



## DENVER VETERINARY SPECIALISTS

3695 Kipling Street Wheat Ridge, Colorado 80033  
Tel 303-940-1239 Fax 303-420-8360

03/08/03 ... continued

**DIAGNOSTIC TESTING:** A saline dispersion test was performed to look for autoagglutination and was positive. A chemistry profile performed earlier that day at your clinic was relatively normal although there was a very mild hypoalbuminemia of 2.6 gm/dl. The CBC confirmed anemia with a hematocrit of 8% and a platelet count of 120,000. The white blood cell count was low normal at  $5.6 \times 10^3$  white blood cells per microliter. On the CBC 1+ spherocytes were noted as well as target cells. A reticulocyte count was performed and showed very minimal regeneration with a reticulocyte production index of 0.2%. The findings of spherocytes, agglutination, and anemia were most consistent with an immune-mediated hemolytic anemia. The fact that there was minimal regeneration concerned me that possibly we were dealing with a pure red blood cell aplasia at the level of the bone marrow.

**CASE MANAGEMENT:** Kali was hospitalized and given one unit of Oxyglobin and one unit of packed red blood cells. She was given dexamethasone sodium phosphate, 4 mg IV s.i.d., Pepcid, 5 mg IV b.i.d., doxycycline, 100 mg p.o. b.i.d., heparin, 1,000 IU subcutaneously t.i.d., and Imuran, 25 mg p.o. s.i.d. She was maintained on intravenous fluids in order to improve peripheral perfusion. Chest radiographs were performed and were within normal limits.

Poor prognosis  
for survival

Due to the lack of regeneration within the bone marrow, I performed a bone marrow aspirate the following day which revealed phagocytosis of both red blood cells and red blood cell precursors thus confirming an immune-mediated process at the level of the bone marrow.

I gave the owners a relatively poor prognosis for long term survival. I recommended aggressive treatment with immunoglobulin. It is thought that immunoglobulin treatment helps decrease the number of antibodies against the red blood cells. Over the next few days Kali continued to eat well with no vomiting, however, her hematocrit dropped from 26% down to 16%. I gave her one further Oxyglobin transfusion on March 6, 2003. Since Kali was eating well with no vomiting, we discharged Kali that day and continued her on prednisone, 15 mg p.o. b.i.d., Imuran, 25 mg p.o. s.i.d., cyclosporine (Neoral) 50 mg p.o. s.i.d., and Pepcid, 10 mg p.o. b.i.d. I also continued Kali on 40 mg of baby aspirin p.o. s.i.d. to help prevent thromboembolic disease. We weaned her off her heparin injections before she was discharged. I asked the owners to continue to recheck with you on a daily basis to monitor PCV and clinical signs. I warned them that Kali may need further transfusions and that there is a good chance that we will not be able to control the immune process. Thank you again for this referral. Please call me with any questions.

Sincerely,

Carrie J. Miller, D.V.M.  
CJM/gjl

Lori A. Wise, DVM, MS, Diplomate ACVIM

DOD: 03/8/03

DOT: 03/11/03

Enclosure - copy of blood work to follow with hard copy of fax  
BAMESBERGER, CRAIG and DEB - Kali.doc 2

Carrie J. Miller, DVM