



SOUTHFIELD | 29080 Inkster Rd, Southfield MI 48034
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MACOMB | 45245 Romeo Plank Rd, Macomb MI 48044
GRAND RAPIDS | 1425 Michigan St NE Suite F, Grand Rapids MI 49503

P 248.354.6660 F 248.354.0303
P 248.371.3713 F 248.371.3714
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DERMATOLOGY

Christopher P Cook DVM DACVD

Wednesday, September 02, 2015

Dr. Strong V. H.
Strong Veterinary Hospital
29212 Five Mile Rd.
Livonia, MI 48154
FAX: (734) 427-9713

Client: Jane Cameron
Patient: Janie

Client #: AH27893
Exam Date: 9/2/2015

Client Phone: (313) 590-8292

Age: 7 Yrs. 0 Mos.
pounds

Sex: Spayed Female

Breed: Bichon Frise

Weight: 12

Dear Dr. Strong V. H.:

Thank you for the referral of Jane Cameron and Janie to the BluePearl Veterinary Partners Dermatology Service. Janie's earlier medical records were unavailable to us today (aside from Dr Duff's summary and bloodwork from 7/23/15) but we were able to piece together a fairly good understanding of her symptoms and medical history from Ms. Cameron's reports. I did not feel that she was a strong candidate for food allergy at this time (and it sounds like a food trial would be VERY difficult given her finicky eating habits). It sounds like she has had at least a serologic test for food allergies (I suspect a serologic test for environmental allergies was also done at the same time) however the value of these tests is questionable (the serologic test for food allergies is considered basically worthless by dermatologists so if we do decide to look for a food allergy in the future we will NOT use the results of that test to choose a food). Her intradermal test results were VERY positive for several allergens including house dust/dust mites, several spring and fall pollens, and a significant number of summer grass pollens. Her test results fit her history and frankly she had the kind of unquestionable positive responses that make it very hard for me to doubt that she is primarily an atopic dog. We are going to try some oral steroids for a few weeks to determine what dose/level of these drugs she needs to stay comfortable. If the dose is much higher than I expected, we may need to consider that she could be BOTH food allergic and atopic. Otherwise, we will see what she needs to stay comfortable and if the steroids need to be continued even into the winter weather (while we wait for the immunotherapy vaccines to start to take effect) we may want to consider SHORT-TERM use of alternate immunosuppressive drugs like Apoquel or Atopica. Overall her skin lesions today were actually mild compared to the severe level of itching described (she did become severely itchy and chewed at her entire underside while in the room with us). I saw no strong argument for sarcoptic mange on her physical exam today but we will reconsider this if her steroid needs are much higher than I would expect from a typical atopic. Enclosed are our findings and recommendations.

Presenting Complaint/History: Rescued approximately 8 weeks ago by Small Paws Rescue. Foster home owner reports that previous owner had given up Janie due to expenses for management of her diagnosed allergies (no copies of the initial medical records from West Warren Vet Hospital at the appointment). Janie is severely pruritic and unless she is sitting on someone's lap she is likely chewing and itching at her underside and groin all the time. She also seems to scratch the sides of her face aggressively and this leads to tissue damage and bleeding within only a minute or two. Use of the E-collar seems to help prevent this, but according to Ms Cameron Janie has been wearing that E-collar for most of her life already. Reported response to steroids in the past was not confirmed in the medical records.

Physical Exam Findings: Multifocal excoritative dermatitis with epidermal collarettes on the ventral abdominal/groin area, and lateral hips. Excoriative/erythematous dermatitis with hypotrichosis and some interdigital erythema on all four paws. Mild excoriations with pustular dermatitis on the exposed tissues of the ear canals (AU) most likely associated with scratching of the ears by the hindpaws. Janie is significantly pruritic in the exam room unless she is

allowed to sit on Ms. Cameron's lap.

Laboratory Findings:

Cytology - skin: impression cytology from the groin, the belly, and the sore on the lateral right thigh showed a population (often a substantial population) of degenerate neutrophils and bacterial diplococci. No eosinophils or lymphocytes were observed. Impression cytology from the sores on the left and right ear showed LARGE amounts of degenerate neutrophils and intracellular/extracellular bacterial diplococci.

Cytology - ear: AS: nsf AD: trace of bacterial cocc, no WBC's

Diagnostic Procedures:

Intradermal Allergy Testing: Positive for numerous allergens.

Diagnosis: Atopic dermatitis, superficial secondary bacterial pyoderma

Medications:

ITEM DESCRIPTION	DIRECTIONS
Relief Rinse 8 oz Bottle	Apply 1-2 times weekly as needed.
Cefpodoxime 100 mg (Generic) Tablet	Give 1/2 of a tablet by mouth once daily until gone.
Prednisolone 5 mg Tablet	Give 1/2 of a tablet by mouth every other day as needed for itching. Can give up to 1 tablet once a day for severe itching. DO NOT START UNTIL FRIDAY.
Syringe 1cc/box of 25	Use as directed.
Allergens (BP) 3 Vial Set Inj. (per Set)	Give as directed.

Recheck: A recheck is recommended in 4 weeks.

Case Discussion:

It was good to meet you and Janie today (she was a very good girl for us during her procedure). The history certainly seems to fit environmental allergies well, and her skin test results were a perfect match for her history (some of her reactions were VERY strong especially to house dust mites). We are still not 100% certain whether she has a food allergy in addition to the environmental allergies, but before we start up a food trial I would like to see how easy she is to keep comfortable over the next month. Here is the plan:

- 1) Start using the cefpodoxime tomorrow.
- 2) The steroid shot that we gave today should have her completely comfortable within 24 hours (if she is still pretty itchy by tomorrow afternoon please call us). We will start the oral steroids (Prednisolone) no sooner than FRIDAY, but I would recommend that you wait until you start to see the licking and itching come back before starting up the prednisolone.
- 3) Start the prednisolone (as soon as the itching comes back) at 1 tablet a day and if that seems to keep her comfortable, stay at that dose for 3 days before trying to back off to a lower dose.
- 4) Use the Relief cream rinse after shampooing, or between baths as a soothing/moisturizing lotion. I found it works best if the skin is lightly moistened before applying it (use a wet washcloth and just wipe the skin before applying the Relief).

We will see you again in 4 weeks, but if she is not MUCH better within 10-14 days and comfortable enough that you can leave the E-collar off her while you are at work, please call us.

If you have any questions or suggestions regarding this patient, please feel free to call. Thank you for this patient referral.

Sincerely,

Christopher P. Cook, DVM
Diplomate, American College of Veterinary Dermatology

9/2/2015 Derm CPC Referral Ltr

Cook, DVM, DACVD, Christopher P.



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DERMATOLOGY

Christopher P Cook DVM DACVD

DISCHARGE INSTRUCTIONS

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Patient: Janie

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Exam Date: 9/2/2015

Client Phone: (313) 590-8292

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Sincerely,

[Signature]
Christopher P. Cook, DVM
Diplomate, American College of Veterinary Dermatology

If you have any problems or concerns, please contact Dr. Cook or Marissa at BluePearl Veterinary Partners. If a recheck visit is required, please call to schedule an appointment.

00/00/00 Derm CPC Discharge Instructions

Christopher P. Cook, DVM, DACVD