

General Workup
Friday, September 14, 2018
Patient Name: Winter Rescue 2018, 0 Yrs. 0 Mos., Retriever, Labrador, Female

History (Subjective):		
What problem(s) are your pet experiencing?	Frequent urination	
When did the problem start?	since she began fostering	
Is the problem the same, better, or worse?	same	
Has a similar problem happened in the past		
Are any medications being administered?	dewormer	
What is the pet's current diet and feeding schedule?	not sure	
Additional Notes:		

Exam (Objective)				
	9/14/2018			
	10:10 AM			
	EW	_		
<u> </u>	19 pounds			
,	5 - Ideal - 5 101			
	120			
	20			
Ears	✓ Normal	Did Not Exam	Abnormal	Minimal yellowish brown discharge AU, no erythema
Eyes	✓ Normal	Did Not Exam	Abnormal	Clear OU
Mouth/Teeth/Gum	✓ Normal	Did Not Exam	Abnormal	Pink moist mm, deciduous teeth
Lymph Nodes	✓ Normal	Did Not Exam	Abnormal	
GI Tract Abdomen	✓ Normal	Did Not Exam	Abnormal	Pot-belly appearance, nonpainful
Knees/Hips	✓ Normal	Did Not Exam	Abnormal	
Forelimbs/Spine	✓ Normal	Did Not Exam	Abnormal	
Coat and Skin	Normal	Did Not Exam	✓ Abnormal	Dermatophytosis POSITIVE on back side of hocks (R>L) with mild alopecia and crusting
Heart and Lungs	Normal	Did Not Exam	Abnormal	No murmur, lungs clear, mild hacking cough heard
Tieart and Lungs	Normal	□ Did Not Exam	✓ Abnormal	occasionally in exam room
Masses	✓ Normal	Did Not Exam	Abnormal	occasionally in exam room
Other	Normal	Did Not Exam	Abnormal	

Assessment	Assessment & Plan		
Assessment	Dermatophytosis, Infectious canine tracheobronchitis, Urinary tract infection		
Plan	- Clavamox 125mg tabs - Give 1 tab by mouth every 12 hours for 14 days. Give with meal to avoid stomach ache Wood's Lamp POSITIVE back of hocks (R>L) - Cough Tabs - Give 1/2 tab by mouth every 8 to 12 hours as needed for coughing - Terbinafine 250mg tabs - Give 1/2 tab by mouth every 24 hours until gone. Give with meal to avoid stomach ache Monitor coughing- If persists or worsens, let us know and we can prescribe a different antibiotic (i.e. doxycycline); wanted to avoid this antibiotic if possible due to clavamox for UTI - Discussed hygiene and zoonosis associated with dermatophytosis (ringworm); if lesions are noticed on family members, please consult with your physician		

Next Appointment

Recheck urine in 14 days

Urinalysis - Numerous WBC, few RBC, pH 9.0, USP 1.020; UTI present