



# Animal Control

Regular

<http://www.springfieldcityhall.com>

~ Agenda ~

Gladys Oyola-Lopez

---

Thursday, January 16, 2025

10:00 AM

Hybrid Room 205

---

## Call to Order

10:00 AM Meeting called to order on January 16, 2025 at Hybrid Room 205, City Hall, Springfield, MA.

## Approval of Minutes

December 19, 2024 Minutes

## Dangerous Hearing

1. **Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.**



Brief Description of Incident: ATTACHMENT: YES / NO

12/9/24 - UP stairs tenants had dogs in yard. Cortney - owner of two dogs that attacked. Two dogs are known to have aggression issues. Cortney reportedly locked out back door and didn't see anyone and let her dogs out into the yard too. Two of her 3 dogs went after Sadie and attacked her. Her wounds/Injuries were so severe it resulted in needing to humanely put Sadie down, as she was suffering

**RESPONDENT INFORMATION**

Do you know the name or address of the owner of the dog(s)?  YES / NO

Name: Cortney cheney

Street Address: 85 Narragansett st. Springfield Ma. 01107

Phone: (413) 519-6163 Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**DOG INFORMATION**

Name: Unknown Sex: One male, one female

Breed: X Huskies

Primary Color: \_\_\_\_\_ Secondary Color: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_

Primary Color: \_\_\_\_\_ Secondary Color: \_\_\_\_\_

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.

Date of Report: 10/22/2023		<b>ANIMAL BITE REPORT</b>				1. Bite Number: <b>B23-003586</b>		
		<b>Rabies Control Investigation</b>						
		<b>Thomas J. O'Connor Animal Control</b>						
<b>I. ANIMAL/PERSON BITTEN</b>	<b>IDENTIFICATION</b>	2. Name (Last, First) Sadie - Tricolor Yorkshire Terrier		3. ID # A063017	4. Sex Spayed	5. Age 11	DOB	
		6. Telephone 413-266-9307						
		7. Address (No. & Street) (City) (State) (Zip)						
		8. Name of Parent or Guardian (if victim is a minor) WANCZYK, KRISTIN (P054391) (PET)				9. Address (if different) 4 JAMES CIR, WILBRAHAM, MA 01095		
	<b>EXPOSURE</b>	10. Source of Information Owners			Victim Telephone - Other			
		11. Place of attack 85 NARRAGANSETT			12. Time and Date of attack October 21, 2023 12:00 am			
		13. Circumstances of attack: UNKNOWN						
		14. Location and description of wound(s): CHEST, LEVEL 3						
	<b>TREATMENT</b>	15. Was wound treated? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date:			16. Wound treated by: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Dr. VESH Telephone			
		17. Details of wound treatment <input type="checkbox"/> Washed <input type="checkbox"/> Sutured			18. Anti-Rabies Treatment Recommended? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom?			
19. Anti-Rabies Treatment Given? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom? Telephone:								
<b>MISC.</b>	While at the home Sadie was bit on chest by Kuma resulting in Level 3 DBS. Waiting on VESH to bring for Appt. Kuma is current on rabies and placed on 10 HQ.							
<b>II. ANIMAL/OWNER</b>	<b>IDENTIFICATION</b>	20. Animal Owner (custodian) CHENEY, CORTNEY			21. ID # P054392	Telephone: (413) 519-6163		
		22. Address (No. & Street) (City) (State) (Zip) 85 NARRAGANSETT ST SPRINGFIELD, MA 01107						
		23. Type of animal NEUTERED MALE, DOG			ID # A063018	<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild	Est. Age: 2 YEARS	
		24. Description: (Breed, color, etc.) KUMA BLACK / WHITE SIBERIAN HUSKY / AUST CATTLE DOG				25. License Tag: Year: Expires:		
		26. Behavior <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal			27. Prior Bites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	<b>QUARANTINE</b>	28. Vaccinated against rabies? Vaccination Date Rabies Tag Number <input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine YES Vet:						
		29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO <input checked="" type="checkbox"/> Animal Confined - HOME From Date: 10/21/2023 To Date: 10/31/2023						
		30. If at owner's home, have quarantine guidelines been explained? <input type="checkbox"/> Yes <input type="checkbox"/> No				31. Date sent to Animal Inspector/Board of Health		
<b>III. DISPOSITION OF ANIMAL</b>	<b>REVIEW</b>	31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:						
		32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal			33. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted			
	34. Remarks:							
	<b>LABORATORY</b>	35. Head sent to Lab: DATE BY TELEPHONE						
36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY								
37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail Date: By:								
38. <input type="checkbox"/> Case Closed: Date: By:								
39. Officer Completing Form: ACO Simpson Telephone:								

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.

Date of Report: 12/09/2024

# ANIMAL BITE REPORT

## Rabies Control Investigation

### Thomas J. O'Connor Animal Control

1. Bite Number:  
B24-003977

<b>I. ANIMAL PERSON BITTEN</b>	<b>IDENTIFICATION</b>	2. Name (Last, First) <i>Sadie</i>	3. ID # <i>A063017</i>	4. Sex <i>F</i>	5. Age <i>10</i>	DOB	6. Telephone <i>413 816 9307</i>	
		7. Address (No. & Street) (City) (State) (Zip)						
		8. Name of Parent or Guardian (if victim is a minor) WANCZYK, KRYSTIN (P054391) (NEIGHBOR)			9. Address (if different) 85 NARRAGANSETT ST, SPRINGFIELD, MA 01107			
	<b>EXPOSURE</b>	10. Source of information <i>P054391 &amp; P054392</i>		11. Place of attack 85 NARRAGANSETT ST				
		12. Time and Date of attack December 9, 2024 8:00 am		13. Circumstances of attack: PROVOKED				
		14. Location and description of wound(s): ALL OVER, LVL 6						
		15. Was wound treated? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date: <i>12/9</i>						
	<b>TREATMENT</b>	16. Wound treated by: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Dr. <i>Vesh</i> Telephone		17. Details of wound treatment <input type="checkbox"/> Washed <input type="checkbox"/> Sutured				
		18. Anti-Rabies Treatment Recommended? <input type="checkbox"/> No <input type="checkbox"/> Yes By Whom?		19. Anti-Rabies Treatment Given? <input type="checkbox"/> No <input type="checkbox"/> Yes By Whom? Telephone:				
		20. Nikita & Kuma were let outside when Sadie was already outside. The dogs began to fight resulting in Sadie needing to be put down as a result of her injuries. Cortney insists 3rd dog "Koda" was not apart of the fight.						
<b>II. ANIMAL/OWNER</b>	<b>IDENTIFICATION</b>	20. Animal Owner (custodian) CHENEY, CORTNEY		21. ID # P054392		Telephone: (413) 519-6163		
		22. Address (No. & Street) 85 NARRAGANSETT ST (City) (State) (Zip) SPRINGFIELD, MA 01107						
		23. Type of animal NEUTERED MALE, DOG		ID # A063018	<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild		Est. Age: 2 YEARS	
		24. Description: (Breed, color, etc.) KUMA BLACK / WHITE SIBERIAN HUSKY / AUST CATTLE DOG			25. License Tag: Year: Expires:			
	26. Behavior <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal		27. Prior Bites? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	28. Vaccinated against rabies? YES Vet: <i>salmon Brook Vet Hospital</i>		Vaccination Date <i>7/18/24</i>	Rabies Tag Number <i>04741</i>	<input type="checkbox"/> 1 Year Vaccine <input checked="" type="checkbox"/> 3 Year Vaccine			
	29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO <input checked="" type="checkbox"/> Animal Confined - HQUAR From Date: 12/09/2024 To Date: 12/19/2024							
<b>QUARANTINE</b>	30. If at owner's home, have quarantine guidelines been explained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
	31. Date sent to Animal Inspector/Board of Health <i>Emailed 12/11/24 MM</i>							
<b>III. DISPOSITION OF ANIMAL</b>	<b>REVIEW</b>	31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:		32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal				
		33. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted		34. Remarks: <i>Victim was eu @ vet</i>				
	<b>LABORATORY</b>	35. Head sent to Lab: DATE BY TELEPHONE						
		36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY						
37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail Date: By:								
38. <input type="checkbox"/> Case Closed: Date: By:								
39. Officer Completing Form: <i>LAWSON</i> Telephone: <i>413 781 1484</i>								

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.

### Salmon Brook Veterinary Hospital

136 Salmon Brook Street  
Granby, CT 06035-2604  
(860) 653-7238

**Client** : Cortney Cheney  
42 Kent Street  
West Springfield, MA 01089

**Phone** : (413) 519-6163

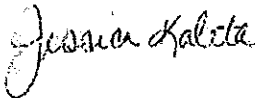
**Patient** : Kuma  
**Species** : Canine  
**Sex** : MN  
**DOB** : 06/23/2022

**Acct No.** : 48921 C  
**Breed** : Husky/Labrador  
**Color** :  
**Microchip**:

#### RABIES VACCINATION INFORMATION

<b>Rabies</b>	<b>Nobivac 3-Rabies</b>	<b>Tag No.</b>	<b>94741</b>
<b>Date Vaccinated</b>	<b>07/12/2024</b>	<b>Expires</b>	<b>07/12/2027</b>
<b>Serial No.</b>	<b>68459</b>	<b>Producer</b>	<b>Zoetis</b>
<b>Vaccine Type</b>	<b>KV</b>		

I hereby certify that I have vaccinated this animal in accordance with the company's recommendation for the vaccine used on the above date.



Signature of licensed veterinarian administering vaccine.

Jessica A. Kaleta VMD  
003107

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.

Date of Report: 12/09/2024

# ANIMAL BITE REPORT

## Rabies Control Investigation

### Thomas J. O'Connor Animal Control

1. Bite Number:  
**B24-003978**

I. ANIMAL PERSON BITTEN	IDENTIFICATION	2. Name (Last, First) <b>Sadie</b>	3. ID # <b>A0663017</b>	4. Sex <b>F</b>	5. Age <b>12</b>	DOB	6. Telephone <b>413 066 9307</b>		
	EXPOSURE	7. Address (No. & Street) (City) (State) (Zip)							
		8. Name of Parent or Guardian (if victim is a minor) <b>WANCZYK, KRYSTIN (P054391) (NEIGHBOR)</b>			9. Address (if different) <b>85 NARRAGANSETT ST, SPRINGFIELD, MA 01107</b>				
		10. Source of Information <b>P054391 : P054392</b>			Victim Telephone - Other				
	TREATMENT	11. Place of attack <b>85 NARRAGANSETT ST</b>			12. Time and Date of attack <b>December 9, 2024 8:00 am</b>				
13. Circumstances of attack: <b>PROVOKED</b>									
MISC.	14. Location and description of wound(s): <b>ALL OVER, LVL 6</b>								
	15. Was wound treated? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date: <b>12/9</b>			16. Wound treated by: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Dr. <b>VESH</b> Telephone					
	17. Details of wound treatment <input type="checkbox"/> Washed <input type="checkbox"/> Sutured			18. Anti-Rabies Treatment Recommended? <input type="checkbox"/> No <input type="checkbox"/> Yes By Whom?					
	19. Anti-Rabies Treatment Given? <input type="checkbox"/> No <input type="checkbox"/> Yes By Whom? Telephone:								
Nikita & Kuma were let outside when Sadie was already outside. The dogs began to fight resulting in Sadie needing to be put down as a result of her injuries. Cortney insists 3rd dog "Koda" was not apart of the fight.									
II. ANIMAL/OWNER	IDENTIFICATION	20. Animal Owner (custodian) <b>CHENEY, CORTNEY</b>			21. ID # <b>P054392</b>		Telephone: <b>(413) 519-6163</b>		
	QUARANTINE	22. Address (No. & Street) <b>85 NARRAGANSETT ST</b> (City) (State) (Zip) <b>SPRINGFIELD, MA 01107</b>							
		23. Type of animal <b>SPAYED FEMALE, DOG</b>			ID # <b>A066329</b>		<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild		Est. Age: <b>5 YEARS</b>
		24. Description: (Breed, color, etc.) <b>BLACK / GRAY SIBERIAN HUSKY</b>			25. License Tag: Year: Expires:		26. Behavior <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal		
		27. Prior Bites? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28. Vaccinated against rabies? YES Vet: <b>salmon Brook vet Hospital</b> Vaccination Date: <b>12/8/23</b> Rabies Tag Number: <b>826089</b> <input type="checkbox"/> 1 Year Vaccine <input checked="" type="checkbox"/> 3 Year Vaccine				
	29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO <input checked="" type="checkbox"/> Animal Confined - HQUAR From Date: <b>12/09/2024</b> To Date: <b>12/19/2024</b>							30. If at owner's home, have quarantine guidelines been explained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
31. Date sent to Animal Inspector/Board of Health <b>Emailed 12/11/24 MM</b>									
III. DISPOSITION OF ANIMAL	REVIEW	31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:						32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal	
	LABORATORY	33. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted							
		34. Remarks: <b>victim EU @ vet</b>							
		35. Head sent to Lab:			DATE		BY		TELEPHONE
		36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY							
37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail Date: By:							38. <input type="checkbox"/> Case Closed: Date: By:		
39. Officer Completing Form: <b>LAWSON</b> Telephone: <b>413 781 1484</b>									

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.

## Salmon Brook Veterinary Hospital

136 Salmon Brook Street  
Granby, CT 06035-2604  
(860) 653-7238

**Client** : Cortney Cheney  
42 Kent Street  
West Springfield, MA 01089

**Phone** : (413) 519-6163

**Patient** : Nikita  
**Species** : Canine  
**Sex** : FS  
**DOB** : 06/26/2018

**Acct No.** : 48921 B  
**Breed** : Husky  
**Color** : Gray/White  
**Microchip**:

### RABIES VACCINATION INFORMATION

<b>Rabies</b>	Nobivac 3-Rabies	<b>Tag No.</b>	826089
<b>Date Vaccinated</b>	12/08/2023	<b>Expres</b>	12/07/2026
<b>Serial No.</b>	643796	<b>Producer</b>	Zoetis
<b>Vaccine Type</b>	KV		

I hereby certify that I have vaccinated this animal in accordance with the company's recommendation for the vaccine used on the above date.



Signature of licensed veterinarian administering vaccine.

Jessica A. Kaleta VMD  
003107



**Veterinary Emergency & Specialty Hospital WS**  
134 Capital Drive Sulte A  
West Springfield , MA, 01089 413-665-4911

**Clinical Summary for Sadie**

**Client Details**

**Name** Wanczyk, Krystin  
**Phone** 413-266-9307  
**Address** 85 Narragansett Street  
Liberty Heights  
Springfield,  
Massachusetts,  
01107

**Patient Details**

**Name** Sadie  
**Species** Canine  
**Breed** Yorkie/poodle  
**Color** Tri-colored  
**Age** 12 years  
**Deceased** Deceased  
**Date** (12-09-2024)  
**Sex** Female Spayed  
**Microchip**  
**Referral** Belchertown  
Veterinary  
Hospital

**Monday the 9th of December 2024**

**Therapeutic / Procedure**

**Dr. Meredith Rice**  
**IV Fluids Set-Up**  
**Specifics:**

Invoiced 743696

**Therapeutic / Procedure**

**Dr. Jennifer Gonzales**  
**CRI (ANALGESIA) 12-hours**  
**Specifics:**

Invoiced 743696

**Therapeutic / Procedure**

**Dr. Jennifer Gonzales**  
**Wound Care/Level 1**  
**Specifics:**

Invoiced 743696

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.

❖ Therapeutic / Procedure

**Dr. Jennifer Gonzales**  
**Humane Euthanasia**  
**Specifics:**

Invoiced 743696

❖ T.P.R.

*Weight(kg):* 4.28

*Temp(°F):* 96.5

*H.R.:* 170

*R.R:* 40

*MM:* Pale Pink

*Comments:* CRT = Unable to obtain BP = hold Client Update (text or phone) = hold

*Pulse Quality:* Normal

❖ T.P.R.

*Weight(kg):* 4.28

*Temp(°F):* 96.5

*H.R.:* 170

*R.R:* 40

*MM:* Pale Pink

*Attitude:* Sedate

❑ History

**Dr. Meredith Rice**

**12-09-2024**

**ER Technician Triage History:**

Why are you here today?

Sadie is a 12 year old spayed yorkie/poodle mix. The patient is present after getting attacked by two huskies. Both of the huskies are up to date on their rabies vaccines. The owners didn't see what happened during the fight but were able to pull them apart.

How long has the problem been going on?

The attack was about 30-40 minutes before entering the ER.

Has this problem occurred before?

Are there any other significant medical problems in the past? (ie. past hospitalizations or surgeries?)

No

Medications presently taking (mg and frequency):

No

Is the patient on a special diet/limited ingredient diet?

No

Is your pet up to date on the following vaccines: UTD

Rabies Yes

Distemper Yes

Parvo Yes

Leptospirosis Yes

Initials: JS

**ER Doctor History:**

**Physical Exam**

**Dr. Meredith Rice**

**Objective:**

4.28kg

Temp (°F): 96.50 F

H.R.: 170 bpm

R.R.: 40 brpm

Pink, moist MM, CRT < 2

Obtunded, BCS 4/9

Hydration: Euhydrated.

EENT: No ocular or nasal discharge. Ears clean AU. Normal dentition. Moderate dental calculus.

Cardiovascular System: No murmur auscultated. No Arrhythmia noted, poor femoral pulses.

Respiratory: Crackles suspected to be SQ emphysema, suspect clear lung sounds but difficult to auscultate.

Abdomen: Soft non-painful abdomen on palpation. No masses/organomegaly/fluid waves appreciated.

Lymph Nodes: soft symmetrical lymph nodes. No lymphadenopathy.

UG: Soft, small bladder, No significant findings on external genitalia

Musculoskeletal: Laterally recumbent, non-ambulatory, no obvious fractures of long bones, no palpable neck or spinal fractures, unable to lift head. Suspected rib fractures.

Neurologic: Obtunded mentation, CN intact, withdrawal present x4, motor present in forelimbs, slight motor present in hindlimb but decreased, unable to stand and bear weight.

Integument: Large laceration of right neck, SQ emphysema right neck and chest.

Laceration caudal abdomen. Bruising of right chest.

Rectal: Not performed

**T.P.R.**

Temp(°F): 98.2

H.R.: 160

R.R: 48

Comments: Pulse Ox = 100 BP = 140 #2 cuff RHL

## ▣ Assessments

### Dr. Meredith Rice

#### Trauma

Bite wounds right neck

Decreased neurologic function in hindlimbs

Obtundation

Shock

#### IVC

Methadone 0.85mg IV

Active warming

Unable to obtain blood pressure - LRS 100mL bolus over 15min

Recheck blood pressure post bolus - 110mmHg, repeated 100mL bolus

Recheck blood pressure post second bolus - 140mmHg

LRS at 25mL/hr IV

Discussed PE with owners. Concern for possible damage to her neck given decreased neuro function in hindlimbs. Could be a cervical fracture or damage to spinal cord. If present, could require surgical stabilization. Also discussed pulmonary contusions, shock, fractured ribs, and other possible concerns. Discussed large wound and SQ emphysema, but at this point, it is lower on our list of concerns and can be dealt with later. Discussed that CT scan would be ideal to assess head, neck, and chest. Can also consider radiographs. If cervical stabilization is needed, would need to transfer to another facility for surgery. If neck is ok, then would need hospitalization for continued stabilization, monitoring, and eventual wound repair. Discussed associated costs. Owner elected to pursue trauma CT to determine extent of damage and based on this imaging will decide how to proceed.

EPOC - pending

## ⚙ Diagnostic Result

**Requested By:** Dr. Jennifer Gonzales

**Supplier:** Asteris WS X-ray

**Reference:** US599-DR183001

WS Radiograph - 2 Views **Outcome:**

**Clinic Notes / Specifics:**



**Imaging Online Viewable External Link:**

<https://keystone.asteris.com/#/partner/viewer/VESH1228?studyId=ea3e3531-0000-1432-1129-fffff241209>

## • T.P.R.

Temp(<sup>o</sup>F): 98.2

H.R.: 128

R.R: 25

Comments: BP = 92 2cuff RHL

Pulse Quality: Normal

## • T.P.R.

Temp(<sup>o</sup>F): 98.2

H.R.: 128

R.R: 25

MM: Pale Pink

Comments: CRT = Unable to obtain

## • T.P.R.

Temp(<sup>o</sup>F): 98.7

H.R.: 156

R.R: 36

Pulse Quality: Normal

## ■ Plan

**Dr. Meredith Rice**

Transferred to ICU/CC to facilitate CT and further care.

Meredith Rice, DVM

## • Therapeutic / Procedure

**Dr. Jennifer Gonzales**

## • T.P.R.

Temp(<sup>o</sup>F): 98.9

## • T.P.R.

Temp(<sup>o</sup>F): 100.6

H.R.: 120

R.R: 30

Pulse Quality: Normal

## • T.P.R.

H.R.: 112

Comments: BP = 102 2 cuff LHL

## Plan

**Dr. Jennifer Gonzales**

### Diagnostics

- EPOC: Acidemia (7.275), hypercapnia (49 mmHg), hyperglycemia (175 mg/dL), hyperlactatemia (4.19 mmol/L), elevated BUN (37 mg/dL; creatinine 0.91 mg/dL), HCT 38%
- POCUS: scant pleural effusion, small volume peritoneal effusion, no pericardial effusion
- CT of head through chest, DACVR review:

#### CONCLUSIONS:

1. There is relatively extensive cutaneous and subcutaneous trauma of the craniocervical, thoracic and abdominal regions particularly noting right-sided thoracic region trauma with numerous rib fractures, presumed pulmonary contusion/pulmonary hemorrhage manifesting as ground glass alveolar pulmonary patterns, a mild bilateral pneumothorax, mild pleural effusion and mild pneumomediastinum and a minimally displaced fracture of the right articular process of T5. The fractures of the right fourth through sixth and potentially the seventh rib(s) are consistent with a flail chest.
2. There is a severely comminuted depression fracture of the skull to the right of midline dorsally at the frontal and parietal bone junctions with adjacent neuroparenchymal edema.
3. Peritoneal effusion is primarily thought to represent peritoneal hemorrhage noting that there is no overt pneumoperitoneum to definitively indicate abdominal penetrating trauma.
4. There is chronic and pre-existing intervertebral disc disease at C3-7 noting that trauma to this region could result in worsening intervertebral disc disease.
5. There are additional findings that are thought to be of lesser clinical significance at this time including nasal congestion, hemorrhage or nondestructive rhinitis, and mild dental/periodontal disease.

### Treatments

- Hypertonic saline 3 ml/kg; administered prior to CT and additional dose after CT
- Maropitant 1 mg/kg IV
- Sedation for CT: ketamine 2 mg/kg IV, midazolam 0.2 mg/kg IV
- Fentanyl CRI; 3 ug/kg bolus followed by 3 ug/kg/hr
- Ketamine CRI 0.5 mg/kg bolus, followed by 2ug/kg/min
- Unasyn 30 mg/kg IV q8hrs
- Clipped, cleaned and flushed cervical wounds and abdominal laceration, clipped and cleaned puncture on cranial dorsum, no flushing
- LRS @ 25 ml/hr
- Nasal oxygen @ 2L/min

## Plan

Discussed CT findings with owner, very serious injuries present, puncture through skull is most concerning as surgery would be recommended to remove bone fragments as area is at high risk of abscessation, also this injury is likely responsible for some of her clinical signs and edema may worsen before improving. Significant thoracic trauma with rib fragment impinging on lung and ideally surgical care would be recommend. Contusions present in lung (and brain), have high likelihood of worsening over the next 24 to 48 hours. Cost estimate for care with medical management would be additional 8k-12k with level of care and treatments needed. Discussed injuries are severe and humane euthanasia is very reasonable decision given medical challenges going forward. Due to costs and concern for pain and QOL, owner elects humane euthanasia

Propofol 3 ml IV

Pentobarbital 3 ml IV

Confirmed deceased via auscultation

Private cremation

Jennifer Gonzales, DVM, DACVECC

## ■ Assessments

### Dr. Jennifer Gonzales

#### Problem List

- Attacked by dogs with severe trauma
- Non-ambulatory tetraparetic with L side significantly more affected than right,
- Rib fractures with flail chest at right thorax with comminution of R 4th rib with fragment appearing to impinge on lung, associated contusions and mild pneumothorax present, mild pleural effusion
- Peritoneal effusion: r/o bleeding
- Puncture wound at right-sided dorsum of skull with depressed skull fragments present and associated edema
- 2 cm laceration at dorsum of caudocervical region, 4 cm laceration at right lateral aspect of neck, both with extensive SC pocketing and muscle belly damage at lateral wound, 2.5 cm laceration at left caudoventral abdomen, does not appear to be communicating with peritoneum, puncture at right lateral chest, does not appear to communicate with thoracic cavity

**RABIES EXPOSURE NOTIFICATION**

Date of Notice: 12/9/24 Date of Exposure: 12/9/24 Species: Canine

Report the following incidents to the Municipal Animal Inspector for the town where the Biting Animal resides:

- 1. The existence of a domestic animal that can be identified and has bitten or scratched another domestic animal or a human.
- 2. The existence of a domestic animal that has been exposed to the rabies virus by direct contact, proximity or by a wound of unknown origin. Animal should be quarantined due to (check the appropriate category):

- Direct contact with a confirmed rabid animal
- Direct contact with a suspect rabid animal (raccoon, skunk, woodchuck or any carnivorous animal)
- A wound of unknown origin, suspected to be caused by another animal (e.g. cat abscesses)
- A proximity exposure to a confirmed rabid animal (confirmed by State Rabies Laboratory)
- Domestic animal bitten or scratched by another domestic animal that has not been identified for quarantine
- Domestic animal which has bitten or scratched another domestic animal or a human

**Biting/Scratching Animal (Do Not Vaccinate until Rabies Quarantine is Released):**

Unknown  
 Wildlife Species: \_\_\_\_\_ Town of Incident: \_\_\_\_\_  
 Owned Domestic Animal (Fill in Below)  Stray Domestic Animal (Fill in Below)  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: TWO loose HUSKIES - UTD on rabies vax  
per owner  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ANIMAL INFORMATION**

Name: \_\_\_\_\_ Species:  Canine  Feline  Other  
 Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Date of last vaccination: \_\_\_\_\_ Duration:  1-year  3-year  Unknown

Date of booster vaccination (given to current vaccinates only): \_\_\_\_\_  
 Euthanized  Date: \_\_\_\_\_ Rabies Testing  Date: \_\_\_\_\_  
 Biting/Scratching animal has Client/Patient Relationship with Reporter

**Victim Information (Vaccinate Immediately, except in cases listed below):**

- 1) Previously vaccinated within 30 days
- 2) Biting/Scratching animal is Domestic and Identified for Quarantine

Name: Krystin Wanczyk Phone: 4132669307  
 Address: 85 Narragansett Street  
 Liberty Heights  
 Springfield, Massachusetts, 01107

**ANIMAL INFORMATION**

Name: Sadie Species: Canine  
 Breed: Yorkie/poodle Color: Tri-colored

**RABIES INFORMATION: Staff must complete if Rabies is checked above**

Date of last vaccination: \_\_\_\_\_ Duration:  1-year  3-year  Unknown

Date of booster vaccination (given to current vaccinates only): \_\_\_\_\_  
 Euthanized  Date: 12/9/24 Rabies Testing  Date: \_\_\_\_\_  
 Victim has a Client/Patient Relationship with Reporter

Human Victim (record below; name, address, phone number):

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

Veterinarian: Dr. Gonzalez  
 Animal Control Phone Number: \_\_\_\_\_ Animal Control Fax Number: \_\_\_\_\_

**Veterinary Emergency & Specialty Hospital**  
 141 Greenfield Road, South Deerfield, MA 01373

This information was faxed to:  Animal Inspector  
 Owner was notified of this action:  YES

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.



**Activity Card**  
**A23-078519-1**

A23-078519-1

INV/BITE

Priority Level: 2

Total Animals: 1

Animal Type: **DOG**

**Activity Address:** 85 NARRAGANSETT ST

**Activity Comment:** Investigate bite from yesterday involving 3 husky vs 1 yorkipoo. No answer left notice and will do what I can on report

**Caller Information:**

P054391      KRYSTIN WANCZYK  
 SPRINGFIELD, MA 01107  
 85 NARRAGANSETT ST  
 (413) 266-9307

**Owner Information:**

P054391      KRYSTIN WANCZYK  
 SPRINGFIELD, MA 01107  
 85 NARRAGANSETT ST  
 (413) 266-9307

**Animal Information:**

A063017      Sadie - 12Y Spayed Tricolor Yorkshire Terr/Poodle Min

**Officer:** P027726

SIMPSON

**Clerk:** DTS

**Results:**

Call Date:                    10/22/23 10:54 AM

1 NOTIC

New Date:                    10/22/23 10:54 AM

Dispatch Date:

Working Date:                10/22/23 11:21 AM

Complete Date:              10/22/23 11:25 AM

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.



**Activity Card**  
**A24-083126-1**

**A24-083126-1**    **INV/BITEF**    Priority Level: 4    Total Animals: 2    Animal Type: **DOG**

**Activity Address:** 85 NARRAGANSETT ST

**Activity Comment:** MOR: reported bite incident that happened on shared property. Unsure which of the 2 aggressor dogs actually bit, placed both on HQUAR

**Caller Information:**

P054391    KRYSTIN WANCZYK  
 SPRINGFIELD, MA 01107  
 85 NARRAGANSETT ST  
 (413) 266-9307

**Owner Information:**

P054392    CORTNEY CHENEY  
 SPRINGFIELD, MA 01107  
 85 NARRAGANSETT ST  
 (413) 519-6163

**Animal Information:**

A063018    Kuma - 2Y Neutered Black/White Siberian Husky/Aust Cattle Dog

**Officer:** P052479    LAWSON    **Clerk:** 117246

Call Date:            12/09/24 06:10 PM  
 New Date:            12/09/24 06:10 PM  
 Dispatch Date:  
 Working Date:        12/09/24 06:15 PM  
 Complete Date:      12/09/24 06:32 PM

**Results:**

2 MC  
 2 HQUAR  
 2 RPRT

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.



**Activity Card**  
**A24-083126-2**

**A24-083126-2**    **INV/BITEF**    Priority Level: 4    Total Animals: 2    Animal Type: **DOG**

**Activity Address:** 85 NARRAGANSETT ST

**Activity Comment:** MOR: reported bite incident that happened on shared property. Unsure which of the 2 aggressor dogs actually bit, placed both on HQUAR

**Caller Information:**

P054391    KRYSTIN WANCZYK  
 SPRINGFIELD, MA 01107  
 85 NARRAGANSETT ST  
 (413) 266-9307

**Owner Information:**

P054392    CORTNEY CHENEY  
 SPRINGFIELD, MA 01107  
 85 NARRAGANSETT ST  
 (413) 519-6163

**Animal Information:**

A066329    Nikita - 5Y Spayed Black/Gray Siberian Husky

**Officer:** P052479    LAWSON    **Clerk:** 117246

Call Date:            12/09/24 06:10 PM  
 New Date:            12/09/24 06:10 PM  
 Dispatch Date:  
 Working Date:        12/09/24 06:15 PM  
 Complete Date:      12/09/24 06:32 PM

**Results:**

2 MC  
 2 HQUAR  
 2 RPRT

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.