



## ONLINE Morbidity & Mortality Rounds with Your Colleagues



### THE CASE:

#### Troubled Endocrine Treatment

**A**n obese 10-year-old, spayed, mixed-breed dog presents with polyuria/polydipsia, weight loss, and urine leakage. Testing reveals Cushing's disease and diabetes mellitus. Insulin is initiated 4 days later and the dose increased based on a glucose curve. On Thursday, client is instructed to wait before starting mitotane treatment (to monitor patient status). Prednisolone is prescribed for emergencies, and insulin is not to be administered if the patient does not eat. On Monday, the patient re-presents for vomiting, polydipsia, anorexia, dribbling urine, heavy breathing, and the inability to stand. Patient is admitted for emergency care but dies overnight.

What went wrong?

#### Submit Your Own Case at [cliniciansbrief.com/lessonslearned/submission](http://cliniciansbrief.com/lessonslearned/submission)

All submissions are *strictly anonymous* and edited to ensure confidentiality and privacy of the submitter, clinic, and client/patient. You will have the opportunity to review your case prior to final publication.

#### Why Participate?

- Fine-tune your case analysis skills.
- Provide welcome feedback to your colleagues.
- Access the wealth of knowledge and experience of fellow practitioners about your own case gone bad.

#### Get the rest of the story. Go to [cliniciansbrief.com/lessonslearned/troubled-endocrine-treatment](http://cliniciansbrief.com/lessonslearned/troubled-endocrine-treatment)

- To review case details and analysis by two experts.
- To share your insight about how the outcome might have been improved.



**MORE** cases at [cliniciansbrief.com/lessonslearned](http://cliniciansbrief.com/lessonslearned)

- The Persistent Wound
- Mysterious Abdominal Malady
- Labored Breathing in a "Well" Cat
- Tied up in Ribbons