

Post Mortem Report

Name of the client: Matto Okay

Telephone number: 01227802137

Pet Name: ___Zeus___ **Species:** _feline_____ **Sex:** ___female___ **Age:**2y

Vaccination: ___taken_____

Last Admission date: _____10 feb2026_____

Reason For Admission:

__ORS_____

Death date: _____11feb2026_____

Doctor: _____souhila_____

Brief on the case:

Zeus was presented to the clinic previously diagnosed with ORS and ready to enter tge surgery but died after surgery due to larngespasm

Death Reason: Larngespasm

Autopsy: not needed

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