

debris, mucous and innumerable basophilic bacillus.

Discussion: The necrosis and multiphocal haemorrhage features in the encephalon summed with the intestinal hemorrhagic content may be related with a hypovolemic shock picture. In non-pyrogenic hyperthermia, one of the causes of tecidual lesions would be related with the animal inability to heat dissipate, resulting in a collapse of several organs, such as those of the circulatory system (hypovolemia, cardiac arrhythmia, disseminated intravascular coagulation and haemorrhages). Other organs may suffer such these side effects, presenting necrosis, haemorrhages, among other findings (SANTOS *et al.*, 2003). In the animals of this report, neurological and enteric lesions are compatible with non-pyrogenic hyperthermia. The time that the animals remained within the truck without refrigeration, in a hot climate, hindered the body heat dissipation which is done by respiration in birds, culminating in lesions and death associated with a circulatory collapse. When birds are subjected to high temperatures there is an increase in respiratory frequency to convert the heat to vapour which is eliminated by the breathing, resulting to body heat decrease. At these situations generally occurs an increase in water intake to compensate the loss of fluid through the breathing. Similary, birds are too sensitive to temperatures over 30°C associated with failure of air circulation inside the truck, because in these cases the body heat dissipation becomes more difficult. In this report, chicks were subjected to higher ambient temperature and did not have water access (HEAT STRESS, 2004). **Conclusion:** This case report illustrates the importance to apply the appropriate environment temperature during chicks transportation. Their stress and mortality could have been avoided if had been respected an adequated transport temperature control.

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LACK OF DIAGNOSIS LEADING TO DEATH OF A CAT WITH *AELUROSTRONGYLUS ABSTRUSUS*: CASE REPORT

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Veterinary negligence and malpractice in Brazil are punished not only by administrative instances via Veterinarian's Code of Ethics, CFMV resolution nº 875/2007, chapter V, Federal Council of Veterinary Medicine (BRASIL, 2007), but by juridical instances: Article 927 from Brazilian Civil Code (BRASIL, 2016), and Article 14 of Brazilian Consumer Protection Code (BRASIL, 2017). Therefore, it is extremely important and desirable that the vets have knowledge about the laws that conduct their practices and have prudence while dealing with the patients and the owners. A hasty action

cannot only ruin an entire career for vets, but can cost the animal's life. A vet has to certify not committing these mistakes, mainly in diagnosis and in procedures that deal directly with the patient's life, like anesthesia, surgery and emergency. Some diseases, mainly pneumonias, can act like a trap for an inattentive veterinary. *Aerulostrongylosis* is a pneumonia associated with a nematode particularly common in felines (ELSHEIKHA *et al.*, 2016). This paper is a report of a case of this disease, demonstrating how preliminary exams are essential for the patient's life before submitting them to an anesthetic procedure. *Aerulostrongylus abstrusus* Railliet, 1898 (Strongylida: Angiostrongylidae) is a metastrongyloid nematode, known as "the cat lungworm", and causes *aerulostrongylosis* in domestic and wild felids. This worldwide recognized nematode species is found in the bronchioles and alveolar ducts of definitive hosts, the felines. They have an indirect cycle: the first-stage larvae (L1) are eliminated by cat feces and penetrate in an intermediary host, mainly the gastropod *Achatina fulica* in Brazil, where they mature to the infective third-stage larvae (L3). Cats become infected ingesting intermediate or paratenic hosts (birds, reptiles and rodents). After the ingestion, L3 are released in the digestory tract and migrate to the lungs by lymphatic and circulatory vessels (ANDRADE-PORTO *et al.*, 2012). *Aerulostrongylosis* can elicit several clinical manifestations, ranging from no signs to an important dyspnea, catarrhal chronic cough, polypnea and anorexia, leading to death in some cases. Its occurrence is considered sporadic by vets and affects more free-roaming cats when compared to the owned ones (ELSHEIKHA *et al.*, 2016). Even though the diagnosis of this disease seems easy, because there aren't many worms which can cause similar lesions, it is a challenge by clinical practitioners. A female cat, undefined breed, not castrated, 10 years old, was submitted to necropsy in the year of 2016, after progressing to death during an anesthetic sedation procedure for evaluation of a tongue nodule. She was rescued from the streets by the owner two weeks before. Anamnesis made by the clinical vet showed that the animal was aggressive and has been lying down most of the time, getting up just to urinate. Antibiotic and dypirone have been administered by the owner because of the pneumonia. The owner referred anorexia, cough, and brown stinky catarrh. In addition, vaccination and deworm were outdated and the cat had free access outdoor. Physical examination

revealed dehydration of 6%, heart rate of 120 bpm, breath rate of 70 rpm, body temperature of 37.4°C, pale mucous membranes, submandibular and pre-scapular lymph nodes easily palpable, and a small tongue nodule. In blood exams were found anemia (21% of hematocrit, 3.83 millions/mm³ of red blood cells, 7.3g/dL of hemoglobin) and thrombocytopenia (129000μL). During ambulatorial procedure, chlorpromazine (1mg/kg) and meperidine (5mg/kg) were administered, which made the animal excited. After, cetamine (6mg/kg), midazolam (0,5mg/kg) and physiological solution were made. Unfortunately, the animal died. Multiple brownish nodules of firm consistency were observed in the lungs during necropsy, with a heterogeneous cut surface. In addition, a fibroelastic brown 0.5 x 0.5cm nodule was observed in the tongue. Histopathological exam of the lung parenchyma presented eggs, larvae and adults of *Aerulostrongylus abstrusus*. In addition, interalveolar edema, severe interstitial pneumonia (infiltrated by plasm cells, lymphocytes, macrophages and neutrophils in the alveoli and adjacent tissue, as well in bronchi and bronchioles) and multifocal areas of necrosis with cell debris were also observed. The oral nodule was constituted by hyperplasia of salivary glands associated to moderate fibrous stroma. The final diagnosis was granulomatous pneumonia associated with parasitism and respiratory failure was the *causa mortis*. Necropsy diagnosis is supported by Urquhart *et al.* (1998) and Scofield *et al.* (2005), that described similar multiple nodulations in the lungs and the same morphology of worms found in our sample, besides anorexia and cough. Furthermore, the submandibular and pre-scapular lymph nodes were reactive, resembling the sternal lymphadenopathy found by Lacava *et al.* (2016). Infection by *A. abstrusus* may lead to pneumonia, and even death, if the patient was submitted to an uncorrected or no therapeutic intervention (ELSHEIKHA *et al.*, 2016). Although some animals are asymptomatic, there will be cases in which clinical signs may clearly appear, and differential diagnosis may be followed by the vet. In this special case report, the cat was referred to respiratory clinical problems, and no other complementary exam was performed to clarify those signs. Even though fecal microscopic examination is still the main stay of the diagnosis of *A. abstrusus* infection, a radiographic examination could show the nodules and pneumonia. Respiratory samples, as tracheal swabs, pleural effusions, expectorated material and fine needle aspiration could show the infection too

(ELSHEIKHA *et al.*, 2016). Laboratory findings are not pathognomonic for aerulostrongylosis, but leucocytosis, eosinophilia, anaemia and hypoalbuminemia have been reported (YILDIZ *et al.*, 2011). According to the Veterinarian's Code of Ethics in Brazil (BRASIL, 2007), mistreatment is committed by those who acts hastily and without care. It is the combination of foolishness plus lack of reflection in the professional action, and it is a serious error because the vet could not claim ignorance in the practice, yet he or she has studied the procedures during university. Veterinary negligence is characterized by the omission, passivity and indifference of a professional that has the knowledge and doesn't act in a proper and professional manner, resulting in prejudice to the patient/owner. An anesthetic procedure depresses a lot respiratory rate and nervous system. If an animal has pneumonia, its alveoli could not expand normally. Also, it was verified that many evolutive nematoid worms were taking part in the lung parenchyma, the available surface area for gas exchange. Furthermore, Gerdin *et al.* (2011) supports that sedation or anaesthesia may reduce cat's ability to compensate for diminished air surface area in aerulostrongylosis, compromising lung perfusion and ventilation, which can lead to hypoxia, systemic hypotension and cardiovascular arrest. The conclusion is that preliminary exams made before submitting one animal to an anesthetic procedure could be essential for the patient's life.

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SUDDEN DEATH OF A DOG AFTER STRESS OCCURRED IN PET SHOP: CASE REPORT

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The retail business known as “pet shops” or “pet stores” are places where medicines, food, and accessories for animals are commercialized, and many of them provide other services such as hygienic care (pet cleaning and grooming). In Brazil, this field of activity is increasing every year, and it is estimated that the city