trial years ago

3. Chronic soft formed stool-- rule out secondary to poorly controlled EPI vs small intestinal dysbiosis vs inflammatory bowel disease vs neoplasia vs other

- GI biopsies: pending

- 6/2021 to 12/2021: hyporexia, soft stool, and weight loss (recently gaining weight)

- 6/29/2021: Texas GI panel: Cobalamin 940 ng/L (elevated), owner reduced supplementation

4. Small intestinal bacterial dysbiosis

- Fecal smear 12/15/21: global decreased mixed bacterial population

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- Rule out secondary to chronic enteropathy vs other

**Diagnostics:**

1. Complete Blood Count 12/22/21: Within normal limits
2. Liver Panel 12/22/21: ALT 1892 U/L, AST 206 U/L, ALP 248 U/L, direct bili 0.2 mg/dL
3. Coagulation panel 12/22/21: Within normal limits
4. Blood typing: Type DEA 1.1 negative
5. Urinalysis 12/23/21: USG 1.032, pH 7.5, 1+ protein, small bilirubin, positive ictotest, WBC <5/hpf, RBC 5-20/hpf, very few epithelial cells, moderate fat drops
6. Urine culture: pending
7. Liver biopsies and culture: pending
8. GI biopsies pending: pending

**Visit Summary:**

Whiskey, a 7 year old male neutered German Shepherd, was presented to Cornell's Internal Medicine service for laparoscopic liver and gastrointestinal biopsies performed with the soft tissue surgery service. Whiskey was originally seen by the Internal Medicine service on 12/15/21 for evaluation of chronic increased liver enzymes (predom. hepatocellular), weight loss, hyporexia and intermittent soft stool. Whiskey has a history of exocrine pancreatic insufficiency (EPI), which is being managed with enzymatic supplementation. At his previous appointment, an ultrasound-guided aspirate of his liver showed copper accumulation within hepatocytes, inflammation and some vacuolar changes. Concern for copper hepatopathy prompted you to bring Whiskey back in for biopsies to make a definitive diagnosis.

Whiskey was bright and alert upon presentation, and a bit nervous. He had a slightly increased temperature shortly after his arrival, which was likely due to stress of coming into the hospital. Otherwise his exam was unchanged from his previous visit. Blood was drawn to assess Whiskey's liver function and ability to clot prior to surgery. His liver values were consistent with previous bloodwork and his clotting times were all within normal limits, so surgery was planned for 12/23/21.

Whiskey was fasted overnight in preparation for anesthesia. He was induced and taken to surgery on the morning of 12/23/21. In surgery, Whiskey's liver was slightly small for his size with rounded edges and a dark color. Samples of his liver and intestines were gathered and submitted for analysis. Whiskey faced no complications with anesthesia and recovered uneventfully. Overnight, Whiskey rested comfortably and maintained normal vital signs. This morning, Whiskey was bright, alert, and responsive and did not appear to be in any discomfort. We performed a quick abdominal ultrasound and found no free fluid. Whiskey was discharged to the care of his owner on 12/24/21.

**Medications**

**1. TRAZODONE 100 mg TABLETS:**

Give one tablet by mouth every 8 hours as needed for anxiety. The most common side effect of this medication is sedation.  
NEXT DOSE DUE: Tonight 12/24 before bed

**2. PREGABALIN 75mg TABLETS:**

Give one tablet by mouth twice daily for five days. This is a medication for postoperative pain, and the most common side effect is sedation.  
NEXT DOSE DUE: Tonight 12/24 before bed

3. Please continue Tylosin as previously prescribed until his new capsules are mailed to you.

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**Diet:**

Please continue feeding HA veg and salmon as previous with addition of pancreatic enzymes.

**Instructions:**

**MONITOR:** Please continue to monitor Whiskey for any signs of systemic sickness, including vomiting, diarrhea, lethargy, inappetence, or increased respiratory rate or effort. If you notice any of these clinical signs, please contact the Cornell University Hospital for Animals' Surgery Service or your primary veterinarian.

**EXERCISE RESTRICTION:** Please restrict Whiskey's activity to only short controlled leash walks for urination and defecation purposes for the next 2 weeks. Absolutely no running, stairs, jumping, rough play or off leash activity should be permitted during this period time. Failure to adequately restrict exercise may lead to an increase in postoperative complications.

**E-COLLAR:** Please ensure Whiskey keeps the E-collar on at all times. Access to the incision may result in complications including infection or dehiscence (opening of the incision) which may require additional treatments or surgery. Whiskey's E-collar must remain on at least until the sutures/staples are removed or the incision is evaluated by a veterinarian 10-14 days after surgery.

**INCISION SITE MONITORING:** Please keep the incision clean and dry for the next 10-14 days. Until the incision is evaluated by a veterinarian, please monitor the incision for signs of redness, swelling, heat, pain or discharge. If any of these are noted, then please contact a veterinarian to evaluate whether any further treatment is necessary.

**BATHING:** Please do not bathe Whiskey for the next 10-14 days, or until the incision is completely healed. Also, do not allow him to swim for the next 10-14 days.

**COLD COMPRESS:** You may apply a cold compress to the incision for 10-15 minutes, 3-4 times a day, for the next 3-5 days to decrease postoperative inflammation and pain. You can use an ice pack wrapped in a thin cloth/towel to prevent direct contact of the ice pack against the skin and to ensure the incision remains dry.

**WARM COMPRESS:** The formation of a seroma, or a fluid-filled pocket under the skin, is a fairly common complication after surgery. If this occurs, then please apply a warm compress to the incision for 10-15 minutes, 3-4 times a day. To make a warm pack, place a wet washcloth in the microwave until it is lukewarm. Place the cloth in a plastic bag to keep the incision from getting wet. Test the cloth on your arm first to ensure it is not too warm..

**HISTOPATHOLOGY:** The tissues were submitted for histopathology and the results are currently pending. We will contact you with the results as soon as they become available, which usually takes 7-10 business days. Occasionally, certain cell populations share similar characteristics that can make differentiation of these cells difficult without the aid of special stains. These stains typically cost \$100-400 and may take longer for results to become available.

**COMPLICATIONS:** Possible complications include surgical site infection, seroma formation (swelling of the surgical site with a pocket of fluid), dehiscence (breakdown of the incision site), local recurrence and metastasis. Some of these complications may require additional surgery and/or treatments. Fees incurred for complications are charged separately and are not included in the cost of surgery.

**INTESTINAL SURGERY:** The most common time for intestinal incisions to dehisce (open) is during the first 3-5 days after surgery. Typically, the first sign of this occurring is vomiting, however any sudden change in behavior should be considered concerning during the first week of recovery. If you notice either of these changes, then Whiskey should be evaluated by a veterinarian immediately, as this often results in systemic septicemia and prompt medical attention is required, including possible

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emergency surgery.

- As discussed, give all medications as directed. Please call Dr. Kellie (Riper) Cammarano or your primary care veterinarian if you see any of the above mentioned side effects.

- Whiskey's samples have been submitted for histopathology. Results are expected in 7-10 days, and Dr. Cammarano will call with the results as soon as they are available. These results should provide a diagnosis for Whiskey and guide his treatment going forward. We will make a recheck plan at that point.

-Please monitor for changes in systemic health including lethargy, vomiting, diarrhea, and poor appetite. Please call Dr. Kellie (Riper) Cammarano or your primary care veterinarian if you see any of these signs.

Thank you for visiting the Cornell Internal Medicine Service, Whiskey was a pleasure! Please call Dr. Kellie (Riper) Cammarano if you have any follow up questions or concerns.

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