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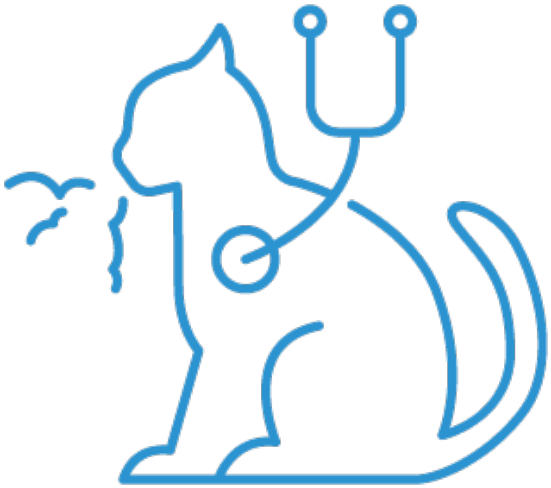

Localizing Dyspnea

DRIP 4

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Small airways, problems, they do happen. They're not very common. Just going to talk about your asthmatic cats and, typically, your dogs with bronchopneumonia, usually our canine infectious respiratory disease complex kiddos. So, they have prolonged expiration. They're the wheezers. They're the coughers. They're the ones that have expiratory grunts. If any of you are asthmatics, you know what that air-trapping feeling feels like. You know that you have to put a little bit extra effort into breathing out.

And so, I'm going to share with you a video of one of my favorite alien friends. Look at that face. He's just absolutely adorable. And this is a kiddo having an asthma attack. Look at the extra expiratory effort. [GRUNTS] There's the expiratory grunt. [GRUNTS] If you breathe with that kiddo, you'll find yourself putting that extra effort into breathing out in that effort.

How do we treat these guys? Well, it's beyond the scope of tonight's lecture to go over how we treat bronchopneumonia and how we treat asthma. But suffice it to say, give them oxygen. Use the least stressful method, sedate them. I like to use butorphanol. Give them a bronchodilator. You have a lot of options.

The two most common are terbutaline, given either subcutaneously, intramuscularly-- some people will try IV. I say if you're going to do that, use caution. You get one shot for an IV. Otherwise, repeated attempts, you could stress them. And that stress, on top of their respiratory distress, could kill them, OK? So, if you're going to try IV, you get one shot, not repeated pokes. Just give it subQ or give it intramuscularly.

Give them an anti-inflammatory dose of corticosteroid, OK? I want you to be very comfortable that this is asthmatic, because if it is congestive heart failure, and you give them dexamethasone, you just made things worse. I'm not a fan of giving dexafurosemide and pen-G. A lot of people call it pen-G dexafurosemide where you get pen-G dexamethasone and furosemide. That's just throwing the kitchen sink at him. Means you don't know what's going on, and you're hoping for a Hail Mary.

We can do better than that. One of the anesthesiologists that trained me always said, ask yourself with every decision, can you do better? If the answer is yes, do better. We can do better than giving respiratory-distressed cats pen-G, dexamethasone, and furosemide. But if you're concerned that they're having an asthma attack, then you'll give them an anti-inflammatory dose of dexamethasone.

Just as important as any drug, as oxygen, is getting them in a quiet environment, minimizing their handling, because, as I'm sure you're all aware, if you overstress these kiddos that are already in respiratory distress, you could kill them.

I'm going to get through pulmonary parenchyma, and then I'll go back to the Q&A. So with pulmonary parenchyma, you don't really have a pattern. There is nothing that's pathognomonic about a breathing pattern with these guys. Sometimes, they have labored inspiration. Sometimes, they have labored expiration. These are the kiddos when you [INAUDIBLE] them, you could hear some abnormal bronchovesicular sounds. These are the kiddos that may have dysrhythmias.

They may have murmurs, because one of the common causes of pulmonary parenchymal diseases are your pulmonary edemas, whether it's cardiogenic in nature or non-cardiogenic. This is where your aspiration pneumonia and pneumonitis patients come into play. Maybe you have a bleeding disorder, or there's trauma in your pulmonary contusions and pulmonary hemorrhage. Of course, cancer is on the list, and we'll even throw interstitial diseases there.

So, here's a kiddo with pulmonary parenchymal disease. Again, there is no pattern here, that sometimes we're putting a little bit more effort into breathing in, sometimes it's breathing in, out. There's no noises. There's nothing pathognomonic here. This is a kiddo who had aspiration pneumonia.

And so, how do we treat these kiddos? You give them oxygen. And then, obviously, how you treat a kiddo with cardiogenic pulmonary edema is different than how you treat neoplasia. It's different than how you treat aspiration pneumonia. So, we're not going to dive into that, but our principles of providing them a calm, quiet environment and minimizing our handling of them rings true.