ABSECON VETERINARY HOSPITAL
24/7 EMERGENCY SERVICE

CASE REPORT ON SPIKE

By Dr. Christopher Lambert

Spike, a 6yo intact male Holland Lop, presented for chronic discharge from the eye. Owner noted clear discharge from the left eye for several weeks, which would occasionally cause the patient to squint. Patient was eating well and had normal activity. On physical exam, Spike's left eye was slightly closed with mild conjunctivitis and fur loss around the eye, which points to chronic ocular discharge. On dental exam, bilateral mild mandibular and maxillary points were noted with normal incisor occlusion. Lastly, Spike had a large (~5x3cm) right testicular tumor that had been there for some time and first noted by Dr. Link. Dr. Link spoke with an exotic pathologist and these tumors are often benign and rarely metastasis, and as a result, it was decided to not neuter the patient. Patient was on meloxicam chronically for previously diagnosed hindlimb arthritis.

Differentials for ocular discharge include dental disease, breed confirmation, conjunctivitis and dacryocystitis. Proparacaine was instilled in the left eye and nasolacrimal duct was flushed easily with saline via 24 gauge catheter. O reported improvement first few days after flush then signs recurred. Patient was seen with similar findings as noted previously. Nasolacrimal duct was flushed again, and the patient was discharged with ofloxacin drops in his left eye every 8-12 hours for 7 days. Patient's discharge improved significantly, but did not fully resolve and once stopping ofloxacin, signs recurred.

Spike returned for sedated skull radiographs and oral exam. Owner noted the left eye was now closed significantly, but activity and eating remained normal. On exam, the left eye was partially closed with clear discharge and the left upper lip was lifted up compared to the right side. P was sedated with 0.25 mg/kg midazolam and 0.03 mg/kg buprenorphine intramuscularly and induced and maintained anesthesia with isoflurane. Skull radiographs were performed and revealed increased opacity in left tympanic bulla with no dental abnormalities. Oral exam revealed mild elongation and lingual points of mandibular teeth bilaterally. There was an area of discharge on lingual aspect near PM2 and 3 on the left side but no pocketing or mobility was noted with dentition. Small maxillary points were noted on the lingual aspect. Points and mandibular crowns were filed with diamond burr on low speed dental drill. Findings were discussed with owner and options of referral to specialist for computed tomography (CT) scan with possible bulla osteotomy versus medical management were discussed. Medical management was elected, and Spike was discharged with meloxicam 1 mg/kg once daily for 3-5 days and procaine penicillin G 60,000U/kg subcutaneously once weekly for 4 weeks.

Given the clinical signs and radiographs, the most likely cause for Spike's chronic ocular discharge was left sided otitis media/interna. Spike was unusual in that his main sign was ocular discharge with no other signs for 2-3 months. It wasn't until Spike showed signs of facial nerve paralysis with the radiographic findings that an inner ear infection was suspected. Owner had to move shortly after starting treatment, but the owner emailed an update that Spike's discharge is decreasing, and the left eye is fully open.