

Case Log for the CSAVP / CAS Soft Tissue Surgery

Case log explanations and instructions:

The case log for the Certificate of Small Animal Veterinary Practice / Soft Tissue Surgery shall contain at least 100 cases mostly compiled in the second half of the program.

The following cases categories are mandatory:

1. GI: At least 10 cases of Gastro-intestinal surgery, including gastric and intestinal surgery (maximum one case of intestinal biopsies)
2. UT: At least 10 cases of Urinary tract surgery, including urinary tract stones, incontinence, pexies.
3. RS: At least 10 cases of reconstructive surgery cases, including various skin flaps after proper removal of tumors or wound treatment
4. AI: At least 10 cases of airways and/or thoracic surgery cases, including various upper airways diseases (Brachycephalic, laryngeal paralysis), Intra-thoracic surgery cases are not mandatory.
 - If the candidate cannot provide these 10 cases as a primary surgeon, at least 6 of those shall still be made as a primary surgeon. For each missing case as a primary surgeon, at least 2 cases of the same category shall be done as an assistant surgeon. Identity and location of the primary surgeon shall be given.
5. CR: At least 10 cases of Colo-rectal and hernias cases, including various hernias repair (perineal, inguinal) and colo-rectal tumors, anal and perianal diseases
6. HN: At least 10 cases of head and neck surgery (eye, salivary glands, nose, tumors, etc...) including a minimum of 4 cases of ear surgery for otitis externa, media, ear polyps etc.
7. Va: Various – Must be soft tissue or emergency cases. Pure orthopedic or neurosurgery cases will not be considered.

For each category, there shall not be more than 40 % of similar cases. For instance, not more than 4 cases of Brachycephalic surgery in the AI group.

The case log will be rejected whenever more than 50% of the cases will be similar in one category. For instance, more than 50% of Brachycephalic surgery cases in the airway and thoracic category or more than 50% anal sac removal in Colo-rectal surgery.

For each case, the following information is mandatory (information is provided as an example)

1. **Date:** 11 January 2017
2. **Name or file number:** Kiki XX, File 23112015
3. **Species, breed, age :** Dog, Labrador, 6 Y
4. **Major complain/ Problem :** Abdominal pain and vomiting
5. **Examinations (Blood work, Diagnostic imaging, Laboratory, ...):** CBC and Profile, Abdominal XR, Abdominal Ultra-sound
6. **Final diagnosis:** intestinal foreign body
7. **Surgical procedure:** Intestinal resection und anastomosis- Single layer closure with 3/0 monofilament Biosyn in a continuous pattern. Eso- phagostomy tube.
8. **Complications/Results:** Massive hypoalbuminemia corrected over 4 days of intensive care. Went home 7 days after surgery
9. **Follow-up:** Control at suture removal/uneventfull.
10. **Your comment:** Hypoalbuminemia was the most difficult aspect to control. Both human albumin and plasma transfusions were necessary
11. **Code:** GI

The case log needs to be compiled as an Excel file using the template in the appendix.

Cases need to be summarized according to category at the beginning of the case log table (for example: GI = 11 cases, UT = 15 cases etc.)

Abbreviations may be used but must also be explained at the beginning of the case log table. List the cases in chronological order.

SURGERY CASE LOG

Resident / trainee: _____

Institution / practice: ☐ _____

HCT=hematocrit, WBC = white blood cells, PLT = platelets, WNL = within normal limits, ESH=European short-haired cat, hpf=high power field; IBD=inflammatory bowel disease/enteropathy, chem-profile: blood chemistry (usually kidney, liver values, sometimes proteins, albumins, glucose,

Date	Name / file number	Species, breed, age	Major complain/ Problem	Examinations (Blood work, Diagnostic imaging, Laboratory, ...)	Final diagnosis	Surgical procedure	Complications/ Results	Follow-up	Your comment	Code
19.02.2021	147871	dog, mix-breed, MN, 12.5 years, 30 kg	tenesmus, dyschezia, perineal swelling	CBC, chem-profile, abdominal ultrasound	left perineal hernia	Herniorrhaphy with obturatorius flap with Monoplus 0	retroflexed bladder- intraoperatively, cystocentesis and reposition	ultrasonography after surgery and micturition control; normal micturition at control examination 14 days postoperatively, defecation normal	bladder was intraabdominal at the time of US-exam > hence no pexy was planned; catheter and micturition control after surgery; Monoplus 0 (because we had 2/0 with very large cutting needle)	CR
19.02.2021	214093	dog, Saarloos Wolfshund, MI, 11Y, 39.6 kg	Haematuria, dysuria, inappetence, occasional vomiting	CBC, chem-profile, abdominal ultrasound, X-ray thorax, blood gas analysis (iCa 1,57 mmol/l), PTH, PTH-rP, ultrasound neck; culture of bladder mucosa at the time of surgery-sterile	Leiomyoma of the apex of the bladder; mild hypercalcaemia of unknown origin	Resection of the bladder, closure in two layers, continuous Monosyn 5/0 and Monoplus 4/0 interrupted	none, discharged 1 day postoperatively	Leiomyoma, tumor bed biopsy negative, normal micturition 10 days postoperatively	complete resection, cause of hypercalcaemia not clear preoperatively (changes of the parathyroids - 6-7 mm in diameter) ->> control postoperatively	UT
22.02.2021	214312 - Ivo	cat, Ragdoll, MN, 11.5Y, 7.3 kg	Pollakisuria, Dysuria	CBC, chem-profile, X-ray thorax & abdomen, US abdomen, urin-analysis	Feline lower urinary tract disease (FLUTD) with obstruction of the urethra	Perineal urethrostomy - sutures with Monoplus 5/0	discharged 2 days postoperatively	successful micturition, good healing postoperatively (despite long preoperative conservative treatment), control examination 14 days postoperatively: normal micturition	was hospitalized 6 days preoperatively, urethra damaged from multiple catheterisations > relatively minor bleeding postoperatively	UT
22.02.2021	214157	dog, Rottweiler, MI, 8.5Y, 41.3 kg	tenesms, dyschezia, pain, perineal swelling	CBC, chem-profile, abdomen US	Bilateral perineal hernia, Monoplus 0	Herniorrhaphy with obturatorius flap (Monoplus 0) and castration (ligatures with Safil 0; closure with Monosyn 3/0)	without complications immediately postoperatively - discharged 1 day postoperatively	14 days postoperatively tenesmus, dyschesia >> needed second surgery (inflammation of periprostatic tissue on the other side)	huge bilateral perineal hernia with massive adhesions of cystic tissue, I was afraid of the prolaps, incontinence, hence just unilateral repair -----> in large hernias better to do the bilateral herniorrhaphy despite possible complications	CR
23.02.2021	214708	dog, Australian shepherd, MN, 9Y, 31 kg	ate a foreign body with the meat loaf (metal roasting spit)	CBC, chem-profile, X-ray, endoscopy (not successful)	Gastric foreign body	Gastrotomy, single layer closure with Monosyn 3/0	discharged 1 day postoperatively	uneventful recovery and clinically normal 10 days postop, wound healing normal	idiopathic epilepsy - on Luminal and Libromide	GI
23.02.2021	214571	cat, Siberian cat, MN, 2Y, 5.9 kg	anuria, urethral obstruction, bladder stones	CBC, chem-profile, abdominal US, Urinalysis, stone analysis, culture & sensitivity	FLUTD with obstruction of the urethra, cystitis with uroliths and haematomas in the bladder, azotemia and hyperkalaemia	Cystotomy (closure with Monoplus 4/0 - continuous suture) and perineal urethrostomy (Monolus 5/0 interrupted and continuous suture)	anaemia postoperatively (HCT 13%) - cause unknown (minimal bleeding from the stoma)- needed transfusion	discharged 5 days postoperatively, E.coli (Amox-Clav); improvement of the CBC and clinically on the 11th day postoperatively	unable to catheterise preoperatively, urethra damaged and edematous, haematomas in the bladder	UT
24.02.2021	214495	dog, mix-breed, 6.5Y, MN, 22.3 kg	trembling, apathy, inappetence, hypercalcaemia (iCa 2,08 mmol/L)	CBC and chem-profile, ultrasound abdomen and neck (lesion central in the left thyroid - 11x6x5 mm), whole body CT	Primary hyperparathyroidismus, Tumor (Adenoma)	Removal of the left thyroid - ligatures with Safil 3/0, sutures with Monosyn 3/0	next day iCa 1,65 mmol/L, inappetence, 2 days postop. 1,26 mmol/L	discharged 2 days postoperatively, presented 2 days later with symptoms of hypocalcaemia >> treated, after 1 month (with Rocalthrol and calciumcarbonat) iCa 1,34 mmol/l, therapy tapered	could not resect it more marginally	Va

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24.02.2021	143830	dog, standard poodle, 8Y, FS, 23.4 kg	nonproductive vomiting, abdominal distension for 3 hours	CBC and chem-profile, X-rays thorax and abdomen	Gastric Dilatation and Volvulus	derotation and incisional gastropexy with Monopius 0, abdominal closure with Monopius 2/0 and Monosyn 3/0	uneventful recovery	uneventful recovery, discharged the next day, no visible arrhythmias, clinically well 12 days postoperatively	minor bleeding from the vessel from A.gastroepiploica (from puncture) - ligated, spleen normal; pexy with 0 because of the large needle of Monopius 2/0	GI
25.02.2021	214795	dog, American Bully, 3Y, FI, 65.7 kg	3 puppies born 14 hours ago, without response to oxytocin 10 hours ago!!!	CBC and chem profile, X-ray abdomen, Ultrasound abdomen	Dystocia	Sectio caesarea, uterus sutured with Monopius 3/0, abdominal wall with Monopius 1, subcutis and skin intradermally with Monosyn 2/0	8 puppies, all alive with good Apgar scores, bleeding from SC at incision, tear in the uterus horn	uneventful recovery, discharged after a few hours, uneventful healing 10 days postoperatively, alive puppies	huge vessels and adipose dog	Va
03.03.2021	212462	dog, mix-breed, 9Y, MN, 28 kg	incidental finding (when CT/MRI for intervertebral disc disease)	CBC and chem profile, CT thorax, abdomen	Lungtumor in the left caudal lung lobe - tubulopapillary carcinoma, complete resection Ln.tracheobronchialis free	Lung lobe resection with TA stapler 60 mm, excision of Ln.tracheobronchialis sin; thoracic drain, closure with Monopius 0, Monosyn 2/0, Daflon 3/0	chylothorax-for 5 days	Major problem: Chylothorax 2 days postoperatively, progressive over 5 days, after drainage removal regressive; X ray after a month normal	Ln.fragile, but not even close to the ductus thoracicus, possible cause of chylothorax: ruptured lymph vessels?	AI
04.03.2021	215024	cat, British-Longhaired, 6.5Y, MN, 5.5 kg	tachypnoea his whole life, last 2 weeks worse	CBC (mild lymphopenia) and chem profile (BUN14.32 mmol/l; CREA 178 µmol/l), X-ray thorax, US abdomen & thorax	Pericardial-peritoneal hernia	Herniorrhaphy with Monopius 3/0 interrupted sutures, Drainage until X-ray; wound closure: Monopius 3/0 and Daflon 4/0.	cardiologic examination: HCM advanced stage: Tx: Cardalis 5/40 1x1/2; Dimazon 10 mg: 2x1/2; Clopiogrel 75mg: 1x1/4 (6.5.)	discharged 2 days postoperatively; 1 month postoperatively (6.4.): wound ok, arrhythmia; US abdomen ok;	heart: control visit in 3 months (did not come, cat clinically ok)	Va
05.03.2021	215110	cat, British-shorthaired, 1.5Y, MN, 4.5 kg	anorexia, vomiting, apathy	CBC, chem-profile, US abdomen, X-ray abdomen	Ileus, foreign body (rubber paprika) in the proximal descending duodenum	Gastrotomy Monosyn 4/0 interrupted - one layer	uneventful recovery	discharged 1 day postoperatively, normal at the control examination 12 days postoperatively	foreign body massaged into the stomach	GI
15.03.2021	215646	dog, Maltese, 8Y, MI, 6.1 kg	dyschesia, perineal swelling, tenesms, no feces for 5 days	CBC, chem-profile, US abdomen & hernia	Bilateral perineal hernia with prolapsed prostate, bladder and small intestines	Herniorrhaphy with obturatorius flap bilateral, Castration, Colopexy, Vas deferens pexy, cystopexy with Monopius 3/0	stayed 1 day for analgesia	discharged 1 day postoperatively, normal defecation, normal at the control examination 14 days postoperatively	stayed on stool-softeners	CR
06.04.2021	216231	dog, Barbet, MI, 7.5Y, MI, 24 kg	26.3. dysuria, hematuria, had urethrotomy one week ago (cystine uroliths), catheterisation normal	CBC, chem-profile, US abdomen (uroliths in the urinary bladder)	Cystine-uroliths, bladder mucosa/urolith culture negative	Castration (ligature with Safil 0, suture with Monosyn 3/0); Cystotomy (closed in 2 layers with Monosyn 5/0, Monopius 4/0)	parapreputial seroma	discharged on the same day, normal micturition, the wound normal	preoperative swelling caudal from preputium; should measure COLA in the urine at least 1 month after castration	UT
07.04.2021	216925	cat, Brit.longhaired, 3Y, MC, 6 kg	vomiting and apathy for 2 days	CBC (hemoconcentration), chem-profile, X-ray (thorax&abdomen), abdominal ultrasound	ulcerative Enteritis, necrosis of the crypts (histologically Parvovirus susp.), Lnn.hyperplastic	Massively dilated and thickened jejunal segment - Jejunal resection and end-to-end anastomosis (Monopius 4/0), Lnn.biopsy	very large bladder, not able to empty it with pressure, urinary catheter postoperatively without resistance, minimal fluidothorax - cardiologically - HCM	discharged 2 days postoperatively, not urinating in the clinic; at home normal; clinically normal	should get regular cardiologic examinations; at the time of surgery no need for therapy	GI
07.04.2021	216441	dog, golden retriever, 10,8 Y, FS, 26 kg	chronic problems with anal sacs, at last routine check the tumor was palpated	CBC, chem-profile (Ca 2,64 mmol/l; liver enzymes slightly higher), CT, FNA	Anal sac carcinoma, without enlarged abdominal lymph nodes	Anal sac resection	no complications, complete excision	normal at suture removal, no complications	clinical and ultrasound check-ups every 3 months for possible lymph node metastasis	CR
09.04.2021	214997	dog, mixbreed, 7Y, MI, 28 kg	swelling of the right (to smaller extent left) salivary glands and lymph nodes	CBC, chem-profile, CT, FNA (reactive lymph node), biopsy	High grade lymphocytic, follicular Sialoadenitis, follicular lymphatic Hyperplasia (DD: Sjörgen-like syndrome)	Resection of the salivary glands (mand.subling), Resection of the mandibular and medial retropharyngeal lymph nodes; suture with Monopius 3/0	diffuse swelling postoperatively	treatment with Prednisolone 1 mg/kg SID, 1week, then reduced to 0,5 mg/kg; swelling reduced gradually in two postoperative weeks, start of Prednisolone 1 week after surgery	a lot of visible lymph nodes, some difficult to resect, salivary glands large, but no infiltrative growth	Va

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20.04.2021	216967	dog, Perro de Pastor, 11Y, MC, 31.6 kg	exercise intolerance for 5 weeks, syncope since March 2021, Atrial fibrillation in Sept 2020 (Lanitop), changed to pimobendan (Vetmedin) in March 2021	CBC, chem-profile, X-ray, CT, cardiologic examination	Lung tumor - Papillary carcinoma (8 cm in diameter), Lnn clean	Thoracotomy in the 6th left intercostal space, resection of the left caudal lung lobe with TA stapler and the excision of Ln.tracheobronchiales sin et med, thoracic drain	subcutaneous emphysema 1 day postoperatively, no pneumothorax; Holter-EKG 24 hours postoperatively (sinus rhythm, no ventricular extrasystoles), cardiologic improvement permanent	subcutaneous emphysema for 14 days, metronomic chemotherapy with clorambucil; developed nasal carcinoma (diff.type)-treated with radiation and surgery; euthanasia 18 months after pulmonary surgery without progression of the pulmonary tumor	resection with the stapler, bronchus oversewn with Monoplus 4/0; according to our study metronomic chemotherapy suggested	AI
22.04.2021	46893	dog, small poodle, 15Y, FS, 7 kg	incidental finding (X-ray at the dental procedure), had partial lung lobe resection of 2 lung carcinomas in August 2017 (papillary carcinomas - complete resection; at that time no visible lymph nodes)	CBC, Chem-profile, CT	Relaps of the lung tumor - Papillary carcinoma (2,5 cm in diameter) - recurrence (cranial part of cranial lobe), Lnn clean; fibrosis and bulla of the left caudal lung lobe	Pneumonectomy left with TA stapler 30 mm	intraoperative: adhesions of all lobes with the wound of the first surgery, collapsed caudal left lung lobe >> decision for pneumonectomy	drain productive 4 days, otherwise uneventful, oxygen support for 2 days; discharged 5 days postoperatively; 12.5. Start Leukeran metronomic, blood in 07/2021 ok	has diabetes, cataract	AI
22.04.2021	210427	dog, Malinois, 12Y, FS, 26.2 kg	in November small mass between 102 and 103-Bx-chronic fibrotic gingivitis, CT without osteolysis; in April recurrence, grows rapidly	CBC, chem-profile, CT (now osteolytic; incidental finding 1 nodule in the lungs), FNA lymph nodes (reactive), biopsy	Mass between 102-103: central odontogenic fibroma	rostral maxillectomy from 202-104, suture with Monoplus 3/0 and Monosyn 4/0	no complications, complete excision	no additional therapy needed	if benign, then the pulmonary nodule will be addressed - second surgery on 1.6.2021	Va
23.04.2021	217213	dog, Labrador Retriever, 6.5Y, FS, 25.5 kg	4 weeks of foetor ex ore, with tooth extraction and antibiotic therapy, progression, another extraction and biopsy (squamous cell carcinoma)	CBC, chem-profile, CT	Mass between 203-206: Squamous cell carcinoma, complete	rostral maxillectomy from 102-207, suture with Monoplus 3/0 and Monosyn 4/0	no complications, complete excision	discharged 2 days postoperatively, control examination of the wound one week after surgery normal	normal healing, should come for regular check-ups every 3-4 months	Va
26.04.2021	217624	dog, Border Collie, 9Y, MC, 23,5 kg	vomiting, apathy and weakness for a few hours, fever (41,3°C)	CBC, chem-profile (ALT and AP 20-times the upper reference level, bilirubin 6-times of the upper reference), abdominal US, FNA liver, Leptospirosis PCR	Duodenal tumor - Tubular Adenocarcinoma (complete) with lymph node metastasis, nodular hyperplasia of the liver	Resection of the duodenum and end-to-end anastomosis with interrupted and continuous suture with Monoplus 4/0. Biopsy of the Ln.jejunalis. Liver biopsy	small wound dehiscence caudally, secondary wound healing	discharged 2 days postoperatively, normal at the control examination 14 days postoperatively	could start chemotherapy or therapy with tyrosine kinase inhibitor - owners elected no treatment	GI
27.04.2021	216806	dog, mixbreed, 9Y, FS, 36.2 kg	One year of ataxia, exercise intolerance, since 3 months more pronounced, in February ultrasonographically liver mass and hypoglycaemia	referred with CBC, chem-profile, insulin-levels, abdominal US, X-ray; here CT for staging, coagulation profile	Mass of the left pancreatic lobe and mass in the distal part of right medial lobe: Insulinoma (complete) and biliary carcinoma of the liver (complete)	partial liver lobe resection (right middle lobe), liver biopsy and pancreas resection (left lobe)	bleeding intraoperatively (prednisolone therapy), no complications	postoperatively glucose at the low reference level, the next day: HCT 47%, short abdominal US: marginal ascites, Glucose normal; wound healing normal	abdominal US 2 months after surgery: normal; development of mammary tumors	Va
28.04.2021	217275	dog, Scottish terrier, 12Y, FS, 13.2 kg	one mass on the right side of the maxilla/incisive bone - at the level of I1-I2, additional nodular mass of the vulva	CBC, Chem-profile, CT, biopsy	Squamous cell carcinoma (complete)	Rostral maxillectomy at the level of P1, sutures with Monoplus 4/0	Dehiscence and revision 4 days postoperatively	discharged 1 day postoperatively, after revision normal wound healing 10 days postoperatively	had to resect a lot of the lip rostrally	Va
31.05.2021	219657	dog, mixbreed, 11.5Y, FI, 18.8 kg	2 months: apathy, painful and progressively dilated abdomen, panting and tachipnea after eating	CBC (anemia, thrombocytosis), and chem-profile (elevated bilirubin, ALT; AP; GLDH; LIPA), abdominal US, CT	hepatocellular Adenoma of both locations	liver lobe resection (caudate processus of caudate lobe)-ligatures and ligacaps, punch biopsy - left lateral liver lobe (this one small and in the middle of the lobe)	resolution of anaemia	normal at 12 days postoperatively; re-check in 1 month and ultrasound in 3-4 months - then resection of the left lateral liver lobe if needed	very large tumor 10 cm in diameter, removal without complications	Va
01.06.2021	210427	dog, Malinois, 12Y, FS, 27.2 kg	incidental finding at staging for oral tumor - patient already described under Nr 20	CBC, chem-profile, CT, X-ray	Lung tumor: Highly differentiated papillary Adenocarcinoma, Ln.tracheobronchialis free	lung lobe resection - lobus caudalis of the left lung with TA stapler 60 mm	no complications	drain active for 3 days, then discharged, clinically normal at suture removal, controls every 4 months	very small tumor, with >3 cm margin removed, palpable osteomas in the lung parenchyma	AI

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01.06.2021	219079	dog, English Springer Spaniel, FS, 10Y, 22.8 kg	pollakisuria for 10 weeks, no haematuria or dysuria; treated with antibiotics for 2 weeks (marbofloxacin!)	CBC, chem-profile, abdominal X-ray, abdominal US (one large urolith)	Struvite bladder stones, infection with Staph.intermedius and pseudintermedius (high numbers) - sensitive to almost all antibiotics	Cystotomy, removal of 2 large bladder stones, Mucosa and urine for culture & sensitivity	no complications	Antibiotic therapy (Amoxicillin-clavulanic acid) discontinued at the control examination 10 days postoperatively	smelly urine, pretreated with marbofloxacin for 2 weeks, without clinical improvement	UT
01.06.2021	219975	dog, Great Dane, MI, 1Y, 78 kg	pyrexia, vomitus, apathy, weakness, diarrhea for 10 days; fever up to 40.7°C	CBC, chem-profile, abdominal US and abdominocentesis	Aseptic abdomen, splenic torsion - haemorrhagic necrosis	splenectomy (ligatures with Safil 0) and incisional gastropexy (Monoplus 0); got whole blood transfusion preoperatively	no complications, but persisting Leukocytosis and Neutrophilia >> 31.8. WBC 32 G/L, NEUT 22.7 G/L, PLT 519 G/L; 28.9.2021: WBC: 18.6 G/L, NEUT: 12.3 G/L, PLT: 490 G/L. >> suggestion to do the abdominal US	6 days after surgery normal HCT, WBC in resolution (18 G/L), PLT still normal, T4 low, TSH high >> repeat in 2 weeks; on 25.6. Thrombocytosis 671 G/L, WBC 15 G/L; HCT 46%; wound healing uneventful	preoperatively Anaemia - HCT 18%, WBC 38 G/L (neutrophilia, monocytosis and eosinophilia); got blood transfusion; abdominocentesis on 1.6. exudate w/o visible bacteria; Culture: Staph.intermedius in moderate numbers (sensitive on Amox-clav)	Va
03.06.2021	220200	dog, Eurasier, MI, 5Y, 32.5 kg	retching and hypersalivation	CBC, chem-profile, thoracic and abdominal X-ray	Gastric dilatation and volvulus	derotation and incisional gastropexy (Monoplus 0), splenorrhaphy (Monosyn 3/0)	bleeding from the spleen due to vulnus punctum (decompression)	abdominal US after 10 hours - no abdominal fluid, discharged the next day, wound healing normal at suture removal 11 days postoperatively	careful with decompression!!!	GI
08.06.2021	218969	dog, mixbreed, 10Y, FS, 32.0 kg	mass in the right popliteal region 3.5 cm in diameter, since 1 year, stable	CBC (HCT 50%, WBC 11,47 G/L; PLT 297 G/L), Chem-profile, FNA, CT	subcutaneous Mast cell tumor, low grade, <1 Mitose/10hpf, complete excision; Ln.popl clean, Ln.inguin. micrometastatic	Resection of the mast cell tumor and ipsilateral popliteal and inguinal lymph node, closure with epigastric flap (Monoplus 2/0, Dafilon 2/0)	seroma & postoperative oedema of the right hind leg	oedema resolved the first weeks, seroma until 14 days postoperatively; next control visit in 3M	castrated as a young bitch (USA) - but should palpate the mammary glands regularly; drain?	RS
11.06.2021	220578	cat, Persian, 4Y, MC, 3.6 kg	urinary stones in the bladder (periuria, pollakisuria, today dysuria), obstruction of the urethra, hypercalcaemia (iCa 1.83 mmol/L)	CBC, Chem-profile (Ca 3.8 mmol/l, BUN 14.6 mmol/L, CREA 235 µmol/L), blood gas analysis (iCa 1.83 mmol/L), urinalysis with culture: Staph.pseudintermedius; X-ray thorax and abdomen, US abdomen	Urolithiasis and urethral obstruction: oxalate 80%, struvite 20%; mucosa: erosive and haemorrhagic Cystitis; Staph.pseudintermedius - sensitive to most of the antibiotics	Cystotomy (Monoplus 4/0) and perineal urethrostomy with castration (Monoplus 5/0); biopsy of the bladder mucosa	no complications	Actonel (risendronat Na 5 mg) 1x/week 1 tablet - over 4 weeks; postoperatively no azotaemia, discharged 2 days postoperatively; uneventful recovery until 12 days postoperatively	probable idiopathic hypercalcaemia (diet and fluids), regular control visits, owners didn't want to proceed with further diagnostics	UT
11.06.2021	219439	cat, Siamese cat, 13Y, MC, 6.1 kg	neoplasia in the tarsal region (6 weeks of limping and swelling of the right tarsus)	CBC, Chem-profile, CT, Biopsy	extraskkeletal (subcutaneous) Osteosarcoma, complete, lymph node clean	hind leg amputation - femur, sutures with Monoplus 3/0 and Dafilon 4/0	swelling 10 days postoperatively, painful; cytology negative >> seroma/oedema; spontaneous regression until 6 weeks postoperatively	clinical and X-ray controls every 3-4 month in the first year	extrask.metastazise in approx.10% of cases (Verdes et al., JFMS,2019)	Va
16.06.2021	220352	dog, Pomeranian, 2m, 1,5 kg, MI	haematuria, stranguria, pollakisuria	abdominal US, urinalysis, CBC; bladder mucosa - culture& sensitivity: solitary Bacillus licheniformis	Foreign body (gras awn) in the urinary bladder	Cistotomy, removal of the foreign body and biopsy of the mucosa for culture and sensitivity, suture with Monosyn 4/0, abdomen with 3/0	no complications	discharged 1 day postoperatively, normal healing, didn't need further antibiotic therapy (last control visit 14 days postoperatively with culture - negative)	did get Amoxicillin-clavulanic acid 1 week postoperatively	UT

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16.06.2021	220080	cat, Britain Shorthair, 10Y, MC, 5.7 kg	mass in the neck region (3 cm on left side and additional nodule 1 cm in diameter caudal to it), ventral	CBC, Chem-profile, T4, CT, FNA - results: T4 normal (2.8 µg/dl), SDMA 15 µg/dl (Ref: up to 14); with FNA: Thyroid tumor susp.	Thyroid adenomas, lymph node clean	left: resection of the thyroid gland; the right side: resection of the caudal part of the thyroid with minimal margin with guillotine technique, 4 mm of thyroid tissue still there + cranial parathyroid; left Ln.retropharyngealis med.excised; Ligatures with Safil 3/0, wound closure with Monosyn 4/0, 3 layers.	no complications	Ca on 21.6. & 25.6.: 2.5 mmol/l; 6.7..2021: T4: 1.1 µg/dl, TSH: 5.99 ng/ml; 13.8. T4: 1.2 µg/dl; TSH > 12.00 ng/ml. (should reexamine in in 6-8 weeks)	in CT it seemed that both thyroid nodules were on the left, the caudal one was actually the right thyroid - the cranial part seemed normal & parathyroid was visible - stayed intact	Va
24.06.2021	220634	dog, mix-breed, 6Y, MC, 23 kg	limping since 6 months, the hind leg is swollen since 2-3 weeks (hind right leg), treated with trocoxil, carprofen, Librela, and metamizol w/o improvement	CBC (HCT 38%, WBC 17.7 G/L), Chem-profile (AP 102 U/L), CT (thorax, abdomen, hind legs), Biopsy	high grade Sarcoma between M.biceps femoris, M.semitendinosus and M.semimembranosus, Grade III>20 mitoses/10 hpf, tumor bed biopsy clean, lymph node clean	Leg amputation in the hip-joint, sutures with Monoplus 2/0 and Monosyn 2/0; wound soaker catheter for 24 hours	no complications	discharged 2 days postoperatively, wound healing normal, developed metastasis 6 months after the surgery	chemotherapy suggested (doxorubicin or metronomic) - the owners decided to do the metronomic chemotherapy	Va
06.07.2021	174761	dog, dobermann, 5Y, MI, 37 kg	Presented due to diarrhea and restlessness, painful abdomen	CBC, Chem-profile, US-Abdomen, CT, abdominocentesis (septic axudate)	Foreign body associated abscess in M.psoas minor and major; culture: Bacteroides pyogenes	Diagnostic laparotomy, foreign body removal (14x4x3 fluid filled mass in the muscles under L1-L5), partial resection and omentalization	no complications - complete removal of the foreign body	discharged 2 days postoperatively, healing w/o complications, abdominal US 2 weeks after surgery: regresion	ureter very close, foreign bodies may be very small!!!!	Va
07.07.2021	109173	dog, Mix-breed, 11Y,FI, 32.8 kg	vomiting, weakness	CBC (WBC 19 G/L, Neut 15 G/L), chem-profile: mild azotemia, ALT 994, AP 139 UL/, bilirubin 8 µmol/l; Coagulation profile (APTT slightly prolonged), X-ray thorax, abdominal US	Gallbladder mucocele & Haemangiosarcoma of the spleen, Liver necrosis	Splenectomy (several nodules, 1.5 cm in diameter, not ruptured), Gallbladder removal (+mini enterotomy), liver biopsy - punch technique	no real complications - rapid improvement of the clinical status	discharged 2 days postoperatively, at control examination 2 weeks postoperatively wound healing normal, deep palpation still a bit painful, bilirubin still 7 µmol/L	postoperatively treated with epirubicin (finished 5 courses of chemotherapy), gentle with the duodenum and bile duct!, a lot for one surgery	GI
08.07.2021	222352	dog, Jack-Russel-terrier,MC, 3Y, 7.4 kg	pollakisuria, dysuria for 1 week, anuria for a day >> urethral obstruction	CBC (HCT 47%, WBC 25 G/L), Chem-profile (BUN 28.15 mmol/L, CREA 378 µmol/L), Urinalysis	Obstruction of the urethra with urinary stones (cystine stones); culture of the mucosa: negative	Castration with scrotal ablation, scrotal urethrostomy (Monoplus 5/0), cystotomy (Monoplus 4/0)	cystine stones (COLA & repeat in 1 month - effect of the castration)	discharged 1 day after surgery, CREA next day 73 µmol/L; no ascites, US: Bladder wall thickened; US Bladder in 10 days (significant improvement)	a lot of urinary stones in the penile urethra - also along the os penis - removal extreme difficult, intraoperative ascites (CREA 608 µmol/L), thick and inflamed bladder mucosa	UT
09.07.2021	222304	dog, Bullterrier, MI, 8Y, 34 kg	haematuria for a month w/o improvement after antibiotic treatment; suspected hyperplasia of the prostate - treated with Ypozane	CBC (HCT 35,5%), Chem-profile, Thoracic X-ray, abdominal US (mass in the region of the right kidney), CT Thorax+abdomen	Tumor of the right kidney (Soft tissue sarcoma, Grad II, negative for F. VIII and CD31), enlarged Ln.iliaci med dex-reactive lymph node	Nephrectomy right (ligatures with Monoplus 2/0 and ligaclips), excisional biopsy of the iliac lymph node; intraoperative cystocentesis for culture	no complications, immediate improvement of haematuria	MicroHCT 6 hours postoperatively 27%; discharged 1 day postoperatively; wound healing normal	dog very compact and adipositas, difficult removal (could not flip the kidney medially); chemotherapy suggested-owners decided against it	UT
13.07.2021	222585	dog, Mix-breed, MI, 2M, 7.55 kg	vomit, inappetence, apathy for 1 day; dyspnea for 3 days	CBC (leukocytosis), chem-profile, thoracic X-ray, CT (cavitary lesion with 6 cm diameter in left caudal lung lobe-suspected abscess),	high grade absceding Bronchopneumonia, culture: E.coli, Enterococcus faecalis and Str.gallolyticus sensitive to amoxicillin-clavulanic acid	Thoracotomy in 6th intercostal space, resection of the left caudal lung lobe with TA stapler 30 mm, no foreign body, thoracic drain	no complications, progressive improvement	discharged 3 days postoperatively (drain for 2 days), thoracic X-ray in 2, 4 and 6 weeks - progressive improvement; antibiotics until 6 weeks postoperatively	resection difficult, adhesions medial with caudal mediastinum and caud diaphragm, did another thoracotomy in the 9th Intercostal space-not to miss the possible foreign body and to see the resection site - would be better if I'd use the thoracoscopy	AI

Residents/trainees signature: _____

Supervisors signature: _____

SURGERY CASE LOG

Resident / trainee: _____

Institution / practice: ☐ _____

HCT=hematocrit, WBC = white blood cells, PLT = platelets, WNL = within normal limits, ESH=European short-haired cat, hpf=high power field; IBD=inflammatory bowel disease/enteropathy, chem-profile: blood chemistry (usually kidney, liver values, sometimes proteins, albumins, glucose,

21.07.2021	137272	dog Philo, mix-breed-MC, 9Y, 34.6 kg	Elevated liver enzymes for several months, chr. aregenerative anaemia, phases of diarrhea/colitis-improvement with diet	CBC (HCT 26%), chem-profile (AP > 1183 IU/L), coagulation profile, US-abdomen, CT Thorax and abdomen (mass 8 cm in diameter in the right middle liver lobe)	Liver tumor - Hepatocellular Adenoma, complete	partial resection of the right medial liver lobe (ligatures with Monoplus 2/0 and ligacips)	improvement of liver values, buut still aregenerative anaemia >> needs further diagnostics	discharged one day postoperatively (fast abdominal US normal), wound healing normal; control examination 2 months after surgery: AP 521 IU/L, HCT stil 30% >> additional diagnostics (abdominal US normal)	further diagnostics at the internal medicine department	Va
21.07.2021	223031	cat, mix-breed, 7M, MC, 3 kg	tachycardia at castration/neuter, exercise intolerance, panting when warm or after playing, very inactive, indoor cat, no known trauma	CBC, chem-profile, thoracic X-ray	Peritoneopericardial hernia	Herniorrhaphy - primary closure of the peritoneopericardial hernia	no known complications	discharged after 2 days, clinically and radiographically normal after 2 weeks	ventral hernia, not difficult, liver very fragile, superficial bleeding, compartment syndrome not likely	Va
26.07.2021	222803	dog, Bolonka Zwetna, MI, 13.5Y, 4.8kg	since February "wound" of the Torus metacarpeus dex - no healing despite bandage, biopsy in June: malignant Melanoma - 1,5 cm in diameter	CBC, chem-profile (liver enzymes slightly higher), thoracic X-ray, FNA of the ipsilateral supf. cervical lymph node-slightly larger than left (few melanophages)	malignant Melanoma of the torus metacarpeus dex (medial), margins clean, LN clean	Excision of the ipsilateral cervical supf. lymph node (Monosyn 4/0), resection of the tumor with 0,5 cm margin and unilateral phalangeal filler technique of the 2.nd digit (Monosyn 4/0, Polypropylene 5/0)	Bandage with Lomatuell H and Scotch Light Cast, no complications	bandage with light cast/splint, no dehiscence on the 3rd or 10th day, suture removal at 18 21 days, until then bandage; healing uneventful; no recurrence or metastasis 1 year postoperatively	controls every 3 months and re-staging	RS

Residents/trainees signature: _____

Supervisors signature: _____