Horton Animal Hospital Discovery
3609 Endeavor Ave.
Columbia, Missouri, 65201

Ph 573-777-3609
Fax 573-447- 7425
Email mailbox@hortondiscovery.com

CLINICAL SUMMARY

Animal No.	143549
Attending Vet(s)	Dr. Amanda Hanzel
Printed At	07-18-2026
Printed By	Jordyn Oleksy

Clinical Summary for Carmelo

Client Details

Name	Woinicz, Dean	**Phone**	314-258-1030
Address	1004 Bellevue Court Jefferson City, Missouri, 65109		573-356-5487

Patient Details

Name	Carmelo	**Age**	14 years
Species	Feline (Cat)	**Sex**	Male Neutered
Breed	Domestic Shorthair	**Microchip**	
Color	Orange	**Referral**	Weathered Rock Vet Clinic

Saturday the 18th of July 2026

07:45AM

Medication

Prescribed By: Dr. Amanda Hanzel
Feline - z/d - 4lb bag - 7905 x 1

Feline - z/d paté - 5.5oz - 5238 x 6

07:25AM

Plan

Dr. Caroline Winiarski

Patient stable; discussion with DVM Hanzel in early AM. Patient discharged at 7:30 a.m. 7/18/26. See discharges provided by DVM Hanzel.

06:32AM

Client Communication

Dr. Amanda Hanzel

Called O and let them know that Carmelo was doing well and eating well this morning. They were wondering when the best time to pick him up would be as they don't want to have to immediately medicate him when they get home. Recommended that they come get him this morning or this afternoon. They chose this morning and will be here between 7 and 8am.

06:30AM

Plan

Dr. Amanda Hanzel

Overnight 7/17-7/18
MM/CRT: <2 sec
Hydration Euhydrated
Attitude: BAR/Friendly

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Pain score: 0/5
BCS: 5/9

General Appearance: see below
Eyes: Clear OU
Ears: Normal
Oral: Mild dental tartar all arcades
Integumentary: No ectoparasites, no gross abnormalities noted
Musculoskeletal: Ambulatory x 4
Circulatory: No HM, pulses s/s
Respiratory: Normal BV sounds bilaterally
Digestive: Abdomen soft and non-painful
Rectal Exam: Not performed
Genitourinary: Normal
Neural System: BAR
Lymph Nodes: Normal
Mucous Membrane: Normal

Diagnostics performed on shift:

- None on shift

Treatments Changed/Discontinued on shift:

- DECREASED IVF to 8mL/hr

Called O and let them know that Carmelo was doing well and eating well this morning. They were wondering when the best time to pick him up would be as they don't want to have to immediately medicate him when they get home. Recommended that they come get him this morning or this afternoon. They chose this morning and will be here between 7 and 8am.

05:39AM

Medication

Prescribed By: Dr. Amanda Hanzel
PrednisOLONE 5mg tabs x 20
Give 1 tablet by mouth every 24 hours until otherwise directed. This medication is a steroid. Do not use with NSAIDs. May increase thirst and urination.

05:32AM

Discharge Summary

Patient Name: Carmelo Woinicz
Intake Date: 07-16-2026
Discharge Date: 07-16-2026

Diagnosis: Suspected IBD/Lymphoma

Care Team: Dr. Amanda Hanzel, Dr. Caroline Winiarski

DISCHARGE INSTRUCTIONS:

Carmelo presented on 7/17 for evaluation of weight loss, decreased appetite, vomiting, and diarrhea. As part of his

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diagnostic work-up, we performed a total T4 (thyroid test), which was within normal limits. A chemistry panel and electrolyte evaluation revealed only a very mild elevation in the sodium level (hypernatremia; 166 mmol/L, reference interval up to 165 mmol/L). An SDMA test, which is an early marker of kidney function, was within normal limits. A SNAP Feline proBNP test was also normal, making significant underlying heart disease less likely at this time.

Based on Carmelo's history, clinical signs, and the diagnostics performed to date, our primary concerns are inflammatory bowel disease (IBD) or small cell intestinal lymphoma. At this stage, these conditions cannot be distinguished based on clinical signs or routine bloodwork alone.

Additional diagnostics are recommended to further investigate the underlying cause of his gastrointestinal disease. We recommend thoracic (chest) radiographs as part of a complete diagnostic evaluation in older cats, as well as an abdominal ultrasound to assess the gastrointestinal tract and surrounding abdominal organs. While ultrasound can identify abnormalities suggestive of IBD or lymphoma, it cannot definitively differentiate between these conditions. A definitive diagnosis requires histopathologic evaluation of intestinal biopsy samples obtained either endoscopically or surgically. Fortunately, the initial medical management for IBD and small cell lymphoma is often very similar.

At this time, we recommend continuing supportive treatment, including:

- **Ondansetron** and **Cerenia** to help control nausea and vomiting.
- **A probiotic**, such as Proviable or Visbiome Vet, to help support gastrointestinal health.
- **Prednisolone**, as the preferred steroid to reduce intestinal inflammation.
- **Transition to a hydrolyzed protein diet**, which has already been initiated during hospitalization and should be continued at home. We have sent home a prescription if you should like to pick it up at a Petsmart, Petco or online.

Please monitor Carmelo closely for persistent vomiting, worsening diarrhea, decreased appetite, weight loss, lethargy, or any other concerning changes. If his condition worsens or fails to improve, he should be re-evaluated promptly.

If you wish to pursue a more definitive diagnosis or obtain additional treatment recommendations, we recommend discussing referral to a board-certified veterinary internal medicine specialist with your primary care veterinarian. Advanced diagnostics, including abdominal ultrasound, endoscopy, and intestinal biopsies, can help establish a definitive diagnosis and guide long-term management.

MEDICATIONS:

Date/Time	Drug Name	Quantity	Instructions
07-17-2026	Proviable-FORTE 15ct Blister Pack	1	Give 1 capsule by mouth every 24 hours until gone. Recommended to continue long-term. **Next dose due: 7/18 8PM**
07-18-2026	ONDansetron 4mg tablet	11	Give 1/2 tablet by mouth up to every 8-12 hours as needed for lack of appetite/vomiting. **Next dose due: 7/18 2PM**
07-18-2026	Cerenia (Maropitant) 24mg Tabs	2	Give 1/2 tablet by mouth every 24 hours for 4 days for treatment of nausea/prevention of vomiting. If any vomiting occurs, contact veterinarian immediately. **Next dose due: 7/18 2PM**

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Date/Time	Drug Name	Quantity	Instructions
07-18-2026	Entyce Per ML	1.5	Give 0.3mL by mouth up to every 24 hours as needed for appetite stimulation. For best effects, give 30 min before a meal. **Next dose due: 30 min before the next meal**
07-18-2026	PrednisOLONE 5mg tabs	20	Give 1 tablet by mouth every 24 hours until otherwise directed. This medication is a steroid. Do not use with NSAIDs. May increase thirst and urination. **Next dose due: 7/19 6AM**

FOOD AND WATER:
Please continue Carmelo's normal food/water regimen at home.

ACTIVITY/EXERCISE:

Restrict activity to no excessive activity, including running, playing, etc,. until Carmelo is fully recovered.

IMPORTANT:

Do not allow Carmelo outside or to rough-house until he is feeling better.

RECHECK INSTRUCTIONS:

We have emailed a copy of the medical record to your regular veterinarian listed at check-in so you can follow up with them. If a copy is needed in the future, please call Horton Animal Hospital Discover at (573)777-3609.

If you have any questions or concerns, please call the hospital anytime. Thank you for entrusting us with Carmelo's care.

Recheck: 1-2 weeks with your primary veterinarian to discuss how he is progressing on his medications and discuss adjustments that may be needed

Signature: _____ Date: _____

Doctor Signature: _____ Date: _____

Discharging Staff Member: _____ Date: _____

05:30AM

Medication

Prescribed By: Dr. Amanda Hanzel
External Prescription (filled online / outside pharmacy) x 1
Hydrolyzed Protein Diet (Hill's Z/D, Royal Canin HP, and/or Purina HA) wet and dry form

05:20AM

Medication

Prescribed By: Dr. Amanda Hanzel
ONDansetron 4mg tablet x 11
Give 1/2 tablet by mouth up to every 8-12 hours as needed for lack of appetite/vomiting.

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Cerenia (Maropitant) 24mg Tabs x 2
Give 1/2 tablet by mouth every 24 hours for 4 days for treatment of nausea/prevention of vomiting. If any vomiting occurs, contact veterinarian immediately.

Entyce Per ML x 1.5
Give 0.3mL by mouth up to every 24 hours as needed for appetite stimulation. For best effects, give 30 min before a meal.

05:17AM

Therapeutic / Procedure

Dr. Amanda Hanzel
Oral Medication Single Dose
Specifics:

Entyce 0.3mL PO q24h

Medication

Prescribed By: Dr. Amanda Hanzel
Dexamethasone SP 4mg/ml per ml x 0.13

05:16AM

Medication

Prescribed By: Dr. Amanda Hanzel
ONDansetron 2mg/ml inj (per ml used) x 1

04:19AM

Health Status

Weight(lb): 9.17
Temp(°F): 101.3
H.R.: 220
R.R: 20
CRT: 1-2 sec
MM: Pink
Attitude: QAR
Respiratory Effort: Normal
Pulse Quality: Normal

12:06AM

Therapeutic / Procedure

Dr. Amanda Hanzel
Hospitalization Level 2 (per 24hr)
Specifics:

thru 7/19 @ 3am

12:05AM

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Medication

Prescribed By: Dr. Amanda Hanzel
Emeprev (Maropitant/ Cerenia) Injection 10mg/ml per ml x 0.4

Medication

Prescribed By: Dr. Amanda Hanzel
ONDansetron 2mg/ml inj (per ml used) x 1

ONDansetron 2mg/ml inj (per ml used) x 1

ONDansetron 2mg/ml inj (per ml used) x 1

Friday the 17th of July 2026

09:09PM

Medication

Prescribed By: Dr. Amanda Hanzel
Proviable-FORTE 15ct Blister Pack x 1
Give 1 capsule by mouth every 24 hours until gone. Recommended to continue long-term.

06:58PM

Client Communication

Dr. Caroline Winiarski

Reason for Calling: Hospitalization status update and discussion of extended stay for ongoing severe diarrhea with underlying GI disease.

Client Communications: Dr. Caroline Winiarski called to provide an update on Carmello's hospitalization. Carmello has been eating and is behaviorally appropriate and affectionate. Earlier in the day, Dr. Fletcher had noted more formed stool; however, Carmello subsequently had an episode of severe liquid diarrhea, which is not unexpected given underlying GI disease, as patients can fluctuate between formed and loose stool. Concern was raised regarding dehydration risk with blowout diarrhea episodes. Two options were presented: discharge tonight, or an additional 12–24 hours of hospitalization with continued IV fluids and steroid doses to help firm stool and reduce dehydration risk prior to discharge. The initial 24-hour hospitalization deposit covers care through 7:00 a.m. on 7/18; any stay beyond that would incur additional half-day or 24-hour hospitalization charges. An updated estimate for extended hospitalization will be sent to the client for review. Dr. Hanzel will call the client around 5:00–6:00 a.m. to provide an update and confirm discharge or continued hospitalization.

Plan:

- Continue IV fluids and steroid dosing overnight
- Tech to send client an estimate for additional 12–24 hours of hospitalization for client approval
- Dr. Hansel to call client ~5:00–6:00 a.m. on 7/18 to update on Carmello's status and confirm discharge plan
- Discharge timing options: by 7:00–8:00 a.m. (covered under initial deposit), midday (half-day charge), or next day (additional 24-hour charge)

03:09PM

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Client Communication

Dr. Cassie Fletcher

Reason for Calling: Interim update call from Dr. Fletcher (covering for primary clinician) regarding Carmelo's hospitalization status and clinical progress.

Client Communications: Dr. Fletcher called on behalf of the primary clinician (Dr. Winiarski), who was occupied with a sedated patient. Advised client that Carmelo has been eating the prescription hydrolyzed diet (Hill's ZD, available in both wet and dry formulations) for two technicians today, which is encouraging. No vomiting observed. One episode of very soft, malodorous stool noted (not liquid diarrhea). Pancreatic lipase was run and returned normal, making pancreatitis less likely. Top differentials remain GI IBD vs. small cell GI lymphoma, with dietary protein sensitivity/food allergy also on the differential list. Explained that IBD and lymphoma are difficult to differentiate without GI biopsies (surgical), which is invasive and frequently declined; noted that both conditions are treated similarly with steroids, though GI lymphoma tends to be more progressive. Explained the rationale for the hydrolyzed (ZD) diet: proteins are broken down to amino acid segments below the immune recognition threshold, making it anti-inflammatory while nutritionally complete. Advised that if dietary sensitivity is the underlying cause, strict adherence to a single hydrolyzed diet for a minimum of 3 months could serve as both a diagnostic exclusion trial and treatment. Cautioned against offering multiple foods simultaneously, as this complicates identification of dietary triggers; if appetite decreases for more than a day or two, a diet switch may then be warranted. Noted food aversion as a recognized phenomenon in nauseated animals. Discussed ondansetron: injectable and tablet forms available in-clinic; dissolvable/ODT formulations used in humans but not routinely used in veterinary patients due to inability to ensure adequate oral retention. Discussed Cerenia (maropitant): injectable form stings when given SQ; sending home injectable Cerenia and client training on SQ administration to be confirmed with Dr. Winiarski. Owner inquired about obtaining gelatin capsules for medicating patient. Explained that if gi issues related to certain proteins, may not be advisable to add in gelatin capsules which may contain mammalian proteins. Discussed elevated blood glucose in context of stress hyperglycemia in cats (systemic illness/GI inflammation as likely contributor rather than dietary cause); advised monitoring weight/body condition and providing environmental enrichment to help prevent diabetes risk. Potential discharge this evening pending Dr. Winiarski's assessment; Dr. Winiarski to call client again later (anticipated around or after 7 PM shift change) with discharge decision and specifics.

Plan:

- Dr. Winiarski to follow up with client later this evening (~7 PM or after) regarding discharge plan and timing
- Continue Hill's ZD (hydrolyzed diet, wet and/or dry) as sole dietary source; maintain for minimum 3 months if well-tolerated
- If appetite decreases for >1–2 days, consider switching to an alternative hydrolyzed diet
- Dr. Fletcher to confirm with Dr. Winiarski: comfort level with dispensing injectable Cerenia for home SQ administration and client training if applicable
- Monitor for vomiting, stool quality changes, and appetite at home post-discharge
- Diabetes prevention counseling: monitor food intake, maintain lean body condition, provide environmental/physical enrichment for indoor cat

08:32AM

History

Dr. Amanda Hanzel

Presenting Complaint: Carmello presents for acute vomiting, diarrhea, and progressive weight loss with acute anorexia

Patient History:

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- Progressive weight loss over several months, accelerating; acute onset vomiting, diarrhea, and anorexia beginning yesterday; did not finish meal (noted via microchip-based feeder) - first time this has occurred
- Estimated ~0.5 lb loss in the past month alone
- Diet: high-protein, low-carb kibble + Fancy Feast; recently transitioning to Young Again hydrolyzed limited ingredient kibble
- Current medications: mirtazapine (ongoing); budesonide oral compound (prescription from prior provider, not yet started); Cerenia injection administered prior to this visit
- Vetalog (triamcinolone) 0.05 (concentration unknown) administered yesterday at outside facility - lower dose than typically given per client
- Housemate: male feline sibling with diabetes mellitus, currently in remission on high-protein diet
- Diet history: switched from Royal Canin to current high-protein diet ~2 years ago; client reports Carmello has "not been the same" since the switch
- Prior workup: x-rays performed at outside facility with intestinal findings noted; recent CBC/chemistry reportedly WNL; thyroid, SDMA, and electrolytes not included in prior panels
- Client suspects possible food intolerance; concern raised about pancreatitis and thyroid disease
- Does not habitually ingest foreign material

08:07AM

Therapeutic / Procedure

Dr. Amanda Hanzel
IV Catheter / fluids and monitoring, includes only 1st bag of fluids

08:02AM

Physical Exam

Dr. Amanda Hanzel

Hydration Status: Dehydrated 6-8%
Pain Score: 0/4
Overall Attitude: Lethargic
Oral Cavity & Teeth: Mild dental disease present
Eyes: Normal (OU)
Ears: Normal (AU)
Cardiovascular: No murmur auscultated, normal regular rhythm with strong heart sounds and strong, synchronous femoral pulses
Respiratory: Normal respiratory rate and effort, clear lung sounds auscultated in all fields.
Abdomen: Soft and nonpainful with palpation, no mass or organomegaly appreciated.
Musculoskeletal: Ambulatory with no appreciable lameness or appreciable abnormalities upon exam.
Lymph Nodes: all peripheral lymph nodes palpate normally
Urogenital: No significant abnormalities.
Rectal: Normal external rectal exam. *No digital rectal exam performed.*
Neurological: no overt neurological deficits appreciated on cursory exam.
Skin & integument: Unthrifty hair coat

AFAST Findings
Diaphragmato-hepatic view: 0
Spleno-renal view: 0
Cysto-colic view: 0
Hepato-renal view: 0
Total Score: 0

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Urinary bladder: normal
Gall bladder: normal

TFAST Findings
No pleural fluid present in the left thorax.
No b-lines present in the left thorax.
Glide sign is present in the left thorax.

No pleural fluid present in the right thorax.
No b-lines present in the right thorax.
Glide sign is present in the right thorax.

Pericardial effusion is not present

07:53AM

Plan

Dr. Caroline Winiarski

Day 1 of hospitalization: 07/17/2026 7am-7pm

Physical Exam
General Appearance: see below; **patient continued to appear brighter throughout the day**
Eyes: Clear OU
Ears: Normal
Oral: Mild dental tartar all arcades
Integumentary: **Unthrifty hair coat; diarrhea staining**
Musculoskeletal: Ambulatory x 4
Circulatory: No HM, pulses s/s
Respiratory: Normal BV sounds bilaterally
Digestive: Abdomen soft and non-painful
Rectal Exam: Not performed
Genitourinary: Normal
Neural System: No overt abnormalities noted
Lymph Nodes: Normal
Mucous Membrane: Normal

EH Diagnostics offered and approved:

- Continued hospitalization for full 24 hours; potential to have further hospitalization recommended pending patient response

EH Diagnostics and Treatments Declined:

- None

EH Treatment Plan:

- IVC placement
- LRS 17mL/hr
- Maropitant 1 mg/kg IV q24h
- Ondansetron 0.5 mg/kg IV q8h
- Entyce 2 mg/kg PO q24h

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Working Diagnosis:

- Anorexia
- Weight loss
- Unthrifty hair coat
- Diarrhea
- Vomiting

In house recommendations/Diagnostic Plan:

- See communications for further details; plan to keep full 24 hours (until 7 am 7/18/2026) and if doing well, to go home on steroids and potentially a z/d food as well as anti-nausea medications
- If significant diarrhea persists or patient declines, highly recommend hospitalizing for additional 12-24 hours on IV fluids

Prognosis: Guarded

07:52AM

Therapeutic / Procedure

Dr. Amanda Hanzel
Emergency Exam / Consultation
Specifics:

Invoiced 493289

Plan

Dr. Amanda Hanzel

Day 1 of hospitalization

EH Diagnostics offered and approved:

- Chem/Lyts: Na 166 mmol/L
- SNAP ProBNP: Normal
- Total T4: WNL
- SDMA: WNL

EH Diagnostics and Treatments Declined:

- CBC (previously performed at rDVM on 7/15)
- CXR with stat review (AXR performed at rDVM on 7/15)

EH Treatment Plan:

- IVC placement
- LRS 17mL/hr
- Maropitant 1 mg/kg IV q24h
- Ondansetron 0.5 mg/kg IV q8h
- Entyce 2 mg/kg PO q24h
- Dexamethasone SP 0.14mg/kg IV q24h

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Working Diagnosis:

- Anorexia
- Weight loss
- Unthrifty hair coat
- Diarrhea
- Vomiting

In house recommendations/Diagnostic Plan:
Discussed work-up to rule out other causes of diarrhea/anorexia. Owners approved bloodwork (minus CBC) and no radiographs at this time. Discussed that true diagnosis of IBD/Lymphoma would need to be done first by AUS and then by scope and sampling. Discussed IM involvement may be beneficial in Carmelo's case and that IBD/Lymphoma cases can be difficult. Owners understand. They would like to start with the diagnostics discussed and hospitalization with symptomatic treatment and see how he does.

Prognosis: Guarded until shows improvement

07:18AM

Therapeutic / Procedure

Dr. Amanda Hanzel
Hospitalization Level 2 (per 24hr)
Specifics:

good thru 7/18 @ 3am

07:02AM

Medication

Prescribed By: Dr. Amanda Hanzel
ONDansetron 2mg/ml inj (per ml used) x 1
Given IV @ 6:15am

Dexamethasone SP 4mg/ml per ml x 0.13
Given IV @ 6:15am

04:35AM

Client Communication

Grace Kent

Spoke with Woinicz, Dean regarding Carmelo's progress after hospitalization for a few hours, also updated on the bloodwork results.

Call Results: left a message about the bloodwork results, starting fluids and that carmelo seems to be perking up a little bit and is resting comfortably in kennel.

02:41AM

Diagnostic Result

Requested By: Dr. Amanda Hanzel
Supplier: IDEXX VetLab Station
Reference: US11040-DR56417

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Chemistry (2) **Outcome:**
Clinic Notes / Specifics:

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
SNAP Feline proBNP	Normal				

02:32AM

Diagnostic Result

Requested By: Dr. Amanda Hanzel
Supplier: IDEXX VetLab Station
Reference: US11040-DR56416
Endocrinology (4) **Outcome:**
Clinic Notes / Specifics:

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
Total T4	1.3	µg/dL	0.8	4.7	

Diagnostic Interpretation for TT4
< 0.8 µg/dL Subnormal
0.8 - 4.7 µg/dL Normal
2.3 - 4.7 µg/dL Grey zone in old or symptomatic cats
> 4.7 µg/dL Consistent with hyperthyroidism
Cats with subnormal T4 values are almost exclusively euthyroid sick or over treated for their hyperthyroidism. Older cats with consistent clinical signs and T4 values in the grey zone may have early hyperthyroidism or a concurrent non-thyroidal illness. Hyperthyroidism may be confirmed in these cats by adding on a freeT4 (fT4) or by performing a T3 suppression test. Following treatment with methimazole, T4 values will generally fall within the lower to middle end of the reference range.

Diagnostic Result

Requested By: Dr. Amanda Hanzel
Supplier: IDEXX VetLab Station
Reference: US11040-DR56416
Chemistry (2) **Outcome:**
Clinic Notes / Specifics:

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
Glucose	116	mg/dL	71	159	
IDEXX SDMA	8	µg/dL		14	

SDMA:

SDMA and CREA within reference interval: *impairment of GFR is unlikely. Recommended next step: evaluate complete urinalysis.*

Creatinine	1.5	mg/dL	0.8	2.4	
BUN	24	mg/dL	16	36	
BUN: Creatinine Ratio	17				
Phosphorus	4.8	mg/dL	3.1	7.5	
Calcium	9.4	mg/dL	7.8	11.3	
Sodium	166	mmol/L	150	165	
Potassium	4.0	mmol/L	3.5	5.8	
Na: K Ratio	42				
Chloride	122	mmol/L	112	129	
Total Protein	8.0	g/dL	5.7	8.9	
Albumin	3.6	g/dL	2.3	3.9	
Globulin	4.4	g/dL	2.8	5.1	

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Test	Results	Unit	Lowest Value	Highest Value	Qualifier
Albumin: Globulin Ratio	0.8				
ALT	113	U/L	12	130	
ALP	19	U/L	14	111	
GGT	0	U/L		4	
Bilirubin - Total	0.6	mg/dL		0.9	
Cholesterol	150	mg/dL	65	225	
Osmolality	331	mmol/kg			
Catalyst Pancreatic Lipase	0.7	U/L		4.4	

02:09AM

Diagnostic Request

Requested By: Dr. Amanda Hanzel
Supplier: IDEXX VetLab Station
Reference: US11040-DR56417
Status: COMPLETE

IDEXX VetLab Station Catalyst Total T4

Feline proBNP SNAP Test

02:06AM

Diagnostic Request

Requested By: Dr. Amanda Hanzel
Supplier: IDEXX VetLab Station
Reference: US11040-DR56416
Status: COMPLETE

IDEXX VetLab Station Chem 20

IDEXX VetLab Station Catalyst Pancreatic Lipase

IDEXX VetLab Station SDMA

02:03AM

Diagnostic Request

Requested By: Dr. Amanda Hanzel
Supplier: In House Diagnostics
Reference: US11040-DR56415
Status: None

Packed Cell Volume/ Total Protein

12:00AM

Client Communication

Dr. Amanda Hanzel

Client Communications: Discussed Carmello's presenting signs of acute vomiting, diarrhea, anorexia, and progressive weight loss (at least 0.6 lbs, with additional ~0.5 lb loss over the prior month). Client reports gradual weight loss that accelerated acutely yesterday, and notes Carmello has not been the same since transitioning away from Royal Canin diet ~2 years ago. Brother (Kobe) has diabetes currently in remission, managed on high-protein diet. Current diet: high-protein, low-carb kibble + Fancy Feast; client has been interested in transitioning to novel protein/less inflammatory diet and recently ordered Young Again hydrolyzed limited ingredient kibble.

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Reviewed differential diagnoses including hyperthyroidism, cardiac disease, renal disease, pancreatitis, IBD, and alimentary lymphoma. Explained that IBD and alimentary lymphoma are difficult to differentiate without GI biopsy (endoscopy) and are often treated similarly (steroids ± diet change). Noted that prior x-rays showed abnormal intestinal appearance and recent bloodwork was largely within normal limits, but is incomplete (missing thyroid, SDMA, electrolytes, NT-proBNP).

Brief point-of-care abdominal ultrasound performed — no free fluid identified. Carmello is mildly dehydrated. Abdomen non-painful on palpation.

Carmello received a Cerenia injection and a Vetalog (triamcinolone) injection yesterday at unknown concentration, at a dose of 0.05 (units/concentration not confirmed). Client is currently having budesonide compounded (oral) from a prior visit recommendation; pill shooter ordered.

Reviewed two management pathways: (1) hospitalization with IV/injectable fluids, injectable antiemetics (Cerenia, ondansetron, metoclopramide), and injectable steroids with transition to oral medications once stable; or (2) outpatient management with SQ fluids, injectable Cerenia, ondansetron, gabapentin for discomfort, Proviable, and a hydrolyzed diet prescription, with steroids deferred pending diagnostics or primary vet follow-up. Advised that without a full workup, comfort with prescribing additional steroids is limited.

Recommended full diagnostic workup including recheck chemistry with thyroid (T4), SDMA, electrolytes, NT-proBNP, pancreatitis testing, and chest radiographs (with send-out interpretation) to rule out pulmonary neoplasia, cardiac disease, hyperthyroidism, and renal disease before committing to steroid therapy. Client expressed openness to workup and agreed that ruling out other causes before proceeding with steroids makes sense. Decision deferred pending cost estimates and possible discussion with primary veterinarian.

Plan:

- Provide client with cost estimates for: (1) full workup + hospitalization, (2) full workup + outpatient medications, (3) outpatient supportive care only (bridging to primary vet)
- If diagnostics pursued: recheck chemistry panel with T4, SDMA, electrolytes, NT-proBNP, pancreatitis test, chest radiographs with send-out interpretation
- Supportive care options available regardless of workup decision:
  - SQ fluid administration
  - Injectable antiemetics (Cerenia, ondansetron, metoclopramide)
  - Gabapentin for pain/discomfort
  - Proviable (probiotic)
  - Prescription for hydrolyzed protein diet
- If full workup normal and IBD/lymphoma presumed: consider starting oral prednisolone (preferred over budesonide initially); transition to budesonide if prednisolone effective and long-term steroid management needed
- If hospitalized: injectable medications until stable, then transition to oral medications
- Advise client to follow up with primary veterinarian for full workup if not completed tonight; primary should be informed of missing bloodwork values (T4, SDMA, electrolytes, NT-proBNP) and pancreatitis testing
- Mirtazapine: client mentioned patient is currently on it (confirm with records)
- Long-term: steroid dose titration to lowest effective frequency (target once daily or every other day); diet transition to hydrolyzed/novel protein diet

Thursday the 16th of July 2026

08:00PM

Horton Animal Hospital Discovery
3609 Endeavor Ave.
Columbia, Missouri, 65201
Email: mailbox@hortondiscovery.com
Ph: 573-777-3609
Date: 07-18-2026

Presenting Problem(s)

O says p is having liquid bile like poop. Refusing to eat but has been urinating. Has been acting lethargic and is hiding. Has lost a lot of weight. O is aware of ER fee and triage based wait times.

CARMELO WOINICZ

PET OWNER:	**DEAN WOINICZ**	**HORTON ANIMAL HOSPITAL DISCOVERY**		LAB ID:	
SPECIES:	Feline	3609 ENDEAVOR AVE		ORDER ID:	332197569
BREED:		Columbia, MO 65201		DATE OF RECEIPT:	**7/17/26**
GENDER:	Male Neutered	573-777-3609		DATE OF RESULT:	**7/17/26**
AGE:	14 Years	ACCOUNT #:			
PATIENT ID:	43549	ATTENDING VET:	Dr. Amanda Hanzel		

IDEXX Services: **SNAP Pro**

Chemistry

7/17/26	**2:41 AM**
TEST	RESULT
SNAP Feline proBNP	Normal

CARMELO WOINICZ

PET OWNER: **DEAN WOINICZ**
SPECIES: Feline
BREED:
GENDER: Male Neutered
AGE: 14 Years
PATIENT ID: 43549

HORTON ANIMAL HOSPITAL DISCOVERY
3609 ENDEAVOR AVE
Columbia, MO 65201
573-777-3609
ACCOUNT #:
ATTENDING VET: Dr. Amanda Hanzel

LAB ID:
ORDER ID: 332197476
DATE OF RECEIPT: **7/17/26**
DATE OF RESULT: **7/17/26**

IDEXX Services: **Catalyst One Chemistry Analyzer**

Chemistry

7/17/26 **2:42 AM**

TEST		RESULT	REFERENCE VALUE	
Glucose		116	71 - 159 mg/dL	
IDEXX SDMA	a	8	0 - 14 µg/dL	
Creatinine		1.5	0.8 - 2.4 mg/dL	
BUN		24	16 - 36 mg/dL	
BUN: Creatinine Ratio		17		
Phosphorus		4.8	3.1 - 7.5 mg/dL	
Calcium		9.4	7.8 - 11.3 mg/dL	
Sodium		**166**	**150 - 165 mmol/L**	H
Potassium		4.0	3.5 - 5.8 mmol/L	
Na: K Ratio		42		
Chloride		122	112 - 129 mmol/L	
Total Protein		8.0	5.7 - 8.9 g/dL	
Albumin		3.6	2.3 - 3.9 g/dL	
Globulin		4.4	2.8 - 5.1 g/dL	
Albumin: Globulin Ratio		0.8		
ALT		113	12 - 130 U/L	
ALP		19	14 - 111 U/L	
GGT		0	0 - 4 U/L	
Bilirubin - Total		0.6	0.0 - 0.9 mg/dL	
Cholesterol		150	65 - 225 mg/dL	
Osmolality		331	mmol/kg	
Catalyst Pancreatic Lipase		0.7	0.0 - 4.4 U/L	

a SDMA:

Chemistry (continued)

SDMA and CREA within reference interval: impairment of GFR is unlikely.
Recommended next step: evaluate complete urinalysis.

Endocrinology

7/17/26 **2:42 AM**

TEST		RESULT	REFERENCE VALUE
Total T4	a	1.3	0.8 - 4.7 µg/dL

a Diagnostic Interpretation for TT4
< 0.8 µg/dL Subnormal
0.8 - 4.7 µg/dL Normal
2.3 - 4.7 µg/dL Grey zone in old or symptomatic cats
> 4.7 µg/dL Consistent with hyperthyroidism
Cats with subnormal T4 values are almost exclusively euthyroid sick or over treated for their hyperthyroidism. Older cats with consistent clinical signs and T4 values in the grey zone may have early hyperthyroidism or a concurrent non-thyroidal illness. Hyperthyroidism may be confirmed in these cats by adding on a freeT4 (fT4) or by performing a T3 suppression test. Following treatment with methimazole, T4 values will generally fall within the lower to middle end of the reference range.

