

**VETERINARY  
SURGICAL  
SPECIALISTS**

**Veterinary Surgical Specialists**  
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**Surgeon** Dr. Thomas Keeshen  
[tkeeshen@vssoc.com](mailto:tkeeshen@vssoc.com)

**Referring Vet Referring Clinic(s)** Dr. Mariana Pascucci  
Culver Pet Clinic

January 2, 2024

**Client Details**

<b>Name</b>	Boiko, Natalia	<b>Phone</b>	[REDACTED]
<b>Address</b>	[REDACTED]		

**Patient Details**

<b>Name</b>	Ariel	<b>Age</b>	4 years 11 months
<b>Species</b>	Canine	<b>Sex</b>	Female Spayed
<b>Breed</b>	Labrador Retriever Mix	<b>Referral</b>	Dr Pascucci, Mariana - Culver Pet Clinic

**Master Problems**

**Superficial Digital Flexor Tendon Luxation**  
Right

**Admitting History**

**12-21-2023**

**Presenting Complaint:**

Ariel presents for a consultation for right PL lameness.

**Duration of complaint:** 3 weeks.

Current medications: Carprofen 75mg PO BID, gabapentin 300mg PO BID.

Response to medications: Improved.

Side effect of current medications: None.

**Additional History:**

Pertinent history: Owner reports that the patient was chasing a ball and came up lame on the right hindlimb. Since then, she has been reluctant to go on walks and seems scared to go outside for bathroom breaks. The referring veterinarian performed radiographs and started her on pain medications and NSAIDs. The limb function is normal when walking slow, and she is tolerating short slow walks. When she runs and plays, she favors the right hindlimb.

Surgical history: Spay.

Travel history: Local only.

Any adverse reactions to prior medications or anesthesia?: No.

Rabies Vaccination: Current.

**Diagnostics:**

Radiographs: Yes. Date of radiographs: 12/9/2023. Radiology report available: Yes. Radiologist diagnosis: Hip Dysplasia R>L, Left hock swelling, possible right calcaneal soft tissue swelling due to soft tissue injury or partial avulsion, left stifle effusion

Additional imaging: None.

Diagnostics: CBC and Chemistry Date: 9/16/2023 Findings: WNL.



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**Patient  
Owner**

Ariel  
Natalia Boiko

Cytology: No.  
Histopathology: No.  
Microbial culture: No.  
Cancer staging: Thoracic radiographs: No. Abdominal ultrasound: No.

**General Information:**

Appetite: Normal.

Diet: Maintenance.

Food allergies: No.

PUPD: No.

Heart murmur: No.

Seizures: No.

Other: None.

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 Evaluation

**12-21-2023**

**Presenting Complaint**

Right pelvic limb lameness

**Physical Examination**

The patient is bright, alert, and responsive. BCS 5/9

**INTEG:** No significant findings.

**EENT:** Cornea, sclera and anterior chamber clear OU. No discharge OU. Otic epithelium smooth and non-erythematous AU, no ceruminous debris AU. No odor or discharge. Nasal planum is smooth and symmetrical with bilateral airflow, clean with no discharge. No oral masses noted. Mild dental tartar, mild periodontal disease.

**CV/RESP.:** Normal rhythm, no murmur, strong pulses, pink moist mucous membranes, CRT <2 sec. Eupnea. Normal bronchovesicular sounds.

**ABD/GI:** Soft, non-painful abdominal palpation.

**URO/GEN:** Urinary bladder palpates normal.

**PLNs:** Normal size peripheral lymph nodes.

**M/S:** Mild right pelvic limb lameness with moderate thickening around the right calcaneus. The SDFT could be luxated medially off the calcaneus.

**NEURO:** No apparent abnormalities.

**RECTAL:** Not performed at today's visit.

**Assessment**

Right superficial digital flexor tendon luxation

**Plan**

Discussed the findings with the owner, this happens when the tendon tunnel that the SDFT runs through tears. I would recommend repairing the tendon luxation with multiple non-absorbable sutures. She should be in a bandage and splint for a few weeks and would require multiple weekly bandage changes. Discussed the surgery, post op care, activity restriction, and potential complications. Owners were given and estimate for surgery and surgery would happen later this week.

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**Patient  
Owner**

Ariel  
Natalia Boiko

 Pre-op Examination

**12-23-2023 3:43:37pm, Dr. Thomas Keeshen**

Ariel returned for right superficial digital flexor tendon repair surgery today.

**Objective:**

The patient is bright, alert, and responsive. BCS 5/9

**INTEG:** No significant findings.

**EENT:** Cornea, sclera and anterior chamber clear OU. No discharge OU. Otic epithelium smooth and non-erythematous AU, no ceruminous debris AU. No odor or discharge. Nasal planum is smooth and symmetrical with bilateral airflow, clean with no discharge. No oral masses noted. Mild dental tartar, mild periodontal disease.

**CV/RESP.:** Normal rhythm, no murmur, strong pulses, pink moist mucous membranes, CRT <2 sec. Eupnea. Normal bronchovesicular sounds.

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**NEURO:** No apparent abnormalities.

**RECTAL:** Not performed at today's visit.

**Assessment:**

Patient is stable for surgery.

**Plan:**

Admit for surgery.

 Surgery / Procedures

**12-23-2023**

**Orthopedic Surgery**

**Specifics**

Surgery: Superficial Digital Flexor Tendon Luxation Repair - Right

Surgeon: Thomas Keeshen

Surgical findings: There was severe peri-tendon thickening of the SDFT retinaculum as it moved over the calcaneus, most significant on the medial aspect of the tendon. The tendon could luxate laterally. The calcaneal groove was significantly shallow.

Surgical procedure: A lateral approach to the right tarsus was made. The scar tissue on either side of the SDFT was incised and removed. Both sides of the SDFT retinaculum were repaired with 2-0 Prolene with simple interrupted sutures. The tendon could not be luxated after repair. The area was lavaged and Nocita was infused into the area on closure.

Fascial closure: 2-0 PDS simple continuous

SQ closure: 3-0 Monocryl simple continuous

Skin closure: 3-0 Nylon cruciates

**Outcome**

A bandage and splint were applied to the limb post op.

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**Patient**

Ariel

**Owner**

Natalia Boiko

**🏥 Diagnostic Result**

**12-23-2023**

Hematology(1) - Dr. Thomas Keeshen (Ref: US10696-DR109362)

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
RBC	8.32	M/ $\mu$ L	5.65	8.87	
Hematocrit	58.0	%	37.3	61.7	
<b>Hemoglobin</b>	<b>21.1</b>	<b>g/dL</b>	<b>13.1</b>	<b>20.5</b>	
MCV	69.7	fL	61.6	73.5	
MCH	25.4	pg	21.2	25.9	
MCHC	36.4	g/dL	32	37.9	
RDW	18.8	%	13.6	21.7	
% Reticulocyte	0.6	%			
Reticulocytes	47.4	K/ $\mu$ L	10	110	
Reticulocyte Hemoglobin	28.2	pg	22.3	29.6	
WBC	6.43	K/ $\mu$ L	5.05	16.76	
% Neutrophils	57.7	%			
% Lymphocytes	24.7	%			
% Monocytes	5.0	%			
% Eosinophils	11.8	%			
% Basophils	0.8	%			
Neutrophils	3.71	K/ $\mu$ L	2.95	11.64	
Lymphocytes	1.59	K/ $\mu$ L	1.05	5.1	
Monocytes	0.32	K/ $\mu$ L	0.16	1.12	
Eosinophils	0.76	K/ $\mu$ L	0.06	1.23	
Basophils	0.05	K/ $\mu$ L		0.1	
Platelets	333	K/ $\mu$ L	148	484	
PDW	11.0	fL	9.1	19.4	
MPV	11.7	fL	8.7	13.2	
Plateletcrit	0.39	%	0.14	0.46	

**12-23-2023**

Chemistry(2) - Dr. Thomas Keeshen (Ref: US10696-DR109362)

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
Glucose	104	mg/dL	74	143	
Creatinine	1.1	mg/dL	0.5	1.8	
BUN	13	mg/dL	7	27	

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Test	Results	Unit	Lowest Value	Highest Value	Qualifier
BUN: Creatinine Ratio	11				
Phosphorus	3.9	mg/dL	2.5	6.8	
Calcium	10.4	mg/dL	7.9	12	
Sodium	160	mmol/L	144	160	
Potassium	4.3	mmol/L	3.5	5.8	
Na: K Ratio	37				
Chloride	119	mmol/L	109	122	
Total Protein	7.1	g/dL	5.2	8.2	
Albumin	3.8	g/dL	2.3	4	
Globulin	3.3	g/dL	2.5	4.5	
Albumin: Globulin Ratio	1.2				
ALT	22	U/L	10	125	
ALP	30	U/L	23	212	
GGT	0	U/L		11	
Bilirubin - Total	0.7	mg/dL		0.9	
Cholesterol	268	mg/dL	110	320	
Amylase	508	U/L	500	1500	
Lipase	1,876	U/L	200	1800	
Osmolality	317	mmol/kg			

 Discharge Summaries

**Diagnosis:** Superficial Digital Flexor Tendon Luxation - Right

**Surgical Procedure:** Superficial Digital Flexor Tendon Luxation Repair - Right

**CONFINEMENT:** For the next 8 weeks, keep your pet confined to a cage or small room. Canine patients should be walked outside on a leash/harness for no more than 5-10 minutes to allow elimination.

At 8-12 weeks postoperatively, a gradual decrease in confinement and increase in activity can be started. Allow your pet free roam of the house (except for stairs) when you are home to supervise, and gradually increase the length of leash walks by 5 -10 minutes every 3-4 days.

No running/jumping/playing or climbing stairs until 8-12 weeks postoperatively.

**BANDAGES:** Keep the bandage clean and dry at all times. Use a temporary plastic bag to protect the bandage from moisture when walking outdoors. Check the top and bottom of the bandage daily for swelling, slipping, or skin irritation. It is normal for the bandage to start slipping with increased use of the surgical limb. If you notice the bandage has slipped and the incision is exposed, or if the bandage becomes wet, soiled, or foul-smelling please call us for a bandage change/removal appointment.

**Please remove pressure wrap from Ariel's leg 1 hour after arriving home. (RIGHT FRONT LIMB)**

**ELIZABETHAN COLLAR:** The collar is used to prevent self-trauma to Ariel's incision and/ or bandage. It is usually best to keep it on at



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all times until the incision is healed and/ or the bandage is removed. It can be removed if you are closely watching her at all times in order to allow her to walk outside or eat and drink. Please bring your E-collar for all follow up appointments.

**INCISION CARE:** Do not let Ariel lick or chew at the incision. Check daily for any incisional swelling or drainage. It is not usually necessary to clean the area, however, if drainage is noticed or the incision is dirty, use warm water on a soft cloth for gentle cleaning. It is not uncommon to see bruising around the incision site. Bruising can be dark red to purple in coloration and will typically dissipate a few days after surgery. You may also notice redness or skin irritation where your pet was shaved for surgery. Please do not let Ariel continuously lick/scratch/traumatize these areas. You can use an e-collar to prevent self-trauma.

**MEDICATION:** Administer all medications as directed. If you think Ariel is experiencing any side effects from the prescribed medications, please call and speak to one of our staff members.

Drug Name	Quantity	Instructions
Neurontin (Gabapentin) 300mg Capsule	38	<b>**Finish rDVM rx first**</b> (Pain Med) Give 1 capsule orally every 8-12 hours as needed for pain. May cause drowsiness or sedation. <b>Next dose due: Tonight around 6pm.</b>
Carprofen 75mg Caplet	16	<b>**Finish rDVM rx first**</b> (NSAID) Give 1 tablet orally every 12 hours with food. Discontinue if vomiting or diarrhea is noted. <b>Next dose due: Tonight with dinner.</b>
Trazodone 100mg Tablet	100	(Sedative) Give 2 to 3 tablets orally every 8-12 hours as needed for anxiety and confinement. <b>Next dose due: As needed.</b>
Nocita 13.3mg/ml Injection per ML	8	The local anesthetic agent Nocita was instilled at the time of closure to provide a sustained-release 72-hour bupivacaine blockade. <b>This medication was administered during surgery.</b>

**RECHECK:** (Please call for an appointment.)

- Please schedule an appointment for a **recheck evaluation in 7 days for splinted bandage change.** *We will need to see Ariel back once weekly for splinted bandage changes for 6-8 weeks.*
- Then recheck evaluation in 14 days for suture removal. (This will be done at a bandage change appointment)
- **Recheck x-rays at 6 weeks to monitor healing** (sedation may be required therefore your pet should not eat after midnight the night prior to your appointment). There is no additional charge for these films.

**QUESTIONS:** If you have any questions or concerns, please do not hesitate to call us or email us at [rechecks@vssoc.com](mailto:rechecks@vssoc.com). Our overnight technician may be reached directly at **949-872-6669** from 6pm until 8am. If needed, the technician is able to reach the on-call surgeon on your behalf.

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