

A 3y M/C DSH is presented for evaluation. The owners were away for 3 days and returned to find multiple piles of vomit around the house and a non-responsive cat. The cat is reported to have had a generalized tonic-clonic seizure in the car that terminated spontaneously. At presentation the cat is laterally recumbent and non-responsive, eyes are dry and sunken, the skin tent persists indefinitely, urinary bladder is very large and turgid, and there is blood staining in the fur on the perineum. He is cold to the touch, bradycardic, has no palpable femoral pulse, bradypneic, normal to quiet heart and lung sounds. The owners have given you permission and fully adequate finances to resuscitate and treat the cat.

T 93.4F	P 76	R 6	MM grey
CRT >3s	BP low/will not read		



1. What condition is this ECG pattern associated with? Describe the progressive ECG changes seen with this condition.

2. Provide your problem list ranked most life-threatening first, differential list (ie reasons for the pathology), and first 10-15 minute interventions.

3. The patient arrests as you begin to evaluate him, CPR is initiated. You are the team leader, and you have 5 people to assist you: 1 staff emergency veterinarian, 2 licensed and highly skilled technicians, and 2 skilled non-licensed assistants. Assign roles and interventions for the first 2 minutes of the code.

Team leader	
DVM 1	
CVT 1	
CVT 2	
VA 1	
VA 2	

Goals in the first 2 minutes of this patient's resuscitation:

ROSC is achieved after approximately 3 minutes, confirmed by a rise in ETCO₂, the presence of a beating heart on rapid ultrasound check, and return of the ECG rhythm. Simultaneously your initial blood work results are available (blood collected at presentation).

pH	6.8	Na	172	Glu	34
HCO ₃	6	K	17.6	Crea	37
pCO ₂	102	Cl	94	Lac	9.2

4. The patient continues to arrest and respond to resuscitation efforts. Describe your approach for stabilizing this patient over the next 60-90 minutes.