

A 3y F/S Labrador is presented for tachypnea, weakness, and scleral hemorrhage. Five days previously she is known to have ingested brodifacoum-based rodenticide for which no intervention was pursued, until now. Physical examination and initial laboratory findings are as follows:

T 98.4 P 162 R 64 mm pale CRT <1s Weight 20kg BP 100/40 (60)

Bounding pulses, muffled heart and lung sounds

Breathing with paradoxical abdominal wall motion and increased inspiratory effort

Thoracic wall pain on palpation, generalized weakness

The patient has a syncopal event during the physical examination

PCV 12% TS 4.2 Na 151 K 3.4 Cl 121 iCa 0.82

pH 7.21 pCO₂ 34 HCO₃ 14

Glu 154 Lac 3.2 Crea 1.4

1. Provide a ranked problem list and the interventions you wish to provide in the next 10 minutes, and next 60 minutes

2. Approximately 15 minutes into the transfusion the patient becomes more tachypneic, her temperature rises, she collapses, has a very thready femoral pulse, and loses consciousness. Describe in detail how you will manage this severe transfusion reaction. Include all the drug doses, any mixing instructions, etc exactly as you would tell them to the individuals assisting you.

3. Discuss the major differences in diagnosis and management between diabetic ketoacidosis and hyperglycemic hyperosmolar syndrome. Be as detailed as possible.

	DKA	HHS
Pathogenesis/pathophysiology		
History, clinical signs, exam findings		
Major lab findings		
Treatment		

4. Discuss the major similarities and differences between diabetes insipidus and the syndrome of inappropriate anti-diuretic hormone secretion. Be as detailed as possible.

	DI	SIADH
Pathogenesis/pathophysiology		
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