196815 Miss Pennylane
Grazier, Greg
H: (541) 726-7059
Canine Labrador Mix
4/27/2010 Spayed Black & White

VETERINARY TEACHING HOSPITAL
WASHINGTON STATE UNIVERSITY

Discharge Instructions
(509)335-0711
FAX (509)335-3330

Referring Veterinarian:
Oregon State University
Lois Bates Acheson Veterinary Teaching Hospital
105 Magruder Hall
Corvallis, OR 97331
ADMISSION DATE: 3/3/2020
DISCHARGE DATE: 3/3/2020

Service: Oncology
Clinician: Janean Fidel, DVM, MS, DACVR (Radiation Oncology), DACVIM (Medical Oncology)
Student: Sarah Beard

CASE SUMMARY:

History: Miss Pennylane, a 9 year-old female spayed Labrador Retriever mix presented to WSU Veterinary Teaching Hospital for possible radiation of a brain tumor. Miss Pennylane was first seen at OSU on 1/24/20 for an elevated temperature and neurological signs as well as diarrhea. Her initial neurological event happened after she was in the truck and her eyes would flick to the right side, she couldn't right herself, and she would circle. Mr. Grazier said that when he would cover her eyes she would be ok but when he uncovered her eyes she would become dizzy again. Mr. Grazier said he first noticed some events of dizziness two years ago. She was suspected to have idiopathic peripheral vestibular disease at first but on a follow up visit on 1/27/20 where she was diagnosed with an intra-cranial, extra-axial, right sided mass suspected to be a meningioma following an MRI. Miss Pennylane was also diagnosed with laryngeal paralysis and polyneuropathy (6/10/19), left cranial cruciate rupture, type 2 degenerative disc disease (multifocal), osteoarthritis in her hips and lumbar spine, and severe spondylosis. Miss Pennylane was started on prednisone 20mg given every 24 hours for 30 days, Cerenia 60 mg given every 24 hours as needed, and Entyce 75 mg given every 24 hours as needed.

Since being on the prednisone, Miss Pennylane had been doing well. She was drinking more water and urinating more. She was fed wet Hill's I/D and generic kibble diet, chicken, and roast beef with her pills. She had been eating well and having good bowel movements without any diarrhea. There was no vomiting or sneezing. She had a cough that had been attributed to the laryngeal paralysis. The laryngeal paralysis was first noted after a dental, but she has never had difficulty breathing or had respiratory distress. She received Nexguard and Heartgard monthly.

Current Medications:

_____/ _____/ _____
Owner/Agent Signature Clinician's Signature Student's Signature

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CBD: 2 dropper fulls 3 times a day
Prednisone 30 mg: 1 tablet every 24 hours in the morning
Omeprazole 20 mg: 1 tablet every 12 hours
Pepcid 20 mg: 1 tablet every 12 hours

Physical Examination:
Miss Pennywise was bright, alert, and responsive on physical exam. She had a heart rate of 70 bpm, was panting, and had a CRT <2seconds with pink mucous membranes. She had nuclear sclerosis bilaterally and her sclera were slightly pink bilaterally. She had moderate to severe dental calculus and gingivitis. She had multiple cutaneous masses on her body ranging in size. The medial aspect of her left stifle had effusion and swelling as well as a medial buttress. A full orthopedic exam was not performed. She had normal conscious proprioception and her cranial nerves appeared to be intact (full neurological exam was not performed). It was easy to elicit a cough on tracheal palpation. Mild neck pain appeared to be present on dorsal flexion of the head but no back pain was present. Her heart auscultated normally with no murmur or arrhythmias present. Lung fields were clear with normal bronchovesicular sounds. All peripheral lymph nodes were soft, symmetrical, and non-painful.

Diagnostics:
Thoracic CT (3/3/20):

Report:	Skull CT, pre- and post-contrast. A referral MRI dated 01/28/20 is available for comparison.
	• Strongly contrast enhancing, broad based (to the right temporal bone) mass overlying the caudal aspect of the right tympanic cavity
	  o Approximately 0.6cm in height and 1.3cm in width
	  o Unremarkable underlying bone
	• Unremarkable regional lymph nodes
	Incidental findings
	• Multiple absent teeth
	• Focal loss of turbinates within the left nasal cavity, without an underlying mass
	• Multiple sites of marked spondylosis deformans
	• Orbital ligament mineralization
	• Bilateral marked shoulder arthritis

Conclusions:	Intracranial, extra-axial mass broad based to the right temporal bone. Similar in size compared to the previous MRI.

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Diagnosis:

1. Intra-cranial, extra-axial mass (suspect meningioma) – diagnosed 1/28/20
2. Geriatric onset laryngeal paralysis and polyneuropathy (right sided unilateral paralysis and esophageal reflux) – previously diagnosed on 6/10/19 but not routinely symptomatic
3. Left cranial cruciate rupture- previously diagnosed, not lame at this time
4. Type 2 degenerative disc disease (multifocal)- previously diagnosed
5. Osteoarthritis of the hips and lumbar spine – previously diagnosed
6. Severe spondylosis – has been previously noted on radiographs

Treatments: Miss Pennylane had a 20-gauge catheter placed in the left saphenous vein. She was sedated with 30 mg of butorphanol and 70 mcg of dexmeditomidine for her CT. She recovered uneventfully and the catheter was removed before sending her home.

Treatments Options Discussed:

Radiation 18x3 Gy: This radiation treatment plan consists of small doses of radiation focused on the tumor. This plan includes daily radiation treatments Monday through Friday for a total of 3 ½ weeks of radiation. A smaller dose of radiation is used for a longer duration of time because this way the amount of damage done to surrounding healthy brain tissue is reduced.

Once Miss Pennylane receives radiation, it is unlikely you will see any outward signs of side effects. There may be some mild hair loss around her head and neck area and there may be future color change (lighter color) but there should not be any dermal reaction that causes itchiness or skin crusts.On rare occasion, there can be problems in the brain caused by radiation therapy. Signs of this acute reaction could show up anytime within the first 3 months post treatment and would manifest as depression, possible pain, return of seizures, or any major change in behavior. If this occurs, Miss Pennylane should be examined by a veterinarian as soon as possible and higher doses of her steroids (at least 1m/kg/day, so 30 mg/day again for Miss Pennylane) will be needed until her signs return to normal. If problems persist or occur at greater than 3 months we usually repeat the CT or an MRI to be sure of what is going on.

With most meningiomas the tumor stays controlled for at least 1 year and up to 2-3 years.

The total cost of 18 fractions of radiation and boarding is 4000.00-4500.00.

INSTRUCTIONS FOR CARE OF MISS PENNYLANE:

Medications:

_____/ _____/ _____
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Miss Pennylane can continue her prednisone (30 mg once a day), omeprazole (20 mg twice a day), and Pepsid (20 mg twice a day) at this time. We would like to discontinue the CBD and the codeine to see how she does off of those medications. Once we start radiation, we want to see if her neurological status improves which we can't do appropriately if she is on all of her current medications. Additionally, codeine will interfere with any opioids we may choose to use to sedate her for treatments she has while in the hospital.

Diet: Miss Pennylane can continue her normal diet at home.

Activity: Miss Pennylane can dictate her own activity level at home.

PLAN FOR RE-EVALUATION OF MISS PENNYLANE:

1. Once you are ready to start Miss Pennylane on radiation please schedule an appointment through Rebecca at Rebecca.patterson@wsu.edu.

Please call if you have any questions at (509) 335-0711.
Dr. Fidel can also be reached at jfidel@wsu.edu
Or for scheduling or record concerns please contact Rebecca at Rebecca.patterson@wsu.edu

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