

Client Details		Patient Details	
Name	SPCA Cape of Good Hope	Name	21/08 A1083 Pitbull
Address	VAT# 4580103804 Cnr of First Road and 1st Avenue Grassy Park 7941	Species	Canine (Dog)
		Breed	Pitbull
		Age	Not Set
Phone(s)	Home: 021 700 4166 Mobile: 0717242844 Work: 021 700 4166 Fax: 27217052127	Sex	Female

Clinical Summary for 21/08 A1083 Pitbull Kouter

Client Details

Name SPCA Cape of Good Hope **Phone** 083 326 1604
Address VAT# 4580103804 0717242844
 Cnr of First Road and 1st Avenue 021 700 4166
 Grassy Park 021 700 4141
 7941 021 700 4140

Patient Details

Name 21/08 A1083 Pitbull **Age** Not Set
Species Canine (Dog) **Sex** Female
Breed Pitbull

Health Status

Date/Time	Weight (kg)	Temp(°C)	Heart Rate	Respiratory Rate	BCS	Pain CRT	MM	Pulse Quality	Respiratory Effort
21-08-2023 9:31:59pm	16.00	39.4	136	52	2.0/5.0 4/5	1-2 sec	Pink	Normal	Normal

Presenting Problem

Dog fight injured

History

Dr. Rightwell Munyuki

History from the SPCA inspector : Pt was in a dog fight. She got injured on the right fore limb.

Physical Exam

Dr. Rightwell Munyuki

Multiple dog bite wounds on the face/ muzzle , and right forelimb carpus and metacarpal area.
 Non-weight bearing lameness of the right forelimb.
 Multiple puncture wounds which are slightly discharging
 Mild dehydration
 emaciated
 Clear cardiac and lung auscultation

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Assessments

Dr. Rightwell Munyuki

MBD

Xrays of the right forelimb - no fracture noted, soft tissue injury with moderate emphysema

Plans

Dr. Rightwell Munyuki

Gave synulox , petcam and morphine.

Gave sub-cut fluids

To monitor sinusitis

Diagnostic Request

Dr. Rightwell Munyuki

- X-Ray Study:Asteris Rosmead

Asteris-TAH Rosmead-DR

Therapeutic / Procedure

Dr. Rightwell Munyuki

Sub Cut Fluids

Medication

Date/Time	Drug Name	Qty	Prescribed By
21-08-2023 9:24:57pm	Synulox RTU inj (per ml) Amox-Clav [100ml vial]	0.8	Dr. Rightwell Munyuki
21-08-2023 9:24:57pm	Petcam 5mg/ml inj (per ml) Meloxicam [10ml bot]	0.64	Dr. Rightwell Munyuki

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21-08-2023 Morphine Fresenius 10mg/ml inj (PA) 0.6 Dr. Rightwell Munyuki
9:24:57pm [1ml amp]

Dispensed Medication

Date/Time	Drug Name	Qty	Prescribed By
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