

**DOCUMENT
PRODUCED IN NATIVE**

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All Medical Records

Client: **B6**

Address: **B6**

Home Phone: **B6**

Work Phone: () -

Cell Phone: **B6**

Patient: **B6**

Breed: Doberman

DOB: **B6**

Species: Canine
Sex: Female
(Spayed)

Referring Information

B6

Client: **B6**

Patient: **B6**

Initial Complaint:

Emergency

SOAP Text **B6** 6:47AM - **B6**

Subjective

NEW VISIT (ER)

Doctor: **B6** DVM

Student: **B6** V'18

Presenting complaint: Difficulty breathing

Referral visit? No, last seen around September

Diagnostics completed prior to visit: None

HISTORY:

Signalment: 9 yo FS Doberman

Current history: Difficulty breathing starting at 4:30 am this morning. Diagnosed with DCM at least 6 months ago (June

Client: B6

Patient: B6

29). Had an echo performed on her heart by a cardiologist through B6 No murmur, arrhythmia, no episodes of collapse around the time of diagnosis. Something was just off. Was started on the medications right away. Has a similar episode to this a couple times but eventually subsided. Rest respiratory rate was 34 this morning. Usually past events have been shorter and have gone away but not this. Vaccination status/flea & tick preventative use: UTD as morning. Previously these coughing episodes have only occurred at night (gets B6 in the morning). Dry coughing and breathing with effort, working really hard. Has never had something like this. Cough has been more noticeable in the last week. Was seen by the cardiologist 3 months after being diagnosed. rDVM for 3 month check up. No episodes of collapse today. 2 other dogs at home. Eating and drinking this morning. A "hoover" per O. Has been drinking a bit more than usual. B6 rDVM. No v/d/s.

Prior medical history: Hypothyroid, incontinence.

B6

Diet: Taste of the Wild prey
 n vaccines, not heartworm preventative, gets frontline plus
 Travel history: None

EXAM:

B6

C/V: No murmurs or arrhythmias ausculted. Femoral pulses good and synchronous.
 RESP: Dry coughing and increased respiratory effort both in and out of oxygen. Crackles ausculted in all lung fields.

B6

ASSESSMENT:

- A1: Cough and labored breathing r/o primary heart (secondary to previously diagnosed DCM vs CHF)-more likely vs primary lungs (pneumonia vs neoplasia)-less likely
- A2: Hemoconcentration r/o secondary to repeated B6 doses vs decreased intake vs increased losses
- A3: Hyperlactatemia r/o secondary to decreased perfusion vs dehydration

PLAN:

B6

Client: B6
Patient: B6

B6

Diagnostics completed:

B6

-2 view CXR: Diffuse pulmonary edema, more marked around the caudodorsal lung fields. Diffuse interstitial pattern also located in the cranioventral lung fields. Heart enlarged with LA enlargement impinging on the trachea at the level of the carina. Pulmonary veins larger than their corresponding artery. Final report pending.

Diagnostics pending: None

Client communication: SWO and confirmed when she was first diagnosed with DCM she was considered to be in heart failure. Said he is representing in heart failure, potential for some pneumonia component per the x-rays but it's very obvious she has fluid build up in her lungs and that's why she's coughing and not feeling well. Ultimately need to try and get her out of heart failure and have another echo performed. Don't know if she will pull out of heart failure, could be she gets better, could be she doesn't improve, need to give her the night if they want to move forward and have her be seen by a cardiologist to truly evaluate her condition and give a better idea for prognosis.

Deposit & estimate status: B6

Resuscitation code (if admitting to ICU) B6

SOAP approved (DVM to sign) B6 DVM

Nursing Note- B6 acquired 1ml vial of B6 from the omni cell. Was drawn up, never given and was later discarded by me. B6 witnessed by B6

8pm: PCV/TS recheck 48%/7.0, lac 0.8. AM PCV/TS was 70%/7.0. Pulled held purple top from AM and re-measured PCV/TS off of that sample= 60%/7.5. Ddx for large difference in PCV include previous splenic contraction from collapse event with secondary normalization vs. progressive anemia (hemorrhage vs. hemolysis). Submitted CBC/chem that was obtained this morning and held in ER fridge. B4, B6

10pm: patient tachypneic with mild effort and cheek puffing. Reviewed B6 administration today: received 70mg IV at 6:45am, 75mg IV at 8am, then not again until 75mg IV at 6pm. Gave 60 mg at 10pm, removed oral owner B6 orders and added blood pressure measurement. TFAST: Dilated LV, LA subjectively mildly enlarged, severe coalescing Blines ventrally bilaterally (same as this morning), 1-3 Blines/rib space dorsally bilatearly. B4, B6

SOAP Text B6 7:48AM - B6

INPATIENT VISIT SUMMARY:

Day 1 hospitalization for respiratory distress. B6 is a 9yo FS Doberman who presented to the B6 ER on B6 for acute respiratory distress noted a few hours prior. History of DCM diagnosed 6 months ago at B6

Client: B6

Patient: B6

Hospital (had an echo in B6 there, findings of DCM with severe cardiomegaly and pulmonary edema noted in record but no echo report in record). Also has past history of hypothyroidism, urinary incontinence (was on B6 in the past, but discontinued due to hypertension and cardiac disease). Has been on B6

B6

On presentation to Tufts ER on B6 had moderate respiratory distress and coughing up pulmonary edema fluid, was still relatively BAR. Thoracic radiographs and cursory thoracic ultrasound in ER consistent with cardiogenic pulmonary edema. Was hospitalized overnight with injectable B6 O2 supplementation, and continued B6 telemetry has shown NSR overnight. Around 10pm tachypnea noted with mild effort and cheek puffing. Reviewed B6 administration : received 70mg IV at 6:45am, 75mg IV at 8am, then not again until 75mg IV at 6pm. Gave 60 mg at 10pm, continued q8h. Otherwise has been eupneic overnight.

EXAM:

B6

C/V: Normal rate/rhythm. Grade I-II/VI heart murmur. Strong/synchronous femoral pulses.

RESP: Eupneic, normal BV sounds.

ABD: Soft, non-painful on palpation. No masses, fluid wave, or organomegaly.

B6

Client: B6
Patient: B6

PROBLEM LIST:

- Cardiogenic pulmonary edema
- Cough and labored breathing - improved to resolved
- Pulmonary crackles - resolved
- Hemoconcentration - resolved
- Cardiomegaly, heart murmur, history of DCM
- History of hypothyroidism, urinary incontinence, +/- hypertension

ASSESSMENT:

B6 is undergoing treatment for CHF, with history of DCM. Initially received ~4 mg/kg early in hospitalization, but was continued on relatively modest B6 therapy afterwards resulting in tachypnea later in the evening on B6. With addition of B6 with resolved crackles on auscultation today. At presentation was bright and ambulatory but actively expectorating pulmonary edema fluid, indicating likely severe pulmonary venous congestion. Plan to wean O2 supplementation today, likely transfer to cardiology service B6 for full consultation.

Had hemoconcentration at presentation both on point of care bloodwork and full CBC, which has not been noted subsequently. Suspect due to splenic contraction due to hypoxemia initially but serial monitoring is warranted.

PLAN:

B6

B6 DVM

ADDENDUM 2PM:

Patient was eupneic off O2 support when discontinued this morning. Owners visited 2pm and asked about taking B6 home today instead. Recommended staying regardless due to severity of pulmonary edema at presentation, and could easily facilitate cardio consult B6 but ultimately elected to take home today after confirming with cardio (B6), that open consult B6 at 1pm could be scheduled for B6. Rechecked NOVA early to check renal values (see results above). Plan TGH.

B6

Initial Complaint:

DCM, CHF

SOAP Text B6 6:47AM - B6

Subjective

NEW VISIT (ER)

Client: B6
Patient: B6

Doctor: B6

Presenting complaint: increased RR/RE, Hx DCM

Referral visit?

Diagnostics completed prior to visit

HISTORY:

Signalment: 9 yo FS Doberman

Current history:

Prior medical history: DCM

Current medications:

Diet:

Vaccination status/flea & tick preventative use:

Travel history:

EXAM:

S:

O: Wt - T: P: R:

BCS(1-9):

MCS(normal,mild,moderate,severe):

Hydration:

EENT:

PLN:

C/V:

RESP:

ABD:

GU:

MSI:

NEURO:

Pain Present(YorN)? Pain Score(0-4):

RECTAL:

ASSESSMENT:

A1:

A2:

A3:

PLAN:

B6

Diagnostics completed:

Client: **B6**
Patient: **B6**

Diagnostics pending:

Client communication:

Deposit & estimate status:

Resuscitation code (if admitting to ICU):

SOAP approved (DVM to sign):

SOAP Text **B6** 9:50AM - Clinician, Unassigned FHSA

Subjective

B6

Overall impression since arrival or since last exam: Presented early this morning with severe dyspnea and coughing of pulmonary edema. Since the administration of furosemide, only mild improvement has been noticed and the patient still has moderate increased RE and is still coughing.

Appetite: No food offered yet.

B6

Heart: II/VI left apical systolic heart murmur, no arrhythmia. Jugular vein 1/2 way up the neck. Fair femoral pulses synchronized with heart beats.

Lungs: dyspneic, severe diffuse lung crackles. Suspected pulmonary edema/discharge on blankets.

B6

Client: B6
Patient: B6

B6

Assessments

A1: Coughing, diffuse crackles, and increased abdominal effort when breathing ro active CHF vs. pneumonia vs. primary lung disease
A3: II/VI left apical systolic murmur secondary to advanced DCM

Plan

B6

SOAP completed by: B6 V18
SOAP reviewed by: B6 DVM

SOAP Text B6 7:27AM - Clinician, Unassigned FHSA

Subjective

Signalment: 9yo SF Doberman

Days of hospitalization: 1

B6

B6

Client: B6
Patient: B6

B6

Overall impression since arrival or since last exam: Stable. B6 looked really good last night and this morning she doesn't look as good as what we were hoping for. She is still markedly improved compared to when she came in early last morning. However, she still has mild to moderate abdominal effort and her RR this morning was back to 40. Suspect that she didn't get enough B6 overnight or that because her IV catheter was not potent, she didn't get an B6 for an unknown period of time.

Appetite: very good appetite, eats all her meals

B6

Heart: II/VI left apical systolic murmur. No arrhythmia during auscultation. Femoral pulses fair to good and synchronized with heart beats. Jugular vein bottom 1/3 of the neck.

Lungs: Mild to moderate increased respiratory rate and effort. Mild crackles that are mostly ventral today and are improved compared to yesterday.

B6

Pending diagnostics (2/3):
- NOVA

Assessments

A1: Coughing, diffuse crackles, and increased abdominal effort when breathing r/o active CHF vs. pneumonia vs. primary lung disease

A2: II/VI left apical systolic murmur secondary to advanced DCM

B6

Client: B6

Patient: B6

B6

SOAP completed by: B6 V18

SOAP reviewed by: B6 DVM

SOAP Text B6 7:16AM - Clinician, Unassigned FHSA

Subjective

Signalment: 9yo SF Doberman

Days of hospitalization: 2

Presented to ER on B6 for coughing episode. History of DCM, confirmed on admittance on echocardiogram. Monitored during the day and overnight with telemetry. O B6) which was started on B6 at 10am but her catheter was not patent yesterday morning so it is unclear when she stopped receiving it. Discontinued yesterday afternoon, started on B6 ID (last dose at 6am). Last dose of B6 00am, given q6-8hrs/as needed. Has had stable RR of 24-28, will increase up to 36-44 breaths/min 6-8hrs after last dose of Furosemide. EKG shows sinus tachycardia in the last 24hrs (had VPCs with occasional bigemy on B6). Good appetite, ambulatory, and urinates in cage and outside.

(S) T: 100.9

HR: 124

RR: 24, mild abdominal effort

Mentation: QAR but overall brighter than yesterday.

Hydration: Euhydrated. Mucous membrane pink and a little dry. CRT <2sec. Drinks willingly and there's water in bowl

Overall impression since arrival or since last exam: B6 is improved from yesterday. She still has mild abdominal effort (RR is 24). LF IVC is not patent and therefore was removed and bandaged. (RF has reduced edema, though B6 is licking it occasionally).

Appetite: very good appetite, eats all her meals

(O)

B6

Client: B6
Patient: B6

B6

Assessments

A1: Coughing, diffuse crackles, and increased abdominal effort when breathing secondary to CHF
A2: II/VI left apical systolic murmur secondary to advanced DCM

Plan

B6

SOAP completed by: B6 V18
SOAP reviewed by: B6 DVM

Initial Complaint:

Emergency

SOAP Text B6 5:26PM - Clinician, Unassigned FHSA

Subjective

NEW VISIT (ER)

Doctor: B6
Student: B6 V'18
Presenting complaint: Inc. RE, Coughing

Client: **B6**

Patient: **B6**

Referral visit? Yes

Diagnostics completed prior to visit: **B6**

HISTORY:

Signalment: 9 y/o FS Doberman

Current history:

B6

Diet: Taste of the wild dry food

Vaccination status/flea & tick preventative use:

EXAM:

B6

C/V: NSR, Grade II/VI left apical systolic murmur, NSR, fair but synchronous pulses

RESP: Dyspneic outside of O2, inc lung sounds, crackles present bilaterally

B6

ASSESSMENT:

A1: CHF - R/O secondary to decreased lasix dose

A2: Lethargy - r/o CHF secondary to DCM

A3: DCM

PLAN:

Client: B6

Patient: B6

P1: Hospitalize overnight (possibly through the weekend) - continue O2 support

B6

Diagnostics completed: None

Diagnostics pending: None

Client communication:

Discussed that currently on B6 Confirmed that no inappetance or vomiting seen at higher dose of Lasix. Informed that looks okay relative to her last visit, but given breed and condition can often take several days of hospitalization to fully stabilize. Plan is to increase B6 Going forward would like to start B6 having kidney values at high end of normal range is less important than protecting her heart. O wants to better know how to get ahead of things - informed that if seeing lethargy okay to go ahead and give another dose of B6 at that point to try to head off a true CHF since that seems to be her routine, most animals tend to see inc. RE first but that doesn't seem to be the case there.

Deposit & estimate status: B6

Resuscitation code (if admitting to ICU): B6

SOAP approved (DVM to sign): B6 DVM

SOAP Text B6 2:27PM - B6

Subjective

NEW VISIT (ER)

Doctor: B6

Student: B6 V'18

Presenting complaint: Inc. RE, Coughing

Referral visit? Yes

Diagnostics completed prior to visit BW

HISTORY:

Signalment: 9 y/o FS Doberman

Current history:

Hx of DCM, around 11:30a today began coughing, lethargic, called rDVM who recommended come in, stayed there for a couple hours, give B6 Didn't improve much at rDVM, but it has historically taken some time for her to improve on B6 brought home, but found that got worse when laid down. Last time had an episode took her awhile to come out of it, wanted to get ahead of problems this time. Last here two months ago. O are very observant of energy levels, has

Client: B6

Patient: B6

been slightly decreased last couple days - this typically precedes cardiac events.

Owner gave 120 mg B6 PO per RDVM records, then RDVM gave 150 B6 / twice and 10 mg B6 - total of 300 mg B6 at RDVM before transfer (11 mg/kg IV)

Prior medical history: None

B6

Diet: Taste of the wild dry food

Vaccination status/flea & tick preventative use:

EXAM:

B6

C/V: NSR, Grade II/VI left apical systolic murmur, NSR, fair but synchronous pulses

RESP: Dyspneic outside of O2, inc lung sounds, crackles present bilaterally

B6

ASSESSMENT:

A1: CHF - R/O secondary to decreased lasix dose

A2: Lethargy - r/o CHF secondary to DCM

A3: DCM

PLAN:

B6

Client: B6
Patient: B6

Diagnostics completed: None

Diagnostics pending: None

Client communication:

Discussed that currently on 40mg B6 previously was on 60 mg B6. Confirmed that no inappetance or vomiting seen at higher dose of B6. Informed that looks okay relative to her last visit, but given breed and condition can often take several days of hospitalization to fully stabilize. Plan is to increase B6 dose and to increase B6 to TID. Going forward would like to stay on 60mg B6. Having kidney values at high end of normal range is less important than protecting her heart. O wants to better know how to get ahead of things - informed that if seeing lethargy okay to go ahead and give another dose of Lasix at that point to try to head off a true CHF since that seems to be her routine, most animals tend to see inc. RE first but that doesn't seem to be the case there.

Deposit & estimate status: B6

Resuscitation code (if admitting to ICU) B6

SOAP approved (DVM to sign): B6 DVM

SOAP Text B6 2:28PM - B6

9 y/o FS Doberman

History:

- Known DCM
- Recently dos B6 was decreased via rDVM due to concerns of creat reaching high normal
- Yesterday coughing and lethargic: rDVM have 11 mg/kg lasix total and referred
- Previous CHF episodes have been reportedly severe (last here 2m ago)
- O are very observant of energy levels, has been slightly decreased last couple days - this typically proceeds cardiac events.

B6

EXAM:

B6

C/V: NSR, Grade II/VI left apical systolic murmur, NSR, fair but synchronous pulses

RESP: URT NSF; LRT no crackles/wheezes, effort normal, stable out of oxygen

B6

Client: B6
Patient: B6

B6

ASSESSMENT:

A1: CHF - R/O secondary to decreased lasix dose
A2: Lethargy - r/o CHF secondary to DCM
A3: DCM

PLAN:

B6

Diagnostics completed: None

Diagnostics pending: None

Client communication:

Doing much better, ready to go home, breathing comfortably.
Will increase B6 for the time being per cardio's rec.

B6

Initial Complaint:

CHF

SOAP Text B6 8:39PM - B6

Subjective

NEW VISIT (ER)

Doctor: B6

Presenting complaint: Increased respiratory rate
Referral visit? NO
Diagnostics completed prior to visit

HISTORY:

Signalment: 9 yo DS Doberman

Current history: This afternoon, was playing outside with the other dogs. Normal activity level. After she came inside, seemed to be breathing with more effort and coughed once. Gave an extra 120 mg B6 17:45 but didnt seemed to help. Gave the rest of her meds tonight. Ate with appetite. No V/D. Seemed to be doing well at home since the last

Client: B6
Patient: B6

discharge at the end of March.
Prior medical history: DCM, Hypothyroidism

B6

EXAM:

B6

C/V: NSR, Grade II/VI left apical systolic murmur, FPSS
RESP: Increased BVs bilaterally, crackles caudodorsally bilaterally, no wheezes

B6

ASSESSMENT:

A1: Tachypnea with increased BV and crackles: CHF secondary to DCM
A2: DCM

PLAN:

B6

Diagnostics pending:
None

Client: B6

Patient: B6

Client communication: Discussed with the O that B6 is most likely back in CHF. Would recommend that she stays in ICU for oxygen and discuss with cardiology if we can play with her medication still. Always a concern about the kidney since the last time they were slightly elevated (but not as important as the heart). O was a emotionnal and doesnt think its time for her to go still but is realistic.

Deposit & estimate status: B6

Resuscitation code (if admitting to ICU): B6

SOAP approved (DVM to sign): B6 DVM

SOAP Text B6 7:20AM - Clinician, Unassigned FHSA

History:

B6 a 9 yo SF Doberman, presented to the ER last night for acute onset of dyspnea and coughing. Has been a patient of cardiology and has a history of DCM and has been in CHF 3 times.

Overall impression since arrival or since last exam:

B6 respiratory effort has decreased from severe to moderate since presentation last night, but she still has persistently increased respiratory rate and effort and is still dyspneic. Her extremities felt cold and she appeared lethargic this morning, not lifting her head when we opened the cage.

B6

Heart: Grade II/VI left apical systolic murmur. Femoral pulses strong and synchronous. Jugular vein normal distension in lower 1/3 of neck.

Lungs: Increased RR (48) and moderate inspiratory effort. Crackles heard caudoventrally. Increased bronchial sounds (heaving) heard caudodorsally bilaterally.

B6

Client: B6
Patient: B6

Assessments

A1: Tachypnea with inspiratory effort, increased BV sounds and crackled - CHF secondary to DCM
A2: DCM

B6

Plan

B6

SOAP completed by: B6 V19
SOAP reviewed by: B6 DVM

SOAP Text B6 7:35AM - Clinician, Unassigned FHSA

History:

B6 is a 9 yo SF Doberman who presented to the ER on the evening of B6 for an acute onset of dyspnea and coughing after exercise. She is a patient of Tufts Cardiology and was diagnosed with DCM in January 2018. Has a history of 3 CHF episodes since that time.

Overall impression since arrival or since last exam:

B6 respiratory effort has decreased from moderate to slight since yesterday morning. Her respiratory rate was between 28-36 (down from 40-54). She has been walked outside with normal urinations and defecations B6 (50mg SQ) frequency was decreased from q4 to q6 yesterday and to q8 this morning. Last dose was given at 7:30AM. ECG Monitor was She sat up when I visited her in the cage this morning and seems brighter!

Current Medications:

B6

B6

Client: B6
Patient: B6

B6

Heart: Grade II/VI left apical systolic murmur. Femoral pulses strong and synchronous. Jugular vein normal distension in lower 1/3 of neck.

Lungs: Mildly increased RR (34) and mild inspiratory effort. Increased bronchial sounds (heaving) heard caudodorsally bilaterally. No crackles or wheezes ausculted.

B6

B6

CXR: Patchy interstitial infiltrate with pulmonary venous distention, cardiomegaly, and scant pleural effusion most likely represents decompensated congestive heart failure with atypical distribution of cardiogenic pulmonary edema

Assessments

A1: Tachypnea with inspiratory effort, increased BV sounds- CHF secondary to DCM
A2: DCM

B6

Plan

B6

SOAP completed by: B6 V19
SOAP reviewed by:

SOAP Text B6 7:44AM - Clinician, Unassigned FHSA

History:

B6 is a 9 yo SF Doberman who presented to the ER on the evening of B6 for an acute onset of dyspnea and coughing after exercise. She is a patient of Tufts Cardiology and was diagnosed with DCM in January 2018. Has a history of 3 CHF episodes since that time.

Client: **B6**

Patient: **B6**

Overall impression since arrival or since last exam:

B6 has been stable outside of the oxygen cage with a stable RR of 24-32 and slight effort. She has been walked outside with normal urinations and defecation. **B6** frequency was decreased from q8 to q12 since yesterday. **B6** was tapered and d/c yesterday morning. ECG Monitor overnight showed VPCs and bigeminy that then stabilized back to normal sinus rhythm. She stood up and greeted us at the front of her run this morning!

Current Medications:

B6

B6

Heart: Grade II/VI left apical systolic murmur. Femoral pulses strong and synchronous. Jugular vein normal distension in lower 1/3 of neck.

Lungs: Mildly increased RR (32) and mild inspiratory effort. Mild bronchial sounds (heaving) heard caudodorsally bilaterally (decreased from yesterday). No crackles or wheezes ausculted.

B6

B6

CXR: Patchy interstitial infiltrate with pulmonary venous distention, cardiomegaly, and scant pleural effusion most likely represents decompensated congestive heart failure with atypical distribution of cardiogenic pulmonary edema

Assessments

A1: Mild tachypnea secondary to recovering CHF due to DCM

Client: B6

Patient: B6

A2: DCM

B6

Plan

B6

SOAP completed by: B6 V19

SOAP reviewed by: B6 DVM

SOAP Text B6 2018 11:27AM - B6

IGNORE

Initial Complaint:

Recheck B6

SOAP Text Oct 4 2018 11:47AM - B6

Disposition/Recommendations

Client: **B6**
Patient: **B6**

Client: B6

Patient: B6



Foster Hospital for Small Animals

55 Willard Street
North Grafton, MA 01536
(508) 839-5395

Client: B6
Veterinarian:
Patient ID: B6
Visit ID:

Patient: B6
Species: Canine
Breed: Doberman
Sex: Female (Spayed)
Age: B6 Years Old

Lab Results Report

Nova Full Panel-ICU B6 6:47:25 AM Accession ID: B6

Table with 4 columns: Test, Results, Reference Range, Units. Results column is redacted with 'B6'. Tests include SO2%, HCT (POC), HB (POC), NA (POC), K (POC), CL(POC), CA (ionized), MG (POC), GLUCOSE (POC), LACTATE, BUN (POC), CREAT (POC), TCO2 (POC), nCA, nMG, GAP, CA/MG, BEecf, BEb, A, NOVA SAMPLE.

Client: **B6**
 Patient: **B6**

FiO2	B6	0 - 0	%
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
PH		7.337 - 7.467	
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
HCO3		18 - 24	mmol/L

Nova Full Panel-ICU **B6** 6:52:28 AM Accession ID: **B6**

Test	Results	Reference Range	Units
TS (FHSA)	B6	0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl

Nova Full Panel-ICU **B6** 6:59:12 PM Accession ID: **B6**

Test	Results	Reference Range	Units
WBC (ADVIA)	B6	4.4 - 15.1	K/uL
RBC(ADVIA)		5.8 - 8.5	M/uL
HGB(ADVIA)		13.3 - 20.5	g/dL
HCT(ADVIA)		39 - 55	%
MCV(ADVIA)		64.5 - 77.5	fL
MCH(ADVIA)		21.3 - 25.9	pg
MCHC(ADVIA)		31.9 - 34.3	g/dL
RDW (ADVIA)		11.9 - 15.2	
PLT(ADVIA)		173 - 486	K/uL
MPV (ADVIA)		8.29 - 13.2	fl
RETIC(ADVIA)		0.2 - 1.6	%
RETICS (ABS) ADVIA		14.7 - 113.7	K/uL
COMMENTS (HEMATOLOGY)		0 - 0	

Moderate hemolysis, 10-25 platelets/ 100x field (estimated count of 200,000-500,000/ul)

Nova Full Panel-ICU **B6** 6:59:28 PM Accession ID: **B6**

Test	Results	Reference Range	Units
GLUCOSE	B6	67 - 135	mg/dL
UREA		8 - 30	mg/dL
CREATININE		0.6 - 2	mg/dL
PHOSPHORUS		2.6 - 7.2	mg/dL
CALCIUM2		9.4 - 11.3	mg/dL
MAGNESIUM 2+		1.8 - 3	mEq/L
T. PROTEIN		5.5 - 7.8	g/dL
ALBUMIN		2.8 - 4	g/dL
GLOBULINS		2.3 - 4.2	g/dL
A/G RATIO		0.7 - 1.6	

Client: B6

Patient: B6

SODIUM		140 - 150	mEq/L
CHLORIDE		106 - 116	mEq/L
POTASSIUM		3.7 - 5.4	mEq/L
tCO2 (BICARB)		14 - 28	mEq/L
AGAP		8 - 19	
NA/K		29 - 40	
T BILIRUBIN		0.1 - 0.3	mg/dL
D.BILIRUBIN		0 - 0.1	mg/dL
I BILIRUBIN		0 - 0.2	mg/dL
ALK PHOS		12 - 127	U/L
GGT		0 - 10	U/L
ALT		14 - 86	U/L
AST		9 - 54	U/L
CK		22 - 422	U/L
CHOLESTEROL		82 - 355	mg/dL
TRIGLYCERIDES		30 - 338	mg/dl
AMYLASE		409 - 1250	U/L
OSMOLALITY (CALCULATED)		291 - 315	mmol/L
COMMENTS (CHEMISTRY)		0 - 0	

B6

Nova Full Panel-ICU **B6** 9:59:09 PM **Accession ID: B6**

Test	Results	Reference Range	Units
SEGS%		43 - 86	%
LYMPHS%		7 - 47	%
MONOS%		1 - 15	%
EOS%		0 - 16	%
SEGS (AB)ADVIA		2.8 - 11.5	K/uL
LYMPHS (ABS)ADVIA		1 - 4.8	K/uL
MONOS (ABS)ADVIA		0.1 - 1.5	K/uL
EOS (ABS)ADVIA		0 - 1.4	K/uL
WBC MORPHOLOGY		0 - 0	
No Morphologic Abnormalities			
CRENATION		0 - 0	

B6

Nova Full Panel-ICU **B6** 7:18:23 PM **Accession ID: B6**

Test	Results	Reference Range	Units
TS (FHSA)		0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl

B6

Nova Full Panel-ICU **B6** 7:26:12 PM **Accession ID: B6**

Test	Results	Reference Range	Units
Lactate Test (ER) - FHSA		0 - 0	mmol/L

B6

26/193

B6

Printed Monday, October 08, 2018

Client: B6

Patient: B6

Nova Full Panel-ICU **B6** 2:25:25 PM **Accession ID: B6**

Test	Results	Reference Range	Units
SO2%	B6	94 - 100	%
HCT (POC)		38 - 48	%
HB (POC)		12.6 - 16	g/dL
NA (POC)		140 - 154	mmol/L
K (POC)		3.6 - 4.8	mmol/L
CL(POC)		109 - 120	mmol/L
CA (ionized)		1.17 - 1.38	mmol/L
MG (POC)		0.1 - 0.4	mmol/L
GLUCOSE (POC)		80 - 120	mg/dL
LACTATE		0 - 2	mmol/L
BUN (POC)		12 - 28	mg/dL
CREAT (POC)		0.2 - 2.1	mg/dL
TCO2 (POC)		0 - 0	mmol/L
nCA		0 - 0	mmol/L
nMG		0 - 0	mmol/L
GAP		0 - 0	mmol/L
CA/MG		0 - 0	mol/mol
BEecf		0 - 0	mmol/L
BEb		0 - 0	mmol/L
A		0 - 0	mmHg
NOVA SAMPLE		0 - 0	
FiO2		0 - 0	%
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
PH		7.337 - 7.467	
PCO2	36 - 44	mmHg	
PO2	80 - 100	mmHg	
HCO3	18 - 24	mmol/L	

Nova Full Panel-ICU **B6** 2:35:47 PM **Accession ID: B6**

Test	Results	Reference Range	Units
TS (FHSA)	B6	0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl

Nova Full Panel-ICU **B6** 1:26:25 PM **Accession ID: B6**

Test	Results	Reference Range	Units
SO2%	B6	94 - 100	%
HCT (POC)		38 - 48	%
HB (POC)		12.6 - 16	g/dL

Client: **B6**

Patient: **B6**

NA (POC)		140 - 154	mmol/L
K (POC)		3.6 - 4.8	mmol/L
CL(POC)		109 - 120	mmol/L
CA (ionized)		1.17 - 1.38	mmol/L
MG (POC)		0.1 - 0.4	mmol/L
GLUCOSE (POC)		80 - 120	mg/dL
LACTATE		0 - 2	mmol/L
BUN (POC)		12 - 28	mg/dL
CREAT (POC)		0.2 - 2.1	mg/dL
TCO2 (POC)		0 - 0	mmol/L
nCA		0 - 0	mmol/L
nMG		0 - 0	mmol/L
GAP		0 - 0	mmol/L
CA/MG		0 - 0	mol/mol
BEecf		0 - 0	mmol/L
BEb		0 - 0	mmol/L
A		0 - 0	mmHg
NOVA SAMPLE		0 - 0	
FiO2		0 - 0	%
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
PH		7.337 - 7.467	
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
HCO3		18 - 24	mmol/L

B6

Nova Full Panel-ICU **B6** 1:28:37 PM Accession ID: **B6**

Test	Results	Reference Range	Units
TS (FHSA)	B6	0 - 0	g/dl
PCV **	B6	0 - 0	%
TS (FHSA)	B6	0 - 0	g/dl

Nova Full Panel-ICU **B6** 9:01:25 AM Accession ID: **B6**

Test	Results	Reference Range	Units
SO2%		94 - 100	%
HCT (POC)		38 - 48	%
HB (POC)		12.6 - 16	g/dL
NA (POC)		140 - 154	mmol/L
K (POC)		3.6 - 4.8	mmol/L
CL(POC)		109 - 120	mmol/L
CA (ionized)		1.17 - 1.38	mmol/L
MG (POC)		0.1 - 0.4	mmol/L

B6

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B6

Printed Monday, October 08, 2018

Client: B6

Patient: B6

GLUCOSE (POC)	80 - 120	mg/dL
LACTATE	0 - 2	mmol/L
BUN (POC)	12 - 28	mg/dL
CREAT (POC)	0.2 - 2.1	mg/dL
TCO2 (POC)	0 - 0	mmol/L
nCA	0 - 0	mmol/L
nMG	0 - 0	mmol/L
GAP	0 - 0	mmol/L
CA/MG	0 - 0	mol/mol
BEeef	0 - 0	mmol/L
BEb	0 - 0	mmol/L
A	0 - 0	mmHg
NOVA SAMPLE	0 - 0	
FiO2	0 - 0	%
PCO2	36 - 44	mmHg
PO2	80 - 100	mmHg
PH	7.337 - 7.467	
PCO2	36 - 44	mmHg
PO2	80 - 100	mmHg
HCO3	18 - 24	mmol/L

B6

Nova Full Panel-ICU **B6** 9:03:54 AM **Accession ID: B6**

Test	Results	Reference Range	Units
TS (FHSA)	B6	0 - 0	g/dl
PCV **	B6	0 - 0	%
TS (FHSA)	B6	0 - 0	g/dl

Nova Full Panel-ICU **B6** 9:00:25 AM **Accession ID: B6**

Test	Results	Reference Range	Units
SO2%	B6	94 - 100	%
HCT (POC)	B6	38 - 48	%
HB (POC)	B6	12.6 - 16	g/dL
NA (POC)	B6	140 - 154	mmol/L
K (POC)	B6	3.6 - 4.8	mmol/L
CL(POC)	B6	109 - 120	mmol/L
CA (ionized)	B6	1.17 - 1.38	mmol/L
MG (POC)	B6	0.1 - 0.4	mmol/L
GLUCOSE (POC)	B6	80 - 120	mg/dL
LACTATE	B6	0 - 2	mmol/L
BUN (POC)	B6	12 - 28	mg/dL
CREAT (POC)	B6	0.2 - 2.1	mg/dL
TCO2 (POC)	B6	0 - 0	mmol/L

B6

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B6

Printed Monday, October 08, 2018

Client: **B6**
 Patient: **B6**

nCA		0 - 0	mmol/L
nMG		0 - 0	mmol/L
GAP		0 - 0	mmol/L
CA/MG		0 - 0	mol/mol
BEecf		0 - 0	mmol/L
BEb		0 - 0	mmol/L
A		0 - 0	mmHg
NOVA SAMPLE		0 - 0	
FiO2		0 - 0	%
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
PH		7.337 - 7.467	
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
HCO3		18 - 24	mmol/L

B6

Nova Full Panel-ICU		B6	9:11:17 AM	Accession ID: B6
Test	Results	Reference Range	Units	
TS (FHSA)		0 - 0	g/dl	
PCV **		0 - 0	%	
TS (FHSA)		0 - 0	g/dl	

B6

Nova Full Panel-ICU		B6	9:53:25 PM	Accession ID: B6
Test	Results	Reference Range	Units	
SO2%		94 - 100	%	
HCT (POC)		38 - 48	%	
HB (POC)		12.6 - 16	g/dL	
NA (POC)		140 - 154	mmol/L	
K (POC)		3.6 - 4.8	mmol/L	
CL(POC)		109 - 120	mmol/L	
CA (ionized)		1.17 - 1.38	mmol/L	
MG (POC)		0.1 - 0.4	mmol/L	
GLUCOSE (POC)		80 - 120	mg/dL	
LACTATE		0 - 2	mmol/L	
BUN (POC)		12 - 28	mg/dL	
CREAT (POC)		0.2 - 2.1	mg/dL	
TCO2 (POC)		0 - 0	mmol/L	
nCA		0 - 0	mmol/L	
nMG		0 - 0	mmol/L	
GAP		0 - 0	mmol/L	
CA/MG		0 - 0	mol/mol	
BEecf		0 - 0	mmol/L	

B6

Client: **B6**
 Patient: **B6**

BEB	B6	0 - 0	mmol/L
A		0 - 0	mmHg
NOVA SAMPLE		0 - 0	
FiO2		0 - 0	%
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
PH		7.337 - 7.467	
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
HCO3		18 - 24	mmol/L

Nova Full Panel-ICU **B6** 10:00:54 PM Accession ID: **B6**

Test	Results	Reference Range	Units
TS (FHSA)	B6	0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl

Nova Full Panel-ICU **B6** 1:19:25 PM Accession ID: **B6**

Test	Results	Reference Range	Units
SO2%	B6	94 - 100	%
HCT (POC)		38 - 48	%
HB (POC)		12.6 - 16	g/dL
NA (POC)		140 - 154	mmol/L
K (POC)		3.6 - 4.8	mmol/L
CL(POC)		109 - 120	mmol/L
CA (ionized)		1.17 - 1.38	mmol/L
MG (POC)		0.1 - 0.4	mmol/L
GLUCOSE (POC)		80 - 120	mg/dL
LACTATE		0 - 2	mmol/L
BUN (POC)		12 - 28	mg/dL
CREAT (POC)		0.2 - 2.1	mg/dL
TCO2 (POC)		0 - 0	mmol/L
nCA		0 - 0	mmol/L
nMG		0 - 0	mmol/L
GAP		0 - 0	mmol/L
CA/MG		0 - 0	mol/mol
BEecf		0 - 0	mmol/L
BEB		0 - 0	mmol/L
A		0 - 0	mmHg
NOVA SAMPLE		0 - 0	
FiO2		0 - 0	%
PCO2		36 - 44	mmHg

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B6

Printed Monday, October 08, 2018

Client: **B6**
 Patient: **B6**

PO2	B6	80 - 100	mmHg
PH		7.337 - 7.467	
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
HCO3		18 - 24	mmol/L

Nova Full Panel-ICU **B6** 1:27:48 PM Accession ID: **B6**

Test	Results	Reference Range	Units
TS (FHSA)	B6	0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl

Nova Full Panel-ICU **B6** 1:34:25 PM Accession ID: **B6**

Test	Results	Reference Range	Units
SO2%	B6	94 - 100	%
HCT (POC)		38 - 48	%
HB (POC)		12.6 - 16	g/dL
NA (POC)		140 - 154	mmol/L
K (POC)		3.6 - 4.8	mmol/L
CL(POC)		109 - 120	mmol/L
CA (ionized)		1.17 - 1.38	mmol/L
MG (POC)		0.1 - 0.4	mmol/L
GLUCOSE (POC)		80 - 120	mg/dL
LACTATE		0 - 2	mmol/L
BUN (POC)		12 - 28	mg/dL
CREAT (POC)		0.2 - 2.1	mg/dL
TCO2 (POC)		0 - 0	mmol/L
nCA		0 - 0	mmol/L
nMG		0 - 0	mmol/L
GAP		0 - 0	mmol/L
CA/MG		0 - 0	mol/mol
BEecf		0 - 0	mmol/L
BEb		0 - 0	mmol/L
A		0 - 0	mmHg
NOVA SAMPLE		0 - 0	
FiO2		0 - 0	%
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
PH		7.337 - 7.467	
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
HCO3		18 - 24	mmol/L

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B6

Printed Monday, October 08, 2018

Client: Nault, Kendra
 Patient: Moxie

Nova Full Panel-ICU			
	B6	1:37:38 PM	Accession ID: B6
Test	Results	Reference Range	Units
TS (FHSA)	B6	0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl

Nova Full Panel-ICU			
	B6	9:43:21 AM	Accession ID: B6
Test	Results	Reference Range	Units
GLUCOSE	B6	67 - 135	mg/dL
UREA		8 - 30	mg/dL
CREATININE		0.6 - 2	mg/dL
PHOSPHORUS		2.6 - 7.2	mg/dL
CALCIUM2		9.4 - 11.3	mg/dL
T. PROTEIN		5.5 - 7.8	g/dL
ALBUMIN		2.8 - 4	g/dL
GLOBULINS		2.3 - 4.2	g/dL
A/G RATIO		0.7 - 1.6	
SODIUM		140 - 150	mEq/L
CHLORIDE		106 - 116	mEq/L
POTASSIUM		3.7 - 5.4	mEq/L
NA/K		29 - 40	
T BILIRUBIN		0.1 - 0.3	mg/dL
D.BILIRUBIN		0 - 0.1	mg/dL
I BILIRUBIN		0 - 0.2	mg/dL
ALK PHOS		12 - 127	U/L
ALT		14 - 86	U/L
AST		9 - 54	U/L
CHOLESTEROL		82 - 355	mg/dL
OSMOLALITY (CALCULATED)	291 - 315	mmol/L	
COMMENTS (CHEMISTRY)	0 - 0		

Nova Full Panel-ICU			
	B6	10:08:17 AM	Accession ID: B6
Test	Results	Reference Range	Units
TS (FHSA)	B6	0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl

Client: B6

Patient: B6

RDVM B6 medical records 1/28/16-9/26/17

B6

B6

B6

PAGE 001/01

SCANNED

B6

B6

FAX COVER SHEET

Date: 1/28/17

From:

To: B6

Re:

Fax: B6

Att:

Pages (including cover sheet): 2/2

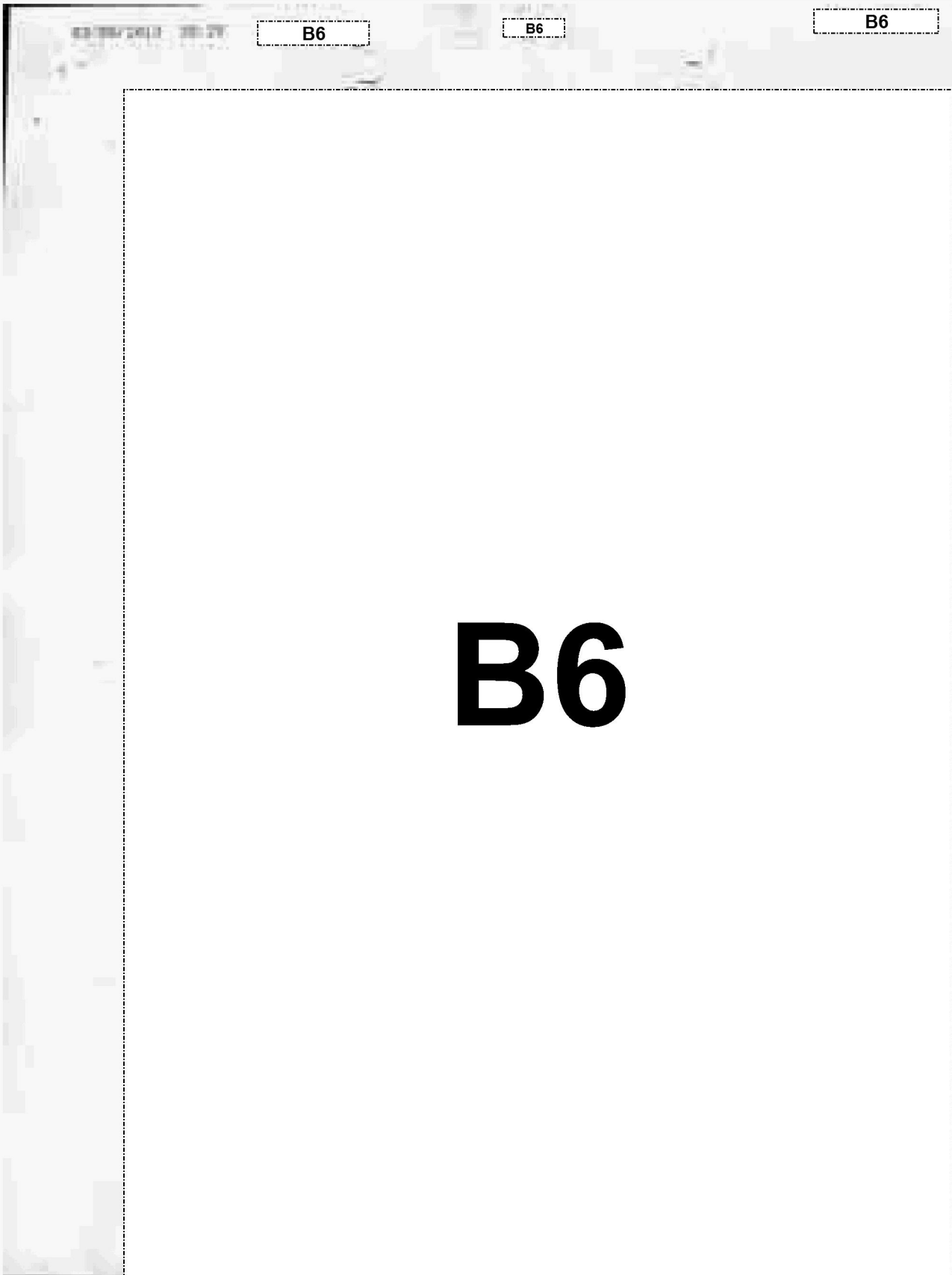
Urgent Please Reply For Review FYI

Additional Info: B6

Client: **B6**

Patient: **B6**

RDVM **B6** medical records 1/28/16-9/26/17



Client: **B6**
Patient: **B6**

RDVM **B6** medical records 1/28/16-9/26/17

B6

B6

B6

B6

B6

Client: B6

Patient: B6

RDVM: B6 medical records 1/28/16-9/26/17

B6

B6

B6

B6

Client: B6

Patient: B6

RDVM B6 medical records 1/28/16-9/26/17

B6

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Client: B6
Patient: B6

RDVM: B6 medical records 1/28/16-9/26/17

B6

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Client: **B6**
Patient: **B6**

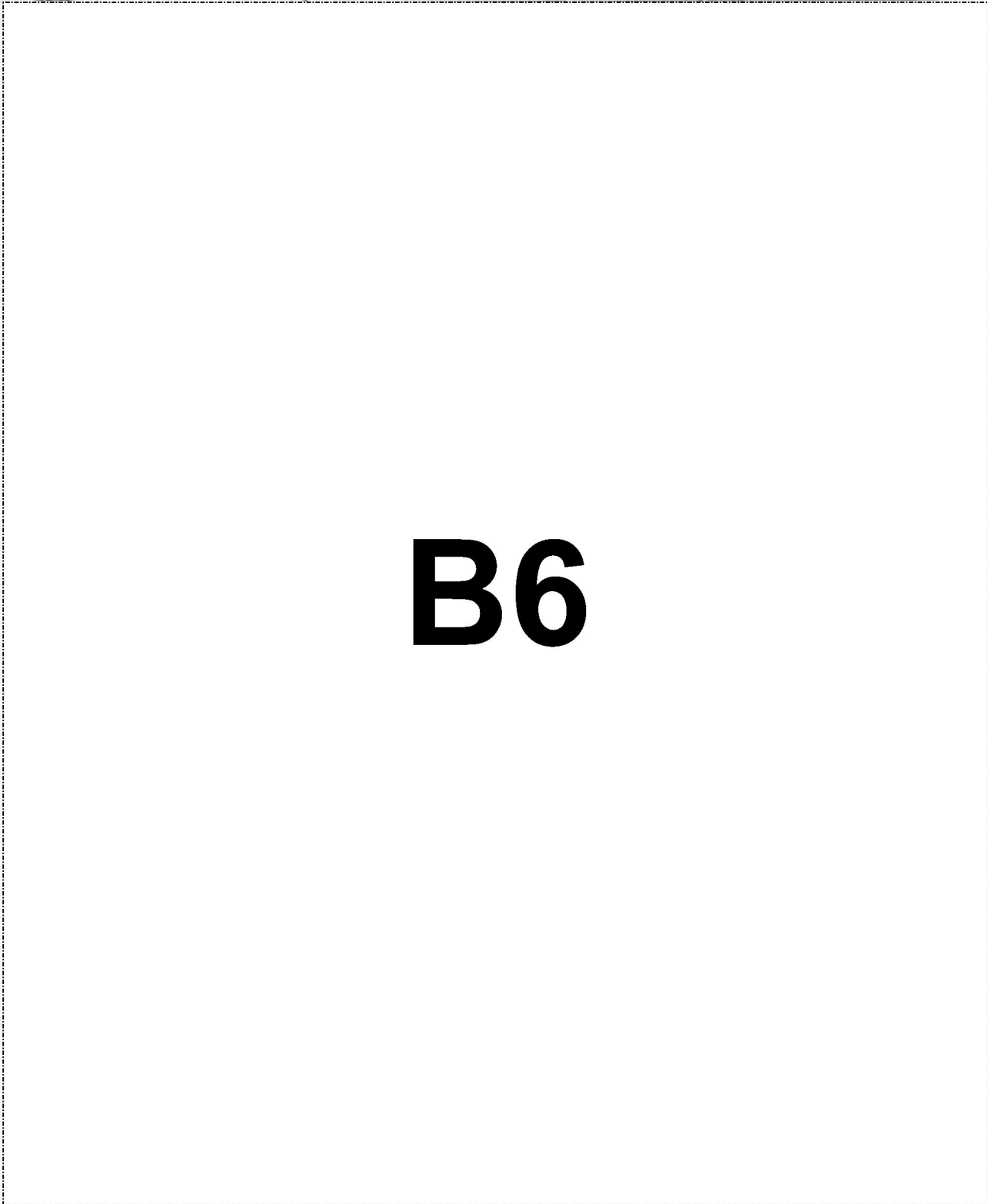
RDVM **B6** medical records 1/28/16-9/26/17

B6

B6

B6

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Client: B6

Patient: B6

RDVM B6 medical records 1/28/16-9/26/17

B6

B6

B6

Client: **B6**
Patient: **B6**

RDVM **B6** medical records 1/28/16-9/26/17

B6

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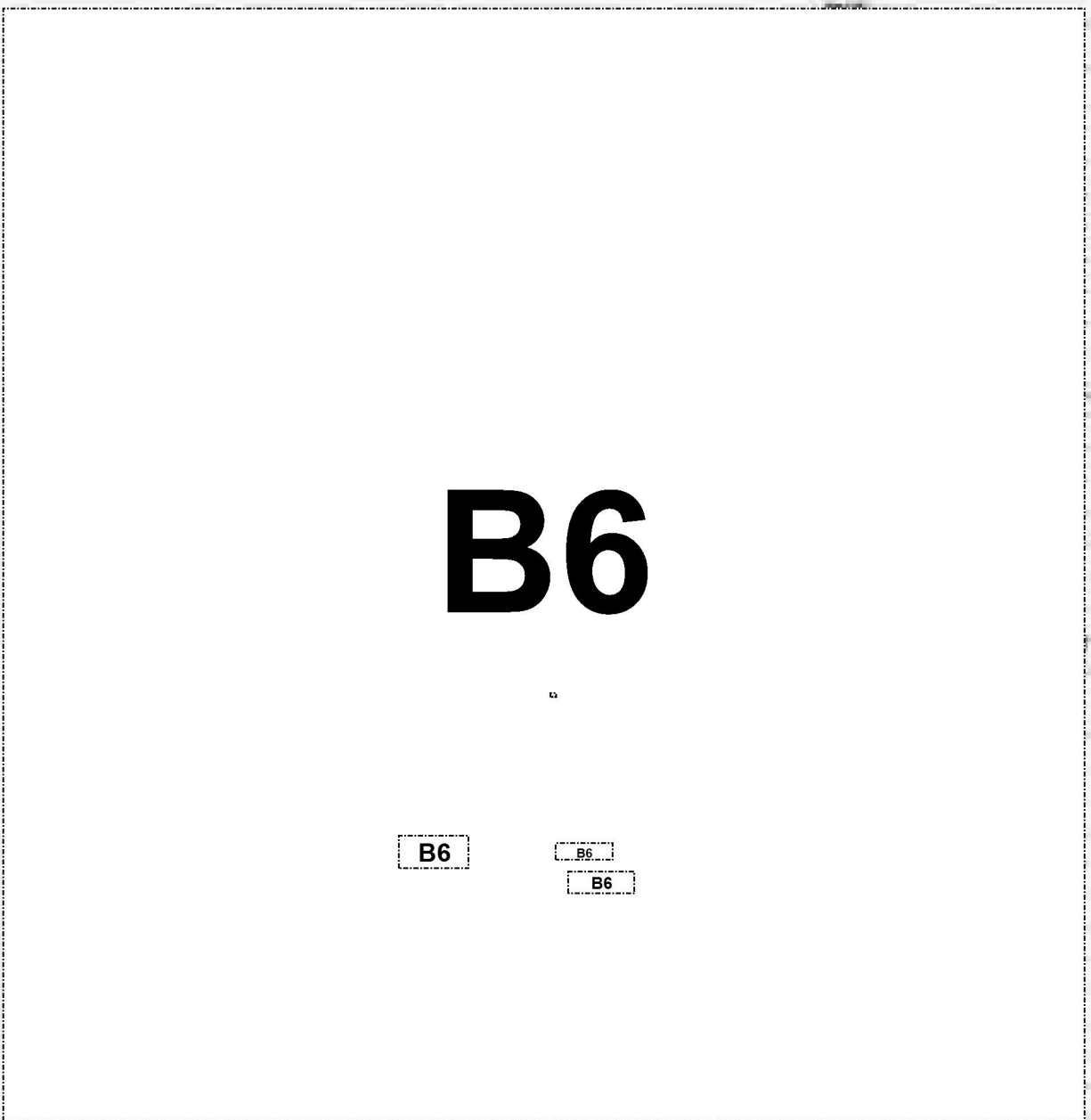
B6

B6

Client: **B6**
Patient: **B6**

RDVM: **B6** medical records 1/28/16-9/26/17

01/28/2016 08:27 **B6** **B6** Page 43/193



Client: B6

Patient: B6

RDVM B6 medical records 1/28/16-9/26/17

03/08/2013 08:00

B6

B6

PAGE 1118

B6

Client: B6

Patient: B6

RDVM B6 medical records 1/28/16-9/26/17

B6

B6

B6

Client: B6

Patient: B6

RDVM B6 medical records 1/28/16-9/26/17

B6

B6

B6

Client: B6

Patient: B6

RDVM B6 medical records 1/28/16-9/26/17



Client: **B6**

Patient: **B6**

RDVM **B6** medical records 1/28/16-9/26/17

B6

Client:

B6

Patient:

B6

rDVM:

B6

echo and labs 1/12/18

B6

B6

B6

B6

Client: **B6**

Patient: **B6**

rDVM: **B6** echo and labs 1/12/18

B6

B6

B6

B6

Client: B4, B6

Patient: B4, B6

rDVM B4, B6 echo and labs 1/12/18

Client: B6
 Patient: B6
 Species: Canine
 Breed: German Shepherd
 Gender: Female/Spayed
 Weight: 62.00 lbs
 Age: 10 Years
 Owner: B6

Test	Results	Reference Interval	LOW	HIGH
Catalyst One January 12, 2018 11:34 AM				
GLU	B6	80 - 160		
CRP	B6	0.0 - 1.0		
WBC	B6	7 - 17		
PLT	B6	50 - 400		
ALB	B6	2.8 - 5.6		
BUN	B6	2.0 - 4.5		
ACT	B6	10 - 150		
ALP	B6	100 - 700		
Ca	B6	1.00 - 1.30		
PCV	B6	35.0 - 55.0		
TP	B6	1.00 - 1.20		

B6

Printed: January 12, 2018 11:34 AM

Page 2 of 2

B6

LABORATORY

REF ID: A1000000

B6

10/12/2018

Client: B6
Patient: B6

NOVA Panel 2/4/18 9:00am

Sample Profile

Patient ID:
Patient Name:
Analyst:
Analyte ID:
Sample Type:
Panel:
Operator:
Receiver:
Required Fields

B6
B6
B6
Venous
Critical Care
B6

B6

Optional Fields

Measured

Test	Value	Units	Reference Range	Flags
------	-------	-------	-----------------	-------

B6

49/1/18

Client: B6

Patient: B6

IDEXX B6 2/26/18

02/26/2018 01:27

B6

WDAH

PAGE 02/03

Client: B6

Gender: Female/Spayed

(7089)

Weight: 67.20 lbs

Patient Name: B6

Age: 10 Years

Species: Canine

Doctor: B6 DVM

Street: Debraan

Test	Results	Reference Interval	LOW	NORMAL	HIGH
ProCyte Dx (February 26, 2018 5:03 PM)					
WBC	B6	6.00 - 16.00			
HCT	B6	37.3 - 51.7			
HGB	B6	12.1 - 20.6			
MCV	B6	61.8 - 73.6			
MCH	B6	19.2 - 25.6			
MCHC	B6	30.9 - 37.9			
RDW	B6	19.6 - 21.7			
PLATE					
PLTIC		16.0 - 110.0			
WBC		6.00 - 16.76			
NEUT					
LYM					
MON					
EOS					
BASO					
PLT		200 - 11.00			
LYM		1.00 - 5.00			
MON		0.10 - 1.10			
EOS		0.00 - 1.20			
BASO		0.00 - 0.50			
PLT		160 - 400			
MPV		8.7 - 13.7			
PDW		0.1 - 16.4			
PCT		0.14 - 0.40			

B6

B6

B6

Printed: February 26, 2018 5:10 PM

Page 1 of 2

B6

Client: B6
Patient: B6

IDEXX B6 2/26/18

04/28/2013 08:27

B6

B6

PAGE 01/03

Client: B6
(F060)
Patient Name: B6
Species: Canine
Breed: Doberman

Gender: Female/Spayed
Weight: 67.20 lbs
Age: 10 Years
Doctor: B6 DVM

Test Results Reference Interval LOW NORMAL HIGH

Collected On: (February 26, 2018 5:10 PM)

Test	Results	Reference Interval	LOW	NORMAL	HIGH
GLU		70 - 140			
CREA		0.5 - 1.5			
BUN		7 - 27			
BUN/CREA					
TP		5.2 - 9.2			
ALB		3.2 - 5.5			
GLUC		2.8 - 4.5			
ALP/COR					
ALT		10 - 120			
ALKP		20 - 250			
Ta		140 - 160			
K+		3.5 - 5.5			
Na+					
Cl-		100 - 120			
Chem Panel					

B6

B6

Printed: February 28, 2018 5:10 PM

Page 2 of 2

B6

Client: **B6**

Patient: **B6**

RDVM **B6** medical records 2/5/18-3/30/18

PATIENT NAME					PAGE
PATIENT'S NAME					CHEW'S NAME
MR	DR	TS	POSS	NAME	MEDICAL RECORD

B6

Client: **B6**

Patient: **B6**

RDVM **B6** medical records 2/5/18-3/30/18

PATIENT NAME					PAGE
PATIENT NAME					CURRENT PAGE
DATE	TIME	ROOM	REC	REAP	RECORD

B6

Client: **B6**
Patient: **B6**

RDVM **B6** medical records 2/5/18-3/30/18

PATIENT NAME				PAGE	
OWNER'S NAME				OWNER'S NAME	
DATE	TIME	PROB.	DIAGN.	MEDICAL RECORD	

B6

Client: **B6**

Patient: **B6**

RDVM **B6** medical records 2/5/18-3/30/18

PATIENT NAME					AGE	
OWNER'S NAME					AGE	
NO.	SEX	YR.	WIND. VOL.	SOAP	MEDICAL RECORD	

B6

Client: **B6**
Patient: **B6**

RDVM **B6** medical records 2/5/18-3/30/18

PATIENT NAME					PAGE
OWNER'S NAME					
DATE	TIME	PROB	TEST	DIAGN	
					MEDICAL RECORD

B6

Client: **B6**
Patient: **B6**

RDVM **B6** medical records 2/5/18-3/30/18

PATIENT NAME					PAGE	
DATE					OWNER'S NAME	
DATE	TIME	TYPE	PROB. NO.	CLASS.	MEDICAL RECORDS	

B6

Client: **B6**
Patient: **B6**

RDVM **B6** medical records 2/5/18-3/30/18

PATIENT NAME	DATE	OWNER'S NAME

B6

Client: B6

Patient: B6

RDVM B6 medical records 2/5/18-3/30/18

Clinic: B6
 (7000)
 Patient Name: B6
 Species: Canine
 Breed: Cocker Spaniel
 Gender: Female/Spayed
 Weight: 58.50 lbs
 Age: 10 Years
 Doctor: B6 DVM

Test	Result	Reference Interval	LOW	NORMAL	HIGH
------	--------	--------------------	-----	--------	------

Canine One (March 30, 2018 12:37 PM)

GLU	B6	80-180			
CREA	B6	0.5-1.5			
BUN	B6	8-22			
TP	B6	2.2-3.8			
ALB	B6	3.5-4.5			
TBLG	B6	10-210			
PLATEL	B6	140-280			
WBC	B6	6.5-16			
RBC	B6	100-1200			

B6

Printed: March 30, 2018 12:37 PM

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B6

Client: B6

Patient: B6

RDVM: B6 medical records 2/5/18-3/30/18

Client (F002) B6

Patient Name B6

Species: Canine
Breed: Doberman

Gender: Female/Spayed

Weight: 58.50 lbs

Age: 10 Years

Doctor: B6 DVM

Test	Results	Reference Interval	LOW	NORMAL	HIGH
------	---------	--------------------	-----	--------	------

Complete Chem (March 5, 2018 4:22 PM)

2018
3:55 PM

GLU		70-140
CRE		0.6-1.8
BUN		7-27
BUN/CREA		
TP		5.0-8.0
ALB		2.2-4.8
SGOT		0.0-4.0
ALP		20-210
Ca		10.0-13.0
K		3.5-5.5
Na		135-155
Cl		100-120
CO2		

B6

B6

Printed: March 8, 2018 4:22 PM

Page 2 of 2

B6

Client: B6

Patient: B6

RDVM B6 medical records 2/5/18-3/30/18

Client: B6

Gender: Female (Screen)

(7000)

Weight: 58.50 kg

Patient Name: B6

Age: 10 Years

Species: Canine

Doctor: B6 /VM

Breed: Doberman

Test	Results	Reference Interval	LOW	NORMAL	HIGH
HemCyt Dx (March 5, 2018 4:11 PM) 2018 4:02 PM					
RBC	B6	6.05 - 6.67			
HCT	B6	37.3 - 47.7			
HGB	B6	13.7 - 20.3			
MCV	B6	61.6 - 72.6			
MCH	B6	21.2 - 28.6			
MCHC	B6	34.0 - 39.3			
RDW	B6	13.6 - 15.7			
WBC	B6	12.0 - 18.0			
PLT	B6	1.26 - 1.78			
NEUT	B6	7.06 - 11.64			
LYM	B6	1.28 - 3.18			
MON	B6	0.18 - 1.12			
EOS	B6	0.00 - 0.15			
PLC	B6	1.40 - 4.00			
SPU	B6	0.7 - 15.0			
YOW	B6	0.1 - 0.8			
HTT	B6	0.14 - 0.48			

B6

B6

RBC Run

WBC Run

B6

Printed: March 5, 2018 4:22 PM

Page 1 of 2

B6

Client: B6
Patient: B6

RDVM B6 medical records 2/5/18-3/30/18

Client: B6 Gender: Female (Spayed)
(70000) Weight: 67.20 lbs
Patient Name: B6 Age: 10 Years
Species: Canine Doctor: B6 DVM
Breed: Doberman

Test	Results	Reference Interval	LOW	NORMAL	HIGH
ProCyte Dx (February 26, 2018 9:33 PM) 2/26/18 9:33 PM					
RBC	B6	6.66 - 8.87	B6		
HCT		21.3 - 29.1			
HGB		13.1 - 20.6			
MCV		31.8 - 33.8			
MCH		21.2 - 23.8			
MCHC		33.0 - 37.5			
RDW		13.8 - 17.7			
PLATEC					
WETC		22.0 - 133.8			
PLT		2.05 - 18.78			
SMEL					
ALYM					
LMONO					
NEOP					
UBAOC					
NEU	2.35 - 11.84				
LYM	1.05 - 3.15				
MONO	0.18 - 1.12				
BAOC	0.05 - 0.12				
PLT	140 - 380				
MPV	8.7 - 13.2				
PDW	11.1 - 16.8				
PCT	0.14 - 0.48				
RBC Run			WBC Run		

B6

Printed: February 26, 2018 9:33 PM

Page 1 of 2

B6

Client: B6

Patient: B6

RDVM B6 medical records 2/5/18-3/30/18

Client: B6 B6
Patient Name: B6 Weight: 57.20 kg
Species: Canine Age: 10 Years
Breed: Chihuahua Doctor: B6 DVM

Test	Results	Reference Interval	LOW	NORMAL	HIGH
Detailed One (February 26, 2018 8:10 PM)					
GLU	B6	70-140			
UREA	B6	8.0-14.0			
BUNCREA	B6	6.0-12.0			
ALB	B6	2.2-3.8			
BUCB	B6	2.0-4.0			
ALP	B6	25-100			
TP	B6	5.0-10.0			
CR	B6	0.8-1.2			

B6

Printed: February 26, 2018 8:10 PM

Page 2 of 2

B6

Client: B6

Patient: B6

RDVM B6 medical records 2/5/18-3/30/18

Client: B6 Sex: J1 Gender: Female (Spayed)
 Patient Name: B6 Weight: 37.20 lbs
 Species: Canine Age: 15 Years
 Breed: German Shepherd Color: B6 T/W

Test	Results	Reference Interval	LOW	HIGH	Unit
------	---------	--------------------	-----	------	------

UA Analyzer (February 18, 2018 at 10 PM)

Comments
 Color
 Clarity
 Specific Gravity
 pH
 pH
 pH
 pH
 pH
 pH
 pH
 pH
 pH

B6

B6

Created at February 18, 2018 4:27 PM

Printed: February 18, 2018 4:27 PM

Page 1 of 2

B6

Client: **B6**
Patient: **B6**

RDVM **B6** medical records 2/5/18-3/30/18

B6

Printed: February 19, 2018 4:22 PM

Page 2 of 2

B6

Client: B6
Patient: B6

RDVM B6 medical records 2/5/18-3/30/18

Client: B6
Patient Name: B6
Species: Canine
Breed: Doberman
Gender: Female/Spayed
Weight: 55.10 kg
Age: 10 years
Doctor: B6 DVM

Test	Results	Reference Interval	LOW	NORMAL	HIGH
Cervical Onco (February 19, 2018 4:20 PM)					
WBC	8.1 mg/dL	11-18			

B6

B6

Client: B6
Patient: B6

RDVM B6 medical records 2/5/18-3/30/18

Client: B6
Patient Name: B6
Species: Canine
Breed: Doberman
Gender: Female-Spayed
Weight: 59.10 lbs
Age: 10 Years
Doctor: B6 DVM

Test	Results	Reference Interval	LOW	NORMAL	HIGH
Monday, Feb 12, 2018 4:10 PM					
GLU	B6	80-140			
CPK	B6	80-110			
BUN	B6	6.0-12.0			
ALB	B6	2.2-4.8			
ALP	B6	20-110			
TRIG	B6	144-166			
CRP	B6	1.0-3.0			
CEAC	B6	100-200			

B6

Printed: February 12, 2018 4:10 PM

Page 2 of 7

B6

Client: B6
Patient: B6

RDVM B6 medical records 2/5/18-3/30/18

Client: B6
Patient Name: B6
Species: Canine
Breed: Doberman
Gender: Female spayed
Weight: 55.12 lbs
Age: 10 Years
Doctor: B6 DVM

Test	Results	Reference Interval	LOW	NORMAL	HIGH
ProCyte Co. (February 19, 2018 4:03 PM) 11214 11:20 AM					
HEC		5.85 - 9.87			
WBC		57.2 - 91.7			
HGB		13.1 - 20.8			
HCT		41.8 - 73.8			
MCH		21.2 - 26.8			
MCHC		32.9 - 37.9			
RDW		18.4 - 21.7			
PLATELET					
PLT		10.0 - 170.0			
WBC		6.95 - 16.78			
NEUT					
Lymph					
MONO					
EOS					
PLT		2.88 - 11.44			
LYM		0.88 - 6.88			
MONO		0.08 - 1.12			
EOS		0.00 - 0.16			
PLT		148 - 484			
HCT		4.7 - 13.0			
HGB		6.1 - 16.4			
PCV		0.14 - 0.48			

B6

B6

RBC Run

WBC Run

B6

Printed February 19, 2018 4:10 PM

Page 1 of 2

B6

Client: **B6**
Patient: **B6**

NOVA recheck panel 5/7/18 at 1:19 pm

B6

Client: B6

Patient: B6

RDVM B6 med hx, and labs 5/18/18 - 6/28/18

MAY 28 2018 11:54

B6

B6

PAGE 01/001

B6

B6

FAX COVER SHEET

Date: 6/28/18

From: B6

To: B4, B6

Re: B6

Fax: B4, B6

Attn: B6

Pages (including cover sheet): 6

Urgent

Please Reply

For Review

FYI

Additional Info:

Here are

B6

last 2 rx uppts with us.

Client: **B6**

Patient: **B6**

RDVM **B6** med hx, and labs 5/18/18 - 6/28/18

8/1/2018 10:10

B6

B6

Page: 02/06

ADMIT	DATE	TIME	ROOM	STATUS	PHYSICIAN	NURSE	ASSISTANT

B6

Client: B6

Patient: B6

RDVM B6 med hx, and labs 5/18/18 - 6/28/18

05/29/2018 11:58

B6

B6

PAGE: 23/68

PATIENT NAME				PATIENT ID	
PATIENT ADDRESS				PATIENT PHONE	
PATIENT CITY				PATIENT STATE	
PATIENT ZIP				PATIENT FAX	
MEDICAL RECORD					

B6

B6

B6

B6

Client: B6

Patient: B6

RDVM: B6 med hx, and labs 5/18/18 - 6/28/18

05/28/2018 11:39

B6

B6

Page 88/88

05/28/18

B6

B6

Client: B6

Patient: B6

RDVM B6 med hx, and labs 5/18/18 - 6/28/18

16/28/2018 08:00 B6 PAGE: 07/08

Client: B6
(F000)
Patient Name: B6
Species: Canine
Breed: Doberman
Gender: Female/Spayed
Weight: 57.20 lbs
Age: 10 Years
Doctor: B6 VM

Test Results Reference Interval LOW NORMAL HIGH

ProCyte Dx (June 28, 2018 5:51 PM) 8-MYE (12:34 PM)

Test	Result	Reference Interval	LOW	NORMAL	HIGH
WBC	B6	5.80 - 8.87			
HCT	B6	30.0 - 45.0			
HGB	B6	10.1 - 20.8			
MCV	B6	51.6 - 70.0			
MCH	B6	21.0 - 28.4			
MCHC	B6	32.0 - 39.0			
RDW	B6	13.0 - 23.7			
PLATELET	B6	100 - 400			
PLT	B6	5.00 - 16.00			
LYMPH	B6	1.00 - 11.00			
LYM	B6	1.26 - 5.10			
MONO	B6	0.10 - 0.42			
MON	B6	0.06 - 1.23			
NEUT	B6	0.00 - 0.14			
NEU	B6	1.68 - 6.84			
EOS	B6	0.11 - 0.53			
EOS	B6	0.1 - 0.4			
BAS	B6	0.01 - 0.06			
BAS	B6	0.01 - 0.06			

B6

B6

B6

B6

Printed: June 28, 2018 5:54 PM

Page 1 of 2

Client: B6

Patient: B6

RDVM: B6 med hx, and labs 5/18/18 - 6/28/18

04/28/2018 18:54 B6 B6 HOC 8014

Client: B6 Gender: Female(Spayed)
(7040) Weight: 67.20 lbs
Patient Name: B6 Age: 10 Years
Species: Canine Doctor: B6 DVM
Breeds: Debarman

Tab Results Reference Interval UNW NORMAL HCP1

Catalyst One (June 28, 2018 5:58 PM)

Tab	Results	Reference Interval	UNW	NORMAL	HCP1
GLU	B6	70-140			
CPRO	B6	0.0-1.0			
WBC	B6	7-17			
DIFF	B6	0.2-0.7			
PLT	B6	2.2-3.8			
ALB	B6	0.5-0.9			
ALP	B6	70-130			
AST	B6	20-210			
UA	B6	140-180			
SI	B6	0.0-3.0			
SI	B6	100-170			

B6

Printed: June 28, 2018 5:58 PM

Page 2 of 2

B6

Client: **B6**
Patient: **B6**

Vitals Results

9:20:30 AM	Weight (kg)
9:25:54 AM	Eliminations
9:30:12 AM	Nursing note
9:42:05 AM	Cardiac rhythm
9:42:06 AM	Heart Rate (/min)
9:44:01 AM	Respiratory Rate
10:42:01 AM	Cardiac rhythm
10:42:02 AM	Heart Rate (/min)
10:43:53 AM	Respiratory Rate
11:04:02 AM	Respiratory Rate
11:08:10 AM	Amount eaten
11:14:16 AM	Eliminations
11:53:37 AM	Cardiac rhythm
11:53:38 AM	Heart Rate (/min)
1:07:38 PM	Respiratory Rate
1:07:48 PM	Cardiac rhythm
1:07:49 PM	Heart Rate (/min)
1:13:09 PM	Eliminations
1:45:12 PM	Cardiac rhythm
1:45:13 PM	Heart Rate (/min)
1:45:29 PM	FiO2 (%)
1:50:49 PM	Respiratory Rate
2:48:46 PM	Cardiac rhythm
2:48:47 PM	Heart Rate (/min)
2:49:03 PM	FiO2 (%)
2:50:01 PM	Respiratory Rate
3:53:26 PM	FiO2 (%)
3:53:54 PM	Cardiac rhythm
3:53:55 PM	Heart Rate (/min)
3:56:15 PM	Respiratory Rate
4:51:38 PM	Respiratory Rate
4:51:56 PM	Cardiac rhythm
4:51:57 PM	Heart Rate (/min)
4:52:13 PM	FiO2 (%)
5:23:54 PM	Lasix treatment note
5:28:29 PM	Eliminations
5:29:33 PM	Amount eaten
6:00:56 PM	Cardiac rhythm
6:00:57 PM	Heart Rate (/min)

B6

B6

Client: **B6**

Patient: **B6**

Vitals Results

6:01:18 PM	FiO2 (%)
6:02:18 PM	Respiratory Rate
6:11:59 PM	Temperature (F)
6:57:09 PM	Respiratory Rate
6:57:16 PM	FiO2 (%)
6:57:27 PM	Cardiac rhythm
6:57:28 PM	Heart Rate (/min)
7:58:31 PM	Respiratory Rate
8:00:07 PM	FiO2 (%)
8:00:15 PM	Cardiac rhythm
8:00:16 PM	Heart Rate (/min)
9:04:30 PM	FiO2 (%)
9:04:38 PM	Respiratory Rate
9:04:48 PM	Cardiac rhythm
9:04:49 PM	Heart Rate (/min)
9:49:20 PM	FiO2 (%)
9:50:54 PM	Cardiac rhythm
9:50:55 PM	Heart Rate (/min)
9:55:45 PM	Weight (kg)
9:56:39 PM	Eliminations
9:57:20 PM	Lasix treatment note
10:00:02 PM	Respiratory Rate
10:40:13 PM	Blood Pressure (mmHg)
10:56:13 PM	FiO2 (%)
10:56:44 PM	Cardiac rhythm
10:56:45 PM	Heart Rate (/min)
10:56:55 PM	Respiratory Rate
11:08:14 PM	Amount eaten
11:54:56 PM	FiO2 (%)
11:55:02 PM	Respiratory Rate
11:55:17 PM	Cardiac rhythm
11:55:18 PM	Heart Rate (/min)
12:01:08 AM	Respiratory Rate
12:01:31 AM	FiO2 (%)
12:02:13 AM	Cardiac rhythm
12:02:14 AM	Heart Rate (/min)
12:09:06 AM	Amount eaten
1:41:28 AM	Eliminations
1:41:37 AM	FiO2 (%)
1:55:34 AM	Cardiac rhythm
1:55:35 AM	Heart Rate (/min)

B6

B6

Client: B6
Patient: B6

Vitals Results

1:57:56 AM	Respiratory Rate
2:08:50 AM	Eliminations
2:55:22 AM	FiO2 (%)
2:55:34 AM	Respiratory Rate
2:55:43 AM	Cardiac rhythm
2:55:44 AM	Heart Rate (/min)
3:44:23 AM	Cardiac rhythm
3:44:24 AM	Heart Rate (/min)
3:49:39 AM	FiO2 (%)
3:50:06 AM	Respiratory Rate
4:49:42 AM	Cardiac rhythm
4:49:43 AM	Heart Rate (/min)
4:49:55 AM	FiO2 (%)
4:50:03 AM	Respiratory Rate
5:49:02 AM	Cardiac rhythm
5:49:03 AM	Heart Rate (/min)
5:55:52 AM	Respiratory Rate
5:56:13 AM	FiO2 (%)
6:05:30 AM	Temperature (F)
6:05:42 AM	Amount eaten
6:28:09 AM	Eliminations
7:28:33 AM	Respiratory Rate
7:28:45 AM	FiO2 (%)
7:29:59 AM	Cardiac rhythm
7:30:00 AM	Heart Rate (/min)
8:07:47 AM	Cardiac rhythm
8:07:48 AM	Heart Rate (/min)
8:11:06 AM	Lasix treatment note
8:12:10 AM	Respiratory Rate
8:17:02 AM	FiO2 (%)
9:09:09 AM	Respiratory Rate
9:09:28 AM	FiO2 (%)
9:09:49 AM	Cardiac rhythm
9:09:50 AM	Heart Rate (/min)
9:15:44 AM	Weight (kg)
9:16:59 AM	Eliminations
10:04:16 AM	Cardiac rhythm
10:04:17 AM	Heart Rate (/min)
10:04:24 AM	Respiratory Rate
11:07:28 AM	Cardiac rhythm
11:07:29 AM	Heart Rate (/min)

B6

B6

Client: **B6**
Patient: **B6**

Vitals Results

11:07:37 AM	Respiratory Rate
11:10:51 AM	Amount eaten
12:00:59 PM	Cardiac rhythm
12:01:00 PM	Heart Rate (/min)
12:01:42 PM	Respiratory Rate
1:05:26 PM	Respiratory Rate
1:05:57 PM	Cardiac rhythm
1:05:58 PM	Heart Rate (/min)
2:02:12 PM	Cardiac rhythm
2:02:13 PM	Heart Rate (/min)
2:33:57 PM	Lasix treatment note
8:44:22 AM	Respiratory Rate
8:47:12 AM	Notes
9:05:59 AM	Heart Rate (/min)
9:15:41 AM	Nursing note
9:17:13 AM	Lasix treatment note
9:17:41 AM	Notes
9:20:23 AM	Respiratory Rate
9:50:46 AM	Weight (kg)
B6 9:50:47 AM	Respiratory Rate
9:50:48 AM	Heart Rate (/min)
9:50:49 AM	Temperature (F)
9:50:50 AM	Body Condition Score (BCS)
9:50:51 AM	Muscle Condition Score (MCS)
9:50:52 AM	Pain assessment
10:23:51 AM	Lasix treatment note
10:35:17 AM	Quantify IV Fluids (CRI) in mls
10:35:52 AM	Eliminations
10:36:02 AM	Respiratory Rate
10:40:56 AM	Nursing note
10:46:36 AM	Lasix treatment note
11:00:25 AM	FiO2 (%)
11:00:37 AM	Cardiac rhythm
11:00:38 AM	Heart Rate (/min)
11:01:17 AM	Respiratory Rate
11:58:59 AM	FiO2 (%)
11:59:39 AM	Respiratory Rate
12:01:06 PM	Lasix treatment note

B6

Client: **B6**
Patient: **B6**

Vitals Results

12:01:29 PM	Cardiac rhythm
12:01:30 PM	Heart Rate (/min)
12:59:31 PM	FiO2 (%)
12:59:44 PM	Cardiac rhythm
12:59:45 PM	Heart Rate (/min)
1:00:21 PM	Respiratory Rate
1:46:00 PM	Quantify IV Fluids (CRI) in mls
1:53:20 PM	Cardiac rhythm
1:53:21 PM	Heart Rate (/min)
1:56:06 PM	FiO2 (%)
1:56:16 PM	Respiratory Rate
2:48:09 PM	FiO2 (%)
3:00:19 PM	Cardiac rhythm
3:00:20 PM	Heart Rate (/min)
3:01:01 PM	Respiratory Rate
3:42:59 PM	FiO2 (%)
3:43:08 PM	Cardiac rhythm
3:43:09 PM	Heart Rate (/min)
3:43:54 PM	Respiratory Rate
3:46:03 PM	Nursing note
4:56:07 PM	FiO2 (%)
4:56:16 PM	Cardiac rhythm
4:56:17 PM	Heart Rate (/min)
4:58:14 PM	Respiratory Rate
5:05:33 PM	Amount eaten
5:08:34 PM	Quantify IV Fluids (CRI) in mls
5:14:49 PM	Eliminations
5:46:42 PM	FiO2 (%)
5:46:57 PM	Respiratory Rate
5:47:18 PM	Cardiac rhythm
5:47:19 PM	Heart Rate (/min)
6:34:17 PM	Lasix treatment note
7:02:06 PM	Respiratory Rate
7:03:06 PM	Cardiac rhythm
7:03:07 PM	Heart Rate (/min)
7:03:31 PM	FiO2 (%)
8:13:40 PM	Cardiac rhythm
8:13:41 PM	Heart Rate (/min)
8:14:03 PM	FiO2 (%)

B6

B6

Client: **B6**
Patient: **B6**

Vitals Results

8:14:08 PM	Respiratory Rate
9:10:16 PM	FiO2 (%)
9:13:48 PM	Cardiac rhythm
9:13:49 PM	Heart Rate (/min)
9:14:03 PM	Respiratory Rate
9:23:31 PM	Quantify IV Fluids (CRI) in mls
10:13:48 PM	FiO2 (%)
10:13:55 PM	Cardiac rhythm
10:13:56 PM	Heart Rate (/min)
10:14:31 PM	Respiratory Rate
10:54:40 PM	Eliminations
11:00:21 PM	Cardiac rhythm
11:00:22 PM	Heart Rate (/min)
12:11:03 AM	Cardiac rhythm
12:11:04 AM	Heart Rate (/min)
12:11:12 AM	FiO2 (%)
12:11:36 AM	Respiratory Rate
12:14:06 AM	Lasix treatment note
12:56:57 AM	Cardiac rhythm
12:56:58 AM	Heart Rate (/min)
12:57:07 AM	FiO2 (%)
12:57:34 AM	Respiratory Rate
1:20:20 AM	Eliminations
1:53:56 AM	FiO2 (%)
1:54:48 AM	Quantify IV Fluids (CRI) in mls
2:05:07 AM	Cardiac rhythm
2:05:08 AM	Heart Rate (/min)
2:05:37 AM	Respiratory Rate
3:20:39 AM	FiO2 (%)
3:20:49 AM	Cardiac rhythm
3:20:50 AM	Heart Rate (/min)
3:21:09 AM	Respiratory Rate
4:16:10 AM	FiO2 (%)
4:16:15 AM	Cardiac rhythm
4:16:16 AM	Heart Rate (/min)
4:16:38 AM	Respiratory Rate
5:01:06 AM	Cardiac rhythm
5:01:07 AM	Heart Rate (/min)
5:01:22 AM	FiO2 (%)
5:02:03 AM	Respiratory Rate

B6

B6

Client: **B6**
Patient: **B6**

Vitals Results

B6	5:43:51 AM	Quantify IV Fluids (CRI) in mls
	5:47:19 AM	Eliminations
	5:54:24 AM	Amount eaten
	6:10:19 AM	Cardiac rhythm
	6:10:20 AM	Heart Rate (/min)
	6:10:43 AM	FiO2 (%)
	6:11:34 AM	Respiratory Rate
	7:32:39 AM	FiO2 (%)
	7:32:52 AM	Cardiac rhythm
	7:32:53 AM	Heart Rate (/min)
	7:33:41 AM	Respiratory Rate
	7:52:45 AM	Respiratory Rate
	7:53:14 AM	Cardiac rhythm
	7:53:15 AM	Heart Rate (/min)
	7:53:41 AM	FiO2 (%)
	8:43:25 AM	Lasix treatment note
	10:55:53 AM	FiO2 (%)
	10:56:14 AM	Cardiac rhythm
	10:56:15 AM	Heart Rate (/min)
	10:56:39 AM	Respiratory Rate
	10:57:28 AM	Eliminations
	11:39:04 AM	Cardiac rhythm
	11:39:05 AM	Heart Rate (/min)
	11:39:37 AM	Respiratory Rate
	11:39:56 AM	FiO2 (%)
	11:50:50 AM	Cardiac rhythm
	11:50:51 AM	Heart Rate (/min)
	11:51:40 AM	Heart Rate (/min)
	11:51:58 AM	Respiratory Rate
	11:52:56 AM	FiO2 (%)
	11:53:09 AM	Quantify IV Fluids (CRI) in mls
	11:59:18 AM	Lasix treatment note
	1:02:43 PM	Respiratory Rate
	1:03:02 PM	FiO2 (%)
	1:13:54 PM	Cardiac rhythm
	1:13:55 PM	Heart Rate (/min)
	1:14:56 PM	Eliminations
	1:31:57 PM	Cardiac rhythm
	1:31:58 PM	Heart Rate (/min)
	1:32:20 PM	Quantify IV Fluids (CRI) in mls
	1:34:34 PM	Respiratory Rate

B6

Client: B6
Patient: B6

Vitals Results

1:34:56 PM	FiO2 (%)
1:35:11 PM	Eliminations
3:14:35 PM	Cardiac rhythm
3:14:36 PM	Heart Rate (/min)
3:17:56 PM	FiO2 (%)
3:28:14 PM	Respiratory Rate
3:28:20 PM	Nursing note
3:54:44 PM	Respiratory Rate
3:54:55 PM	FiO2 (%)
3:55:08 PM	Cardiac rhythm
3:55:09 PM	Heart Rate (/min)
5:08:54 PM	Respiratory Rate
5:14:09 PM	Cardiac rhythm
5:14:10 PM	Heart Rate (/min)
5:14:20 PM	FiO2 (%)
5:22:06 PM	Amount eaten
5:22:36 PM	Lasix treatment note
5:25:37 PM	Eliminations
6:06:34 PM	Respiratory Rate
6:06:48 PM	FiO2 (%)
6:10:19 PM	Cardiac rhythm
6:10:20 PM	Heart Rate (/min)
6:46:05 PM	FiO2 (%)
6:46:14 PM	Respiratory Rate
6:46:39 PM	Cardiac rhythm
6:46:40 PM	Heart Rate (/min)
7:30:09 PM	Cardiac rhythm
7:30:10 PM	Heart Rate (/min)
7:31:20 PM	Temperature (F)
7:31:27 PM	Heart Rate (/min)
7:31:37 PM	Respiratory Rate
7:31:53 PM	FiO2 (%)
8:29:52 PM	Cardiac rhythm
8:29:53 PM	Heart Rate (/min)
8:30:27 PM	FiO2 (%)
8:30:40 PM	Respiratory Rate
9:06:52 PM	Eliminations
9:45:29 PM	Cardiac rhythm
9:45:30 PM	Heart Rate (/min)
9:46:03 PM	FiO2 (%)

B6

B6

Client: **B6**
Patient: **B6**

Vitals Results

9:46:10 PM	Respiratory Rate
10:32:34 PM	FiO2 (%)
10:32:57 PM	Respiratory Rate
10:33:09 PM	Cardiac rhythm
10:33:10 PM	Heart Rate (/min)
11:11:30 PM	FiO2 (%)
11:11:40 PM	Heart Rate (/min)
11:13:15 PM	Lasix treatment note
11:28:19 PM	Respiratory Rate
11:28:31 PM	Cardiac rhythm
11:28:32 PM	Heart Rate (/min)
12:34:03 AM	FiO2 (%)
12:34:17 AM	Cardiac rhythm
12:34:18 AM	Heart Rate (/min)
12:34:39 AM	Respiratory Rate
12:47:00 AM	Eliminations
1:38:18 AM	Respiratory Rate
1:39:02 AM	Cardiac rhythm
1:39:03 AM	Heart Rate (/min)
1:39:23 AM	FiO2 (%)
2:22:17 AM	FiO2 (%)
2:22:28 AM	Respiratory Rate
2:22:57 AM	Cardiac rhythm
2:22:58 AM	Heart Rate (/min)
3:28:49 AM	Cardiac rhythm
3:28:50 AM	Heart Rate (/min)
3:30:02 AM	FiO2 (%)
3:30:16 AM	Respiratory Rate
3:30:42 AM	Heart Rate (/min)
4:32:27 AM	Respiratory Rate
4:32:39 AM	FiO2 (%)
4:32:49 AM	Cardiac rhythm
4:32:50 AM	Heart Rate (/min)
4:53:46 AM	FiO2 (%)
5:01:50 AM	Eliminations
5:01:59 AM	Amount eaten
5:02:19 AM	Lasix treatment note
5:43:02 AM	Cardiac rhythm
5:43:03 AM	Heart Rate (/min)
5:43:15 AM	Respiratory Rate
6:45:44 AM	Cardiac rhythm

B6

B6

Client: **B6**
Patient: **B6**

Vitals Results

45:45 AM	Heart Rate (/min)
45:56 AM	FiO2 (%)
47:16 AM	Respiratory Rate
40:36 AM	Heart Rate (/min)
40:47 AM	Temperature (F)
40:56 AM	Respiratory Rate
41:33 AM	FiO2 (%)
41:56 AM	Weight (kg)
42:49 AM	Cardiac rhythm
42:50 AM	Heart Rate (/min)
41:34 AM	Notes
17:34 AM	Respiratory Rate
50:04 AM	FiO2 (%)
50:58 AM	Respiratory Rate
1:23:58 AM	FiO2 (%)
1:24:48 AM	Respiratory Rate
07:39 PM	FiO2 (%)
08:39 PM	Respiratory Rate
10:55 PM	Notes
16:39 PM	Heart Rate (/min)
16:45 PM	Eliminations
17:01 PM	Respiratory Rate
17:12 PM	FiO2 (%)
4:35:27 PM	Heart Rate (/min)
4:35:28 PM	Respiratory Rate
4:35:29 PM	Temperature (F)
4:35:30 PM	Weight (kg)
8:54:56 PM	Nursing note
8:59:16 PM	Respiratory Rate
9:16:36 PM	Eliminations
9:26:25 PM	Temperature (F)
9:27:47 PM	Eliminations
9:33:22 PM	Amount eaten
9:40:16 PM	Respiratory Rate
9:40:30 PM	Catheter Assessment
9:41:04 PM	Cardiac rhythm
9:41:05 PM	Heart Rate (/min)
9:51:58 PM	Respiratory Rate

B6

B6

Client: B6
Patient: B6

Vitals Results

11:02:28 PM	Cardiac rhythm
11:02:29 PM	Heart Rate (/min)
11:19:12 PM	Lasix treatment note
11:45:09 PM	Respiratory Rate
11:45:20 PM	Cardiac rhythm
11:45:21 PM	Heart Rate (/min)
12:55:39 AM	Respiratory Rate
12:55:52 AM	Cardiac rhythm
12:55:53 AM	Heart Rate (/min)
12:57:06 AM	FiO2 (%)
1:27:43 AM	Weight (kg)
1:27:59 AM	Catheter Assessment
1:28:20 AM	Eliminations
1:48:05 AM	FiO2 (%)
1:48:16 AM	Respiratory Rate
1:48:46 AM	Cardiac rhythm
1:48:47 AM	Heart Rate (/min)
3:45:16 AM	FiO2 (%)
3:45:33 AM	Cardiac rhythm
3:45:34 AM	Heart Rate (/min)
3:46:32 AM	Respiratory Rate
3:50:23 AM	Amount eaten
4:57:26 AM	Cardiac rhythm
4:57:27 AM	Heart Rate (/min)
4:59:00 AM	Respiratory Rate
4:59:18 AM	FiO2 (%)
5:10:14 AM	Catheter Assessment
5:10:45 AM	Eliminations
6:01:27 AM	Respiratory Rate
6:01:44 AM	Cardiac rhythm
6:01:45 AM	Heart Rate (/min)
6:02:02 AM	FiO2 (%)
7:16:29 AM	Eliminations
7:31:13 AM	FiO2 (%)
7:31:22 AM	Respiratory Rate
7:31:31 AM	Cardiac rhythm
7:31:32 AM	Heart Rate (/min)
7:51:27 AM	FiO2 (%)

B6

B6

Client: **B6**
Patient: **B6**

Vitals Results

7:51:53 AM	Heart Rate (/min)
7:51:54 AM	Cardiac rhythm
7:53:37 AM	Respiratory Rate
9:02:59 AM	FiO2 (%)
9:03:34 AM	Respiratory Rate
9:03:56 AM	Cardiac rhythm
9:03:57 AM	Heart Rate (/min)
9:26:14 AM	Eliminations
10:03:50 AM	Catheter Assessment
10:04:27 AM	FiO2 (%)
10:04:36 AM	Respiratory Rate
10:05:03 AM	Cardiac rhythm
10:05:04 AM	Heart Rate (/min)
11:18:56 AM	Respiratory Rate
11:49:36 AM	Respiratory Rate
1:38:24 PM	Respiratory Rate
2:00:40 PM	Nursing note
2:02:49 PM	Respiratory Rate
2:08:52 PM	Eliminations
2:13:55 PM	Weight (kg)
2:17:12 PM	Lasix treatment note
2:17:30 PM	Catheter Assessment
2:53:48 PM	Respiratory Rate
4:22:29 PM	Respiratory Rate
4:45:46 PM	Respiratory Rate
0:03:41 PM	Notes
0:14:07 PM	Respiratory Rate
0:14:28 PM	FiO2 (%)
0:15:03 PM	Eliminations
0:16:26 PM	Interest in water
0:19:22 PM	Heart Rate (/min)
0:28:45 PM	Lasix treatment note
1:36:45 PM	FiO2 (%)
1:37:04 PM	Respiratory Rate
1:38:22 PM	Cardiac rhythm
1:38:23 PM	Heart Rate (/min)
2:09:24 AM	Respiratory Rate
2:10:17 AM	Cardiac rhythm
2:10:18 AM	Heart Rate (/min)
2:30:38 AM	Lasix treatment note

B6

B6

Client: **B6**
Patient: **B6**

Vitals Results

12:44:36 AM	FiO2 (%)
12:44:58 AM	Respiratory Rate
12:46:52 AM	Cardiac rhythm
12:46:53 AM	Heart Rate (/min)
1:33:12 AM	Interest in water
1:34:53 AM	FiO2 (%)
1:48:16 AM	Respiratory Rate
1:50:02 AM	Cardiac rhythm
1:50:03 AM	Heart Rate (/min)
2:05:00 AM	Lasix treatment note
2:05:59 AM	Catheter Assessment
2:07:12 AM	Eliminations
2:44:53 AM	FiO2 (%)
2:46:01 AM	Cardiac rhythm
2:46:02 AM	Heart Rate (/min)
2:46:56 AM	Respiratory Rate
3:23:11 AM	Eliminations
3:44:02 AM	FiO2 (%)
3:44:38 AM	Cardiac rhythm
3:44:39 AM	Heart Rate (/min)
3:45:11 AM	Respiratory Rate
5:02:20 AM	Respiratory Rate
5:02:52 AM	FiO2 (%)
5:06:19 AM	Cardiac rhythm
5:06:20 AM	Heart Rate (/min)
6:10:53 AM	Respiratory Rate
6:11:50 AM	FiO2 (%)
6:12:19 AM	Cardiac rhythm
6:12:20 AM	Heart Rate (/min)
6:14:43 AM	Catheter Assessment
6:14:55 AM	Interest in water
6:58:38 AM	Cardiac rhythm
6:58:39 AM	Heart Rate (/min)
7:13:47 AM	FiO2 (%)
7:14:02 AM	Respiratory Rate
7:22:59 AM	FiO2 (%)
7:27:30 AM	Lasix treatment note
8:13:47 AM	Cardiac rhythm
8:13:48 AM	Heart Rate (/min)
8:15:33 AM	Notes

B6

B6

Client: **B6**
Patient: **B6**

Vitals Results

8:18:07 AM	Quantify IV Fluids (CRI) in mls
8:19:26 AM	Respiratory Rate
9:05:41 AM	FiO2 (%)
9:05:51 AM	Cardiac rhythm
9:05:52 AM	Heart Rate (/min)
9:07:09 AM	Respiratory Rate
9:56:40 AM	Cardiac rhythm
9:56:41 AM	Heart Rate (/min)
9:59:15 AM	FiO2 (%)
10:13:06 AM	Respiratory Rate
10:13:25 AM	Eliminations
10:13:35 AM	Amount eaten
10:14:29 AM	Quantify IV Fluids (CRI) in mls
10:14:30 AM	Catheter Assessment
11:06:12 AM	Cardiac rhythm
11:06:13 AM	Heart Rate (/min)
11:07:30 AM	Respiratory Rate
11:49:29 AM	Cardiac rhythm
11:49:30 AM	Heart Rate (/min)
B6 11:53:04 AM	Lasix treatment note
11:53:55 AM	Respiratory Rate
12:50:50 PM	Cardiac rhythm
12:50:51 PM	Heart Rate (/min)
12:51:41 PM	Respiratory Rate
1:15:09 PM	FiO2 (%)
1:15:43 PM	Quantify IV Fluids (CRI) in mls
1:15:44 PM	Catheter Assessment
1:30:55 PM	Eliminations
2:06:57 PM	Cardiac rhythm
2:06:58 PM	Heart Rate (/min)
2:07:42 PM	Respiratory Rate
3:04:48 PM	Respiratory Rate
3:06:21 PM	Cardiac rhythm
3:06:22 PM	Heart Rate (/min)
4:35:49 PM	Respiratory Rate
4:41:59 PM	Cardiac rhythm
4:42:00 PM	Heart Rate (/min)
5:15:45 PM	Respiratory Rate
5:16:15 PM	Cardiac rhythm

B6

Client: **B6**
Patient: **B6**

Vitals Results

5:16:16 PM	Heart Rate (/min)
5:36:09 PM	FiO2 (%)
5:38:30 PM	Quantify IV Fluids (CRI) in mls
5:38:31 PM	Catheter Assessment
5:39:07 PM	Respiratory Rate
5:40:22 PM	Cardiac rhythm
5:40:23 PM	Heart Rate (/min)
5:49:37 PM	Amount eaten
6:04:51 PM	Eliminations
6:05:07 PM	Lasix treatment note
7:08:49 PM	Cardiac rhythm
7:08:50 PM	Heart Rate (/min)
7:09:31 PM	Respiratory Rate
7:52:59 PM	Respiratory Rate
7:53:28 PM	Cardiac rhythm
7:53:29 PM	Heart Rate (/min)
9:01:44 PM	Cardiac rhythm
9:01:45 PM	Heart Rate (/min)
9:01:57 PM	Respiratory Rate
9:26:21 PM	Eliminations
B6 9:26:38 PM	Quantify IV Fluids (CRI) in mls
9:26:39 PM	Catheter Assessment
9:27:22 PM	Respiratory Rate
9:27:38 PM	FiO2 (%)
9:48:34 PM	Cardiac rhythm
9:48:35 PM	Heart Rate (/min)
10:57:34 PM	Respiratory Rate
10:57:51 PM	Cardiac rhythm
10:57:52 PM	Heart Rate (/min)
11:52:07 PM	Cardiac rhythm
11:52:08 PM	Heart Rate (/min)
11:52:37 PM	Respiratory Rate
11:54:17 PM	Lasix treatment note
12:47:08 AM	Cardiac rhythm
12:47:09 AM	Heart Rate (/min)
12:47:43 AM	Respiratory Rate
1:14:11 AM	Eliminations
1:16:55 AM	Quantify IV Fluids (CRI) in mls
1:16:56 AM	Catheter Assessment
2:17:39 AM	FiO2 (%)
2:17:50 AM	Cardiac rhythm

B6

Client: B6
Patient: B6

Vitals Results

2:17:51 AM	Heart Rate (/min)
2:18:07 AM	Respiratory Rate
3:08:12 AM	Cardiac rhythm
3:08:13 AM	Heart Rate (/min)
3:08:28 AM	Respiratory Rate
4:00:31 AM	Cardiac rhythm
4:00:32 AM	Heart Rate (/min)
4:00:45 AM	Respiratory Rate
4:52:09 AM	Respiratory Rate
4:52:51 AM	Cardiac rhythm
4:52:52 AM	Heart Rate (/min)
5:32:35 AM	Quantify IV Fluids (CRI) in mls
5:32:36 AM	Catheter Assessment
5:33:29 AM	FiO2 (%)
5:33:44 AM	Eliminations
5:37:21 AM	Amount eaten
5:37:46 AM	Cardiac rhythm
5:37:47 AM	Heart Rate (/min)
5:49:29 AM	Respiratory Rate
5:49:46 AM	Lasix treatment note
6:53:21 AM	Cardiac rhythm
6:53:22 AM	Heart Rate (/min)
6:53:59 AM	Respiratory Rate
8:02:57 AM	Respiratory Rate
8:04:08 AM	Cardiac rhythm
8:04:09 AM	Heart Rate (/min)
8:54:53 AM	Quantify IV Fluids (CRI) in mls
8:54:54 AM	Catheter Assessment
9:00:55 AM	Eliminations
9:02:52 AM	Respiratory Rate
9:03:08 AM	Cardiac rhythm
9:03:09 AM	Heart Rate (/min)
9:03:54 AM	Eliminations
9:48:19 AM	FiO2 (%)
9:48:31 AM	Respiratory Rate
9:55:31 AM	Quantify IV Fluids (CRI) in mls
9:55:32 AM	Catheter Assessment
9:56:26 AM	Cardiac rhythm
9:56:27 AM	Heart Rate (/min)
11:02:12 AM	Cardiac rhythm
11:02:13 AM	Heart Rate (/min)

B6

B6

Client: **B6**
Patient: **B6**

Vitals Results

11:02:35 AM	Respiratory Rate
11:20:52 AM	Cardiac rhythm
11:20:53 AM	Heart Rate (/min)
11:21:45 AM	Respiratory Rate
12:47:04 PM	Cardiac rhythm
12:47:05 PM	Heart Rate (/min)
12:47:41 PM	Respiratory Rate
1:29:09 PM	FiO2 (%)
1:36:10 PM	Cardiac rhythm
1:36:11 PM	Heart Rate (/min)
1:37:20 PM	Respiratory Rate
1:47:47 PM	Eliminations
2:45:34 PM	Cardiac rhythm
2:45:35 PM	Heart Rate (/min)
2:46:08 PM	Respiratory Rate
4:01:58 PM	Respiratory Rate
4:10:02 PM	Cardiac rhythm
4:10:03 PM	Heart Rate (/min)
5:13:08 PM	Respiratory Rate
5:14:33 PM	Cardiac rhythm
5:14:34 PM	Heart Rate (/min)
5:17:34 PM	Amount eaten
5:33:11 PM	Eliminations
5:35:19 PM	Catheter Assessment
6:06:21 PM	Cardiac rhythm
6:06:22 PM	Heart Rate (/min)
6:06:53 PM	Respiratory Rate
7:02:52 PM	Cardiac rhythm
7:02:53 PM	Heart Rate (/min)
7:03:27 PM	Respiratory Rate
7:53:58 PM	Cardiac rhythm
7:53:59 PM	Heart Rate (/min)
7:56:00 PM	Lasix treatment note
7:56:14 PM	Respiratory Rate
9:02:05 PM	Cardiac rhythm
9:02:06 PM	Heart Rate (/min)
9:02:42 PM	Respiratory Rate
9:31:44 PM	Catheter Assessment
9:42:27 PM	Eliminations
9:47:48 PM	Cardiac rhythm

B6

B6

Client: B6

Patient: B6

Vitals Results

9:47:49 PM	Heart Rate (/min)
9:47:58 PM	Respiratory Rate
11:09:06 PM	Cardiac rhythm
11:09:07 PM	Heart Rate (/min)
11:09:20 PM	Respiratory Rate
11:14:53 PM	Amount eaten
11:45:52 PM	Respiratory Rate
11:46:06 PM	Cardiac rhythm
11:46:07 PM	Heart Rate (/min)
12:56:27 AM	Cardiac rhythm
12:56:28 AM	Heart Rate (/min)
12:56:50 AM	Respiratory Rate
1:08:20 AM	Catheter Assessment
1:10:46 AM	Eliminations
1:43:06 AM	Respiratory Rate
1:43:55 AM	Cardiac rhythm
1:43:56 AM	Heart Rate (/min)
2:51:38 AM	Cardiac rhythm
2:51:39 AM	Heart Rate (/min)
2:51:53 AM	Respiratory Rate
3:57:25 AM	Cardiac rhythm
3:57:26 AM	Heart Rate (/min)
3:57:36 AM	Respiratory Rate
4:27:41 AM	Eliminations
4:48:22 AM	Cardiac rhythm
4:48:23 AM	Heart Rate (/min)
4:55:32 AM	Respiratory Rate
5:05:24 AM	Catheter Assessment
5:46:09 AM	Cardiac rhythm
5:46:10 AM	Heart Rate (/min)
5:46:21 AM	Respiratory Rate
6:44:13 AM	Respiratory Rate
6:45:55 AM	Cardiac rhythm
6:45:56 AM	Heart Rate (/min)
7:46:15 AM	Amount eaten
7:46:46 AM	Respiratory Rate
7:55:43 AM	Cardiac rhythm
7:55:44 AM	Heart Rate (/min)
8:36:34 AM	Lasix treatment note
9:11:27 AM	Cardiac rhythm

B6

B6

Client: B6
Patient: B6

Vitals Results

B6	9:11:28 AM	Heart Rate (/min)	B6
	9:12:51 AM	Catheter Assessment	
	9:13:32 AM	Respiratory Rate	
	9:52:42 AM	Cardiac rhythm	
	9:52:43 AM	Heart Rate (/min)	
	9:57:24 AM	Catheter Assessment	
	9:57:49 AM	Respiratory Rate	
	11:00:06 AM	Cardiac rhythm	
	11:00:07 AM	Heart Rate (/min)	
	11:01:19 AM	Respiratory Rate	
	11:02:33 AM	Temperature (F)	
	11:54:52 AM	Cardiac rhythm	
	11:54:53 AM	Heart Rate (/min)	
	11:56:04 AM	Respiratory Rate	
	11:56:16 AM	Heart Rate (/min)	
	1:12:41 PM	Cardiac rhythm	
	1:12:42 PM	Heart Rate (/min)	
	1:13:49 PM	Respiratory Rate	
	1:34:58 PM	Catheter Assessment	
	2:04:35 PM	Cardiac rhythm	
	2:04:36 PM	Heart Rate (/min)	
	2:05:22 PM	Respiratory Rate	
3:22:14 PM	Cardiac rhythm		
3:22:15 PM	Heart Rate (/min)		
3:23:16 PM	Respiratory Rate		
3:28:16 PM	Amount eaten		
4:00:06 PM	Cardiac rhythm		
4:00:07 PM	Heart Rate (/min)		
4:01:48 PM	Respiratory Rate		
11:47:11 AM	Weight (kg)		

Patient History

B6	06:45 AM	UserForm	B6
	06:47 AM	Purchase	
	06:52 AM	Labwork	
	07:58 AM	UserForm	
	08:02 AM	Treatment	

Client: B6
Patient: B6

Patient History

08:52 AM	UserForm
09:19 AM	Treatment
09:20 AM	Vitals
09:20 AM	Vitals
09:25 AM	Treatment
09:25 AM	Vitals
09:26 AM	Treatment
09:30 AM	Vitals
09:42 AM	Treatment
09:42 AM	Vitals
09:42 AM	Vitals
09:43 AM	Treatment
09:44 AM	Treatment
09:44 AM	Vitals
09:52 AM	Purchase
09:52 AM	Purchase
10:11 AM	Treatment
10:42 AM	Treatment
10:42 AM	Vitals
10:42 AM	Vitals
10:43 AM	Treatment
10:43 AM	Vitals
11:04 AM	Treatment
11:04 AM	Vitals
11:08 AM	Treatment
11:08 AM	Vitals
11:14 AM	Treatment
11:14 AM	Vitals
11:53 AM	Treatment
11:53 AM	Vitals
11:53 AM	Vitals
01:07 PM	Treatment
01:07 PM	Vitals
01:07 PM	Treatment
01:07 PM	Vitals
01:07 PM	Vitals
01:08 PM	Treatment
01:13 PM	Treatment
01:13 PM	Vitals
01:45 PM	Treatment
01:45 PM	Vitals
01:45 PM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

01:45 PM	Treatment
01:45 PM	Vitals
01:50 PM	Treatment
01:50 PM	Vitals
02:48 PM	Treatment
02:48 PM	Vitals
02:48 PM	Vitals
02:49 PM	Treatment
02:49 PM	Vitals
02:50 PM	Treatment
02:50 PM	Vitals
03:53 PM	Treatment
03:53 PM	Vitals
03:53 PM	Treatment
03:53 PM	Vitals
03:53 PM	Vitals
03:56 PM	Treatment
03:56 PM	Vitals
04:51 PM	Treatment
04:51 PM	Vitals
04:51 PM	Treatment
04:51 PM	Vitals
04:51 PM	Vitals
04:52 PM	Treatment
04:52 PM	Vitals
05:23 PM	Treatment
05:23 PM	Vitals
05:24 PM	Treatment
05:28 PM	Treatment
05:28 PM	Vitals
05:28 PM	Treatment
05:29 PM	Treatment
05:29 PM	Treatment
05:29 PM	Treatment
05:29 PM	Treatment
05:29 PM	Vitals
06:00 PM	Treatment
06:00 PM	Vitals
06:00 PM	Vitals
06:01 PM	Treatment

B6

B6

Client: **B6**
Patient: **B6**

Patient History

06:01 PM	Vitals
06:02 PM	Treatment
06:02 PM	Vitals
06:11 PM	Treatment
06:11 PM	Vitals
06:57 PM	Treatment
06:57 PM	Vitals
06:57 PM	Treatment
06:57 PM	Vitals
06:57 PM	Treatment
06:57 PM	Vitals
06:57 PM	Vitals
06:59 PM	Purchase
06:59 PM	Purchase
07:19 PM	Labwork
07:22 PM	Treatment
07:26 PM	Labwork
07:26 PM	Deleted Reason
07:58 PM	Treatment
07:58 PM	Vitals
08:00 PM	Treatment
08:00 PM	Vitals
08:00 PM	Treatment
08:00 PM	Vitals
08:00 PM	Vitals
08:47 PM	Purchase
09:04 PM	Treatment
09:04 PM	Vitals
09:04 PM	Treatment
09:04 PM	Vitals
09:04 PM	Treatment
09:04 PM	Vitals
09:04 PM	Vitals
09:05 PM	Treatment
09:13 PM	Purchase
09:18 PM	Treatment
09:49 PM	Treatment
09:49 PM	Vitals
09:50 PM	Treatment
09:50 PM	Vitals
09:50 PM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

09:55 PM	Treatment
09:55 PM	Vitals
09:56 PM	Treatment
09:56 PM	Vitals
09:56 PM	Vitals
09:57 PM	Vitals
09:58 PM	Treatment
10:00 PM	Vitals
10:07 PM	Purchase
10:08 PM	Treatment
10:40 PM	Vitals
10:50 PM	Treatment
10:56 PM	Treatment
10:56 PM	Vitals
10:56 PM	Treatment
10:56 PM	Vitals
10:56 PM	Vitals
10:56 PM	Treatment
10:56 PM	Vitals
11:08 PM	Treatment
11:08 PM	Vitals
11:54 PM	Treatment
11:54 PM	Vitals
11:55 PM	Treatment
11:55 PM	Vitals
11:55 PM	Treatment
11:55 PM	Vitals
11:55 PM	Vitals
12:01 AM	Treatment
12:01 AM	Vitals
12:01 AM	Treatment
12:01 AM	Vitals
12:02 AM	Treatment
12:02 AM	Vitals
12:02 AM	Vitals
12:09 AM	Vitals
12:55 AM	Treatment
01:41 AM	Treatment
01:41 AM	Vitals
01:41 AM	Treatment
01:41 AM	Vitals
01:55 AM	Treatment

B6

B6

Client: **B6**
Patient: **B6**

Patient History

01:55 AM	Vitals
01:55 AM	Vitals
01:57 AM	Treatment
01:57 AM	Vitals
02:08 AM	Treatment
02:08 AM	Vitals
02:55 AM	Treatment
02:55 AM	Vitals
02:55 AM	Treatment
02:55 AM	Vitals
02:55 AM	Treatment
02:55 AM	Vitals
02:55 AM	Vitals
03:03 AM	Treatment
03:44 AM	Treatment
03:44 AM	Vitals
03:44 AM	Vitals
03:49 AM	Treatment
03:49 AM	Vitals
03:50 AM	Treatment
03:50 AM	Vitals
04:49 AM	Treatment
04:49 AM	Vitals
04:49 AM	Vitals
04:49 AM	Treatment
04:49 AM	Vitals
04:50 AM	Treatment
04:50 AM	Vitals
04:53 AM	Treatment
05:49 AM	Treatment
05:49 AM	Vitals
05:49 AM	Vitals
05:55 AM	Treatment
05:55 AM	Vitals
05:56 AM	Treatment
05:56 AM	Vitals
06:05 AM	Treatment
06:05 AM	Vitals
06:05 AM	Treatment
06:05 AM	Vitals
06:05 AM	Treatment

B6

B6

Client: B6

Patient: B6

Patient History

06:05 AM	Treatment
06:28 AM	Vitals
07:28 AM	Treatment
07:28 AM	Vitals
07:28 AM	Treatment
07:28 AM	Vitals
07:29 AM	Treatment
07:29 AM	Vitals
07:29 AM	Vitals
08:07 AM	Treatment
08:07 AM	Vitals
08:07 AM	Vitals
08:11 AM	Vitals
08:11 AM	Treatment
08:12 AM	Treatment
08:12 AM	Vitals
08:17 AM	Treatment
08:17 AM	Vitals
08:30 AM	Purchase
08:30 AM	Purchase
08:30 AM	Purchase
09:09 AM	Treatment
09:09 AM	Vitals
09:09 AM	Treatment
09:09 AM	Vitals
09:09 AM	Treatment
09:09 AM	Vitals
09:09 AM	Vitals
09:11 AM	Purchase
09:11 AM	Purchase
09:11 AM	Treatment
09:15 AM	Treatment
09:15 AM	Vitals
09:16 AM	Treatment
09:16 AM	Treatment
09:16 AM	Vitals
09:18 AM	Purchase
09:20 AM	Treatment
10:04 AM	Treatment
10:04 AM	Vitals
10:04 AM	Vitals
10:04 AM	Treatment
10:04 AM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

11:07 AM	Treatment
11:07 AM	Vitals
11:07 AM	Vitals
11:07 AM	Treatment
11:07 AM	Vitals
11:10 AM	Treatment
11:10 AM	Vitals
11:11 AM	Treatment
11:57 AM	Purchase
11:58 AM	Purchase
12:00 PM	Treatment
12:00 PM	Vitals
12:00 PM	Vitals
12:01 PM	Treatment
12:01 PM	Vitals
01:05 PM	Treatment
01:05 PM	Vitals
01:05 PM	Treatment
01:05 PM	Vitals
01:05 PM	Vitals
01:37 PM	Treatment
02:02 PM	Treatment
02:02 PM	Vitals
02:02 PM	Vitals
02:25 PM	Purchase
02:30 PM	Deleted Reason
02:33 PM	Vitals
02:36 PM	Labwork
02:36 PM	Appointment
02:38 PM	UserForm
11:54 AM	Appointment
11:55 AM	Appointment
07:08 AM	UserForm
08:42 AM	Treatment
08:44 AM	Treatment
08:44 AM	Vitals
08:47 AM	Treatment

B6

B6

Client: B6
Patient: B6

Patient History

	08:47 AM	Vitals	
	09:05 AM	Prescription	
	09:05 AM	Treatment	
	09:05 AM	Vitals	
	09:15 AM	Vitals	
	09:17 AM	Vitals	
	09:17 AM	Vitals	
	09:17 AM	Purchase	
	09:20 AM	Treatment	
	09:20 AM	Vitals	
	09:50 AM	Vitals	
	09:50 AM	Vitals	
	09:50 AM	Vitals	
	09:50 AM	Vitals	
	09:50 AM	Vitals	
	09:50 AM	Vitals	
	09:50 AM	Vitals	
	09:50 AM	Vitals	
	10:00 AM	Purchase	
	10:23 AM	Vitals	
	10:35 AM	Treatment	
	10:35 AM	Vitals	
B6	10:35 AM	Treatment	B6
	10:35 AM	Vitals	
	10:35 AM	Treatment	
	10:36 AM	Treatment	
	10:36 AM	Vitals	
	10:40 AM	Vitals	
	10:46 AM	Vitals	
	11:00 AM	Treatment	
	11:00 AM	Vitals	
	11:00 AM	Treatment	
	11:00 AM	Vitals	
	11:00 AM	Vitals	
	11:01 AM	Treatment	
	11:01 AM	Vitals	
	11:58 AM	Treatment	
	11:58 AM	Vitals	
	11:59 AM	Treatment	
	11:59 AM	Vitals	
	12:01 PM	Vitals	
	12:01 PM	Treatment	
	12:01 PM	Treatment	

Client: B6
Patient: B6

Patient History

12:01 PM	Vitals
12:01 PM	Vitals
12:59 PM	Treatment
12:59 PM	Vitals
12:59 PM	Treatment
12:59 PM	Vitals
12:59 PM	Vitals
01:00 PM	Treatment
01:00 PM	Vitals
01:14 PM	UserForm
01:19 PM	Treatment
01:26 PM	Purchase
01:28 PM	Labwork
01:40 PM	Treatment
01:46 PM	Treatment
01:46 PM	Vitals
01:50 PM	Prescription
01:53 PM	Prescription
01:53 PM	Treatment
01:53 PM	Vitals
01:53 PM	Vitals
01:56 PM	Treatment
01:56 PM	Vitals
01:56 PM	Treatment
01:56 PM	Vitals
02:08 PM	Purchase
02:08 PM	Purchase
02:48 PM	Treatment
02:48 PM	Vitals
03:00 PM	Treatment
03:00 PM	Vitals
03:00 PM	Vitals
03:01 PM	Treatment
03:01 PM	Vitals
03:42 PM	Treatment
03:42 PM	Vitals
03:43 PM	Treatment
03:43 PM	Vitals
03:43 PM	Vitals
03:43 PM	Treatment
03:43 PM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

B6	03:46 PM	Vitals
	04:56 PM	Treatment
	04:56 PM	Vitals
	04:56 PM	Treatment
	04:56 PM	Vitals
	04:56 PM	Vitals
	04:58 PM	Treatment
	04:58 PM	Vitals
	04:58 PM	Treatment
	05:05 PM	Treatment
	05:05 PM	Vitals
	05:05 PM	Treatment
	05:08 PM	Treatment
	05:08 PM	Treatment
	05:08 PM	Vitals
	05:14 PM	Treatment
	05:14 PM	Vitals
	05:46 PM	Treatment
	05:46 PM	Vitals
	05:46 PM	Treatment
	05:46 PM	Vitals
	05:47 PM	Treatment
	05:47 PM	Vitals
	05:47 PM	Vitals
	06:06 PM	Purchase
	06:34 PM	Vitals
	07:02 PM	Treatment
	07:02 PM	Vitals
	07:02 PM	Vitals
	07:03 PM	Treatment
	07:03 PM	Vitals
	07:03 PM	Vitals
	07:03 PM	Treatment
	07:03 PM	Vitals
08:13 PM	Treatment	
08:13 PM	Vitals	
08:13 PM	Vitals	
08:14 PM	Treatment	

B6

Client: **B6**
Patient: **B6**

Patient History

B6	08:14 PM	Vitals	B6
	08:14 PM	Treatment	
	08:14 PM	Vitals	
	09:10 PM	Treatment	
	09:10 PM	Vitals	
	09:13 PM	Treatment	
	09:13 PM	Vitals	
	09:13 PM	Vitals	
	09:14 PM	Treatment	
	09:14 PM	Vitals	
	09:21 PM	Treatment	
	09:23 PM	Treatment	
	09:23 PM	Vitals	
	10:13 PM	Treatment	
	10:13 PM	Vitals	
	10:13 PM	Treatment	
	10:13 PM	Vitals	
	10:13 PM	Vitals	
	10:14 PM	Treatment	
	10:14 PM	Vitals	
	10:54 PM	Treatment	
	10:54 PM	Vitals	
	11:00 PM	Treatment	
	11:00 PM	Vitals	
	11:00 PM	Vitals	
	12:11 AM	Treatment	
	12:11 AM	Vitals	
	12:11 AM	Vitals	
	12:11 AM	Treatment	
	12:11 AM	Vitals	
	12:11 AM	Treatment	
	12:11 AM	Vitals	
	12:14 AM	Vitals	
	12:14 AM	Treatment	
	12:56 AM	Treatment	
	12:56 AM	Vitals	
	12:56 AM	Vitals	
	12:57 AM	Treatment	
	12:57 AM	Vitals	
	12:57 AM	Treatment	
12:57 AM	Vitals		

Client: **B6**
Patient: **B6**

Patient History

01:20 AM	Treatment
01:20 AM	Treatment
01:20 AM	Vitals
01:53 AM	Treatment
01:53 AM	Vitals
01:54 AM	Treatment
01:54 AM	Vitals
02:05 AM	Treatment
02:05 AM	Vitals
02:05 AM	Vitals
02:05 AM	Treatment
02:05 AM	Vitals
02:13 AM	Purchase
03:20 AM	Treatment
03:20 AM	Vitals
03:20 AM	Treatment
03:20 AM	Vitals
03:20 AM	Vitals
03:21 AM	Treatment
03:21 AM	Vitals
04:16 AM	Treatment
04:16 AM	Vitals
04:16 AM	Treatment
04:16 AM	Vitals
04:16 AM	Vitals
04:16 AM	Treatment
04:16 AM	Vitals
05:01 AM	Treatment
05:01 AM	Vitals
05:01 AM	Vitals
05:01 AM	Treatment
05:01 AM	Vitals
05:02 AM	Treatment
05:02 AM	Vitals
05:33 AM	Treatment
05:35 AM	Treatment
05:35 AM	Treatment
05:43 AM	Treatment
05:43 AM	Vitals
05:47 AM	Treatment
05:47 AM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

	05:54 AM	Treatment	
	05:54 AM	Vitals	
	06:10 AM	Treatment	
	06:10 AM	Vitals	
	06:10 AM	Vitals	
	06:10 AM	Vitals	
	06:10 AM	Treatment	
	06:10 AM	Vitals	
	06:11 AM	Treatment	
	06:11 AM	Vitals	
	07:32 AM	Treatment	
	07:32 AM	Vitals	
	07:32 AM	Treatment	
	07:32 AM	Vitals	
	07:32 AM	Vitals	
	07:33 AM	Treatment	
	07:33 AM	Vitals	
	07:52 AM	Treatment	
B6	07:52 AM	Vitals	B6
	07:52 AM	Vitals	
	07:53 AM	Treatment	
	07:53 AM	Vitals	
	07:53 AM	Vitals	
	07:53 AM	Treatment	
	07:53 AM	Vitals	
	08:43 AM	Vitals	
	08:44 AM	Treatment	
	09:00 AM	Purchase	
	09:04 AM	Labwork	
	09:41 AM	UserForm	
	10:55 AM	Treatment	
	10:55 AM	Vitals	
	10:56 AM	Treatment	
	10:56 AM	Vitals	
	10:56 AM	Vitals	
	10:56 AM	Treatment	
	10:56 AM	Treatment	
	10:56 AM	Vitals	
	10:57 AM	Treatment	
	10:57 AM	Vitals	

Client: B6

Patient: B6

Patient History

11:39 AM	Treatment
11:39 AM	Vitals
11:39 AM	Vitals
11:39 AM	Treatment
11:39 AM	Vitals
11:39 AM	Treatment
11:39 AM	Vitals
11:50 AM	Treatment
11:50 AM	Vitals
11:50 AM	Vitals
11:51 AM	Treatment
11:51 AM	Vitals
11:51 AM	Treatment
11:51 AM	Vitals
11:52 AM	Treatment
11:52 AM	Vitals
11:53 AM	Treatment
11:53 AM	Vitals
11:59 AM	Vitals
12:00 PM	Treatment
01:02 PM	Treatment
01:02 PM	Vitals
01:03 PM	Treatment
01:03 PM	Vitals
01:13 PM	Treatment
01:13 PM	Treatment
01:13 PM	Treatment
01:13 PM	Vitals
01:13 PM	Vitals
01:14 PM	Vitals
01:27 PM	Purchase
01:27 PM	Purchase
01:30 PM	Purchase
01:31 PM	Treatment
01:31 PM	Vitals
01:31 PM	Vitals
01:32 PM	Treatment
01:32 PM	Vitals
01:34 PM	Treatment
01:34 PM	Vitals
01:34 PM	Treatment
01:34 PM	Treatment

B6

B6

Client: B6
Patient: B6

Patient History

01:34 PM	Vitals
01:35 PM	Treatment
01:35 PM	Vitals
01:35 PM	Purchase
01:53 PM	UserForm
01:54 PM	Purchase
01:54 PM	Purchase
01:54 PM	Purchase
02:03 PM	Treatment
02:15 PM	Purchase
02:15 PM	Purchase
03:14 PM	Treatment
03:14 PM	Vitals
03:14 PM	Vitals
03:17 PM	Treatment
03:17 PM	Vitals
03:28 PM	Treatment
03:28 PM	Vitals
03:28 PM	Vitals
03:54 PM	Treatment
03:54 PM	Vitals
03:54 PM	Treatment
03:54 PM	Vitals
03:55 PM	Treatment
03:55 PM	Vitals
03:55 PM	Vitals
05:08 PM	Treatment
05:08 PM	Vitals
05:14 PM	Treatment
05:14 PM	Vitals
05:14 PM	Vitals
05:14 PM	Treatment
05:14 PM	Vitals
05:15 PM	Treatment
05:22 PM	Treatment
05:22 PM	Vitals
05:22 PM	Treatment
05:22 PM	Treatment
05:22 PM	Treatment
05:22 PM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

05:22 PM	Treatment
05:25 PM	Treatment
05:25 PM	Vitals
06:06 PM	Treatment
06:06 PM	Vitals
06:06 PM	Treatment
06:06 PM	Vitals
06:10 PM	Treatment
06:10 PM	Vitals
06:10 PM	Vitals
06:46 PM	Treatment
06:46 PM	Vitals
06:46 PM	Treatment
06:46 PM	Vitals
06:46 PM	Treatment
06:46 PM	Vitals
06:46 PM	Vitals
07:30 PM	Treatment
07:30 PM	Vitals
07:30 PM	Vitals
07:31 PM	Treatment
07:31 PM	Vitals
07:31 PM	Treatment
07:31 PM	Vitals
07:31 PM	Treatment
07:31 PM	Vitals
07:31 PM	Treatment
07:31 PM	Vitals
07:31 PM	Treatment
07:31 PM	Vitals
08:29 PM	Treatment
08:29 PM	Vitals
08:29 PM	Vitals
08:30 PM	Treatment
08:30 PM	Vitals
08:30 PM	Treatment
08:30 PM	Vitals
09:01 PM	Treatment
09:03 PM	Treatment
09:06 PM	Treatment
09:06 PM	Vitals
09:08 PM	Treatment
09:45 PM	Treatment

B6

B6

Client: B6
Patient: B6

Patient History

B6	09:45 PM	Vitals	B6
	09:45 PM	Vitals	
	09:46 PM	Treatment	
	09:46 PM	Vitals	
	09:46 PM	Treatment	
	09:46 PM	Vitals	
	10:32 PM	Treatment	
	10:32 PM	Vitals	
	10:32 PM	Treatment	
	10:32 PM	Vitals	
	10:33 PM	Treatment	
	10:33 PM	Vitals	
	10:33 PM	Vitals	
	11:11 PM	Treatment	
	11:11 PM	Vitals	
	11:11 PM	Treatment	
	11:11 PM	Vitals	
	11:13 PM	Vitals	
	11:13 PM	Treatment	
	11:28 PM	Treatment	
	11:28 PM	Vitals	
	11:28 PM	Treatment	
	11:28 PM	Vitals	
	11:28 PM	Vitals	
	12:34 AM	Treatment	
	12:34 AM	Vitals	
	12:34 AM	Treatment	
	12:34 AM	Vitals	
	12:34 AM	Vitals	
	12:34 AM	Treatment	
	12:34 AM	Vitals	
	12:35 AM	Treatment	
	12:35 AM	Treatment	
12:47 AM	Treatment		
12:47 AM	Vitals		
01:38 AM	Treatment		
01:38 AM	Vitals		
01:39 AM	Treatment		
01:39 AM	Vitals		
01:39 AM	Vitals		
01:39 AM	Treatment		

Client: B6
Patient: B6

Patient History

01:39 AM	Vitals
02:13 AM	Purchase
02:22 AM	Treatment
02:22 AM	Vitals
02:22 AM	Treatment
02:22 AM	Vitals
02:22 AM	Treatment
02:22 AM	Vitals
02:22 AM	Vitals
03:28 AM	Treatment
03:28 AM	Vitals
03:28 AM	Vitals
03:30 AM	Treatment
03:30 AM	Vitals
03:30 AM	Treatment
03:30 AM	Vitals
03:30 AM	Treatment
03:30 AM	Vitals
04:32 AM	Treatment
04:32 AM	Vitals
04:32 AM	Treatment
04:32 AM	Vitals
04:32 AM	Treatment
04:32 AM	Vitals
04:32 AM	Vitals
04:53 AM	Treatment
04:53 AM	Vitals
05:01 AM	Treatment
05:01 AM	Vitals
05:01 AM	Treatment
05:01 AM	Vitals
05:02 AM	Treatment
05:02 AM	Treatment
05:02 AM	Treatment
05:02 AM	Vitals
05:02 AM	Treatment
05:02 AM	Treatment
05:02 AM	Treatment
05:43 AM	Treatment

B6

B6

Client: B6
Patient: B6

Patient History

05:43 AM	Vitals
05:43 AM	Vitals
05:43 AM	Treatment
05:43 AM	Vitals
06:45 AM	Treatment
06:45 AM	Vitals
06:45 AM	Vitals
06:45 AM	Treatment
06:45 AM	Vitals
06:47 AM	Treatment
06:47 AM	Vitals
07:40 AM	Treatment
07:40 AM	Vitals
07:40 AM	Treatment
07:40 AM	Vitals
07:40 AM	Treatment
07:40 AM	Vitals
07:40 AM	Treatment
07:41 AM	Treatment
07:41 AM	Vitals
07:41 AM	Vitals
07:42 AM	Treatment
07:42 AM	Vitals
07:42 AM	Vitals
08:41 AM	Vitals
08:41 AM	Vitals
09:00 AM	Purchase
09:11 AM	Labwork
09:17 AM	Treatment
09:17 AM	Vitals
09:36 AM	Treatment
09:50 AM	Treatment
09:50 AM	Vitals
09:50 AM	Treatment
09:50 AM	Vitals
10:22 AM	Purchase
10:22 AM	Purchase
10:49 AM	Prescription
11:23 AM	Treatment
11:23 AM	Vitals
11:24 AM	Treatment
11:24 AM	Vitals
01:07 PM	Treatment

B6

B6

Client: B6
Patient: B6

Patient History

01:07 PM	Vitals
01:08 PM	Treatment
01:08 PM	Vitals
01:10 PM	Vitals
01:16 PM	Treatment
01:16 PM	Vitals
01:16 PM	Treatment
01:16 PM	Vitals
01:17 PM	Treatment
01:17 PM	Vitals
01:17 PM	Treatment
01:17 PM	Vitals
01:18 PM	Treatment
07:09 PM	Purchase
04:35 PM	Vitals
04:35 PM	Vitals
04:35 PM	Vitals
04:35 PM	Vitals
05:42 PM	UserForm
06:03 PM	Purchase
06:04 PM	Treatment
06:53 PM	UserForm
07:13 PM	Prescription
07:21 PM	UserForm
07:22 PM	Prescription
08:01 PM	Treatment
08:03 PM	Purchase
08:03 PM	Purchase
08:05 PM	Treatment
08:40 PM	Labwork
08:54 PM	Vitals
08:59 PM	Treatment
08:59 PM	Vitals
09:16 PM	Vitals
09:26 PM	Treatment
09:26 PM	Vitals
09:27 PM	Treatment
09:27 PM	Vitals
09:31 PM	Treatment
09:33 PM	Treatment
09:33 PM	Vitals

B6

B6



Client: B6
Patient: B6

Patient History

	09:40 PM	Treatment	
	09:40 PM	Vitals	
	09:40 PM	Treatment	
	09:40 PM	Vitals	
	09:41 PM	Treatment	
	09:41 PM	Vitals	
	09:41 PM	Vitals	
	09:51 PM	Treatment	
	09:51 PM	Vitals	
	10:08 PM	Treatment	
	10:09 PM	Treatment	
	11:02 PM	Treatment	
	11:02 PM	Vitals	
	11:02 PM	Vitals	
	11:19 PM	Treatment	
	11:19 PM	Vitals	
	11:19 PM	Treatment	
	11:45 PM	Treatment	
	11:45 PM	Vitals	
	11:45 PM	Treatment	
B6	11:45 PM	Vitals	B6
	11:45 PM	Vitals	
	11:47 PM	Purchase	
	11:47 PM	Purchase	
	12:55 AM	Treatment	
	12:55 AM	Vitals	
	12:55 AM	Treatment	
	12:55 AM	Vitals	
	12:55 AM	Vitals	
	12:57 AM	Treatment	
	12:57 AM	Vitals	
	01:27 AM	Treatment	
	01:27 AM	Vitals	
	01:27 AM	Treatment	
	01:27 AM	Vitals	
	01:28 AM	Treatment	
	01:28 AM	Vitals	
	01:48 AM	Treatment	
	01:48 AM	Vitals	
	01:48 AM	Treatment	
	01:48 AM	Vitals	
	01:48 AM	Treatment	

Client: B6
Patient: B6

Patient History

01:48 AM	Vitals
01:48 AM	Vitals
03:45 AM	Treatment
03:45 AM	Treatment
03:45 AM	Vitals
03:45 AM	Treatment
03:45 AM	Vitals
03:45 AM	Vitals
03:46 AM	Treatment
03:46 AM	Vitals
03:50 AM	Treatment
03:50 AM	Treatment
03:50 AM	Vitals
04:57 AM	Treatment
04:57 AM	Vitals
04:57 AM	Vitals
04:59 AM	Treatment
04:59 AM	Vitals
04:59 AM	Treatment
04:59 AM	Vitals
05:10 AM	Treatment
05:10 AM	Vitals
05:10 AM	Treatment
05:10 AM	Vitals
05:14 AM	Treatment
05:15 AM	Treatment
06:01 AM	Treatment
06:01 AM	Vitals
06:01 AM	Treatment
06:01 AM	Vitals
06:01 AM	Vitals
06:02 AM	Treatment
06:02 AM	Vitals
07:16 AM	Vitals
07:31 AM	Treatment
07:31 AM	Vitals
07:31 AM	Treatment
07:31 AM	Vitals
07:31 AM	Treatment

B6

B6

Client: B6
Patient: B6

Patient History

07:31 AM	Vitals
07:31 AM	Vitals
07:35 AM	Treatment
07:51 AM	Treatment
07:51 AM	Vitals
07:51 AM	Treatment
07:51 AM	Vitals
07:51 AM	Vitals
07:53 AM	Treatment
07:53 AM	Vitals
08:14 AM	Purchase
09:02 AM	Treatment
09:02 AM	Vitals
09:03 AM	Treatment
09:03 AM	Vitals
09:03 AM	Treatment
09:03 AM	Vitals
09:03 AM	Vitals
09:26 AM	Treatment
09:26 AM	Vitals
10:03 AM	Treatment
10:03 AM	Vitals
10:04 AM	Treatment
10:04 AM	Vitals
10:04 AM	Treatment
10:04 AM	Vitals
10:05 AM	Treatment
10:05 AM	Vitals
10:05 AM	Vitals
11:18 AM	Treatment
11:18 AM	Vitals
11:38 AM	Purchase
11:49 AM	Treatment
11:49 AM	Vitals
01:38 PM	Treatment
01:38 PM	Vitals
02:00 PM	Vitals
02:02 PM	Treatment
02:02 PM	Vitals
02:03 PM	Treatment
02:08 PM	Treatment
02:08 PM	Vitals
02:13 PM	Treatment
02:13 PM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

02:14 PM	Treatment
02:14 PM	Treatment
02:14 PM	Treatment
02:17 PM	Vitals
02:17 PM	Treatment
02:17 PM	Treatment
02:17 PM	Vitals
02:53 PM	Treatment
02:53 PM	Vitals
03:09 PM	UserForm
04:22 PM	Treatment
04:22 PM	Vitals
04:45 PM	Treatment
04:45 PM	Vitals
08:30 AM	Treatment
08:30 AM	Purchase
07:36 PM	Prescription
08:39 PM	Purchase
08:42 PM	UserForm
09:53 PM	Purchase
10:01 PM	Labwork
10:03 PM	Vitals
10:03 PM	Purchase
10:13 PM	Purchase
10:13 PM	Purchase
10:14 PM	Treatment
10:14 PM	Vitals
10:14 PM	Treatment
10:14 PM	Vitals
10:15 PM	Treatment
10:15 PM	Vitals
10:16 PM	Treatment
10:16 PM	Vitals
10:19 PM	Treatment
10:19 PM	Vitals
10:28 PM	Vitals
10:29 PM	Treatment
10:39 PM	Prescription
10:40 PM	Prescription
10:42 PM	Prescription
10:44 PM	Prescription
11:36 PM	Treatment
11:36 PM	Vitals
11:37 PM	Treatment

B6

B6

Client: **B6**
Patient: **B6**

Patient History

11:37 PM	Vitals
11:38 PM	Treatment
11:38 PM	Vitals
11:38 PM	Vitals
12:08 AM	Treatment
12:09 AM	Treatment
12:09 AM	Vitals
12:10 AM	Treatment
12:10 AM	Vitals
12:10 AM	Vitals
12:30 AM	Vitals
12:31 AM	Treatment
12:44 AM	Treatment
12:44 AM	Vitals
12:44 AM	Treatment
12:44 AM	Vitals
12:46 AM	Treatment
12:46 AM	Vitals
12:46 AM	Vitals
01:33 AM	Treatment
01:33 AM	Vitals
01:34 AM	Treatment
01:34 AM	Vitals
01:35 AM	Treatment
01:48 AM	Vitals
01:50 AM	Treatment
01:50 AM	Vitals
01:50 AM	Vitals
02:05 AM	Vitals
02:05 AM	Treatment
02:05 AM	Treatment
02:05 AM	Vitals
02:07 AM	Vitals
02:44 AM	Treatment
02:44 AM	Vitals
02:46 AM	Treatment
02:46 AM	Vitals
02:46 AM	Vitals
02:46 AM	Treatment
02:46 AM	Vitals
03:23 AM	Treatment

B6

B6

Client: B6
Patient: B6

Patient History

03:23 AM	Vitals
03:44 AM	Treatment
03:44 AM	Vitals
03:44 AM	Treatment
03:44 AM	Vitals
03:44 AM	Vitals
03:45 AM	Treatment
03:45 AM	Vitals
05:02 AM	Treatment
05:02 AM	Vitals
05:02 AM	Treatment
05:02 AM	Vitals
05:06 AM	Treatment
05:06 AM	Vitals
05:06 AM	Vitals
06:10 AM	Treatment
06:10 AM	Vitals
06:11 AM	Treatment
06:11 AM	Vitals
06:12 AM	Treatment
06:12 AM	Vitals
06:12 AM	Vitals
06:14 AM	Treatment
06:14 AM	Vitals
06:14 AM	Treatment
06:14 AM	Vitals
06:58 AM	Treatment
06:58 AM	Vitals
06:58 AM	Vitals
07:13 AM	Treatment
07:13 AM	Vitals
07:14 AM	Treatment
07:14 AM	Vitals
07:22 AM	Treatment
07:22 AM	Vitals
07:27 AM	Vitals
07:28 AM	Treatment
08:13 AM	Treatment
08:13 AM	Vitals
08:13 AM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

08:15 AM	Vitals
08:18 AM	Treatment
08:18 AM	Vitals
08:19 AM	Treatment
08:19 AM	Vitals
08:28 AM	Treatment
08:28 AM	Treatment
08:39 AM	Purchase
08:40 AM	Purchase
08:42 AM	Purchase
08:43 AM	Purchase
09:05 AM	Treatment
09:05 AM	Vitals
09:05 AM	Treatment
09:05 AM	Vitals
09:05 AM	Vitals
09:07 AM	Treatment
09:07 AM	Vitals
09:56 AM	Treatment
09:56 AM	Treatment
09:56 AM	Vitals
09:56 AM	Vitals
09:59 AM	Treatment
09:59 AM	Vitals
10:07 AM	Treatment
10:08 AM	Purchase
10:12 AM	Treatment
10:13 AM	Treatment
10:13 AM	Treatment
10:13 AM	Vitals
10:13 AM	Treatment
10:13 AM	Vitals
10:13 AM	Treatment
10:13 AM	Vitals
10:14 AM	Treatment
10:14 AM	Vitals
10:14 AM	Vitals

B6

B6

Client: **B6**
Patient: **B6**

Patient History

10:45 AM	UserForm
11:01 AM	Purchase
11:02 AM	Treatment
11:06 AM	Treatment
11:06 AM	Vitals
11:06 AM	Vitals
11:07 AM	Treatment
11:07 AM	Vitals
11:49 AM	Treatment
11:49 AM	Vitals
11:49 AM	Vitals
11:53 AM	Vitals
11:53 AM	Treatment
11:53 AM	Treatment
11:53 AM	Vitals
12:18 PM	UserForm
12:50 PM	Treatment
12:50 PM	Vitals
12:50 PM	Vitals
12:51 PM	Treatment
12:51 PM	Vitals
12:51 PM	Treatment
01:15 PM	Treatment
01:15 PM	Vitals
01:15 PM	Treatment
01:15 PM	Vitals
01:15 PM	Vitals
01:19 PM	Purchase
01:28 PM	Labwork
01:30 PM	Treatment
01:30 PM	Treatment
01:30 PM	Vitals
02:06 PM	Treatment
02:06 PM	Vitals
02:06 PM	Vitals
02:07 PM	Treatment
02:07 PM	Vitals
03:04 PM	Treatment
03:04 PM	Vitals
03:06 PM	Treatment

B6

B6

Client: **B6**
Patient: **B6**

Patient History

03:06 PM	Vitals
03:06 PM	Vitals
04:35 PM	Treatment
04:35 PM	Vitals
04:41 PM	Treatment
04:41 PM	Vitals
04:41 PM	Vitals
05:05 PM	Prescription
05:15 PM	Treatment
05:15 PM	Treatment
05:15 PM	Treatment
05:15 PM	Vitals
05:16 PM	Treatment
05:16 PM	Vitals
05:16 PM	Vitals
05:36 PM	Treatment
05:36 PM	Vitals
05:38 PM	Treatment
05:38 PM	Vitals
05:38 PM	Vitals
05:39 PM	Treatment
05:39 PM	Vitals
05:39 PM	Treatment
05:39 PM	Treatment
05:40 PM	Treatment
05:40 PM	Vitals
05:40 PM	Vitals
05:49 PM	Treatment
05:49 PM	Vitals
06:04 PM	Treatment
06:04 PM	Vitals
06:05 PM	Vitals
06:07 PM	Treatment
07:08 PM	Treatment
07:08 PM	Vitals
07:08 PM	Vitals
07:09 PM	Treatment
07:09 PM	Vitals
07:34 PM	Treatment

B6

B6

Client: B6
Patient: B6

Patient History

07:34 PM	Treatment
07:52 PM	Treatment
07:52 PM	Vitals
07:53 PM	Treatment
07:53 PM	Vitals
07:53 PM	Vitals
09:01 PM	Treatment
09:01 PM	Vitals
09:01 PM	Vitals
09:01 PM	Treatment
09:01 PM	Vitals
09:26 PM	Treatment
09:26 PM	Vitals
09:26 PM	Treatment
09:26 PM	Vitals
09:26 PM	Vitals
09:27 PM	Treatment
09:27 PM	Treatment
09:27 PM	Vitals
09:27 PM	Treatment
09:27 PM	Vitals
09:48 PM	Treatment
09:48 PM	Vitals
09:48 PM	Vitals
10:10 PM	Purchase
10:10 PM	Purchase
10:57 PM	Treatment
10:57 PM	Vitals
10:57 PM	Treatment
10:57 PM	Vitals
10:57 PM	Vitals
11:02 PM	Treatment
11:02 PM	Treatment
11:52 PM	Treatment
11:52 PM	Vitals
11:52 PM	Vitals
11:52 PM	Treatment
11:52 PM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

	11:54 PM	Vitals	
	11:54 PM	Treatment	
	12:47 AM	Treatment	
	12:47 AM	Vitals	
	12:47 AM	Vitals	
	12:47 AM	Treatment	
	12:47 AM	Vitals	
	01:14 AM	Treatment	
	01:14 AM	Vitals	
	01:16 AM	Treatment	
	01:16 AM	Treatment	
	01:16 AM	Vitals	
	01:16 AM	Vitals	
	02:17 AM	Treatment	
	02:17 AM	Vitals	
	02:17 AM	Treatment	
	02:17 AM	Vitals	
	02:17 AM	Vitals	
	02:18 AM	Treatment	
	02:18 AM	Vitals	
B6	03:08 AM	Treatment	
	03:08 AM	Vitals	
	03:08 AM	Vitals	
	03:08 AM	Treatment	
	03:08 AM	Vitals	
	04:00 AM	Treatment	
	04:00 AM	Vitals	
	04:00 AM	Vitals	
	04:00 AM	Treatment	
	04:00 AM	Vitals	
	04:52 AM	Treatment	
	04:52 AM	Vitals	
	04:52 AM	Treatment	
	04:52 AM	Vitals	
	04:52 AM	Vitals	
	05:29 AM	Treatment	
	05:32 AM	Treatment	
	05:32 AM	Vitals	
	05:32 AM	Vitals	
	05:33 AM	Treatment	
	05:33 AM	Vitals	

B6

Client: B6
Patient: B6

Patient History

05:33 AM Treatment
05:33 AM Vitals
05:37 AM Treatment

05:37 AM Treatment

05:37 AM Vitals
05:37 AM Treatment

05:37 AM Vitals
05:37 AM Vitals
05:49 AM Treatment
05:49 AM Vitals
05:49 AM Vitals
06:53 AM Treatment

06:53 AM Vitals
06:53 AM Vitals
06:53 AM Treatment
06:53 AM Vitals
07:49 AM Purchase
07:51 AM Purchase
08:02 AM Treatment
08:02 AM Vitals
08:04 AM Treatment

08:04 AM Vitals
08:04 AM Vitals
08:12 AM Treatment

08:12 AM Treatment

08:14 AM Prescription
08:14 AM Prescription

08:37 AM Prescription
08:54 AM Treatment
08:54 AM Vitals
08:54 AM Vitals
09:00 AM Vitals
09:02 AM Treatment
09:02 AM Vitals
09:03 AM Treatment

09:03 AM Vitals
09:03 AM Vitals
09:03 AM Treatment
09:03 AM Vitals
09:41 AM Treatment
09:45 AM UserForm

B6

B6

Client: B6

Patient: B6

Patient History

09:48 AM	Treatment
09:48 AM	Treatment
09:48 AM	Vitals
09:48 AM	Treatment
09:48 AM	Vitals
09:50 AM	Prescription
09:55 AM	Treatment
09:55 AM	Vitals
09:55 AM	Vitals
09:56 AM	Treatment
09:56 AM	Vitals
09:56 AM	Vitals
10:08 AM	Purchase
11:02 AM	Treatment
11:02 AM	Vitals
11:02 AM	Vitals
11:02 AM	Treatment
11:02 AM	Vitals
11:20 AM	Treatment
11:20 AM	Vitals
11:20 AM	Vitals
11:21 AM	Treatment
11:21 AM	Vitals
11:28 AM	Purchase
11:28 AM	Deleted Reason
11:44 AM	Treatment
12:47 PM	Treatment
12:47 PM	Vitals
12:47 PM	Vitals
12:47 PM	Treatment
12:47 PM	Vitals
01:28 PM	Treatment
01:29 PM	Treatment
01:29 PM	Vitals
01:34 PM	Purchase
01:36 PM	Treatment
01:36 PM	Vitals
01:36 PM	Vitals
01:37 PM	Treatment
01:37 PM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

01:37 PM	Labwork
01:40 PM	Treatment
01:47 PM	Treatment
01:47 PM	Vitals
02:45 PM	Treatment
02:45 PM	Treatment
02:45 PM	Vitals
02:45 PM	Vitals
02:46 PM	Treatment
02:46 PM	Vitals
04:01 PM	Treatment
04:01 PM	Vitals
04:09 PM	Treatment
04:10 PM	Treatment
04:10 PM	Vitals
04:10 PM	Vitals
05:13 PM	Treatment
05:13 PM	Vitals
05:14 PM	Treatment
05:14 PM	Vitals
05:14 PM	Vitals
05:15 PM	Treatment
05:17 PM	Treatment
05:17 PM	Treatment
05:17 PM	Vitals
05:33 PM	Treatment
05:33 PM	Vitals
05:35 PM	Treatment
05:35 PM	Vitals
06:06 PM	Treatment
06:06 PM	Vitals
06:06 PM	Vitals
06:06 PM	Treatment
06:06 PM	Vitals
07:02 PM	Treatment
07:02 PM	Vitals
07:02 PM	Vitals
07:03 PM	Treatment
07:03 PM	Vitals
07:38 PM	Treatment

B6

B6

Client: B6
Patient: B6

Patient History

7:38 PM	Treatment
7:53 PM	Treatment
7:53 PM	Vitals
7:53 PM	Vitals
7:56 PM	Vitals
7:56 PM	Treatment
7:56 PM	Treatment
7:56 PM	Vitals
9:02 PM	Treatment
9:02 PM	Vitals
9:02 PM	Vitals
9:02 PM	Treatment
9:02 PM	Vitals
9:30 PM	Treatment
9:31 PM	Treatment
9:31 PM	Vitals
9:42 PM	Treatment
9:42 PM	Vitals
9:47 PM	Treatment
9:47 PM	Vitals
9:47 PM	Vitals
9:47 PM	Treatment
9:47 PM	Vitals
10:10 PM	Purchase
10:10 PM	Purchase
1:09 PM	Treatment
1:09 PM	Vitals
1:09 PM	Vitals
1:09 PM	Treatment
1:09 PM	Vitals
1:14 PM	Treatment
1:14 PM	Vitals
1:15 PM	Treatment
1:45 PM	Treatment
1:45 PM	Vitals
1:46 PM	Treatment
1:46 PM	Vitals
1:46 PM	Vitals
2:56 AM	Treatment
2:56 AM	Vitals
2:56 AM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

	12:56 AM	Treatment	
	12:56 AM	Vitals	
	01:08 AM	Treatment	
	01:08 AM	Treatment	
	01:08 AM	Vitals	
	01:10 AM	Treatment	
	01:10 AM	Vitals	
	01:43 AM	Treatment	
	01:43 AM	Vitals	
	01:43 AM	Treatment	
	01:43 AM	Vitals	
	01:43 AM	Vitals	
	02:51 AM	Treatment	
	02:51 AM	Vitals	
	02:51 AM	Vitals	
	02:51 AM	Treatment	
	02:51 AM	Vitals	
	03:24 AM	Treatment	
	03:57 AM	Treatment	
B6	03:57 AM	Vitals	B6
	03:57 AM	Vitals	
	03:57 AM	Treatment	
	03:57 AM	Vitals	
	04:27 AM	Treatment	
	04:27 AM	Vitals	
	04:48 AM	Treatment	
	04:48 AM	Vitals	
	04:48 AM	Vitals	
	04:55 AM	Treatment	
04:55 AM	Vitals		
05:05 AM	Treatment		
05:05 AM	Vitals		
05:05 AM	Treatment		
05:08 AM	Treatment		
	05:46 AM	Treatment	
	05:46 AM	Vitals	
	05:46 AM	Vitals	
	05:46 AM	Treatment	
	05:46 AM	Vitals	
	06:44 AM	Treatment	
	06:44 AM	Vitals	
	06:45 AM	Treatment	

Client: B6
Patient: B6

Patient History

06:45 AM	Vitals
06:45 AM	Vitals
07:11 AM	Purchase
07:12 AM	Purchase
07:46 AM	Treatment
07:46 AM	Vitals
07:46 AM	Treatment
07:46 AM	Vitals
07:55 AM	Treatment
07:55 AM	Vitals
07:55 AM	Vitals
08:36 AM	Treatment
08:36 AM	Vitals
08:37 AM	Treatment
09:01 AM	Prescription
09:02 AM	Prescription
09:03 AM	Prescription
09:11 AM	Treatment
09:11 AM	Vitals
09:11 AM	Vitals
09:12 AM	Treatment
09:12 AM	Vitals
09:13 AM	Treatment
09:13 AM	Vitals
09:43 AM	Purchase
09:52 AM	Treatment
09:52 AM	Vitals
09:52 AM	Vitals
09:57 AM	Treatment
09:57 AM	Treatment
09:57 AM	Treatment
09:57 AM	Vitals
09:57 AM	Treatment
09:57 AM	Vitals
10:08 AM	Purchase
10:08 AM	Labwork
11:00 AM	Treatment
11:00 AM	Vitals
11:00 AM	Vitals

B6

B6

Client: B6

Patient: B6

Patient History

11:01 AM	Treatment
11:01 AM	Treatment
11:01 AM	Vitals
11:02 AM	Vitals
11:26 AM	Prescription
11:27 AM	Purchase
11:28 AM	Prescription
11:31 AM	Purchase
11:54 AM	Treatment
11:54 AM	Vitals
11:54 AM	Vitals
11:56 AM	Treatment
11:56 AM	Vitals
11:56 AM	Treatment
11:56 AM	Vitals
01:12 PM	Treatment
01:12 PM	Vitals
01:12 PM	Vitals
01:13 PM	Treatment
01:13 PM	Vitals
01:34 PM	Treatment
01:34 PM	Treatment
01:34 PM	Vitals
02:04 PM	Treatment
02:04 PM	Vitals
02:04 PM	Vitals
02:05 PM	Treatment
02:05 PM	Vitals
03:22 PM	Treatment
03:22 PM	Vitals
03:22 PM	Vitals
03:23 PM	Treatment
03:23 PM	Vitals
03:28 PM	Treatment
03:28 PM	Treatment
03:28 PM	Vitals
04:00 PM	Treatment
04:00 PM	Vitals
04:00 PM	Vitals
04:01 PM	Treatment
04:01 PM	Vitals

B6

B6

Client: **B6**

Patient: **B6**

Patient History

B6

05:03 PM	Prescription
03:01 PM	Appointment
11:06 AM	UserForm
11:26 AM	Purchase
11:26 AM	Treatment
11:36 AM	UserForm
11:47 AM	Vitals
12:08 PM	Purchase
12:13 PM	Purchase
12:39 PM	Prescription
12:39 PM	Purchase

B6

B6

B6

Female (Spayed)

Genie: Doberman Brown/Tan

Patient ID: **B6**

STANDARD CONSENT FORM

I am the owner, or agent for the owner, of the above described animal and have the authority to execute consent. I hereby authorize the Cummings School of Veterinary Medicine at Tufts University (herein after Cummings School) to prescribe for treatment of said animal according to the following terms and conditions.

Cummings School and its officers, agents and employees will provide such veterinary medical care as they deem reasonable and appropriate under the circumstances.

Cummings School and its officers, agents, and employees will use all reasonable care in the treatment of the above mentioned animal, but will not be liable for any loss or accident that may occur or any disease that may develop as a result of the care and treatment provided.

I understand that the above identified animal may be treated by Cummings School students under the supervision and assistance of Cummings School staff members.

In executing this form, I hereby expressly acknowledge that risks, benefits and alternative forms of treatment have been explained to me. I understand said explanation, and I consent to treatment. Should any additional treatments or diagnostics be required during the continued care of my animal, I understand that I will be given the opportunity to discuss and consent to these additional procedures. I understand that further or additional treatment may be required without an opportunity for discussion and consideration by me, in the case of the development of any life-threatening emergency during the continued care of my animal and I expressly consent to all such reasonable treatment as required. I realize and understand that results cannot be guaranteed.

If any equipment is left with the animal, it will be accepted with the understanding that Cummings School assumes no responsibility for any loss of equipment that may occur.

I agree to pick up the animal when notified that it is ready for release.

In the event the animal is not picked up, and if ten (10) days have expired since a registered letter was sent to the address given above, notifying me to call for the animal, the animal may be sold or otherwise disposed of in a humane manner and the proceeds applied to the charges incurred in caring and treating the animal. Failure to remove said animal will not and does not relieve me from obligation for the costs of services rendered.

I hereby grant to the Cummings School of Veterinary Medicine at Tufts University, its officers and employees (collectively referred to herein as Cummings School), and its agents and assigns (the Grantors) the irrevocable rights to photograph / videotape the operation or procedure to be performed, including appropriate and otherwise use such photographs and images for, and in connection with, a Grantor's medical, scientific, educational, and publicity purposes, by any means, methods and media (print and electronic) now known or, in the future, developed that the Grantor deems appropriate (provided that such photographs and images may not be used in for-profit commercials, unless such commercials are publicizing educational programs of Cummings School). As medical and surgical treatment necessitates the removal of tissue, cells, fluids or body parts of my animal, I authorize the Grantors to dispose of or use these tissues, cells, fluids or body parts for scientific and educational purposes.

I understand that a FINANCE CHARGE will be applied to all accounts unpaid after 30 days. The FINANCE CHARGE is computed on a monthly rate of 1.33% per month, which is an annual percentage rate of 16% applied to the average daily balance outstanding, with a minimum fee of \$5.00.

I do further agree that should any payment, or the full amount of the sum stated above, become overdue more than 30 days from the above-agreed upon time of payment or payments, the entire balance shall be considered in default and become due and payable. I further agree to be responsible for any or all collection agency and/or attorney fees necessary to collect the full amount.

I do further agree to comply with hours of visitation in conjunction with our Hospital's policy.

I have read, understood, and agree to accept the terms and conditions herein.

Owner's name:

Owner's address:

Owner's Name Signature: _____

Date: _____

**If the individual admitting the animal is someone other than the legal owner,
please complete the portion below.**

The owner of the animal, has granted me authority to obtain medical treatment and to bind the owner to pay the veterinary medical services provided at Cummings School pursuant to the terms and conditions described above.

Authorized Agent - Please Print: _____

Agent's Signature: _____

Street Address: _____

Date: _____

Town/City: _____

State: _____

Zip: _____

Treatment Plan

B6

B6

This treatment is based upon our preliminary examination. This is an estimated price and not an actual price. Prices offered will be based on your physical condition at the current status of your pet throughout your entire hospitalization. The final bill may vary considerably from this estimated price.

B6	B6
-----------	-----------

B6

B6

Our treatment plan is based upon our preliminary examination. This is an estimated price and not an actual price. Prices offered will be based on your physical condition at the current status of your pet throughout your entire hospitalization. The final bill may vary considerably from this estimated price.

High Total	B6
Low Total	
Other Charges	

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY

Foster Hospital for Small Animals
55 Willard Street
North Grafton, MA 01536
Telephone: (508) 833-5395
Fax: (508) 833-7951
<http://vetmed.tufts.edu/>

Emergency & Critical Care: Latham (508) 867-4245

Patient:

Name:

B6

Owner:

Name:

B6

Signalment:

B6 10-year Old Grey/Tan Female
(Spayed) Doberman

Address:

Patient ID:

B6

Emergency Clinician:

B6

DVM (Emergency & Critical Care Resident)

Consulting Clinician:

HR Supervisor:

B6

Discharge Instructions

Admit Date:

B6

Check Out:

Diagnosis: Dilated cardiomyopathy (DCM) with congestive heart failure

B6

- We also want you to watch for weakness or collapse, a reduction in appetite, worsening cough, or distention of the belly as these findings indicate that we should do a recheck examination.
- If you have any concerns, please call or have your dog evaluated by a veterinarian. Our emergency clinic is open 24 hours/day.

B6

Please visit our HowSmart website for more information:

<http://vet.hulls.com/guest/owner/>

Prescription Refill Disclaimer:

For the safety and well-being of our patients, your pet must have had an examination by one of our veterinarians within the past year in order to obtain prescription medications.

Ordering Food:

Please check with your primary veterinarian to purchase the recommended diet(s). If you wish to purchase your food from us, please call 7-10 days in advance (508-887-8629) to ensure the food is in stock. Alternatively, veterinary diets can be ordered from online retailers with a prescription/veterinary approval.

Clinical Trials:

Clinical trials are studies in which our veterinary doctors work with you and your pet to investigate a specific disease process or a promising new test or treatment. Please see our website: vet.hulls.com/guest/clinical-trials.

Case: B6

Owner: B6

Discharge Instructions

Radiology Request & Report

Patient:

Name: B6
Species: Canine
Breed/Type/Female (spayed)
Doberman
Birthdate: B6

Owner:

Name: B6
Address: B6

Patient ID: B6
Date of request: B6

Attending Clinician: B6 DVM (SAM Rotating Intern)

Student: B6 V18

Date of exam: B6

Patient Location: Ward/Cage: ER

Weight (lb): 0.00

- Inpatient
- Outpatient Times
- Waiting
- Emergency

Sedation

- IMAG
- OBAG
- 1/2 dose OBAG
- DesDomitor/Butorphanol
- Anesthesia to sedate/analgesia

Examination Desired: 3 view CXR

Presenting Complaint and Clinical Questions you wish to answer:
Diagnosed with DCM in June. CHF vs other lung pathology?

B6

cranial abdomen are normal.

Conclusions:

1. Moderate left-sided cardiomegaly consistent with the previously diagnosed DCM. An echocardiogram may be performed to better assess changes to the heart.
2. Diffuse interstitial lung pattern, worse in right and left caudodorsal lung fields, consistent with cardiogenic pulmonary edema and decompensated congestive heart failure.

Radiologists:

Primary:	B6	V18
Reviewing:	B6	DFC, DACVR

Dates:

Reported: 1/9/2018
Finalized: 1/10/2018

Treatment Plan

B6

B6

The address is listed and our primary location. This is an agreement and is not the end of. Every effort will be made to keep you informed of the current status of your pet throughout your animal's hospitalization. The final bill may vary substantially from the estimated total.

B6

B6

B6

B6

Owner of Pet: **B6**

Overnight

I understand that the guarantee of success in this procedure is not 100%. I certify that I have read and fully understand the authorization for medical attention being authorized, the reason for why such medical attention or procedure is considered necessary, as well as its advantages and possible complications. I am liable for the financial responsibility for all charges incurred by this patient. I agree to pay 75% of the estimated total at the time of admission. Additional deposits will be required if additional care or procedures are required. I further agree to pay the balance of the charges when the patient is released.

Procedural billing is inclusive up to and including the estimated duration of hospitalization. There will be additional charges if hospitalization extends beyond the estimated duration.

I have read, understood, and agree to accept the conditions of the treatment plan.

Thank you for entrusting us with your pet's care.

High Total	
Low Total	
75% Deposit	

B6

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY
Cardiology Liaison: 508-887-4696

B6

Patient ID: **B6**

B6

Case:

Years Old Female (Spayed)

Dobberman

Brown/Tan BW: Weight (kg) 27.60

Cardiology Inpatient

Date: **B6**

Weight: Weight (kg) 27.60

Attending Cardiologist:

John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC

B6

Cardiology Resident:

B6

Thoracic radiographs available for review?

- Yes - in SS
- Yes - in PACS
- No

Presenting complaint and important concurrent diseases:

Coughing episode and increased respiratory effort ~4am. History of DCM, diagnosed

Physical Examination:

B6

Key indication for consultation: (murmur, arrhythmia, needs fluids, etc.):

History of DCM diagnosis:

STOP - remainder of form to be filled out by Cardiology

B6

Muscle condition:

- Normal
- Moderate cachexia

Mild muscle loss

Marked cachexia

Cardiovascular Physical Exam

Murmur Grade:

None

I/VI

II/VI left apical systolic

III/VI

IV/VI

V/VI

VI/VI

Jugular vein:

Bottom 1/3 of neck

Middle 1/3 of neck

Top 2/3 of neck

Arterial pulses:

Weak

Fair

Good

Strong

Bounding

Pulse deficits

Pulsus paradoxus

Other (describe):

Arrhythmic:

None

Sinus arrhythmia

Premature beats

Bradycardia

Tachycardia

Gallop:

Yes

No

Intermittent

Pronounced

Other:

Pulmonary assessments:

Eupneic

Mild dyspnea

Marked dyspnea

Normal BV sounds

Pulmonary Crackles - Diffuse -

Wheezes

Upper airway stridor

Other auscultatory findings: Wet cough producing pulmonary edema fluid.

Abdominal exam:

Normal

Hepatomegaly

Abdominal distension

Mild ascites

B6

Doppler findings:

Trace P1

2+ MR

1+ TR

Mitral Inflow:

Summated

Normal

Delayed relaxation

Pseudonormal

Restrictive

B6

Final Diagnosis:

- Advanced DCM with active CHF

Heart Failure Classification Score:

ISCHC Classification:

Ia

Ib

II

IIIa

IIIb

ACVIM CHF Classification:

A

B1

B2

C

D

F
A
PV Vmax
PV maxPG
AV Vmax
AV maxPG

B6

m/s
m/s
m/s
mmHg
m/s
mmHg

Discharge Instructions

Patient:

Name: B6

Species: Canine

Breed/Type: Female (Spayed) Doberman

Birthdate: B6

Owner:

Name: B6

Address: B6

Patient ID: B6

Attending Cardiologist:

John F. Rush DVM, MS, DACVIM (Cardiology), DACVCP

B6

Cardiology Resident:

B6

B6

Student: B6 #18

Cardiology Technician:

B6

Admit Date: B6 1:00:33 AM

Discharge Date: B6

Diagnosis:

Dilated cardiomyopathy (DCM) with congestive heart failure

Case summary:

Thank you for bringing B6 to Tufts emergency services for cough, increased respiratory rate and lethargy.

On site was given a dose of furosemide before being placed in an oxygenated cage with an SpO_2 monitor. Because only mild improvement was noted with the furosemide, we decided to start B6 on an intravenous medication called dobutamine, which improves the heart contractile function. During that period of time we limited handling for diagnostic tests until her breathing had stabilized to not induce stress.

Throughout her stay B6 progressively improved with some changes to her cardiac medications. We were able to progressively wean her off the intravenous medication and continue with oral medication only. Her oxygen supplementation was discontinued this morning and she continued to do great.

During her hospitalization, kidney values were rechecked daily and are still within reasonable limits despite extra furosemide. Chest radiographs were performed and confirmed the presence of congestive heart failure. A rechecked echocardiogram (ultrasound of the heart) was repeated and confirmed the previous diagnosis of DCM (dilated cardiomyopathy) that is considered advanced.

DCM is more common in large and giant breed dogs and is characterized by thinning of the walls of the heart, reduced cardiac pump function, and enlargement of the upper chambers of the heart. Many dogs with DCM will also have significant arrhythmias which can be life-threatening and also require medical management. The heart enlargement has now progressed to the point of congestive heart failure, meaning that fluid is backing up into the lungs. Unfortunately this is a progressive disease and we cannot reverse the changes to the heart muscle, however we can use cardiac medications and some changes to the diet to make your dog comfortable and have him breathing easier.

B6

B6

Recheck Visits:

A recheck visit is recommended in 1-2 weeks after any medication adjustments are made. At this visit we will check your dog's breathing effort and do a blood test to recheck kidney values. A recheck echocardiogram is recommended in 3-4 months.

Thank you for entrusting us with **B6** care. Please contact our Cardiology team **B6** at **B6** or email us at cardiow@tulane.edu for scheduling and non-emergent questions or concerns.

Sincerely,

B6

Please visit our HeartSmart website for more information:

<http://vet.tulane.edu/heartsmart/>

Prescription Refill Disclaimers:

For the safety and well-being of our patients, your pet must have had an examination by one of our veterinarians within the past year in order to obtain prescription medications.

Ordering Food:

Please check with your primary veterinarian to purchase the recommended diet(s). If you wish to purchase your food from us, please call 7-10 days in advance (404-687-8679) to ensure the food is in stock. Alternatively, veterinary diets can be ordered from online retailers with a prescription/veterinary approval.

Clinical Trials:

Clinical trials are studies in which our veterinary doctors work with you and your pet to investigate a specific disease process or a promising new test or treatment. Please see our website: vet.tulane.edu/heart/clinical-trials/

Case: **B6**

Dates: **B6**

Discharge Instructions:

Radiology Request & Report

Patient:

Name: B6

Species: Canine

Breed/ Sex: Female (spayed)

DOB: [redacted]

Medical History: B6

Owner:

Name: B6

Address: B6

Patient ID: B6

Date of request: B6

Attending Clinician: B6

DVM (resident, Cardiology)

Student:

Date of exam: B6

Patient Location: Ward/Cage: ICU 02

Weight (kg) 27.60

- Inpatient
- Outpatient Time:
- Waiting
- Emergency

Sedation:

- BAG
- ORAG
- 1/2 dose ORAG
- Dex/lorazepam/Butorphanol
- Anesthesia to sedate/anesthetize

Examination Desired: 2 view chest radi. **Patient in active CHF. Abbreviated exam if possible**

Presenting Complaint and Clinical Questions you wish to answer:

DCM, CHF

Pertinent History:

Diagnosed with DCM 6 months ago. Presented to the ER yesterday morning for increased RR/PE, and coughing.

B6

Conclusion:

The radiographic findings of cardiomegaly and the enlarged left atrium are consistent with the reported dilated cardiomyopathy.

The mild perihilar interstitial pattern is most likely the result of cardiogenic pulmonary edema and decompensated congestive heart failure. Follow-up radiographs can be considered to assess a response to medical management.

Radiologists:

Primary:	B6	V18
Reviewing:	B6	BSc, DACVP

Dates:

Reported: 2/6/18

Finalized: 2/6/18

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY
Cardiology Liaison: 508-887-4696

B6

Patient ID: **B6**

B6

Case#:

10 years Old Female (Spayed)

DOB#:

Breed/Type: BW, Weight (kg) 27.10

Cardiology Consultation

Date: **B6**

Weight: Wright (kg) 27.10

Requesting Clinician: **B6** DVM (Emergency & Critical Care Resident)

Attending Cardiologist:

John L. Bush DVM, MS, DACVIM (Cardiology), DACVCC

B6

Cardiology Resident:

B6

Thoracic radiographs available for review?

- Yes - in SS
 Yes - in PACS
 No

Presenting complaint and important concurrent diseases:

Coughing, increased respiratory rate and effort. RDVM gave 20 mg lasix and tufts ER gave 100 mg on presentation

Current medications and doses:

B6

Key indication for consultation: (murmur, arrhythmia, needs fluids, etc.):

Hx of DCM, presented today for coughing, lethargy, increased respiratory effort. Hx of murmur and harsh respiratory sounds

Questions to be answered from the Consult:

Medication adjustments to be made - O indicated that his history of borderline kidney values so have struggled to balance Lasix dosing? Need for hospitalization?

Is your consult time-sensitive? (e.g., anesthesia today, owner waiting, trying to get biopsy today)

- Yes (explain)
 No

B6

Muscle condition:

- Normal
- Mild muscle loss
- Moderate cachexia
- Marked cachexia

Cardiovascular Physical Exam

Murmur Grade:

- None
- I/VI
- II/VI
- III/VI
- IV/VI
- V/VI
- VI/VI

Murmur location/description: Left apical systolic

Jugular vein:

- Bottom 1/3 of neck
- Middle 1/3 of neck
- Top 2/3 of neck

Arterial pulses:

- Weak
- Fair
- Good
- Strong
- Bounding
- Pulse deficits
- Pulse paradoxus
- Other (describe):

Arrhythmic:

- None
- Sinus arrhythmia
- Premature beats
- Bradycardia
- Tachycardia

Gallop:

- Yes
- No
- Intermittent
- Pronounced
- Other:

Pulmonary assessments:

- Eupneic
- Mild dyspnea
- Marked dyspnea
- Normal BV sounds
- Pulmonary Crackles
- Wheezes
- Upper airway stridor
- Other auscultatory findings:

Abdominal exam:

- Normal
- Hepatomegaly
- Abdominal distension
- Mild ascites

Assessment and recommendations:

B6

Final Diagnosis:

- Advanced DCM with LA enlargement
- Current CHF episode suspected to be secondary to decreased diuretic dose

Heart Failure Classification Score:

ISACHC Classification:

- | | |
|-----------------------------|--|
| <input type="checkbox"/> Ia | <input checked="" type="checkbox"/> IIIa |
| <input type="checkbox"/> Ib | <input checked="" type="checkbox"/> IIIb |
| <input type="checkbox"/> II | |

ACVIM CHF Classification:

- | | |
|-----------------------------|---------------------------------------|
| <input type="checkbox"/> A | <input checked="" type="checkbox"/> C |
| <input type="checkbox"/> B1 | <input type="checkbox"/> D |
| <input type="checkbox"/> B2 | |

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

Foster Hospital for Small Animals
75 Willard Street
North Grafton, MA 01526
Telephone (508) 829-5335
Fax (508) 829-7951
<http://vetmed.tufts.edu/>

Patient

Name:

B6

Species:

Canine

Owner

Name:

B6

Address:

Brown/Tan Female (Spayed)

Doberman

B6 Years Old

Patient ID:

B6

Contact Clinician:

B6

(Emergency and Critical Care
Resident)

Alternate Clinician:

Student:

B6

B6 did very well in hospital. She was kept in oxygen overnight with a continuous ECG reading that showed no arrhythmias. Her breathing improved; she was able to come out of oxygen and breath comfortably in room air. She was discharged.

Patient care instructions: Please monitor Missie at home. She is expected to keep eating, drinking and going to the bathroom. Please ensure she has fresh water available at all times.

B6 episodes seem to often be characterized by lethargy; if you are concerned you may give **B6** additional furosemide (up to an additional 80 mg). Caution is advised, as lethargy is not specific to congestive heart failure and may indicate a different problem; if **B6** does not improve she should be taken to see a veterinarian.

Follow up: Recheck blood work is recommended in 2 weeks; this may be performed via your primary veterinarian. If **B6** is doing well, the furosemide may be dropped back down to 60 mg every 12 hours; however, if she deteriorates, it will need to be increased again. A recheck echocardiogram is recommended in 1 - 2 months.

Prescription Refill Information:

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Ordering Food:

Please check with your primary veterinarian to purchase the recommended diet(s). If you wish to purchase your food from us, please call 7 10 days in advance (508-857-4629) to ensure the food is in stock. Alternatively, veterinary diets can be ordered from online retailers with a prescription/veterinary approval.

Clinical Trials:

Clinical trials are studies in which our veterinary doctors work with you and your pet to investigate a specific disease process or a promising new test or treatment. Please see our website: vet.tufts.edu/your/clinical-trials

Case: **B6**

Owner: **B6**

Discharge instructions:

Radiology Request & Report

Patient:

Name: B6
Species: Canine
Breed/ Sex: Female (spayed)
Dobberman
Birthdate: B6

Owner:

Name: B6
Address: B6

Patient ID: B6
Date of request: B6

Attending Clinician: B6 DVM (Emergency & Critical Care Resident) Student:

Date of exam: B6

Patient Location: Ward/Cage: ICU Weight (kg): 27.10

- Inpatient
 Outpatient Time:
 Waiting
 Emergency

Sedation

- IMAG
 OMAG
 1/2 dose OMAG
 DexDomitor/Butorphanol
 Anesthesia to sedate/anesthetize

Examination Desired: thorax (at least R lateral if not DV as well)

Presenting Complaint and Clinical Questions you wish to answer:
Emergency

Pertinent History: refractory CHF; Hx of DCM, presented today for coughing, lethargy, increased respiratory effort. Hx of murmur and harsh respiratory sounds

B6

Conclusions:

- Cardiopulmonary changes are most consistent with pulmonary edema secondary to congestive heart failure due to reported recent decrease in lasix dose. Normal pulmonary vasculature and smaller cardiac size compared to the previous study are likely secondary to lasix administration. Recheck thoracic radiographs are recommended to monitor response to therapy and cardiology consultation.

Radiologists

Primary: B6 DMM

Reviewing:

Dates

Reported: 4/2/2018

Finalized:

Treatment Plan

Approved Charges

B6

B6

This document is valid only for veterinary consultation. This is an estimate and is not the final bill. Every effort will be made to keep you informed of the current status of your pet throughout your animal's hospitalization. The final bill may vary substantially from the estimated total.

B6

B6

B6

B6

Owner of Record **B6**

Client Signature

I understand that the guarantee of success associated with this procedure is limited. I certify that I have read and fully understand the authorization for medical attention being sought, the reason for why such medical attention is considered necessary, as well as its advantages and possible complications. I am liable for the financial responsibility for all charges incurred by this patient. I agree to pay 75% of the estimated total at the time of admission. Additional deposits will be required if additional care or procedures are required. Further, I agree to pay the balance of the charges when the patient is released. Precedural billing is inclusive up to and including the estimated duration of hospitalization. There will be additional charges if hospitalization extends beyond the expected duration. There is no refund, and I agree to accept the conditions of the treatment plan.

Please print name and address on this page.

Thank you for entrusting us with your pet's care.

High Total
Low Total
75% Deposit

B6

B6

Radiology Request & Report

Patient:

Name: B6

Species: Canine

Breeds/ Sex Female (spayed)

Owner:

Birthdate: B6

Owner:

Name: B6

Address: B6

Patient ID: B6

Date of request: B6

Attending Clinician: B6

DVM (resident, Cardiology)

Student: B6 /19

Date of exam: B6

Patient Location: Ward/Cage: ICU O2 cage

Weight (kg) 27.30

- Inpatient
- Outpatient Time:
- Waiting
- Emergency

Sedation

- IMG
- OMAG
- 1/2 dose OMAG
- Dex/Domitor/Butorphanol
- Anesthesia to sedate/anesthetize

B6

Conclusion:

Patchy interstitial infiltrate with pulmonary venous distention, cardiomegaly, and scant pleural effusion most likely represents decompensated congestive heart failure with atypical distribution of cardiogenic pulmonary edema. Follow-up radiographs are recommended to monitor response to therapy.

Radiologists

Primary:	B6	DVM
Reviewing:	B6	DVM, DACVR

Dates

Reported: 5/7/2018

Finalized: 5/8/2018

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY
Cardiology Liaison: 508-887-4696

B6

Patient ID: **B6**

B6

Case:
s Old Female (Spayed)

Diagnosis:

Breeds/Ten: BW: Weight (kg) 27.30

Cardiology Inpatient

Date: **B6**

Weight: Weight (kg) 27.30

Attending Cardiologist:

John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC

B6

Cardiology Resident:

B6

Thoracic radiographs available for review?

- Yes - in SS
- Yes - in PACS
- No

Presenting complaint and important concurrent diseases:
increased respiratory rate

B6

Prior medical history:
DCM, Hypothyroidism

B6

STOP - remainder of form to be filled out by Cardiology

B6

Muscle conditions:

- Normal
- Mild muscle loss
- Moderate cachexia
- Marked cachexia

Cardiovascular Physical Exam

Murmur Grade:

- None
- I/VI
- II/VI
- III/VI
- IV/VI
- V/VI
- VI/VI

Murmur location/description: Left apical systolic

Jugular vein:

- Bottom 1/3 of neck
- Middle 1/3 of neck
- Top 2/3 of neck

Arterial pulses:

- Weak
- Fair
- Good
- Strong
- Bounding
- Pulse deficits
- Pulsus paradoxus
- Other (describe):

Arrhythmic:

- None
- Sinus arrhythmia
- Premature beats
- Bradycardia
- Tachycardia

Gallop:

- Yes
- No
- Intermittent
- Pronounced
- Other:

Pulmonary assessments:

- Eupneic
- Mild dyspnea
- Marked dyspnea
- Normal BV sounds
- Pulmonary Crackles
- Wheezes
- Upper airway stridor
- Other auscultatory findings:

Abdominal exam:

- Normal
- Hepatomegaly
- Abdominal distension
- Mild ascites

Echocardiogram Findings:

General/2-D findings:

Radiographic findings:

Cardiomegaly (VHS 11) with left atrial enlargement. The pulmonary vessels appear enlarged. There is a diffuse interstitial pattern worse on the right consistent with active CHF.

Assessment and recommendations:

Based on today's physical examination and chest radiographs, the patient is believed to be back into CHF. Verified with the owner that the diuretics dose has not been changed recently and it was confirmed that she was still getting furosemide 80 mg PO BID. Because the patient was still persistently tachypneic with marked increased RR and RE, a dobutamine CRI @ 3 mcg/kg/min was started and recommend continuing with furosemide 50 mg SQ q4 ask the doctor first. A quick recheck echocardiogram could be perform in order to assess for pulmonary hypertension and decide if sildenafil would be a good option for this patient. **B6** 5 mg PO SID could also be started. Kidney values should be rechecked daily while in the hospital and then 10-14 days after the start of the new cardiac medications. Recheck echocardiogram in 3 months.

Final Diagnosis:

- Advanced DCM with active CHF.

Heart Failure Classification Score:

ISACHC Classification:

- | | |
|-----------------------------|-------------------------------|
| <input type="checkbox"/> Ia | <input type="checkbox"/> IIIa |
| <input type="checkbox"/> Ib | <input type="checkbox"/> IIIb |
| <input type="checkbox"/> II | |

ACVIM CHF Classification:

- | | |
|-----------------------------|----------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> C |
| <input type="checkbox"/> B1 | <input type="checkbox"/> D |
| <input type="checkbox"/> B2 | |

Discharge Instructions

Patient:

Name: B6

Species: Canine

Breedy/Ten Female (spayed) Doberman

Birthdate: B6

Owner:

Name: B6

Address: B6

Patient ID: B6

Attending Cardiologist:

John E. Rush, DVM, MS, DACVIM (Cardiology), DACVCP

B6

Cardiology Resident:

B6

B6

Student: B6 V19

Cardiology Technician:

B6

B6

Diagnosis:

Dilated cardiomyopathy (DCM) with congestive heart failure

Case summary:

Thank you for bringing B6 to Tufts Emergency Services after her exercise-induced cough and increased respiratory effort.

B6

B6

Recommended Medications:

B6

Diet suggestions:

Dogs with heart failure accumulate more fluid in their body if they eat large amounts of sodium (salt). Sodium can be found in all foods, but some foods are lower in sodium than others. Many pet treats, people foods, and supplements used to give pills often have more sodium than is desirable- a sheet that has suggestions for low sodium treats can be found on the HeartSmart web site (<http://vet.tulsa.okla.heartsmart/diet/>)

B6

Rescheck Visits:

A rescheck visit is recommended in 1-2 weeks after any medication adjustments are made. At this visit bloodwork is recommended in order to rescheck the kidney values as well as her liver values. This can be done here or with your primary care veterinarian.

A rescheck echocardiogram is recommended in 3-4 months with the cardiology department.

Thank you for entrusting us with **B6** care. Please contact our Cardiology liaison, **B6** at **B6** or email us at cardiovet@tufts.edu for scheduling and non-emergent questions or concerns.

Sincerely,

B4, B6

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Case:

B6

Diagnosis:

B6

Discharge Instructions:

Discharge Instructions

Patient:

Name: B6

Species: Canine

Breed: Tan Female: Cocker/Doberman

Birthdate: B6

Owner:

Name: B6

Address: B6

Patient ID: B6

Attending Cardiologist:

John E. Rush DVM, MS, DACVIM (Cardiology), DACVCC

B6

Cardiology Resident:

Card

B6

Student: B6 V19

Admit Date: B6 2:21 AM

Discharge D: B6

Diagnoses: Dilated cardiomyopathy (DCM) with heart failure

Clinical Findings:

Thank you for bringing B6 to Tufts today. She is such a good girl and it is always such a pleasure to work with her!

On presentation, B6 was bright and alert, had normal lung sounds and respiratory rate and effort. Her grade I/VI heart murmur was still auscultated today. On echocardiogram (ultrasound of the heart), her values remain stable with marked dilation of the heart and decreased contractile function.

Today we discussed the fact that there seem to be a relationship between grain free diet and DCM. Since B6 is a doberman, a breed genetically predisposed to her disease, it is hard to know if her current disease is secondary to her breed or her grain free diet. In order to try and differentiate one from the other we took samples for taurine levels, which are still pending and we will call you with the results.

Since she continues to do well and her heart remains stable we will not make any changes to her medications. We recommend taurine supplementation (please see the instruction below).

B6

B6

B6

Recheck Visit: A recheck echocardiogram is recommended in 4 months.

Thank you for entrusting us with **B6** care. Please contact our Cardiology team at (408) 857-4626 or email us at cardio@hawaii.edu for scheduling and non-emergent questions or concerns.

Source:

B6

Please visit our HeartSmart website for more information.

<http://vet.hawaii.edu/heartsmart/>

Prescription Drug Disclosure:

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order, review with a prescription/ingredient approved.

Clinical Trials:

Clinical trials are studies in which our veterinary doctors work with you and your pet to investigate a specific disease process or a promising new drug or treatment. Please see our website: vet.fda.gov/cvm/clinical-trials

B6

Owner:

B6

Discharge Instructions

B6

Patient ID: B6

B6

Gender: Female (Spayed)
Breed: Doberman Pinscher/Tan

Cardiology Appointment Report

Date: B6

Attending Cardiologist:

John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC

B6

Cardiology Resident:

B6

(primary)

Cardiology Technician:

B6

Student: B6 #19

Presenting Complaint: Recheck of DCM

No trouble breathing, no coughing, has not had to give extra doses.

Concurrent Diseases:

Hypothyroid, incontinence.

General Medical History:

Diagnosed with DCM in 1/2018, has visited the ER 3 times since then for respiratory issues, last visit was 5/2018 and been good since then.

Diet and Supplements:

Tast of the wild, grain free, salmon, occasional treats (dried jerky)

Cardiovascular History:

Prior CHF diagnosis? Y

Prior heart murmur? Y

Prior ATE? N

Prior arrhythmia? N

Monitoring respiratory rate and effort at home? Y - below 20

Cough? No

Shortness of breath or difficulty breathing? N

Syncope or collapse? N

Sudden onset lameness? N

Exercise intolerance? N

Current Medications Pertinent to CV System:

B6

Muscle conditions:

- Normal
- Mild muscle loss

- Moderate cachexia
- Marked cachexia

Cardiovascular Physical Exam:

Murmur Grade:

- None
- I/VI
- II/VI

- IV/VI
- V/VI
- VI/VI

II/VI

Jugular vein:

- Bottom 1/3 of the neck
- Middle 1/3 of the neck

- 1/2 way up the neck
- Top 2/3 of the neck

Arterial pulses:

- Weak
- Fair
- Good
- Strong

- Bounding
- Pulse deficits
- Pulsus paradoxus
- Other:

Arrhythmias:

- None
- Sinus arrhythmia
- Premature beats

- Bradycardia
- Tachycardia

Gallop:

- Yes
- No
- Intermittent

- Pronounced
- Other:

Pulmonary assessments:

- Eupneic
- Mild dyspnea
- Marked dyspnea
- Normal IV sounds

- Pulmonary crackles
- Wheezes
- Upper airway stridor

Abdominal exam:

- Normal
- Hepatomegaly
- Abdominal distension

- Mild ascites
- Marked ascites

Problems:

DCM

Grade II/VI murmur

Diagnostic plan:

- Echocardiogram
- Chemistry profile
- ECG
- Renal profile
- Blood pressure

- Dysis profile
- Thoracic radiographs
- NT-proBNP
- Troponin I
- Other tests:

B6

Mitral inflow:

- Summated
- Normal
- Delayed relaxation

- Paradoxical
- Restrictive

Assessment and recommendations:

Echocardiogram reveals stable DCM with marked LA enlargement. The patient has been doing very well at home since the last hospitalization and appears to be well tolerating her new cardiac medications. Recheck bloodwork was performed at the rDVM at the end of June and was improved compared to the last one that we had while in the hospital. Since the patient is currently on a grain-free diet we also submitted a taurine level today. We also discussed with the owner the possibility of changing diet and go on a diet that contains grain. We will also start taurine supplementation at 1000 mg PO BID. Recheck echocardiogram is recommended in 3 months or sooner if the patient develops clinical signs consistent with worsening heart disease such as increased RR/RE, cough, exercise intolerance, or syncope.

Final Diagnosis:

- DCM with marked LA enlargement r/o genetic related vs. diet related.

Heart Failure Classification Score:

ISACH Classification:

- Ia
- Ib
- II
- IIIa
- IIIb

ACVIM Classification:

- A
- B1
- B2
- C
- D

M-Mode

IVSd		cm
LVIDd		cm
LVPWd		cm
IVSs		cm
LVIDs		cm
LVPWs		cm
%FS		%
Ao Diam		cm
LA Diam		cm
LA/Ao		
Max LA		cm
EPSS		cm

B6

M-Mode Normalized

IVSdN		{0.29 - 0.52}
LVIDdN		{1.35 - 1.73}!
LVPWdN		{0.33 - 0.53}
IVSsN		{0.43 - 0.71}

B6

All Medical Records

Client: **B6**

Address: **B6**

Home Phone: **B6**

Work Phone: () -

Cell Phone: **B6**

Patient: **B6**

Breed: Doberman

DOB: **B6**

Species: Canine

Sex: Female
(Spayed)

Referring Information

B6

Client: **B6**

Patient: **B6**

Initial Complaint:

Emergency

SOAP Text **B6** 6:47AM - **B6**

Subjective

NEW VISIT (ER)

Doctor: **B6** DVM

Student: **B6** V'18

Presenting complaint: Difficulty breathing

Referral visit? No, last seen around September

Diagnostics completed prior to visit: None

HISTORY:

Signalment: 9 yo FS Doberman

Current history: Difficulty breathing starting at 4:30 am this morning. Diagnosed with DCM at least 6 months ago (June

Client: B6

Patient: B6

29). Had an echo performed on her heart by a cardiologist through B6. No murmur, arrhythmia, no episodes of collapse around the time of diagnosis. Something was just off. Was started on the medications right away. Has a similar episode to this a couple times but eventually subsided. Rest respiratory rate was 34 this morning. Usually past events have been shorter and have gone away but not this. Vaccination status/flea & tick preventative use: UTD as morning. Previously these coughing episodes have only occurred at night (gets B6 in the morning). Dry coughing and breathing with effort, working really hard. Has never had something like this. Cough has been more noticeable in the last week. Was seen by the cardiologist 3 months after being diagnosed. rDVM for 3 month check up. No episodes of collapse today. 2 other dogs at home. Eating and drinking this morning. A "hoover" per O. Has been drinking a bit more than usual. B6 rDVM. No v/d/s.
Prior medical history: Hypothyroid, incontinence.

B6

Diet: Taste of the Wild prey
n vaccines, not heartworm preventative, gets frontline plus
Travel history: None

EXAM:

B6

C/V: No murmurs or arrhythmias ausculted. Femoral pulses good and synchronous.

RESP: Dry coughing and increased respiratory effort both in and out of oxygen. Crackles ausculted in all lung fields.

B6

ASSESSMENT:

A1: Cough and labored breathing r/o primary heart (secondary to previously diagnosed DCM vs CHF)-more likely vs primary lungs (pneumonia vs neoplasia)-less likely

A2: Hemoconcentration r/o secondary to repeated B6 doses vs decreased intake vs increased losses

A3: Hyperlactatemia r/o secondary to decreased perfusion vs dehydration

PLAN:

B6

Client: B6
Patient: B6

B6

Diagnostics completed:

B6

-2 view CXR: Diffuse pulmonary edema, more marked around the caudodorsal lung fields. Diffuse interstitial pattern also located in the cranioventral lung fields. Heart enlarged with LA enlargement impinging on the trachea at the level of the carina. Pulmonary veins larger than their corresponding artery. Final report pending.

Diagnostics pending: None

Client communication: SWO and confirmed when she was first diagnosed with DCM she was considered to be in heart failure. Said he is representing in heart failure, potential for some pneumonia component per the x-rays but it's very obvious she has fluid build up in her lungs and that's why she's coughing and not feeling well. Ultimately need to try and get her out of heart failure and have another echo performed. Don't know if she will pull out of heart failure, could be she gets better, could be she doesn't improve, need to give her the night if they want to move forward and have her be seen by a cardiologist to truly evaluate her condition and give a better idea for prognosis.

Deposit & estimate status: B6

Resuscitation code (if admitting to ICU) B6

SOAP approved (DVM to sign) B6 DVM

Nursing Note- B6 acquired 1ml vial of B6 from the omni cell. Was drawn up, never given and was later discarded by me. B6 witnessed by B6

8pm: PCV/TS recheck 48%/7.0, lac 0.8. AM PCV/TS was 70%/7.0. Pulled held purple top from AM and re-measured PCV/TS off of that sample= 60%/7.5. Ddx for large difference in PCV include previous splenic contraction from collapse event with secondary normalization vs. progressive anemia (hemorrhage vs. hemolysis). Submitted CBC/chem that was obtained this morning and held in ER fridge. B4, B6

10pm: patient tachypneic with mild effort and cheek puffing. Reviewed B6 administration today: received 70mg IV at 6:45am, 75mg IV at 8am, then not again until 75mg IV at 6pm. Gave 60 mg at 10pm, removed oral owner B6 orders and added blood pressure measurement. TFAST: Dilated LV, LA subjectively mildly enlarged, severe coalescing Blines ventrally bilaterally (same as this morning), 1-3 Blines/rib space dorsally bilatearly. B4, B6

SOAP Text B6 7:48AM - B6

INPATIENT VISIT SUMMARY:

Day 1 hospitalization for respiratory distress. B6 is a 9yo FS Doberman who presented to the B6 ER on B6 for acute respiratory distress noted a few hours prior. History of DCM diagnosed 6 months ago at B6

Client: B6

Patient: B6

Hospital (had an echo in B6 there, findings of DCM with severe cardiomegaly and pulmonary edema noted in record but no echo report in record). Also has past history of hypothyroidism, urinary incontinence (was on B6 in the past, but discontinued due to hypertension and cardiac disease). Has been on B6

B6

On presentation to Tufts ER on B6 had moderate respiratory distress and coughing up pulmonary edema fluid, was still relatively BAR. Thoracic radiographs and cursory thoracic ultrasound in ER consistent with cardiogenic pulmonary edema. Was hospitalized overnight with injectable B6 O2 supplementation, and continued B6 telemetry has shown NSR overnight. Around 10pm tachypnea noted with mild effort and cheek puffing. Reviewed B6 administration : received 70mg IV at 6:45am, 75mg IV at 8am, then not again until 75mg IV at 6pm. Gave 60 mg at 10pm, continued q8h. Otherwise has been eupneic overnight.

EXAM:

B6

C/V: Normal rate/rhythm. Grade I-II/VI heart murmur. Strong/synchronous femoral pulses.

RESP: Eupneic, normal BV sounds.

ABD: Soft, non-painful on palpation. No masses, fluid wave, or organomegaly.

B6

Client: B6
Patient: B6

PROBLEM LIST:

- Cardiogenic pulmonary edema
- Cough and labored breathing - improved to resolved
- Pulmonary crackles - resolved
- Hemoconcentration - resolved
- Cardiomegaly, heart murmur, history of DCM
- History of hypothyroidism, urinary incontinence, +/- hypertension

ASSESSMENT:

B6 is undergoing treatment for CHF, with history of DCM. Initially received ~4 mg/kg early in hospitalization, but was continued on relatively modest B6 therapy afterwards resulting in tachypnea later in the evening on B6. With addition of B6 with resolved crackles on auscultation today. At presentation was bright and ambulatory but actively expectorating pulmonary edema fluid, indicating likely severe pulmonary venous congestion. Plan to wean O2 supplementation today, likely transfer to cardiology service B6 for full consultation.

Had hemoconcentration at presentation both on point of care bloodwork and full CBC, which has not been noted subsequently. Suspect due to splenic contraction due to hypoxemia initially but serial monitoring is warranted.

PLAN:

B6

B6 DVM

ADDENDUM 2PM:

Patient was eupneic off O2 support when discontinued this morning. Owners visited 2pm and asked about taking B6 home today instead. Recommended staying regardless due to severity of pulmonary edema at presentation, and could easily facilitate cardio consult B6 but ultimately elected to take home today after confirming with cardio (B6), that open consult B6 at 1pm could be scheduled for B6. Rechecked NOVA early to check renal values (see results above). Plan TGH.

B6

Initial Complaint:

DCM, CHF

SOAP Text B6 6:47AM - B6

Subjective

NEW VISIT (ER)

Client: B6
Patient: B6

Doctor: B6

Presenting complaint: increased RR/RE, Hx DCM

Referral visit?

Diagnostics completed prior to visit

HISTORY:

Signalment: 9 yo FS Doberman

Current history:

Prior medical history: DCM

Current medications:

Diet:

Vaccination status/flea & tick preventative use:

Travel history:

EXAM:

S:

O: Wt - T: P: R:

BCS(1-9):

MCS(normal,mild,moderate,severe):

Hydration:

EENT:

PLN:

C/V:

RESP:

ABD:

GU:

MSI:

NEURO:

Pain Present(YorN)? Pain Score(0-4):

RECTAL:

ASSESSMENT:

A1:

A2:

A3:

PLAN:

B6

Diagnostics completed:

Client: **B6**

Patient: **B6**

Diagnostics pending:

Client communication:

Deposit & estimate status:

Resuscitation code (if admitting to ICU):

SOAP approved (DVM to sign):

SOAP Text **B6** 9:50AM - Clinician, Unassigned FHSA

Subjective

B6

Overall impression since arrival or since last exam: Presented early this morning with severe dyspnea and coughing of pulmonary edema. Since the administration of furosemide, only mild improvement has been noticed and the patient still has moderate increased RE and is still coughing.

Appetite: No food offered yet.

B6

Heart: II/VI left apical systolic heart murmur, no arrhythmia. Jugular vein 1/2 way up the neck. Fair femoral pulses synchronized with heart beats.

Lungs: dyspneic, severe diffuse lung crackles. Suspected pulmonary edema/discharge on blankets.

B6

Client: B6
Patient: B6

B6

Assessments

A1: Coughing, diffuse crackles, and increased abdominal effort when breathing ro active CHF vs. pneumonia vs. primary lung disease

A3: II/VI left apical systolic murmur secondary to advanced DCM

Plan

B6

SOAP completed by: B6 V18

SOAP reviewed by: B6 DVM

SOAP Text B6 7:27AM - Clinician, Unassigned FHSA

Subjective

Signalment: 9yo SF Doberman

Days of hospitalization: 1

B6

B6

Client: B6
Patient: B6

B6

Overall impression since arrival or since last exam: Stable. B6 looked really good last night and this morning she doesn't look as good as what we were hoping for. She is still markedly improved compared to when she came in early last morning. However, she still has mild to moderate abdominal effort and her RR this morning was back to 40. Suspect that she didn't get enough B6 overnight or that because her IV catheter was not potent, she didn't get an B6 for an unknown period of time.

Appetite: very good appetite, eats all her meals

B6

Heart: II/VI left apical systolic murmur. No arrhythmia during auscultation. Femoral pulses fair to good and synchronized with heart beats. Jugular vein bottom 1/3 of the neck.

Lungs: Mild to moderate increased respiratory rate and effort. Mild crackles that are mostly ventral today and are improved compared to yesterday.

B6

Pending diagnostics (2/3):
- NOVA

Assessments

A1: Coughing, diffuse crackles, and increased abdominal effort when breathing r/o active CHF vs. pneumonia vs. primary lung disease

A2: II/VI left apical systolic murmur secondary to advanced DCM

B6

Client: B6

Patient: B6

B6

SOAP completed by: B6 V18

SOAP reviewed by: B6 DVM

SOAP Text B6 7:16AM - Clinician, Unassigned FHSA

Subjective

Signalment: 9yo SF Doberman

Days of hospitalization: 2

Presented to ER on B6 for coughing episode. History of DCM, confirmed on admittance on echocardiogram. Monitored during the day and overnight with telemetry. O B6) which was started on B6 at 10am but her catheter was not patent yesterday morning so it is unclear when she stopped receiving it. Discontinued yesterday afternoon, started on B6 ID (last dose at 6am). Last dose of B6 00am, given q6-8hrs/as needed. Has had stable RR of 24-28, will increase up to 36-44 breaths/min 6-8hrs after last dose of Furosemide. EKG shows sinus tachycardia in the last 24hrs (had VPCs with occasional bigemy on B6). Good appetite, ambulatory, and urinates in cage and outside.

(S) T: 100.9

HR: 124

RR: 24, mild abdominal effort

Mentation: QAR but overall brighter than yesterday.

Hydration: Euhydrated. Mucous membrane pink and a little dry. CRT <2sec. Drinks willingly and there's water in bowl

Overall impression since arrival or since last exam: B6 is improved from yesterday. She still has mild abdominal effort (RR is 24). LF IVC is not patent and therefore was removed and bandaged. (RF has reduced edema, though B6 is licking it occasionally).

Appetite: very good appetite, eats all her meals

(O)

B6

Client: B6
Patient: B6

B6

Assessments

A1: Coughing, diffuse crackles, and increased abdominal effort when breathing secondary to CHF
A2: II/VI left apical systolic murmur secondary to advanced DCM

Plan

B6

SOAP completed by: B6 V18
SOAP reviewed by: B6 DVM

Initial Complaint:

Emergency

SOAP Text B6 5:26PM - Clinician, Unassigned FHSA

Subjective

NEW VISIT (ER)

Doctor: B6
Student: B6 V'18
Presenting complaint: Inc. RE, Coughing

Client: B6

Patient: B6

Referral visit? Yes

Diagnostics completed prior to visit: B6

HISTORY:

Signalment: 9 y/o FS Doberman

Current history:

B6

Diet: Taste of the wild dry food

Vaccination status/flea & tick preventative use:

EXAM:

B6

C/V: NSR, Grade II/VI left apical systolic murmur, NSR, fair but synchronous pulses

RESP: Dyspneic outside of O2, inc lung sounds, crackles present bilaterally

B6

ASSESSMENT:

A1: CHF - R/O secondary to decreased lasix dose

A2: Lethargy - r/o CHF secondary to DCM

A3: DCM

PLAN:

Client: B6

Patient: B6

P1: Hospitalize overnight (possibly through the weekend) - continue O2 support

B6

Diagnostics completed: None

Diagnostics pending: None

Client communication:

Discussed that currently on B6 Confirmed that no inappetance or vomiting seen at higher dose of Lasix. Informed that looks okay relative to her last visit, but given breed and condition can often take several days of hospitalization to fully stabilize. Plan is to increase B6 Going forward would like to start B6 having kidney values at high end of normal range is less important than protecting her heart. O wants to better know how to get ahead of things - informed that if seeing lethargy okay to go ahead and give another dose of B6 at that point to try to head off a true CHF since that seems to be her routine, most animals tend to see inc. RE first but that doesn't seem to be the case there.

Deposit & estimate status: B6

Resuscitation code (if admitting to ICU): B6

SOAP approved (DVM to sign): B6 DVM

SOAP Text B6 2:27PM - B6

Subjective

NEW VISIT (ER)

Doctor: B6

Student: B6 V'18

Presenting complaint: Inc. RE, Coughing

Referral visit? Yes

Diagnostics completed prior to visit BW

HISTORY:

Signalment: 9 y/o FS Doberman

Current history:

Hx of DCM, around 11:30a today began coughing, lethargic, called rDVM who recommended come in, stayed there for a couple hours, give B6 Didn't improve much at rDVM, but it has historically taken some time for her to improve on B6 brought home, but found that got worse when laid down. Last time had an episode took her awhile to come out of it, wanted to get ahead of problems this time. Last here two months ago. O are very observant of energy levels, has

Client: B6

Patient: B6

been slightly decreased last couple days - this typically precedes cardiac events.

Owner gave 120 mg B6 PO per RDVM records, then RDVM gave 150 B6 / twice and 10 mg B6 - total of 300 mg B6 at RDVM before transfer (11 mg/kg IV)

Prior medical history: None

B6

Diet: Taste of the wild dry food

Vaccination status/flea & tick preventative use:

EXAM:

B6

C/V: NSR, Grade II/VI left apical systolic murmur, NSR, fair but synchronous pulses

RESP: Dyspneic outside of O2, inc lung sounds, crackles present bilaterally

B6

ASSESSMENT:

A1: CHF - R/O secondary to decreased lasix dose

A2: Lethargy - r/o CHF secondary to DCM

A3: DCM

PLAN:

B6

Client: **B6**
Patient: **B6**

Diagnostics completed: None

Diagnostics pending: None

Client communication:

Discussed that currently on 40mg **B6** previously was on 60 mg **B6** Confirmed that no inappetance or vomiting seen at higher dose of **B6** Informed that looks okay relative to her last visit, but given breed and condition can often take several days of hospitalization to fully stabilize. Plan is to increase **B6** dose and to increase **B6** to TID. Going forward would like to stay on 60mg **B6** having kidney values at high end of normal range is less important than protecting her heart. O wants to better know how to get ahead of things - informed that if seeing lethargy okay to go ahead and give another dose of Lasix at that point to try to head off a true CHF since that seems to be her routine, most animals tend to see inc. RE first but that doesn't seem to be the case there.

Deposit & estimate status: **B6**

Resuscitation code (if admitting to ICU) **B6**

SOAP approved (DVM to sign): **B6** DVM

SOAP Text **B6** 2:28PM - **B6**

9 y/o FS Doberman

History:

- Known DCM
- Recently dos **B6** was decreased via rDVM due to concerns of creat reaching high normal
- Yesterday coughing and lethargic: rDVM have 11 mg/kg lasix total and referred
- Previous CHF episodes have been reportedly severe (last here 2m ago)
- O are very observant of energy levels, has been slightly decreased last couple days - this typically proceeds cardiac events.

B6

EXAM:

B6

C/V: NSR, Grade II/VI left apical systolic murmur, NSR, fair but synchronous pulses

RESP: URT NSF; LRT no crackles/wheezes, effort normal, stable out of oxygen

B6

Client: B6
Patient: B6

B6

ASSESSMENT:

A1: CHF - R/O secondary to decreased lasix dose
A2: Lethargy - r/o CHF secondary to DCM
A3: DCM

PLAN:

B6

Diagnostics completed: None

Diagnostics pending: None

Client communication:

Doing much better, ready to go home, breathing comfortably.
Will increase B6 for the time being per cardio's rec.

B6

Initial Complaint:

CHF

SOAP Text B6 8:39PM - B6

Subjective

NEW VISIT (ER)

Doctor: B6

Presenting complaint: Increased respiratory rate
Referral visit? NO
Diagnostics completed prior to visit

HISTORY:

Signalment: 9 yo DS Doberman

Current history: This afternoon, was playing outside with the other dogs. Normal activity level. After she came inside, seemed to be breathing with more effort and coughed once. Gave an extra 120 mg B6 17:45 but didnt seemed to help. Gave the rest of her meds tonight. Ate with appetite. No V/D. Seemed to be doing well at home since the last

Client: **B6**
Patient: **B6**

discharge at the end of March.
Prior medical history: DCM, Hypothyroidism

B6

EXAM:

B6

C/V: NSR, Grade II/VI left apical systolic murmur, FPSS
RESP: Increased BVs bilaterally, crackles caudodorsally bilaterally, no wheezes

B6

ASSESSMENT:

A1: Tachypnea with increased BV and crackles: CHF secondary to DCM
A2: DCM

PLAN:

B6

Diagnostics pending:
None

Client: B6

Patient: B6

Client communication: Discussed with the O that B6 is most likely back in CHF. Would recommend that she stays in ICU for oxygen and discuss with cardiology if we can play with her medication still. Always a concern about the kidney since the last time they were slightly elevated (but not as important as the heart). O was a emotionnal and doesnt think its time for her to go still but is realistic.

Deposit & estimate status: B6

Resuscitation code (if admitting to ICU): B6

SOAP approved (DVM to sign): B6 DVM

SOAP Text B6 7:20AM - Clinician, Unassigned FHSA

History:

B6 a 9 yo SF Doberman, presented to the ER last night for acute onset of dyspnea and coughing. Has been a patient of cardiology and has a history of DCM and has been in CHF 3 times.

Overall impression since arrival or since last exam:

B6 respiratory effort has decreased from severe to moderate since presentation last night, but she still has persistently increased respiratory rate and effort and is still dyspneic. Her extremities felt cold and she appeared lethargic this morning, not lifting her head when we opened the cage.

B6

Heart: Grade II/VI left apical systolic murmur. Femoral pulses strong and synchronous. Jugular vein normal distension in lower 1/3 of neck.

Lungs: Increased RR (48) and moderate inspiratory effort. Crackles heard caudoventrally. Increased bronchial sounds (heaving) heard caudodorsally bilaterally.

B6

Client: B6
Patient: B6

Assessments

A1: Tachypnea with inspiratory effort, increased BV sounds and crackled - CHF secondary to DCM
A2: DCM

B6

Plan

B6

SOAP completed by: B6 V19
SOAP reviewed by: B6 DVM

SOAP Text B6 7:35AM - Clinician, Unassigned FHSA

History:

B6 is a 9 yo SF Doberman who presented to the ER on the evening of B6 for an acute onset of dyspnea and coughing after exercise. She is a patient of Tufts Cardiology and was diagnosed with DCM in January 2018. Has a history of 3 CHF episodes since that time.

Overall impression since arrival or since last exam:

B6 respiratory effort has decreased from moderate to slight since yesterday morning. Her respiratory rate was between 28-36 (down from 40-54). She has been walked outside with normal urinations and defecations B6 (50mg SQ) frequency was decreased from q4 to q6 yesterday and to q8 this morning. Last dose was given at 7:30AM. ECG Monitor was She sat up when I visited her in the cage this morning and seems brighter!

Current Medications:

B6

B6

Client: B6
Patient: B6

B6

Heart: Grade II/VI left apical systolic murmur. Femoral pulses strong and synchronous. Jugular vein normal distension in lower 1/3 of neck.

Lungs: Mildly increased RR (34) and mild inspiratory effort. Increased bronchial sounds (heaving) heard caudodorsally bilaterally. No crackles or wheezes ausculted.

B6

B6

CXR: Patchy interstitial infiltrate with pulmonary venous distention, cardiomegaly, and scant pleural effusion most likely represents decompensated congestive heart failure with atypical distribution of cardiogenic pulmonary edema

Assessments

A1: Tachypnea with inspiratory effort, increased BV sounds- CHF secondary to DCM
A2: DCM

B6

Plan

B6

SOAP completed by: B6 V19
SOAP reviewed by:

SOAP Text B6 7:44AM - Clinician, Unassigned FHSA

History:

B6 is a 9 yo SF Doberman who presented to the ER on the evening of B6 for an acute onset of dyspnea and coughing after exercise. She is a patient of Tufts Cardiology and was diagnosed with DCM in January 2018. Has a history of 3 CHF episodes since that time.

Client: **B6**

Patient: **B6**

Overall impression since arrival or since last exam:

B6 has been stable outside of the oxygen cage with a stable RR of 24-32 and slight effort. She has been walked outside with normal urinations and defecation. **B6** frequency was decreased from q8 to q12 since yesterday. **B6** was tapered and d/c yesterday morning. ECG Monitor overnight showed VPCs and bigeminy that then stabilized back to normal sinus rhythm. She stood up and greeted us at the front of her run this morning!

Current Medications:

B6

B6

Heart: Grade II/VI left apical systolic murmur. Femoral pulses strong and synchronous. Jugular vein normal distension in lower 1/3 of neck.

Lungs: Mildly increased RR (32) and mild inspiratory effort. Mild bronchial sounds (heaving) heard caudodorsally bilaterally (decreased from yesterday). No crackles or wheezes ausculted.

B6

B6

CXR: Patchy interstitial infiltrate with pulmonary venous distention, cardiomegaly, and scant pleural effusion most likely represents decompensated congestive heart failure with atypical distribution of cardiogenic pulmonary edema

Assessments

A1: Mild tachypnea secondary to recovering CHF due to DCM

Client: B6

Patient: B6

A2: DCM

B6

Plan

B6

SOAP completed by: B6 V19

SOAP reviewed by: B6 DVM

SOAP Text B6 2018 11:27AM - B6

IGNORE

Initial Complaint:

Recheck B6

SOAP Text Oct 4 2018 11:47AM - B6

Disposition/Recommendations

Client: **B6**
Patient: **B6**

Client: B6

Patient: B6



Foster Hospital for Small Animals

55 Willard Street
North Grafton, MA 01536
(508) 839-5395

Client: B6
Veterinarian:
Patient ID: B6
Visit ID:

Patient: B6
Species: Canine
Breed: Doberman
Sex: Female (Spayed)
Age: B6 Years Old

Lab Results Report

Nova Full Panel-ICU B6 6:47:25 AM Accession ID: B6

Table with 4 columns: Test, Results, Reference Range, Units. Results column is redacted with 'B6'. Tests include SO2%, HCT (POC), HB (POC), NA (POC), K (POC), CL(POC), CA (ionized), MG (POC), GLUCOSE (POC), LACTATE, BUN (POC), CREAT (POC), TCO2 (POC), nCA, nMG, GAP, CA/MG, BEecf, BEb, A, NOVA SAMPLE.

Client: **B6**
 Patient: **B6**

FiO2	B6	0 - 0	%
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
PH		7.337 - 7.467	
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
HCO3		18 - 24	mmol/L

Nova Full Panel-ICU **B6** 6:52:28 AM Accession ID: **B6**

Test	Results	Reference Range	Units
TS (FHSA)	B6	0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl

Nova Full Panel-ICU **B6** 6:59:12 PM Accession ID: **B6**

Test	Results	Reference Range	Units
WBC (ADVIA)	B6	4.4 - 15.1	K/uL
RBC(ADVIA)		5.8 - 8.5	M/uL
HGB(ADVIA)		13.3 - 20.5	g/dL
HCT(ADVIA)		39 - 55	%
MCV(ADVIA)		64.5 - 77.5	fL
MCH(ADVIA)		21.3 - 25.9	pg
MCHC(ADVIA)		31.9 - 34.3	g/dL
RDW (ADVIA)		11.9 - 15.2	
PLT(ADVIA)		173 - 486	K/uL
MPV (ADVIA)		8.29 - 13.2	fl
RETIC(ADVIA)		0.2 - 1.6	%
RETICS (ABS) ADVIA		14.7 - 113.7	K/uL
COMMENTS (HEMATOLOGY)		0 - 0	

Moderate hemolysis, 10-25 platelets/ 100x field (estimated count of 200,000-500,000/ul)

Nova Full Panel-ICU **B6** 6:59:28 PM Accession ID: **B6**

Test	Results	Reference Range	Units
GLUCOSE	B6	67 - 135	mg/dL
UREA		8 - 30	mg/dL
CREATININE		0.6 - 2	mg/dL
PHOSPHORUS		2.6 - 7.2	mg/dL
CALCIUM2		9.4 - 11.3	mg/dL
MAGNESIUM 2+		1.8 - 3	mEq/L
T. PROTEIN		5.5 - 7.8	g/dL
ALBUMIN		2.8 - 4	g/dL
GLOBULINS		2.3 - 4.2	g/dL
A/G RATIO		0.7 - 1.6	

Client: B6

Patient: B6

SODIUM		140 - 150	mEq/L
CHLORIDE		106 - 116	mEq/L
POTASSIUM		3.7 - 5.4	mEq/L
tCO2 (BICARB)		14 - 28	mEq/L
AGAP		8 - 19	
NA/K		29 - 40	
T BILIRUBIN		0.1 - 0.3	mg/dL
D.BILIRUBIN		0 - 0.1	mg/dL
I BILIRUBIN		0 - 0.2	mg/dL
ALK PHOS		12 - 127	U/L
GGT		0 - 10	U/L
ALT		14 - 86	U/L
AST		9 - 54	U/L
CK		22 - 422	U/L
CHOLESTEROL		82 - 355	mg/dL
TRIGLYCERIDES		30 - 338	mg/dl
AMYLASE		409 - 1250	U/L
OSMOLALITY (CALCULATED)		291 - 315	mmol/L
COMMENTS (CHEMISTRY)		0 - 0	

B6

Nova Full Panel-ICU **B6** 9:59:09 PM **Accession ID: B6**

Test	Results	Reference Range	Units
SEGS%		43 - 86	%
LYMPHS%		7 - 47	%
MONOS%		1 - 15	%
EOS%		0 - 16	%
SEGS (AB)ADVIA		2.8 - 11.5	K/uL
LYMPHS (ABS)ADVIA		1 - 4.8	K/uL
MONOS (ABS)ADVIA		0.1 - 1.5	K/uL
EOS (ABS)ADVIA		0 - 1.4	K/uL
WBC MORPHOLOGY		0 - 0	
No Morphologic Abnormalities			
CRENATION		0 - 0	

B6

Nova Full Panel-ICU **B6** 7:18:23 PM **Accession ID: B6**

Test	Results	Reference Range	Units
TS (FHSA)		0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl

B6

Nova Full Panel-ICU **B6** 7:26:12 PM **Accession ID: B6**

Test	Results	Reference Range	Units
Lactate Test (ER) - FHSA		0 - 0	mmol/L

B6

26/193

B6

Printed Monday, October 08, 2018

Client: B6

Patient: B6

Nova Full Panel-ICU **B6** 2:25:25 PM **Accession ID: B6**

Test	Results	Reference Range	Units
SO2%		94 - 100	%
HCT (POC)		38 - 48	%
HB (POC)		12.6 - 16	g/dL
NA (POC)		140 - 154	mmol/L
K (POC)		3.6 - 4.8	mmol/L
CL(POC)		109 - 120	mmol/L
CA (ionized)		1.17 - 1.38	mmol/L
MG (POC)		0.1 - 0.4	mmol/L
GLUCOSE (POC)		80 - 120	mg/dL
LACTATE		0 - 2	mmol/L
BUN (POC)		12 - 28	mg/dL
CREAT (POC)		0.2 - 2.1	mg/dL
TCO2 (POC)		0 - 0	mmol/L
nCA		0 - 0	mmol/L
nMG		0 - 0	mmol/L
GAP		0 - 0	mmol/L
CA/MG		0 - 0	mol/mol
BEecf		0 - 0	mmol/L
BEb		0 - 0	mmol/L
A		0 - 0	mmHg
NOVA SAMPLE		0 - 0	
FiO2		0 - 0	%
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
PH		7.337 - 7.467	
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
HCO3		18 - 24	mmol/L

B6

Nova Full Panel-ICU **B6** 2:35:47 PM **Accession ID: B6**

Test	Results	Reference Range	Units
TS (FHSA)		0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl

B6

Nova Full Panel-ICU **B6** 1:26:25 PM **Accession ID: B6**

Test	Results	Reference Range	Units
SO2%		94 - 100	%
HCT (POC)		38 - 48	%
HB (POC)		12.6 - 16	g/dL

B6

Client: B6

Patient: B6

NA (POC)	140 - 154	mmol/L
K (POC)	3.6 - 4.8	mmol/L
CL(POC)	109 - 120	mmol/L
CA (ionized)	1.17 - 1.38	mmol/L
MG (POC)	0.1 - 0.4	mmol/L
GLUCOSE (POC)	80 - 120	mg/dL
LACTATE	0 - 2	mmol/L
BUN (POC)	12 - 28	mg/dL
CREAT (POC)	0.2 - 2.1	mg/dL
TCO2 (POC)	0 - 0	mmol/L
nCA	0 - 0	mmol/L
nMG	0 - 0	mmol/L
GAP	0 - 0	mmol/L
CA/MG	0 - 0	mol/mol
BEecf	0 - 0	mmol/L
BEb	0 - 0	mmol/L
A	0 - 0	mmHg
NOVA SAMPLE	0 - 0	
FiO2	0 - 0	%
PCO2	36 - 44	mmHg
PO2	80 - 100	mmHg
PH	7.337 - 7.467	
PCO2	36 - 44	mmHg
PO2	80 - 100	mmHg
HCO3	18 - 24	mmol/L

B6

Nova Full Panel-ICU **B6** 1:28:37 PM **Accession ID:** **B6**

Test	Results	Reference Range	Units
TS (FHSA)	B6	0 - 0	g/dl
PCV **	B6	0 - 0	%
TS (FHSA)	B6	0 - 0	g/dl

Nova Full Panel-ICU **B6** 9:01:25 AM **Accession ID:** **B6**

Test	Results	Reference Range	Units
SO2%	B6	94 - 100	%
HCT (POC)	B6	38 - 48	%
HB (POC)	B6	12.6 - 16	g/dL
NA (POC)	B6	140 - 154	mmol/L
K (POC)	B6	3.6 - 4.8	mmol/L
CL(POC)	B6	109 - 120	mmol/L
CA (ionized)	B6	1.17 - 1.38	mmol/L
MG (POC)	B6	0.1 - 0.4	mmol/L

28/193

B6

Printed Monday, October 08, 2018

Client: B6

Patient: B6

GLUCOSE (POC)		80 - 120	mg/dL
LACTATE		0 - 2	mmol/L
BUN (POC)		12 - 28	mg/dL
CREAT (POC)		0.2 - 2.1	mg/dL
TCO2 (POC)		0 - 0	mmol/L
nCA		0 - 0	mmol/L
nMG		0 - 0	mmol/L
GAP		0 - 0	mmol/L
CA/MG		0 - 0	mol/mol
BEeef		0 - 0	mmol/L
BEb		0 - 0	mmol/L
A		0 - 0	mmHg
NOVA SAMPLE		0 - 0	
FiO2		0 - 0	%
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
PH		7.337 - 7.467	
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
HCO3		18 - 24	mmol/L

B6

Nova Full Panel-ICU **B6** 9:03:54 AM **Accession ID: B6**

Test	Results	Reference Range	Units
TS (FHSA)		0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl

B6

Nova Full Panel-ICU **B6** 9:00:25 AM **Accession ID: B6**

Test	Results	Reference Range	Units
SO2%		94 - 100	%
HCT (POC)		38 - 48	%
HB (POC)		12.6 - 16	g/dL
NA (POC)		140 - 154	mmol/L
K (POC)		3.6 - 4.8	mmol/L
CL(POC)		109 - 120	mmol/L
CA (ionized)		1.17 - 1.38	mmol/L
MG (POC)		0.1 - 0.4	mmol/L
GLUCOSE (POC)		80 - 120	mg/dL
LACTATE		0 - 2	mmol/L
BUN (POC)		12 - 28	mg/dL
CREAT (POC)		0.2 - 2.1	mg/dL
TCO2 (POC)		0 - 0	mmol/L

B6

29/193

B6

Printed Monday, October 08, 2018

Client: **B6**
 Patient: **B6**

nCA		0 - 0	mmol/L
nMG		0 - 0	mmol/L
GAP		0 - 0	mmol/L
CA/MG		0 - 0	mol/mol
BEecf		0 - 0	mmol/L
BEb		0 - 0	mmol/L
A		0 - 0	mmHg
NOVA SAMPLE		0 - 0	
FiO2		0 - 0	%
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
PH		7.337 - 7.467	
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
HCO3		18 - 24	mmol/L

B6

Nova Full Panel-ICU **B6** 9:11:17 AM Accession ID: **B6**

Test	Results	Reference Range	Units
TS (FHSA)		0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl

B6

Nova Full Panel-ICU **B6** 9:53:25 PM Accession ID: **B6**

Test	Results	Reference Range	Units
SO2%		94 - 100	%
HCT (POC)		38 - 48	%
HB (POC)		12.6 - 16	g/dL
NA (POC)		140 - 154	mmol/L
K (POC)		3.6 - 4.8	mmol/L
CL(POC)		109 - 120	mmol/L
CA (ionized)		1.17 - 1.38	mmol/L
MG (POC)		0.1 - 0.4	mmol/L
GLUCOSE (POC)		80 - 120	mg/dL
LACTATE		0 - 2	mmol/L
BUN (POC)		12 - 28	mg/dL
CREAT (POC)		0.2 - 2.1	mg/dL
TCO2 (POC)		0 - 0	mmol/L
nCA		0 - 0	mmol/L
nMG		0 - 0	mmol/L
GAP		0 - 0	mmol/L
CA/MG		0 - 0	mol/mol
BEecf		0 - 0	mmol/L

B6

Client: **B6**
 Patient: **B6**

BEb	B6	0 - 0	mmol/L
A		0 - 0	mmHg
NOVA SAMPLE		0 - 0	
FiO2		0 - 0	%
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
PH		7.337 - 7.467	
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
HCO3		18 - 24	mmol/L

Nova Full Panel-ICU **B6** 10:00:54 PM Accession ID: **B6**

Test	Results	Reference Range	Units
TS (FHSA)	B6	0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl

Nova Full Panel-ICU **B6** 1:19:25 PM Accession ID: **B6**

Test	Results	Reference Range	Units
SO2%	B6	94 - 100	%
HCT (POC)		38 - 48	%
HB (POC)		12.6 - 16	g/dL
NA (POC)		140 - 154	mmol/L
K (POC)		3.6 - 4.8	mmol/L
CL(POC)		109 - 120	mmol/L
CA (ionized)		1.17 - 1.38	mmol/L
MG (POC)		0.1 - 0.4	mmol/L
GLUCOSE (POC)		80 - 120	mg/dL
LACTATE		0 - 2	mmol/L
BUN (POC)		12 - 28	mg/dL
CREAT (POC)		0.2 - 2.1	mg/dL
TCO2 (POC)		0 - 0	mmol/L
nCA		0 - 0	mmol/L
nMG		0 - 0	mmol/L
GAP		0 - 0	mmol/L
CA/MG		0 - 0	mol/mol
BEecf		0 - 0	mmol/L
BEb		0 - 0	mmol/L
A		0 - 0	mmHg
NOVA SAMPLE		0 - 0	
FiO2		0 - 0	%
PCO2		36 - 44	mmHg

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B6

Printed Monday, October 08, 2018

Client: **B6**
 Patient: **B6**

PO2	B6	80 - 100	mmHg
PH		7.337 - 7.467	
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
HCO3		18 - 24	mmol/L

Nova Full Panel-ICU **B6** 1:27:48 PM Accession ID: **B6**

Test	Results	Reference Range	Units
TS (FHSA)	B6	0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl

Nova Full Panel-ICU **B6** 1:34:25 PM Accession ID: **B6**

Test	Results	Reference Range	Units
SO2%	B6	94 - 100	%
HCT (POC)		38 - 48	%
HB (POC)		12.6 - 16	g/dL
NA (POC)		140 - 154	mmol/L
K (POC)		3.6 - 4.8	mmol/L
CL(POC)		109 - 120	mmol/L
CA (ionized)		1.17 - 1.38	mmol/L
MG (POC)		0.1 - 0.4	mmol/L
GLUCOSE (POC)		80 - 120	mg/dL
LACTATE		0 - 2	mmol/L
BUN (POC)		12 - 28	mg/dL
CREAT (POC)		0.2 - 2.1	mg/dL
TCO2 (POC)		0 - 0	mmol/L
nCA		0 - 0	mmol/L
nMG		0 - 0	mmol/L
GAP		0 - 0	mmol/L
CA/MG		0 - 0	mol/mol
BEecf		0 - 0	mmol/L
BEb		0 - 0	mmol/L
A		0 - 0	mmHg
NOVA SAMPLE		0 - 0	
FiO2		0 - 0	%
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
PH		7.337 - 7.467	
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
HCO3		18 - 24	mmol/L

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B6

Printed Monday, October 08, 2018

Client: Nault, Kendra
 Patient: Moxie

Nova Full Panel-ICU			
	B6	1:37:38 PM	Accession ID: B6
Test	Results	Reference Range	Units
TS (FHSA)	B6	0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl

Nova Full Panel-ICU			
	B6	9:43:21 AM	Accession ID: B6
Test	Results	Reference Range	Units
GLUCOSE	B6	67 - 135	mg/dL
UREA		8 - 30	mg/dL
CREATININE		0.6 - 2	mg/dL
PHOSPHORUS		2.6 - 7.2	mg/dL
CALCIUM2		9.4 - 11.3	mg/dL
T. PROTEIN		5.5 - 7.8	g/dL
ALBUMIN		2.8 - 4	g/dL
GLOBULINS		2.3 - 4.2	g/dL
A/G RATIO		0.7 - 1.6	
SODIUM		140 - 150	mEq/L
CHLORIDE		106 - 116	mEq/L
POTASSIUM		3.7 - 5.4	mEq/L
NA/K		29 - 40	
T BILIRUBIN		0.1 - 0.3	mg/dL
D.BILIRUBIN		0 - 0.1	mg/dL
I BILIRUBIN		0 - 0.2	mg/dL
ALK PHOS		12 - 127	U/L
ALT		14 - 86	U/L
AST		9 - 54	U/L
CHOLESTEROL		82 - 355	mg/dL
OSMOLALITY (CALCULATED)	291 - 315	mmol/L	
COMMENTS (CHEMISTRY)	0 - 0		

Nova Full Panel-ICU			
	B6	10:08:17 AM	Accession ID: B6
Test	Results	Reference Range	Units
TS (FHSA)	B6	0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl

Client: **B6**

Patient: **B6**

RDVM **B6** medical records 1/28/16-9/26/17

B6

B6

B6

PAGE 001/01

SCANNED

B6

B6

FAX COVER SHEET

Date: 1/28/17

From:

To: **B6**

Re:

Fax: **B6**

Att:

Pages (including cover sheet): 2/2

Urgent Please Reply For Review FYI

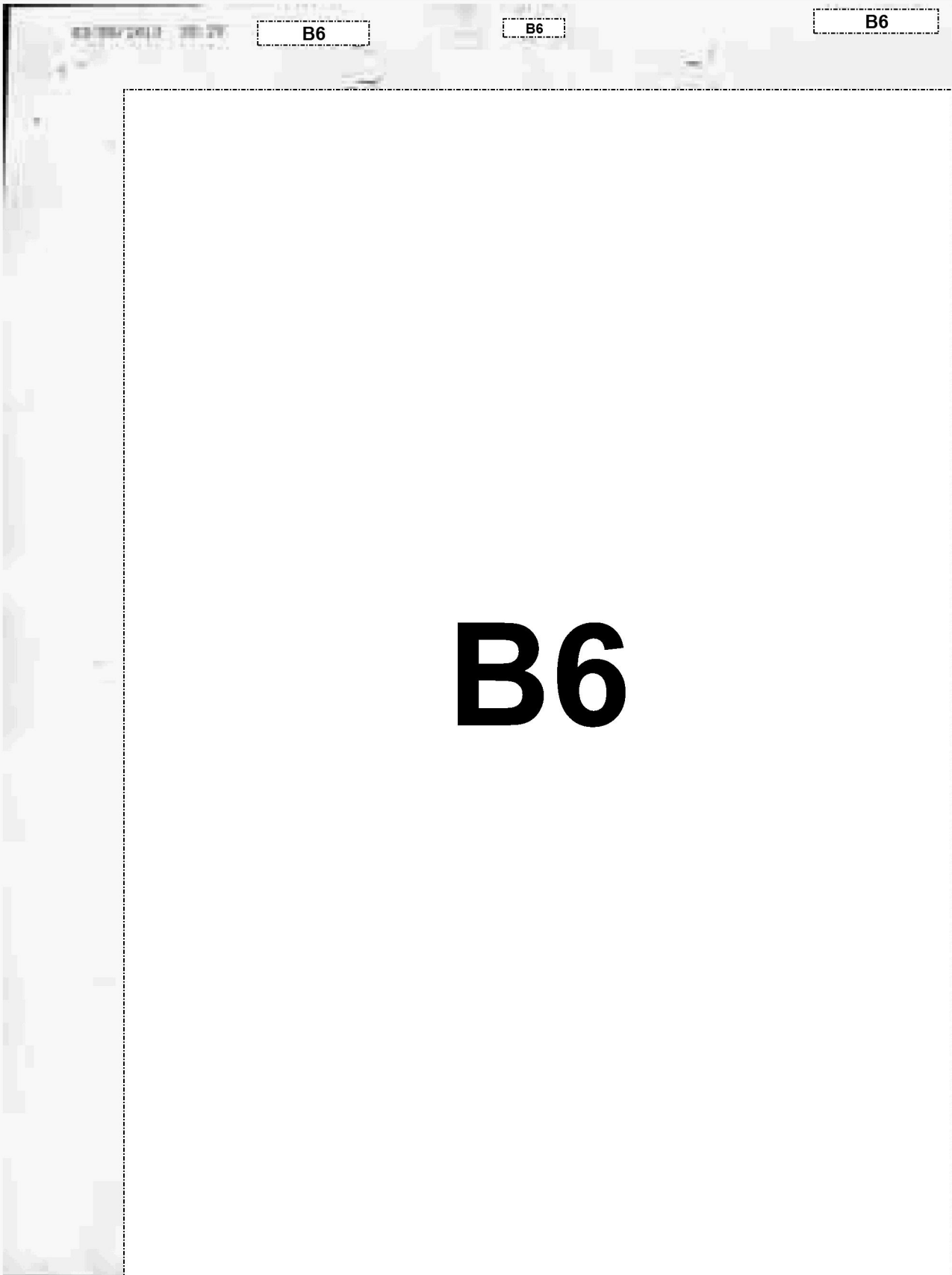
Additional Info:

B6

Client: **B6**

Patient: **B6**

RDVM **B6** medical records 1/28/16-9/26/17



Client: B6
Patient: B6

RDVM B6 medical records 1/28/16-9/26/17

B6

B6

B6

B6

B6

Client: B6

Patient: B6

RDVM B6 medical records 1/28/16-9/26/17

B6

B6

B6

B6

Client: B6

Patient: B6

RDVM B6 medical records 1/28/16-9/26/17

B6

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Client: B6
Patient: B6

RDVM: B6 medical records 1/28/16-9/26/17

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B6

Client: **B6**
Patient: **B6**

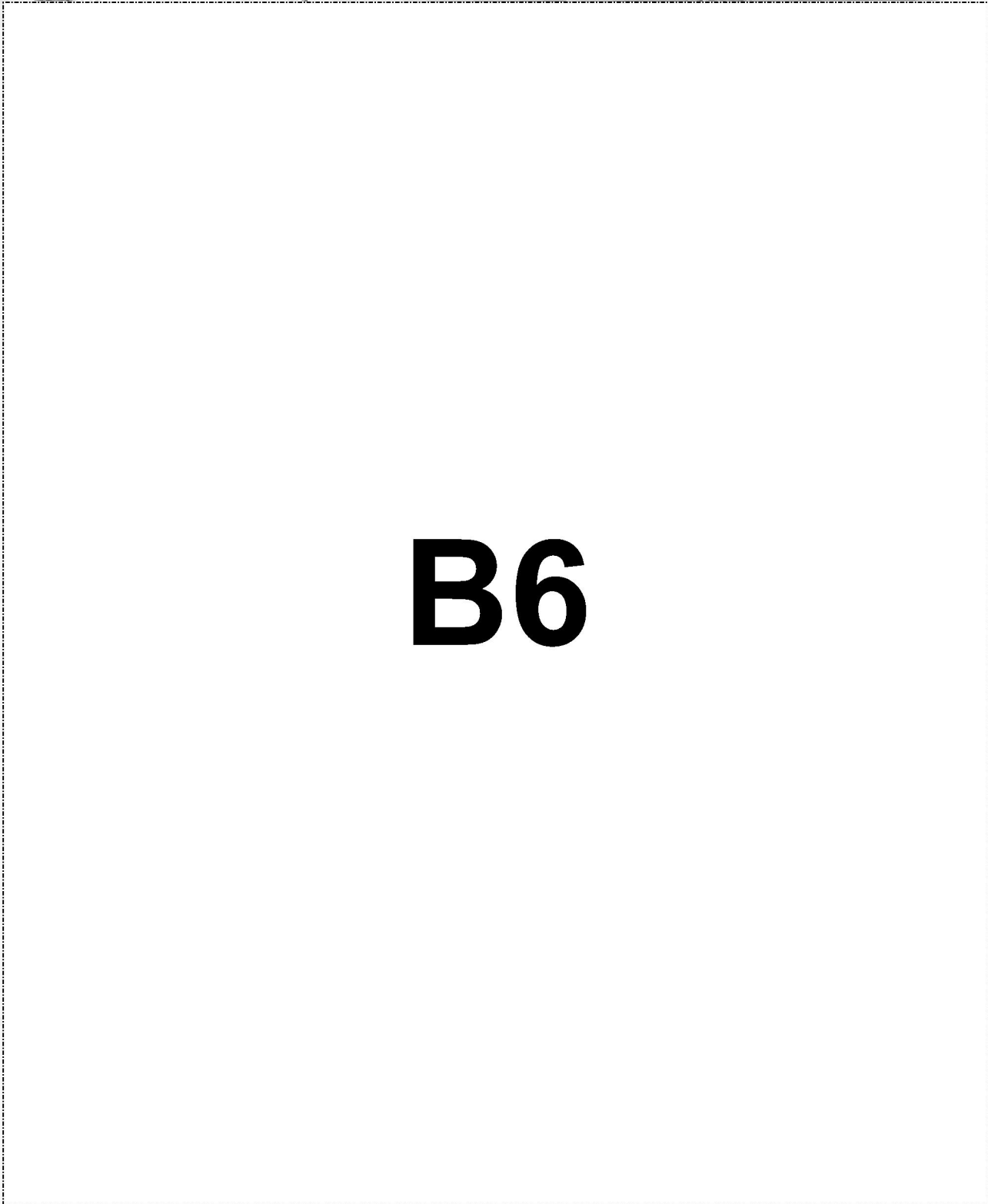
RDVM **B6** medical records 1/28/16-9/26/17

B6

B6

B6

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Client: B6

Patient: B6

RDVM B6 medical records 1/28/16-9/26/17

B6

B6

B6

Client: **B6**
Patient: **B6**

RDVM **B6** medical records 1/28/16-9/26/17

B6

B6

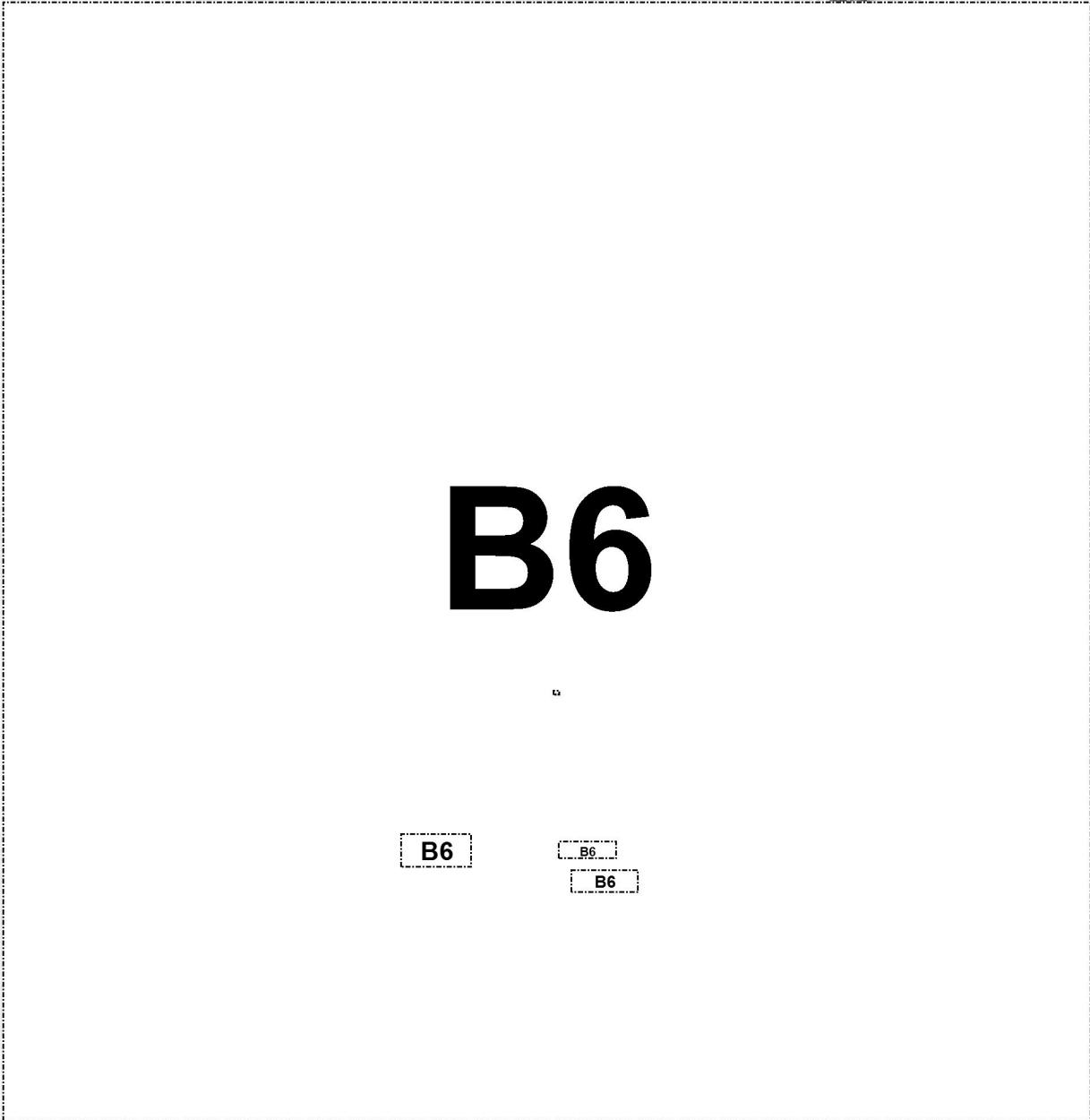
B6

B6

Client: **B6**
Patient: **B6**

RDVM: **B6** medical records 1/28/16-9/26/17

01/28/2016 08:27 **B6** **B6** Page 43/193



Client: B6

Patient: B6

RDVM B6 medical records 1/28/16-9/26/17

03/08/2013 08:00

B6

B6

PAGE 1118

B6

Client: B6

Patient: B6

RDVM B6 medical records 1/28/16-9/26/17

B6

B6

B6

Client: B6

Patient: B6

RDVM B6 medical records 1/28/16-9/26/17

B6

B6

B6

Client: B6

Patient: B6

RDVM B6 medical records 1/28/16-9/26/17



Client: B6

Patient: B6

RDVM B6 medical records 1/28/16-9/26/17

B6

Client:

B6

Patient:

B6

rDVM:

B6

echo and labs 1/12/18

B6

B6

B6

B6

Client: **B6**

Patient: **B6**

rDVM: **B6** echo and labs 1/12/18

B6

B6

B6

B6

Client: B6

Patient: B6

rDVM: B6 Echo and labs 1/12/18

Client: B6
 Patient Name: B6
 Species: Canine
 Breed: Golden Retriever
 Gender: Female/Spayed
 Weight: 62.00 kg
 Age: 10 Years
 Doctor: B6

Test	Results	Reference Interval	LOW	NORMAL	HIGH
Printed On: January 12, 2018 11:34 AM					
WBC		6.00 - 17.00			
NEUT		57.0 - 81.0			
LYMP		18.0 - 38.0			
MONO		0.0 - 7.0			
PLATE		201.0 - 380.0			
PLAS		1.00 - 2.00			
PROTEIN		6.00 - 17.00			
ALBUMIN		3.00 - 6.00			
BUN		7.00 - 11.00			
CREAT		0.60 - 1.20			
GLUCOSE		70.00 - 110.00			
TRIGL		0.00 - 1.00			
CHOLE		0.00 - 0.00			
ALP		3.00 - 6.00			
AST		0.0 - 1.0			
AMYL		0.0 - 0.0			
CPK		0.00 - 0.00			

B6

B6

B6

Printed: January 12, 2018 11:34 AM

Page 1 of 2

B6

B6

Client: **B6**

Patient: **B6**

NOVA Panel 2/3/18 9:01am

Sample Profile

Patient ID: **B6**
Patient Name:
Analyzed: 02/03/2018 09:02:06 AM
Analyzer ID: 231C12620
Sample Type: Venous
Panel: Critical Care
Operator: (23456)
Release: (44)

Measured Fields Optional Fields

Measured:

Item	Value	Unit	Reference Range	Flag
------	-------	------	-----------------	------

B6

B6

Client: B6
Patient: B6

NOVA Panel 2/4/18 9:00am

Sample Profile

Patient ID:
Patient Name:
Analyst:
Analyte ID:
Sample Type:
Panel:
Operator:
Receiver:
Required Fields

B6
B6
B6
Venous
Critical Care
B6

B6

Optional Fields

Measured

Test	Value	Units	Reference Range	Flags
------	-------	-------	-----------------	-------

B6

49/1/18

Client: B6

Patient: B6

IDEXX B6 2/26/18

8/128/2013 01:27 B6

WDAH

PAGE 02/03

Client: B6

Gender: Female/Spayed

(7089)

Weight: 67.20 lbs

Patient Name: B6

Age: 10 Years

Species: Canine

Doctor: B6 DVM

Street: Debraan

Test	Results	Reference Interval	LOW	NORMAL	HIGH
ProCyte Dx (February 26, 2018 5:03 PM)					
WBC	B6	6.00 - 16.00			
HCT	B6	37.3 - 51.7			
HGB	B6	12.1 - 20.6			
MCV	B6	91.8 - 113.6			
MCH	B6	13.2 - 25.6			
MCHC	B6	15.9 - 27.9			
RDW	B6	19.6 - 21.7			
PLATETS	B6				
PLTIC	B6	10.0 - 110.0			
WBC	B6	6.00 - 16.00			
NEUT	B6				
LYM	B6				
MONO	B6				
EOS	B6				
BASO	B6				
PLT	B6	200 - 1100			
LYM	B6	1.00 - 5.00			
MONO	B6	0.10 - 1.10			
EOS	B6	0.00 - 1.00			
BASO	B6	0.00 - 0.50			
PLT	B6	100 - 400			
MPV	B6	8.7 - 13.7			
PDW	B6	0.1 - 10.4			
PCT	B6	0.14 - 0.40			

B6

B6

B6

Printed: February 26, 2018 5:10 PM

Page 1 of 2

B6

Client: B6
Patient: B6

IDEXX B6 2/26/18

04/28/2013 08:27

B6

B6

PAGE 01/03

Client: B6
(F060)
Patient Name: B6
Species: Canine
Breed: Doberman

Gender: Female/Spayed
Weight: 67.20 lbs
Age: 10 Years
Doctor: B6 DVM

Test Results Reference Interval LOW NORMAL HIGH

Collected On: (February 26, 2018 5:10 PM)

Test	Results	Reference Interval	LOW	NORMAL	HIGH
GLU		70 - 140			
CREA		0.5 - 1.5			
BUN		7 - 27			
BUN/CREA					
TP		5.2 - 9.2			
ALB		3.2 - 5.5			
GLUC		2.8 - 4.5			
ALP/COR					
ALT		10 - 120			
ALKP		20 - 250			
Ta		140 - 160			
K+		3.5 - 5.5			
Na+					
Cl-		100 - 120			
Chem Panel					

B6

B6

Printed: February 28, 2018 5:10 PM

Page 2 of 2

B6

Client: B6

Patient: B6

RDVM B6 medical records 2/5/18-3/30/18

PATIENT NAME				PAGE	
				CURRENT PAGE	
DATE	TIME	ROOM	NO.	MEDICAL RECORD	

B6

Client: **B6**

Patient: **B6**

RDVM **B6** medical records 2/5/18-3/30/18

PATIENT NAME					PAGE
PATIENT NAME					CURRENT PAGE
DATE	TIME	ROOM	NO.	REMARKS	RECORD
MEDICAL RECORD					

B6

Client: **B6**
Patient: **B6**

RDVM **B6** medical records 2/5/18-3/30/18

PATIENT NAME				PAGE	
OWNER'S NAME					
DATE	TIME	PROB.	DIAGN.	MEDICAL RECORD	

B6

Client: B6

Patient: B6

RDVM B6 medical records 2/5/18-3/30/18

PATIENT NAME					AGE	
OWNER'S NAME					AGE	
NO.	SEX	WGT.	DOB	DOB	MEDICAL RECORD	

B6

Client: **B6**
Patient: **B6**

RDVM: **B6** medical records 2/5/18-3/30/18

PATIENT NAME					PAGE
OWNER'S NAME					
DATE	TIME	PROB	TEST	DIAGN	
					MEDICAL RECORD

B6

Client: **B6**
Patient: **B6**

RDVM **B6** medical records 2/5/18-3/30/18

PATIENT NAME					PAGE	
DATE					CLIENT'S NAME	
DATE	TIME	TYPE	PROB. NO.	CLASS.	MEDICAL RECORDS	

B6

Client: **B6**
Patient: **B6**

RDVM **B6** medical records 2/5/18-3/30/18

PATIENT NAME	DATE	OWNER'S NAME

B6

Client: B6

Patient: B6

RDVM B6 medical records 2/5/18-3/30/18

Clinic: B6
 (7000)
 Patient Name: B6
 Species: Canine
 Breed: Cocker Spaniel
 Gender: Female/Spayed
 Weight: 58.50 lbs
 Age: 10 Years
 Doctor: B6 DVM

Test	Result	Reference Interval	LOW	NORMAL	HIGH
------	--------	--------------------	-----	--------	------

Canine One (March 30, 2018 12:37 PM)

GLU	B6	80-180			
CREA	B6	0.5-1.5			
BUN/CREA	B6	5.5-12			
TP	B6	2.2-3.8			
ALB	B6	3.5-4.5			
TLC	B6	5.5-15.5			
PLATELS	B6	150-400			
WBC	B6	6.0-17.0			
RBC	B6	4.5-12.0			
H	B6	35-55			
Hct	B6	100-135			
ST	B6				
Urea Nit	B6				

B6

Printed: March 30, 2018 12:37 PM

Page 2 of 2

B6

Client: B6

Patient: B6

RDVM: B6 medical records 2/5/18-3/30/18

Client (FOID): B6

Patient Name: B6

Species: Canine
Breed: Doberman

Gender: Female/Spy

Weight: 55.50 lbs

Age: 10 Years

Doctor: B6 DVM

Test	Results	Reference Interval	LOW	NORMAL	HIGH
------	---------	--------------------	-----	--------	------

Complete Chem (March 5, 2018 4:22 PM)

2018
3:00 PM

GLU		70-140
CRE		0.6-1.8
BUN		7-27
BUN/CREA		
TP		5.0-8.0
ALB		2.2-4.8
SGOT		0.0-4.0
ALP		20-210
Ca		10.0-13.0
K		3.5-5.5
Na		135-155
Cl		100-120
CO2		

B6

B6

Printed: March 8, 2018 4:22 PM

Page 2 of 2

B6

Client: B6

Patient: B6

RDVM B6 medical records 2/5/18-3/30/18

Client: B6

Gender: Female (Screen)

(7000)

Weight: 58.50 kg

Patient Name: B6

Age: 10 Years

Species: Canine

Doctor: B6 /VM

Breed: Doberman

Test	Results	Reference Interval	LOW	NORMAL	HIGH
HemCyt Dx (March 5, 2018 4:11 PM) 2018 4:02 PM					
RBC	B6	6.05 - 6.67			
HCT	B6	37.3 - 47.7			
HGB	B6	13.7 - 20.3			
MCV	B6	61.6 - 72.6			
MCH	B6	21.2 - 28.6			
MCHC	B6	34.0 - 37.8			
RDW	B6	13.6 - 15.7			
WBC	B6	12.0 - 18.0			
PLT	B6	1.00 - 1.50			
NEUT	B6	5.00 - 11.00			
LYM	B6	1.00 - 3.00			
MON	B6	0.10 - 1.00			
EOS	B6	0.00 - 0.10			
PLC	B6	1.00 - 4.00			
SPU	B6	0.7 - 1.0			
TDW	B6	0.1 - 0.8			
RTT	B6	0.14 - 0.40			

B6

B6

RBC Run

WBC Run

B6

Printed: March 5, 2018 4:22 PM

Page 1 of 2

B6

Client: B6
Patient: B6

RDVM B6 medical records 2/5/18-3/30/18

Client: B6 Gender: Female (Spayed)
(70000) Weight: 67.20 lbs
Patient Name: B6 Age: 10 Years
Species: Canine Doctor: B6 DVM
Breed: Doberman

Test	Results	Reference Interval	LOW	NORMAL	HIGH
ProCyte Dx (February 26, 2018 9:33 PM) 2/26/18 9:33 PM					
RBC	B6	4.45 - 6.87			
HCT	B6	17.3 - 27.1			
HGB	B6	13.1 - 20.6			
MCV	B6	37.6 - 73.8			
MCH	B6	31.2 - 33.8			
MCHC	B6	32.0 - 37.5			
RDW	B6	13.8 - 21.7			
PLATEC	B6				
WETC	B6	22.0 - 133.8			
PLT	B6	2.05 - 18.75			
SMEL					
ALYM					
LMONO					
NEOP					
LMOPO					
NEU		7.35 - 11.84			
LYM		1.05 - 3.15			
MONO		0.18 - 1.12			
PLAC		0.05 - 0.12			
PLT		140 - 380			
MPV		8.7 - 13.2			
PVW		15.1 - 30.8			
PLT		0.14 - 0.48			
RBC Run			WBC Run		

B6

Printed: February 26, 2018 9:33 PM

Page 1 of 2

B6

Client: B6

Patient: B6

RDVM B6 medical records 2/5/18-3/30/18

Client: B6 B6
Patient Name: B6 Weight: 57.20 kg
Species: Canine Age: 10 Years
Breed: Chihuahua Doctor: B6 DVM

Test	Results	Reference Interval	LOW	NORMAL	HIGH
Detailed One (February 26, 2018 8:10 PM)					
GLU	B6	70-140			
UREA	B6	3.4-11.4			
BUNCREA	B6	6.0-17.0			
ALB	B6	2.2-3.0			
BUCB	B6	2.4-4.1			
ALP	B6	23-100			
TP	B6	1.6-1.8			
CR	B6	0.8-1.2			

B6

Printed: February 26, 2018 8:10 PM

Page 2 of 2

B6

Client: B6

Patient: B6

RDVM B6 medical records 2/5/18-3/30/18

Client: B6 Sex: J1 Gender: Female (Spayed)
 Patient Name: B6 Weight: 37.20 lbs
 Species: Canine Age: 15 Years
 Breed: German Shepherd Color: B6 T/W

Test	Results	Reference Interval	LOW	HIGH	Unit
------	---------	--------------------	-----	------	------

UA Analyzer (February 18, 2018 at 10 PM)

Comments
 Color
 Clarity
 Specific Gravity
 pH
 pH
 pH
 pH
 pH
 pH
 pH
 pH
 pH

B6

B6

Printed: February 18, 2018 at 22 PM

Page 1 of 2

B6

Client: **B6**
Patient: **B6**

RDVM **B6** medical records 2/5/18-3/30/18

B6

Printed: February 19, 2018 4:22 PM

Page 2 of 7

B6

Client: B6
Patient: B6

RDVM B6 medical records 2/5/18-3/30/18

Client: B6
Patient Name: B6
Species: Canine
Breed: Doberman
Gender: Female/Spayed
Weight: 55.10 lbs
Age: 10 years
Doctor: B6 DVM

Test	Results	Reference Interval	LOW	NORMAL	HIGH
Cervical Onco (February 19, 2018 4:20 PM)					
WBC	8.1 mg/dL	11-18			

B6

B6

Client: B6
Patient: B6

RDVM B6 medical records 2/5/18-3/30/18

Client: B6
Patient Name: B6
Species: Canine
Breed: Doberman
Gender: Female-Spayed
Weight: 59.10 lbs
Age: 10 Years
Doctor: B6 DVM

Test	Results	Reference Interval	LOW	NORMAL	HIGH
Monday, Feb 12, 2018 4:10 PM					
GLU	B6	70-140			
CPK	B6	55-115			
BUN	B6	6.0-12.0			
ALB	B6	2.2-4.8			
ALP	B6	25-110			
TRIG	B6	144-166			
CRP	B6	1.0-3.0			
SD	B6	188-220			
Omega-3	B6				

Printed: February 12, 2018 4:10 PM

Page 2 of 7

B6

Client: B6
Patient: B6

RDVM B6 medical records 2/5/18-3/30/18

Client: B6
Patient Name: B6
Species: Canine
Breed: Doberman
Gender: Female spayed
Weight: 59.12 lbs
Age: 10 Years
Doctor: B6 DVM

Test	Results	Reference Interval	LOW	NORMAL	HIGH
ProCyte Co. (February 19, 2018 4:03 PM) 11214 11:20 AM					
HEC		5.85 - 9.87			
WBC		57.2 - 91.7			
HGB		13.1 - 20.8			
HCT		41.8 - 73.8			
MCH		21.2 - 26.8			
MCHC		32.9 - 37.9			
RDW		18.4 - 21.7			
PLATELET					
PLT		10.0 - 170.0			
WBC		6.95 - 16.78			
NEUT					
Lymph					
MONO					
PLAQUE					
PLT		2.88 - 11.44			
LYM		0.88 - 6.88			
MONO		0.08 - 1.12			
PLAQUE		0.00 - 0.16			
PLT		148 - 484			
MPV		9.7 - 13.0			
PDW		8.1 - 16.4			
PCV		0.14 - 0.48			

B6

B6

RBC Run

WBC Run

B6

Printed: February 19, 2018 4:10 PM

Page 1 of 2

B6

Client: **B6**
Patient: **B6**

NOVA recheck panel 5/7/18 at 1:19 pm

B6

Client: B6

Patient: B6

RDVM B6 med hx, and labs 5/18/18 - 6/28/18

MAY 28 2018 11:54

B6

B6

PAGE 01/001

B6

B6

FAX COVER SHEET

Date: 6/28/18

From: B6

To: B4, B6

Re: B6

Fax: B4, B6

Attn: B6

Pages (including cover sheet): 6

Urgent

Please Reply

For Review

FYI

Additional Info:

Here are

B6

last 2 rev uppts with us.

Client: **B6**

Patient: **B6**

RDVM **B6** med hx, and labs 5/18/18 - 6/28/18

8/1/2018 10:10

B6

B6

Page: 02/06

ADMIT	DATE	TIME	ROOM	STATUS	PHYSICIAN	NURSE	ASSISTANT

B6

Client: B6

Patient: B6

RDVM B6 med hx, and labs 5/18/18 - 6/28/18

06/29/2018 11:58

B6

B6

PAGE: 23/68

PATIENT NAME				PATIENT ID	
PATIENT ADDRESS				PATIENT PHONE	
PATIENT CITY				PATIENT STATE	
PATIENT ZIP				PATIENT FAX	
MEDICAL RECORD					

B6

B6

B6

B6

Client: B6

Patient: B6

RDVM: B6 med hx, and labs 5/18/18 - 6/28/18

05/28/2018 11:39

B6

B6

Page 88/88

05/28/18

B6

B6

Client: B6

Patient: B6

RDVM: B6 med hx, and labs 5/18/18 - 6/28/18

04/28/2018 18:54 B6 B6 FAC: 8014

Client: B6 Gender: Female(Spayed)
(7082) Weight: 67.20 lbs
Patient Name: B6 Age: 10 Years
Species: Canine Doctor: B6 DVM
Breeds: Debarman

Tab Results Reference Interval UNW NORMAL HCP1

Catalina Chem (June 28, 2018 5:58 PM)

Tab	Results	Reference Interval	UNW	NORMAL	HCP1
GLU	B6	70-140			
CPROA	B6	0.0-1.0			
UREA	B6	7-27			
ALB	B6	3.2-5.0			
BUN	B6	2.2-3.8			
CLOR	B6	0.0-0.5			
ALPHA 2	B6	10-120			
ALPH 1	B6	20-210			
TG	B6	140-180			
AL	B6	0.0-3.0			
TRIG	B6	100-170			

B6

Printed: June 28, 2018 5:58 PM

Page 2 of 2

B6

Client: **B6**
Patient: **B6**

Vitals Results

9:20:30 AM	Weight (kg)
9:25:54 AM	Eliminations
9:30:12 AM	Nursing note
9:42:05 AM	Cardiac rhythm
9:42:06 AM	Heart Rate (/min)
9:44:01 AM	Respiratory Rate
10:42:01 AM	Cardiac rhythm
10:42:02 AM	Heart Rate (/min)
10:43:53 AM	Respiratory Rate
11:04:02 AM	Respiratory Rate
11:08:10 AM	Amount eaten
11:14:16 AM	Eliminations
11:53:37 AM	Cardiac rhythm
11:53:38 AM	Heart Rate (/min)
1:07:38 PM	Respiratory Rate
1:07:48 PM	Cardiac rhythm
1:07:49 PM	Heart Rate (/min)
1:13:09 PM	Eliminations
1:45:12 PM	Cardiac rhythm
1:45:13 PM	Heart Rate (/min)
1:45:29 PM	FiO2 (%)
1:50:49 PM	Respiratory Rate
2:48:46 PM	Cardiac rhythm
2:48:47 PM	Heart Rate (/min)
2:49:03 PM	FiO2 (%)
2:50:01 PM	Respiratory Rate
3:53:26 PM	FiO2 (%)
3:53:54 PM	Cardiac rhythm
3:53:55 PM	Heart Rate (/min)
3:56:15 PM	Respiratory Rate
4:51:38 PM	Respiratory Rate
4:51:56 PM	Cardiac rhythm
4:51:57 PM	Heart Rate (/min)
4:52:13 PM	FiO2 (%)
5:23:54 PM	Lasix treatment note
5:28:29 PM	Eliminations
5:29:33 PM	Amount eaten
6:00:56 PM	Cardiac rhythm
6:00:57 PM	Heart Rate (/min)

B6

B6

Client: **B6**

Patient: **B6**

Vitals Results

6:01:18 PM	FiO2 (%)
6:02:18 PM	Respiratory Rate
6:11:59 PM	Temperature (F)
6:57:09 PM	Respiratory Rate
6:57:16 PM	FiO2 (%)
6:57:27 PM	Cardiac rhythm
6:57:28 PM	Heart Rate (/min)
7:58:31 PM	Respiratory Rate
8:00:07 PM	FiO2 (%)
8:00:15 PM	Cardiac rhythm
8:00:16 PM	Heart Rate (/min)
9:04:30 PM	FiO2 (%)
9:04:38 PM	Respiratory Rate
9:04:48 PM	Cardiac rhythm
9:04:49 PM	Heart Rate (/min)
9:49:20 PM	FiO2 (%)
9:50:54 PM	Cardiac rhythm
9:50:55 PM	Heart Rate (/min)
9:55:45 PM	Weight (kg)
9:56:39 PM	Eliminations
9:57:20 PM	Lasix treatment note
10:00:02 PM	Respiratory Rate
10:40:13 PM	Blood Pressure (mmHg)
10:56:13 PM	FiO2 (%)
10:56:44 PM	Cardiac rhythm
10:56:45 PM	Heart Rate (/min)
10:56:55 PM	Respiratory Rate
11:08:14 PM	Amount eaten
11:54:56 PM	FiO2 (%)
11:55:02 PM	Respiratory Rate
11:55:17 PM	Cardiac rhythm
11:55:18 PM	Heart Rate (/min)
12:01:08 AM	Respiratory Rate
12:01:31 AM	FiO2 (%)
12:02:13 AM	Cardiac rhythm
12:02:14 AM	Heart Rate (/min)
12:09:06 AM	Amount eaten
1:41:28 AM	Eliminations
1:41:37 AM	FiO2 (%)
1:55:34 AM	Cardiac rhythm
1:55:35 AM	Heart Rate (/min)

B6

B6

Client: B6
Patient: B6

Vitals Results

1:57:56 AM	Respiratory Rate
2:08:50 AM	Eliminations
2:55:22 AM	FiO2 (%)
2:55:34 AM	Respiratory Rate
2:55:43 AM	Cardiac rhythm
2:55:44 AM	Heart Rate (/min)
3:44:23 AM	Cardiac rhythm
3:44:24 AM	Heart Rate (/min)
3:49:39 AM	FiO2 (%)
3:50:06 AM	Respiratory Rate
4:49:42 AM	Cardiac rhythm
4:49:43 AM	Heart Rate (/min)
4:49:55 AM	FiO2 (%)
4:50:03 AM	Respiratory Rate
5:49:02 AM	Cardiac rhythm
5:49:03 AM	Heart Rate (/min)
5:55:52 AM	Respiratory Rate
5:56:13 AM	FiO2 (%)
6:05:30 AM	Temperature (F)
6:05:42 AM	Amount eaten
6:28:09 AM	Eliminations
7:28:33 AM	Respiratory Rate
7:28:45 AM	FiO2 (%)
7:29:59 AM	Cardiac rhythm
7:30:00 AM	Heart Rate (/min)
8:07:47 AM	Cardiac rhythm
8:07:48 AM	Heart Rate (/min)
8:11:06 AM	Lasix treatment note
8:12:10 AM	Respiratory Rate
8:17:02 AM	FiO2 (%)
9:09:09 AM	Respiratory Rate
9:09:28 AM	FiO2 (%)
9:09:49 AM	Cardiac rhythm
9:09:50 AM	Heart Rate (/min)
9:15:44 AM	Weight (kg)
9:16:59 AM	Eliminations
10:04:16 AM	Cardiac rhythm
10:04:17 AM	Heart Rate (/min)
10:04:24 AM	Respiratory Rate
11:07:28 AM	Cardiac rhythm
11:07:29 AM	Heart Rate (/min)

B6

B6

Client: B6
Patient: B6

Vitals Results

11:07:37 AM	Respiratory Rate
11:10:51 AM	Amount eaten
12:00:59 PM	Cardiac rhythm
12:01:00 PM	Heart Rate (/min)
12:01:42 PM	Respiratory Rate
1:05:26 PM	Respiratory Rate
1:05:57 PM	Cardiac rhythm
1:05:58 PM	Heart Rate (/min)
2:02:12 PM	Cardiac rhythm
2:02:13 PM	Heart Rate (/min)
2:33:57 PM	Lasix treatment note
8:44:22 AM	Respiratory Rate
8:47:12 AM	Notes
9:05:59 AM	Heart Rate (/min)
9:15:41 AM	Nursing note
9:17:13 AM	Lasix treatment note
9:17:41 AM	Notes
9:20:23 AM	Respiratory Rate
9:50:46 AM	Weight (kg)
B6 9:50:47 AM	Respiratory Rate
9:50:48 AM	Heart Rate (/min)
9:50:49 AM	Temperature (F)
9:50:50 AM	Body Condition Score (BCS)
9:50:51 AM	Muscle Condition Score (MCS)
9:50:52 AM	Pain assessment
10:23:51 AM	Lasix treatment note
10:35:17 AM	Quantify IV Fluids (CRI) in mls
10:35:52 AM	Eliminations
10:36:02 AM	Respiratory Rate
10:40:56 AM	Nursing note
10:46:36 AM	Lasix treatment note
11:00:25 AM	FiO2 (%)
11:00:37 AM	Cardiac rhythm
11:00:38 AM	Heart Rate (/min)
11:01:17 AM	Respiratory Rate
11:58:59 AM	FiO2 (%)
11:59:39 AM	Respiratory Rate
12:01:06 PM	Lasix treatment note

B6

Client: **B6**
Patient: **B6**

Vitals Results

12:01:29 PM	Cardiac rhythm
12:01:30 PM	Heart Rate (/min)
12:59:31 PM	FiO2 (%)
12:59:44 PM	Cardiac rhythm
12:59:45 PM	Heart Rate (/min)
1:00:21 PM	Respiratory Rate
1:46:00 PM	Quantify IV Fluids (CRI) in mls
1:53:20 PM	Cardiac rhythm
1:53:21 PM	Heart Rate (/min)
1:56:06 PM	FiO2 (%)
1:56:16 PM	Respiratory Rate
2:48:09 PM	FiO2 (%)
3:00:19 PM	Cardiac rhythm
3:00:20 PM	Heart Rate (/min)
3:01:01 PM	Respiratory Rate
3:42:59 PM	FiO2 (%)
3:43:08 PM	Cardiac rhythm
3:43:09 PM	Heart Rate (/min)
3:43:54 PM	Respiratory Rate
3:46:03 PM	Nursing note
4:56:07 PM	FiO2 (%)
4:56:16 PM	Cardiac rhythm
4:56:17 PM	Heart Rate (/min)
4:58:14 PM	Respiratory Rate
5:05:33 PM	Amount eaten
5:08:34 PM	Quantify IV Fluids (CRI) in mls
5:14:49 PM	Eliminations
5:46:42 PM	FiO2 (%)
5:46:57 PM	Respiratory Rate
5:47:18 PM	Cardiac rhythm
5:47:19 PM	Heart Rate (/min)
6:34:17 PM	Lasix treatment note
7:02:06 PM	Respiratory Rate
7:03:06 PM	Cardiac rhythm
7:03:07 PM	Heart Rate (/min)
7:03:31 PM	FiO2 (%)
8:13:40 PM	Cardiac rhythm
8:13:41 PM	Heart Rate (/min)
8:14:03 PM	FiO2 (%)

B6

B6

Client: **B6**
Patient: **B6**

Vitals Results

8:14:08 PM	Respiratory Rate
9:10:16 PM	FiO2 (%)
9:13:48 PM	Cardiac rhythm
9:13:49 PM	Heart Rate (/min)
9:14:03 PM	Respiratory Rate
9:23:31 PM	Quantify IV Fluids (CRI) in mls
10:13:48 PM	FiO2 (%)
10:13:55 PM	Cardiac rhythm
10:13:56 PM	Heart Rate (/min)
10:14:31 PM	Respiratory Rate
10:54:40 PM	Eliminations
11:00:21 PM	Cardiac rhythm
11:00:22 PM	Heart Rate (/min)
12:11:03 AM	Cardiac rhythm
12:11:04 AM	Heart Rate (/min)
12:11:12 AM	FiO2 (%)
12:11:36 AM	Respiratory Rate
12:14:06 AM	Lasix treatment note
12:56:57 AM	Cardiac rhythm
12:56:58 AM	Heart Rate (/min)
12:57:07 AM	FiO2 (%)
12:57:34 AM	Respiratory Rate
1:20:20 AM	Eliminations
1:53:56 AM	FiO2 (%)
1:54:48 AM	Quantify IV Fluids (CRI) in mls
2:05:07 AM	Cardiac rhythm
2:05:08 AM	Heart Rate (/min)
2:05:37 AM	Respiratory Rate
3:20:39 AM	FiO2 (%)
3:20:49 AM	Cardiac rhythm
3:20:50 AM	Heart Rate (/min)
3:21:09 AM	Respiratory Rate
4:16:10 AM	FiO2 (%)
4:16:15 AM	Cardiac rhythm
4:16:16 AM	Heart Rate (/min)
4:16:38 AM	Respiratory Rate
5:01:06 AM	Cardiac rhythm
5:01:07 AM	Heart Rate (/min)
5:01:22 AM	FiO2 (%)
5:02:03 AM	Respiratory Rate

B6

B6

Client: **B6**
Patient: **B6**

Vitals Results

5:43:51 AM	Quantify IV Fluids (CRI) in mls
5:47:19 AM	Eliminations
5:54:24 AM	Amount eaten
6:10:19 AM	Cardiac rhythm
6:10:20 AM	Heart Rate (/min)
6:10:43 AM	FiO2 (%)
6:11:34 AM	Respiratory Rate
7:32:39 AM	FiO2 (%)
7:32:52 AM	Cardiac rhythm
7:32:53 AM	Heart Rate (/min)
7:33:41 AM	Respiratory Rate
7:52:45 AM	Respiratory Rate
7:53:14 AM	Cardiac rhythm
7:53:15 AM	Heart Rate (/min)
7:53:41 AM	FiO2 (%)
8:43:25 AM	Lasix treatment note
10:55:53 AM	FiO2 (%)
10:56:14 AM	Cardiac rhythm
10:56:15 AM	Heart Rate (/min)
10:56:39 AM	Respiratory Rate
10:57:28 AM	Eliminations
11:39:04 AM	Cardiac rhythm
11:39:05 AM	Heart Rate (/min)
11:39:37 AM	Respiratory Rate
11:39:56 AM	FiO2 (%)
11:50:50 AM	Cardiac rhythm
11:50:51 AM	Heart Rate (/min)
11:51:40 AM	Heart Rate (/min)
11:51:58 AM	Respiratory Rate
11:52:56 AM	FiO2 (%)
11:53:09 AM	Quantify IV Fluids (CRI) in mls
11:59:18 AM	Lasix treatment note
1:02:43 PM	Respiratory Rate
1:03:02 PM	FiO2 (%)
1:13:54 PM	Cardiac rhythm
1:13:55 PM	Heart Rate (/min)
1:14:56 PM	Eliminations
1:31:57 PM	Cardiac rhythm
1:31:58 PM	Heart Rate (/min)
1:32:20 PM	Quantify IV Fluids (CRI) in mls
1:34:34 PM	Respiratory Rate

B6

B6

Client: B6
Patient: B6

Vitals Results

1:34:56 PM	FiO2 (%)
1:35:11 PM	Eliminations
3:14:35 PM	Cardiac rhythm
3:14:36 PM	Heart Rate (/min)
3:17:56 PM	FiO2 (%)
3:28:14 PM	Respiratory Rate
3:28:20 PM	Nursing note
3:54:44 PM	Respiratory Rate
3:54:55 PM	FiO2 (%)
3:55:08 PM	Cardiac rhythm
3:55:09 PM	Heart Rate (/min)
5:08:54 PM	Respiratory Rate
5:14:09 PM	Cardiac rhythm
5:14:10 PM	Heart Rate (/min)
5:14:20 PM	FiO2 (%)
5:22:06 PM	Amount eaten
5:22:36 PM	Lasix treatment note
5:25:37 PM	Eliminations
6:06:34 PM	Respiratory Rate
6:06:48 PM	FiO2 (%)
6:10:19 PM	Cardiac rhythm
6:10:20 PM	Heart Rate (/min)
6:46:05 PM	FiO2 (%)
6:46:14 PM	Respiratory Rate
6:46:39 PM	Cardiac rhythm
6:46:40 PM	Heart Rate (/min)
7:30:09 PM	Cardiac rhythm
7:30:10 PM	Heart Rate (/min)
7:31:20 PM	Temperature (F)
7:31:27 PM	Heart Rate (/min)
7:31:37 PM	Respiratory Rate
7:31:53 PM	FiO2 (%)
8:29:52 PM	Cardiac rhythm
8:29:53 PM	Heart Rate (/min)
8:30:27 PM	FiO2 (%)
8:30:40 PM	Respiratory Rate
9:06:52 PM	Eliminations
9:45:29 PM	Cardiac rhythm
9:45:30 PM	Heart Rate (/min)
9:46:03 PM	FiO2 (%)

B6

B6

Client: **B6**
Patient: **B6**

Vitals Results

9:46:10 PM	Respiratory Rate
10:32:34 PM	FiO2 (%)
10:32:57 PM	Respiratory Rate
10:33:09 PM	Cardiac rhythm
10:33:10 PM	Heart Rate (/min)
11:11:30 PM	FiO2 (%)
11:11:40 PM	Heart Rate (/min)
11:13:15 PM	Lasix treatment note
11:28:19 PM	Respiratory Rate
11:28:31 PM	Cardiac rhythm
11:28:32 PM	Heart Rate (/min)
12:34:03 AM	FiO2 (%)
12:34:17 AM	Cardiac rhythm
12:34:18 AM	Heart Rate (/min)
12:34:39 AM	Respiratory Rate
12:47:00 AM	Eliminations
1:38:18 AM	Respiratory Rate
1:39:02 AM	Cardiac rhythm
1:39:03 AM	Heart Rate (/min)
1:39:23 AM	FiO2 (%)
2:22:17 AM	FiO2 (%)
2:22:28 AM	Respiratory Rate
2:22:57 AM	Cardiac rhythm
2:22:58 AM	Heart Rate (/min)
3:28:49 AM	Cardiac rhythm
3:28:50 AM	Heart Rate (/min)
3:30:02 AM	FiO2 (%)
3:30:16 AM	Respiratory Rate
3:30:42 AM	Heart Rate (/min)
4:32:27 AM	Respiratory Rate
4:32:39 AM	FiO2 (%)
4:32:49 AM	Cardiac rhythm
4:32:50 AM	Heart Rate (/min)
4:53:46 AM	FiO2 (%)
5:01:50 AM	Eliminations
5:01:59 AM	Amount eaten
5:02:19 AM	Lasix treatment note
5:43:02 AM	Cardiac rhythm
5:43:03 AM	Heart Rate (/min)
5:43:15 AM	Respiratory Rate
6:45:44 AM	Cardiac rhythm

B6

B6

Client: **B6**
Patient: **B6**

Vitals Results

45:45 AM	Heart Rate (/min)
45:56 AM	FiO2 (%)
47:16 AM	Respiratory Rate
40:36 AM	Heart Rate (/min)
40:47 AM	Temperature (F)
40:56 AM	Respiratory Rate
41:33 AM	FiO2 (%)
41:56 AM	Weight (kg)
42:49 AM	Cardiac rhythm
42:50 AM	Heart Rate (/min)
41:34 AM	Notes
17:34 AM	Respiratory Rate
50:04 AM	FiO2 (%)
50:58 AM	Respiratory Rate
1:23:58 AM	FiO2 (%)
1:24:48 AM	Respiratory Rate
07:39 PM	FiO2 (%)
08:39 PM	Respiratory Rate
10:55 PM	Notes
16:39 PM	Heart Rate (/min)
16:45 PM	Eliminations
17:01 PM	Respiratory Rate
17:12 PM	FiO2 (%)
4:35:27 PM	Heart Rate (/min)
4:35:28 PM	Respiratory Rate
4:35:29 PM	Temperature (F)
4:35:30 PM	Weight (kg)
8:54:56 PM	Nursing note
8:59:16 PM	Respiratory Rate
9:16:36 PM	Eliminations
9:26:25 PM	Temperature (F)
9:27:47 PM	Eliminations
9:33:22 PM	Amount eaten
9:40:16 PM	Respiratory Rate
9:40:30 PM	Catheter Assessment
9:41:04 PM	Cardiac rhythm
9:41:05 PM	Heart Rate (/min)
9:51:58 PM	Respiratory Rate

B6

B6

Client: B6
Patient: B6

Vitals Results

11:02:28 PM	Cardiac rhythm
11:02:29 PM	Heart Rate (/min)
11:19:12 PM	Lasix treatment note
11:45:09 PM	Respiratory Rate
11:45:20 PM	Cardiac rhythm
11:45:21 PM	Heart Rate (/min)
12:55:39 AM	Respiratory Rate
12:55:52 AM	Cardiac rhythm
12:55:53 AM	Heart Rate (/min)
12:57:06 AM	FiO2 (%)
1:27:43 AM	Weight (kg)
1:27:59 AM	Catheter Assessment
1:28:20 AM	Eliminations
1:48:05 AM	FiO2 (%)
1:48:16 AM	Respiratory Rate
1:48:46 AM	Cardiac rhythm
1:48:47 AM	Heart Rate (/min)
3:45:16 AM	FiO2 (%)
3:45:33 AM	Cardiac rhythm
3:45:34 AM	Heart Rate (/min)
3:46:32 AM	Respiratory Rate
3:50:23 AM	Amount eaten
4:57:26 AM	Cardiac rhythm
4:57:27 AM	Heart Rate (/min)
4:59:00 AM	Respiratory Rate
4:59:18 AM	FiO2 (%)
5:10:14 AM	Catheter Assessment
5:10:45 AM	Eliminations
6:01:27 AM	Respiratory Rate
6:01:44 AM	Cardiac rhythm
6:01:45 AM	Heart Rate (/min)
6:02:02 AM	FiO2 (%)
7:16:29 AM	Eliminations
7:31:13 AM	FiO2 (%)
7:31:22 AM	Respiratory Rate
7:31:31 AM	Cardiac rhythm
7:31:32 AM	Heart Rate (/min)
7:51:27 AM	FiO2 (%)

B6

B6

Client: **B6**
Patient: **B6**

Vitals Results

7:51:53 AM	Heart Rate (/min)
7:51:54 AM	Cardiac rhythm
7:53:37 AM	Respiratory Rate
9:02:59 AM	FiO2 (%)
9:03:34 AM	Respiratory Rate
9:03:56 AM	Cardiac rhythm
9:03:57 AM	Heart Rate (/min)
9:26:14 AM	Eliminations
10:03:50 AM	Catheter Assessment
10:04:27 AM	FiO2 (%)
10:04:36 AM	Respiratory Rate
10:05:03 AM	Cardiac rhythm
10:05:04 AM	Heart Rate (/min)
11:18:56 AM	Respiratory Rate
11:49:36 AM	Respiratory Rate
1:38:24 PM	Respiratory Rate
2:00:40 PM	Nursing note
2:02:49 PM	Respiratory Rate
2:08:52 PM	Eliminations
2:13:55 PM	Weight (kg)
2:17:12 PM	Lasix treatment note
2:17:30 PM	Catheter Assessment
2:53:48 PM	Respiratory Rate
4:22:29 PM	Respiratory Rate
4:45:46 PM	Respiratory Rate
0:03:41 PM	Notes
0:14:07 PM	Respiratory Rate
0:14:28 PM	FiO2 (%)
0:15:03 PM	Eliminations
0:16:26 PM	Interest in water
0:19:22 PM	Heart Rate (/min)
0:28:45 PM	Lasix treatment note
1:36:45 PM	FiO2 (%)
1:37:04 PM	Respiratory Rate
1:38:22 PM	Cardiac rhythm
1:38:23 PM	Heart Rate (/min)
2:09:24 AM	Respiratory Rate
2:10:17 AM	Cardiac rhythm
2:10:18 AM	Heart Rate (/min)
2:30:38 AM	Lasix treatment note

B6

B6

Client: **B6**
Patient: **B6**

Vitals Results

12:44:36 AM	FiO2 (%)
12:44:58 AM	Respiratory Rate
12:46:52 AM	Cardiac rhythm
12:46:53 AM	Heart Rate (/min)
1:33:12 AM	Interest in water
1:34:53 AM	FiO2 (%)
1:48:16 AM	Respiratory Rate
1:50:02 AM	Cardiac rhythm
1:50:03 AM	Heart Rate (/min)
2:05:00 AM	Lasix treatment note
2:05:59 AM	Catheter Assessment
2:07:12 AM	Eliminations
2:44:53 AM	FiO2 (%)
2:46:01 AM	Cardiac rhythm
2:46:02 AM	Heart Rate (/min)
2:46:56 AM	Respiratory Rate
3:23:11 AM	Eliminations
3:44:02 AM	FiO2 (%)
3:44:38 AM	Cardiac rhythm
3:44:39 AM	Heart Rate (/min)
3:45:11 AM	Respiratory Rate
5:02:20 AM	Respiratory Rate
5:02:52 AM	FiO2 (%)
5:06:19 AM	Cardiac rhythm
5:06:20 AM	Heart Rate (/min)
6:10:53 AM	Respiratory Rate
6:11:50 AM	FiO2 (%)
6:12:19 AM	Cardiac rhythm
6:12:20 AM	Heart Rate (/min)
6:14:43 AM	Catheter Assessment
6:14:55 AM	Interest in water
6:58:38 AM	Cardiac rhythm
6:58:39 AM	Heart Rate (/min)
7:13:47 AM	FiO2 (%)
7:14:02 AM	Respiratory Rate
7:22:59 AM	FiO2 (%)
7:27:30 AM	Lasix treatment note
8:13:47 AM	Cardiac rhythm
8:13:48 AM	Heart Rate (/min)
8:15:33 AM	Notes

B6

B6

Client: **B6**
Patient: **B6**

Vitals Results

8:18:07 AM	Quantify IV Fluids (CRI) in mls
8:19:26 AM	Respiratory Rate
9:05:41 AM	FiO2 (%)
9:05:51 AM	Cardiac rhythm
9:05:52 AM	Heart Rate (/min)
9:07:09 AM	Respiratory Rate
9:56:40 AM	Cardiac rhythm
9:56:41 AM	Heart Rate (/min)
9:59:15 AM	FiO2 (%)
10:13:06 AM	Respiratory Rate
10:13:25 AM	Eliminations
10:13:35 AM	Amount eaten
10:14:29 AM	Quantify IV Fluids (CRI) in mls
10:14:30 AM	Catheter Assessment
11:06:12 AM	Cardiac rhythm
11:06:13 AM	Heart Rate (/min)
11:07:30 AM	Respiratory Rate
11:49:29 AM	Cardiac rhythm
11:49:30 AM	Heart Rate (/min)
B6 11:53:04 AM	Lasix treatment note
11:53:55 AM	Respiratory Rate
12:50:50 PM	Cardiac rhythm
12:50:51 PM	Heart Rate (/min)
12:51:41 PM	Respiratory Rate
1:15:09 PM	FiO2 (%)
1:15:43 PM	Quantify IV Fluids (CRI) in mls
1:15:44 PM	Catheter Assessment
1:30:55 PM	Eliminations
2:06:57 PM	Cardiac rhythm
2:06:58 PM	Heart Rate (/min)
2:07:42 PM	Respiratory Rate
3:04:48 PM	Respiratory Rate
3:06:21 PM	Cardiac rhythm
3:06:22 PM	Heart Rate (/min)
4:35:49 PM	Respiratory Rate
4:41:59 PM	Cardiac rhythm
4:42:00 PM	Heart Rate (/min)
5:15:45 PM	Respiratory Rate
5:16:15 PM	Cardiac rhythm

B6

Client: **B6**
Patient: **B6**

Vitals Results

5:16:16 PM	Heart Rate (/min)
5:36:09 PM	FiO2 (%)
5:38:30 PM	Quantify IV Fluids (CRI) in mls
5:38:31 PM	Catheter Assessment
5:39:07 PM	Respiratory Rate
5:40:22 PM	Cardiac rhythm
5:40:23 PM	Heart Rate (/min)
5:49:37 PM	Amount eaten
6:04:51 PM	Eliminations
6:05:07 PM	Lasix treatment note
7:08:49 PM	Cardiac rhythm
7:08:50 PM	Heart Rate (/min)
7:09:31 PM	Respiratory Rate
7:52:59 PM	Respiratory Rate
7:53:28 PM	Cardiac rhythm
7:53:29 PM	Heart Rate (/min)
9:01:44 PM	Cardiac rhythm
9:01:45 PM	Heart Rate (/min)
9:01:57 PM	Respiratory Rate
9:26:21 PM	Eliminations
B6 9:26:38 PM	Quantify IV Fluids (CRI) in mls
9:26:39 PM	Catheter Assessment
9:27:22 PM	Respiratory Rate
9:27:38 PM	FiO2 (%)
9:48:34 PM	Cardiac rhythm
9:48:35 PM	Heart Rate (/min)
10:57:34 PM	Respiratory Rate
10:57:51 PM	Cardiac rhythm
10:57:52 PM	Heart Rate (/min)
11:52:07 PM	Cardiac rhythm
11:52:08 PM	Heart Rate (/min)
11:52:37 PM	Respiratory Rate
11:54:17 PM	Lasix treatment note
12:47:08 AM	Cardiac rhythm
12:47:09 AM	Heart Rate (/min)
12:47:43 AM	Respiratory Rate
1:14:11 AM	Eliminations
1:16:55 AM	Quantify IV Fluids (CRI) in mls
1:16:56 AM	Catheter Assessment
2:17:39 AM	FiO2 (%)
2:17:50 AM	Cardiac rhythm

B6

Client: B6
Patient: B6

Vitals Results

2:17:51 AM	Heart Rate (/min)
2:18:07 AM	Respiratory Rate
3:08:12 AM	Cardiac rhythm
3:08:13 AM	Heart Rate (/min)
3:08:28 AM	Respiratory Rate
4:00:31 AM	Cardiac rhythm
4:00:32 AM	Heart Rate (/min)
4:00:45 AM	Respiratory Rate
4:52:09 AM	Respiratory Rate
4:52:51 AM	Cardiac rhythm
4:52:52 AM	Heart Rate (/min)
5:32:35 AM	Quantify IV Fluids (CRI) in mls
5:32:36 AM	Catheter Assessment
5:33:29 AM	FiO2 (%)
5:33:44 AM	Eliminations
5:37:21 AM	Amount eaten
5:37:46 AM	Cardiac rhythm
5:37:47 AM	Heart Rate (/min)
5:49:29 AM	Respiratory Rate
5:49:46 AM	Lasix treatment note
6:53:21 AM	Cardiac rhythm
6:53:22 AM	Heart Rate (/min)
6:53:59 AM	Respiratory Rate
8:02:57 AM	Respiratory Rate
8:04:08 AM	Cardiac rhythm
8:04:09 AM	Heart Rate (/min)
8:54:53 AM	Quantify IV Fluids (CRI) in mls
8:54:54 AM	Catheter Assessment
9:00:55 AM	Eliminations
9:02:52 AM	Respiratory Rate
9:03:08 AM	Cardiac rhythm
9:03:09 AM	Heart Rate (/min)
9:03:54 AM	Eliminations
9:48:19 AM	FiO2 (%)
9:48:31 AM	Respiratory Rate
9:55:31 AM	Quantify IV Fluids (CRI) in mls
9:55:32 AM	Catheter Assessment
9:56:26 AM	Cardiac rhythm
9:56:27 AM	Heart Rate (/min)
11:02:12 AM	Cardiac rhythm
11:02:13 AM	Heart Rate (/min)

B6

B6

Client: **B6**
Patient: **B6**

Vitals Results

11:02:35 AM	Respiratory Rate
11:20:52 AM	Cardiac rhythm
11:20:53 AM	Heart Rate (/min)
11:21:45 AM	Respiratory Rate
12:47:04 PM	Cardiac rhythm
12:47:05 PM	Heart Rate (/min)
12:47:41 PM	Respiratory Rate
1:29:09 PM	FiO2 (%)
1:36:10 PM	Cardiac rhythm
1:36:11 PM	Heart Rate (/min)
1:37:20 PM	Respiratory Rate
1:47:47 PM	Eliminations
2:45:34 PM	Cardiac rhythm
2:45:35 PM	Heart Rate (/min)
2:46:08 PM	Respiratory Rate
4:01:58 PM	Respiratory Rate
4:10:02 PM	Cardiac rhythm
4:10:03 PM	Heart Rate (/min)
5:13:08 PM	Respiratory Rate
5:14:33 PM	Cardiac rhythm
5:14:34 PM	Heart Rate (/min)
5:17:34 PM	Amount eaten
5:33:11 PM	Eliminations
5:35:19 PM	Catheter Assessment
6:06:21 PM	Cardiac rhythm
6:06:22 PM	Heart Rate (/min)
6:06:53 PM	Respiratory Rate
7:02:52 PM	Cardiac rhythm
7:02:53 PM	Heart Rate (/min)
7:03:27 PM	Respiratory Rate
7:53:58 PM	Cardiac rhythm
7:53:59 PM	Heart Rate (/min)
7:56:00 PM	Lasix treatment note
7:56:14 PM	Respiratory Rate
9:02:05 PM	Cardiac rhythm
9:02:06 PM	Heart Rate (/min)
9:02:42 PM	Respiratory Rate
9:31:44 PM	Catheter Assessment
9:42:27 PM	Eliminations
9:47:48 PM	Cardiac rhythm

B6

B6

Client: B6

Patient: B6

Vitals Results

9:47:49 PM	Heart Rate (/min)
9:47:58 PM	Respiratory Rate
11:09:06 PM	Cardiac rhythm
11:09:07 PM	Heart Rate (/min)
11:09:20 PM	Respiratory Rate
11:14:53 PM	Amount eaten
11:45:52 PM	Respiratory Rate
11:46:06 PM	Cardiac rhythm
11:46:07 PM	Heart Rate (/min)
12:56:27 AM	Cardiac rhythm
12:56:28 AM	Heart Rate (/min)
12:56:50 AM	Respiratory Rate
1:08:20 AM	Catheter Assessment
1:10:46 AM	Eliminations
1:43:06 AM	Respiratory Rate
1:43:55 AM	Cardiac rhythm
1:43:56 AM	Heart Rate (/min)
2:51:38 AM	Cardiac rhythm
2:51:39 AM	Heart Rate (/min)
2:51:53 AM	Respiratory Rate
3:57:25 AM	Cardiac rhythm
3:57:26 AM	Heart Rate (/min)
3:57:36 AM	Respiratory Rate
4:27:41 AM	Eliminations
4:48:22 AM	Cardiac rhythm
4:48:23 AM	Heart Rate (/min)
4:55:32 AM	Respiratory Rate
5:05:24 AM	Catheter Assessment
5:46:09 AM	Cardiac rhythm
5:46:10 AM	Heart Rate (/min)
5:46:21 AM	Respiratory Rate
6:44:13 AM	Respiratory Rate
6:45:55 AM	Cardiac rhythm
6:45:56 AM	Heart Rate (/min)
7:46:15 AM	Amount eaten
7:46:46 AM	Respiratory Rate
7:55:43 AM	Cardiac rhythm
7:55:44 AM	Heart Rate (/min)
8:36:34 AM	Lasix treatment note
9:11:27 AM	Cardiac rhythm

B6

B6

Client: B6
Patient: B6

Vitals Results

B6	9:11:28 AM	Heart Rate (/min)	B6
	9:12:51 AM	Catheter Assessment	
	9:13:32 AM	Respiratory Rate	
	9:52:42 AM	Cardiac rhythm	
	9:52:43 AM	Heart Rate (/min)	
	9:57:24 AM	Catheter Assessment	
	9:57:49 AM	Respiratory Rate	
	11:00:06 AM	Cardiac rhythm	
	11:00:07 AM	Heart Rate (/min)	
	11:01:19 AM	Respiratory Rate	
	11:02:33 AM	Temperature (F)	
	11:54:52 AM	Cardiac rhythm	
	11:54:53 AM	Heart Rate (/min)	
	11:56:04 AM	Respiratory Rate	
	11:56:16 AM	Heart Rate (/min)	
	1:12:41 PM	Cardiac rhythm	
	1:12:42 PM	Heart Rate (/min)	
	1:13:49 PM	Respiratory Rate	
	1:34:58 PM	Catheter Assessment	
	2:04:35 PM	Cardiac rhythm	
	2:04:36 PM	Heart Rate (/min)	
	2:05:22 PM	Respiratory Rate	
3:22:14 PM	Cardiac rhythm		
3:22:15 PM	Heart Rate (/min)		
3:23:16 PM	Respiratory Rate		
3:28:16 PM	Amount eaten		
4:00:06 PM	Cardiac rhythm		
4:00:07 PM	Heart Rate (/min)		
4:01:48 PM	Respiratory Rate		
11:47:11 AM	Weight (kg)		

Patient History

B6	06:45 AM	UserForm	B6
	06:47 AM	Purchase	
	06:52 AM	Labwork	
	07:58 AM	UserForm	
	08:02 AM	Treatment	

Client: **B6**
Patient: **B6**

Patient History

08:52 AM	UserForm
09:19 AM	Treatment
09:20 AM	Vitals
09:20 AM	Vitals
09:25 AM	Treatment
09:25 AM	Vitals
09:26 AM	Treatment
09:30 AM	Vitals
09:42 AM	Treatment
09:42 AM	Vitals
09:42 AM	Vitals
09:43 AM	Treatment
09:44 AM	Treatment
09:44 AM	Vitals
09:52 AM	Purchase
09:52 AM	Purchase
10:11 AM	Treatment
10:42 AM	Treatment
10:42 AM	Vitals
10:42 AM	Vitals
10:43 AM	Treatment
10:43 AM	Vitals
11:04 AM	Treatment
11:04 AM	Vitals
11:08 AM	Treatment
11:08 AM	Vitals
11:14 AM	Treatment
11:14 AM	Vitals
11:53 AM	Treatment
11:53 AM	Vitals
11:53 AM	Vitals
01:07 PM	Treatment
01:07 PM	Vitals
01:07 PM	Treatment
01:07 PM	Vitals
01:07 PM	Vitals
01:08 PM	Treatment
01:13 PM	Treatment
01:13 PM	Vitals
01:45 PM	Treatment
01:45 PM	Vitals
01:45 PM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

01:45 PM	Treatment
01:45 PM	Vitals
01:50 PM	Treatment
01:50 PM	Vitals
02:48 PM	Treatment
02:48 PM	Vitals
02:48 PM	Vitals
02:49 PM	Treatment
02:49 PM	Vitals
02:50 PM	Treatment
02:50 PM	Vitals
03:53 PM	Treatment
03:53 PM	Vitals
03:53 PM	Treatment
03:53 PM	Vitals
03:53 PM	Vitals
03:56 PM	Treatment
03:56 PM	Vitals
04:51 PM	Treatment
04:51 PM	Vitals
04:51 PM	Treatment
04:51 PM	Vitals
04:51 PM	Vitals
04:52 PM	Treatment
04:52 PM	Vitals
05:23 PM	Treatment
05:23 PM	Vitals
05:24 PM	Treatment
05:28 PM	Treatment
05:28 PM	Vitals
05:28 PM	Treatment
05:29 PM	Treatment
05:29 PM	Treatment
05:29 PM	Treatment
05:29 PM	Treatment
05:29 PM	Vitals
06:00 PM	Treatment
06:00 PM	Vitals
06:00 PM	Vitals
06:01 PM	Treatment

B6

B6

Client: **B6**
Patient: **B6**

Patient History

06:01 PM	Vitals
06:02 PM	Treatment
06:02 PM	Vitals
06:11 PM	Treatment
06:11 PM	Vitals
06:57 PM	Treatment
06:57 PM	Vitals
06:57 PM	Treatment
06:57 PM	Vitals
06:57 PM	Treatment
06:57 PM	Vitals
06:57 PM	Vitals
06:59 PM	Purchase
06:59 PM	Purchase
07:19 PM	Labwork
07:22 PM	Treatment
07:26 PM	Labwork
07:26 PM	Deleted Reason
07:58 PM	Treatment
07:58 PM	Vitals
08:00 PM	Treatment
08:00 PM	Vitals
08:00 PM	Treatment
08:00 PM	Vitals
08:00 PM	Vitals
08:47 PM	Purchase
09:04 PM	Treatment
09:04 PM	Vitals
09:04 PM	Treatment
09:04 PM	Vitals
09:04 PM	Treatment
09:04 PM	Vitals
09:04 PM	Vitals
09:05 PM	Treatment
09:13 PM	Purchase
09:18 PM	Treatment
09:49 PM	Treatment
09:49 PM	Vitals
09:50 PM	Treatment
09:50 PM	Vitals
09:50 PM	Vitals

B6

B6

Client: **B6**
Patient: **B6**

Patient History

	09:55 PM	Treatment
	09:55 PM	Vitals
	09:56 PM	Treatment
	09:56 PM	Vitals
	09:56 PM	Vitals
	09:57 PM	Vitals
	09:58 PM	Treatment
	10:00 PM	Vitals
	10:07 PM	Purchase
	10:08 PM	Treatment
	10:40 PM	Vitals
	10:50 PM	Treatment
	10:56 PM	Treatment
	10:56 PM	Vitals
	10:56 PM	Treatment
	10:56 PM	Vitals
	10:56 PM	Vitals
	10:56 PM	Treatment
	10:56 PM	Vitals
	11:08 PM	Treatment
B6	11:08 PM	Vitals
	11:54 PM	Treatment
	11:54 PM	Vitals
	11:55 PM	Treatment
	11:55 PM	Vitals
	11:55 PM	Treatment
	11:55 PM	Vitals
	11:55 PM	Vitals
	12:01 AM	Treatment
	12:01 AM	Vitals
	12:01 AM	Treatment
	12:01 AM	Vitals
	12:02 AM	Treatment
	12:02 AM	Vitals
	12:02 AM	Vitals
	12:09 AM	Vitals
	12:55 AM	Treatment
	01:41 AM	Treatment
	01:41 AM	Vitals
	01:41 AM	Treatment
	01:41 AM	Vitals
	01:55 AM	Treatment

B6

Client: **B6**
Patient: **B6**

Patient History

01:55 AM	Vitals
01:55 AM	Vitals
01:57 AM	Treatment
01:57 AM	Vitals
02:08 AM	Treatment
02:08 AM	Vitals
02:55 AM	Treatment
02:55 AM	Vitals
02:55 AM	Treatment
02:55 AM	Vitals
02:55 AM	Treatment
02:55 AM	Vitals
02:55 AM	Vitals
03:03 AM	Treatment
03:44 AM	Treatment
03:44 AM	Vitals
03:44 AM	Vitals
03:49 AM	Treatment
03:49 AM	Vitals
03:50 AM	Treatment
03:50 AM	Vitals
04:49 AM	Treatment
04:49 AM	Vitals
04:49 AM	Vitals
04:49 AM	Treatment
04:49 AM	Vitals
04:50 AM	Treatment
04:50 AM	Vitals
04:53 AM	Treatment
05:49 AM	Treatment
05:49 AM	Vitals
05:49 AM	Vitals
05:55 AM	Treatment
05:55 AM	Vitals
05:56 AM	Treatment
05:56 AM	Vitals
06:05 AM	Treatment
06:05 AM	Vitals
06:05 AM	Treatment
06:05 AM	Vitals
06:05 AM	Treatment

B6

B6

Client: B6

Patient: B6

Patient History

06:05 AM	Treatment
06:28 AM	Vitals
07:28 AM	Treatment
07:28 AM	Vitals
07:28 AM	Treatment
07:28 AM	Vitals
07:29 AM	Treatment
07:29 AM	Vitals
07:29 AM	Vitals
08:07 AM	Treatment
08:07 AM	Vitals
08:07 AM	Vitals
08:11 AM	Vitals
08:11 AM	Treatment
08:12 AM	Treatment
08:12 AM	Vitals
08:17 AM	Treatment
08:17 AM	Vitals
08:30 AM	Purchase
08:30 AM	Purchase
08:30 AM	Purchase
09:09 AM	Treatment
09:09 AM	Vitals
09:09 AM	Treatment
09:09 AM	Vitals
09:09 AM	Treatment
09:09 AM	Vitals
09:09 AM	Vitals
09:11 AM	Purchase
09:11 AM	Purchase
09:11 AM	Treatment
09:15 AM	Treatment
09:15 AM	Vitals
09:16 AM	Treatment
09:16 AM	Treatment
09:16 AM	Vitals
09:18 AM	Purchase
09:20 AM	Treatment
10:04 AM	Treatment
10:04 AM	Vitals
10:04 AM	Vitals
10:04 AM	Treatment
10:04 AM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

11:07 AM	Treatment
11:07 AM	Vitals
11:07 AM	Vitals
11:07 AM	Treatment
11:07 AM	Vitals
11:10 AM	Treatment
11:10 AM	Vitals
11:11 AM	Treatment
11:57 AM	Purchase
11:58 AM	Purchase
12:00 PM	Treatment
12:00 PM	Vitals
12:00 PM	Vitals
12:01 PM	Treatment
12:01 PM	Vitals
01:05 PM	Treatment
01:05 PM	Vitals
01:05 PM	Treatment
01:05 PM	Vitals
01:05 PM	Vitals
01:37 PM	Treatment
02:02 PM	Treatment
02:02 PM	Vitals
02:02 PM	Vitals
02:25 PM	Purchase
02:30 PM	Deleted Reason
02:33 PM	Vitals
02:36 PM	Labwork
02:36 PM	Appointment
02:38 PM	UserForm
11:54 AM	Appointment
11:55 AM	Appointment
07:08 AM	UserForm
08:42 AM	Treatment
08:44 AM	Treatment
08:44 AM	Vitals
08:47 AM	Treatment

B6

B6

Client: B6
Patient: B6

Patient History

	08:47 AM	Vitals	
	09:05 AM	Prescription	
	09:05 AM	Treatment	
	09:05 AM	Vitals	
	09:15 AM	Vitals	
	09:17 AM	Vitals	
	09:17 AM	Vitals	
	09:17 AM	Purchase	
	09:20 AM	Treatment	
	09:20 AM	Vitals	
	09:50 AM	Vitals	
	09:50 AM	Vitals	
	09:50 AM	Vitals	
	09:50 AM	Vitals	
	09:50 AM	Vitals	
	09:50 AM	Vitals	
	09:50 AM	Vitals	
	09:50 AM	Vitals	
	10:00 AM	Purchase	
	10:23 AM	Vitals	
	10:35 AM	Treatment	
	10:35 AM	Vitals	
B6	10:35 AM	Treatment	B6
	10:35 AM	Vitals	
	10:35 AM	Treatment	
	10:36 AM	Treatment	
	10:36 AM	Vitals	
	10:40 AM	Vitals	
	10:46 AM	Vitals	
	11:00 AM	Treatment	
	11:00 AM	Vitals	
	11:00 AM	Treatment	
	11:00 AM	Vitals	
	11:00 AM	Vitals	
	11:01 AM	Treatment	
	11:01 AM	Vitals	
	11:58 AM	Treatment	
	11:58 AM	Vitals	
	11:59 AM	Treatment	
	11:59 AM	Vitals	
	12:01 PM	Vitals	
	12:01 PM	Treatment	
	12:01 PM	Treatment	

Client: B6
Patient: B6

Patient History

12:01 PM	Vitals
12:01 PM	Vitals
12:59 PM	Treatment
12:59 PM	Vitals
12:59 PM	Treatment
12:59 PM	Vitals
12:59 PM	Vitals
01:00 PM	Treatment
01:00 PM	Vitals
01:14 PM	UserForm
01:19 PM	Treatment
01:26 PM	Purchase
01:28 PM	Labwork
01:40 PM	Treatment
01:46 PM	Treatment
01:46 PM	Vitals
01:50 PM	Prescription
01:53 PM	Prescription
01:53 PM	Treatment
01:53 PM	Vitals
01:53 PM	Vitals
01:56 PM	Treatment
01:56 PM	Vitals
01:56 PM	Treatment
01:56 PM	Vitals
02:08 PM	Purchase
02:08 PM	Purchase
02:48 PM	Treatment
02:48 PM	Vitals
03:00 PM	Treatment
03:00 PM	Vitals
03:00 PM	Vitals
03:01 PM	Treatment
03:01 PM	Vitals
03:42 PM	Treatment
03:42 PM	Vitals
03:43 PM	Treatment
03:43 PM	Vitals
03:43 PM	Vitals
03:43 PM	Treatment
03:43 PM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

B6	03:46 PM	Vitals
	04:56 PM	Treatment
	04:56 PM	Vitals
	04:56 PM	Treatment
	04:56 PM	Vitals
	04:56 PM	Vitals
	04:58 PM	Treatment
	04:58 PM	Vitals
	04:58 PM	Treatment
	05:05 PM	Treatment
	05:05 PM	Vitals
	05:05 PM	Treatment
	05:08 PM	Treatment
	05:08 PM	Treatment
	05:08 PM	Vitals
	05:14 PM	Treatment
	05:14 PM	Vitals
	05:46 PM	Treatment
	05:46 PM	Vitals
	05:46 PM	Treatment
	05:46 PM	Vitals
	05:47 PM	Treatment
	05:47 PM	Vitals
	05:47 PM	Vitals
	06:06 PM	Purchase
	06:34 PM	Vitals
	07:02 PM	Treatment
	07:02 PM	Vitals
	07:02 PM	Vitals
	07:03 PM	Treatment
	07:03 PM	Vitals
	07:03 PM	Vitals
07:03 PM	Treatment	
07:03 PM	Vitals	
08:13 PM	Treatment	
08:13 PM	Vitals	
08:13 PM	Vitals	
08:14 PM	Treatment	

B6

Client: **B6**
Patient: **B6**

Patient History

08:14 PM	Vitals
08:14 PM	Treatment
08:14 PM	Vitals
09:10 PM	Treatment
09:10 PM	Vitals
09:13 PM	Treatment
09:13 PM	Vitals
09:13 PM	Vitals
09:14 PM	Treatment
09:14 PM	Vitals
09:21 PM	Treatment
09:23 PM	Treatment
09:23 PM	Vitals
10:13 PM	Treatment
10:13 PM	Vitals
10:13 PM	Treatment
10:13 PM	Vitals
10:13 PM	Vitals
10:14 PM	Treatment
10:14 PM	Vitals
10:54 PM	Treatment
10:54 PM	Vitals
11:00 PM	Treatment
11:00 PM	Vitals
11:00 PM	Vitals
12:11 AM	Treatment
12:11 AM	Vitals
12:11 AM	Vitals
12:11 AM	Treatment
12:11 AM	Vitals
12:11 AM	Treatment
12:11 AM	Vitals
12:14 AM	Vitals
12:14 AM	Treatment
12:56 AM	Treatment
12:56 AM	Vitals
12:56 AM	Vitals
12:57 AM	Treatment
12:57 AM	Vitals
12:57 AM	Treatment
12:57 AM	Vitals

B6

B6

Client: **B6**

Patient: **B6**

Patient History

01:20 AM	Treatment
01:20 AM	Treatment
01:20 AM	Vitals
01:53 AM	Treatment
01:53 AM	Vitals
01:54 AM	Treatment
01:54 AM	Vitals
02:05 AM	Treatment
02:05 AM	Vitals
02:05 AM	Vitals
02:05 AM	Treatment
02:05 AM	Vitals
02:13 AM	Purchase
03:20 AM	Treatment
03:20 AM	Vitals
03:20 AM	Treatment
03:20 AM	Vitals
03:20 AM	Vitals
03:21 AM	Treatment
03:21 AM	Vitals
04:16 AM	Treatment
04:16 AM	Vitals
04:16 AM	Treatment
04:16 AM	Vitals
04:16 AM	Vitals
04:16 AM	Treatment
04:16 AM	Vitals
05:01 AM	Treatment
05:01 AM	Vitals
05:01 AM	Vitals
05:01 AM	Treatment
05:01 AM	Vitals
05:02 AM	Treatment
05:02 AM	Vitals
05:33 AM	Treatment
05:35 AM	Treatment
05:35 AM	Treatment
05:43 AM	Treatment
05:43 AM	Vitals
05:47 AM	Treatment
05:47 AM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

05:54 AM	Treatment
05:54 AM	Vitals
06:10 AM	Treatment
06:10 AM	Vitals
06:10 AM	Vitals
06:10 AM	Vitals
06:10 AM	Treatment
06:10 AM	Vitals
06:11 AM	Treatment
06:11 AM	Vitals
07:32 AM	Treatment
07:32 AM	Vitals
07:32 AM	Treatment
07:32 AM	Vitals
07:32 AM	Vitals
07:33 AM	Treatment
07:33 AM	Vitals
07:52 AM	Treatment
07:52 AM	Vitals
07:52 AM	Vitals
07:53 AM	Treatment
07:53 AM	Vitals
07:53 AM	Vitals
07:53 AM	Treatment
07:53 AM	Vitals
08:43 AM	Vitals
08:44 AM	Treatment
09:00 AM	Purchase
09:04 AM	Labwork
09:41 AM	UserForm
10:55 AM	Treatment
10:55 AM	Vitals
10:56 AM	Treatment
10:56 AM	Vitals
10:56 AM	Vitals
10:56 AM	Treatment
10:56 AM	Treatment
10:56 AM	Vitals
10:57 AM	Treatment
10:57 AM	Vitals

B6

B6

Client: B6

Patient: B6

Patient History

11:39 AM	Treatment
11:39 AM	Vitals
11:39 AM	Vitals
11:39 AM	Treatment
11:39 AM	Vitals
11:39 AM	Treatment
11:39 AM	Vitals
11:50 AM	Treatment
11:50 AM	Vitals
11:50 AM	Vitals
11:51 AM	Treatment
11:51 AM	Vitals
11:51 AM	Treatment
11:51 AM	Vitals
11:52 AM	Treatment
11:52 AM	Vitals
11:53 AM	Treatment
11:53 AM	Vitals
11:59 AM	Vitals
12:00 PM	Treatment
01:02 PM	Treatment
01:02 PM	Vitals
01:03 PM	Treatment
01:03 PM	Vitals
01:13 PM	Treatment
01:13 PM	Treatment
01:13 PM	Treatment
01:13 PM	Vitals
01:13 PM	Vitals
01:14 PM	Vitals
01:27 PM	Purchase
01:27 PM	Purchase
01:30 PM	Purchase
01:31 PM	Treatment
01:31 PM	Vitals
01:31 PM	Vitals
01:32 PM	Treatment
01:32 PM	Vitals
01:34 PM	Treatment
01:34 PM	Vitals
01:34 PM	Treatment
01:34 PM	Treatment

B6

B6

Client: B6
Patient: B6

Patient History

01:34 PM	Vitals
01:35 PM	Treatment
01:35 PM	Vitals
01:35 PM	Purchase
01:53 PM	UserForm
01:54 PM	Purchase
01:54 PM	Purchase
01:54 PM	Purchase
02:03 PM	Treatment
02:15 PM	Purchase
02:15 PM	Purchase
03:14 PM	Treatment
03:14 PM	Vitals
03:14 PM	Vitals
03:17 PM	Treatment
03:17 PM	Vitals
03:28 PM	Treatment
03:28 PM	Vitals
03:28 PM	Vitals
03:54 PM	Treatment
03:54 PM	Vitals
03:54 PM	Treatment
03:54 PM	Vitals
03:55 PM	Treatment
03:55 PM	Vitals
03:55 PM	Vitals
05:08 PM	Treatment
05:08 PM	Vitals
05:14 PM	Treatment
05:14 PM	Vitals
05:14 PM	Vitals
05:14 PM	Treatment
05:14 PM	Vitals
05:15 PM	Treatment
05:22 PM	Treatment
05:22 PM	Vitals
05:22 PM	Treatment
05:22 PM	Treatment
05:22 PM	Treatment
05:22 PM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

05:22 PM	Treatment
05:25 PM	Treatment
05:25 PM	Vitals
06:06 PM	Treatment
06:06 PM	Vitals
06:06 PM	Treatment
06:06 PM	Vitals
06:10 PM	Treatment
06:10 PM	Vitals
06:10 PM	Vitals
06:46 PM	Treatment
06:46 PM	Vitals
06:46 PM	Treatment
06:46 PM	Vitals
06:46 PM	Treatment
06:46 PM	Vitals
06:46 PM	Vitals
07:30 PM	Treatment
07:30 PM	Vitals
07:30 PM	Vitals
07:31 PM	Treatment
07:31 PM	Vitals
07:31 PM	Treatment
07:31 PM	Vitals
07:31 PM	Treatment
07:31 PM	Vitals
07:31 PM	Treatment
07:31 PM	Vitals
08:29 PM	Treatment
08:29 PM	Vitals
08:29 PM	Vitals
08:30 PM	Treatment
08:30 PM	Vitals
08:30 PM	Treatment
08:30 PM	Vitals
09:01 PM	Treatment
09:03 PM	Treatment
09:06 PM	Treatment
09:06 PM	Vitals
09:08 PM	Treatment
09:45 PM	Treatment

B6

B6

Client: B6
Patient: B6

Patient History

B6	09:45 PM	Vitals	B6
	09:45 PM	Vitals	
	09:46 PM	Treatment	
	09:46 PM	Vitals	
	09:46 PM	Treatment	
	09:46 PM	Vitals	
	10:32 PM	Treatment	
	10:32 PM	Vitals	
	10:32 PM	Treatment	
	10:32 PM	Vitals	
	10:33 PM	Treatment	
	10:33 PM	Vitals	
	10:33 PM	Vitals	
	11:11 PM	Treatment	
	11:11 PM	Vitals	
	11:11 PM	Treatment	
	11:11 PM	Vitals	
	11:13 PM	Vitals	
	11:13 PM	Treatment	
	11:28 PM	Treatment	
	11:28 PM	Vitals	
	11:28 PM	Treatment	
	11:28 PM	Vitals	
	11:28 PM	Vitals	
	12:34 AM	Treatment	
	12:34 AM	Vitals	
	12:34 AM	Treatment	
	12:34 AM	Vitals	
	12:34 AM	Vitals	
	12:34 AM	Treatment	
	12:34 AM	Vitals	
	12:35 AM	Treatment	
12:35 AM	Treatment		
12:47 AM	Treatment		
12:47 AM	Vitals		
01:38 AM	Treatment		
01:38 AM	Vitals		
01:39 AM	Treatment		
01:39 AM	Vitals		
01:39 AM	Vitals		
01:39 AM	Treatment		

Client: B6
Patient: B6

Patient History

01:39 AM	Vitals
02:13 AM	Purchase
02:22 AM	Treatment
02:22 AM	Vitals
02:22 AM	Treatment
02:22 AM	Vitals
02:22 AM	Treatment
02:22 AM	Vitals
02:22 AM	Vitals
03:28 AM	Treatment
03:28 AM	Vitals
03:28 AM	Vitals
03:30 AM	Treatment
03:30 AM	Vitals
03:30 AM	Treatment
03:30 AM	Vitals
03:30 AM	Treatment
03:30 AM	Vitals
04:32 AM	Treatment
04:32 AM	Vitals
04:32 AM	Treatment
04:32 AM	Vitals
04:32 AM	Treatment
04:32 AM	Vitals
04:32 AM	Vitals
04:53 AM	Treatment
04:53 AM	Vitals
05:01 AM	Treatment
05:01 AM	Vitals
05:01 AM	Treatment
05:01 AM	Vitals
05:02 AM	Treatment
05:02 AM	Treatment
05:02 AM	Treatment
05:02 AM	Vitals
05:02 AM	Treatment
05:02 AM	Treatment
05:02 AM	Treatment
05:43 AM	Treatment

B6

B6

Client: B6
Patient: B6

Patient History

05:43 AM	Vitals
05:43 AM	Vitals
05:43 AM	Treatment
05:43 AM	Vitals
06:45 AM	Treatment
06:45 AM	Vitals
06:45 AM	Vitals
06:45 AM	Treatment
06:45 AM	Vitals
06:47 AM	Treatment
06:47 AM	Vitals
07:40 AM	Treatment
07:40 AM	Vitals
07:40 AM	Treatment
07:40 AM	Vitals
07:40 AM	Treatment
07:40 AM	Vitals
07:40 AM	Treatment
07:41 AM	Treatment
07:41 AM	Vitals
07:41 AM	Vitals
07:42 AM	Treatment
07:42 AM	Vitals
07:42 AM	Vitals
08:41 AM	Vitals
08:41 AM	Vitals
09:00 AM	Purchase
09:11 AM	Labwork
09:17 AM	Treatment
09:17 AM	Vitals
09:36 AM	Treatment
09:50 AM	Treatment
09:50 AM	Vitals
09:50 AM	Treatment
09:50 AM	Vitals
10:22 AM	Purchase
10:22 AM	Purchase
10:49 AM	Prescription
11:23 AM	Treatment
11:23 AM	Vitals
11:24 AM	Treatment
11:24 AM	Vitals
01:07 PM	Treatment

B6

B6

Client: B6
Patient: B6

Patient History

01:07 PM	Vitals
01:08 PM	Treatment
01:08 PM	Vitals
01:10 PM	Vitals
01:16 PM	Treatment
01:16 PM	Vitals
01:16 PM	Treatment
01:16 PM	Vitals
01:17 PM	Treatment
01:17 PM	Vitals
01:17 PM	Treatment
01:17 PM	Vitals
01:18 PM	Treatment
07:09 PM	Purchase
04:35 PM	Vitals
04:35 PM	Vitals
04:35 PM	Vitals
04:35 PM	Vitals
05:42 PM	UserForm
06:03 PM	Purchase
06:04 PM	Treatment
06:53 PM	UserForm
07:13 PM	Prescription
07:21 PM	UserForm
07:22 PM	Prescription
08:01 PM	Treatment
08:03 PM	Purchase
08:03 PM	Purchase
08:05 PM	Treatment
08:40 PM	Labwork
08:54 PM	Vitals
08:59 PM	Treatment
08:59 PM	Vitals
09:16 PM	Vitals
09:26 PM	Treatment
09:26 PM	Vitals
09:27 PM	Treatment
09:27 PM	Vitals
09:31 PM	Treatment
09:33 PM	Treatment
09:33 PM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

	09:40 PM	Treatment	
	09:40 PM	Vitals	
	09:40 PM	Treatment	
	09:40 PM	Vitals	
	09:41 PM	Treatment	
	09:41 PM	Vitals	
	09:41 PM	Vitals	
	09:51 PM	Treatment	
	09:51 PM	Vitals	
	10:08 PM	Treatment	
	10:09 PM	Treatment	
	11:02 PM	Treatment	
	11:02 PM	Vitals	
	11:02 PM	Vitals	
	11:19 PM	Treatment	
	11:19 PM	Vitals	
	11:19 PM	Treatment	
	11:45 PM	Treatment	
	11:45 PM	Vitals	
	11:45 PM	Treatment	
B6	11:45 PM	Vitals	B6
	11:45 PM	Vitals	
	11:47 PM	Purchase	
	11:47 PM	Purchase	
	12:55 AM	Treatment	
	12:55 AM	Vitals	
	12:55 AM	Treatment	
	12:55 AM	Vitals	
	12:55 AM	Vitals	
	12:57 AM	Treatment	
	12:57 AM	Vitals	
	01:27 AM	Treatment	
	01:27 AM	Vitals	
	01:27 AM	Treatment	
	01:27 AM	Vitals	
	01:28 AM	Treatment	
	01:28 AM	Vitals	
	01:48 AM	Treatment	
	01:48 AM	Vitals	
	01:48 AM	Treatment	
	01:48 AM	Vitals	
	01:48 AM	Treatment	

Client: B6
Patient: B6

Patient History

01:48 AM	Vitals
01:48 AM	Vitals
03:45 AM	Treatment
03:45 AM	Treatment
03:45 AM	Vitals
03:45 AM	Treatment
03:45 AM	Vitals
03:45 AM	Vitals
03:46 AM	Treatment
03:46 AM	Vitals
03:50 AM	Treatment
03:50 AM	Treatment
03:50 AM	Vitals
04:57 AM	Treatment
04:57 AM	Vitals
04:57 AM	Vitals
04:59 AM	Treatment
04:59 AM	Vitals
04:59 AM	Treatment
04:59 AM	Vitals
05:10 AM	Treatment
05:10 AM	Vitals
05:10 AM	Treatment
05:10 AM	Vitals
05:14 AM	Treatment
05:15 AM	Treatment
06:01 AM	Treatment
06:01 AM	Vitals
06:01 AM	Treatment
06:01 AM	Vitals
06:01 AM	Vitals
06:02 AM	Treatment
06:02 AM	Vitals
07:16 AM	Vitals
07:31 AM	Treatment
07:31 AM	Vitals
07:31 AM	Treatment
07:31 AM	Vitals
07:31 AM	Treatment

B6

B6

Client: B6
Patient: B6

Patient History

07:31 AM	Vitals
07:31 AM	Vitals
07:35 AM	Treatment
07:51 AM	Treatment
07:51 AM	Vitals
07:51 AM	Treatment
07:51 AM	Vitals
07:51 AM	Vitals
07:53 AM	Treatment
07:53 AM	Vitals
08:14 AM	Purchase
09:02 AM	Treatment
09:02 AM	Vitals
09:03 AM	Treatment
09:03 AM	Vitals
09:03 AM	Treatment
09:03 AM	Vitals
09:03 AM	Vitals
09:26 AM	Treatment
09:26 AM	Vitals
10:03 AM	Treatment
10:03 AM	Vitals
10:04 AM	Treatment
10:04 AM	Vitals
10:04 AM	Treatment
10:04 AM	Vitals
10:05 AM	Treatment
10:05 AM	Vitals
10:05 AM	Vitals
11:18 AM	Treatment
11:18 AM	Vitals
11:38 AM	Purchase
11:49 AM	Treatment
11:49 AM	Vitals
01:38 PM	Treatment
01:38 PM	Vitals
02:00 PM	Vitals
02:02 PM	Treatment
02:02 PM	Vitals
02:03 PM	Treatment
02:08 PM	Treatment
02:08 PM	Vitals
02:13 PM	Treatment
02:13 PM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

02:14 PM	Treatment
02:14 PM	Treatment
02:14 PM	Treatment
02:17 PM	Vitals
02:17 PM	Treatment
02:17 PM	Treatment
02:17 PM	Vitals
02:53 PM	Treatment
02:53 PM	Vitals
03:09 PM	UserForm
04:22 PM	Treatment
04:22 PM	Vitals
04:45 PM	Treatment
04:45 PM	Vitals
08:30 AM	Treatment
08:30 AM	Purchase
07:36 PM	Prescription
08:39 PM	Purchase
08:42 PM	UserForm
09:53 PM	Purchase
10:01 PM	Labwork
10:03 PM	Vitals
10:03 PM	Purchase
10:13 PM	Purchase
10:13 PM	Purchase
10:14 PM	Treatment
10:14 PM	Vitals
10:14 PM	Treatment
10:14 PM	Vitals
10:15 PM	Treatment
10:15 PM	Vitals
10:16 PM	Treatment
10:16 PM	Vitals
10:19 PM	Treatment
10:19 PM	Vitals
10:28 PM	Vitals
10:29 PM	Treatment
10:39 PM	Prescription
10:40 PM	Prescription
10:42 PM	Prescription
10:44 PM	Prescription
11:36 PM	Treatment
11:36 PM	Vitals
11:37 PM	Treatment

B6

B6

Client: **B6**
Patient: **B6**

Patient History

11:37 PM	Vitals
11:38 PM	Treatment
11:38 PM	Vitals
11:38 PM	Vitals
12:08 AM	Treatment
12:09 AM	Treatment
12:09 AM	Vitals
12:10 AM	Treatment
12:10 AM	Vitals
12:10 AM	Vitals
12:30 AM	Vitals
12:31 AM	Treatment
12:44 AM	Treatment
12:44 AM	Vitals
12:44 AM	Treatment
12:44 AM	Vitals
12:46 AM	Treatment
12:46 AM	Vitals
12:46 AM	Vitals
01:33 AM	Treatment
01:33 AM	Vitals
01:34 AM	Treatment
01:34 AM	Vitals
01:35 AM	Treatment
01:48 AM	Vitals
01:50 AM	Treatment
01:50 AM	Vitals
01:50 AM	Vitals
02:05 AM	Vitals
02:05 AM	Treatment
02:05 AM	Treatment
02:05 AM	Vitals
02:07 AM	Vitals
02:44 AM	Treatment
02:44 AM	Vitals
02:46 AM	Treatment
02:46 AM	Vitals
02:46 AM	Vitals
02:46 AM	Treatment
02:46 AM	Vitals
03:23 AM	Treatment

B6

B6

Client: B6
Patient: B6

Patient History

03:23 AM	Vitals
03:44 AM	Treatment
03:44 AM	Vitals
03:44 AM	Treatment
03:44 AM	Vitals
03:44 AM	Vitals
03:45 AM	Treatment
03:45 AM	Vitals
05:02 AM	Treatment
05:02 AM	Vitals
05:02 AM	Treatment
05:02 AM	Vitals
05:06 AM	Treatment
05:06 AM	Vitals
05:06 AM	Vitals
06:10 AM	Treatment
06:10 AM	Vitals
06:11 AM	Treatment
06:11 AM	Vitals
06:12 AM	Treatment
06:12 AM	Vitals
06:12 AM	Vitals
06:14 AM	Treatment
06:14 AM	Vitals
06:14 AM	Treatment
06:14 AM	Vitals
06:58 AM	Treatment
06:58 AM	Vitals
06:58 AM	Vitals
07:13 AM	Treatment
07:13 AM	Vitals
07:14 AM	Treatment
07:14 AM	Vitals
07:22 AM	Treatment
07:22 AM	Vitals
07:27 AM	Vitals
07:28 AM	Treatment
08:13 AM	Treatment
08:13 AM	Vitals
08:13 AM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

08:15 AM	Vitals
08:18 AM	Treatment
08:18 AM	Vitals
08:19 AM	Treatment
08:19 AM	Vitals
08:28 AM	Treatment
08:28 AM	Treatment
08:39 AM	Purchase
08:40 AM	Purchase
08:42 AM	Purchase
08:43 AM	Purchase
09:05 AM	Treatment
09:05 AM	Vitals
09:05 AM	Treatment
09:05 AM	Vitals
09:05 AM	Vitals
09:07 AM	Treatment
09:07 AM	Vitals
09:56 AM	Treatment
09:56 AM	Treatment
09:56 AM	Vitals
09:56 AM	Vitals
09:59 AM	Treatment
09:59 AM	Vitals
10:07 AM	Treatment
10:08 AM	Purchase
10:12 AM	Treatment
10:13 AM	Treatment
10:13 AM	Treatment
10:13 AM	Vitals
10:13 AM	Treatment
10:13 AM	Vitals
10:13 AM	Treatment
10:13 AM	Vitals
10:14 AM	Treatment
10:14 AM	Vitals
10:14 AM	Vitals

B6

B6

Client: **B6**
Patient: **B6**

Patient History

10:45 AM	UserForm
11:01 AM	Purchase
11:02 AM	Treatment
11:06 AM	Treatment
11:06 AM	Vitals
11:06 AM	Vitals
11:07 AM	Treatment
11:07 AM	Vitals
11:49 AM	Treatment
11:49 AM	Vitals
11:49 AM	Vitals
11:53 AM	Vitals
11:53 AM	Treatment
11:53 AM	Treatment
11:53 AM	Vitals
12:18 PM	UserForm
12:50 PM	Treatment
12:50 PM	Vitals
12:50 PM	Vitals
12:51 PM	Treatment
12:51 PM	Vitals
12:51 PM	Treatment
01:15 PM	Treatment
01:15 PM	Vitals
01:15 PM	Treatment
01:15 PM	Vitals
01:15 PM	Vitals
01:19 PM	Purchase
01:28 PM	Labwork
01:30 PM	Treatment
01:30 PM	Treatment
01:30 PM	Vitals
02:06 PM	Treatment
02:06 PM	Vitals
02:06 PM	Vitals
02:07 PM	Treatment
02:07 PM	Vitals
03:04 PM	Treatment
03:04 PM	Vitals
03:06 PM	Treatment

B6

B6

Client: **B6**
Patient: **B6**

Patient History

03:06 PM	Vitals
03:06 PM	Vitals
04:35 PM	Treatment
04:35 PM	Vitals
04:41 PM	Treatment
04:41 PM	Vitals
04:41 PM	Vitals
05:05 PM	Prescription
05:15 PM	Treatment
05:15 PM	Treatment
05:15 PM	Treatment
05:15 PM	Vitals
05:16 PM	Treatment
05:16 PM	Vitals
05:16 PM	Vitals
05:36 PM	Treatment
05:36 PM	Vitals
05:38 PM	Treatment
05:38 PM	Vitals
05:38 PM	Vitals
05:39 PM	Treatment
05:39 PM	Vitals
05:39 PM	Treatment
05:39 PM	Treatment
05:40 PM	Treatment
05:40 PM	Vitals
05:40 PM	Vitals
05:49 PM	Treatment
05:49 PM	Vitals
06:04 PM	Treatment
06:04 PM	Vitals
06:05 PM	Vitals
06:07 PM	Treatment
07:08 PM	Treatment
07:08 PM	Vitals
07:08 PM	Vitals
07:09 PM	Treatment
07:09 PM	Vitals
07:34 PM	Treatment

B6

B6

Client: B6
Patient: B6

Patient History

07:34 PM	Treatment
07:52 PM	Treatment
07:52 PM	Vitals
07:53 PM	Treatment
07:53 PM	Vitals
07:53 PM	Vitals
09:01 PM	Treatment
09:01 PM	Vitals
09:01 PM	Vitals
09:01 PM	Treatment
09:01 PM	Vitals
09:26 PM	Treatment
09:26 PM	Vitals
09:26 PM	Treatment
09:26 PM	Vitals
09:26 PM	Vitals
09:27 PM	Treatment
09:27 PM	Treatment
09:27 PM	Vitals
09:27 PM	Treatment
09:27 PM	Vitals
09:48 PM	Treatment
09:48 PM	Vitals
09:48 PM	Vitals
10:10 PM	Purchase
10:10 PM	Purchase
10:57 PM	Treatment
10:57 PM	Vitals
10:57 PM	Treatment
10:57 PM	Vitals
10:57 PM	Vitals
11:02 PM	Treatment
11:02 PM	Treatment
11:52 PM	Treatment
11:52 PM	Vitals
11:52 PM	Vitals
11:52 PM	Treatment
11:52 PM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

	11:54 PM	Vitals
	11:54 PM	Treatment
	12:47 AM	Treatment
	12:47 AM	Vitals
	12:47 AM	Vitals
	12:47 AM	Treatment
	12:47 AM	Vitals
	01:14 AM	Treatment
	01:14 AM	Vitals
	01:16 AM	Treatment
	01:16 AM	Treatment
	01:16 AM	Vitals
	01:16 AM	Vitals
	02:17 AM	Treatment
	02:17 AM	Vitals
	02:17 AM	Treatment
	02:17 AM	Vitals
	02:17 AM	Vitals
	02:18 AM	Treatment
	02:18 AM	Vitals
	03:08 AM	Treatment
	03:08 AM	Vitals
	03:08 AM	Vitals
	03:08 AM	Treatment
	03:08 AM	Vitals
	04:00 AM	Treatment
	04:00 AM	Vitals
	04:00 AM	Vitals
	04:00 AM	Treatment
	04:00 AM	Vitals
	04:52 AM	Treatment
	04:52 AM	Vitals
	04:52 AM	Treatment
	04:52 AM	Vitals
	04:52 AM	Vitals
	05:29 AM	Treatment
	05:32 AM	Treatment
	05:32 AM	Vitals
	05:32 AM	Vitals
	05:33 AM	Treatment
	05:33 AM	Vitals

B6

B6

Client: B6
Patient: B6

Patient History

B6

05:33 AM	Treatment
05:33 AM	Vitals
05:37 AM	Treatment
05:37 AM	Treatment
05:37 AM	Vitals
05:37 AM	Treatment
05:37 AM	Vitals
05:37 AM	Vitals
05:49 AM	Treatment
05:49 AM	Vitals
05:49 AM	Vitals
06:53 AM	Treatment
06:53 AM	Vitals
06:53 AM	Vitals
06:53 AM	Treatment
06:53 AM	Vitals
07:49 AM	Purchase
07:51 AM	Purchase
08:02 AM	Treatment
08:02 AM	Vitals
08:04 AM	Treatment
08:04 AM	Vitals
08:04 AM	Vitals
08:12 AM	Treatment
08:12 AM	Treatment
08:14 AM	Prescription
08:14 AM	Prescription
08:37 AM	Prescription
08:54 AM	Treatment
08:54 AM	Vitals
08:54 AM	Vitals
09:00 AM	Vitals
09:02 AM	Treatment
09:02 AM	Vitals
09:03 AM	Treatment
09:03 AM	Vitals
09:03 AM	Vitals
09:03 AM	Treatment
09:03 AM	Vitals
09:41 AM	Treatment
09:45 AM	UserForm

B6

Client: B6

Patient: B6

Patient History

09:48 AM	Treatment
09:48 AM	Treatment
09:48 AM	Vitals
09:48 AM	Treatment
09:48 AM	Vitals
09:50 AM	Prescription
09:55 AM	Treatment
09:55 AM	Vitals
09:55 AM	Vitals
09:56 AM	Treatment
09:56 AM	Vitals
09:56 AM	Vitals
10:08 AM	Purchase
11:02 AM	Treatment
11:02 AM	Vitals
11:02 AM	Vitals
11:02 AM	Treatment
11:02 AM	Vitals
11:20 AM	Treatment
11:20 AM	Vitals
11:20 AM	Vitals
11:21 AM	Treatment
11:21 AM	Vitals
11:28 AM	Purchase
11:28 AM	Deleted Reason
11:44 AM	Treatment
12:47 PM	Treatment
12:47 PM	Vitals
12:47 PM	Vitals
12:47 PM	Treatment
12:47 PM	Vitals
01:28 PM	Treatment
01:29 PM	Treatment
01:29 PM	Vitals
01:34 PM	Purchase
01:36 PM	Treatment
01:36 PM	Vitals
01:36 PM	Vitals
01:37 PM	Treatment
01:37 PM	Vitals

B6

B6

Client: **B6**
Patient: **B6**

Patient History

01:37 PM	Labwork
01:40 PM	Treatment
01:47 PM	Treatment
01:47 PM	Vitals
02:45 PM	Treatment
02:45 PM	Treatment
02:45 PM	Vitals
02:45 PM	Vitals
02:46 PM	Treatment
02:46 PM	Vitals
04:01 PM	Treatment
04:01 PM	Vitals
04:09 PM	Treatment
04:10 PM	Treatment
04:10 PM	Vitals
04:10 PM	Vitals
05:13 PM	Treatment
05:13 PM	Vitals
05:14 PM	Treatment
05:14 PM	Vitals
05:14 PM	Vitals
05:15 PM	Treatment
05:17 PM	Treatment
05:17 PM	Treatment
05:17 PM	Vitals
05:33 PM	Treatment
05:33 PM	Vitals
05:35 PM	Treatment
05:35 PM	Vitals
06:06 PM	Treatment
06:06 PM	Vitals
06:06 PM	Vitals
06:06 PM	Treatment
06:06 PM	Vitals
07:02 PM	Treatment
07:02 PM	Vitals
07:02 PM	Vitals
07:03 PM	Treatment
07:03 PM	Vitals
07:38 PM	Treatment

B6

B6

Client: B6
Patient: B6

Patient History

	7:38 PM	Treatment	
	7:53 PM	Treatment	
	7:53 PM	Vitals	
	7:53 PM	Vitals	
	7:56 PM	Vitals	
	7:56 PM	Treatment	
	7:56 PM	Treatment	
	7:56 PM	Vitals	
	9:02 PM	Treatment	
	9:02 PM	Vitals	
	9:02 PM	Vitals	
	9:02 PM	Treatment	
	9:02 PM	Vitals	
	9:30 PM	Treatment	
	9:31 PM	Treatment	
	9:31 PM	Vitals	
	9:42 PM	Treatment	
	9:42 PM	Vitals	
	9:47 PM	Treatment	
	9:47 PM	Vitals	
	9:47 PM	Vitals	
	9:47 PM	Treatment	
	9:47 PM	Vitals	
	10:10 PM	Purchase	
	10:10 PM	Purchase	
	1:09 PM	Treatment	
	1:09 PM	Vitals	
	1:09 PM	Vitals	
	1:09 PM	Treatment	
	1:09 PM	Vitals	
	1:14 PM	Treatment	
	1:14 PM	Vitals	
	1:15 PM	Treatment	
	1:45 PM	Treatment	
	1:45 PM	Vitals	
	1:46 PM	Treatment	
	1:46 PM	Vitals	
	1:46 PM	Vitals	
	2:56 AM	Treatment	
	2:56 AM	Vitals	
	2:56 AM	Vitals	

B6

B6

Client: B6
Patient: B6

Patient History

	12:56 AM	Treatment	
	12:56 AM	Vitals	
	01:08 AM	Treatment	
	01:08 AM	Treatment	
	01:08 AM	Vitals	
	01:10 AM	Treatment	
	01:10 AM	Vitals	
	01:43 AM	Treatment	
	01:43 AM	Vitals	
	01:43 AM	Treatment	
	01:43 AM	Vitals	
	01:43 AM	Vitals	
	02:51 AM	Treatment	
	02:51 AM	Vitals	
	02:51 AM	Vitals	
	02:51 AM	Treatment	
	02:51 AM	Vitals	
	03:24 AM	Treatment	
	03:57 AM	Treatment	
B6	03:57 AM	Vitals	B6
	03:57 AM	Vitals	
	03:57 AM	Treatment	
	03:57 AM	Vitals	
	04:27 AM	Treatment	
	04:27 AM	Vitals	
	04:48 AM	Treatment	
	04:48 AM	Vitals	
	04:48 AM	Vitals	
	04:55 AM	Treatment	
04:55 AM	Vitals		
05:05 AM	Treatment		
05:05 AM	Vitals		
05:05 AM	Treatment		
05:08 AM	Treatment		
	05:46 AM	Treatment	
	05:46 AM	Vitals	
	05:46 AM	Vitals	
	05:46 AM	Treatment	
	05:46 AM	Vitals	
	06:44 AM	Treatment	
	06:44 AM	Vitals	
	06:45 AM	Treatment	

Client: B6
Patient: B6

Patient History

06:45 AM	Vitals
06:45 AM	Vitals
07:11 AM	Purchase
07:12 AM	Purchase
07:46 AM	Treatment
07:46 AM	Vitals
07:46 AM	Treatment
07:46 AM	Vitals
07:55 AM	Treatment
07:55 AM	Vitals
07:55 AM	Vitals
08:36 AM	Treatment
08:36 AM	Vitals
08:37 AM	Treatment
09:01 AM	Prescription
09:02 AM	Prescription
09:03 AM	Prescription
09:11 AM	Treatment
09:11 AM	Vitals
09:11 AM	Vitals
09:12 AM	Treatment
09:12 AM	Vitals
09:13 AM	Treatment
09:13 AM	Vitals
09:43 AM	Purchase
09:52 AM	Treatment
09:52 AM	Vitals
09:52 AM	Vitals
09:57 AM	Treatment
09:57 AM	Treatment
09:57 AM	Treatment
09:57 AM	Vitals
09:57 AM	Treatment
09:57 AM	Vitals
10:08 AM	Purchase
10:08 AM	Labwork
11:00 AM	Treatment
11:00 AM	Vitals
11:00 AM	Vitals

B6

B6

Client: B6

Patient: B6

Patient History

	11:01 AM	Treatment	
	11:01 AM	Treatment	
	11:01 AM	Vitals	
	11:02 AM	Vitals	
	11:26 AM	Prescription	
	11:27 AM	Purchase	
	11:28 AM	Prescription	
	11:31 AM	Purchase	
	11:54 AM	Treatment	
	11:54 AM	Vitals	
	11:54 AM	Vitals	
	11:56 AM	Treatment	
	11:56 AM	Vitals	
	11:56 AM	Treatment	
	11:56 AM	Vitals	
	01:12 PM	Treatment	
	01:12 PM	Vitals	
	01:12 PM	Vitals	
	01:13 PM	Treatment	
	01:13 PM	Vitals	
	01:34 PM	Treatment	
B6	01:34 PM	Treatment	B6
	01:34 PM	Vitals	
	02:04 PM	Treatment	
	02:04 PM	Vitals	
	02:04 PM	Vitals	
	02:05 PM	Treatment	
	02:05 PM	Vitals	
	03:22 PM	Treatment	
	03:22 PM	Vitals	
	03:22 PM	Vitals	
	03:23 PM	Treatment	
	03:23 PM	Vitals	
	03:28 PM	Treatment	
	03:28 PM	Treatment	
	03:28 PM	Vitals	
	04:00 PM	Treatment	
	04:00 PM	Vitals	
	04:00 PM	Vitals	
	04:01 PM	Treatment	
	04:01 PM	Vitals	

Client: B6

Patient: B6

Patient History

B6

05:03 PM	Prescription
03:01 PM	Appointment
11:06 AM	UserForm
11:26 AM	Purchase
11:26 AM	Treatment
11:36 AM	UserForm
11:47 AM	Vitals
12:08 PM	Purchase
12:13 PM	Purchase
12:39 PM	Prescription
12:39 PM	Purchase

B6

B6

B6

Female (Spayed)

Genie: Doberman Brown/Tan

Patient ID: **B6**

STANDARD CONSENT FORM

I am the owner, or agent for the owner, of the above described animal and have the authority to execute consent. I hereby authorize the Cummings School of Veterinary Medicine at Tufts University (herein after Cummings School) to prescribe for treatment of said animal according to the following terms and conditions.

Cummings School and its officers, agents and employees will provide such veterinary medical care as they deem reasonable and appropriate under the circumstances.

Cummings School and its officers, agents, and employees will use all reasonable care in the treatment of the above mentioned animal, but will not be liable for any loss or accident that may occur or any disease that may develop as a result of the care and treatment provided.

I understand that the above identified animal may be treated by Cummings School students under the supervision and assistance of Cummings School staff members.

In executing this form, I hereby expressly acknowledge that risks, benefits and alternative forms of treatment have been explained to me. I understand said explanation, and I consent to treatment. Should any additional treatments or diagnostics be required during the continued care of my animal, I understand that I will be given the opportunity to discuss and consent to these additional procedures. I understand that further or additional treatment may be required without an opportunity for discussion and consideration by me, in the case of the development of any life-threatening emergency during the continued care of my animal and I expressly consent to all such reasonable treatment as required. I realize and understand that results cannot be guaranteed.

If any equipment is left with the animal, it will be accepted with the understanding that Cummings School assumes no responsibility for any loss of equipment that may occur.

I agree to pick up the animal when notified that it is ready for release.

In the event the animal is not picked up, and if ten (10) days have expired since a registered letter was sent to the address given above, notifying me to call for the animal, the animal may be sold or otherwise disposed of in a humane manner and the proceeds applied to the charges incurred in caring and treating the animal. Failure to remove said animal will not and does not relieve me from obligation for the costs of services rendered.

I hereby grant to the Cummings School of Veterinary Medicine at Tufts University, its officers and employees (collectively referred to herein as Cummings School), and its agents and assigns (the Grantors) the irrevocable rights to photograph / videotape the operation or procedure to be performed, including appropriate and otherwise use such photographs and images for, and in connection with, a Grantor's medical, scientific, educational, and publicity purposes, by any means, methods and media (print and electronic) now known or, in the future, developed that the Grantor deems appropriate (provided that such photographs and images may not be used in for-profit commercials, unless such commercials are publicizing educational programs of Cummings School). As medical and surgical treatment necessitates the removal of tissue, cells, fluids or body parts of my animal, I authorize the Grantors to dispose of or use these tissues, cells, fluids or body parts for scientific and educational purposes.

I understand that a FINANCE CHARGE will be applied to all accounts unpaid after 30 days. The FINANCE CHARGE is computed on a monthly rate of 1.33% per month, which is an annual percentage rate of 16% applied to the average daily balance outstanding, with a minimum fee of \$5.00.

I do further agree that should any payment, or the full amount of the sum stated above, become overdue more than 30 days from the above-agreed upon time of payment or payments, the entire balance shall be considered in default and become due and payable. I further agree to be responsible for any or all collection agency and/or attorney fees necessary to collect the full amount.

I do further agree to comply with hours of visitation in conjunction with our Hospital's policy.

I have read, understood, and agree to accept the terms and conditions herein.

Owner's name:

Owner's address:

Owner's Name Signature: _____

Date: _____

**If the individual admitting the animal is someone other than the legal owner,
please complete the portion below.**

The owner of the animal, has granted me authority to obtain medical treatment and to bind the owner to pay the veterinary medical services provided at Cummings School pursuant to the terms and conditions described above.

Authorized Agent - Please Print: _____

Agent's Signature: _____

Street Address: _____

Date: _____

Town/City: _____

State: _____

Zip: _____

Treatment Plan

B6

B6

This treatment is based upon our preliminary examination. This is an estimate and is not intended to be a guarantee of the outcome of your pet's treatment. The final bill may vary considerably from this estimated cost.

B6	B6
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B6

B6

Our treatment plan is based upon our preliminary examination. This is an estimate and is not intended to be a guarantee of the outcome of your pet's treatment. The final bill may vary considerably from this estimated cost.

Our treatment plan is based upon our preliminary examination. This is an estimate and is not intended to be a guarantee of the outcome of your pet's treatment. The final bill may vary considerably from this estimated cost.

Our treatment plan is based upon our preliminary examination. This is an estimate and is not intended to be a guarantee of the outcome of your pet's treatment. The final bill may vary considerably from this estimated cost.

High Total	B6
Low Total	
Other Details	

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY

Foster Hospital for Small Animals
55 Willard Street
North Grafton, MA 01536
Telephone: (508) 833-5395
Fax: (508) 833-7951
<http://vetmed.tufts.edu/>

Emergency & Critical Care: Latham (508) 867-4245

Patient:

Name:

B6

Owner:

Name:

B6

Signalment:

B6 10-year Old Grey/Tan Female
(Spayed) Doberman

Address:

Patient ID:

B6

Emergency Clinician:

B6

DVM (Emergency & Critical Care Resident)

Consulting Clinician:

HR Supervisor:

B6

Discharge Instructions

Admit Date:

B6

Check Out:

Diagnosis: Dilated cardiomyopathy (DCM) with congestive heart failure

B6

- We also want you to watch for weakness or collapse, a reduction in appetite, worsening cough, or distention of the belly as these findings indicate that we should do a recheck examination.
- If you have any concerns, please call or have your dog evaluated by a veterinarian. Our emergency clinic is open 24 hours/day.

B6

Please visit our HowSmart website for more information:

<http://vet.hulls.com/HowSmart/>

Prescription Refill Disclaimer:

For the safety and well-being of our patients, your pet must have had an examination by one of our veterinarians within the past year in order to obtain prescription medications.

Ordering Food:

Please check with your primary veterinarian to purchase the recommended diet(s). If you wish to purchase your food from us, please call 7-10 days in advance (508-887-8629) to ensure the food is in stock. Alternatively, veterinary diets can be ordered from online retailers with a prescription/veterinary approval.

Clinical Trials:

Clinical trials are studies in which our veterinary doctors work with you and your pet to investigate a specific disease process or a promising new test or treatment. Please see our website: vet.hulls.com/clinical-trials.

Case: B6

Owner: B6

Discharge Instructions

Radiology Request & Report

Patient

Name: B6
Species: Canine
Breed/Type/Female (spayed)
Doberman
Birthdate: B6

Owner

Name: B6
Address: B6

Patient ID: B6
Date of request: B6

Attending Clinician: B6 DVM (SAM Rotating Intern)

Student: B6 V18

Date of exam: B6

Patient Location: Ward/Cage: ER

Weight (lb): 0.00

- Inpatient
- Outpatient Times
- Waiting
- Emergency

Sedation

- IMAG
- OBAG
- 1/2 dose OBAG
- DesDomitor/Butorphanol
- Anesthesia to sedate/analgesia

Examination Desired: 3 view CXR

Presenting Complaint and Clinical Questions you wish to answer:

Diagnosed with DCM in June. CHF vs other lung pathology?

B6

cranial abdomen are normal.

Conclusions:

1. Moderate left-sided cardiomegaly consistent with the previously diagnosed DCM. An echocardiogram may be performed to better assess changes to the heart.
2. Diffuse interstitial lung pattern, worse in right and left caudodorsal lung fields, consistent with cardiogenic pulmonary edema and decompensated congestive heart failure.

Radiologists:

Primary:	B6	V18
Reviewing:	B6	DFC, DACVR

Dates:

Reported: 1/9/2018
Finalized: 1/10/2018

Treatment Plan

B6

B6

The address is listed and our primary location. This is an agreement and is not the end of. Every effort will be made to keep you informed of the current status of your pet throughout your animal's hospitalization. The final bill may vary substantially from the estimated total.

B6

B6

B6

B6

Order of Receipt

B6

Overnight

I understand that the guarantee of such representation is void. I certify that I have read and fully understand the authorization for medical and/or surgical treatment, the reason for why such medical and/or surgical treatment is considered necessary, as well as its advantages and possible complications. I am liable for the financial responsibility for all charges incurred by this patient. I agree to pay 75% of the estimated total at the time of admission. Additional deposits will be required if additional care or procedures are required. Further, I agree to pay the balance of the charges when the patient is released. Procedural billing is inclusive up to and including the estimated duration of hospitalization. There will be additional charges if hospitalization extends beyond the estimated duration. There is no refund, and I understand and agree to accept the consequences of the treatment plan.

Please print your name and signature in the space provided.

High Total	
Low Total	
75% Deposit	

B6

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY
Cardiology Liaison: 508-887-4696

B6

Patient ID: **B6**

B6

Case:

Years Old Female (Spayed)

Dobberman

Brown/Tan BW: Weight (kg) 27.60

Cardiology Inpatient

Date: **B6**

Weight: Weight (kg) 27.60

Attending Cardiologist:

John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC

B6

Cardiology Resident:

B6

Thoracic radiographs available for review?

- Yes - in SS
- Yes - in PACS
- No

Presenting complaint and important concurrent diseases:

Coughing episode and increased respiratory effort ~4am. History of DCM, diagnosed

Physical Examination:

B6

Key indication for consultation: (murmur, arrhythmia, needs fluids, etc.):

History of DCM diagnosis:

STOP - remainder of form to be filled out by Cardiology

B6

Muscle condition:

- Normal
- Moderate cachexia

Mild muscle loss

Marked cachexia

Cardiovascular Physical Exam

Murmur Grade:

- None
- I/VI
- II/VI left apical systolic
- III/VI

- IV/VI
- V/VI
- VI/VI

Jugular vein:

- Bottom 1/3 of neck
- Middle 1/3 of neck

Top 2/3 of neck

Arterial pulses:

- Weak
- Fair
- Good
- Strong

- Bounding
- Pulse deficits
- Pulsus paradoxus
- Other (describe):

Arrhythmic:

- None
- Sinus arrhythmia
- Premature beats

- Bradycardia
- Tachycardia

Gallop:

- Yes
- No
- Intermittent

- Pronounced
- Other:

Pulmonary assessments:

- Eupneic
- Mild dyspnea
- Marked dyspnea
- Normal BV sounds

- Pulmonary Crackles - Diffuse -
- Wheezes
- Upper airway stridor
- Other auscultatory findings: Wet cough producing pulmonary edema fluid.

Abdominal exam:

- Normal
- Hepatomegaly

- Abdominal distension
- Mild ascites

B6

Doppler findings:

Trace P1

2+ MR

1+ TR

Mitral Inflow:

Summated

Normal

Delayed relaxation

Pseudonormal

Restrictive

B6

Final Diagnosis:

- Advanced DCM with active CHF

Heart Failure Classification Score:

ISACH Classification:

Ia

Ib

II

IIIa

IIIb

ACVIM CHF Classification:

A

B1

B2

C

D

F
A
PV Vmax
PV maxPG
AV Vmax
AV maxPG

B6

m/s
m/s
m/s
mmHg
m/s
mmHg

Discharge Instructions

Patient:

Name: B6

Species: Canine

Breed/Tan Female (Spayed) Doberman

Birthdate: B6

Owner:

Name: B6

Address: B6

Patient ID: B6

Attending Cardiologist:

John F. Rush DVM, MS, DACVIM (Cardiology), DACVCP

B6

Cardiology Resident:

B6

B6

Student: B6 #18

Cardiology Technician:

B6

Admit Date: B6 1:00:33 AM

Discharge Date: B6

Diagnosis:

Dilated cardiomyopathy (DCM) with congestive heart failure

Case summary:

Thank you for bringing B6 to Tufts emergency services for cough, increased respiratory rate and lethargy.

On arrival she was given a dose of furosemide before being placed in an oxygenated cage with an SpO_2 monitor. Because only mild improvement was noted with the furosemide, we decided to start B6 on an intravenous medication called dobutamine, which improves the heart contractile function. During that period of time we limited handling for diagnostic tests until her breathing had stabilized to not induce stress.

Throughout her stay B6 progressively improved with some changes to her cardiac medications. We were able to progressively wean her off the intravenous medication and continue with oral medication only. Her oxygen supplementation was discontinued this morning and she continued to do great.

During her hospitalization, kidney values were rechecked daily and are still within reasonable limits despite extra furosemide. Chest radiographs were performed and confirmed the presence of congestive heart failure. A rechecked echocardiogram (ultrasound of the heart) was reported and confirmed the previous diagnosis of DCM (dilated cardiomyopathy) that is considered advanced.

DCM is more common in large and giant breed dogs and is characterized by thinning of the walls of the heart, reduced cardiac pump function, and enlargement of the upper chambers of the heart. Many dogs with DCM will also have significant arrhythmias which can be life-threatening and also require medical management. The heart enlargement has now progressed to the point of congestive heart failure, meaning that fluid is backing up into the lungs. Unfortunately this is a progressive disease and we cannot reverse the changes to the heart muscle, however we can use cardiac medications and some changes to the diet to make your dog comfortable and have him breathing easier.

B6

B6

Recheck Visits:

A recheck visit is recommended in 1-2 weeks after any medication adjustments are made. At this visit we will check your dog's breathing effort and do a blood test to recheck kidney values. A recheck echocardiogram is recommended in 3-6 months.

Thank you for entrusting us with **B6** care. Please contact our Cardiology team **B6** at **B6** or email us at cardiow@tulane.edu for scheduling and non-emergent questions or concerns.

Sincerely,

B6

Please visit our HeartSmart website for more information:

<http://vet.tulane.edu/heartsmart/>

Prescription Refill Disclaimers:

For the safety and well-being of our patients, your pet must have had an examination by one of our veterinarians within the past year in order to obtain prescription medications.

Ordering Food:

Please check with your primary veterinarian to purchase the recommended diet(s). If you wish to purchase your food from us, please call 7-10 days in advance (404-687-8679) to ensure the food is in stock. Alternatively, veterinary diets can be ordered from online retailers with a prescription/veterinary approval.

Clinical Trials:

Clinical trials are studies in which our veterinary doctors work with you and your pet to investigate a specific disease process or a promising new test or treatment. Please see our website: vet.tulane.edu/heart/clinical-trials/

Case: **B6**

Dates: **B6**

Discharge Instructions:

Radiology Request & Report

Patient:

Name: B6

Species: Canine

Breed/ Sex: Female (spayed)

DOB: [redacted]

Weight: B6

Owner:

Name: B6

Address: B6

Patient ID: B6

Date of request: B6

Attending Clinician: B6

DVM (resident, Cardiology)

Student:

Date of exam: B6

Patient Location: Ward/Cage: ICU 02

Weight (kg) 27.60

- Location:**
- Inpatient
 - Outpatient Clinic
 - Waiting
 - Emergency

- Sedation:**
- BAG
 - ORAG
 - 1/2 dose ORAG
 - Dexlorazepam/Butorphanol
 - Anesthesia to sedate/anesthetize

Examination Desired: 2 view chest radi. **Patient in active CHF. Abbreviated exam if possible**

Presenting Complaint and Clinical Questions you wish to answer:

DCM, CHF

Pertinent History:

Diagnosed with DCM 6 months ago. Presented to the ER yesterday morning for increased RR/PE, and coughing.

B6

Conclusion:

The radiographic findings of cardiomegaly and the enlarged left atrium are consistent with the reported dilated cardiomyopathy.

The mild perihilar interstitial pattern is most likely the result of cardiogenic pulmonary edema and decompensated congestive heart failure. Follow-up radiographs can be considered to assess a response to medical management.

Radiologists

Primary:	B6	V18
Reviewing:	B6	BSc, DACVP

Dates

Reported: 2/6/18

Finalized: 2/6/18

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY
Cardiology Liaison: 508-887-4696

B6

Patient ID: **B6**

B6

Case#:

10 years Old Female (Spayed)

DOB#:

Breed/Type: BW, Weight (kg) 27.10

Cardiology Consultation

Date: **B6**

Weight: Wright (kg) 27.10

Requesting Clinician: **B6** DVM (Emergency & Critical Care Resident)

Attending Cardiologist:

John L. Bush DVM, MS, DACVIM (Cardiology), DACVCC

B6

Cardiology Resident:

B6

Thoracic radiographs available for review?

- Yes - in SS
 Yes - in PACS
 No

Presenting complaint and important concurrent diseases:

Coughing, increased respiratory rate and effort. RDVM gave 20 mg lasix and tufts ER gave 100 mg on presentation

Current medications and doses:

B6

Key indication for consultation: (murmur, arrhythmia, needs fluids, etc.):

Hx of DCM, presented today for coughing, lethargy, increased respiratory effort. Hx of murmur and harsh respiratory sounds

Questions to be answered from the Consult:

Medication adjustments to be made - O indicated that his history of borderline kidney values so have struggled to balance Lasix dosing? Need for hospitalization?

Is your consult time-sensitive? (e.g., anesthesia today, owner waiting, trying to get biopsy today)

- Yes (explain)
 No

B6

Muscle condition:

- Normal
- Mild muscle loss
- Moderate cachexia
- Marked cachexia

Cardiovascular Physical Exam

Murmur Grade:

- None
- I/VI
- II/VI
- III/VI
- IV/VI
- V/VI
- VI/VI

Murmur location/description: Left apical systolic

Jugular vein:

- Bottom 1/3 of neck
- Middle 1/3 of neck
- Top 2/3 of neck

Arterial pulses:

- Weak
- Fair
- Good
- Strong
- Bounding
- Pulse deficits
- Pulse paradoxus
- Other (describe):

Arrhythmic:

- None
- Sinus arrhythmia
- Premature beats
- Bradycardia
- Tachycardia

Gallop:

- Yes
- No
- Intermittent
- Pronounced
- Other:

Pulmonary assessments:

- Eupneic
- Mild dyspnea
- Marked dyspnea
- Normal BV sounds
- Pulmonary Crackles
- Wheezes
- Upper airway stridor
- Other auscultatory findings:

Abdominal exam:

- Normal
- Hepatomegaly
- Abdominal distension
- Mild ascites

Assessment and recommendations:

B6

Final Diagnosis:

- Advanced DCM with LA enlargement
- Current CHF episode suspected to be secondary to decreased diuretic dose

Heart Failure Classification Score:

ISACHC Classification:

- | | |
|-----------------------------|--|
| <input type="checkbox"/> Ia | <input checked="" type="checkbox"/> IIIa |
| <input type="checkbox"/> Ib | <input checked="" type="checkbox"/> IIIb |
| <input type="checkbox"/> II | |

ACVIM CHF Classification:

- | | |
|-----------------------------|---------------------------------------|
| <input type="checkbox"/> A | <input checked="" type="checkbox"/> C |
| <input type="checkbox"/> B1 | <input type="checkbox"/> D |
| <input type="checkbox"/> B2 | |

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

Foster Hospital for Small Animals
75 Willard Street
North Grafton, MA 01526
Telephone (508) 839-5335
Fax (508) 839-7951
<http://vetmed.tufts.edu/>

Patient

Name:

B6

Species:

Canine

Owner

Name:

B6

Address:

Brown/Tan Female (Spayed)

Doberman

B6 Years Old

Patient ID:

B6

Contact Clinician:

B6

(Emergency and Critical Care
Resident)

Alternate Clinician:

Student:

B6

B6 did very well in hospital. She was kept in oxygen overnight with a continuous ECG reading that showed no arrhythmias. Her breathing improved; she was able to come out of oxygen and breath comfortably in room air. She was discharged.

Patient care instructions: Please monitor Missie at home. She is expected to keep eating, drinking and going to the bathroom. Please ensure she has fresh water available at all times.

B6 episodes seem to often be characterized by lethargy; if you are concerned you may give **B6** additional furosemide (up to an additional 80 mg). Caution is advised, as lethargy is not specific to congestive heart failure and may indicate a different problem; if **B6** does not improve she should be taken to see a veterinarian.

Follow up: Recheck blood work is recommended in 2 weeks; this may be performed via your primary veterinarian. If **B6** is doing well, the furosemide may be dropped back down to 60 mg every 12 hours; however, if she deteriorates, it will need to be increased again. A recheck echocardiogram is recommended in 1 - 2 months.

Prescription Refill Information:

For the safety and well-being of our patients, your pet must have had an examination by one of our veterinarians within the past year in order to obtain prescription medications.

Ordering Food:

Please check with your primary veterinarian to purchase the recommended diet(s). If you wish to purchase your food from us, please call 7 10 days in advance (503-857-4629) to ensure the food is in stock. Alternatively, veterinary diets can be ordered from online retailers with a prescription/veterinary approval.

Clinical Trials:

Clinical trials are studies in which our veterinary doctors work with you and your pet to investigate a specific disease process or a promising new test or treatment. Please see our website: vet.tufts.edu/your/clinical-trials

Case: **B6**

Owner: **B6**

Discharge instructions:

Radiology Request & Report

Patient:

Name: B6
Species: Canine
Breed/ Sex: Female (spayed)
Dobberman
Birthdate: B6

Owner:

Name: B6
Address: B6

Patient ID: B6

Date of request: B6

Attending Clinician: B6 DVM (Emergency & Critical Care Resident)

Student:

Date of exam: B6

Patient Location: Ward/Cage: ICU

Weight (kg): 27.10

- Inpatient
 Outpatient Time:
 Waiting
 Emergency

Sedation

- IMAG
 OMAG
 1/2 dose OMAG
 DexDomitor/Butorphanol
 Anesthesia to sedate/anesthetize

Examination Desired: thorax (at least R lateral if not DV as well)

Presenting Complaint and Clinical Questions you wish to answer:
Emergency

Pertinent History: refractory CHF; Hx of DCM, presented today for coughing, lethargy, increased respiratory effort. Hx of murmur and harsh respiratory sounds

B6

Conclusions:

- Cardiopulmonary changes are most consistent with pulmonary edema secondary to congestive heart failure due to reported recent decrease in lasix dose. Normal pulmonary vasculature and smaller cardiac size compared to the previous study are likely secondary to lasix administration. Recheck thoracic radiographs are recommended to monitor response to therapy and cardiology consultation.

Radiologists

Primary: B6 DMM

Reviewing:

Dates

Reported: 4/2/2018

Finalized:

Treatment Plan

Approved Charges

B6

B6

This document is valid only for veterinary consultation. This is an estimate and is not the final bill. Every effort will be made to keep you informed of the current status of your pet throughout your animal's hospitalization. The final bill may vary substantially from the estimated total.

B6

B6

B6

B6

Owner of Record **B6**

Client Signature

I understand that the guarantee of success associated with this procedure is limited. I certify that I have read and fully understand the authorization for medical attention being sought, the reason for why such medical attention is considered necessary, as well as its advantages and possible complications. I am liable for the financial responsibility for all charges incurred by this patient. I agree to pay 75% of the estimated total at the time of admission. Additional deposits will be required if additional care or procedures are required. I further agree to pay the balance of the charges when the patient is released. Precedural billing is inclusive up to and including the estimated duration of hospitalization. There will be additional charges if hospitalization extends beyond the expected duration. I have read, understood, and agree to accept the conditions of the treatment plan.

Please print name and address on this page.

Thank you for entrusting us with your pet's care.

High Total
Low Total
75% Deposit

B6

B6

Radiology Request & Report

Patient:

Name: B6

Species: Canine

Breed/ Sex Female (spayed)

Dobberman

Birthdate: B6

Owner:

Name: B6

Address: B6

Patient ID: B6

Date of request: B6

Attending Clinician: B6

DVM (resident, Cardiology)

Student: B6 /19

Date of exam: B6

Patient Location: Ward/Cage: ICU O2 cage

Weight (kg) 27.30

- Inpatient
- Outpatient Time:
- Waiting
- Emergency

Sedation

- IMG
- OMAG
- 1/2 dose OMAG
- DexDomitor/Butorphanol
- Anesthesia to sedate/anesthetize

B6

Conclusion:

Patchy interstitial infiltrate with pulmonary venous distention, cardiomegaly, and scant pleural effusion most likely represents decompensated congestive heart failure with atypical distribution of cardiogenic pulmonary edema. Follow-up radiographs are recommended to monitor response to therapy.

Radiologists

Primary: B6 DVM

Reviewing: B6 DVM, DACVR

Dates

Reported: 5/7/2018

Finalized: 5/8/2018

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY
Cardiology Liaison: 508-887-4696

B6

Patient ID: **B6**

B6

Case:
s Old Female (Spayed)

Diagnosis:

Breeds/Ten: BW: Weight (kg) 27.30

Cardiology Inpatient

Date: **B6**

Weight: Weight (kg) 27.30

Attending Cardiologist:

John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC

B6

Cardiology Resident:

B6

Thoracic radiographs available for review?

- Yes - in SS
- Yes - in PACS
- No

Presenting complaint and important concurrent diseases:
increased respiratory rate

B6

Prior medical history:
DCM, Hypothyroidism

B6

STOP - remainder of form to be filled out by Cardiology

B6

Muscle conditions:

- Normal
- Mild muscle loss
- Moderate cachexia
- Marked cachexia

Cardiovascular Physical Exam

Murmur Grade:

- None
- I/VI
- II/VI
- III/VI
- IV/VI
- V/VI
- VI/VI

Murmur location/description: Left apical systolic

Jugular vein:

- Bottom 1/3 of neck
- Middle 1/3 of neck
- Top 2/3 of neck

Arterial pulses:

- Weak
- Fair
- Good
- Strong
- Bounding
- Pulse deficits
- Pulsus paradoxus
- Other (describe):

Arrhythmic:

- None
- Sinus arrhythmia
- Premature beats
- Bradycardia
- Tachycardia

Gallop:

- Yes
- No
- Intermittent
- Pronounced
- Other:

Pulmonary assessments:

- Eupneic
- Mild dyspnea
- Marked dyspnea
- Normal BV sounds
- Pulmonary Crackles
- Wheezes
- Upper airway stridor
- Other auscultatory findings:

Abdominal exam:

- Normal
- Hepatomegaly
- Abdominal distension
- Mild ascites

Echocardiogram Findings:

General/2-D findings:

Radiographic findings:

Cardiomegaly (VHS 11) with left atrial enlargement. The pulmonary vessels appear enlarged. There is a diffuse interstitial pattern worse on the right consistent with active CHF.

Assessment and recommendations:

Based on today's physical examination and chest radiographs, the patient is believed to be back into CHF. Verified with the owner that the diuretics dose has not been changed recently and it was confirmed that she was still getting furosemide 80 mg PO BID. Because the patient was still persistently tachypneic with marked increased RR and RE, a dobutamine CRI @ 3 mcg/kg/min was started and recommend continuing with furosemide 50 mg SQ q4 ask the doctor first. A quick recheck echocardiogram could be perform in order to assess for pulmonary hypertension and decide if sildenafil would be a good option for this patient. **B6** 5 mg PO SID could also be started. Kidney values should be rechecked daily while in the hospital and then 10-14 days after the start of the new cardiac medications. Recheck echocardiogram in 3 months.

Final Diagnosis:

- Advanced DCM with active CHF.

Heart Failure Classification Score:

ISACHC Classification:

- | | |
|-----------------------------|-------------------------------|
| <input type="checkbox"/> Ia | <input type="checkbox"/> IIIa |
| <input type="checkbox"/> Ib | <input type="checkbox"/> IIIb |
| <input type="checkbox"/> II | |

ACVIM CHF Classification:

- | | |
|-----------------------------|----------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> C |
| <input type="checkbox"/> B1 | <input type="checkbox"/> D |
| <input type="checkbox"/> B2 | |

Discharge Instructions

Patient:

Name: B6

Species: Canine

Breedy/Jan Ferrelle (pup) Daberman

Birthdate: B6

Owner:

Name: B6

Address: B6

Patient ID: B6

Attending Cardiologist:

John E. Rush, DVM, MS, DACVIM (Cardiology), DACVCP

B6

Cardiology Resident:

B6

B6

Student: B6 V19

Cardiology Technician:

B6

B6

Diagnosis:

Dilated cardiomyopathy (DCM) with congestive heart failure

Case summary:

Thank you for bringing B6 to Tufts Emergency Services after her exercise-induced cough and increased respiratory effort.

B6

B6

Recommended Medications:

B6

Diet suggestions:

Dogs with heart failure accumulate more fluid in their body if they eat large amounts of sodium (salt). Sodium can be found in all foods, but some foods are lower in sodium than others. Many pet treats, people foods, and supplements used to give pills often have more sodium than is desirable- a sheet that has suggestions for low sodium treats can be found on the HeartSmart web site (<http://vet.tulsa.okla.heartsmart/diet/>)

B6

Recheck Visits:

A recheck visit is recommended in 1-2 weeks after any medication adjustments are made. At this visit bloodwork is recommended in order to recheck the kidney values as well as her liver values. This can be done here or with your primary care veterinarian.

A recheck echocardiogram is recommended in 3-4 months with the cardiology department.

Thank you for entrusting us with **B6** care. Please contact our Cardiology liaison, **B6** at **B6** or email us at cardiovet@tufts.edu for scheduling and non-emergent questions or concerns.

Sincerely,

B4, B6

Please visit our HeartSmart website for more information:

<http://vet.tufts.edu/heartsmart/>

Prescription Refill Disclaimer:

For the safety and well-being of our patients, your pet must have had an examination by one of our veterinarians within the past year in order to obtain prescription medications.

Ordering Food:

Please check with your primary veterinarian to purchase the recommended diet(s). If you wish to purchase your food from us, please call 7-10 days in advance (603-882-8625) to ensure the food is in stock. Alternatively, veterinary diets can be ordered from online retailers with a prescription/veterinary approval.

Clinical Trials:

Clinical trials are studies in which our veterinary doctors work with you and your pet to investigate a specific disease process or a promising new drug or treatment. Please see our website: vet.tufts.edu/cvms/clinical-trials

Case:

B6

Owner:

B6

Discharge Instructions

Discharge Instructions

Patient:

Name: B6

Species: Canine

Breed: Tan Female: Cocker/Doberman

Birthdate: B6

Owner:

Name: B6

Address: B6

Patient ID: B6

Attending Cardiologist:

John E. Rush DVM, MS, DACVIM (Cardiology), DACMCO

B6

Cardiology Resident:

Card

B6

Student: B6 V19

Admit Date: B6 2:21 AM

Discharge D: B6

Diagnoses: Dilated cardiomyopathy (DCM) with heart failure

Clinical Findings:

Thank you for bringing B6 to Tufts today. She is such a good girl and it is always such a pleasure to work with her!

On presentation, B6 was bright and alert, had normal lung sounds and respiratory rate and effort. Her grade I/VI heart murmur was still auscultated today. On echocardiogram (ultrasound of the heart), her values remain stable with marked dilation of the heart and decreased contractile function.

Today we discussed the fact that there seem to be a relationship between grain free diet and DCM. Since B6 is a doberman, a breed genetically predisposed to her disease, it is hard to know if her current disease is secondary to her breed or her grain free diet. In order to try and differentiate one from the other we took samples for taurine levels, which are still pending and we will call you with the results.

Since she continues to do well and her heart remains stable we will not make any changes to her medications. We recommend taurine supplementation (please see the instruction below).

B6

B6

B6

Recheck Visit: A recheck echocardiogram is recommended in 4 months.

Thank you for entrusting us with **B6** care. Please contact our Cardiology team at (408) 857-4626 or email us at cardio@hawaii.edu for scheduling and non-emergent questions or concerns.

Source:

B6

Please visit our HeartSmart website for more information.

<http://vet.hawaii.edu/heartsmart/>

Prescription Drug Disclosure:

For the safety and well-being of our patients, your pet must have had an examination by one of our veterinarians within the past year in order to obtain prescription medications.

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order, review with a prescription/ingredient approved.

Clinical Trials:

Clinical trials are studies in which our veterinary doctors work with you and your pet to investigate a specific disease process or a promising new drug or treatment. Please see our website: vet.typh.com/cvms/clinical-trials

B6

Diagnosis

B6

Discharge Instructions

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY

Cardiology Liaison: 508-857-4696

B6

Patient ID: **B6**

B6

Gender:

Sex: Old Female (Spayed) Doberman

Breed/Tan

Cardiology Appointment Report

Date: **B6**

Attending Cardiologist:

John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC

B6

Cardiology Resident:

B6

(primary)

Cardiology Technician:

B6

Student: **B6** #19

Presenting Complaint: Rerecheck of DCM

No trouble breathing, no coughing, has not had to give extra doses.

Concurrent Diseases:

Hypothyroid, incontinence.

General Medical History:

Diagnosed with DCM in 1/2018, has visited the ER 3 times since then for respiratory issues, last visit was 5/2018 and been good since then.

Diet and Supplements:

Tast of the wild, grain free, salmon, occasional treats (dried jerky)

Cardiovascular History:

Prior CHF diagnosis? Y

Prior heart murmur? Y

Prior ATE? N

Prior arrhythmia? N

Monitoring respiratory rate and effort at home? Y - below 20

Cough? No

Shortness of breath or difficulty breathing? N

Syncope or collapse? N

Sudden onset lameness? N

Exercise intolerance? N

Current Medications Pertinent to CV System:

B6

Muscle conditions:

- Normal
- Mild muscle loss

- Moderate cachexia
- Marked cachexia

Cardiovascular Physical Exam:

Murmur Grade:

- None
- I/VI
- II/VI

- III/VI
- IV/VI
- V/VI

II/VI

Jugular vein:

- Bottom 1/3 of the neck
- Middle 1/3 of the neck

- 1/2 way up the neck
- Top 2/3 of the neck

Arterial pulses:

- Weak
- Fair
- Good
- Strong

- Bounding
- Pulse deficits
- Pulsus paradoxus
- Other:

Arrhythmias:

- None
- Sinus arrhythmia
- Premature beats

- Bradycardia
- Tachycardia

Gallop:

- Yes
- No
- Intermittent

- Pronounced
- Other:

Pulmonary assessments:

- Eupneic
- Mild dyspnea
- Marked dyspnea
- Normal IV sounds

- Pulmonary crackles
- Wheezes
- Upper airway stridor

Abdominal exam:

- Normal
- Hepatomegaly
- Abdominal distension

- Mild ascites
- Marked ascites

Problems:

DCM

Grade II/VI murmur

Diagnostic plan:

- Echocardiogram
- Chemistry profile
- ECG
- Renal profile
- Blood pressure

- Diagnostics profile
- Thoracic radiographs
- NT-proBNP
- Troponin I
- Other tests:

B6

Mitral inflow:

- Summated
- Normal
- Delayed relaxation

- Paradoxical
- Restrictive

Assessment and recommendations:

Echocardiogram reveals stable DCM with marked LA enlargement. The patient has been doing very well at home since the last hospitalization and appears to be well tolerating her new cardiac medications. Recheck bloodwork was performed at the rDVM at the end of June and was improved compared to the last one that we had while in the hospital. Since the patient is currently on a grain-free diet we also submitted a taurine level today. We also discussed with the owner the possibility of changing diet and go on a diet that contains grain. We will also start taurine supplementation at 1000 mg PO BID. Recheck echocardiogram is recommended in 3 months or sooner if the patient develops clinical signs consistent with worsening heart disease such as increased RR/RE, cough, exercise intolerance, or syncope.

Final Diagnosis:

- DCM with marked LA enlargement r/o genetic related vs. diet related.

Heart Failure Classification Score:

ISACH Classification:

- Ia
- Ib
- II
- IIIa
- IIIb

ACVIM Classification:

- A
- B1
- B2
- C
- D

M-Mode

IVSd	cm
LVIDd	cm
LVPWd	cm
IVSs	cm
LVIDs	cm
LVPWs	cm
%S	%
Ao Diam	cm
LA Diam	cm
LA/Ao	
Max LA	cm
EPSS	cm

B6

M-Mode Normalized

IVSdN	{0.29 - 0.52}
LVIDdN	{1.35 - 1.73}!
LVPWdN	{0.33 - 0.53}
IVSsN	{0.43 - 0.71}

B6



Foster Hospital for Small Animals

55 Willard Street
North Grafton, MA 01536
(508) 839-5395

All Medical Records

Client: B6
Address: B6

Patient: B6
Breed: Doberman
DOB: B6

Species: Canine
Sex: Female (Spayed)

Home Phone: B6
Work Phone: () -
Cell Phone: B6

Referring Information

B6

Client: B6
Patient: B6

Initial Complaint:

Cardiology Study Appointment

SOAP Text B6 1:58PM B6

Initial Complaint:

Recheck - B6 - DCM study

SOAP Text B6 12:23PM B6

Disposition/Recommendations

Client: **B6**
Patient: **B6**

Client:

Patient:

B6

B6

Client:	<input type="text" value="B6"/>
Veterinarian:	
Patient ID:	<input type="text" value="B6"/>
Visit ID:	

Patient:	<input type="text" value="B6"/>
Species:	Canine
Breed:	Doberman
Sex:	Female (Spayed)
Age:	<input type="text" value="B6"/> Years Old

Lab Results Report

Accession ID:			
Test	Results	Reference Range	Units



Client: B6

Patient: B6

UCDavis Taurine Level

30401

Sample Submission Form

Animal Care Laboratory
University of California, Davis
2020 West Mead Dr
2020 Veterinary Medicine Drive
Davis, CA 95616
Tel: (530) 752-2288 Fax: (530) 752-1444

Client/Animal ID:
New Animal/Study/Assignment Number:
Lab #:

B6

Vet/Tech Contact: B6

Company Name: B6

Address: B6

Email: B6

Tel: B6

Fax: B6

Billing Contact: B6

TAX ID

Email: B6

Tel: B6

Patient Name: B6

Species: Dog Cat

Owner's Name: B6

Sample Type: Plasma Whole Blood Urine Food Other

Test Name: Taurine Complete Ammonia Acid Other

Taurine Results (nmol/ml)

Plasma: Whole Blood: B6 Urine: Food:

Reference Ranges (nmol/ml)

	Plasma		Whole Blood	
	Normal Range	Low Values Suggest for Taurine Deficiency	Normal Range	High Values Suggest for Taurine Deficiency
nmol	80-120	<45	300-500	>200
nmol	80-120	<45	300-500	>200

Client: **B6**

Patient: **B6**

Lab Results IDEXX CARDIOPET proBNP **B6**

B6

Client: **B6**
 Patient: **B6**

Diet history 8/20/18

CARDIOLOGY DIET HISTORY FORM

Please answer the following questions about your pet

Pet's name: **B6** Owner's name: **B6** Today's date: **B6**

1. How would you assess your pet's appetite? (mark the point on the line below that best represents your pet's appetite)
 Example: Poor _____ | _____ Excellent
 Poor _____ | _____ Excellent

2. Have you noticed a change in your pet's appetite over the last 1-2 weeks? (check all that apply)
 Eats about the same amount as usual Eats less than usual Eats more than usual
 Seems to prefer different foods than usual Other _____

3. Over the last few weeks, has your pet (check one)
 Lost weight Gained weight Stayed about the same weight Don't know

4. Please list below ALL pet foods, people food, treats, snacks, dental chews, rawhides, and any other food item that your pet currently eats. Please include the brand, specific product, and flavor so we know exactly what your pet is eating.

Food include specific product and flavor? Form Amount How often? Fed since
 (Examples are shown in the table - please provide enough detail that we could go to the store and buy the exact same food.)

Food (include specific product and flavor)	Form	Amount	How often?	Fed since
Astro Grain Free Chicken, Lamb, & Sweet Potato Adult	Dry	1 1/2 cup	Twice	Jan 2018
Astro lean hamburger	Moistened	3 oz	Twice	Jan 2018
Purina original beef flavor	Free	N	Twice	Aug 2018
Rawhide	Free	8 inch stick	Twice	Jan 2018
Blue Fire Kibbles		1 1/2 cup	2x/day	7/18
Blueberry Quinoa		Handful	Twice/week	
Apple, organic pumpkin		"	Twice/week	
Almonds		2x	Twice/week	
Organic cranberries		1 teaspoon	Twice/week	
Boiled eggs		1 slice	Twice/week	
Chicken		2x	Twice/week	

*Any additional diet information can be listed on the back of this sheet

5. Do you give any dietary supplements to your pet (for example: vitamins, glucosamine, fatty acids, or any other supplements)? Yes No. If yes, please list which ones and give brands and amounts.

	Brand/Concentration	Amount per day
Taurine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Carbide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Antioxidants	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Multivitamin	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Fish oil	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Coenzyme Q10	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Other (please list):		
Example: Vitamin C	Nature's Bounty	500 mg tablets - 1 per day

6. How do you administer pills to your pet?
 I do not give any medications
 I put them directly in my pet's mouth without food
 I put them in my pet's dog/cat food
 I put them in a Pill Pocket or similar product
 I put them in foods (list foods): in cranberries / banana / cooked food

Client: B6

Patient: B6

Vitals Results

B6

1:25:17 PM

Weight (kg)

B6

Client: **B6**
Patient: **B6**

ECG from Cardio

B6

ADJUTANT ATTORNEY GENERAL
STATE OF CALIFORNIA
SACRAMENTO

B6

Client: **B6**
Patient: **B6**

ECG from Cardio

B6

APPROVED FOR RELEASE
DATE: 08/14/2019
BY: [REDACTED]
REASON: [REDACTED]

B6

Client: **B6**

Patient: **B6**

ECG from Cardio

B6

APPROVED FOR RELEASE BY
THE NATIONAL ARCHIVES
DATE 08-14-2014



Client: **B6**
Patient: **B6**

Patient History

B6	12:48 PM	UserForm
	01:07 PM	Treatment
	01:20 PM	UserForm
	01:25 PM	Vitals
	01:26 PM	Purchase
	01:27 PM	Purchase
	01:27 PM	Purchase
	09:42 AM	Appointment
	07:22 PM	Appointment
	11:04 AM	UserForm
	11:07 AM	Treatment
	11:59 AM	Purchase
	11:59 AM	Purchase
	12:09 PM	UserForm
	12:24 PM	Purchase
12:47 PM	Appointment	

B6

Discharge Instructions

Patient:

Name: B6

Species: Canine

Breed/Type: Female (Spayed) Doberman

Birthdate: B6

Owner:

Name: B6

Address: B6

Patient ID: B6

Attending Cardiologist:

John E. Rush DVM, MS, DACVIM (Cardiology), DACVCP

B6

Cardiology Resident:

B6

B6

Student: B6 V19

Cardiology Technician:

B6

Admit Date: B6 12:44:33 PM

Discharge: B6

Diagnosis: Apparently healthy animal!

B6

Diet Suggestions:

We would like to change B6 diet to a low sodium diet. A low diet option would be:

Dry Food:

Royal Canin Early Cardiac diet

Purina Canin Bacter

Purina Pro Plan Adult Weight Management (this does not have low calories in spite of the name of the food)

Canned Food:

Hill's Science diet adult beef and barley entree

Exercise Recommendations:**B6** does not need any exercise restriction at this time.**Recommended Medications:****B6** does not need any cardiac medications at this time. Depending on the results of her bloodwork, canine supplementation may need to be initiated. We will call you with the bloodwork results when they become available.**Recheck Visits:** A recheck visit is scheduled for 4 months. At this visit we will want to check breathing effort and heart function and do a blood test. A recheck echocardiogram is recommended at this time as well to track any progression of structural or functional abnormalities.Thank you for entrusting us with **B6** care. Please contact our Cardiology team at (408) 367-4625 or email us at cardiovet@hawaii.edu for scheduling and non-emergent questions or concerns.Please visit our **B6** website for more information.**B6****Prescription Drug Disclaimer:**

For the safety and well-being of our patients, your pet must have had an examination by one of our veterinarians within the past year in order to obtain prescription medications.

Ordering Food:

Please check with your primary veterinarian to purchase the recommended diet(s). If you wish to purchase your food from us, please call 7-10 days in advance (408-367-4625) to ensure the food is in stock. Alternatively, veterinary diets can be ordered from online retailers with a prescription/veterinary approval.

Clinical Trials:Clinical trials are studies in which our veterinary doctors work with you and your pet to investigate a specific disease process or a promising new drug or treatment. Please see our website: vet.hawaii.edu/clinical-trialsCase: **B6**Diagn: **B6**

Discharge Instructions

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY

Cardiology Liaison: 508-857-4696

B6

Patient ID: **B6**

B6

Gender:

is 096 Female (Spayed) Doberman

Black/Tan

Cardiology Appointment Report

Date: 8/20/2018

Attending Cardiologist:

John E. Bush DVM, MS, DACVIM (Cardiology), DACVECC

B6

Cardiology Resident:

B6

B6

Cardiology Technician:

B6

Student:

B6

V19

Presenting Complaint:

Brother from same litter was unexpectedly diagnosed with DCM with secondary CHF recently

Consent Diseases:

B6

General Medical History:

Acting normally, eating and drinking normally, no changes in bathroom habits, coughing occasionally (randomly), no vomiting, diarrhea, or sneezing noticed.

Diet and Supplements:

Alana Free-Range Poultry Formulation 1.5-2 cups BID

Cardiovascular History:

Prior CHF diagnosis? No

Prior heart murmur? No

Prior ATE? No

Prior arrhythmia? No

Monitoring respiratory rate and effort at home? Yes, occasionally

Cough? Occasionally, random events

Shortness of breath or difficulty breathing? No

Syncope or collapse? No

Sudden onset lameness? No

Exercise intolerance? No

B6

Need refiles? No

Cardiac Physical Examinations:

B6

Muscle conditions:

- Normal
- Mild muscle loss

- Moderate cachexia
- Marked cachexia

Cardiovascular Physical Exam:

Murmur Grade:

- None
- I/VI
- II/VI
- III/VI
- IV/VI
- V/VI
- VI/VI

Jugular veins:

- Bottom 1/3 of the neck
- Middle 1/3 of the neck
- 1/2 way up the neck
- Top 2/3 of the neck

Arterial pulses:

- Weak
- Fair
- Good
- Strong
- Bounding
- Pulse deficits
- Pulse paradoxus
- Other:

Arrhythmias:

- None
- Sinus arrhythmia
- Premature beats
- Bradycardia
- Tachycardia

Gallop:

- Yes
- No
- Intermittent
- Pronounced
- Other:

Pulmonary assessments:

- Expansive
- Mild dyspnea
- Marked dyspnea
- Pulmonary crackles
- Wheezes
- Upper airway stridor

Normal IV sounds

Abdominal exam:

- Normal
- Hepatomegaly
- Abdominal distension

- Mild ascites
- Marked ascites

Problems:

Apparently healthy animal
Genetic predisposition to DCM

Differential Diagnoses:

DCM

Diagnostic plan:

- Echocardiogram
- Chemistry profile
- ECG
- Renal profile
- Blood pressure
- Diagnostics profile
- Thoracic radiographs
- NT-proBNP
- Troponin I
- Other tests

B6

Mitral inflow:

- Summated
- Normal
- Delayed relaxation
- Pseudonormal
- Restrictive

ECG findings:

sinus arrhythmia

Assessment and recommendations:

Normal cardiac structure, although the contractile function is mildly decreased. This may be indicative of early cardiomyopathy. Toxicity levels were submitted for analysis, and the patient will be switched off of the grain-free diet. If contractile function is not improved at the 4 month rechecked despite change in diet, then we should submit a NT-proBNP to help us diagnose if the changes is indicated of primary DCM and not diet related.

Final Diagnosis:

Mild MMVD

R/O diet-related vs. primary DCM related mild decrease in contractile function vs normal variation

Heart Failure Classification Score:

ISACH Classification:

- Ia
- IIa

Ib
 II

IIb

ACVIM Classification:

A
 B1
 B2

C
 D

M-Mode

IVSd

LVIDd

LVPWd

IVSs

LVIDs

LVPWs

NPS

Ao Diam

LA Diam

LA/Ao

Max LA

M-Mode Normalized

IVSdN

LVIDdN

LVPWdN

IVSsN

LVIDsN

LVPWsN

Ao Diam N

LA Diam N

ZD

SA LA

Ao Diam

SA LA / Ao Diam

LVID MOD A4C

LVEDV MOD A4C

LVEs A4C

LVESV MOD A4C

LVEF MOD A4C

SV MOD A4C

Doppler

MVE Vel

MV DecT

MVA Vel

MVE/A Ratio

E'

cm

cm

cm

cm

cm

cm

%

cm

cm

cm

(0.29 - 0.52)

(1.35 - 1.73)

(0.33 - 0.53)

(0.43 - 0.71) †

(0.79 - 1.14) †

(0.53 - 0.78) †

(0.68 - 0.89)

(0.64 - 0.90)

cm

cm

cm

ml

cm

ml

%

ml

m/s

ms

m/s

m/s

B6

A'
L/E'
PV Vmax
PV maxPG
AV Vmax
AV maxPG

B6

m/s
m/s
mmHg
m/s
mmHg

Discharge Instructions

Patient:

Name: B6

Species: Canine

Breed/Type: Female, Spayed, Doberman

Birthdate: B6

Owner:

Name: B6

Address: B6

Patient ID: B6

Attending Cardiologist:

John E. Rush DVM, MS, DACVIM (Cardiology), DACVCC

B6

Cardiologist Assistant:

B6

B6

Cardiology Technician:

B6

Student: B6 V13

Admit Date: B6 12:44:33 PM

Discharge Date: B6

Diagnosis:

Mild decreased contractile function

Clinical Findings:

Thank you for bringing B6 to B6 for her recheck echocardiogram (ultrasound of the heart).

On physical examination today B6 vital parameters (heart rate, respiratory rate, and temperature) were within normal limits. We performed an echocardiogram (ultrasound of the heart) in order to re-evaluate her mild decreased contractile function. As we discussed, just by looking at the pictures everything appeared stable. However, when we got the official measurements, the chambers of her heart measured slightly bigger than previously and her contractile function measures slightly lower as well.

As we discussed it is possible that these changes are just a variation of normal for B6. However, we cannot rule out that this is the early sign of dilated cardiomyopathy. In order to get more information on her cardiac status, we submitted a blood test called NT-proBNP. We will have the results by tomorrow and will call you in order to discuss the next step for

B6

B6

B6

Reschedule Visit:

A reschedule appointment March 6th 11 am with **B6**. At this time we will reschedule an echocardiogram.

Thank you for entrusting us with **B6** care. Please contact our Cardiology liaison at (408)-987-4676 or email us at cardiovet@tufts.edu for scheduling and non-emergent questions or concerns.

Sincerely,

B6

Please visit our HeartSmart website for more information

<http://vet.tufts.edu/heartsmart/>

Prescription Refill Disclaimer:

For the safety and well-being of our patients, your pet must have had an examination by one of our veterinarians within the past year in order to obtain prescription medications.

Ordering Food:

Please check with your primary veterinarian to purchase the recommended diet(s). If you wish to purchase your food from us, please call 7-10 days in advance (408-987-4676) to ensure the food is in stock. Alternatively, veterinary diets can be ordered from online retailers with a prescription/veterinary approval.

Clinical Trials:

Clinical trials are studies in which our veterinary doctors work with you and your pet to investigate a specific disease process or a promising new drug or treatment. Please see our website: vet.tufts.edu/center/clinical-trials

Case: **B6**

Owner: **B6**

Discharge Instructions:

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY

Cardiology Liaison: 508-857-4696

St. Jean, Danielle
371 High Rock Rd
Athol, MA 01531
(978) 855-2587

Patient ID: B6

B6

Gender:

Years Old Female (Spayed) Doberman
Black/Tan

Cardiology Appointment Report

Date: B6

Attending Cardiologist:

John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC

B6

Cardiology Resident:

B6

(primary)

B6

Cardiology Technician:

B6

Student: B6 /19

Presenting Complaint:

Mild MMVD

Mild decreased contractile function R/O diet-related vs. primary DCM related mild decrease in contractile function vs-normal variation

DCM Study

Concerning Diseases:

B6

General Medical History:

Normal behavior, eating and drinking well, no v/d/s, occasional coughing, no more than normal

No more waking uncontrollably in sleep, some leaking, but O feels urinary incontinence has greatly improved with diet

Diet and Supplements:

Purina Pro Plan (Weight Management) 1.5c AM w/ Hill's Sci Diet canned (1/4 can) AM and PM, 1 cup afternoon

Has stopped Fish Oil - has questions about causing bloot

Cardiovascular History:

Prior CHF diagnosis? N
 Prior heart murmur? N
 Prior ATE? N
 Prior arrhythmia? Sinus arrhythmia
 Monitoring respiratory rate and effort at home? Not as much, frequent panting
 Cough? Occasional, no change from prior
 Shortness of breath or difficulty breathing? N
 Syncope or collapse? N
 Sudden onset lameness? N
 Exercise intolerance? N - will occasionally wheeze with cold

Current Medications Pertinent to CV System:

B6

Administration Frequency: q 12 hrs

Need refills? No

Cardiac Physical Examination:

B6

Muscle condition:

- Normal
- Mild muscle loss
- Moderate cachexia
- Marked cachexia

Cardiovascular Physical Exam:

Murmur Grade:

- None
- I/VI
- II/VI
- III/VI
- IV/VI
- V/VI
- VI/VI

Jugular veins:

- Bottom 1/3 of the neck
- Middle 1/3 of the neck
- 1/2 way up the neck
- Top 2/3 of the neck

Arterial pulses:

- Weak
- Fair
- Good
- Strong
- Bounding
- Pulse deficits
- Pulse paradoxus
- Other:

Arrhythmic:

- None
- Sinus arrhythmia
- Premature beats
- Bradycardia
- Tachycardia

Gallop:

- Yes
- Pronounced

- No
- Intermittent

Other:

Pulmonary assessments:

- Eupneic
- Mild dyspnea
- Marked dyspnea
- Normal RV sounds

- Pulmonary crackles
- Wheezes
- Upper airway stridor

Abdominal exam:

- Normal
- Hepatomegaly
- Abdominal distension

- Mild ascites
- Marked ascites

Problems:

Mild MMVD

Mildly decreased contractile function r/o diet related vs. primary DCM related mild decrease in contractile function vs normal variation

Diagnostic plan:

- Echocardiogram
- Chemistry profile
- ECG
- Renal profile
- Blood pressure

- Dialysis profile
- Thoracic radiographs
- NT-proBNP
- Troponin I
- Other tests:

Echocardiogram Findings:

B6

Mitral inflow:

- Summated
- Normal
- Delayed relaxation

- Pseudonormal
- Restrictive

ECG findings:

Sinus rhythm during the echocardiogram.

Assessment and recommendations:

Subjectively today's echo appeared very similar than previously but when comparing the number it appears that the contractile function is slightly decreased. Depending on which measurement is access, the IV cavity appears stable to slightly bigger. It is unclear if the changes visualized today are just a variant of normal for this patient versus true progression of a heart disease. The patient was switched

LVPWs
ESV(Teich)
EF(Teich)
WFS
SV(Teich)
LVld AAC
LVEDV MOD AAC
LVls AAC
LVESV MOD AAC
LVET MOD AAC
SV MOD AAC

DropRate
MVE Vel
MV DecT
MV Dec Slope
MVA Vel
MVE/A Ratio
E'
E/E'
A'
AV Vmax
AV maxPG
PV Vmax
PV maxPG

B6

ml
ml
ml
ml
ml
ml
ml
ml
ml
ml
ml

m/s
ms
m/s
m/s

m/s

m/s
m/s

mmHg
m/s
mmHg

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

Forster Hospital for Small Animals
55 Willard Street
North Grafton, MA 01526
Telephone (508) 829-5295
Fax (508) 829-7951
<http://vetmed.tufts.edu/>

B6

B6

Female (Spayed)

Color: Dobberman Black/Tan

B6

8/24/2018

Dear **B6**

Thank you for referring **B6** with their pet **B6**

If you have any questions, or concerns, please contact us at 508-829-1981.

Thank you,

B6 DVM, DACVM (Cardiology), PhD

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

B6

Forster Hospital for Small Animals
55 Willard Street
North Grafton, MA 01526
Telephone (NOR) 829-5295
Fax (NOR) 829-7951
<http://vetmed.tufts.edu/>

B6

Female (Spayed)

Color: Unknown Black/Tan

B6

12/19/2018

Dear

B6

Thank you for referring

B6

with their pet

B6

If you have any questions, or concerns, please contact us at 508-827-1901.

Thank you,

B6

DVM (Resident, Cardiology)



Foster Hospital for Small Animals

55 Willard Street
North Grafton, MA 01536
(508) 839-5395

All Medical Records

Client: B6
Address: B6

Patient: B6
Breed: Doberman
DOB: B6

Species: Canine
Sex: Female (Spayed)

Home Phone: B6
Work Phone: () -
Cell Phone: B6

Referring Information

B6

Client: B6
Patient: B6

Initial Complaint:

Cardiology Study Appointment

SOAP Text B6 1:58PM B6

Initial Complaint:

Recheck - B6 - DCM study

SOAP Text B6 12:23PM B6

Disposition/Recommendations

Client: **B6**
Patient: **B6**

Client:

Patient:

B6

B6

Client:

Veterinarian:

Patient ID:

Visit ID:

Patient:	<input type="text" value="B6"/>
Species:	Canine
Breed:	Doberman
Sex:	Female (Spayed)
Age:	<input type="text" value="B6"/> Years Old

Lab Results Report

Accession ID:			
Test	Results	Reference Range	Units



Client: B6

Patient: B6

UCDavis Taurine Level

30401

Sample Submission Form

Animal Care Laboratory
University of California, Davis
2020 West Mead Dr
Davis, CA 95616
Tel: (530) 752-2000 Fax: (530) 752-1000

Client/Animal ID:
New/Repeat Sample Submission Number:
Lab #:

B6

Vet/Tech Contact: B6

Company Name: B6

Address: B6

Email: B6

Tel: B6

Fax: B6

Billing Contact: B6

TAX ID

Email: B6

Tel: B6

Patient Name: B6

Species: Dog Cat

Owner's Name: B6

Sample Type: Plasma Whole Blood Urine Food Other

Test Name: Taurine Complete Ammonia Acid Other

Taurine Results (nmol/ml)

Plasma: Whole Blood: B6 Urine: Food:

Reference Ranges (nmol/ml)

	Plasma		Whole Blood	
	Normal Range	Low Values Suggest for Taurine Deficiency	Normal Range	High Values Suggest for Taurine Deficiency
Cat	80-120	<45	300-500	>200
Dog	80-120	<45	300-500	>200

Client: **B6**

Patient: **B6**

Lab Results IDEXX CARDIOPET proBNP **B6**

B6

Client: **B6**

Patient: **B6**

Diet history 12/12/18

CARDIOLOGY DIET HISTORY FORM
Please answer the following questions about your pet.

Pet's name: **B6** Owner's name: **B6** Today's date: **B6**

1. How would you assess your pet's appetite? On a scale of 1 (12) with 1 being poor and 10 being excellent: **10**

2. Have you noticed a change in your pet's appetite over the last 1-2 weeks? (check all that apply)
 Eats about the same amount as usual Eats less than usual Eats more than usual
 Seems to prefer different foods than usual Other: _____

3. Over the last few weeks, has your pet changed weight?
 Lost weight Gained weight Stayed about the same weight Don't know

4. Please list below ALL pet foods, people food, treats, snacks, dental chews, chews, and any other food item that your pet currently eats. Please include the brand, amount product, and flavor so we know exactly what your pet is eating.

Food includes specific product and flavor. Form Amount How often? Feed since
Examples are given in the table - please provide amount listed that pet would consume for entire meal day (for dried kibble food)

Food (include specific product and flavor)	Form	Amount	How often?	Feed since
Mary Green Free Chicken, Lamb & Sweet Potato Adult	dry	7.5 cups	Twice	Jan 2018
80% Lamb Recipe	moisture	4 oz	Twice	Jan 2018
Protein Enriched Beef Recipe	moist	1/2	Twice	Aug 2018
Beef Recipe	moist	2 (1/2) cups	Twice	Jan 2018
Arma Pro-Paw Healthy Recipe Adult	dry	1.5 cups	Once	August 2018
Arma Pro-Paw Healthy Recipe Adult (1-5) Can (Turkey & Cat Turkey)	dry	1 cup	Once	Oct 2018
Arma Pro-Paw Healthy (Chicken & Lamb) 10 (100g) Cans	dry	1/2 cup	Twice with 1/2 cup	August 2018
Organic and Free Range Pet Grade Eggs	moisture	1 (1/2) cups	Twice or less	since 2018
Organic ground turkey	moisture	1 to 1.5 (1/2) cups	Twice or less	2018
Beef	moist	1/2 (1/2) cups or less	Twice or less	since 2018
Raw Turkey Bones	dry	1 bone	occasionally	since 2018

*Any additional diet information can be listed at the bottom of this sheet

5. Do you give any dietary supplements to your pet (for example, vitamins, glucosamine, fatty acids, or any other supplement)? Yes No. If yes, please list which ones and give brands and amounts.

	Yes	No	Amount per day
Taurine	<input type="checkbox"/>	<input type="checkbox"/>	_____
CoQ10	<input type="checkbox"/>	<input type="checkbox"/>	_____
Artichoke	<input type="checkbox"/>	<input type="checkbox"/>	_____
Melatonin	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fish oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 tsp for 20 lbs, 1/2 tsp for 10 lbs
Colony's Q10	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (please list): Example: Vitamin C	<input type="checkbox"/>	<input type="checkbox"/>	_____
Turkey	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____

6. How do you administer pills to your pet?
 I do not give any medications I put them directly in my pet's mouth without food
 I put them in my pet's dog/cat food I put them in a Pill Pocket or similar product
 I put them in food (not dog food) I put the product in the tail of a small fish and she eats it. The fish is given when I supply her with it.

Additional diet or supplement information: _____

Information below to be completed by the veterinarian:
Current body weight: _____ kg Current body condition score (1-5): _____

Muscle Condition Score: Good Good Mildly muscle loss Moderately muscle loss Severe muscle loss

Client: **B6**
 Patient: **B6**

Diet history 8/20/18

CARDIOLOGY DIET HISTORY FORM

Please answer the following questions about your pet

Pet's name: **B6** Owner's name: **B6** Today's date: **B6**

1. How would you assess your pet's appetite? (mark the point on the line below that best represents your pet's appetite)
 Example: Poor _____ | _____ Excellent

Poor _____ | _____ Excellent

2. Have you noticed a change in your pet's appetite over the last 1-2 weeks? (check all that apply)
 Eats about the same amount as usual
 Eats less than usual
 Eats more than usual
 Seems to prefer different foods than usual
 Other _____

3. Over the last few weeks, has your pet (check one)
 Lost weight
 Gained weight
 Stayed about the same weight
 Don't know

4. Please list below ALL pet foods, people food, treats, snacks, dental chews, rawhides, and any other food item that your pet currently eats. Please include the brand, specific product, and flavor so we know exactly what your pet is eating.

Food (include specific product and flavor) Form Amount How often? Fed since
 (Examples are shown in the table - please provide enough detail that we could go to the store and buy the exact same food.)

Food (include specific product and flavor)	Form	Amount	How often?	Fed since
Astro Grain Free Chicken, Lentil & Sweet Potato Adult	Dry	1 1/2 cup	Twice	Jan 2018
Astro lean hamburger	Moistened	3 oz	Twice	Jan 2018
Purina original beef flavor	Wet	1/2	Twice	Aug 2018
Rawhide	Wet	1/2 inch piece	Twice	Jan 2018
Blue Fire Kibbles		1 1/2 cup	2x/day	7/18
Blueberry Quinoa		1/2 cup	Twice	7/18
Apple, organic pumpkin		1/2 cup	Twice	7/18
Almonds		1/2 cup	Twice	7/18
Organic cranberries		1/2 cup	Twice	7/18
Boiled eggs		1/2 cup	Twice	7/18
Chicken		1/2 cup	Twice	7/18

*Any additional diet information can be listed on the back of this sheet

5. Do you give any dietary supplements to your pet (for example: vitamins, glucosamine, fatty acids, or any other supplements)? Yes No. If yes, please list which ones and give brands and amounts.

	Brand/Concentration	Amount per day
Taurine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Carbide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Antioxidants	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Multivitamin	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Fish oil	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Coenzyme Q10	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Other (please list):		
Example: Vitamin C	Nature's Bounty	500 mg tablets - 1 per day

6. How do you administer pills to your pet?

- I do not give any medications
- I put them directly in my pet's mouth without food
- I put them in my pet's dog/cat food
- I put them in a Pill Pocket or similar product
- I put them in foods (list foods): in cranberries / banana / cooked food

Client: B6

Patient: B6

Vitals Results

B6

1:25:17 PM

Weight (kg)

B6

Client: **B6**
Patient: **B6**

ECG from Cardio

B6

ADJUTANT ATTORNEY GENERAL
State University
The College of Arts and Sciences
123456789

B6

Client: **B6**
Patient: **B6**

ECG from Cardio

B6

APPROVED FOR RELEASE
Date Received: _____
Date Released: _____
12/11/2008

B6

Client: **B6**

Patient: **B6**

ECG from Cardio

B6

APPROVED FOR RELEASE BY
THE NATIONAL ARCHIVES
DATE 08-14-2014



Client: **B6**
Patient: **B6**

Patient History

B6	12:48 PM	UserForm
	01:07 PM	Treatment
	01:20 PM	UserForm
	01:25 PM	Vitals
	01:26 PM	Purchase
	01:27 PM	Purchase
	01:27 PM	Purchase
	09:42 AM	Appointment
	07:22 PM	Appointment
	11:04 AM	UserForm
	11:07 AM	Treatment
	11:59 AM	Purchase
	11:59 AM	Purchase
	12:09 PM	UserForm
	12:24 PM	Purchase
12:47 PM	Appointment	

B6

Discharge Instructions

Patient:

Name: B6

Species: Canine

Breed/Type: Female (Spayed) Doberman

Birthdate: B6

Owner:

Name: B6

Address: B6

Patient ID: B6

Attending Cardiologist:

John E. Rush DVM, MS, DACVIM (Cardiology), DACVCP

B6

Cardiology Resident:

B6

B6

Student: B6 V19

Cardiology Technician:

B6

Admit Date: B6 12:44:33 PM

Discharge: B6

Diagnosis: Apparently healthy animal!

B6

Diet Suggestions:

We would like to change B6 diet to a low sodium diet. A low diet option would be:

Dry Food:

Royal Canin Early Cardiac diet

Purina Canin Bacter

Purina Pro Plan Adult Weight Management (this does not have low calories in spite of the name of the food)

Canned Food:

Hill's Science diet adult beef and barley entrée

Exercise Recommendations:**B6** does not need any exercise restriction at this time.**Recommended Medications:****B6** does not need any cardiac medications at this time. Depending on the results of her bloodwork, diuretic supplementation may need to be initiated. We will call you with the bloodwork results when they become available.**Recheck Visits:** A recheck visit is scheduled for 4 months. At this visit we will want to check breathing effort and heart function and do a blood test. A recheck echocardiogram is recommended at this time as well to track any progression of structural or functional abnormalities.Thank you for entrusting us with **B6** care. Please contact our Cardiology team at (408) 367-4625 or email us at cardiovet@hawaii.edu for scheduling and non-emergent questions or concerns.Please visit our **B6** website for more information.**B6****Prescription Drug Disclaimer:**

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Clinical Trials:Clinical trials are studies in which our veterinary doctors work with you and your pet to investigate a specific disease process or a promising new drug or treatment. Please see our website: vet.hawaii.edu/center/clinical-trialsCase: **B6**Diagn: **B6**

Discharge Instructions

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY

Cardiology Liaison: 508-857-4696

B6

Patient ID: **B6**

B6

Gender:

is 098 Female (Spayed) Doberman

Black/Tan

Cardiology Appointment Report

Date: 8/20/2018

Attending Cardiologist:

John E. Bush DVM, MS, DACVIM (Cardiology), DACVECC

B6

Cardiology Resident:

B6

B6

Cardiology Technician:

B6

Student: **B6**, V19

Presenting Complaint:

Brother from same litter was unexpectedly diagnosed with DCM with secondary CHF recently

Consent Diseases:

B6

General Medical History:

Acting normally, eating and drinking normally, no changes in bathroom habits, coughing occasionally (randomly), no vomiting, diarrhea, or sneezing noticed.

Diet and Supplements:

Alana Free-Range Poultry Formulation 1.5-2 cups BID

Cardiovascular History:

Prior CHF diagnosis? No

Prior heart murmur? No

Prior ATE? No

Prior arrhythmia? No

Monitoring respiratory rate and effort at home? Yes, occasionally

Cough? Occasionally, random events

Shortness of breath or difficulty breathing? No

Syncope or collapse? No

Sudden onset lameness? No

Exercise intolerance? No

B6

Need refiles? No

Cardiac Physical Examinations:

B6

Muscle conditions:

- Normal
- Mild muscle loss

- Moderate cachexia
- Marked cachexia

Cardiovascular Physical Exam:

Murmur Grade:

- None
- I/VI
- II/VI
- III/VI
- IV/VI
- V/VI
- VI/VI

Jugular veins:

- Bottom 1/3 of the neck
- Middle 1/3 of the neck
- 1/2 way up the neck
- Top 2/3 of the neck

Arterial pulses:

- Weak
- Fair
- Good
- Strong
- Bounding
- Pulse deficits
- Pulse paradoxus
- Other:

Arrhythmias:

- None
- Sinus arrhythmia
- Premature beats
- Bradycardia
- Tachycardia

Gallop:

- Yes
- No
- Intermittent
- Pronounced
- Other:

Pulmonary assessments:

- Expansive
- Mild dyspnea
- Marked dyspnea
- Pulmonary crackles
- Wheezes
- Upper airway stridor

Normal IV sounds

Abdominal exam:

- Normal
- Hepatomegaly
- Abdominal distension

- Mild ascites
- Marked ascites

Problems:

Apparently healthy animal
Genetic predisposition to DCM

Differential Diagnoses:

DCM

Diagnostic plan:

- Echocardiogram
- Chemistry profile
- ECG
- Renal profile
- Blood pressure
- Diagnostics profile
- Thoracic radiographs
- NT-proBNP
- Troponin I
- Other tests

B6

Mitral inflow:

- Summated
- Normal
- Delayed relaxation
- Pseudonormal
- Restrictive

ECG findings:

sinus arrhythmia

Assessment and recommendations:

Normal cardiac structure, although the contractile function is mildly decreased. This may be indicative of early cardiomyopathy. Toxic levels were submitted for analysis, and the patient will be switched off of the grain-free diet. If contractile function is not improved at the 4 month rechecked despite change in diet, then we should submit a NT-proBNP to help us diagnose if the changes is indicated of primary DCM and not diet related.

Final Diagnosis:

Mild MMVD

R/O diet-related vs. primary DCM related mild decrease in contractile function vs normal variation

Heart Failure Classification Score:

ISACH Classification:

- Ia
- IIa

Ib
 II

IIb

ACVIM Classification:

A
 B1
 B2

C
 D

M-Mode

IVSd

LVIDd

LVPWd

IVSs

LVIDs

LVPWs

NPS

Ao Diam

LA Diam

LA/Ao

Max LA

M-Mode Normalized

IVSdN

LVIDdN

LVPWdN

IVSsN

LVIDsN

LVPWsN

Ao Diam N

LA Diam N

Z0

SA LA

Ao Diam

SA LA / Ao Diam

LVID MOD A4C

LVEDV MOD A4C

LVEs A4C

LVESV MOD A4C

LVEF MOD A4C

SV MOD A4C

Doppler

MVE Vel

MV DecT

MVA Vel

MVE/A Ratio

E'

cm

cm

cm

cm

cm

cm

%

cm

cm

cm

(0.29 - 0.52)

(1.35 - 1.73)

(0.33 - 0.53)

(0.43 - 0.71) †

(0.79 - 1.14) †

(0.53 - 0.78) †

(0.68 - 0.89)

(0.64 - 0.90)

cm

cm

cm

ml

cm

ml

%

ml

m/s

ms

m/s

m/s

B6

A'
L/E'
PV Vmax
PV maxPG
AV Vmax
AV maxPG

B6

m/s
m/s
mmHg
m/s
mmHg

Discharge Instructions

Patient:

Name: B6

Species: Canine

Breed/Type: Female, Spayed, Doberman

Birthdate: B6

Owner:

Name: B6

Address: B6

Patient ID: B6

Attending Cardiologist:

John E. Rush DVM, MS, DACVIM (Cardiology), DACVCC

B6

Cardiologist Assistant:

B6

B6

Cardiology Technician:

B6

Student: B6 V13

Admit Date: B6 12:44:33 PM

Discharge Date: B6

Diagnosis:

Mild decreased contractile function

Clinical Findings:

Thank you for bringing B6 to B6 for her recheck echocardiogram (ultrasound of the heart).

On physical examination today B6 vital parameters (heart rate, respiratory rate, and temperature) were within normal limits. We performed an echocardiogram (ultrasound of the heart) in order to re-evaluate her mild decreased contractile function. As we discussed, just by looking at the pictures everything appeared stable. However, when we got the official measurements, the chambers of her heart measured slightly bigger than previously and her contractile function measures slightly lower as well.

As we discussed it is possible that these changes are just a variation of normal for B6. However, we cannot rule out that this is the early sign of dilated cardiomyopathy. In order to get more information on her cardiac status, we submitted a blood test called NT-proBNP. We will have the results by tomorrow and will call you in order to discuss the next step for

B6

B6

B6

Rescheck Visit:

A rescheck appointment March 6th 11 am with **B6**. At this time we will rescheck an echocardiogram.

Thank you for entrusting us with **B6** care. Please contact our Cardiology liaison at (408)-987-4676 or email us at cardiovet@tufts.edu for scheduling and non-emergent questions or concerns.

Sincerely,

B6

Please visit our HeartSmart website for more information

<http://vet.tufts.edu/heartsmart/>

Prescription Refill Disclaimer:

For the safety and well-being of our patients, your pet must have had an examination by one of our veterinarians within the past year in order to obtain prescription medications.

Ordering Food:

Please check with your primary veterinarian to purchase the recommended diet(s). If you wish to purchase your food from us, please call 7-10 days in advance (408-987-4676) to ensure the food is in stock. Alternatively, veterinary diets can be ordered from online retailers with a prescription/veterinary approval.

Clinical Trials:

Clinical trials are studies in which our veterinary doctors work with you and your pet to investigate a specific disease process or a promising new drug or treatment. Please see our website: vet.tufts.edu/center/clinical-trials

Case: **B6**

Owner: **B6**

Discharge instructions:

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY

Cardiology Liaison: 508-857-4696

St. Jean, Danielle
371 High Street Rd
Athol, MA 01531
(978) 855-2587

Patient ID: B6

B6

Gender:

Years Old Female (Spayed) Doberman
Black/Tan

Cardiology Appointment Report

Date: B6

Attending Cardiologist:

John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC

B6

Cardiology Resident:

B6

(primary)

B6

Cardiology Technician:

B6

Student: B6 '19

Presenting Complaint:

Mild MMVD

Mild decreased contractile function R/O diet-related vs. primary DCM related mild decrease in contractile function vs-normal variation

DCM Study

Concerning Diseases:

B6

General Medical History:

Normal behavior, eating and drinking well, no v/d/s, occasional coughing, no more than normal

No more waking uncontrollably in sleep, some leaking, but O feels urinary incontinence has greatly improved with diet

Diet and Supplements:

Purina Pro Plan (Weight Management) 1.5c AM w/ Hill's Sci Diet canned (1/4 can) AM and PM, 1 cup afternoon

Has stopped Fish Oil - has questions about causing bloot

Cardiovascular History:

Prior CHF diagnosis? N

Prior heart murmur? N

Prior ATE? N

Prior arrhythmia? Sinus arrhythmia

Monitoring respiratory rate and effort at home? Not as much, frequent panting

Cough? Occasional, no change from prior

Shortness of breath or difficulty breathing? N

Syncope or collapse? N

Sudden onset lameness? N

Exercise intolerance? N - will occasionally wheeze with cold

Current Medications Pertinent to CV System:

B6

Administration Frequency: q 12 hrs

Need refills? No

Cardiac Physical Examination:

B6

Muscle condition:

Normal

Mild muscle loss

Moderate cachexia

Marked cachexia

Cardiovascular Physical Exam:

Murmur Grade:

None

I/VI

II/VI

III/VI

IV/VI

V/VI

VI/VI

Jugular vein:

Bottom 1/3 of the neck

Middle 1/3 of the neck

1/2 way up the neck

Top 2/3 of the neck

Arterial pulses:

Weak

Fair

Good

Strong

Bounding

Pulse deficits

Pulse paradoxus

Other:

Arrhythmic:

None

Sinus arrhythmia

Premature beats

Bradycardia

Tachycardia

Gallop:

Yes

Pronounced

- No
- Intermittent

Other:

Pulmonary assessments:

- Eupneic
- Mild dyspnea
- Marked dyspnea
- Normal RV sounds

- Pulmonary crackles
- Wheezes
- Upper airway stridor

Abdominal exam:

- Normal
- Hepatomegaly
- Abdominal distension

- Mild ascites
- Marked ascites

Problems:

Mild MMVD

Mildly decreased contractile function r/o diet related vs. primary DCM related mild decrease in contractile function vs normal variation

Diagnostic plan:

- Echocardiogram
- Chemistry profile
- ECG
- Renal profile
- Blood pressure

- Dialysis profile
- Thoracic radiographs
- NT-proBNP
- Troponin I
- Other tests:

Echocardiogram Findings:

B6

Mitral inflow:

- Summated
- Normal
- Delayed relaxation

- Pseudonormal
- Restrictive

ECG findings:

Sinus rhythm during the echocardiogram.

Assessment and recommendations:

Subjectively today's echo appeared very similar than previously but when comparing the number it appears that the contractile function is slightly decreased. Depending on which measurement is access, the IV cavity appears stable to slightly bigger. It is unclear if the changes visualized today are just a variant of normal for this patient versus true progression of a heart disease. The patient was switched

LVPWs
ESV(Teich)
EF(Teich)
WFS
SV(Teich)
LVld AAC
LVEDV MOD AAC
LVls AAC
LVESV MOD AAC
LVET MOD AAC
SV MOD AAC

DropRate
MVE Vel
MV DecT
MV Dec Slope
MVA Vel
MVE/A Ratio
E'
E/E'
A'
AV Vmax
AV maxPG
PV Vmax
PV maxPG

B6

ml
ml
ml
ml
ml
ml
ml
ml
ml
ml
ml

m/s
ms
m/s
m/s

m/s

m/s
m/s

mmHg
m/s
mmHg

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

Forster Hospital for Small Animals
55 Willard Street
North Grafton, MA 01526
Telephone (508) 829-5295
Fax (508) 829-7951
<http://vetmed.tufts.edu/>

B6

B6

Female (Spayed)

Color: Dobberman Black/Tan

B6

8/24/2018

Dear **B6**

Thank you for referring **B6** with their pet **B6**

If you have any questions, or concerns, please contact us at 508-829-1981.

Thank you,

B6 DVM, DACVM (Cardiology), PhD

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

B6

Forster Hospital for Small Animals
55 Willard Street
North Grafton, MA 01526
Telephone (508) 829-5295
Fax (508) 829-7951
<http://vetmed.tufts.edu/>

B6

Female (Spayed)

Color: Unknown Black/Tan

B6

12/19/2018

Dear

B6

Thank you for referring

B6

with their pet

B6

If you have any questions, or concerns, please contact us at 508-827-1901.

Thank you,

B6

DVM (Resident, Cardiology)

From:

B6

To:

Jones, Jennifer L

Sent:

5/18/2018 5:43:58 PM

Subject:

Diet Breakdown by brand and breed

Attachments:

Diet Breakdown by Brand.xlsx; Diet Breakdown by Breed.xlsx

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B6

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Sent:

5/18/2018 5:43:58 PM

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**DOCUMENT
PRODUCED IN NATIVE**

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From: Jones, Jennifer L </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0F6CA12EAA9348959A4CBB1E829AF244-JENNIFER.JO>
To: Palmer, Lee Anne
CC: Carey, Lauren
Sent: 7/19/2019 5:04:40 PM
Subject: RE: presentations!
Attachments: FDA DCM presentation to AVMA meeting_for clearance-jj.pptx; JJones-DCM Updates-AVMA-v2.pptx

Here you go! Please also share my slides with Martine

B5

As I mentioned,

B5

B5

For your presentation

B5

B5

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: Palmer, Lee Anne
Sent: Friday, July 19, 2019 9:53 AM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Cc: Carey, Lauren <Lauren.Carey@fda.hhs.gov>
Subject: presentations!

Hi there – thanks for today’s meetings. I made edits and sliced a few and here’s the pre-clearance version of ours.

Thanks!

Lee Anne

Lee Anne M. Palmer, VMD, MPH
Acting Director, Division of Veterinary Product Safety

Center for Veterinary Medicine
Office of Surveillance and Compliance
U.S. Food and Drug Administration
Tel: 240-402-5767
Leeanne.palmer@fda.hhs.gov





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B5

As I mentioned,

B5

B5

For your presentation

B5

B5

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Veterinary Medical Officer
Tel: 240-402-5421



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Lee Anne M. Palmer, VMD, MPH
Acting Director, Division of Veterinary Product Safety

Center for Veterinary Medicine
Office of Surveillance and Compliance
U.S. Food and Drug Administration
Tel: 240-402-5767
Leeanne.palmer@fda.hhs.gov





Withheld in Full as B5

Withheld in Full as B5

Withheld in Full as B5

Withheld in Full as B5

From: Palmer, Lee Anne </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=CF7C8BD53B6C45A39318A596ACEA7C53-LPALMER>
To: Jones, Jennifer L
CC: Rotstein, David; Carey, Lauren
Sent: 4/12/2018 5:39:08 PM
Subject: FW: Zignature Kangaroo Formula [B6] - EON-351031
Attachments: 2045676-report.pdf

Hi Jen – were you expecting this one? Thx - LA

From: PFR Event [mailto:pfreventcreation@fda.hhs.gov]
Sent: Thursday, April 12, 2018 1:36 PM
To: Cleary, Michael * <Michael.Cleary@fda.hhs.gov>; HQ Pet Food Report Notification <HQPetFoodReportNotification@fda.hhs.gov>; [B6]
Subject: Zignature Kangaroo Formula [B6] - EON-351031

A PFR Report has been received and PFR Event [EON-351031] has been created in the EON System.

A "PDF" report by name "2045676-report.pdf" is attached to this email notification for your reference.

Below is the summary of the report:

EON Key: EON-351031

ICSR #: 2045676

EON Title: PFR Event created for Zignature Kangaroo Formula; 2045676

AE Date	02/22/2018	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Retriever - Golden		
Age	6 Years		
District Involved	PFR [B6] DO		

Product information

Individual Case Safety Report Number: 2045676

Product Group: Pet Food

Product Name: Zignature Kangaroo Formula

Description: Feb 23, 2018 Patient presented to the cardiology service at [B6] [B6] for tachypnea. He was diagnosed with dilated cardiomyopathy and left side congestive heart failure. Whole blood taurine level was [B6] (ref 200-350, critical level <150). At the time, patient consuming Zignature Kangaroo Formula and was advised to change.

Submission Type: Initial

Report Type: Adverse Event (a symptom, reaction or disease associated with the product)

Outcome of reaction/event at the time of last observation: Stable

Number of Animals Treated With Product: 1

Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Zignature Kangaroo Formula		

Sender information

B6

USA

Owner information

B6

USA

To view this PFR Event, please click the link below:

<https://eon.fda.gov/eon//browse/EON-351031>

To view the PFR Event Report, please click the link below:

<https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jsps?decorator=none&e=0&issueType=12&issueId=367419>

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Failure to adhere to the above provisions could result in removal from the approved distribution list. If you think you received this email in error, please send an email to FDAREportableFoods@fda.hhs.gov immediately.

From: Palmer, Lee Anne </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=CF7C8BD53B6C45A39318A596ACEA7C53-LPALMER>
To: Jones, Jennifer L
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Below is the summary of the report:

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ICSR #: 2045676

EON Title: PFR Event created for Zignature Kangaroo Formula; 2045676

AE Date	02/22/2018	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Retriever - Golden		
Age	6 Years		
District Involved	PFR [B6] DO		

Product information

Individual Case Safety Report Number: 2045676

Product Group: Pet Food

Product Name: Zignature Kangaroo Formula

Description: Feb 23, 2018 Patient presented to the cardiology service at [B6] [B6] for tachypnea. He was diagnosed with dilated cardiomyopathy and left side congestive heart failure. Whole blood taurine level was [B6] (ref 200-350, critical level <150). At the time, patient consuming Zignature Kangaroo Formula and was advised to change.

Submission Type: Initial

Report Type: Adverse Event (a symptom, reaction or disease associated with the product)

Outcome of reaction/event at the time of last observation: Stable

Number of Animals Treated With Product: 1

Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Zignature Kangaroo Formula		

Sender information

B6

USA

Owner information

B6

USA

To view this PFR Event, please click the link below:

<https://eon.fda.gov/eon//browse/EON-351031>

To view the PFR Event Report, please click the link below:

<https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=12&issueId=367419>

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The information is provided as part of the Federal-State Integration initiative. As a Commissioned Official and state government official, you are reminded of your obligation to protect non-public information, including trade secret and confidential commercial information that you receive from the U.S. Food and Drug Administration from further disclosure. The information in the report is intended for situational awareness and should not be shared or acted upon independently. Any and all actions regarding this information should be coordinated through your local district FDA office.

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Report Details - EON-351031

ICSR: 2045676
 Type Of Submission: Initial
 Report Version: FPSR.FDA.PETF.V.V1
 Type Of Report: Adverse Event (a symptom, reaction or disease associated with the product)
 Reporting Type: Voluntary
 Report Submission Date: 2018-04-12 13:26:01 EDT

Reported Problem:
Problem Description: Feb.23, 2018. Patient presented to the cardiology service at **B6** **B6** for tachypnea. He was diagnosed with dilated cardiomyopathy and left side congestive heart failure. Whole blood taurine level was **B6** (ref 200-350, critical level <150). At the time, patient consuming Zignature Kangaroo Formula and was advised to change.
Date Problem Started: 02/22/2018
Concurrent Medical Problem: Yes
Pre Existing Conditions: **B6**
Outcome to Date: Stable

Product Information:
Product Name: Zignature Kangaroo Formula
Product Type: Pet Food
Lot Number:
Package Type: BAG
Possess Unopened Product: No
Possess Opened Product: No
Product Use Information:
Description: Owner feeding for 2-3 years prior to diagnosis.
Last Exposure Date: 03/01/2018
Time Interval between Product Use and Adverse Event: 3 Years
Product Use Stopped After the Onset of the Adverse Event: Yes
Perceived Relatedness to Adverse Event: Possibly related
Other Foods or Products Given to the Animal During This Time Period: Yes
Manufacturer /Distributor Information:
Purchase Location Information: Name: Chewy.com

Animal Information:
Name: **B6**
Type Of Species: Dog
Type Of Breed: Retriever - Golden
Gender: Male
Reproductive Status: Neutered
Weight: 40 Kilogram

	Age:	6 Years														
	Assessment of Prior Health:	Good														
	Number of Animals Given the Product:	1														
	Number of Animals Reacted:	1														
	Owner Information:	<table border="1"> <tr> <td>Owner Information provided:</td> <td>Yes</td> </tr> <tr> <td>Contact: Name:</td> <td>B6</td> </tr> <tr> <td>Phone:</td> <td></td> </tr> <tr> <td>Address:</td> <td>B6</td> </tr> <tr> <td></td> <td>United States</td> </tr> </table>	Owner Information provided:	Yes	Contact: Name:	B6	Phone:		Address:	B6		United States				
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Practice Name:	B6															
Contact: Name:	B6															
Phone:																
Address:	B6															
	United States															
Type of Veterinarian:	Referred veterinarian															
Date First Seen:	02/23/2018															
Sender Information:	Name:	B6														
	Address:	B6														
		United States														
	Contact: Phone:	B6														
	Email:															
	Reporter Wants to Remain Anonymous:	No														
	Permission To Contact Sender:	Yes														
	Preferred Method Of Contact:	Email														
	Reported to Other Parties:	None														
Additional Documents:																

Report Details - EON-351031

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 Report Submission Date: 2018-04-12 13:26:01 EDT

Reported Problem:
Problem Description: Feb.23, 2018. Patient presented to the cardiology service at **B6** **B6** for tachypnea. He was diagnosed with dilated cardiomyopathy and left side congestive heart failure. Whole blood taurine level was **B6** (ref 200-350, critical level <150). At the time, patient consuming Zignature Kangaroo Formula and was advised to change.
Date Problem Started: 02/22/2018
Concurrent Medical Problem: Yes
Pre Existing Conditions: **B6**
Outcome to Date: Stable

Product Information:
Product Name: Zignature Kangaroo Formula
Product Type: Pet Food
Lot Number:
Package Type: BAG
Possess Unopened Product: No
Possess Opened Product: No
Product Use Information:
Description: Owner feeding for 2-3 years prior to diagnosis.
Last Exposure Date: 03/01/2018
Time Interval between Product Use and Adverse Event: 3 Years
Product Use Stopped After the Onset of the Adverse Event: Yes
Perceived Relatedness to Adverse Event: Possibly related
Other Foods or Products Given to the Animal During This Time Period: Yes
Manufacturer /Distributor Information:
Purchase Location Information: Name: Chewy.com

Animal Information:
Name: **B6**
Type Of Species: Dog
Type Of Breed: Retriever - Golden
Gender: Male
Reproductive Status: Neutered
Weight: 40 Kilogram

	Age:	6 Years														
	Assessment of Prior Health:	Good														
	Number of Animals Given the Product:	1														
	Number of Animals Reacted:	1														
	Owner Information:	<table border="1"> <tr> <td>Owner Information provided:</td> <td>Yes</td> </tr> <tr> <td>Contact: Name:</td> <td>B6</td> </tr> <tr> <td>Phone:</td> <td></td> </tr> <tr> <td>Address:</td> <td>B6</td> </tr> <tr> <td></td> <td>United States</td> </tr> </table>	Owner Information provided:	Yes	Contact: Name:	B6	Phone:		Address:	B6		United States				
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	Address:	B6														
		United States														
	Contact: Phone:	B6														
	Email:															
	Reporter Wants to Remain Anonymous:	No														
	Permission To Contact Sender:	Yes														
	Preferred Method Of Contact:	Email														
	Reported to Other Parties:	None														
Additional Documents:																

From: Jones, Jennifer L </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0f6ca12eaa9348959a4cbb1e829af244-Jennifer.Jo>
To: Palmer, Lee Anne
CC: Rotstein, David; Carey, Lauren
Sent: 4/13/2018 10:39:16 AM
Subject: RE: Zignature Kangaroo Formula: [B6] - EON-351031

Thanks, Lee Anne. No, I wasn't expecting it, but I can start with MRx!

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: Palmer, Lee Anne
Sent: Thursday, April 12, 2018 1:39 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Cc: Rotstein, David <David.Rotstein@fda.hhs.gov>; Carey, Lauren <Lauren.Carey@fda.hhs.gov>
Subject: FW: Zignature Kangaroo Formula: [B6] - EON-351031

Hi Jen – were you expecting this one? Thx - LA

From: PFR Event [<mailto:pfpreventcreation@fda.hhs.gov>]
Sent: Thursday, April 12, 2018 1:36 PM
To: Cleary, Michael * <Michael.Cleary@fda.hhs.gov>; HQ Pet Food Report Notification <HQPetFoodReportNotification@fda.hhs.gov>; [B6]
Subject: Zignature Kangaroo Formula: [B6] - EON-351031

A PFR Report has been received and PFR Event [EON-351031] has been created in the EON System.

A "PDF" report by name "2045676-report.pdf" is attached to this email notification for your reference.

Below is the summary of the report:

EON Key: EON-351031

ICSR #: 2045676

EON Title: PFR Event created for Zignature Kangaroo Formula; 2045676

AE Date	02/22/2018	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Retriever - Golden		
Age	6 Years		
District Involved	PFR [B6] DO		

Product information

Individual Case Safety Report Number: 2045676

Product Group: Pet Food

Product Name: Zignature Kangaroo Formula

Description: Feb 23, 2018 Patient presented to the cardiology service at [B6]

[B6] for tachypnea. He was diagnosed with dilated cardiomyopathy and left side congestive heart failure. Whole blood taurine level was [B6] (ref 200-350, critical level <150). At the time, patient consuming Zignature Kangaroo Formula and was advised to change.

Submission Type: Initial

Report Type: Adverse Event (a symptom, reaction or disease associated with the product)

Outcome of reaction/event at the time of last observation: Stable

Number of Animals Treated With Product: 1

Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Zignature Kangaroo Formula		

Sender information

[B6]

USA

Owner information

[B6]

USA

To view this PFR Event, please click the link below:

<https://eon.fda.gov/eon//browse/EON-351031>

To view the PFR Event Report, please click the link below:

<https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspx?decorator=none&e=0&issueType=12&issueId=367419>

=====
This email and attached document are being provided to you in your capacity as a Commissioned Official with the U.S. Department of Health and Human Services as authorized by law. You are being provided with this information pursuant to your signed Acceptance of Commission.

This email message is intended for the exclusive use of the recipient(s) named above. It may contain information that is protected, privileged, or confidential. Any dissemination, distribution, or copying is strictly prohibited.

The information is provided as part of the Federal-State Integration initiative. As a Commissioned Official and state government official, you are reminded of your obligation to protect non-public information, including trade secret and confidential commercial information that you receive from the U.S. Food and Drug Administration from further disclosure. The information in the report is intended for situational awareness and should not be shared or acted upon independently. Any and all actions regarding this information should be coordinated through your local district FDA office.

Failure to adhere to the above provisions could result in removal from the approved distribution list. If you think you received this email in error, please send an email to FDAReportableFoods@fda.hhs.gov immediately.

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<https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspx?decorator=none&e=0&issueType=12&issueId=367419>

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To: [REDACTED] B6
Sent: 4/19/2018 11:41:25 AM
Subject: FDA case investigation for [REDACTED] B6 (800.261)
Attachments: 02-Vet-LIRN-NetworkProceduresVets-12.22.2015.pdf; 03-Vet-LIRN-NetworkProceduresOwners-12.22.2015.pdf

Good morning [REDACTED] B6

Thank you for submitting your consumer complaint to FDA. I'm sorry to hear about [REDACTED] B6 illness. As part of our investigation, we'd like to request:

- **Full Medical Records**

- o Please email (preferred) or fax (301-210-4685) a copy of [REDACTED] B6 entire medical history (not just this event).

I attached a copy of our Vet-LIRN network procedures. The procedures describe how Vet-LIRN operates and how veterinarians help with our case investigations.

Please respond to this email so that we can initiate our investigation.

Thank you kindly,
Dr. Jones

Jennifer L. A. Jones, DVM

Veterinary Medical Officer
U.S. Food & Drug Administration
Center for Veterinary Medicine
Office of Research
Veterinary Laboratory Investigation and Response Network (Vet-LIRN)
8401 Muirkirk Road, G704
Laurel, Maryland 20708
new tel: 240-402-5421
fax: 301-210-4685
e-mail: jennifer.jones@fda.hhs.gov
Web: <http://www.fda.gov/AnimalVeterinary/ScienceResearch/ucm247334.htm>



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Web: <http://www.fda.gov/AnimalVeterinary/ScienceResearch/ucm247334.htm>





Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

Network Procedures for Veterinarians

1. Introduction

The purpose of this Network Procedure is to facilitate basic interactions between the Vet-LIRN Program Office (VPO) and veterinarians participating in Vet-LIRN case investigations. General procedures such as information flow, sample handling procedures, submission of reports and billing for services are discussed. The focus of most Vet-LIRN case investigations is on diagnostic samples, although occasionally animal food samples will also be submitted. Animal food testing conducted after receiving a consumer complaint is typically handled by FDA's Office of Regulatory Affairs (ORA) Laboratories or accredited laboratories.

- 1.1 In the case of Vet-LIRN investigations, the government is the client.
 - 1.1.1 The government is requesting assistance in its investigation, and is requesting tests or services to be performed by your clinic during this investigation.
 - 1.1.2 The government will pay for these services.
 - 1.1.3 The owner is helping with the government's investigation of a regulated product.
 - 1.1.4 The goal of the investigation is to determine if the product is at fault and why.
 - 1.1.5 The government's investigation may not provide a definitive diagnosis for the patient's illness.

2. Case Background – Consumer complaint

- 2.1 Vet-LIRN obtains information about the cases we investigate from 3 main sources,
 - 2.1.1 Consumer complaints (cc) - obtained by FDA Consumer Complaint Coordinators by phone
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NOTE: Generally, the information received in a consumer complaint is not kept confidential. In most cases, only protected personal information (such as names and addresses) is withheld in an effort to prevent the complaint from being traced back to the individual who submitted it.



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

3. Communications

- 3.1 VPO will discuss the case with the referring veterinarian and or the owner.
- 3.2 VPO evaluates the case history and determines a need for follow up testing to determine if the food (or drug) is the cause of the illness or death.
- 3.3 VPO contacts the appropriate member laboratory(-ies) (chosen based on location and capabilities) and provides initial information
 - 3.3.1 In some cases only partial history is available
 - 3.3.2 Follow up information will be sent as it becomes available.
- 3.4 VPO proposes the tests to be conducted and prepares billing documents.
- 3.5 VPO makes arrangements with the veterinarian to obtain and ship samples.
 - 3.5.1 VPO receives test results and forwards the results to the veterinarian who will then communicate the results to the owner.

4. Case history

- 4.1 A complete medical history is essential,
 - 4.1.1 age, sex, breed, animal's ID/name,
 - 4.1.2 other animals affected,
 - 4.1.3 duration of problem, lesion distribution (diagrams or photos are welcome),
 - 4.1.4 treatment of problem (especially dose and duration of therapy) and response to treatment.
 - 4.1.5 concomitant drugs or dietary supplements administered (not used for treatment of the reaction, but administered for other reasons at the same time or within a short time of the problem occurrence).
- 4.2 Vet-LIRN Case Numbers:
 - 4.2.1 Include Vet-LIRN case number in all correspondence.
 - 4.2.2 E-mail: include the Vet-LIRN case number as the first part of the subject line. This will help archiving data for each case.
- 4.3 Electronic submission of medical records and laboratory results is preferred.
- 4.4 Histories can also be submitted by FAX to Vet-LIRN (301-210-4685).
- 4.5 Information about follow-up visits related to the investigation and additional laboratory reports should be provided as soon as possible. Phone calls are very useful for



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

discussing cases in depth, but should be followed up with the medical records and lab reports.

- 4.5.1 Due to time difference around the country, email communication is often the best way to assure information is transferred in a timely manner.

5. Services Requested by VPO

5.1 Services typically tests will fall into 3 categories:

- 5.1.1 Office Examination
- 5.1.2 Clinical laboratory samples
- 5.1.3 Pathology

5.2 Office Examination:

- 5.2.1 To evaluate the current status of the patient.
- 5.2.2 To obtain samples from the patient for further analysis (blood, urine, feces).

5.3 Clinical Laboratory Samples:

- 5.3.1 VPO may ask for repeat analysis of new samples to be run either by the veterinary hospital, or by its usual testing laboratory.
- 5.3.2 Typical tests include clinical hematology, microbial cultures, urinalysis, and fecal examination.
- 5.3.3 Additional testing may be requested and the samples sent to a Vet-LIRN network laboratory.

5.4 Pathology:

- 5.4.1 Either submit the entire carcass or conduct a routine necropsy examination. Record your findings in detail and submit. Histopathology and microbiological cultures as appropriate.
 - 5.4.1.1 Describe all lesions – location, color, size, texture.
 - 5.4.1.2 Culture lesions or intestinal contents as deemed appropriate based on the history.
 - 5.4.1.3 Save tissues for histopathology- be sure to use 10:1 formalin to tissue mass.
- 5.4.2 Histopathology tissues (preserve in 10% neutral buffered formalin 10:1 ratio fixative to tissue):



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

5.4.2.1 thyroid, thymus, lung, heart, liver, spleen, adrenal, kidney, pancreas, stomach, duodenum, jejunum, ileum, colon, urinary bladder, skeletal muscle, brain.

5.4.2.2 Request a duplicate set of H&E for submission to VPO for archiving.

5.5 Toxicology:

5.5.1 Freeze and hold tissues if there is any indication that a toxic substance may be involved:

5.5.1.1 brain (for organophosphates and carbamates),

5.5.1.2 eyes, liver, kidney, brain, stomach content, fat,

5.5.1.3 if available, serum, EDTA blood, urine.

5.5.2 Following a review of histopathology, VPO may select tissues to be analyzed and request that tissues be sent to a Vet-LIRN laboratory.

5.5.3 When the case is closed by VPO, samples can be disposed of. When in doubt, please ask.

5.5.3.1 The animal's remains can be disposed of following the laboratories' customary procedures.

6. Sample submissions

6.1 Normally, VPO prefers that the veterinarian, not the pet owner submit samples.

6.2 Arrangements for transport should be made with the VPO (see additional shipping instructions).

6.3 A Vet-LIRN Sample Submission Form, given by VPO to the veterinarian, should be provided to the veterinarian and should accompany all samples being sent to our Vet-LIRN laboratory, listing the recommended tests.

6.4 A Shipping Inventory Sheet, given by VPO to the veterinarian, should also be provided by VPO and should be submitted with all samples. This form will be filled out and faxed to the VPO (301-210-4685) by the receiving Vet-LIRN laboratory.

6.5 Vet-LIRN case numbers should be provided by the VPO and should be included on all samples and reports.

6.5.1 Rarely, an owner will deliver a specimen or an animal for necropsy directly to the participating laboratory. Vet-LIRN should notify the lab to expect the owner if this happens and will provide appropriate forms.



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

7. Sample types that Vet-LIRN may request from the Veterinarian

- 7.1 Entire bodies (fresh or frozen)
- 7.2 Organs from necropsy (fresh, frozen or formalin fixed)
- 7.3 Clinical samples (serum, blood, urine, feces, biopsy samples, cultures)
- 7.4 Food samples (open bag products from home)

8. Reporting

- 8.1 All reports from Vet-LIRN testing labs are submitted to VPO.
- 8.2 VPO will forward reports to the veterinarian, who should discuss the results with the owner.
- 8.3 If appropriate, VPO will forward reports to the owner.

9. Communications with Owners

9.1 General:

- 9.1.1 VPO usually will have contacted the owner to request permission and assistance in the investigation.
- 9.1.2 Vet-LIRN's investigation is focused on determining if a regulated product is the cause of the animal's illness. The testing requested by Vet-LIRN may not provide a definitive diagnosis
- 9.1.3 VPO will provide testing results to the veterinarian for communication to the owner. This ensures that:
 - 9.1.3.1 Owners can be counseled on the interpretation of the test results,
 - 9.1.3.2 Appropriate medical follow-up care based on test results can be recommended by the owner's veterinarian.



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

10. Billing

- 10.1 Vet-LIRN VPO can only pay for services which were requested and approved by VPO. Vet-LIRN cannot pay for treatment, or for diagnostic testing outside of the scope of the investigation.
- 10.2 Procurement and Billing Process: The following process needs to be followed in order to adhere to government regulations.
 - 10.2.1 The veterinarian must provide estimates so a Purchase Request can be prepared. Estimates should include items such as office visit(s), in-house diagnostic test costs, biopsy or pathology costs and additional charges such as potential shipping charges.
 - 10.2.2 A billing contact must be provided: include name, address, telephone + fax numbers, and email.
 - 10.2.3 Approved Purchase Request is required prior to beginning service.
 - 10.2.4 Additional services may only be initiated after authorized by Vet-LIRN, but must first be approved by VPO with an additional Purchase Request.
 - 10.2.5 Hospitals must provide an invoice to Vet-LIRN upon the completion of work before they can be paid. VPO is tax exempt. Taxes should be removed from all charges. The invoice must include the Vet-LIRN case number.



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- 5.3.3 Additional testing may be requested and the samples sent to a Vet-LIRN network laboratory.

5.4 Pathology:

- 5.4.1 Either submit the entire carcass or conduct a routine necropsy examination. Record your findings in detail and submit. Histopathology and microbiological cultures as appropriate.
 - 5.4.1.1 Describe all lesions – location, color, size, texture.
 - 5.4.1.2 Culture lesions or intestinal contents as deemed appropriate based on the history.
 - 5.4.1.3 Save tissues for histopathology- be sure to use 10:1 formalin to tissue mass.
- 5.4.2 Histopathology tissues (preserve in 10% neutral buffered formalin 10:1 ratio fixative to tissue):



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

5.4.2.1 thyroid, thymus, lung, heart, liver, spleen, adrenal, kidney, pancreas, stomach, duodenum, jejunum, ileum, colon, urinary bladder, skeletal muscle, brain.

5.4.2.2 Request a duplicate set of H&E for submission to VPO for archiving.

5.5 Toxicology:

5.5.1 Freeze and hold tissues if there is any indication that a toxic substance may be involved:

5.5.1.1 brain (for organophosphates and carbamates),

5.5.1.2 eyes, liver, kidney, brain, stomach content, fat,

5.5.1.3 if available, serum, EDTA blood, urine.

5.5.2 Following a review of histopathology, VPO may select tissues to be analyzed and request that tissues be sent to a Vet-LIRN laboratory.

5.5.3 When the case is closed by VPO, samples can be disposed of. When in doubt, please ask.

5.5.3.1 The animal's remains can be disposed of following the laboratories' customary procedures.

6. Sample submissions

6.1 Normally, VPO prefers that the veterinarian, not the pet owner submit samples.

6.2 Arrangements for transport should be made with the VPO (see additional shipping instructions).

6.3 A Vet-LIRN Sample Submission Form, given by VPO to the veterinarian, should be provided to the veterinarian and should accompany all samples being sent to our Vet-LIRN laboratory, listing the recommended tests.

6.4 A Shipping Inventory Sheet, given by VPO to the veterinarian, should also be provided by VPO and should be submitted with all samples. This form will be filled out and faxed to the VPO (301-210-4685) by the receiving Vet-LIRN laboratory.

6.5 Vet-LIRN case numbers should be provided by the VPO and should be included on all samples and reports.

6.5.1 Rarely, an owner will deliver a specimen or an animal for necropsy directly to the participating laboratory. Vet-LIRN should notify the lab to expect the owner if this happens and will provide appropriate forms.



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

7. Sample types that Vet-LIRN may request from the Veterinarian

- 7.1 Entire bodies (fresh or frozen)
- 7.2 Organs from necropsy (fresh, frozen or formalin fixed)
- 7.3 Clinical samples (serum, blood, urine, feces, biopsy samples, cultures)
- 7.4 Food samples (open bag products from home)

8. Reporting

- 8.1 All reports from Vet-LIRN testing labs are submitted to VPO.
- 8.2 VPO will forward reports to the veterinarian, who should discuss the results with the owner.
- 8.3 If appropriate, VPO will forward reports to the owner.

9. Communications with Owners

9.1 General:

- 9.1.1 VPO usually will have contacted the owner to request permission and assistance in the investigation.
- 9.1.2 Vet-LIRN's investigation is focused on determining if a regulated product is the cause of the animal's illness. The testing requested by Vet-LIRN may not provide a definitive diagnosis
- 9.1.3 VPO will provide testing results to the veterinarian for communication to the owner. This ensures that:
 - 9.1.3.1 Owners can be counseled on the interpretation of the test results,
 - 9.1.3.2 Appropriate medical follow-up care based on test results can be recommended by the owner's veterinarian.



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

10. Billing

- 10.1 Vet-LIRN VPO can only pay for services which were requested and approved by VPO. Vet-LIRN cannot pay for treatment, or for diagnostic testing outside of the scope of the investigation.
- 10.2 Procurement and Billing Process: The following process needs to be followed in order to adhere to government regulations.
 - 10.2.1 The veterinarian must provide estimates so a Purchase Request can be prepared. Estimates should include items such as office visit(s), in-house diagnostic test costs, biopsy or pathology costs and additional charges such as potential shipping charges.
 - 10.2.2 A billing contact must be provided: include name, address, telephone + fax numbers, and email.
 - 10.2.3 Approved Purchase Request is required prior to beginning service.
 - 10.2.4 Additional services may only be initiated after authorized by Vet-LIRN, but must first be approved by VPO with an additional Purchase Request.
 - 10.2.5 Hospitals must provide an invoice to Vet-LIRN upon the completion of work before they can be paid. VPO is tax exempt. Taxes should be removed from all charges. The invoice must include the Vet-LIRN case number.



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

Network Procedures for Owners

The purpose of this Network Procedure is to help you, the owner, understand how the Veterinary Laboratory Investigation and Response Network (Vet-LIRN) Program Office conducts case investigations (follow up to consumer complaints).

The following items are explained below:

- General Introduction
- Billing
- Step by Step Process
- Types of Services and Tests

1. General Introduction:

1.1. What is the goal of the case investigation?

The goal of the case investigation is to determine if the product is causing your pet's illness. Our case investigation **MAY NOT** provide a definitive diagnosis for your pet's illness, although we may rule out several other potential reasons for your pet's illness.

1.2. What is the focus of a case investigation?

Most case investigations focus on diagnostic samples (such as blood, urine or tissue from the pet), although we occasionally request and test pet food samples.

1.3. What is my veterinarian's role during the case investigation?

Your veterinarian helps our investigation into FDA- regulated products by providing information about your pet's medical history and by obtaining any diagnostic samples like blood, urine or tissue.

1.4. What will Vet-LIRN ask of me during a case investigation?

We may ask that your veterinarian perform certain tests or services or provide diagnostic samples to FDA or a Vet-LIRN cooperating laboratory.



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

1.5. Will Vet-LIRN pay for tests or services requested?

Yes, we will pay veterinarians or laboratories *for tests or services requested by Vet-LIRN* and approved through our government purchasing system. We cannot, however, reimburse owners for tests already performed or not specifically requested by Vet-LIRN. We recommend that you discuss with your veterinarian which tests and services will be billed to you and which will be covered by Vet-LIRN. For instance, Vet-LIRN may request that your veterinarian perform a urinalysis on your pet while he or she is hospitalized. Vet-LIRN will pay for the collection and testing of the sample, but would not cover the cost of your pet's stay in the hospital.

1.6. Is the information received in the consumer complaint confidential?

Generally, the information received in the consumer complaint is not kept confidential. In most cases, only protected personal information (such as names and addresses) is withheld in an effort to prevent the complaint from being traced back to the individual who submitted it.

2. Billing:

2.1. Will Vet-LIRN pay for bills related to the case investigation?

Vet-LIRN will cover the cost of services and testing that we specifically request. You should understand that Vet-LIRN *CANNOT* reimburse owners for any veterinary bills. Services *MUST* be pre-authorized and paid directly to the veterinarian.

2.2. Will Vet-LIRN pay for testing that was not requested by Vet-LIRN?

No, we will only pay for testing that we request and authorize.

2.3. Will Vet-LIRN pay for treatments or private cremation?

No, we cannot pay for treatment or cremation.



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

2.4. If I allow my veterinarian to submit my pet's body for testing, will I be able to have back his or her remains?

Each Vet-LIRN member laboratory has its own procedures for handling remains. Some Vet-LIRN member laboratories offer private cremation services for a fee payable directly to the laboratory. We advise you to discuss directly with the member laboratory the possibilities and costs for obtaining your pet's remains after examination are complete.

3. Step by Step Process:

Vet-LIRN will do the following during a case investigation:

- 3.1. Assign a case number which **MUST** be included in all correspondences
- 3.2. Discuss the case with you and your veterinarian
- 3.3. Request medical records from your veterinarian
- 3.4. Coordinate with your veterinarian and you to obtain and submit samples for testing
- 3.5. Provide results to your veterinarian who will discuss the results with you.

Vet-LIRN requests that:

- 3.6. Any follow-up veterinary visits related to the investigation are reported to Vet-LIRN
- 3.7. Additional laboratory reports are reported to Vet-LIRN by your veterinarian.

4. Types of Services and Tests:

4.1. What may a veterinary examination include once the case investigation is started?

A veterinary examination may include:

- an office visit and physical examination to assess your animals current health
- collection of clinical samples from your animal (blood, urine, feces).

4.2. Will your animal be tested more than once?



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

It is possible that Vet-LIRN may request additional tests or examinations depending on results from initial testing.

4.3. Will Vet-LIRN need to conduct a necropsy in the event of an animal death?

Yes, if you are willing, we may request that your veterinarian or another Vet-LIRN cooperating laboratory to conduct a necropsy to collect samples for testing. The samples collected may be tested right away or may be held for future testing or archiving. If the veterinarian completes the necropsy then the remains will be handled according to the veterinarian's normal procedures. If a Vet-LIRN cooperative laboratory completes the necropsy the remains are usually disposed of by that laboratory. Vet-LIRN cannot pay for private cremation. You are welcome to discuss normal procedures with the laboratory.

4.4. Will Vet-LIRN ask for a food sample?

Our main focus is on testing diagnostic tissue or fluid samples from the animal, but we may need to test the food. Please hold all food samples once the consumer complaint is submitted. If needed, we will make arrangements to collect the food.

4.5. What are some general tests that Vet-LIRN may request?

General tests that we may request include, but are not limited to:

- Hematology
- Microbial cultures
- Urinalysis
- Fecal examination
- Necropsy/Histology/Toxicology

4.6. Will I get results from Vet-LIRN requested tests?

Results of testing on your animal's diagnostic tissue or fluid samples will be forwarded to your veterinarian who will be asked to share the results with you.



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

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- Microbial cultures
- Urinalysis
- Fecal examination
- Necropsy/Histology/Toxicology

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Results of testing on your animal's diagnostic tissue or fluid samples will be forwarded to your veterinarian who will be asked to share the results with you.

From: Medical Records [B6]
To: Jones, Jennifer L
Sent: 4/20/2018 9:18:30 PM
Subject: [B6] records
Attachments: [B6] records.pdf

See Attached

From: Medical Records [B6]
To: Jones, Jennifer L
Sent: 4/20/2018 9:18:30 PM
Subject: [B6] records
Attachments: [B6] records.pdf

See Attached

Patient History Report

Client:
Phone:
Address:

B6

Patient: **B6**
Species: Canine
Age: **B6**
Color: Blonde

Breed: Retriever, Golden
Sex: Neutered Male

Date	Type	Staff	History
------	------	-------	---------

4/12/2018 C

B6

MEDICAL COMMENTS ***ADDENDUM 4/20/2018

4/12/2018 13:26

FDA Safety Reporting Portal - Individual Case Safety Report Number (ICSR)

2045676

ADDENDUM on 4/20/2018 at 08:34:23 from

B6

B6

permission signed and returned to **B6**

3/24/2018 P

B6

B6

3/24/2018 C

B6

PHARMACY NOTE

TTO. Meds have been refilled

3/24/2018 P

B6

B6

3/22/2018 C

B6

COMMUNICATIONS WITH CLIENT

3/22/2018 13:03

dog is restless at night, making breathing sound, but sRR is consistently at 22
brpm, so i do not think do has pulmonary edema, will try **B6** recheck in
end of april

B6

B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates,
I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended,
R:Correspondence, T:Images, TC:Tentative medl note, V:Vital signs

B6

Page 1 of 30

Date: 4/20/2018 5:17
PM

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Blonde	Breed: Retriever, Golden Sex: Neutered Male
--	-----------	--	--

Date	Type	Staff	History
3/13/2018	C	B6	COMMUNICATIONS WITH CLIENT 3/13/2018 10:36 SWO - Owner consented to reporting B6 case to the FDA. He has been on the Zignature Kangaroo for the past 2-3 years. Treats include Milkbones and baked dog treats from pet bakery. Prior to the Zignature Kangaroo, he consumed the Acana Ranch Lamb, Natural Balance Sweet Potato and Bison, Natural Balance Sweet Potato and Fish, Zignature Trout & Salmon. He was receiving no supplements prior to his DCM diagnosis. Owner will forward me a copy of her most recent Chewy.com receipt for the Zignature. She does not have the bag anymore. I will email her for additional information. She is now feeding the Royal Canin Kangaroo and Oats.
3/1/2018	D	B6	Taurine Deficiency Final
3/1/2018	C	B6	COMMUNICATIONS WITH DOCTOR 3/1/2018 13:22 i called vet, to let them know taurine is low, she is still on kangaroo diet from Zignature, rec to change diet. The legumes in diet are most likely preventing methionine and cystine absorption, should switch to Royal Canin kangaroo and oats, i originally lm and he called back. he said he would call owner
3/1/2018	C	B6	COMMUNICATIONS WITH CLIENT 3/1/2018 13:20 i called client to let her know taurine is low, she is still on kangaroo diet from Zignature, rec she talk to her vet at last appt, and she did to day at a recheck, and told her to wait. The legumes in diet are most likely preventing methionine and cystine absorption, should switch to Royal Canin kangaroo and oats, I will call her vet.
2/27/2018	C	B6	COMMUNICATIONS WITH CLIENT 2/27/2018 11:03 i called owner, dog is breathing better, eating fine, getting sRR 18-26, did have throat issues, does gagging, pred helped, increased pred again, continue as planned, waiting on taurine level. if norma will stat B6
2/24/2018	L	B6	Miscellaneous results from B4, B6

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B6

Patient History Report

Client:
Phone:
Address:

B6

Patient: B6
 Species: Canine
 Age: B6
 Color: Blonde

Breed: Retriever, Golden
 Sex: Neutered Male

Date	Type	Staff	History
------	------	-------	---------

(East) Requisition ID: B4, B6 Posted Final
 Asc: B6 Profile: Taurine RE: 16759 Taurine B6
 Normal Values (nmols/ml)

			Normal Range	Critical
Level				
Cat	Plasma		60-120	Less than
B6				
	Whole Blood		300-600	Less than
B6				
Dog	Plasma		60-120	Less than
B6				
	Whole Blood		200-350	Less than
B6				

TEST PERFORMED AT B4, B6 LABORATORY

2/23/2018 C

B6

PHARMACY NOTE

B6

2/23/2018 D
 2/23/2018 D
 2/23/2018 D
 2/23/2018 I

B6

Pulmonary Edema Tentative
 Taurine Deficiency Tentative Date Diagnosis made final: 03/01/18
 Dilated Cardiomyopathy Tentative
 Cardiology Discharge Instructions
B6
 2/23/2018

A cardiologist has evaluated B6 and has diagnosed her with Dilated Cardiomyopathy (DCM). DCM means your pet has poor muscle contraction of the heart. This means the heart muscle does not pump as well as a normal dog. The heart has enlarged due to the poor muscle contraction. The change in the heart has caused fluid to form in the lungs, causing increased respiratory rate.

Please take a sleeping respiratory rate (sRR) at home. WHILE YOUR PET IS SLEEPING, count the number of times they breathe in over 15 seconds. Your pet should have 8 breathes or less over 15 seconds while sleeping. Do this once a day over the next 3 days, then 2 times a week thereafter.

The free app software for iPhone and Google Play that can help with this is Cardalis

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B6

Page 3 of 30

Date: 4/20/2018 5:17 PM

Patient History Report

Client:
Phone:
Address:

B6

Patient: **B6**
Species: Canine
Age: **B6**
Color: Blonde

Breed: Retriever, Golden
Sex: Neutered Male

Date	Type	Staff	History
------	------	-------	---------

I have submitted blood for a taurine level. The result may not return for 2 weeks. In the mean time, please start Taurine at home, 2 gram two times a day with food. This can be purchased at any health food store. I will call in about 2 weeks with a taurine level.

MEDICATIONS:

B6

Watch for the following clinical signs and call a veterinarian if you see any of these:
Excessive panting or wheezing
Restlessness, unable to get comfortable
Decreased appetite
Lethargy/weakness, less interactive or hiding
Collapse or fainting
Sudden rear leg or front leg lameness
Open-mouth breathing

It has been a pleasure meeting you and caring for your **B6**. Thank you for entrusting us with her care. If you have any further questions or problems, don't hesitate to call.

2/23/2018 P

B6

B6

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B6

Patient History Report

Client:
Phone:
Address:

B6

Patient: **B6**
Species: Canine
Age: **B6**
Color: Blonde

Breed: Retriever, Golden
Sex: Neutered Male

Date	Type	Staff	History
------	------	-------	---------

2/23/2018 P

B6

B6

2/23/2018 C

B6

CARDIAC EVALUTION - CLOSED 02/24/2018 - Cardiac Evaluation

Date of evaluation: Friday, February 23, 2018

CHIEF COMPLAINT: tachypnea

HISTORY: last 3 days has been working hard to breath. No coughing. Appetite has been poor last 2 days, usually ravenous. Energy level seems down. No cardiac medications **B6** for over year, Tried **B6** medication but stopped it, did not help. Has long history of **B6** sorder.

B6

COMMENTS: dilated LV with poor systolic function. Left atrial enlargement. Large EPSS. Moderate MR and TR. Reduce aortic and pulmonic flows. no pleural or pericardial effusion

DIAGNOSIS/PROBLEM LIST: dilated cardiomyopathy (DCM), left side congestive heart failure (LCHF)

SUMMARY: The dilated cardiomyopathy may be related to diet and taurine deficiency. There have been personal communications amongst cardiologist of a rash of cases of Golden Retrievers on grain free and/or kangaroo diets that have taurine deficiency cardiomyopathy. We pulled a whole blood level taurine today and started **B6** I also started **B6** If taurine deficiency

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B6

Page 5 of 30

Date: 4/20/2018 5:17 PM

Patient History Report

Client:
Phone:
Address:

B6

Patient: **B6**
Species: Canine
Age: **B6**
Color: Blonde

Breed: Retriever, Golden
Sex: Neutered Male

Date Type Staff History

cardiomyopathy, this could be reversible. It could take 2 months to see echo changes, but dog may feel better within a month. Recheck echocardiogram in 2 months. We should recheck a taurine level in 2 weeks. They will most likely do that with **B6**

MEDICATIONS:

B6

2/23/2018 V

B6

Feb 23, 2018 01:06 PM Staff: **B6**

Weight : 40.00 kilograms
room 14

2/23/2018 CK

B6

CHF poss, setup by rdvm
Reason for Visit: Consult

Date Patient Checked Out: 02/23/18 Practice **B6**

2/23/2018 CB

B6

Callback - Call Client Back **B6**

--- Note from **B6** y on 2/23/2018 at 15:51:32 ---

Called Wedgewood Pharmacy, spoke to **B6**

--- Note from **B6** on 2/23/2018 at 15:06:34

B6

2/22/2018 TC

B6

RECORDS FROM **B6** (see attachment) - TENTATIVE
2/22/2018 14:47 rDVM records attached. - Attachment(s)

3/10/2017 C

B6

COMMUNICATIONS WITH CLIENT

3/10/2017 10:26

B6

3/8/2017 L

Endocrinology results from **B4, B6**
(East) Requisition ID: 315958 Posted Final

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Date Type Staff History

Test Result Reference Range
TSH **B6** ng/mL 0 - 0.60
Asc: **B6** Profile: TSH

3/7/2017 G **B6** RADIOLOGY REVIEW - CLOSED 03/08/2017

B6

This review was written by **B6** DVM, DACVR, DACVS

3/7/2017 V

Mar 7, 2017 04:21 PM Staff: **B6**

Weight : 41.40 kilograms

3/7/2017 CK

B6

recheck for ESO
Reason for Visit: Recheck
Date Patient Checked Out: 03/07/17 Practice TF

3/7/2017 C

IM PHYSICAL EXAM NEW
3/7/2017 10:10

Chief Complaint: reevaluation of hard swallowing; upper airway noise

History **B6** was originally evaluated in 2015 for **B6**. A laryngeal exam at that time revealed a nodule on the larynx which was biopsied as granulomatous. He has been on low dose **B6** since. Owner still notices **B6**. He also has upper airway noise when sleeping- breathes through nose and no nasal discharge. Occasional hoarse bark. No diarrhea, no pu/pd. He has gained weight. In 2015 a **B6** titer was negative. Diet includes zignature kangaroo. unsure of current dose of pred 1 tab in morning and sometimes 1/2 tab at night unsure what strength

Previous Medical Problems:

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B6

Page 7 of 30

Date: 4/20/2018 5:17 PM

Patient History Report

Client:
Phone:
Address:

B6

Patient: **B6**
Species: Canine
Age: **B6**
Color: Blonde

Breed: Retriever, Golden
Sex: Neutered Male

Date	Type	Staff	History
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Medications/Supplements:

Current Diet:

B6

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B6

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Blonde	Breed: Retriever, Golden Sex: Neutered Male
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Date	Type	Staff	History
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Plan/Recommendations:

3/7/2017 L	Hematology results from B6 Requisition ID: 315958 Posted Final																																																																
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	Ascn: B6 Profile: Complete Blood Count																																																																

Platelet count reflects the minimum number due to platelet clumping.

3/7/2017 L	Chemistry results from B6 Requisition ID: 315958 Posted Final																																								
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B6

Patient History Report

Client:
Phone:
Address:

B6

Patient: **B6**
Species: Canine
Age: **B6**
Color: Blonde

Breed: Retriever, Golden
Sex: Neutered Male

Date	Type	Staff	History
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GLU		70 - 138
Mg		1.5 - 2.5
PHOS		2.5 - 6.0
Potassium		3.6 - 5.5
Sodium		139 - 154
TBIL		0.1 - 0.3
TP		5.0 - 7.4
TRIG		29 - 291
GLOB		1.6 - 3.6
A/G Ratio		0.8 - 2.0
B/C Ratio		4 - 27
Na/K Ratio		27 - 38

B6

3/7/2017 L

Endocrinology results from **B6**
(East) Requisition ID: 315958 Posted Final
Test Result Reference Range
T4 **B6** 0.8 - 3.5
Asc'n: **B6** Profile: Total T4

The Total T4 result is less than 1.0 mcg/dl. A Free-T4 by equilibrium dialysis may be helpful in supporting the diagnosis of hypothyroidism in patients demonstrating clinical signs compatible with hypothyroidism. Please contact Customer Service for this additional testing.

3/7/2017 L

Miscellaneous results from **B6**
(East) Requisition ID: 315958 Posted Final
Asc'n: **B6** Profile: Superchem

B6

3/6/2017 C

B6

COMMUNICATIONS WITH CLIENT
3/6/2017 12:55
sto confirmed appt w **B6**@ 330 on 3/7

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Phone:
Address:

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Patient: **B6**
Species: Canine
Age: **B6**
Color: Blonde

Breed: Retriever, Golden
Sex: Neutered Male

Date	Type	Staff	History
2/26/2017	C	B6	COMMUNICATIONS WITH CLIENT 2/26/2017 10:15 LMOM to confirm 3:30 pm ESO appt tomorrow
2/23/2017	TC		RECORDS FROM RDVM/LDVM (see attachment) - TENTATIVE 2/23/2017 20:36 Records from B6 Attachment(s)
2/23/2017	C		COMMUNICATIONS WITH DOCTOR 2/23/2017 17:18 B6 to request updated records from 5/3/15 forward be faxed
2/20/2016	C		RECEPTION ACTIONS NOTE faxed ref letters and labs to B6 per o's req
9/28/2015	C		OUTSIDE PHARMACY RX ***ADDENDUM 10/2/2015 - Closed Sep 30/2015 Rx #: 0172
			B6
Is this medication a controlled substance?			

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Sex: Neutered Male

Date	Type	Staff	History
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9/28/2015	C		
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6/1/2015	C		
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B6

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B6

Patient History Report

Client:
Phone:
Address:

B6

Patient: **B6**
Species: Canine
Age: 6 Yrs. 2 Mos.
Color: Blonde

Breed: Retriever, Golden
Sex: Neutered Male

Date	Type	Staff	History
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6/1/2015 C

COMMUNICATIONS WITH CLIENT
6/1/2015 16:05
within the last 3 days stopped doing the neck movement/episodes that he was having. still sounds congested. when he barks there sounds like there is something in there. would continue **B6** unless we are planning to rescope him. owner needs refill of **B6** will touch base in 1-2 wks.

5/17/2015 C

COMMUNICATIONS WITH CLIENT
5/17/2015 10:26
swo and asked how **B6** is doing, owner said she started ab's yesterday and so far he is doing well, owner will recheck in one week

5/15/2015 C

B6

OUTSIDE PHARMACY RX - Closed May 17/2015

B6

5/15/2015 C

OUTSIDE PHARMACY RX

B6

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Species: Canine
Age: **B6**
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Sex: Neutered Male

Date	Type	Staff	History
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5/15/2015	C		B6
5/12/2015	C		

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Species: Canine
Age: **B6**
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Sex: Neutered Male

Date	Type	Staff	History
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5/12/2015	C		
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B6

5/8/2015	L		
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Date	Type	Staff	History
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B6

5/7/2015 I

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Date	Type	Staff	History
5/7/2015	I		
5/7/2015	I		
5/7/2015	C		B6
5/7/2015	C		

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5/7/2015	C		
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B6

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Date: 4/20/2018 5:17 PM

Patient History Report

Client:
Phone:
Address:

B6

Patient:
Species:
Age:
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B6
Canine
B6
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Breed: Retriever, Golden
Sex: Neutered Male

Date	Type	Staff	History
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5/7/2015 L

B6

5/7/2015 V

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Patient History Report

Client:
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Patient: **B6**
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Date	Type	Staff	History
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Page 22 of 30

Date: 4/20/2018 5:17 PM

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Date	Type	Staff	History
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5/3/2015 C

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Date	Type	Staff	History
5/3/2015	CK		B6
11/21/2014	C		
11/14/2014	CK		
5/31/2014	C		

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5/31/2014	C		
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5/31/2014	L		
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B6			
5/31/2014	L		
5/31/2014	L		
5/30/2014	C		

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5/30/2014 C

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5/30/2014 I

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5/29/2014 C

B6

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative medl note, V: Vital signs

B6

Patient History Report

Client:
Phone:
Address:

B6

Patient: **B6**
Species: Canine
Age: **B6**
Color: Blonde

Breed: Retriever, Golden
Sex: Neutered Male

Date	Type	Staff	History
------	------	-------	---------

5/27/2014 C

5/27/2014 C

B6

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative medl note, V: Vital signs

B6

From: Jones, Jennifer L </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0F6CA12EAA9348959A4CBB1E829AF244-JENNIFER.JO>
To: Peloquin, Sarah; Rotstein, David; Carey, Lauren; Palmer, Lee Anne; Queen, Jackie L
CC: Reimschuessel, Renate; Ceric, Olgica
Sent: 10/5/2018 1:11:59 PM
Subject: RE: 800.267 EON-363773; [B6] Zignature Kangaroo

This aligns with the trend seen by Darcy Adin and others.

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: Peloquin, Sarah
Sent: Friday, October 05, 2018 9:04 AM
To: Rotstein, David <David.Rotstein@fda.hhs.gov>; Carey, Lauren <Lauren.Carey@fda.hhs.gov>; Palmer, Lee Anne <LeeAnne.Palmer@fda.hhs.gov>; Queen, Jackie L <Jackie.Queen@fda.hhs.gov>
Cc: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>; Reimschuessel, Renate <Renate.Reimschuessel@fda.hhs.gov>; Ceric, Olgica <Olgica.Ceric@fda.hhs.gov>
Subject: 800.267 EON-363773; [B6] Zignature Kangaroo

Owner interview pending
Limited prior mrx

Great case—at dx, changed diet and started tau supp; no echo improvement after 3 months, so stopped [B6] supp. After 6 months, significant echo improvement just with diet!

[B6] – 5 yr FS American Bulldog
Prior Mhx: food allergies so on Kangaroo since 1 year old; [B6] chronic [B6] [B6] h/o [B6] and [B6] injections; elevated [B6] 3/3/2018, creat/BUN/UA norm, [B6] [B6] UPC

3/14/18: coughing, incr shallow breathing, vomiting food EOD; tachypnea on exam, no murmur; rads à VHS 12.5-13, enlarged cardiac silhouette, pulmonary edema; [B6] rec referral for cardio workup
3/15/18: cardio consult; [B6] rads à globoid cardiomeg, VHS [B6] heavy interstitial pattern caudal lungs; neg tick titers, [B6]; echo à globally thin-walled, dilated hypocontractile heart; sev generalized cardiomeg; mod MV insuff; [B6] dx DCM with LCHF; [B6]

[B6] change diet
3/15/18: after cardio, rdvm visit for hematuria; rads à no cystoliths; UA TNTC RBCs, [B6], cocci; [B6]

[B6]
3/20/18: [B6] doing ok, decr [B6]
3/30/18: recheck BW rdvm, CBC norm, [B6], [B6] tolerating meds well
4/3/18: found out that tau and L-carn samples taken 3/15 were discarded by lab and never ran at UCD; since already on tau supp, do not rec re-test
4/24/18: coughing at home, other dog coughing and responded to tx; lungs ausc wnl, declined rads. Suspect [B6] and cough tabs tgh (resolved w/ [B6])

6/6/18: cardio recheck; doing well at home; echo à overall stable from last visit, no improvement; rec discontinuing tau supp since tau deficiency unlikely; cont other meds
9/5/18: cardio recheck; doing great at home; echo à sig improvement! residual global cardiomegaly, improved systolic funct, FS incr to [B6] BW wnl (SDMA [B6]); rec decr [B6] r/o diet-responsive DCM; recheck echo in January

From: PFR Event <pfpreventcreation@fda.hhs.gov>

Sent: Wednesday, August 29, 2018 3:43 PM

To: Cleary, Michael * <Michael.Cleary@fda.hhs.gov>; HQ Pet Food Report Notification <HQPetFoodReportNotification@fda.hhs.gov>

Subject: Zignature Kangaroo and Lentil: [REDACTED] ON-363773

A PFR Report has been received and PFR Event [EON-363773] has been created in the EON System.

A "PDF" report by name "2054439-report.pdf" is attached to this email notification for your reference.

Below is the summary of the report:

EON Key: EON-363773

ICSR #: 2054439

EON Title: PFR Event created for Zignature Kangaroo and Lentil; 2054439

AE Date	03/15/2018	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Bulldog - American		
Age	[REDACTED] Years		
District Involved	PFR [REDACTED] DO		

Product information

Individual Case Safety Report Number: 2054439

Product Group: Pet Food

Product Name: Zignature Kangaroo and Lentil

Description: On Zignature Kangaroo/lentil diet x 3.5 years. Developed severe dilated cardiomyopathy with congestive heart failure

Submission Type: Initial

Report Type: Adverse Event (a symptom, reaction or disease associated with the product)

Outcome of reaction/event at the time of last observation: Stable

Number of Animals Treated With Product: 1

Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Zignature Kangaroo and Lentil		

Sender information

[REDACTED]

USA

Owner information

B6

USA

To view this PFR Event, please click the link below:

<https://eon.fda.gov/eon//browse/EON-363773>

To view the PFR Event Report, please click the link below:

<https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspx?decorator=none&e=0&issueType=12&issuelid=380507>

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From: PFR Event <pfpreventcreation@fda.hhs.gov>
To: Cleary, Michael *; HQ Pet Food Report Notification; B6
Sent: 10/8/2018 6:44:41 PM
Subject: Rawz meal free dry food limited recipe wild salmon dry: Lisa Freeman - EON-367845
Attachments: 2055793-report.pdf; 2055793-attachments.zip

A PFR Report has been received and PFR Event [EON-367845] has been created in the EON System.

A "PDF" report by name "2055793-report.pdf" is attached to this email notification for your reference. Please note that all documents received in the report are compressed into a zip file by name "2055793-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

EON Key: EON-367845

ICSR #: 2055793

EON Title: PFR Event created for Rawz meal free dry food limited recipe wild salmon dry; 2055793

AE Date	10/04/2018	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Mixed (Dog)		
Age	10 Years		
District Involved	PFR-New England DO		

Product information

Individual Case Safety Report Number: 2055793

Product Group: Pet Food

Product Name: Rawz meal free dry food limited recipe wild salmon dry

Description: DCM and atrial fibrillation diagnosed 10/5/18

Submission Type: Initial

Report Type: Adverse Event (a symptom, reaction or disease associated with the product)

Outcome of reaction/event at the time of last observation: Stable

Number of Animals Treated With Product: 1

Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Rawz meal free dry food limited recipe wild salmon dry		

Sender information

Lisa Freeman
200 Westboro Rd
North Grafton, MA 01536
USA

Owner information

B6 USA

To view this PFR Event, please click the link below:

<https://eon.fda.gov/eon//browse/EON-367845>

To view the PFR Event Report, please click the link below:

<https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=12&issueId=384767>

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Failure to adhere to the above provisions could result in removal from the approved distribution list. If you think you received this email in error, please send an email to FDAREportableFoods@fda.hhs.gov immediately.

Report Details - EON-367845

ICSR: 2055793
 Type Of Submission: Initial
 Report Version: FPSR.FDA.PETF.V.V1
 Type Of Report: Adverse Event (a symptom, reaction or disease associated with the product)
 Reporting Type: Voluntary
 Report Submission Date: 2018-10-08 14:34:26 EDT

Reported Problem:
Problem Description: DCM and atrial fibrillation diagnosed 10/5/18
Date Problem Started: 10/04/2018
Concurrent Medical Problem: Yes
Pre Existing Conditions: B6
Outcome to Date: Stable

Product Information:
Product Name: Rawz meal free dry food limited recipe wild salmon dry
Product Type: Pet Food
Lot Number:
Package Type: BAG
Product Use Information:
Manufacturer /Distributor Information:
Purchase Location Information:

Animal Information:
Name: B6
Type Of Species: Dog
Type Of Breed: Mixed (Dog)
Gender: Male
Reproductive Status: Neutered
Weight: 33.2 Kilogram
Age: 10 Years
Assessment of Prior Health: Excellent
Number of Animals Given the Product: 1
Number of Animals Reacted: 1
Owner Information: Owner Information provided: Yes
Contact: Name: B6
 Phone: B6
 Email: B6
Address: B6
 United States
Healthcare Professional Information:
Practice Name: Tufts Cummings School of Veterinary Medicine
Contact: Name: Lisa Freeman
 Phone: (508) 887-4523
 Email: lisa.freeman@tufts.edu
Address: 200 Westboro Rd

			North Grafton Massachusetts 01536 United States	
Sender Information:	Name:	Lisa Freeman		
	Address:	200 Westboro Rd North Grafton Massachusetts 01536 United States		
	Contact:	Phone:	5088874523	
		Email:	lisa.freeman@tufts.edu	
	Permission To Contact Sender:	Yes		
Preferred Method Of Contact:	Email			
Additional Documents:	Attachment:	B6	compiled records small.pdf	
	Description:	Compiled records		
	Type:	Medical Records		

Withheld in Full as B6

22910

Sample Submission Form

Amino Acid Laboratory
University of California, Davis
1020 Vet Med 3B
1089 Veterinary Medicine Drive
Davis, CA 95616
Tel: (530)752-5058, Fax: (530)752-4698

UC CUSTOMERS ONLY:
Non-federal funds ID/Account Number
to bill: _____

<http://www.vetmed.ucdavis.edu/vmb/aal/aal.html>

Vet/Tech Contact: **B6**

Company Name: Tufts Cummings School of Vet Med - Clinical Pathology Laboratory

Address: 200 Westboro Road
North Grafton, MA 01536

Email: clinpath@tufts.edu; cardiovet@tufts.edu

Tel: 508-887-4669 Fax: 508-839-7936

Billing Contact: **B6** TAX ID: _____

Email: **B6** Tel: **B6**

Patient Name: **B6**

Species: canine

Owner's Name: **B6**

Sample Type: Plasma Whole Blood Urine Food Other: _____

Test Items: Taurine Complete Amino Acid Other: _____

Taurine Results (nmol/ml)

Plasma: _____ Whole Blood: **B6** Urine: _____ Food: _____

Reference Ranges (nmol/ml)

	Plasma		Whole Blood	
	Normal Range	No Known Risk for Taurine Deficiency	Normal Range	No Known Risk for Taurine Deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
To: Jones, Jennifer L
Sent: 12/3/2018 2:49:05 PM
Subject: RE: updates (Nault)

Also [B6] died in her sleep [B6]
Lisa

Lisa M. Freeman, DVM, PhD, DACVN
Board Certified Veterinary Nutritionist™
Professor
Cummings School of Veterinary Medicine
Friedman School of Nutrition Science and Policy
Tufts Clinical and Translational Science Institute
Tufts University
www.petfoodology.org

From: Freeman, Lisa
Sent: Sunday, December 02, 2018 8:16 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: updates

Hi Jen
Attached are follow up echoes on 2 of the cases I reported.

[B6]

I have a bunch of new ones to report that I'll submit asap
Thanks
lisa

Lisa M. Freeman, DVM, PhD, DACVN
Board Certified Veterinary Nutritionist™
Professor
Cummings School of Veterinary Medicine
Friedman School of Nutrition Science and Policy
Tufts Clinical and Translational Science Institute
Tufts University
www.petfoodology.org

From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
To: Jones, Jennifer L
Sent: 1/17/2019 4:33:38 PM
Subject: update [B6] (previously submitted case)
Attachments: cardio discharge [B6] 1-16-19.pdf; cardio report [B6] 1-16-19.pdf

Changed diet so now only feeding Purina Pro Plan Chicken (no longer feeding Pro Plan lamb)
No improvement

Discharge Instructions

Patient

Name: B6

Species: Canine

Yellow Male (Neutered) Labrador

Retriever

Birthdate: B6

Owner

Name: B6

Address: B6

Patient ID: B6

Attending Cardiologist: John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC

B6

Cardiology Resident:

B6

Cardiology Technician:

B6

Student: B6 V19

Date: B6

Diagnoses: DCM (Dilated Cardiomyopathy), history of congestive heart failure**Clinical Findings:**

Thank you for bringing B6 to the Tufts Cardiology service for a recheck of his DCM. You report that B6 has been doing very well at home, as he is not coughing, has a normal resting respiratory rate, and does not seem to have any exercise intolerance. B6 has been taking his medications well, and has not needed any additional doses.

Today we did a recheck echocardiogram (ultrasound of the heart) and ECG. Our findings were consistent with the last echocardiogram, all chambers of the heart are enlarged with a leak at the mitral valve, but the measurements have not worsened. We are very happy that B6 is stable and doing well at home!

We are also running a blood test to check B6 renal values, and we will call you with the results.

Monitoring at Home:

- We would like you to monitor B6 breathing rate and effort at home, ideally during sleep or at a time of rest. The doses of drugs will be adjusted based on the breathing rate and effort.
- In general, most dogs with heart failure that is well controlled have a breathing rate at rest of less than 35 to 40 breaths per minute. In addition, the breathing effort, noted by the amount of belly wall motion used for each breath, is fairly minimal if heart failure is controlled.
- An increase in breathing rate or effort will usually mean that you should give an extra dose of B6. If difficulty breathing is not improved by within 30-60 minutes after giving extra furosemide, you can try giving him a second extra dose. If his breathing is still not improved within an hour after the second extra dose, then we

- recommend that a recheck exam be scheduled and/or that B6 be evaluated by an emergency clinic.
- There are instructions for monitoring breathing, and a form to help keep track of breathing rate and drug doses, on the Tufts HeartSmart web site (<http://vet.tufts.edu/heartsmart/at-home-monitoring/>).
 - We also want you to watch for weakness or collapse, a reduction in appetite, worsening cough, or distention of the belly as these findings indicate that we should do a recheck examination.
 - If you have any concerns, please call or have B6 evaluated by a veterinarian. Our emergency clinic is open 24 hours/day.

Diet Suggestions: You may continue B6 normal diet, but we recommend avoiding the lamb flavor, as foods with lamb may be associated with heart disease. Please avoid high sodium foods. A fish oil supplement may be considered as well.

Exercise Recommendations:

Intense activity is not advisable for dogs with heart disease. However, we understand that B6 is an active dog and it is a balancing act between moderating his activity and letting him live his life as a happy dog. B6 can continue being active within reason, but if you find that B6 is lagging behind or needs to stop on a walk then this was too long a walk and shorter walks are advised in the future. Repetitive or strenuous high energy activities (repetitive ball chasing, running fast off-leash, etc.) are generally not advised at this stage of heart disease.

Recommended Medications:

B6

Recheck Visits: We would like to see B6 again in about 4-6 months for a recheck echocardiogram, or sooner if he is not feeling well at home. Please call or email to schedule this appointment.

Thank you for entrusting us with B6 care, he is always a pleasure! Please contact our Cardiology liaison at (508)-887-4696 or email us at cardiovet@tufts.edu for scheduling and non-emergent questions or concerns.

Please visit our HeartSmart website for more information
<http://vet.tufts.edu/heartsmart/>

Prescription Refill Disclaimer:

For the safety and well-being of our patients, your pet must have had an examination by one of our veterinarians within the past year in order to obtain prescription medications.

Ordering Food:

Please check with your primary veterinarian to purchase the recommended diet(s). If you wish to purchase your food from us, please call 7-10 days in advance (508-887-4629) to ensure the food is in stock. Alternatively, veterinary diets can be ordered from online retailers with a prescription/veterinary approval.

Clinical Trials:

Clinical trials are studies in which our veterinary doctors work with you and your pet to investigate a specific disease process or a promising new test or treatment. Please see our website: vet.tufts.edu/cvmc/clinical-studies

Case: B6

Owner: B6

Discharge Instructions

Cummings

Veterinary Medical Center

AT TUFTS UNIVERSITY

Cardiology Liaison: 508-887-4696

B6

Patient ID: **B6**

B6 Canine

B6 Years Old Male (Neutered) Labrador Retriever

Yellow

Cardiology Appointment Report

Date: **B6**

Attending Cardiologist:

John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC

B6

Cardiology Resident:

B6

Cardiology Technician:

B6

Student: **B6** V19

Presenting Complaint:

Recheck DCM, CHF, mild pulmonary hypertension (dx 8/28/18)

Concurrent Diseases:

B6

General Medical History:

Doing very well since last visit, high energy. **B6** wants to keep active, no cough or increased respiratory effort while resting, has not needed any extra furosemide doses. O thinks he is back to his old self.

Diet and Supplements:

ProPlan savory dry chicken, beef, or lamb (thinks stopped giving lamb flavor)

Cardiovascular History:

Prior CHF diagnosis? yes (8/24)

Prior heart murmur? yes (III/VI)

Prior ATE? no

Prior arrhythmia? no

Monitoring respiratory rate and effort at home? not lately, but no inc rate or effort noticed

Cough? no

Shortness of breath or difficulty breathing? no

Syncopal or collapse? no

Sudden onset lameness? no

Exercise intolerance? 2 one mile walks per day, but wants to run more

B6

Muscle condition:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Moderate cachexia |
| <input type="checkbox"/> Mild muscle loss | <input type="checkbox"/> Marked cachexia |

Cardiovascular Physical Exam:

Murmur Grade:

- | | |
|--|--------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> IV/VI |
| <input type="checkbox"/> I/VI | <input type="checkbox"/> V/VI |
| <input type="checkbox"/> II/VI | <input type="checkbox"/> VI/VI |
| <input checked="" type="checkbox"/> III/VI | |

Murmur location/description: left apical systolic

Jugular vein:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Bottom 1/3 of the neck | <input type="checkbox"/> 1/2 way up the neck |
| <input type="checkbox"/> Middle 1/3 of the neck | <input type="checkbox"/> Top 2/3 of the neck |

Arterial pulses:

- | | |
|--|---|
| <input type="checkbox"/> Weak | <input type="checkbox"/> Bounding |
| <input checked="" type="checkbox"/> Fair | <input type="checkbox"/> Pulse deficits |

- Good
- Strong

- Pulsus paradoxus
- Other:

Arrhythmia:

- None
- Sinus arrhythmia
- Premature beats

- Bradycardia
- Tachycardia

Gallop:

- Yes
- No
- Intermittent

- Pronounced
- Other:

Pulmonary assessments:

- Eupneic
- Mild dyspnea
- Marked dyspnea
- Normal BV sounds

- Pulmonary crackles
- Wheezes
- Upper airway stridor

Abdominal exam:

- Normal
- Hepatomegaly
- Abdominal distension

- Mild ascites
- Marked ascites

Problems:

Hx DCM, CHF, PHT

Diagnostic plan:

- Echocardiogram
- Chemistry profile
- ECG
- Renal profile
- Blood pressure

- Dialysis profile
- Thoracic radiographs
- NT-proBNP
- Troponin I
- Other tests:

Echocardiogram Findings:

B6

Assessment and recommendations:

Echocardiogram reveals DCM with similar findings (some views slightly smaller) compared to previous exam. Patient looks great on PE and feels well at home. Recommend continuing current medications unless otherwise directed by lab work results. Recheck echo and blood work in ~4-5 months, or sooner if clinical signs occur such as increased RR/Re, cough, collapse, or exercise intolerance.

Final Diagnosis:

DCM, history of CHF
Mild PHT

Heart Failure Classification Score:

ISACHC Classification:

- Ia
- Ib
- II
- IIIa
- IIIb

ACVIM Classification:

- A
- B1
- B2
- C
- D

M-Mode

IVSd	B6	cm
LVIDd		cm
LVPWd		cm
IVSs		cm
LVIDs		cm
LVPWs		cm
EDV(Teich)		ml
ESV(Teich)		ml
EF(Teich)		%
%FS		%
SV(Teich)		ml
Ao Diam		cm
LA Diam		cm
LA/Ao		
Max LA	cm	

M-Mode Normalized

IVSdN	B6	{0.290 - 0.520}
LVIDdN		{1.350 - 1.730} !
LVPWdN		{0.330 - 0.530}
IVSsN		{0.430 - 0.710} !
LVIDsN		{0.790 - 1.140} !
LVPWsN		{0.530 - 0.780} !
Ao Diam N		{0.680 - 0.890} !
LA Diam N		{0.640 - 0.900} !

2D

SA LA	B6	cm
Ao Diam		cm
SA LA / Ao Diam		
IVSd		cm
LVIDd		cm
LVPWd		cm
EDV(Teich)		ml
IVSs		cm
LVIDs		cm
LVPWs		cm
ESV(Teich)		ml
EF(Teich)		%
%FS		%
SV(Teich)		ml
LV Major		cm
LV Minor		cm
Sphericity Index		
LVLd LAX		cm
LVAd LAX		cm
LVEDV A-L LAX		ml
LVEDV MOD LAX		ml
LVLs LAX		cm
LVA s LAX		cm
LVESV A-L LAX		ml
LVESV MOD LAX		ml
HR		BPM
EF A-L LAX		%
LVEF MOD LAX		%
SV A-L LAX		ml
SV MOD LAX		ml
CO A-L LAX		l/min
CO MOD LAX		l/min

Doppler

MR Vmax	B6	m/s
MR maxPG		mmHg
MV E Vel		m/s
MV DecT		ms
MV Dec Slope		m/s
MV A Vel		m/s
MV E/A Ratio		
E'		m/s
E/E'		
A'		m/s
AV Vmax		m/s
AV maxPG		mmHg
PV Vmax		m/s
PV maxPG		mmHg

TR Vmax
TR maxPG

B6

m/s
mmHg

Report Details - EON-367850

ICSR: 2055797
Type Of Submission: Initial
Report Version: FPSR.FDA.PETF.V.V1
Type Of Report: Adverse Event (a symptom, reaction or disease associated with the product)
Reporting Type: Voluntary
Report Submission Date: 2018-10-08 15:17:24 EDT

Reported Problem:
Problem Description: Presented to ER of **B6** for CHF and DCM (had rads at RDVM for cough). Full echo on 8/28/18. Unlikely to be associated with diet but reporting because he is sometimes fed the lamb formula Pro Plan. Taurine WNL
Date Problem Started: **B6**
Concurrent Medical Problem: Yes
Pre Existing Conditions: Atopy (on Atopica)
Outcome to Date: Stable

Product Information:
Product Name: Pro Plan Savory dry - chicken, beef, or lamb (1 cup TID)
Product Type: Pet Food
Lot Number:
Package Type: BAG
Product Use Information:
Manufacturer /Distributor Information:
Purchase Location Information:

Animal Information:
Name: **B6**
Type Of Species: Dog
Type Of Breed: Retriever - Labrador
Gender: Male
Reproductive Status: Neutered
Weight: 37.7 Kilogram
Age: 7 Years
Assessment of Prior Health: Good
Number of Animals Given the Product: 1
Number of Animals Reacted: 1
Owner Information: **Owner Information provided:** Yes
Contact: **Name:** **B6**
Phone: **B6**
Email: **B6**
Address: **B6**
United States
Healthcare Professional Information: **Practice Name:** Tufts Cummings School of Veterinary Medicine
Contact: **Name:** Lisa Freeman
Phone: (508) 887-4523

			Email: lisa.freeman@tufts.edu	
		Address:	200 Westboro Rd North Grafton Massachusetts 01536 United States	
Sender Information:	Name:	Lisa Freeman		
	Address:	200 Westboro Rd North Grafton Massachusetts 01536 United States		
	Contact:	Phone:	5088874523	
		Email:	lisa.freeman@tufts.edu	
	Permission To Contact Sender:	Yes		
Preferred Method Of Contact:	Email			
Additional Documents:	Attachment:	compiled medical records	B6 hall.pdf	
	Description:	Compiled medical records		
	Type:	Medical Records		

Report Details - EON-375111

ICSR: 2060740
 Type Of Submission: Initial
 Report Version: FPSR.FDA.PETF.V.V1
 Type Of Report: Adverse Event (a symptom, reaction or disease associated with the product)
 Reporting Type: Voluntary
 Report Submission Date: 2019-01-01 16:29:18 EST

Reported Problem:
Problem Description: Weight loss x 3-4 weeks Coughing and dyspnea developed - too to B6 B6 where they did T-FAST and suspected DCM. Started on B6 and B6 before we saw him Eating BEG diet. Taurine pending. Switched to new food. Will also try to evaluate other dog in their home eating the same diet (15 years old) Owners happy to provide additional info and have saved some of the food they've been feeding (4Health)
Date Problem Started: 12/20/2018
Concurrent Medical Problem: No
Outcome to Date: Stable

Product Information:
Product Name: 4Health grain=free beef and potato
Product Type: Pet Food
Lot Number:
Package Type: BAG
Product Use Information: Description: See diet history for additional info
Manufacturer /Distributor Information:
Purchase Location Information:

Animal Information:
Name: B6
Type Of Species: Dog
Type Of Breed: Retriever - Golden
Gender: Male
Reproductive Status: Intact
Weight: 29.2 Kilogram
Age: B6 years
Assessment of Prior Health: Excellent
Number of Animals Given the Product: 2
Number of Animals Reacted: 1
Owner Information: Owner Information provided: Yes
Contact: Name: B6
 Phone: B6
 Email: B6
Address: B6
 United States
Healthcare Professional Information: Practice Name: Tufts Cummings School of Veterinary Medicine
 Contact: Name: Lisa Freeman

			Phone: (508) 887-4523
			Email: lisa.freeman@tufts.edu
		Address:	200 Westboro Rd North Grafton Massachusetts 01536 United States
Sender Information:	Name:	Lisa Freeman	
	Address:	200 Westboro Rd North Grafton Massachusetts 01536 United States	
	Contact:	Phone:	5088874523
		Email:	lisa.freeman@tufts.edu
	Permission To Contact Sender:	Yes	
Preferred Method Of Contact:	Email		
Additional Documents:	Attachment:	rpt_medical_record_preview	B6 .pdf
	Description:	B6	records
	Type:	Medical Records	



Foster Hospital for Small Animals

55 Willard Street
North Grafton, MA 01536
(508) 839-5395

All Medical Records

Client: **B6**
Address:

Patient: **B6**
Breed: Golden Retriever
DOB: **B6**

Species: Canine
Sex: Male

Home Phone: **B6**
Work Phone:
Cell Phone:

Referring Information

B6

Client: **B6**
Patient:

Initial Complaint:

Scanned Record

Initial Complaint:

New - Rush - DCM study - DCM/CHF

SOAP Text Dec 28 2018 3:56PM - Rush, John

Disposition/Recommendations

Client:
Patient:

B6

Client: **B6**
Patient: **B6**



Foster Hospital for Small Animals

55 Willard Street
North Grafton, MA 01536
(508) 839-5395

Client:	B6
Veterinarian:	
Patient ID:	B6
Visit ID:	

Patient:	B6
Species:	Canine
Breed:	Golden Retriever
Sex:	Male
Age:	B6 Years Old

Lab Results Report

Accession ID:			
Test	Results	Reference Range	Units



Client: **B6**
Patient:

B6 records

B6

Client:
Patient:

B6

B6

records

B6

Client:
Patient:

B6

B6

records

B6

Client: **B6**
Patient:

B6 records

B6

Client: **B6**
Patient:

B6 records

B6

Client:
Patient:

B6

B6 records

B6

Client: **B6**
Patient:

B6 records

B6

Client:
Patient:

B6

B6 records

B6

Client: **B6**
Patient:

B6 records

B6

Client:
Patient:

B6

B6 records

B6

Client:
Patient:

B6

B6 records

B6

Client:
Patient:

B6

IDEXX BNP - 12/2018

B6

Client:
Patient:

B6

CBC/Chem - 12/28/2018

B6

Client:
Patient:

B6

CBC/Chem - 12/28/2018

B6

Client:
Patient:

B6

IDEXX BNP - 12/29/2018

B6

Client:
Patient:

B6

Diet history 12/28/18

B6

Client: **B6**
Patient: **B6**

Vitals Results

12/28/2018 2:56:07 PM

B6

B6

12/28/2018 3:56:29 PM

Client: **B6**
Patient:

ECG from Cardio

B6

Client: **B6**
Patient:

ECG from Cardio

B6

Client: **B6**
Patient:

ECG from Cardio

B6

Client: **B6**
Patient:

Patient History

12/26/2018 05:23 PM	Appointment
12/27/2018 12:23 PM	Appointment
12/27/2018 12:24 PM	Appointment
12/28/2018 02:31 PM	UserForm
12/28/2018 02:35 PM	UserForm
12/28/2018 02:56 PM	Vitals
12/28/2018 03:02 PM	Treatment
12/28/2018 03:02 PM	Purchase
12/28/2018 03:39 PM	UserForm
12/28/2018 03:51 PM	Purchase
12/28/2018 03:51 PM	Purchase
12/28/2018 03:56 PM	Vitals
12/28/2018 04:40 PM	Prescription
12/28/2018 04:49 PM	Purchase
12/28/2018 04:49 PM	Email

B6

B6

B6

The owner of the above **B6** has granted me authority to obtain medical treatment and to bind the owner to pay the veterinary medical services provided at Cummings School pursuant to the terms and conditions described above.

Authorized Agent - Please Print

Agent's Signature

Street Address

Date

Town/City

State

Zip

Discharge Instructions

Patient:

Owner:

B6

Attending Cardiologist:

 John E. Bush DVM, MS, DACVIM (Cardiology), DACVCP

B6

Cardiology Resident:

B6

Cardiology Technician:

B6

Student:

B6

Admit Date: 12/29/2018 2:27:13 PM

Discharge Date: 12/29/2018

Diagnosis: Dilated cardiomyopathy (DCM) with congestive heart failure

B6

B6

B6

Please visit our HeartSmart website for more information.

<http://vet.bufts.edu/heartsmart/>

Prescription Refill Disclaimers:

For the safety and well-being of our patients, your pet must have had an examination by one of our veterinarians within the past year in order to obtain prescription medications.

Ordering Food:

Please check with your primary veterinarian to purchase the recommended diet(s). If you wish to purchase your food from us, please call 7-10 days in advance (609-817-4679) to ensure the food is in stock. Alternatively, veterinary diets can be ordered from online retailers with a prescription/veterinary approval.

Clinical Trials:

Clinical trials are studies in which our veterinary doctors work with you and your pet to investigate a specific disease process or a promising new drug or treatment. Please see our website: vet.bufts.edu/heart/clinical-studies

B6

Discharge Instructions

B6

Cardiology Appointment Report

Date: 12/26/2018

Attending Cardiologist:

Dr. John E. Bush, DVM, MS, DACVIM (Cardiology), DACVECC (Intensive)

B6

Cardiology Resident:

B6

Cardiology Technician:

B6

Student:

B6

Presenting Complaint: B6 is here today to be enrolled in the DCM Grain-Free study. You started to notice that 3-4 weeks ago he started to get thinner. Around the same time he started to cough and have difficulty breathing intermittently. Last Thursday, B6 went to the veterinarian who did a physical exam and ran a heartworm test and saw that his heart was enlarged. B6 went to B6 and was admitted for CHF on Thursday and came home on Saturday. Since being discharged, B6 appetite has been better and he has coughed less and had more energy. Tobey lives with one other dog.

Concurrent Diseases: No previous medical concerns.

General Medical History: B6 is not on any flea tick or heartworm preventative.

B6

B6

B6

Problems:

History of left and right-sided CHF.

Differential Diagnoses:

DCM (likely - prior BEG diet)

CVD

Heartworm disease

Diagnostic plan:

- Echocardiogram
- Chemistry profile
- ECG
- Renal profile
- Blood pressure

- Diagnostics profile
- Thoracic radiographs
- NT-proBNP
- Troponin I
- Other tests

B6

Mitral inflow:

- Summated
- Normal

- Pseudonormal
- Restrictive

B6

Assessment and recommendations:

Findings consistent with advanced DCM with likely active congestive heart failure. Simpson and sphericity index revealed advanced LV dilation and enlarged LA are consistent with advanced DCM. Elevated HR can be related to high sympathetic tone induced by CHF and/or excitement. As patient has history of BEG diet, was enrolled in the DCM-Diet study.

B6

B6

Final Diagnosis:

- Dilated cardiomyopathy - r/o primary vs. diet induced.
- Congestive heart failure.
- Sinus tachycardia.

Heart Failure Classification Score:

ISACH Classification:

- | | |
|-----------------------------|--|
| <input type="checkbox"/> Ia | <input checked="" type="checkbox"/> IIIa |
| <input type="checkbox"/> Ib | <input type="checkbox"/> IIIb |
| <input type="checkbox"/> II | |

ACVIM Classification:

- | | |
|-----------------------------|---------------------------------------|
| <input type="checkbox"/> A | <input checked="" type="checkbox"/> C |
| <input type="checkbox"/> B1 | <input type="checkbox"/> D |
| <input type="checkbox"/> B2 | |

M-Mode

IVSd

LVIDd

LVPWd

IVSs

LVIDs

LVPWs

EDV(Teich)

ESV(Teich)

EF(Teich)

%FS

SV(Teich)

Ao Diam

LA Diam

LA/Ao

Max LA

Ao Diam

LA Diam

LA/Ao

EPSS

M-Mode Normalized

IVSdN

LVIDdN

LVPWdN

IVSsN

LVIDsN

LVPWsN

Ao Diam N

LA Diam N

ZD

SA LA

Ao Diam

SA LA / Ao Diam

IVSd

LVIDd

LVPWd

EDV(Teich)

IVSs

LVIDs

LVPWs

ESV(Teich)

EF(Teich)

%FS

SV(Teich)

LV Major

LV Minor

Sphericity Index

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(0.250 - 0.570) !

(1.350 - 1.730) !

(0.330 - 0.530)

(0.430 - 0.710)

(0.790 - 1.140) !

(0.530 - 0.780)

(0.680 - 0.890)

(0.640 - 0.900) !

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B6

LVId LAX
LVAd LAX
LVEDV A-L LAX
LVEDV MOD LAX
LVEs LAX
LVA_s LAX
LVESV A-L LAX
LVESV MOD LAX
HR
EF A-L LAX
LVEF MOD LAX
SV A-L LAX
SV MOD LAX
CO A-L LAX
CO MOD LAX
LA Area

Doppler
MR V_{max}
MR maxPG
E'
A'
AV V_{max}
AV maxPG
PV V_{max}
PV maxPG
TR V_{max}
TR maxPG

B6

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BPM
%%ml
ml
l/min
l/min
cm

m/s
mmHg
m/s
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m/s
mmHg
m/s
mmHg
m/s
mmHg

From: Rotstein, David </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0A3B17EBFCF14A6CB8E94F322906BADD-DROTSTEI>
To: Jones, Jennifer L; Palmer, Lee Anne; Carey, Lauren
CC: Peloquin, Sarah
Sent: 1/30/2019 1:43:47 PM
Subject: Re: Lisa Freeman Case- B6

I'll take a look!!!

From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Date: January 30, 2019 at 8:36:10 AM EST
To: Rotstein, David <David.Rotstein@fda.hhs.gov>, Palmer, Lee Anne <LeeAnne.Palmer@fda.hhs.gov>, Carey, Lauren <Lauren.Carey@fda.hhs.gov>
Cc: Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>
Subject: Lisa Freeman Case- B6

Can you please forward this complaint? The dog died and we're going to do a necropsy if possible. I can't seem to find it ☹️

Jennifer L. A. Jones, DVM

Veterinary Medical Officer
U.S. Food & Drug Administration
Center for Veterinary Medicine
Office of Research
Veterinary Laboratory Investigation and Response Network (Vet-LIRN)
8401 Muirkirk Road, G704
Laurel, Maryland 20708
new tel: 240-402-5421
fax: 301-210-4685
e-mail: jennifer.jones@fda.hhs.gov
Web: <http://www.fda.gov/AnimalVeterinary/ScienceResearch/ucm247334.htm>



From: Rotstein, David </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS /CN=0A3B17EBFCF14A6CB8E94F322906BADD-DROTSTEI>
To: Jones, Jennifer L; Palmer, Lee Anne; Carey, Lauren
Sent: 1/30/2019 1:45:13 PM
Subject: Fwd: 4Health grain=free beef and potato: Lisa Freeman - EON-375111
Attachments: 2060740-report.pdf; 2060740-attachments.zip

From: PFR Event <pfpreventcreation@fda.hhs.gov>

Date: January 1, 2019 at 4:32:40 PM EST

To: Cleary, Michael * <Michael.Cleary@fda.hhs.gov>, HQ Pet Food Report Notification

<HQPetFoodReportNotification@fda.hhs.gov>, [REDACTED] **B6**

Subject: 4Health grain=free beef and potato: Lisa Freeman - EON-375111

A PFR Report has been received and PFR Event [EON-375111] has been created in the EON System.

A "PDF" report by name "2060740-report.pdf" is attached to this email notification for your reference. Please note that all documents received in the report are compressed into a zip file by name "2060740-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

EON Key: EON-375111

ICSR #: 2060740

EON Title: PFR Event created for 4Health grain=free beef and potato; 2060740

AE Date	12/20/2018	Number Fed/Exposed	2
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Retriever - Golden		
Age	[REDACTED] Years		
District Involved	PFR-New England DO		

Product information

Individual Case Safety Report Number: 2060740

Product Group: Pet Food

Product Name: 4Health grain=free beef and potato

Description: Weight loss x 3-4 weeks Coughing and dyspnea developed - too to ER [B6] where they did [B6] and suspected DCM. Started on [B6] and [B6] before we saw him Eating BEG diet. Taurine pending. Switched to new food. Will also try to evaluate other dog in their home eating the same diet (15 years old) Owners happy to provide additional info and have saved some of the food they've been feeding (4Health)

Submission Type: Initial

Report Type: Adverse Event (a symptom, reaction or disease associated with the product)

Outcome of reaction/event at the time of last observation: Stable

Number of Animals Treated With Product: 2

Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
4Health grain=free beef and potato		

Sender information

Lisa Freeman
200 Westboro Rd
North Grafton, MA 01536
USA

Owner information

[B6] USA

To view this PFR Event, please click the link below:

<https://eon.fda.gov/eon//browse/EON-375111>

To view the PFR Event Report, please click the link below:

<https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=12&issueId=392120>

=====

This email and attached document are being provided to you in your capacity as a Commissioned Official with the U.S. Department of Health and Human Services as authorized by law. You are being provided with this information pursuant to your signed Acceptance of Commission.

This email message is intended for the exclusive use of the recipient(s) named above. It may contain information that is protected, privileged, or confidential. Any dissemination, distribution, or copying is strictly prohibited.

The information is provided as part of the Federal-State Integration initiative. As a Commissioned Official and state government official, you are reminded of your obligation to protect non-public information, including trade secret and confidential commercial information that you receive from the U.S. Food and Drug Administration from further disclosure. The information in the report is intended for situational awareness and should not be shared or acted upon independently. Any and all actions regarding this information should be coordinated through your local district FDA office.

Failure to adhere to the above provisions could result in removal from the approved distribution list. If you think you received this email in error, please send an email to FDAREportableFoods@fda.hhs.gov immediately.

Report Details - EON-375111

ICSR: 2060740
 Type Of Submission: Initial
 Report Version: FPSR.FDA.PETF.V.V1
 Type Of Report: Adverse Event (a symptom, reaction or disease associated with the product)
 Reporting Type: Voluntary
 Report Submission Date: 2019-01-01 16:29:18 EST

Reported Problem:
Problem Description: Weight loss x 3-4 weeks Coughing and dyspnea developed - too to ER in B6 B6 where they did B6 and suspected DCM. Started on B6 and B6 before we saw him Eating BEG diet. Taurine pending. Switched to new food. Will also try to evaluate other dog in their home eating the same diet (15 years old) Owners happy to provide additional info and have saved some of the food they've been feeding (4Health)
Date Problem Started: 12/20/2018
Concurrent Medical Problem: No
Outcome to Date: Stable

Product Information:
Product Name: 4Health grain-free beef and potato
Product Type: Pet Food
Lot Number:
Package Type: BAG
Product Use Information: Description: See diet history for additional info
Manufacturer /Distributor Information:
Purchase Location Information:

Animal Information:
Name: B6
Type Of Species: Dog
Type Of Breed: Retriever - Golden
Gender: Male
Reproductive Status: Intact
Weight: 29.2 Kilogram
Age: B6 years
Assessment of Prior Health: Excellent
Number of Animals Given the Product: 2
Number of Animals Reacted: 1
Owner Information: Owner Information provided: Yes
Contact: Name: B6
 Phone: B6
 Email: B6
Address: B6
 United States
Healthcare Professional Information: Practice Name: Tufts Cummings School of Veterinary Medicine
 Contact: Name: Lisa Freeman

			Phone: (508) 887-4523
			Email: lisa.freeman@tufts.edu
		Address:	200 Westboro Rd North Grafton Massachusetts 01536 United States
Sender Information:	Name:	Lisa Freeman	
	Address:	200 Westboro Rd North Grafton Massachusetts 01536 United States	
	Contact:	Phone:	5088874523
		Email:	lisa.freeman@tufts.edu
	Permission To Contact Sender:	Yes	
Preferred Method Of Contact:	Email		
Additional Documents:	Attachment:	rpt_medical_record_preview	B6 smaller.pdf
	Description:	Forsell records	
	Type:	Medical Records	

Client:

Address:

B6

All Medical Records

Patient:

Breed: Golden Retriever

DOB:

B6

B6

Species: Canine

Sex: Male

Home Phone:
Work Phone:
Cell Phone:

B6

Referring Information

B6

Client:

Patient:

B6

Initial Complaint:

Scanned Record

Initial Complaint:

New - Rush - DCM study - DCM/CHF

SOAP Text Dec 28 2018 3:56PM - Rush, John

Disposition/Recommendations

Client:
Patient:

B6

Client: **B6**
Patient: **B6**



Foster Hospital for Small Animals

55 Willard Street
North Grafton, MA 01536
(508) 839-5395

Client:	B6
Veterinarian:	
Patient ID:	B6
Visit ID:	

Patient:	B6
Species:	Canine
Breed:	Golden Retriever
Sex:	Male
Age:	B6

Lab Results Report

Accession ID:			
Test	Results	Reference Range	Units



Client:
Patient:

B6

B6

records

B6

Client:
Patient:

B6

B6

records

B6

Client:
Patient:

B6

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records

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Client:
Patient:

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records

B6

Client: **B6**
Patient:

B6 records

B6

Client:
Patient:

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records

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Client:
Patient:

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Client:
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B6 records

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Client: **B6**
Patient:

B6 records

B6

Client:
Patient:

B6

B6 records

B6

Client: **B6**
Patient:

B6 records

B6

Client:
Patient:

B6

IDEXX BNP - 12/2018

B6

Client:
Patient:

B6

CBC/Chem - 12/28/2018

B6

Client: **B6**
Patient:

CBC/Chem - 12/28/2018

B6

Client:
Patient:

B6

IDEXX BNP - 12/29/2018

B6

Client:
Patient:

B6

Diet history 12/28/18

B6

Client:
Patient:

B6

Vitals Results

12/28/2018 2:56:07 PM
12/28/2018 3:56:29 PM

B6

B6

Client:
Patient:

B6

ECG from Cardio

B6

Client:
Patient:

B6

ECG from Cardio

B6

Client: **B6**
Patient:

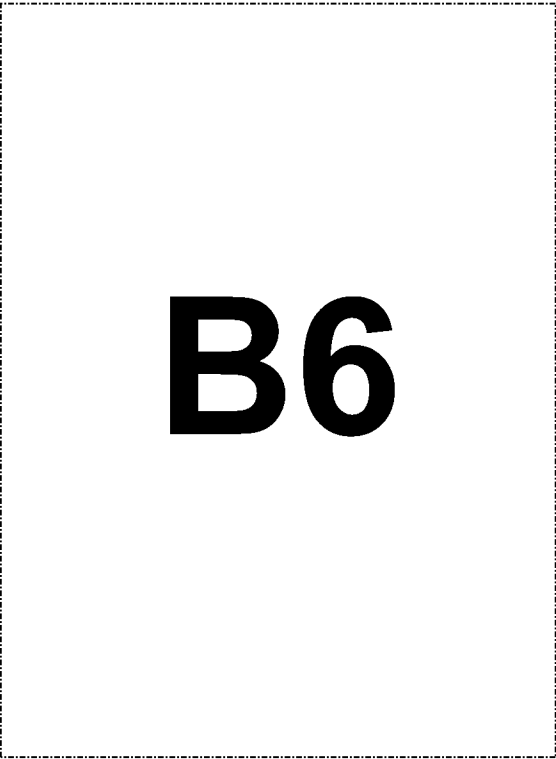
ECG from Cardio

B6

Client: **B6**
Patient:

Patient History

12/26/2018 05:23 PM	Appointment
12/27/2018 12:23 PM	Appointment
12/27/2018 12:24 PM	Appointment
12/28/2018 02:31 PM	UserForm
12/28/2018 02:35 PM	UserForm
12/28/2018 02:56 PM	Vitals
12/28/2018 03:02 PM	Treatment
12/28/2018 03:02 PM	Purchase
12/28/2018 03:39 PM	UserForm
12/28/2018 03:51 PM	Purchase
12/28/2018 03:51 PM	Purchase
12/28/2018 03:56 PM	Vitals
12/28/2018 04:40 PM	Prescription
12/28/2018 04:49 PM	Purchase
12/28/2018 04:49 PM	Email



B6

B6

B6

B6

B6

B6

B6

B6

B6

B6

M-Mode

IVSd

LVIDd

LVPWd

IVSs

LVIDs

LVPWs

EDV(Teich)

ESV(Teich)

EF(Teich)

%FS

SV(Teich)

Ao Diam

LA Diam

LA/Ao

Max LA

Ao Diam

LA Diam

LA/Ao

EPSS

B6

cm
cm
cm
cm
cm
ml
ml
%

M-Mode Normalized

IVSdN

LVIDdN

LVPWdN

IVSsN

LVIDsN

LVPWsN

Ao Diam N

LA Diam N

(0.250 - 0.570) !
(1.350 - 1.730) !
(0.330 - 0.530)
(0.430 - 0.710)
(0.790 - 1.140) !
(0.530 - 0.780)
(0.680 - 0.890)
(0.640 - 0.900) !

ZD

SA LA

Ao Diam

SA LA / Ao Diam

IVSd

LVIDd

LVPWd

EDV(Teich)

IVSs

LVIDs

LVPWs

ESV(Teich)

EF(Teich)

%FS

SV(Teich)

LV Major

LV Minor

Sphericity Index

B6

cm
cm
cm
ml
cm
cm
cm
%

LVId LAX
LVAd LAX
LVEDV A-L LAX
LVEDV MOD LAX
LVEs LAX
LVA_s LAX
LVESV A-L LAX
LVESV MOD LAX
HR
EF A-L LAX
LVEF MOD LAX
SV A-L LAX
SV MOD LAX
CO A-L LAX
CO MOD LAX
LA Area

Doppler
MR V_{max}
MR maxPG
E'
A'
AV V_{max}
AV maxPG
PV V_{max}
PV maxPG
TR V_{max}
TR maxPG

B6

cm
cm
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ml
cm
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ml
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BPM
%%ml
ml
l/min
l/min
cm

m/s
mmHg
m/s
m/s
m/s
mmHg
m/s
mmHg
m/s
mmHg

From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
To: Jones, Jennifer L
Sent: 1/13/2019 12:11:32 AM
Subject: Update - [REDACTED] **B6**
Attachments: Laboratory results summary.pdf

Unfortunately, they only got plasma although that was fine
Lisa

Lisa M. Freeman, DVM, PhD, DACVN
Board Certified Veterinary Nutritionist™
Professor
Cummings School of Veterinary Medicine
Friedman School of Nutrition Science and Policy
Tufts Clinical and Translational Science Institute
Tufts University
www.petfoodology.org

-----Original Message-----

From: Tufts Veterinary Cardiology Service
Sent: Saturday, January 12, 2019 12:54 PM
To: Freeman, Lisa <lisa.freeman@tufts.edu>

Subject: FW: Message from [REDACTED] **B6**

-----Original Message-----

From: Reception [REDACTED] **B6**
Sent: Saturday, January 12, 2019 10:56 AM
To: Tufts Veterinary Cardiology Service <cardiovet@tufts.edu>
Subject: Message from [REDACTED] **B6**

Dear Referring Veterinarian,

Thank you for your referral. Please see the attached record regarding your patient.
Please call us with any questions or concerns.

Sincerely,

[REDACTED] **B6**

[REDACTED] **B6**

B6

Laboratory Results

PATIENT B6	SPECIES Canine	AGE 4 years	OWNER B6
SEX Male Unaltered	BREED Golden Retriever		ADDR B6
COLOR Gold	MARK		
ID B6	TATOO	RADIO	PHONE B6
RABIES	OTHER		

Entry date: 12/20/2018 Entered by **B6** Completion date: 01/10/2019
Result ID: 669,828.00 Status: For Review
Profile: Taurine
Laboratory: **B6**

Test	Low	Normal	High
Taurine		B	
Taurine B6 Plasma			
Normal Values (nmol/ml)			
	Normal Range	Critical Level	
Cat Plasma	80-120	Less than 40	
Whole Blood	300-600	Less than 200	
Dog Plasma	60-120	Less than 40	
Whole Blood	200-350	Less than 150	
Test performed at UC Davis.			

Lab Comments: Requested By:
Requested On: 01/10/2019 01:19 PM
Accession Result ID: **B6**
Accession Status: F
Clinic Accession ID: **B6**
Chart ID: 669828
Lab Accession ID: **B6**
Order Received: 12/20/2018
Latest Results Received: 01/10/2019 10:36 AM
Pet Name: **B6**
Pet Age: 4Y
Pet Sex: M
Pet Species: Canine
Pet Breed:
Pet Owner: **B6**
Pet Doctor:
Comments:

B6

From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
To: Jones, Jennifer L
Sent: 1/1/2019 9:33:26 PM
Subject: ps on B6

Hi Jen

Forgot to add in to the diet history that B6 previous diet (before the 4Health) was Pure Balance Wild & Free Grain Free Formula. We used to get the one with salmon in it.

Best

Lisa

Lisa M. Freeman, DVM, PhD, DACVN
Board Certified Veterinary Nutritionist™
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Tufts Clinical and Translational Science Institute
Tufts University
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From: Jones, Jennifer L </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0f6ca12eaa9348959a4cbb1e829af244-Jennifer.Jo>
To: 'Freeman, Lisa'
CC: Peloguin, Sarah
Sent: [REDACTED] 12:57:56 PM
Subject: RE: [REDACTED]
Attachments: 800.267-Vet-LIRN Rapid Necropsy-DCM-v7.pdf

Hi Lisa,

Thank you for the head's up. If the owner can bring the body to Tufts for the necropsy, we can authorize and pay for it. I attached the most recent version of the necropsy protocol. Your lab can perform the gross necropsy and histopathology of the non-heart tissues. We'll need a set of slide recuts sent to us for review. We'll need to collect the intact formalin-fixed heart, fresh frozen tissues, and slide recuts. When the time comes, I can send you a box for this with a prepaid shipping label.

If you're willing to do this, please send me an estimate for the necropsy and histopathology with recuts. I'll make the purchase request today.

Thank you for bringing this to our attention,
Jen

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
Sent: Tuesday, [REDACTED] 4:19 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: [REDACTED]
Importance: High

Hi Jen

I left a message on your machine but in case you're checking email, one of the cases I submitted [REDACTED] died this morning. The owner has given permission for a necropsy or getting heart samples so I am hoping to get in touch with you asap to see if we can work it out (I'm assuming you're back at work since I got this email from you)

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From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Sent: Monday, [REDACTED] 10:02 AM
To: Freeman, Lisa <Lisa.Freeman@tufts.edu>

Subject: RE: [REDACTED] **B6**

Thank you for the update, Lisa. I'm sorry to hear that he passed away. Can you please forward the records for his case?

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
Sent: Sunday, [REDACTED] **B6** 3:13 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: [REDACTED] **B6**

Hi Jen
Wanted to let you know that [REDACTED] **B6** died unexpectedly due to choking yesterday while eating. Owner said he had been doing well and we were going to do a recheck in Feb.

So sad ☹️

Lisa

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From: Jones, Jennifer L </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0f6ca12eaa9348959a4cbb1e829af244-Jennifer.Jo>
To: 'Freeman, Lisa'
Sent: [REDACTED] 1:53:00 PM
Subject: RE: [REDACTED]

Hi Lisa,

Ok, we can offer a full gross necropsy if the vet will perform that and collect the tissues on the list. Alternatively, if the vet will only get the heart, they can put the full heart intact into 10% NBF. Either way, we can send a box to collect.

Will you please confirm that it's [REDACTED] I'll need to make a purchase request.
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From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Sent: Wednesday, [REDACTED] 7:58 AM
To: Freeman, Lisa <Lisa.Freeman@tufts.edu>
Cc: Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>
Subject: RE: [REDACTED]

Hi Lisa,

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From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
To: Jones, Jennifer L
Sent: [REDACTED] 5:06:38 PM
Subject: RE: [REDACTED]

Hi Jen
It is [REDACTED] has been my contact and I let her know you'd be arranging for a box. She removed the heart last night and put it in formalin so that's ready to ship. We won't be able to get other tissues but hopefully this will be helpful.
If you need additional info, please let me know. I have a bunch of cases I need to report to you so I'll get those submitted asap.
Thanks
Lisa

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To: Freeman, Lisa <Lisa.Freeman@tufts.edu>
Subject: RE: [REDACTED]

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From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Sent: [REDACTED] 7:58 AM
To: Freeman, Lisa <Lisa.Freeman@tufts.edu>
Cc: Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>
Subject: RE: [REDACTED]

Hi Lisa,

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Sent: [REDACTED] 4:19 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: [REDACTED]
Importance: High

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From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Sent: [REDACTED] **B6** 10:02 AM
To: Freeman, Lisa <Lisa.Freeman@tufts.edu>
Subject: RE: [REDACTED] **B6**

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Veterinary Medical Officer
Tel: 240-402-5421



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Sent: [REDACTED] **B6** 3:13 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: [REDACTED] **B6**

Hi Jen
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So sad ☹️
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From: Jones, Jennifer L </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0F6CA12EAA9348959A4CBB1E829AF244-JENNIFER.JO>
To: [REDACTED] **B6**
CC: Peloquin, Sarah
Sent: [REDACTED] **B6** 5:01:47 PM
Subject: 800.267-cc-210-EON-375111-FDA Case Investigation for [REDACTED] **B6**

Good afternoon [REDACTED] **B6**

I'm sorry to hear that [REDACTED] **B6** passed away. We've been following his case since Dr. Freeman reported it. As a follow-up to our discussion, we'd like to send you a box to collect the fixed formalin heart tissue. To send the box, I need to know the approximate size and weight of the fixed formalin container. Please send me that information.

Then, I'll ship you a box with everything needed to package the sample. You'll reuse the box, package the sample, use the prepaid shipping label we provide, and call UPS for the pick-up. Please return ship the box to us on a Monday through Wednesday.

***If for some reason we are furloughed again mid-February, please do not ship during the government shutdown. ***

We will process the tissue for histopathology and send you the results.

Please email or call with any questions.

Thank you,

Dr. Jones

Jennifer L. A. Jones, DVM

Veterinary Medical Officer
U.S. Food & Drug Administration
Center for Veterinary Medicine
Office of Research
Veterinary Laboratory Investigation and Response Network (Vet-LIRN)
8401 Muirkirk Road, G704
Laurel, Maryland 20708
new tel: 240-402-5421
fax: 301-210-4685
e-mail: jennifer.jones@fda.hhs.gov
Web: <http://www.fda.gov/AnimalVeterinary/ScienceResearch/ucm247334.htm>



From: Jones, Jennifer L </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0f6ca12eaa9348959a4cbb1e829af244-Jennifer.Jo>
To: [REDACTED] B6
Sent: [REDACTED] B6 7:54:04 PM
Subject: RE: 800.267-cc-210-EON-375111-FDA Case Investigation for [REDACTED] B6

Not a silly question at all. We'll collect the entire container-formalin plus tissue.

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: [REDACTED] B6
Sent: [REDACTED] B6 2:50 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: Re: 800.267-cc-210-EON-375111-FDA Case Investigation for [REDACTED] B6

Hello,

Sorry for the late reply! This might seem like a silly question but you want us to send the tissue once it's fixed in a jar without formalin, correct? Or would we be sending it in the formalin still? I'm off work for the next couple of days but can send you all the information on Monday - sorry for the delay!

Thank you!

[REDACTED] B6

On [REDACTED] B6 at 1:02 PM Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov> wrote:

Good afternoon [REDACTED] B6

I'm sorry to hear that [REDACTED] B6 passed away. We've been following his case since Dr. Freeman reported it. As a follow-up to our discussion, we'd like to send you a box to collect the fixed formalin heart tissue. To send the box, I need to know the approximate size and weight of the fixed formalin container. Please send me that information.

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8401 Muirkirk Road, G704
Laurel, Maryland 20708
new tel: 240-402-5421
fax: 301-210-4685
e-mail: jennifer.jones@fda.hhs.gov
Web: <http://www.fda.gov/AnimalVeterinary/ScienceResearch/ucm247334.htm>



From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
To: Jones, Jennifer L
Sent: [REDACTED] 2:10:38 PM
Subject: RE: [REDACTED]

Hi Jen

Were you able to get this worked out with [REDACTED] at [REDACTED]

Thanks

Lisa

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From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Sent: Wednesday, [REDACTED] 8:53 AM
To: Freeman, Lisa <Lisa.Freeman@tufts.edu>
Subject: RE: [REDACTED]

Hi Lisa,

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To: Freeman, Lisa <Lisa.Freeman@tufts.edu>
Cc: Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>
Subject: RE: [REDACTED]

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Subject: [REDACTED]
Importance: High

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To: Freeman, Lisa
Sent: [REDACTED] 2:56:59 PM
Subject: RE: [REDACTED]

Yes. We're collecting the tissue.

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
Sent: [REDACTED] 9:11 AM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: RE: [REDACTED]

Hi Jen

Were you able to get this worked out with [REDACTED]

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Professor
Cummings School of Veterinary Medicine
Friedman School of Nutrition Science and Policy
Tufts Clinical and Translational Science Institute
Tufts University
www.petfoodology.org

From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Sent: [REDACTED] 10:02 AM
To: Freeman, Lisa <Lisa.Freeman@tufts.edu>
Subject: RE: [REDACTED]

Thank you for the update, Lisa. I'm sorry to hear that he passed away. Can you please forward the records for his case?

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
Sent: [REDACTED] 3:13 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: [REDACTED]

Hi Jen
Wanted to let you know that [REDACTED] died unexpectedly due to choking yesterday while eating. Owner said he had been doing well and we were going to do a recheck in Feb.
So sad 😞
Lisa

Lisa M. Freeman, DVM, PhD, DACVN
Board Certified Veterinary Nutritionist™
Professor
Cummings School of Veterinary Medicine
Friedman School of Nutrition Science and Policy
Tufts Clinical and Translational Science Institute
Tufts University
www.petfoodology.org

From: [REDACTED] **B6**
To: Jones, Jennifer L
Sent: [REDACTED] **B6** 5:08:28 PM
Subject: Re: 800.267-cc-210-EON-375111-FDA Case Investigation for [REDACTED] **B6**

Thank you! Sorry for the delay in getting back to you again. The biopsy jar is the 1.25 gallon size, it measures approx 11 inches high by 6-7 inches diameter. Let me know if you need any other information!

Thank you!

[REDACTED] **B6**

On [REDACTED] **B6** at 14:54 Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov> wrote:

Not a silly question at all. We'll collect the entire container-formalin plus tissue.

Jennifer Jones, DVM

Veterinary Medical Officer

Tel: 240-402-5421



From: [REDACTED] **B6**
Sent: [REDACTED] **B6** 2:50 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: Re: 800.267-cc-210-EON-375111-FDA Case Investigation for [REDACTED] **B6**

Hello,

Sorry for the late reply! This might seem like a silly question but you want us to send the tissue once it's fixed in a jar without formalin, correct? Or would we be sending it in the formalin still? I'm off work for the next couple of days but can send you all the information on Monday - sorry for the delay!

Thank you!

[REDACTED] **B6**

B6

On Wed, [B6] at 1:02 PM Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov> wrote:

Good afternoon [B6]

I'm sorry to hear that [B6] passed away. We've been following his case since Dr. Freeman reported it. As a follow-up to our discussion, we'd like to send you a box to collect the fixed formalin heart tissue. To send the box, I need to know the approximate size and weight of the fixed formalin container. Please send me that information.

Then, I'll ship you a box with everything needed to package the sample. You'll reuse the box, package the sample, use the prepaid shipping label we provide, and call UPS for the pick-up. Please return ship the box to us on a Monday through Wednesday.

***If for some reason we are furloughed again mid-February, please do not ship during the government shutdown. ***

We will process the tissue for histopathology and send you the results.

Please email or call with any questions.

Thank you,

Dr. Jones

Jennifer L. A. Jones, DVM

Veterinary Medical Officer
U.S. Food & Drug Administration
Center for Veterinary Medicine
Office of Research
Veterinary Laboratory Investigation and Response Network (Vet-LIRN)
8401 Muirkirk Road, G704
Laurel, Maryland 20708
new tel: 240-402-5421

fax: 301-210-4685

e-mail: jennifer.jones@fda.hhs.gov

Web: <http://www.fda.gov/AnimalVeterinary/ScienceResearch/ucm247334.htm>



B6

From: Jones, Jennifer L </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0f6ca12eaa9348959a4cbb1e829af244-Jennifer.Jo>
To: [REDACTED] B6
Sent: [REDACTED] B6 3:03:15 PM
Subject: RE: 800.267-cc-210-EON-375111-FDA Case Investigation for [REDACTED] B6

Hi [REDACTED] B6

Thank you. How much does it weigh?
Take care,
Jen

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: [REDACTED] B6
Sent: [REDACTED] B6 12:08 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: Re: 800.267-cc-210-EON-375111-FDA Case Investigation for [REDACTED] B6

Thank you! Sorry for the delay in getting back to you again. The biopsy jar is the 1.25 gallon size, it measures approx 11 inches high by 6-7 inches diameter. Let me know if you need any other information!

Thank you!

[REDACTED] B6

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Jennifer Jones, DVM
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To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: Re: 800.267-cc-210-EON-375111-FDA Case Investigation for [REDACTED] B6

Hello,

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Please email or call with any questions.

Thank you,

Dr. Jones

Jennifer L. A. Jones, DVM

Veterinary Medical Officer

U.S. Food & Drug Administration

Center for Veterinary Medicine

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Veterinary Laboratory Investigation and Response Network (Vet-LIRN)

8401 Muirkirk Road, G704

Laurel, Maryland 20708

new tel: 240-402-5421

fax: 301-210-4685

e-mail: jennifer.jones@fda.hhs.gov

Web: <http://www.fda.gov/AnimalVeterinary/ScienceResearch/ucm247334.htm>



B6

From: [REDACTED] B6
To: Jones, Jennifer L
CC: Reimschuessel, Renate
Sent: 12/19/2018 7:32:25 PM
Subject: Suspect grain free canine DCM case

Hello, my name is [REDACTED] B6 and I am a veterinary cardiologist in [REDACTED] B6. Josh Stern gave me your contact information after I had a patient experience a sudden death following a diagnosis of DCM while on a grain free diet (Taste of the Wild – Prey). Unfortunately, I did not receive the full necropsy protocol until after the body had been picked up for cremation services but he had suggested I get a sample of heart, skeletal muscle, liver, and serum so I have frozen and fixed samples from the left ventricle, skeletal muscle, and liver and there should be some serum in the fridge. I would love to send these samples in if they will be at all helpful. Please let me know if you would like me to proceed with sending samples to Vet-LIRN.

Thank you for all of your help,

[REDACTED] B6

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From: [REDACTED] B6
To: Jones, Jennifer L
CC: Reimschuessel, Renate; Peloquin, Sarah
Sent: 12/22/2018 10:20:54 PM
Subject: Re: Suspect grain free canine DCM case

Thank you so much for your help. I submitted a complain with as much information as I could. The ICSR number is 2060525 and the report ID is 250430.

Have a great holiday and new year,

[REDACTED] B6

From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Sent: Wednesday, December 19, 2018 11:39:49 AM
To: [REDACTED] B6
Cc: Reimschuessel, Renate; Peloquin, Sarah
Subject: RE: Suspect grain free canine DCM case

Hi [REDACTED] B6

We would absolutely appreciate collecting those samples. In order for me to send you a box to collect the samples, I'll need an official report. You can mention in the report, that I recommended you submit a complaint. Can you please submit a consumer complaint here? <https://www.safetyreporting.hhs.gov/> Please send me the ICSR number (confirmation code) to help me locate the report. I'll ship a box to you after the new year because of the holidays. Thank you again for your help and collaboration. Happy Holidays,
Jen

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: [REDACTED] B6
Sent: Wednesday, December 19, 2018 2:32 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Cc: Reimschuessel, Renate <Renate.Reimschuessel@fda.hhs.gov>
Subject: Suspect grain free canine DCM case

Hello, my name is [REDACTED] B6 and I am a veterinary cardiologist in [REDACTED] B6 Josh Stern gave me your contact information after I had a patient experience a sudden death following a diagnosis of DCM while on a grain free diet (Taste of the Wild – Prey). Unfortunately, I did not receive the full necropsy protocol until after the body had been picked up for cremation services but he had suggested I get a sample of heart, skeletal muscle, liver, and serum so I have frozen and fixed samples from the left ventricle, skeletal muscle, and liver and there should be some serum in the fridge. I would love to send these samples in if they will be at all helpful. Please let me know if you would like me to proceed with sending samples to Vet-LIRN.

Thank you for all of your help,

[REDACTED] B6

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From: [REDACTED] **B6**
To: Jones, Jennifer L
CC: Peloquin, Sarah
Sent: 2/5/2019 12:52:43 AM
Subject: RE: Suspect grain free canine DCM case-800.267-cc-211

Thank you so much for getting back to me. Because I did not get as many samples as I probably should have, I think I have about 0.5 pounds of fixed samples and frozen samples. There are three small biopsy jars (about 2 inches tall) each and a serum and plasma sample.

Ship to:

B6

Thank you,

B6

From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Sent: Thursday, January 31, 2019 6:31 AM
To: [REDACTED] **B6**
Cc: Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>
Subject: RE: Suspect grain free canine DCM case-800.267-cc-211

Good morning [REDACTED] **B6**

Thank you for submitting the report. We can send you 2 boxes to collect the fixed and frozen samples. You will reuse the boxes we send and package the samples per the instructions in the box. You'll affix the prepaid shipping label to the box and call UPS for a pick-up on Monday-Wednesday. Please send me the following information so I can prepare the boxes:

- Approximate size and weight of each set of samples (frozen and fixed)
- Address for where to ship the boxes.

Thank you kindly for your help,

Jen

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: [REDACTED] **B6**
Sent: Monday, January 07, 2019 2:59 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: RE: Suspect grain free canine DCM case

I was just following up regarding the grain free DCM case I had contacted you about prior to the holidays with ICSR number is 2060525 and the report ID is 250430. I was hoping to find out about receiving shipping materials for our samples.

Thank you and hope you had a great holiday,

B6

From: [REDACTED] **B6**

Sent: Saturday, December 22, 2018 2:21 PM

To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>

Cc: Reimschuessel, Renate <Renate.Reimschuessel@fda.hhs.gov>; Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>

Subject: Re: Suspect grain free canine DCM case

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Have a great holiday and new year,

B6

From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>

Sent: Wednesday, December 19, 2018 11:39:49 AM

To: B6

Cc: Reimschuessel, Renate; Peloquin, Sarah

Subject: RE: Suspect grain free canine DCM case

Hi B6

We would absolutely appreciate collecting those samples.

In order for me to send you a box to collect the samples, I'll need an official report. You can mention in the report, that I recommended you submit a complaint. Can you please submit a consumer complaint here?

<https://www.safetyreporting.hhs.gov/>

Please send me the ICSR number (confirmation code) to help me locate the report. I'll ship a box to you after the new year because of the holidays.

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Jen

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: B6

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To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>

Cc: Reimschuessel, Renate <Renate.Reimschuessel@fda.hhs.gov>

Subject: Suspect grain free canine DCM case

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From: Jones, Jennifer L </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0F6CA12EAA9348959A4CBB1E829AF244-JENNIFER.JO>
To: B6
Sent: 5/6/2019 11:05:02 AM
Subject: RE: Suspect grain free canine DCM case-800.267-cc-211
Attachments: image002.png; image004.png; image005.png; image006.png; image007.png; image008.png; image009.png

Good morning B6

The tissues are being prepped for histopathology. As soon as they are done, our pathologist will review them. I'll send the results as soon as possible.

Thank you,
Jen

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: B6
Sent: Friday, May 03, 2019 5:40 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: RE: Suspect grain free canine DCM case-800.267-cc-211

Hi Jen, I was just following up on the samples I submitted for Thor several months ago to see if there are any results.

Thank you,
B6

From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Sent: Wednesday, March 13, 2019 4:01 AM
To: B6
Cc: Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>
Subject: RE: Suspect grain free canine DCM case-800.267-cc-211

Good morning B6

Thank you for the email. We should be scheduling an appointment to prepare the next set of tissues for histopathology in the coming weeks. It'll then be a few more weeks after that to get the slides prepared and read by our pathologist.

I'll let you know as soon as I get a report.
Thank you again for helping with the investigation,
Jen

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: B6
Sent: Tuesday, March 12, 2019 7:55 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>

Subject: RE: Suspect grain free canine DCM case-800.267-cc-211

Hi Jen, I was just curious if you had any idea about how long it takes to hear back after submitting samples.

Thanks,

B6

From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>

Sent: Thursday, January 31, 2019 6:31 AM

To: B6

Cc: Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>

Subject: RE: Suspect grain free canine DCM case-800.267-cc-211

Good morning B6

Thank you for submitting the report. We can send you 2 boxes to collect the fixed and frozen samples. You will reuse the boxes we send and package the samples per the instructions in the box. You'll affix the prepaid shipping label to the box and call UPS for a pick-up on Monday-Wednesday. Please send me the following information so I can prepare the boxes:

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Jen

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: B6

Sent: Monday, January 07, 2019 2:59 PM

To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>

Subject: RE: Suspect grain free canine DCM case

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Thank you and hope you had a great holiday,

B6

From: B6

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Cc: Reimschuessel, Renate <Renate.Reimschuessel@fda.hhs.gov>; Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>

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Subject: RE: Suspect grain free canine DCM case

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Jen

Jennifer Jones, DVM
Veterinary Medical Officer
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To: B6
Sent: 6/13/2019 2:19:22 PM
Subject: RE: Suspect grain free canine DCM case-800.267-cc-211

B6

No worries. I expect the histopathology should be read in the next 2-3 weeks. Please let me know if you need additional updates :)
Jen

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: B6
Sent: Friday, June 07, 2019 5:09 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: RE: Suspect grain free canine DCM case-800.267-cc-211

I apologize that I keep harassing you but are there any updates as far as when the histopath will be available? My client has called several times and if I can give him an ETA that would be very helpful.

Thank you,
B6

From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Sent: Monday, May 06, 2019 4:05 AM
To: B6
Subject: RE: Suspect grain free canine DCM case-800.267-cc-211

Good morning B6

The tissues are being prepped for histopathology. As soon as they are done, our pathologist will review them. I'll send the results as soon as possible.

Thank you,
Jen

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



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Sent: Friday, May 03, 2019 5:40 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: RE: Suspect grain free canine DCM case-800.267-cc-211

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Sent: Wednesday, March 13, 2019 4:01 AM
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Cc: Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>
Subject: RE: Suspect grain free canine DCM case-800.267-cc-211

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Veterinary Medical Officer
Tel: 240-402-5421



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Thank you and hope you had a great holiday,

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To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>

Cc: Reimschuessel, Renate <Renate.Reimschuessel@fda.hhs.gov>; Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>

Subject: Re: Suspect grain free canine DCM case

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Sarah

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Sent: Wednesday, December 19, 2018 11:39:49 AM

To: B6

Cc: Reimschuessel, Renate; Peloquin, Sarah

Subject: RE: Suspect grain free canine DCM case

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To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>

Cc: Reimschuessel, Renate <Renate.Reimschuessel@fda.hhs.gov>

Subject: Suspect grain free canine DCM case

Hello, my name is [B6] and I am a veterinary cardiologist in [B6] Josh Stern gave me your contact information after I had a patient experience a sudden death following a diagnosis of DCM while on a grain free diet (Taste of the Wild – Prey). Unfortunately, I did not receive the full necropsy protocol until after the body had been picked up for cremation services but he had suggested I get a sample of heart, skeletal muscle, liver, and serum so I have frozen and fixed samples from the left ventricle, skeletal muscle, and liver and there should be some serum in the fridge. I would love to send these samples in if they will be at all helpful. Please let me know if you would like me to proceed with sending samples to Vet-LIRN.

Thank you for all of your help,

[B6]

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To: B6
Sent: 8/12/2019 5:16:59 PM
Subject: RE: Suspect grain free canine DCM case-800.267-cc-211

Thank you, B6 It should have been read, and I'll double-check with the pathologist.

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: B6
Sent: Friday, August 09, 2019 12:49 PM
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Subject: RE: Suspect grain free canine DCM case-800.267-cc-211

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Please let me know if you need additional updates :)
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Thank you,

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From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Sent: Monday, May 06, 2019 4:05 AM

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Good morning [REDACTED] B6

The tissues are being prepped for histopathology. As soon as they are done, our pathologist will review them. I'll send the results as soon as possible.

Thank you,
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Cc: Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>

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Good morning [REDACTED] B6

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Subject: RE: Suspect grain free canine DCM case-800.267-cc-211

Good morning [REDACTED] B6

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Have a great holiday and new year,

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Subject: RE: Suspect grain free canine DCM case

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<https://www.safetyreporting.hhs.gov/>

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Subject: RE: Suspect grain free canine DCM case-800.267-cc-211
Attachments: 800.267-cc-211-EON-374547.docx

Good morning [REDACTED] B6

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Please share the results with the owner.

Thank you kindly,

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NECROPSY REPORT FINAL REPORT

Animal ID: EON-374547
 Accession Number: 800.267/cc-211
 Species: Canine (Staffordshire Terrier)
 Date: [Click here to enter a date.](#) (DON)
 Sex, Age Class: MN, Adult, 2 YO
 Body Condition: Good
 Condition at Investigation: Alive, Spontaneous Death
 Carcass Disposition/Post-Mortem Interval:

GROSS FINDINGS/HISTORICAL FINDINGS

- ascites

ANCILLARY FINDINGS

Test	Test Sample	Result	Comment

TISSUES/SAMPLES RECEIVED

Liver and skeletal muscle were received. No heart was available.

MICROSCOPIC DESCRIPTION

Tissue Preservation: Good

Respiratory System

NE

Hematolymphatic System

NE

Hepatobiliary System



Integumentary System/Musculoskeletal System:

NSF

Urogenital System:

NE

Digestive System:

NE

Nervous System:

NE

Endocrine System:

NE

Sensory System:

NE

Body as a Whole:

Cardiovascular System:

NE

Tissues with No Significant Histologic Findings: Skeletal muscle

MORPHOLOGICAL DIAGNOSES

Respiratory System

NE

Hematolymphatic System

NE

Hepatobiliary System

B6

Nervous System:

NE

Integumentary System/Musculoskeletal System:

NSF

Urogenital System:

NE

Endocrine System:

NE

Digestive System:

NE

Cardiovascular System:

NE

Sensory System:

NE

Body Cavity

FINAL DIAGNOSES/INTERPRETATIVE SUMMARY

Diagnosis
Chronic Passive Congestion (liver)

Linked Cases: NA

The antemortem diagnosis in this dog that spontaneously died was DCM. While heart was not available, the marked hepatic chronic passive congestion would support significant cardiac disease.

RECOMMENDED TESTS

TEST	PURPOSE	SITE	RESULT

DATE:
8/30/2019

REPORTING PATHOLOGIST:
David S. Rotstein, DVM, MPVM, DACVP

FIGURES

See Power Point

Document properties

Title: 11-
Author: D Rotstein
Subject: Pathology Report:
Company: univ tenn
Category: Necropsy Report
Template: Normal.dotm
Page count: 4
Paragraph count: 79
Line count: 153
Word count: 254
Character count (spaces excluded): 1725
Character count (spaces included): 2026

From: [REDACTED] B6
To: Jones, Jennifer L
Sent: 8/30/2019 4:32:25 PM
Subject: RE: Suspect grain free canine DCM case-800.267-cc-211

Thank you for getting this back to me. We did also send samples of the left ventricle both frozen and fixed so I am a little disappointed to see that we didn't get any results for that.

From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
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Sent: Friday, May 03, 2019 5:40 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: RE: Suspect grain free canine DCM case-800.267-cc-211

Hi Jen, I was just following up on the samples I submitted for Thor several months ago to see if there are any results.

Thank you,
B6

From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Sent: Wednesday, March 13, 2019 4:01 AM
To: **B6**
Cc: Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>
Subject: RE: Suspect grain free canine DCM case-800.267-cc-211

Good morning **B6**

Thank you for the email. We should be scheduling an appointment to prepare the next set of tissues for histopathology in the coming weeks. It'll then be a few more weeks after that to get the slides prepared and read by our pathologist.

I'll let you know as soon as I get a report.

Thank you again for helping with the investigation,
Jen

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: **B6**
Sent: Tuesday, March 12, 2019 7:55 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: RE: Suspect grain free canine DCM case-800.267-cc-211

Hi Jen, I was just curious if you had any idea about how long it takes to hear back after submitting samples.
Thanks,

B6

From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Sent: Thursday, January 31, 2019 6:31 AM
To: **B6**
Cc: Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>
Subject: RE: Suspect grain free canine DCM case-800.267-cc-211

Good morning, **B6**

Thank you for submitting the report. We can send you 2 boxes to collect the fixed and frozen samples. You will reuse the boxes we send and package the samples per the instructions in the box. You'll affix the prepaid shipping label to the box and call UPS for a pick-up on Monday-Wednesday. Please send me the following information so I can prepare the boxes:

- Approximate size and weight of each set of samples (frozen and fixed)
- Address for where to ship the boxes.

Thank you kindly for your help,
Jen

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: **B6**
Sent: Monday, January 07, 2019 2:59 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: RE: Suspect grain free canine DCM case

I was just following up regarding the grain free DCM case I had contacted you about prior to the holidays with ICSR number is 2060525 and the report ID is 250430. I was hoping to find out about receiving shipping materials for our samples.

Thank you and hope you had a great holiday,

B6

From: **B6**
Sent: Saturday, December 22, 2018 2:21 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Cc: Reimschuessel, Renate <Renate.Reimschuessel@fda.hhs.gov>; Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>
Subject: Re: Suspect grain free canine DCM case

Thank you so much for your help. I submitted a complain with as much information as I could. The ICSR number is 2060525 and the report ID is 250430.

Have a great holiday and new year,

B6

From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Sent: Wednesday, December 19, 2018 11:39:49 AM
To: **B6**
Cc: Reimschuessel, Renate; Peloquin, Sarah
Subject: RE: Suspect grain free canine DCM case

Hi **B6**

We would absolutely appreciate collecting those samples.

In order for me to send you a box to collect the samples, I'll need an official report. You can mention in the report, that I recommended you submit a complaint. Can you please submit a consumer complaint here?

<https://www.safetyreporting.hhs.gov/>

Please send me the ICSR number (confirmation code) to help me locate the report. I'll ship a box to you after the new year because of the holidays.

Thank you again for your help and collaboration. Happy Holidays,

Jen

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421



From: [REDACTED] **B6**
Sent: Wednesday, December 19, 2018 2:32 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Cc: Reimschuessel, Renate <Renate.Reimschuessel@fda.hhs.gov>
Subject: Suspect grain free canine DCM case

Hello, my name is [REDACTED] **B6** and I am a veterinary cardiologist in [REDACTED] **B6**. Josh Stern gave me your contact information after I had a patient experience a sudden death following a diagnosis of DCM while on a grain free diet (Taste of the Wild – Prey). Unfortunately, I did not receive the full necropsy protocol until after the body had been picked up for cremation services but he had suggested I get a sample of heart, skeletal muscle, liver, and serum so I have frozen and fixed samples from the left ventricle, skeletal muscle, and liver and there should be some serum in the fridge. I would love to send these samples in if they will be at all helpful. Please let me know if you would like me to proceed with sending samples to Vet-LIRN.

Thank you for all of your help,

[REDACTED] **B6**

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From: Rotstein, David </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0A3B17EBFCF14A6CB8E94F322906BADD-DROTSTEI>
To: Carey, Lauren; Ceric, Olgica; Glover, Mark; Jones, Jennifer L; Nemser, Sarah; Palmer, Lee Anne; Peloquin, Sarah; Queen, Jackie L; Rotstein, David
Sent: 10/9/2018 2:17:42 PM
Subject: DCM-FW: Orijen 6 fish dry: Lisa Freeman - EON-367903
Attachments: 2055827-report.pdf; 2055827-attachments.zip

David Rotstein, DVM, MPVM, Dipl. ACVP
CVM Vet-LIRN Liaison
CVM OSC/DC/CERT
7519 Standish Place
240-506-6763 (BB)



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From: PFR Event <ppreventcreation@fda.hhs.gov>
Sent: Tuesday, October 09, 2018 10:13 AM
To: Cleary, Michael * <Michael.Cleary@fda.hhs.gov>; HQ Pet Food Report Notification <HQPetFoodReportNotification@fda.hhs.gov>; B6
Subject: Orijen 6 fish dry: Lisa Freeman - EON-367903

A PFR Report has been received and PFR Event [EON-367903] has been created in the EON System.

A "PDF" report by name "2055827-report.pdf" is attached to this email notification for your reference. Please note that all documents received in the report are compressed into a zip file by name "2055827-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

EON Key: EON-367903
ICSR #: 2055827
EON Title: PFR Event created for Orijen 6 fish dry; 2055827

AE Date	01/18/2018	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Better/Improved/Recovering

Breed	Mixed (Dog)		
Age	B6 Years		
District Involved	PFR-New England DO		

Product information

Individual Case Safety Report Number: 2055827

Product Group: Pet Food

Product Name: Orijen 6 fish dry

Description: Serial echoes were being done for SAS. Cardiologist noted reduced contractile function over time and that dog was eating BEG diet so recommended change. Owner changed from Orijen to Royal Canin Early Cardiac Diet. Significant improvement in cardiac size and function (and NT-proBNP) after diet change. Had taurine level checked in 2014 - was normal then. Was not retested.

Submission Type: Initial

Report Type: Adverse Event (a symptom, reaction or disease associated with the product)

Outcome of reaction/event at the time of last observation: Better/Improved/Recovering

Number of Animals Treated With Product: 1

Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Orijen 6 fish dry		

Sender information

Lisa Freeman
 200 Westboro Rd
 North Grafton, MA 01536
 USA

Owner information

B6

To view this PFR Event, please click the link below:

<https://eon.fda.gov/eon//browse/EON-367903>

To view the PFR Event Report, please click the link below:

<https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=12&issuelid=384825>

=====

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Failure to adhere to the above provisions could result in removal from the approved distribution list. If you think you received this email in error, please send an email to FDAReportableFoods@fda.hhs.gov immediately.

Report Details - EON-367903

ICSR: 2055827
Type Of Submission: Initial
Report Version: FPSR.FDA.PETF.V.V1
Type Of Report: Adverse Event (a symptom, reaction or disease associated with the product)
Reporting Type: Voluntary
Report Submission Date: 2018-10-09 10:05:22 EDT

Reported Problem:

Problem Description:	Serial echoes were being done for SAS. Cardiologist noted reduced contractile function over time and that dog was eating BEG diet so recommended change. Owner changed from Orijen to Royal Canin Early Cardiac Diet. Significant improvement in cardiac size and function (and NT-proBNP) after diet change. Had taurine level checked in 2014 - was normal then. Was not retested.
Date Problem Started:	01/18/2018
Concurrent Medical Problem:	Yes
Pre Existing Conditions:	B6
Outcome to Date:	Better/Improved/Recovering

Product Information:

Product Name:	Orijen 6 fish dry
Product Type:	Pet Food
Lot Number:	
Package Type:	BAG
Product Use Information:	
Manufacturer /Distributor Information:	
Purchase Location Information:	

Animal Information:

Name:	B6												
Type Of Species:	Dog												
Type Of Breed:	Mixed (Dog)												
Gender:	Female												
Reproductive Status:	Neutered												
Weight:	33.7 Kilogram												
Age:	B6 Years												
Assessment of Prior Health:	Good												
Number of Animals Given the Product:	1												
Number of Animals Reacted:	1												
Owner Information:	<table border="1"><tr><td>Owner Information provided:</td><td>Yes</td></tr><tr><td>Contact:</td><td><table border="1"><tr><td>Name:</td><td>B6</td></tr><tr><td>Phone:</td><td></td></tr><tr><td>Email:</td><td></td></tr></table></td></tr><tr><td>Address:</td><td>B6</td></tr></table>	Owner Information provided:	Yes	Contact:	<table border="1"><tr><td>Name:</td><td>B6</td></tr><tr><td>Phone:</td><td></td></tr><tr><td>Email:</td><td></td></tr></table>	Name:	B6	Phone:		Email:		Address:	B6
Owner Information provided:	Yes												
Contact:	<table border="1"><tr><td>Name:</td><td>B6</td></tr><tr><td>Phone:</td><td></td></tr><tr><td>Email:</td><td></td></tr></table>	Name:	B6	Phone:		Email:							
Name:	B6												
Phone:													
Email:													
Address:	B6												
Healthcare Professional Information:	<table border="1"><tr><td>Practice Name:</td><td>Tufts Cummings School of Veterinary Medicine</td></tr><tr><td>Contact:</td><td><table border="1"><tr><td>Name:</td><td>Lisa Freeman</td></tr></table></td></tr></table>	Practice Name:	Tufts Cummings School of Veterinary Medicine	Contact:	<table border="1"><tr><td>Name:</td><td>Lisa Freeman</td></tr></table>	Name:	Lisa Freeman						
Practice Name:	Tufts Cummings School of Veterinary Medicine												
Contact:	<table border="1"><tr><td>Name:</td><td>Lisa Freeman</td></tr></table>	Name:	Lisa Freeman										
Name:	Lisa Freeman												

			Phone: (508) 887-4523
			Email: lisa.freeman@tufts.edu
		Address:	200 Westboro Rd North Grafton Massachusetts 01536 United States
Sender Information:	Name:	Lisa Freeman	
	Address:	200 Westboro Rd North Grafton Massachusetts 01536 United States	
	Contact:	Phone:	5088874523
		Email:	lisa.freeman@tufts.edu
	Permission To Contact Sender:	Yes	
Preferred Method Of Contact:	Email		
Additional Documents:	Attachment:	B6	combined record small.pdf
	Description:	B6	combined records
	Type:	Medical Records	



Foster Hospital for Small Animals

55 Willard Street
North Grafton, MA 01536
(508) 839-5395

All Medical Records

Client: **B6**
Address: **B6**

Patient: **B6**
Breed: Terrier Cross
DOB: **B6**

Species: Canine
Sex: Female
(Spayed)

Home Phone: **B6**
Work Phone: **B6**
Cell Phone: **B6**

Referring Information

B6

Client: **B6**
Patient: **B6**

Initial Complaint:

Initial Complaint:

Client: B6
Patient:

Initial Complaint:

Initial Complaint:

Initial Complaint:

Initial Complaint:

Initial Complaint:

Initial Complaint:
Cardiology N/R Yearly

SOAP Text Jul 3 2014 12:19PM - Rush, John

Initial Complaint:
Cardiology recheck

SOAP Text Nov 6 2014 3:31PM B6

Client: **B6**
Patient: **B6**

Initial Complaint:

Recheck - Rush

Initial Complaint:

Chief New - **B6**

SOAP Text Dec 16 2015 9:28AM - B6

12/16/2015 9:28:10 AM EXAM, GENERAL

Subjective (S)

- B6** is a 4 yo FS Pitbull, presenting for a history of **B6**
- Hx of rads at rDVM which showed calcification of **B6**
- Hx of Grade II/VI left sided systolic heart murmur (evaluated by Dr. Rush at TCSVM)--Aortic stenosis w/mitral valve thickening
- Previously tried herbal antiinflammatories for **B6** but did not improve, so these were discontinued.
- Currently on Glucosamine and fish oil supp.
- E/D well, no V/D/C/S
- Only pet in household
- UTD on vax

Objective (O)

B6

H/L: NSA with Grade III/VI systolic heart murmur (left sided); Eupneic; Normal bronchovesicular sounds bilaterally with no crackles/wheezes ausculted. FPSS.

B6

Assessment (A)

- A1: Bilateral stifle effusion--R/O CrCL tear (R>L) -vs- Other soft tissue injury (i.e. collateral ligament damage vs other)
- A2: Hx of **B6**
- A3: Hx of Grade III/VI systolic heart murmur--Aortic stenosis w/mitral valve thickening

Plan (P)

B6

SOAP completed by **B6**

SOAP reviewed by:

Client: **B6**
Patient: **B6**

Prescribed **B6** - **B6**

Instructions - Give 1 capsule by mouth 3 times daily starting 1/19/16 a.m - Expires: 12/30/2016 No Refills

Initial Complaint:

Tech - **B6**

SOAP Text Jan 15 2016 9:46AM - Rush, John

Initial Complaint:

d/o chief, eventually admit to B ward,

Owner to sit with dog in waiting room until pre-med, ok per **B6

SOAP Text B6 7:49AM - B6

Subjective

B6 is a 5 yo SF pit bull presenting for a **B6** procedure. **B6** has a history of Grade II/VI left sided systolic heart murmur (evaluated by Dr. Rush at TCSVM)--Aortic stenosis w/mitral valve thickening. Also has history of **B6**

Owners have no concerns other than her ability to tolerate anesthesia.

BAR, Euhydrated, BCS **B6**

MM: pink/moist, CRT **B6**

Objective

B6

H/L: II-III/VI left sided systolic murmur, NSR, FPSS. Normal BV sounds bilaterally, no crackles or wheezes.

B6

Assessment

A1: bilateral CCL ruptures (R>L)

A2: Heart murmur: secondary to Aortic stenosis with mitral valve thickening

A3: History of calcaneus tendon calcification

Plan

B6

Client: **B6**
Patient: **B6**

B6

SOAP Text **B6** :18AM - Clinician, Unassigned FHSA

Subjective

B6 is a 5 yo SF pit bull 1 day post-op for a **B6** procedure. **B6** has a history of Grade II/VI left sided systolic heart murmur (evaluated by Dr. Rush at TCSVM)--Aortic stenosis w/mitral valve thickening. Also has history of **B6**
B6

Overnight patient remained calm, ate well and had normal urination/defecation.

BAR, slightly tentative, euhydrated, BCS **B6**

MM: pink/moist, CRT **B6**

Objective

B6

H/L: III/VI left sided systolic murmur again noted. NSR. FPSS. Normal BV sounds bilaterally. no crackles or wheezes

B6

Assessment

A1: 1 day post-op left TPLO- recovering

A2: History of aortic stenosis

Plan

Continue supportive care

Medications

B6

B6

SOAP Text **B6** 55AM - Clinician, Unassigned FHSA

Subjective

B6 is a 5 yo SF pit bull 2 days post-op for a **B6** procedure. **B6** has a history of Grade II/VI left sided systolic heart murmur (evaluated by Dr. Rush at TCSVM)--Aortic stenosis w/mitral valve thickening. Also has history of **B6** calcification.

Client: **B6**
Patient: **B6**

Overnight patient remained calm, ate well and had normal urination/defecation.

BAR, slightly tentative, euhydrated, BCS **B6**
MM: pink/moist, CRT **B6**

Objective

B6

H/L: III/VI left sided systolic murmur again noted, NSR, FPSS. Normal BV sounds bilaterally, no crackles or wheezes

B6

Assessment

A1: 2 days post-op **B6** recovering
A2: History of aortic stenosis

Plan

TGH today
Meds TGH

B6

B6

Initial Complaint:

Ortho Special

SOAP Text Feb 3 2016 8:38AM **B6**

2/3/2016 8:38:52 AM EXAM, GENERAL

Client: **B6**
Patient: **B6**

Subjective (S)

Objective (O)

T: HR: RR: BW:
EENT:
PLN:
H/L:
Abd:
UG:
MSI:
Neuro:

Assessment (A)

A1:
A2:

Plan (P)

SOAP completed by:
SOAP reviewed by:

Initial Complaint:

Chief recheck: **B6** xrays + xray other: **B6** **B6**

SOAP Text Mar 23 2016 9:34AM - **B6**

3/23/2016 9:35:03 AM EXAM, GENERAL

Subjective (S)

B6 presents for 8-week post-op radiographs of **B6** following **B6** surgery. According to O, P has been doing well at home except P has been bunny-hopping while running. P has been difficult to keep calm as well according to O. P has attended 4 physical therapy sessions at Canine **B6**. P is currently on **B6** supplementation and **B6**. O would like **B6** to be done on **B6** because she is concerned that the **B6** will need to be repaired as well. O has no other concerns.

Objective (O)

B6

H/L: aortic stenosis, III-IV/VI murmur, normal bronchovesicular sounds bilaterally

B6

Assessment (A)

A1: Hx of partial right **B6** performed previously, healing well
A2: Hx of right **B6**
A3: Hx of grade III-IV/VI systolic heart murmur- aortic stenosis w/ mitral thickening

Client: **B6**
Patient: **B6**

Plan (P)

P1: Sedation and Radiographs **B6** view radiographs
P2: P can return to normal exercise (as allowed with cardiac disease)

SOAP completed by: **B6**
SOAP reviewed by:

Initial Complaint:

Emergency

SOAP Text Oct 7 2016 2:27PM - Clinician, Unassigned FHSA

10/7/2016 2:31:26 PM NEW VISIT (ER)

Doctor: **B6**
Student: **B6**

Presenting complaint: chronic weight loss for the past few months
Referral visit? yes
Diagnostics completed prior to visit: Abdominal and thoracic radiographs, CBC/Chem

HISTORY:

B6

EXAM:

B6

C/V: grade 2/6 systolic ejection quality murmur; no arrhythmia ausculted

B6

DIAGNOSTICS:

Client: **B6**
Patient: **B6**

B6

10/7 (Tufts):

Cardiology consult with echocardiogram:

-Stable SAS (mild to moderate) with mild CVD. There is mild LA enlargement. The cardiac structure appears similar to last exam. We do not have previous chest radiographs here at Tufts, so it is difficult to say if the cardiomegaly seen on radiographs this week is progressive. Given that the heart is otherwise stable, no cardiac medications are indicated. If infection is suspected, there should be a low threshold for starting antibiotics given the SAS. Recheck echocardiogram in 6-9 months.

ASSESSMENT:

A1: Weight loss, chronic: r/o IBD vs EPI vs. Vit B12 deficiency vs. other malabsorption disease vs. neoplasia (considered much less likely)

A2: Systolic murmur - previously diagnosed SAS, mitral valve disease, LA enlargement

B6

PLAN:

B6

Client communication:

Informed owner that we had our radiology team look at **B6** rads from rDVM and they are not concerned about a mass or a potential GI obstruction. We did note cardiomegaly on the radiographs but we are not able to compare the radiographs from this week to the echo from last year in terms of assessing heart size. Recommended a recheck with cardio. As **B6** is stable, unfortunately cannot perform an abdominal ultrasound today because of their full schedule and inability to send her on an emergency basis on a Friday afternoon because she is not critical. Recommended an appointment with the internal medicine service at which time further diagnostics and recheck echo could be done - likely could schedule within 1-2 weeks. Owner stated that her rDVM wished for the dog to get an ultrasound today and that's why they send her. Offered to look at internal med schedule to find her the earliest appointment. She said that ultrasonographers come to her rDVM as well, or she could go to **B6**. Told her that if she wanted to pursue those options, she was welcome to, but could not be done here today. Offered to see if cardiology could do a consult on **B6** this afternoon with an echocardiogram and advised that they may not get to her until the end of the day. Owner understood and elected to wait, but also pushed to try to convince us to let her have the ultrasound. This was a big point of contention in the exam room, but re-iterated that because **B6** is stable, it is not something I am authorized to offer to somehow push through normal proceedings.

After cardio consult (much unchanged from previous visit), discussed additional work-up and again recommended Internal Medicine consultation. At that time, a fasted GI panel and abdominal ultrasound could be performed as well as other testing that may be indicated. In the meantime, try increasing meal size, weight her weekly, and keep track of bowel movements. Owner was appreciative in the end and apologized for earlier frustration.

B6

Initial Complaint:

Video weight loss, U/S

SOAP Text Oct 17 2016 10:54AM - **B6**

PC: weight loss of last ~6 weeks, more flatulence as well.

Stools have been historically normal, but recently soft otherwise normal. No vomiting. Occasional sneezing, normal for her. Hacks occasionally - sometimes after coming inside, sometimes with exercise. Eye discharge from one eye more than the other at times. Strong energy level, but perhaps more quiet? H/o mild-mod SAS and mild CVD - patient of Tufts Cardio Service

Diet - Orijens 6 fish - 2 cups BID (incr from 1cup BID 2 weeks ago)

Client: **B6**
Patient: **B6**

Meds - **B6** probiotic yogurt

B6

H/L - Gr II/VI HM, normal BV sounds bilat

B6

A:
Chronic (>1 month) weight loss and flatulence - r/o IBD vs neoplasia vs parasitic
Mild jejunal changes - r/o IBD
Mild adrenal enlargement - r/o adenoma, hyperplasia

Plan:

B6

B6

B6

Initial Complaint:

Recheck-Rush

SOAP Text Jan 25 2017 8:39AM - Rush, John

Initial Complaint:

IM Tech, B12 - Told to FAST

Other pet **B6** has a 10am with **B6**

Client: **B6**
Patient:

SOAP Text Jan 25 2017 10:33AM - IM Technician, Scheduling

B6

Initial Complaint:

Recheck-Rush

SOAP Text Jan 18 2018 2:29PM - Rush, John

Initial Complaint:

Recheck-Rush

SOAP Text Apr 17 2018 11:42AM - Rush, John

Initial Complaint:

Recheck-Rush

SOAP Text Jul 26 2018 3:42PM - Rush, John

Initial Complaint:

Recheck - Rush

SOAP Text Sep 28 2018 12:34PM - Rush, John

Disposition/Recommendations

Client:

Patient:

B6

Client: **B6**
Patient: **B6**



Foster Hospital for Small Animals

55 Willard Street
North Grafton, MA 01536
(508) 839-5395

Client: **B6**
Veterinarian:
Patient ID: **B6**
Visit ID:

Patient:	B6
Species:	Canine
Breed:	Terrier Cross
Sex:	Female (Spayed)
Age:	B6 Years Old

Lab Results Report

Taurine Panel 7/3/2014 12:21:00 PM Accession ID: **B6**

Test	Results	Reference Range	Units
TAURINE WB	B6	200 - 350	nmol/mL
TAURINE P		60 - 120	nmol/mL



13/207

B6

Printed Tuesday, October 09, 2018

Client:
Patient:

B6

ARCHIEVED INS. CLAIM FORM 6/13

B6

Client: **B6**
Patient: **B6**

ARCHIVED RDVM RECORDS



REFERRAL

TUFTS UNIV
Cummings School of Vet
Henry and Lois Foster Hosp
300 Westboro Road
North Grafton, MA
508-899-4331

B6

Service to Which Referred: Echocardiogram Appointment Date: _____ Time: _____

OWNER INFORMATION:

Name: **B6** Daytime Phone: **B6** Evening Phone: **B6**
Address: **B6** City: **B6** State: **B6** Zip Code: **B6**

PATIENT INFORMATION:

Registered Name/ID: **B6**
Species: Cat Breed: Jordan Mix Sex: SE Age: **B6**

PAST HISTORY

Chief Concern/Provisional Diagnosis: Heart murmur

Vaccination History: Lyx Rabies Vacc given 5/3/12, tox on 5/3/12, DAPP given 5/3/12, Bordetella given 5/3/12

Other History: _____

Diagnostic Test Results (if possible, please attach results): Abnormal

Are Radiographs included? NO

Current Therapy & Medication (include dosages): _____

Special Comments/Requests: _____

REFERRING VETERINARIAN INFORMATION

Name: **B6**
Phone: **B6**
Address: **B6**

Client:
Patient:

B6

ARCHIVED RDVM RECORDS

B6

Client: **B6**
Patient: **B6**

ARCHIVED RDVM RECORDS

B6

B6

Echocardiogram Report

Date: 12/17/2017
Name: **B6**
Age: 1
Breed: Terrier
Sex: Female
Weight: 17.7 kg (61.8 lbs)
Vet: Integrative Animal

Cardiac Measurements

B6

SI-Max: **B6**

Diameter: **B6**

Physical Exam:
HR: 136, regular rhythm, III/VI left basilar holosystolic heart murmur, the point of maximum intensity is over the aortic root, strong and synchronous with S₁.

B6

Client: **B6**
Patient:

ARCHIVED RDVM RECORDS

B6

Client: **B6**
Patient: **B6**

ARCHIEVED RDVM RECORDS

B6 **B6**

B6

B6

Client:
Patient:

B6

ARCHIEVED RDVM RECORDS

B6

Client:
Patient:

B6

ARCHIVED RDVM RECORDS

B6

Client: **B6**
Patient:

ARCHIEVED RDVM RECORDS

B6

INVOICE

B6

Client:
Patient:

B6

ARCHIEVED RDVM RECORDS

B6

B6

B6

Client:
Patient:

B6

ARCHIEVED RDVM RECORDS

B6

B6

B6

Client: **B6**
Patient:

ARCHIEVED RDVM RECORDS


B6

Laboratory Results

B6

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13

 TUFTS UNIVERSITY Foster Hospital for Small Animals 260 Westport Road North Chatham, MA 01064-1000 1-508-829-1300		Document Case Summary Copy To: B6 Status: FINAL Finalized: by B6 on 9/30/2013	
Client Information		Patient Information	
Client Name: Address: City: Zip: Home: Work:	B6	Case Name: B6 Species: CANINE Sex: SP RYer: B6	Breed: TERRIX TW001: B6

Dates

Description	Date
Discharge	B6
Admission	

Veterinary Medical Team

Name	Title
B6	Emergency Clinician

To the Referring Veterinarian

B6

Diagnosis

Final diagnosis: Intact ovariohysterectomy following 30m surgical repair; mild subcutaneous emphysema distal thorax; stable results based on current

Differential diagnosis:

Outcomes:

Procedures:

Recommendations:

Provisional diagnosis:

No evidence of:

Adverse events:

B6

4/5/2013 4:41:20PM

8/21/13 Case Summary/Medical Copy

B6

B6


Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client: **B6**
Patient: **B6**

Archived Records 4/5/13-9/30/13

 TUFTS UNIVERSITY Foster Hospital for Small Animals 200 Western Road North Andover, MA 01845-1000 1-800-833-1207	Document Case Summary Copy To: RDVM Status: FINAL Finalized: by JLAMB01 on 9/30/2013
	Client Information
Client: Name: B6 Address: B6 City: B6 Zip: B6 Home#: B6 Work#: B6	Case: B6 Name: B6 Species: CANINE Sex: SP Breed: TERRIX DOB: B6 RYet: B6

Dates

Description	Date
Discharge	B6
Admission	

Veterinary Medical Team

Name	Title
B6	Emergency Clinician

To the Referring Veterinarian
Dear colleague,

Diagnosis
B6

Professional Report
B6

Thank you for partnering with us on the care of **B6**.
Sincerely,
B6

W3020013-4.45.2013M

6321655Case Summary-RDVM Copy

B6

B6

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

B6

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13



Tufts University
Foster Hospital for Small Animals
100 Western Road, N. Grafton, MA 01536

B6

Date: 9/20/13 Time: 6:30

B6

PHYSICAL EXAMINATION

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13

B6

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13



TUFTS UNIVERSITY
FOSTER HOSPITAL FOR SMALL ANIMALS
300 Westboro Rd.
N. Andover, MA 01850
(978) 439-1300

B6

B6

B6

Procedures Performed and Future Plan:

B6

B6

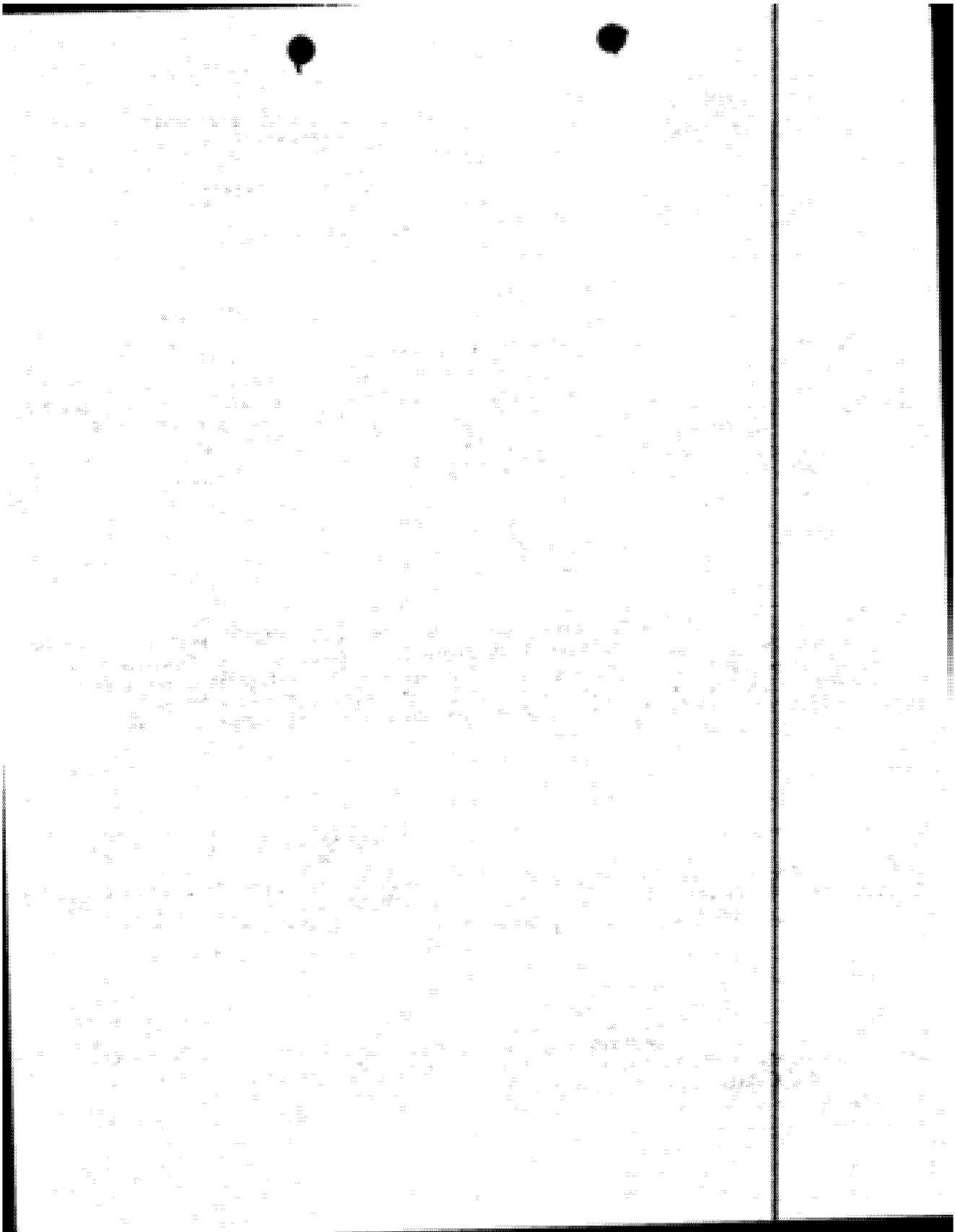
B6

MEDICAL RECORDS

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13



Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

B6

Client:
Patient:


B6

Archived Records 4/5/13-9/30/13

B6

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13

 TUFTS UNIVERSITY Foster Hospital for Small Animals 250 Westboro Road North Andover, MA 01845-1001 1-978-875-5200	Document: Case Summary Copy To: MedRec Status: FINAL Finalized: by B6 on 9/3/2013
Client Information Client Name: B6 Address: B6 City: B6 Zip: B6 Home: B6 Work: B6	Patient Information Case Name: B6 Species: CANINE Sex: SP Breed: TERR/X ICD9: B6 R/Visit: B6
Dates	
Description: B6	Date:
Admission:	
Discharge:	
Veterinary Medical Team	
Name: B6	Title:
	Emergency Clinician:
	Trainee/Student:
Diagnosis	
B6	
File medical of:	
Admission notes:	
Professional Report	
B6	
B6	B6 DVM

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13

B6

Client Report

B6

Patient Care Instructions

B6

Medications and Treatments

B6

6/8/2013 7:41:09 PM

8221695 Case Summary/Admission Copy

Kate Perman, DVM

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

B6

RECEIVED

RECEIVED Case Summary/Material Copy

B6

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13



Tulane University
Foster Hospital for Small Animals
3000 Western Road, N. Orlean, LA. 70130
504-532-5200

B6

DATE: _____		SPECIES: _____	
BREED: _____		SEX: _____	
AGE: _____		WEIGHT: _____	
LENGTH OF TAIL YOU HAVE COMBED YOUR PET: _____		HAS YOUR PET EVER TRAVELED OR REMOVED OUTSIDE OF HOME: _____	
If yes, where? _____		If yes, where? _____	
Obtained from: _____		Obtained from: _____	
Pet's Environment: _____		Other Pets: _____	
Classified as: _____		Diet: _____	
Date of last fecal test: _____		Feline Leukemia Test (FeLV): _____	
Feline Immunodeficiency Test (FIV): _____		Date of last Heartworm Test: _____	
Presenting Condition: <u>Dry weight</u>			

B6

Rec: **B6**
Med: none

MEDICAL HISTORY / ADMISSION

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

B6

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13



Tulane University
Center Hospital for Small Animals
200 Westbark Road, N. Gretna, MA 01336

B6

Date:	Time:		
Body Condition (1-9)	Body Weight	Temperature	Temperature

B6

FORM 1000 (REV. 10/02)

PHYSICAL EXAMINATION

COVER

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

B6

Client: **B6**
Patient: **B6**

Archived Records 4/5/13-9/30/13



TUFTS UNIVERSITY
PORTER HOSPITAL FOR SMALL ANIMALS
500 Westboro Road, N. Andover, MA 01830

B6

IV CATHETER SITE(S): **B6** DATE PLACED: **B6**
CLINICAL SUMMARY: *6002* **B6** INITIALS: _____

DATE: *9/8/13* CASE # *8/16/13* DIET: *ALL* WATER: _____ WEIGHT: *64 lb*
TREATMENT PLAN MONITORING
RECORD OBSERVATIONS ON BACK *29 FV8*

B6

FORM 1000 (REV. 1/02)

DAILY RECORD

PAGE _____ OF _____

OBSERVATIONS
(Describe characteristics of event)

TIME	URINATION	STOOL	VOMIT	OTHER
------	-----------	-------	-------	-------

2:15 pm

2:30 p

7 pm

B6

B6

Client:
Patient:

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13



TUFTS UNIVERSITY
FOSTER HOSPITAL FOR SMALL ANIMALS
200 Western Road, N. Grafton, MA 01536

B6

IV CATHETER SITE(S): _____ DATE PLACED: _____
CLINICAL SUMMARY: *pg 2*
DATE: _____ CAUSE: _____ DIET: _____ WATER: _____ WEIGHT: _____
TREATMENT PLAN _____ MONITORING _____
RECORD OBSERVATIONS _____

B6

	6:00 a.m.								
	7:00 a.m.								
STUDENT: _____									
CLERKING: _____									
HOME PHONE NO.: _____									

FORM 1020 (REV. 8/06)

DAILY RECORD

PAGE _____ OF _____

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13

Released Patient Result

Patient ID: **B6**
Patient Name:
Time Analyzed: 09/08/2013 12:02:20 PM
Analyzer ID: Z31C12020
Sample Type: Venous
Parent: Critical Care
Analyzed On: 123456
Released By: autp

B6

Required Fields:
Accession #: **B6**

Optional Fields:
Patient ID: 123456789
Last Name:
First Name:

B6

B6

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

B6

B6

DATE: 04/05/13

DATE:

Signature

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

B6

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13

Tufts University
Foster Hospital for Small Animals
North Grafton, MA 01536
(508) 839-5395

TREATMENT PLAN

DATE: 9/8/13 CLINICIAN: **B6**
ESTIMATED COST: 600-1100 REPORT: 825

B6

This estimate is based upon our preliminary examination. Every effort will be made to keep you informed of the current status of your pet throughout the procedure. **Every effort will be made to keep you informed of the current status of your pet throughout the procedure.**

B6

I hereby authorize the performance of the above medical treatment as stated. I also certify that I have read and fully understand the authorization for medical and/or surgical treatment. The reason why such medical and/or surgical treatment is considered necessary, as well as its advantages and possible complications, if any. I also assume financial responsibility for all charges incurred to my pet. I agree to pay 25% of the estimated cost at the time of admission. Additional deposits will be required if additional care or procedures are required. I further agree to pay the balance of the charges when patient is released. Procedural billing is inclusive up to and including the estimated duration of hospitalization. There will be additional charges incurred if hospitalization extends beyond the specified duration.

B6

9/8/13
Date

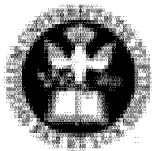
Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13



TUFTS UNIVERSITY
FOSTER HOSPITAL FOR SMALL ANIMALS
200 Westboro Rd.
N. Grafton, MA 01864
508-529-5000

B6

Service **B6**

Date: 7-3-13 *Procedures performed*

B6

Procedures Performed and Future Plan:

B6

MEDICAL RECORDS

Client:
Patient:


B6

Archived Records 4/5/13-9/30/13



Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13

 TUFTS UNIVERSITY Peters Hospital for Small Animals 200 Willow Brook Road North Andover, MA 01845-1000 1-800-831-1000		Document Case Summary Copy To: MedRec Status: FINAL Finalized: by B6 on 6/23/2013	
Client Information		Patient Information	
Client: Name: Address: City: Zip: Home: Work:	B6		
Client: Name: Species: Sex: H/Vet:	B6 CANINE SF	Breed: TERRIX Color: B6	B6

B6

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13

5221055/Case Summary/ModR.../BIARYADI

B6

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client: **B6**
Patient: **B6**

Archived Records 4/5/13-9/30/13

B6

Patent Care Instructions

B6

B6

B6

B6

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13



Tulane University
Porter Hospital for Small Animals
300 Westbark Road, N. Orléans, LA 70130
504-629-6299

B6

Name (Last)		First Name		Middle Name	
Address (Street)		City		State	
Home Phone		Work Phone		Cell Phone	
E-mail Address		Referral (if any)		Referral (if any)	
Sex		Breed		Color	
Length of time you have owned your pet:		Has your pet ever traveled or resided outside of your region? <input type="checkbox"/> Yes <input type="checkbox"/> No		Obtained from:	
If yes, where/when:		<input type="checkbox"/> Breed <input type="checkbox"/> Breeder <input type="checkbox"/> Friend <input type="checkbox"/> Other		<input type="checkbox"/> Pet Shop <input type="checkbox"/> Humane Society <input type="checkbox"/> Sirey	
Pet's Environment:		Circumstances:		Other Pets:	
<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural		<input type="checkbox"/> House <input type="checkbox"/> Fenced yard/train <input type="checkbox"/> Farms <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, animal type:		Date:		Breed:	
		<input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Equine		<input type="checkbox"/> Other	
Date of last Fecal Test:		Feline Leukemia Test (FeLV):		Date of last Heartworm Test:	
<input type="checkbox"/> Tested - Date: <input type="checkbox"/> Not Tested		<input type="checkbox"/> Tested - Date: <input type="checkbox"/> Not Tested		<input type="checkbox"/> Tested - Date: <input type="checkbox"/> Not Tested	
Vaccination History:		Feline Immunodeficiency Test (FIV):		Heartworm Prevention:	
Type: Rabies Date: Type: Date: Type: Date:		<input type="checkbox"/> Tested - Date: <input type="checkbox"/> Not Tested		<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Not Given	

Presenting Complaint:

B6

MEDICAL HISTORY / ADMISSION

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

B6

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13



Tufts University
Foster Hospital for Small Animals
288 Waverley Road, N. Grafton, MA 01536

B6

Date:		Time:	
Body Condition (1-6)	Body Weight	Temperature	
<input type="checkbox"/> In anesthetized <input type="checkbox"/> In office <input type="checkbox"/> In house			
General	N.A.F. <input type="checkbox"/> Abnorm. <input type="checkbox"/> Not Ex. <input type="checkbox"/> (0)	Integumentary	N.A.F. <input type="checkbox"/> Abnorm. <input type="checkbox"/> Not Ex. <input type="checkbox"/> (0)
Appearance (1)		Musculo-Skeletal	N.A.F. <input type="checkbox"/> Abnorm. <input type="checkbox"/> Not Ex. <input type="checkbox"/> (0)
Respiratory (4)	N.A.F. <input type="checkbox"/> Abnorm. <input type="checkbox"/> Not Ex. <input type="checkbox"/> (0)	Digestion	N.A.F. <input type="checkbox"/> Abnorm. <input type="checkbox"/> Not Ex. <input type="checkbox"/> (0)
Circulatory (2)	N.A.F. <input type="checkbox"/> Abnorm. <input type="checkbox"/> Not Ex. <input type="checkbox"/> (0)	Genito-Urinary	N.A.F. <input type="checkbox"/> Abnorm. <input type="checkbox"/> Not Ex. <input type="checkbox"/> (0)
Eyes (10)	N.A.F. <input type="checkbox"/> Abnorm. <input type="checkbox"/> Not Ex. <input type="checkbox"/> (11)	Lymph Nodes	N.A.F. <input type="checkbox"/> Abnorm. <input type="checkbox"/> Not Ex. <input type="checkbox"/> (0)
		Ears	N.A.F. <input type="checkbox"/> Abnorm. <input type="checkbox"/> Not Ex. <input type="checkbox"/> (0)
Describe abnormal, using code numbers as above, for systems		Neurologic	N.A.F. <input type="checkbox"/> Abnorm. <input type="checkbox"/> Not Ex. <input type="checkbox"/> (0)
		Mucous Membranes	N.A.F. <input type="checkbox"/> Abnorm. <input type="checkbox"/> Not Ex. <input type="checkbox"/> (0)
		Other	N.A.F. <input type="checkbox"/> Abnorm. <input type="checkbox"/> Not Ex. <input type="checkbox"/> (0)

B6

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

The table consists of approximately 30 columns and 100 rows. The first two columns are the widest, followed by several columns of varying widths. The remaining columns are very narrow. The table is mostly empty, with only a few faint, illegible characters scattered throughout. Two circular punch holes are visible at the top of the page, centered over the first two columns.

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

B6

B6

Notice of Patient Visit

Date: **B6**

Case No: **B6**

Referring Doctor: **B6**

Client Name:
Patient Name: **B6**

Dear Colleague,

The above-named animal patient presented to our Emergency Service, whose owner has indicated that you are the primary care veterinarian. We want you to know that your client and patient have been seen by us. Please be apprised of the following:

The admitting doctor was: **B6**

The attending doctor is: **B6**

The reason for admission to the FHSA is: **B6**

If you have **B6** regarding this particular case, please call 508-887-4988 to reach the **B6** Service. Information is updated, daily, by noon.

Thank you for your referral to our Emergency Service.

Faxed: (Date) **B6** (Time) _____ AM / PM (Circle one)

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

B6

Client:
Patient:

B6

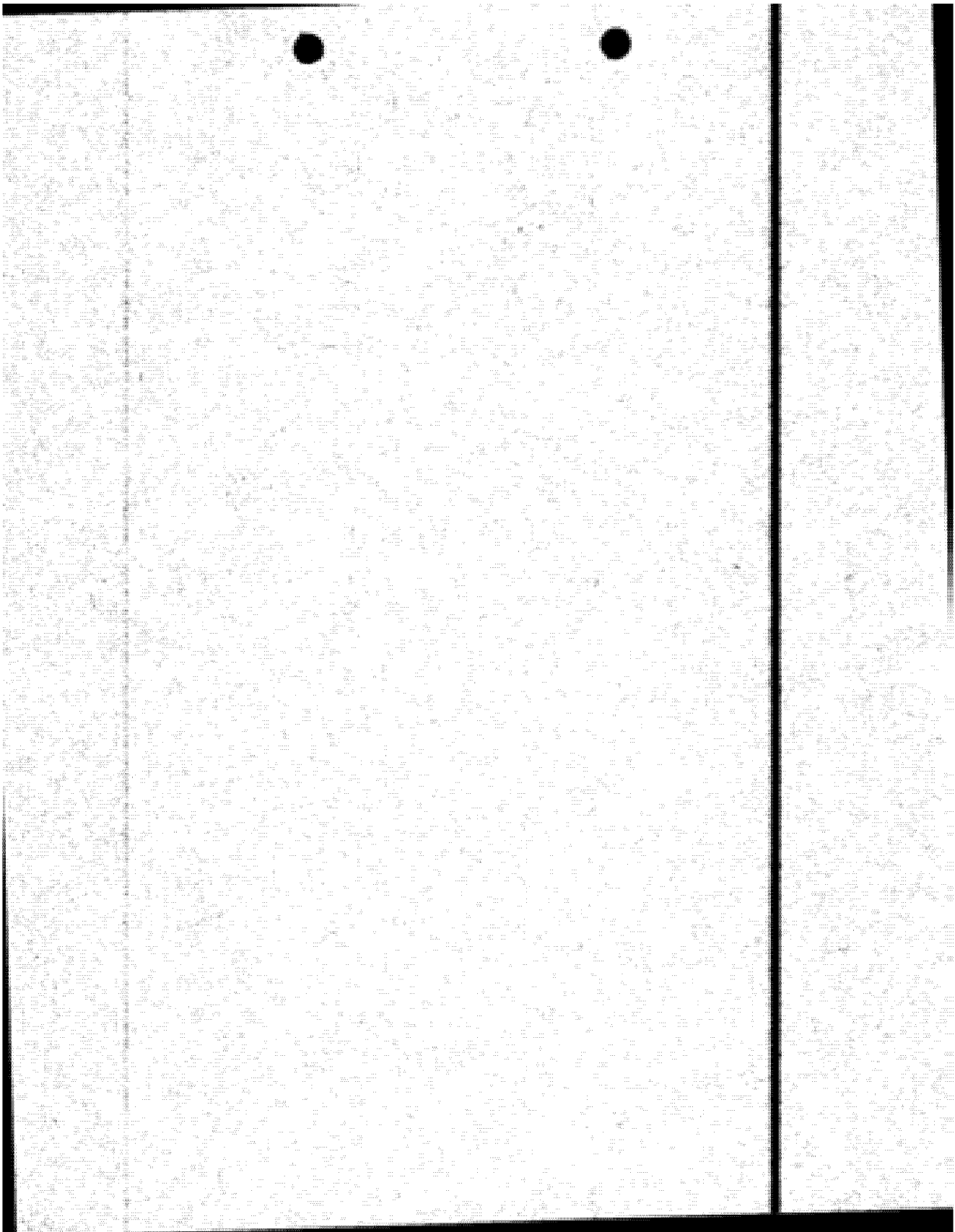
Archived Records 4/5/13-9/30/13

B6

Client:
Patient:

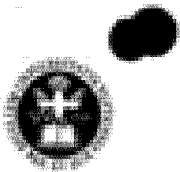
B6

Archived Records 4/5/13-9/30/13



Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13



TUFTS UNIVERSITY
POSTER HOSPITAL FOR SMALL ANIMALS
200 Waltham Road, N. Groton, MA 01506

B6

IV CATHETER SITES

B6

catrider

B6

PHONE AREA PREFIX: 508

HOME PHONE NO. _____

DAILY RECORD

PAGE _____ OF _____

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13



TUFTS UNIVERSITY
FOSTER HOSPITAL FOR SMALL ANIMALS
200 Western Road, N. Grafton, MA 01536

B6

IV CATHETER SITE(S): _____ DATE PLACED: _____ INITIALS: _____
CLINICAL SUMMARY: _____ *P92*

B6

	12:00 a.m.
	1:00 a.m.
	2:00 a.m.
	3:00 a.m.
	4:00 a.m.
	5:00 a.m.
	6:00 a.m.
	7:00 a.m.

STUDENT: _____

B6

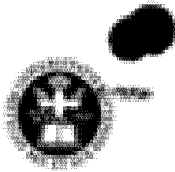
FORM 850 (REV. 8/92)

DAILY RECORD

PAGE ____ OF ____

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13



TUFTS UNIVERSITY
FOSTER HOSPITAL FOR SMALL ANIMALS
200 Waverton Road, N. Grafton, MA 01536

B6

IV CATHETER SITE(S):

DATE PLACED:

INITIALS:

CLINICAL SUMMARY:

B6

B6

STUDENT:

CLINICIAN:

HOME PHONE NO.:

B6

FORM 4522 (REV. 8/92)

DAILY RECORD

PAGE OF

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13



TUFTS UNIVERSITY
FOSTER HOSPITAL FOR SMALL ANIMALS
200 Western Road, N. Grafton, MA 01536

B6

IV CATHETER SITE(S):

CLINICAL SIGNIFY:

B6

DATE PLACED:

INITIALS:

B6

FORM NO. 100-1000

DAILY RECORD

PAGE _____ OF _____

Client:
Patient:


B6

Archived Records 4/5/13-9/30/13

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

 TUFTS UNIVERSITY Foster Hospital for Small Animals 200 Beachmont Road North Grafton, MA 01536-1000 1-800-829-1293		Document: Case Summary Copy To: ModRec Status: FINAL Finalized: B6 on 4/5/2013							
Client Information Client Name: B6 Address: B6 City: B6 Zip: B6 Home: B6 Work: B6		Patient Information Case Name: B6 Species: CANINE Sex: SP Breed: TERR/X Ref ID: B6 H/Vet: B6							
Dates <table border="1"> <thead> <tr> <th>Description</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Admission</td> <td>4/5/2013</td> </tr> </tbody> </table>				Description	Date	Admission	4/5/2013		
Description	Date								
Admission	4/5/2013								
Veterinary Medical Team <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> </tr> </thead> <tbody> <tr> <td>B6</td> <td>B6</td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>				Name	Title	B6	B6		
Name	Title								
B6	B6								
Diagnoses <table border="1"> <tbody> <tr> <td>B6</td> </tr> <tr> <td></td> </tr> </tbody> </table>				B6					
B6									
Professional Reports <table border="1"> <tbody> <tr> <td>B6</td> </tr> <tr> <td></td> </tr> </tbody> </table>				B6					
B6									
Client Report <table border="1"> <tbody> <tr> <td>B6</td> </tr> <tr> <td></td> </tr> </tbody> </table>				B6					
B6									
Patient Care Instructions <table border="1"> <tbody> <tr> <td>B6</td> </tr> <tr> <td></td> </tr> </tbody> </table>				B6					
B6									

4/5/2013 3:42:11 PM

8231045 Case Summary ModRec Copy

B6

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client:

B6

Patient:

Traney

Archived Records 4/5/13-9/30/13

B6

4/5/2013 3:03:17 PM

8/21/2014 Case Summary Medic Copy

B6

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13



Tufts University
Foster Hospital for Small Animals
200 Westboro Road, N. Grafton, MA 01536
508-859-5200

B6

DATE: _____		APPROX. AGE: _____		SPECIES: _____	
BREED: _____		SEX: _____		WEIGHT: _____	
LENGTH OF TIME YOU HAVE OWNED YOUR PET: _____		HAS YOUR PET EVER TRAVELED OR RESIDED OUTSIDE OF YOUR COUNTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No		ORIGIN: <input type="checkbox"/> Street <input type="checkbox"/> Breeder <input type="checkbox"/> Friend <input type="checkbox"/> Other	
IF YES, WHERE/WHEN: _____		IF YES, WHERE/WHEN: _____		IF YES, WHERE/WHEN: _____	
PET'S ENVIRONMENT: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural		CONFINED TO: <input type="checkbox"/> House <input type="checkbox"/> Personal yard/patio <input type="checkbox"/> Room <input type="checkbox"/> Other		OTHER PETS: <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, ANIMAL TYPE: 2 dogs		DIET: <input type="checkbox"/> Standard <input type="checkbox"/> Dry <input type="checkbox"/> Both <input type="checkbox"/> Other		FEEDING: Number of feedings per day: 2 Amount given each feeding: 1 cup	
DATE OF LAST FOCAL TEST: <input type="checkbox"/> Tested - Date: _____ <input type="checkbox"/> Not Tested		FELINE LEUKEMIA TEST (FeLV): <input type="checkbox"/> Tested - Date: _____ <input type="checkbox"/> Not Tested		DATE OF LAST HEARTWORM TEST: <input type="checkbox"/> Tested - Date: _____ <input type="checkbox"/> Not Tested	
VACCINATION HISTORY: Type: _____ Date: _____ Type: _____ Date: _____ Type: _____ Date: _____		FELINE IMMUNODEFICIENCY TEST (FIV): <input type="checkbox"/> Tested - Date: _____ <input type="checkbox"/> Not Tested		HEARTWORM PREVENTION: <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Not Given	
Presenting Complaint: _____					

History: **B6**

B6

MEDICAL HISTORY / ADMISSION

B6

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13


Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client: **B6**
Patient: **B6**

Archived Records 4/5/13-9/30/13

 TUFTS UNIVERSITY Peter Blasser School of Veterinary Medicine 200 Westboro Road North Grafton, MA 01536-1001 1-508-833-1200		Document Cardiology Report Copy To: B6 Status: FINAL Finalized: by B6 on 4/5/2013	
Client Information		Patient Information	
Client#: Name: Address: City: Zip: Home: Work:	B6	Case#: Name: Species: Sex: SP R/Vet:	B6 Breed: TERRIX DOB: B6 B6
Dates			
Description	Date		
Appointment	4/5/2013		
Personnel			
Name			Title
B6			
Case Abstract			
B6			
Request Specifics			
B6			
Findings			
B6			
4/5/2013 1:46:32 PM		8321955-Cardiology Report-MedRes Copy	
		B6	

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client: **B6**
Patient: **B6**

Archived Records 4/5/13-9/30/13

8221855/Cardiology Report/MedRx Copy/IRU/SHO

B6

Cardiology Findings

Type	Findings
B6	

Assessment and Recommendations

B6

B6

4/2/2013 3:46:32 PM

8221855/Cardiology Report/MedRx Copy

B6

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13

B6

FORM 57-1

LABORATORY REPORTS

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13



Tufts University
Foster Hospital for Small Animals
260 Westboro Road
N. Grafton, MA 01506

STANDARD CONSENT FORM

B6

B6

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13

B6

Client: **B6**
Patient: **B6**

taurine level no date

Jul 10, 2014 11:00

B6

B6

PAGE 1

B6

Sample Submission Form

B6

LIC CUSTOMERS ONLY:
Plan Federal Funds ID/Account Number:
ID No: _____

Vet/Tech Contact: **B6**
Company Name: Tufts Cummings School of Veterinary Medicine
Address: 200 Westboro Road
North Scituate, MA 01536
Email: crispin@tufts.edu
Tel: 508-887-8664 Fax: 508-833-**B6**

B6

Billing Contact: **B6** TAX ID:
Email: **B6** Tel: **B6**

Patient Name: **B6**
Species: **B6**
Owner's Name: **B6**

Sample Type: Plasma Whole Blood Urine Food Other: _____
Test Name: Taurine Complete Amino Acid Other: _____

Taurine Results (umol/L):
Plasma: **B6** Whole Blood: **B6** Urine: _____ Food: _____

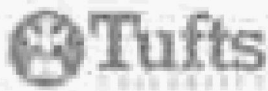
Reference Ranges (umol/L)

	Plasma		Whole Blood	
	Normal Range	No Known Risk for Taurine Deficiency	Normal Range	No Known Risk for Taurine Deficiency
Cat	80-110	>40	300-600	>100
Dog	80-120	>40	300-600	>150

Dr. Rush

Client: **B6**
Patient:

B6 Ins. letter 7/15/14



Commonwealth of Massachusetts

July 15, 2014

Healthy Pets Pet Insurance
P.O. Box 50014
Bellevue, WA 98013

The State and Fair Health
Insurance Act of 1986
Chapter 176A, Section 11B

B6

Client:
Patient:

CARDIOPET proBNP 11.7.2014



1-888-433-9987
Click the RED BANNER on
VetConnect.com for a new view

TUFTS: GRAFTON SMALL ANIM HOSPITAL
200 WESTBOND ROAD
GRAFTON MA 01536
508-887-4000
Account: 85735

Owner: [B6]
Patient: [B6]
Species: CANINE
Breed: TERRI X
Age: [B6]
Gender: F
Registration #: 46466
Accession #: [B6]
Order rec'd: 11/07/2014
Ordered by: [B6]
Reported: 11/07/2014

Test	Result	Reference Range	Flag	Bar Graph
CARDIOPET proBNP - CANINE	[B6]	0 - 900 pmol/L	[B6]	[B6]

B6

[B6]
11/07/2014

FINAL REPORT

PAGE 1 OF 1

Client: [B6]
Patient: [B6]

RDVM [B6] referral and records 8/29/14-10/19/15

[B6]

Tufts UNIVERSITY Cummings School of Veterinary Medicine
TUFTS UNIVERSITY Cummings School of Veterinary Medicine
Henry & Lois Foster Hospital for Small Animals
200 Westboro Road, Route 30
North Grafton, MA 01536
508-833-3393

[B6]

Service to Which Referred: *Surgery* Appointment Date: _____ Time: _____

OWNER INFORMATION

Name: [B6] Daytime Phone: [B6] Evening Phone: _____
Address: [B6] City: [B6] State: [B6] Zip Code: [B6]
Email Address: _____

PATIENT INFORMATION

Registered Name: [B6]
Species: *Canine* Breed: *Terrier mix* Sex: *SF* Age: [B6]

CASE HISTORY

Chief Concern/Provisional Diagnosis: [B6]

Vaccination History: *UTD*

Other History: _____

Diagnostic Test Results (please attach if possible): _____

Are Radiographs Enclosed? *will email*

Current Therapy & Medication (include dosage):
T Relief Pain tabs, Inflamm-Ease Powder

REFERRING VETERINARIAN INFORMATION

Name: [B6] Clinic/Hospital: [B6]
Phone: [B6] Fax: [B6] Email: _____
Address: [B6] City: [B6] State: [B6] Zip Code: [B6]

Preferred means of communicating with you about this case? Phone Fax Email

Client: **B6**
Patient:

RDV **B6** referral and records 8/29/14-10/19/15

Patient	B6	Description
B6		

B6

Client: **B6**
Patient:

RDVM **B6** referral and records 8/29/14-10/19/15

Patient **B6** **B6**

B6

B6

Client: **B6**
Patient:

RDVM **B6** referral and records 8/29/14-10/19/15

B6 **B6**

B6

B6

Client:
Patient:

B6

RDVM

B6

referral and records 8/29/14-10/19/15

B6

Client: **B6**
Patient:

Labwork CARDIOPET proBNP - Canine IDEXX 1/15/16

B6

B6

FINAL REPORT

PAGE 1 OF 1

Client: **B6**
Patient:

signed estimate

Tufts

B6

Treatment Plan

B6

Client: **B6**
Patient:

Anesthesia Record

Edinboro University Cummings School of Veterinary Medicine
ANESTHESIA RECORD

B6

B6

Client: **B6**
Patient:

Anesthesia Record

B6

Client:
Patient:

B6

Anesthesia Record:

B6

B6

Client: **B6**
Patient:

Anesthesia Record **B6**

B6

Client: **B6**
Patient: **B6**

RDVM **B6** Referral Records 10/4/16



1-800-433-0987
Click the RED BANNER on
VetConnect.com for a new view

INTEGRATIVE ANIMAL HEALTH CENTER
606 MAIN STREET
BOLTON, MA 01760
978-778-0668
Account: 80874

Owner:
Patient:
Species:
Sex:
Age:
Gender:

B6
CANINE
TERRIER MIX
2.00012811
M

Registration #
Accession #
Order form #
Chemical lot
Reprint:

B6

B6

Client:
Patient:

B6

RDVM

B6

Referral Records 10/4/16

B6

Client:
Patient:

B6

RDVM

B6

Referral Records 10/4/16

B6

Client: **B6**
Patient:

RDVM **B6** Referral Records 10/4/16

B6

B6

Friday, 17 Jun 2016 11:53 AM
Page 1 of 2

Client:
Patient:

B6

RDVM

B6

Referral Records 10/4/16

B6

Page 1

RDVM

B6

Client:
Patient:

B6

RDVM

B6

Referral Records 10/4/16

B6

Client: **B6**
Patient:

RDVM **B6** Referral Records 10/4/16

Patient	B6		Quantity	B6	
<h1>B6</h1>					

Client: **B6**
Patient:

B6

B6

B6

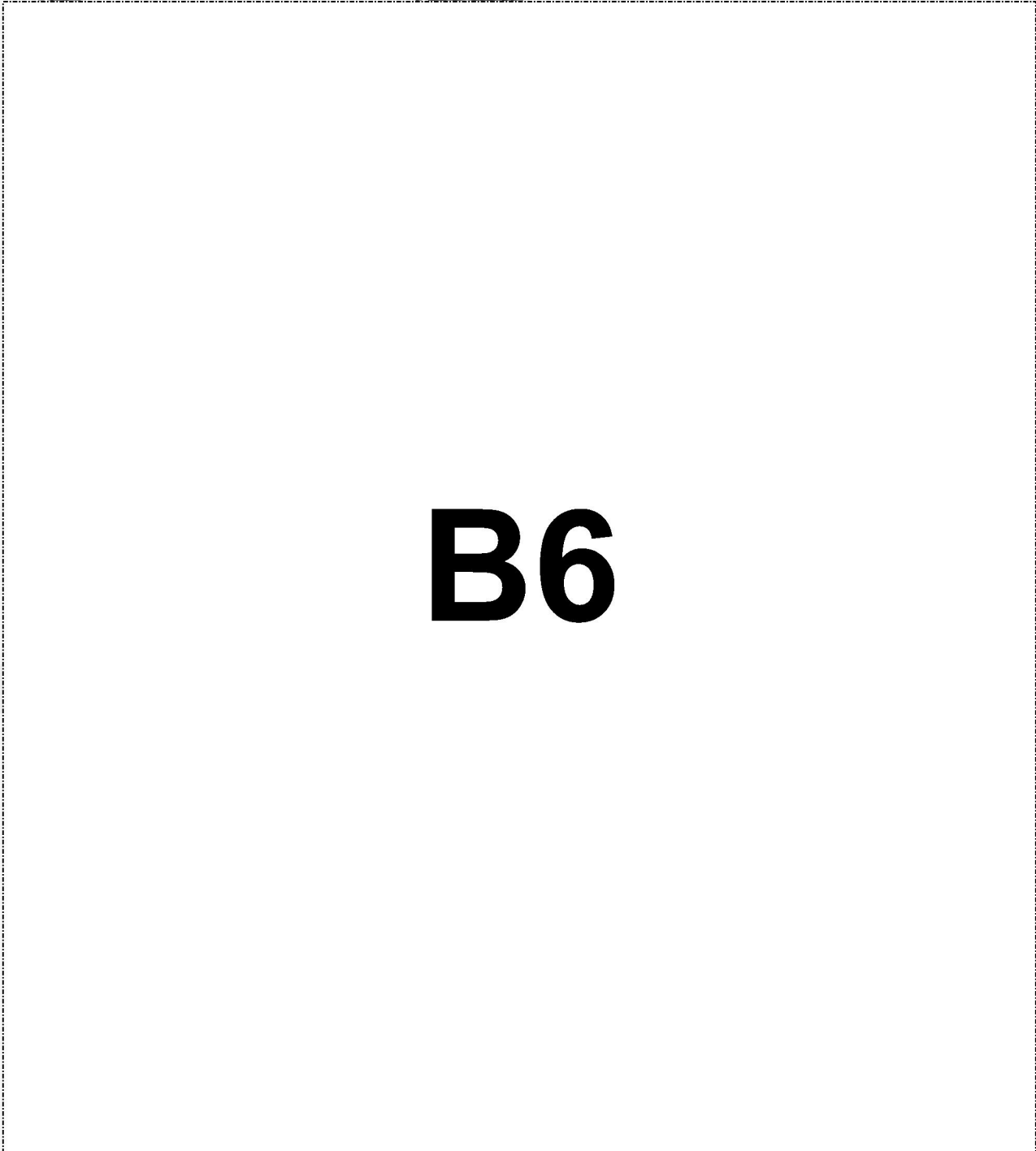
Client:
Patient:

B6

RDVM

B6

Referral Records 10/4/16



B6

Client: **B6**
Patient:

RDVM **B6** Referral Records 10/4/16

Patient	Description
12-18-15	B6
	B6
<i>operative</i>	<i>To PFS report on page Cardiology report</i>
	B6

Client: **B6**
Patient:

RDVM: **B6** Referral Records 10/4/16

Patient	Date/Time
G20110	

B6

Client: **B6**
Patient:

RDVM **B6** Referral Records 10/4/16

Patient	B6	Dates/Quantities	B6
<i>referral cont. to</i>	B6		

B6

B6

Client: **B6**
Patient:

Lab Image-IDEXX-GI Panel w/ Spec cPL K9, 10/18/2016

IDEXX
LABORATORIES

1-888-433-9997
Click the RED BANNER on
VeriConnect.com for a new view

TITLE: GRAPTON SMALL ANIMAL HOSPITAL
200 WESTBORD ROAD
GRAPTON, MA 01538

008-887-4889
Account: 80733

Client
Patient
Species
Breed
Age
Gender

Requested
Accession #
Order #
Ordered by
Reported

B6

B6

B6

FINAL REPORT

PAGE 1 OF 1

Client: **B6**
Patient:

rDVM: **B6** cords 12/18/15-4/12/17

Patient:	B6	Owner/Guardian:	B6
10/8/16	Tullis report copy		

B6

Client:
Patient:

B6

rDVM: **B6** records 12/18/15-4/12/17

B6

B6

B6

Client: **B6**
Patient:

rDVM **B6** records 12/18/15-4/12/17

B6

Client: **B6**
Patient:

rDVM **B6** records 12/18/15-4/12/17

Patient **B6** **B6**

B6

B6

2/3/16

B6

3/14/16

4/13/16

DE

B6

in internet

B6

B6

Client: **B6**
Patient:

rDV: **B6** records 12/18/15-4/12/17

04/12/17 11:02:33 000-000-0000

Idexx Laboratories | Page 001

IDEXX
LABORATORIES

INTEGRATIVE ANIMAL HEALTH CENTER
208 MAIN ST
BOLTON, MASSACHUSETTS 01740
1362

1-800-425-0907

Click the RED BANNER on
VetConnectPLUS.com for a new view

Account: 00074

Owner:
Patient:
Species:
Breed:
Age:
Gender:

Department:
Account ID:
Order type:
Ordered by:
Specimen:

B6

B6

Client:
Patient:

B6

rDVM:

B6

records 12/18/15-4/12/17

B6

Client:
Patient:

B6

rDVM

B6

records 12/18/15-4/12/17

B6

B6

FINAL REPORT

PAGE 1 OF 1

Client: **B6**
Patient:

rDVM: **B6** records 12/18/15-4/12/17



1-888-433-0987

Click the RED BANNER on
VetConnect.com for a new view

INTEGRATIVE ANIMAL HEALTH CENTER
408 MAIN STREET
BOLTON, MA 01740
878-779-2800
Account: 88874

Owner: **B6**
Patient:
Species: **B6**
Breed: **B6**
Age:
Gender:
Registration #: 2242
Accession #: **B6**
Order no.: 10040008
Ordered by: **B6**
Reported:

B6

Client: **B6**
Patient:

rDVM: **B6** records 12/18/15-4/12/17

B6

Client:
Patient:

B6

rDVM

B6

Records 12/18/15-4/12/17

B6

Client:
Patient:

B6

rDVM **B6** records 12/18/15-4/12/17

JUN 12 2016 2:31PM KS VET 0146 148 00 000 0 00

B6

Accession Number **B6**
Status: Finalized

B6
Page 1 of 3

Client: **B6**
Patient: **B6**

rDVM: **B6** hx 12/1/12-1/11/18

Patient History Report

Client Name: **B6**
Address: **B6**
Patient Name: **B6**
DOB: **B6**
Age: **B6**
Color: **B6**
Breed: **B6**
Sex: **B6**

Date	Type	Staff	History
1/11/2018			B6
12/1/2017			
12/1/2017			
12/1/2017			
12/1/2017			

B6

B6

Client: **B6**
Patient:

rDVM **B6** th hx 12/1/12-1/11/18

Patient History Report

Client Name
Address

B6

Patient: **B6**
Species: **B6**
Age: **B6**
Color: **B6**

Exam: **B6**

B6

Date Type Staff History

B6

B6

B6

B6

Page 1 of 10

B6

Client: **B6**
Patient:

rDVM **B6** th hx 12/1/12-1/11/18

Patient History Report

Chief
Complaint

B6

Patient: **B6**
Species: **B6**
Age: **B6**
Color: **B6**

Signalment

B6

Date Type Staff History

B6

B6

B6

B6

Client: **B6**
Patient: **B6**

rDVM **B6** hx 12/1/12-1/11/18

Patient History Report

Client
Phone
Address

B6

Patient: **B6**
Species: **B6**
Age: **B6**
Color: **B6**

Brand
Lot

B6

Date Time Staff History

B6

Client: **B6**
Patient:

rDVM **B6** hx 12/1/12-1/11/18

Patient History Report

Client Phone Address	B6	Patient: B6 Species: Canine Age: B6 Color: Grey	Breed Sex: B6
Date	Type	Staff	History

B6

B6

Client: **B6**
Patient: **B6**

rDVM **B6** hx 12/1/12-1/11/18

Patient History Report

Client Name
Address

B6

Patient

B6

Species

B6

Age

B6

Color, Class

Exam
Date

B6

Date Type Staff History

B6

Client: **B6**
Patient:

rDVM: **B6** hx 12/1/12-1/11/18

Patient History Report

Client
Phone
Address

B6

Patient
Species
Age
Color, Breed

B6

B6

Exam
Date

B6

Date Type Staff History

B6

Client: **B6**
Patient:

rDVM: **B6** with hx 12/1/12-1/11/18

Patient History Report

Client
Phone
Address

B6

Patient:

B6

Species: Canine

Age:

B6

Color: Grey

Brand:
Lot:

B6

Date Type Staff History

B6

Client: **B6**
Patient:

rDVM **B6** x 12/1/12-1/11/18

Patient History Report

Client
Phone
Address

B6

Patient
Species
Age
Color

B6

B6

Exam
Date

B6

Date Type Staff History

B6

Client: **B6**

Patient: **B6**

rDVM **B6**

hx 12/1/12-1/11/18

Patient History Report

Client
Phone
Address

B6

Patient

B6

Species

B6

Age

B6

Color

B6

Exam
Date

B6

Date

Type

Staff

History

B6

B6

Client:
Patient:

B6

rDVM: **B6** x 12/1/12-1/11/18

B6

Client: **B6**
Patient:

rDVM: **B6** hx 12/1/12-1/11/18

B6

B6

B6

B6

Client: **B6**

Patient: **B6**

rDVM **B6** 2/1/12-1/11/18

B6 **B6**

B6

B6

Client: **B6**
Patient: *Trinity*

rDVM: **B6** hx 12/1/12-1/11/18

Patient: **B6** Owner/Guardian: **B6**

B6

5/21/13

B6

6/24/13

*TUHS report on flea case
6/21-423 U*

B6

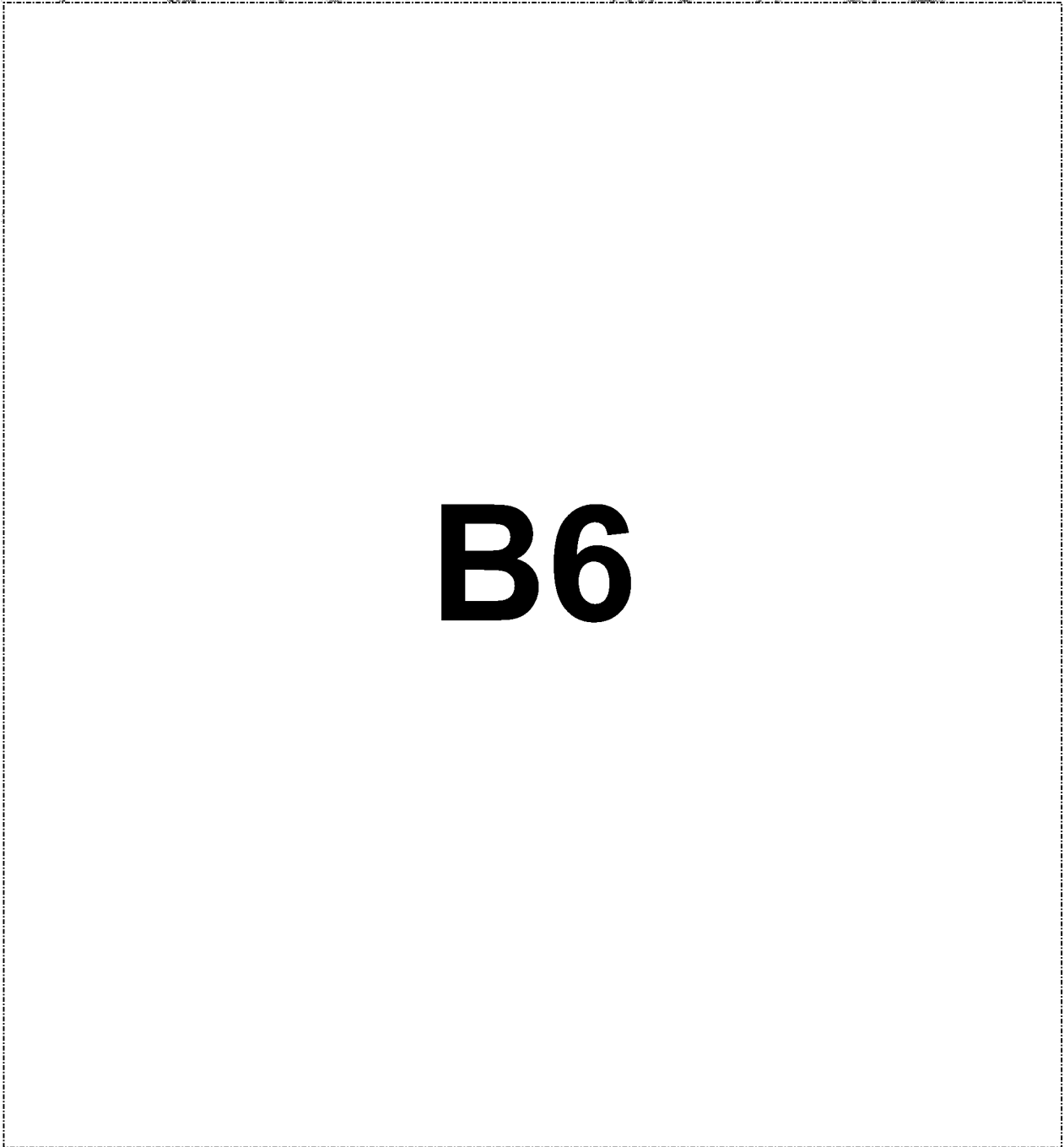
B6

Client: **B6**

Patient: **B6**

rDVM **B6** hx 12/1/12-1/11/18

B6 **Owner/Guardian** **B6**



B6

Client: **B6**
Patient:

rDVM **B6** hx 12/1/12-1/11/18

B6 **B6**

6/7/14
(248)

B6

7/5/14 | Cardiology report T4L5 - on file 7/5/14
Recheck
mid to mod subacute sclerosis, mild
regeneration

B6

B6

Client:
Patient:

B6

rDVM

B6

hx 12/1/12-1/11/18

Patient

B6

Owner/Guardian

B6

B6

Client: **B6**
Patient:

rDVM: **B6** hx 12/1/12-1/11/18

Patient	B6		Diagnosis	B6	
B6					

SBAR

B6

Client: **B6**
Patient: **B6**

rDVM **B6** hx 12/1/12-1/11/18

Patient: **B6** **B6**

B6

11/12/14 Cardiology Report TTE's on file 11/6/14
recheck
mild dilation of LV cavity
mild to moderate SAS (S)

12/12/15 Aired referral for fitness to change joint

B6

4/7/15 4D/0 SA km+MM

Informed of results

B6

B6

B6

B6

Client: **B6**
Patient: **B6**

rDVM: **B6** hx 12/1/12-1/11/18

Patient	B6	Owner/Guardian	B6
B6			
B6			
<i>A</i> <i>B</i>	B6		
			B6
	B6		
B6			

Client: **B6**
Patient:

rDVM **B6**

hx 12/1/12-1/11/18

B6 **B6**

B6

B6

Client:
Patient:

B6

rDVM

B6

12/1/12-1/11/18

Patient	B6	Owner/Guardian	B6
<h1>B6</h1>			

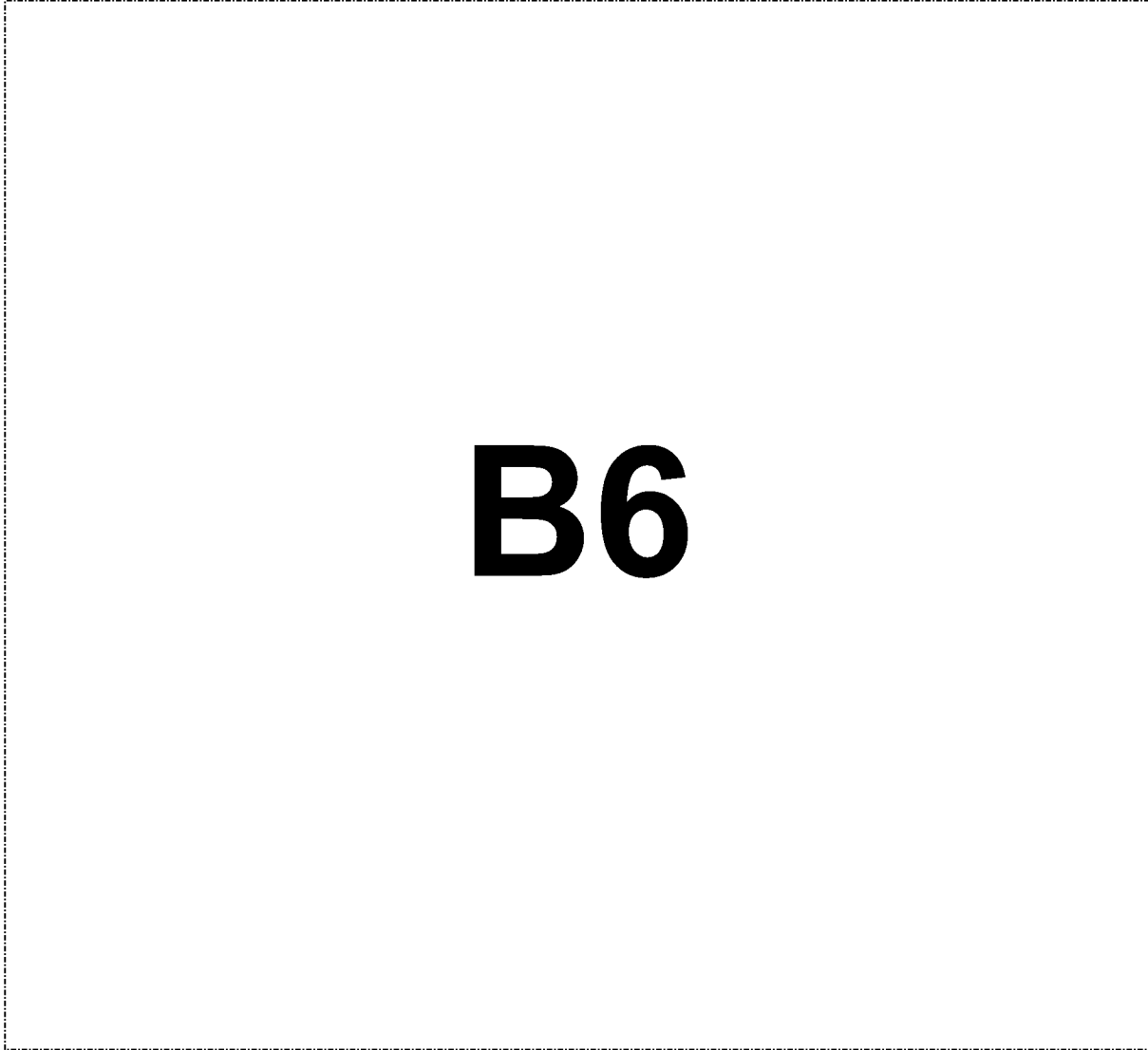
B6

DUPLICATE OF TOPS

Client: **B6**
Patient: **B6**

rDVM: **B6** h hx 12/1/12-1/11/18

Patient	B6	Owner/Residence	B6
10/29/15 forced referral + records to take surgery Verification on file			



	B6	<i>Surgery</i>
	B6	
	B6	

Client: **B6**
Patient:

rDVM: **B6** x 12/1/12-1/11/18

Patient	B6	Date/Signature	B6	
<h1>B6</h1>				

1/20/18 Tufts report on file
Cardiology report
Diagnosis - Sub-aortic Stenosis w/ small
aortic root + mild mitral valve
dys + mild to mod R atrial enlargement.

<h1>B6</h1>				
-------------	--	--	--	--

B6

Client: **B6**
Patient:

rDVM **B6** hx 12/1/12-1/11/18

B6 **B6**

B6

Client: **B6**
Patient: **B6**

rDVM: **B6** x 12/1/12-1/11/18

B6 **B6**

B6

B6

B6

B6

B6

Client: **B6**

Patient:

rDVM: **B6**

hx 12/1/12-1/11/18

Patient: **B6** Date/Signature: **B6**

B6

Client:
Patient:

B6

rDVM

B6

hx 12/1/12-1/11/18

Page
176

B6

Client: **B6**
Patient:

Lab Image: NT proBNP 1/18/18

B6

Client: **B6**
Patient: **B6**

B6 Diet Early Cardiac Dry Food 8/1/18

B6

B6

FAX: **B6**
B6

Veterinarian Approval Form

Please sign and fax or email the form to **B6** or vstdiet@chewy.com

Dear Dr. Rush:

B5

REF#: 113960232 DATE: Aug 1, 2018
CLIENT: **B6** PET NAME: **B6**
PET FOOD: Royal Canin Veterinary Diet Early Cardiac Dry Dog Food, 12.6-lb bag

Please fill in the following information: * Required field

*Clinic Name: _____

*Clinic Zip Code: _____

Approved: Unlimited Refills: _____

Declined: Reason: _____

Additional Notes: _____

*Printed Name: _____

*Signature: _____

B6

Client: **B6**
Patient:

IDEXX - BNP - 7/27/2018

B6

B6



Client: **B6**
Patient:

IDEXX CARDIOPET proBNP 9/28/18

B6

Client: **B6**
Patient:

Vitals Results

B6

Client:
Patient:

B6

Vitals Results

B6

Client: **B6**
Patient:

B6

Radiographs from 10/19/15

B6

Client: **B6**
Patient:

B6

Radiographs from 10/19/15

B6

Client: **B6**
Patient: **B6**

ECG from Cardio

B6

B6

B6

Client: **B6**
Patient: **B6**

ECG from Cardio

B6

B6

B6

Client: **B6**
Patient: **B6**

ECG from Cardio

B6

B6

B6

Client:
Patient:

B6

rDVM CXR and AXR

B6

Client:
Patient: **B6**

rDVM CXR and AXR

B6

Client:
Patient:

B6

rDVM CXR and AXR

B6

Client: **B6**
Patient:

rDVM CXR and AXR

B6

Client: **B6**
Patient:

rDVM CXR and AXR

B6

Client: **B6**
Patient:

rDVM CXR and AXR

B6

Client: **B6**
Patient:

Patient History

06/13/2014 08:16 AM	Appointment
07/03/2014 10:55 AM	UserForm
07/03/2014 11:35 AM	Purchase
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B6

Client: **B6**
Patient:

Patient History

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B6

Client: **B6**
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Patient History

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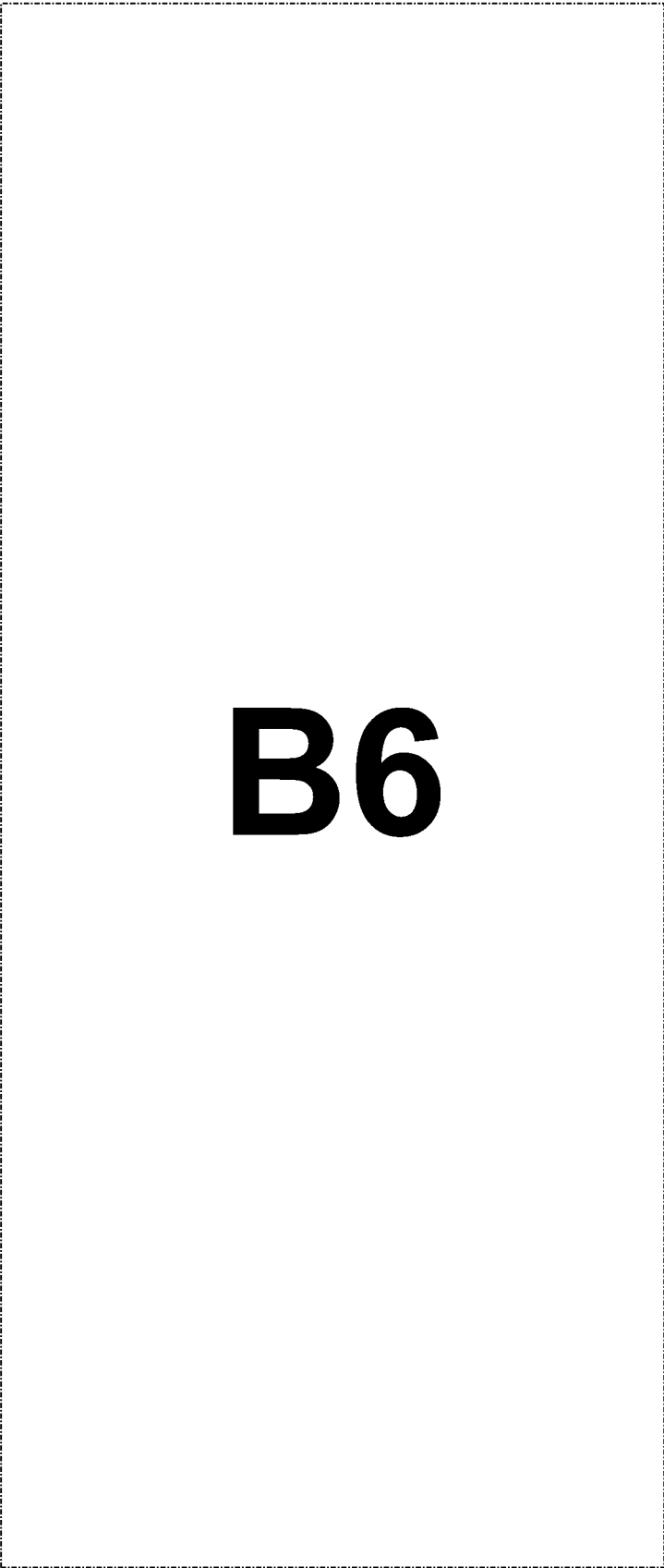
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Client: **B6**
Patient:

Patient History

01/23/2016 01:33 AM Vitals
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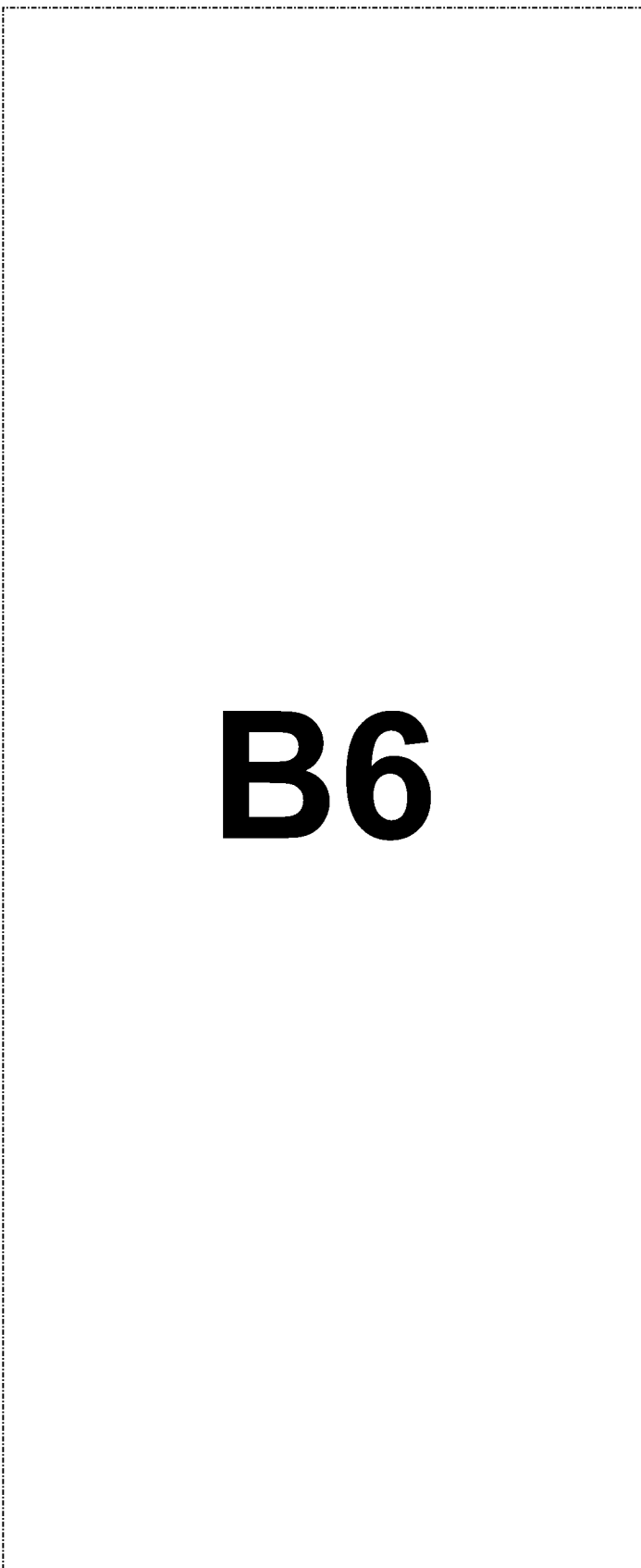
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B6

Client: B6
Patient:

Patient History

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10/17/2016 11:10 AM	Vitals
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B6

Client: **B6**
Patient:

Patient History

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B6

Client: **B6**
Patient:

Patient History

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B6

Client: **B6**
Patient:

Patient History

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09/28/2018 02:14 PM	Deleted Reason
09/28/2018 02:15 PM	Prescription

Weight (kg) 22.7

B6

From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
To: Jones, Jennifer L
Sent: 2/24/2019 11:57:16 PM
Subject: [REDACTED] **B6**
Attachments: bnp 1-17-19.pdf; cardio report 1-17-19.pdf; discharge 1-17-19.pdf

Hi Jen

This is for [REDACTED] **B6**

Your initial Pet Food Safety Report , Submitted by: Lisa Freeman, ID 244864, was successfully submitted on 10/9/2018 10:05:22 AM EST to the FDA, and it was issued an Individual Case Safety Report Number (ICSR) of 2055827.

Dog had recheck 1/17/19 and had significantly improved myocardial contractility after diet change (and lower BNP) – reports attached

We will recheck again in April

Thanks

Lisa

Lisa M. Freeman, DVM, PhD, DACVN
Board Certified Veterinary Nutritionist™
Professor
Cummings School of Veterinary Medicine
Friedman School of Nutrition Science and Policy
Tufts Clinical and Translational Science Institute
Tufts University
www.petfoodology.org

Client: **B6**
Patient: **B6**
Species: CANINE
Breed: AMERICAN_PIT_BU
Gender: FEMALE
Age: 7Y

Date: 01/17/2019
Requisition #: 221055
Accession #: **B6**
Ordered by: RUSH

IDEXX VetConnect 1-888-433-9967

TUFTS UNIVERSITY
200 WESTBORO RD
NORTH GRAFTON, Massachusetts 01536
508-839-5395

Account #88933

CARDIOPET proBNP - CANINE

Test	Result	Reference Range	Low	Normal	High
CARDIOPET proBNP - CANINE	B6	0 - 900 pmol/L	HIGH		B6

Comments

1. **B6**

Please note: Complete interpretive comments for all concentrations of Cardiotet proBNP are available in the online directory of services. Serum specimens received at room temperature may have decreased NT-proBNP concentrations.

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY

Cardiology Liaison: 508-887-4696

B6

Patient ID: B6

B6 Canine

B6 Years Old Female (Spayed) Terrier Cross
Blue

Cardiology Appointment Report

Date: 1/17/2019

Attending Cardiologist:

John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC (primary)

B6

Cardiology Resident:

B6

Cardiology Technician:

B6

Student: B6

Presenting Complaint:

Presenting for recheck of:

- Subvalvular aortic stenosis with small aortic root - mild to moderate disease
- Mitral valve disease - mild
- Left ventricular dilation with reduced contractile function - mild and somewhat improved

Following as part of grain free/DCM

Concurrent Diseases: none

General Medical History:

Exercise tolerance improved - goes out less bc cold

Overall doing very well at home

Off heart worm prev right now - stopped 1 month or 2 mo ago and test again in spring

Diet and Supplements:

Royal canin early cardiac - been on it since August

Cardiovascular History:

Prior CHF diagnosis? no

Prior heart murmur? yes

Prior ATE? no

Prior arrhythmia? no

Monitoring respiratory rate and effort at home? yes

Cough? no
Shortness of breath or difficulty breathing? no
Syncope or collapse? no
Sudden onset lameness? no
Exercise intolerance? mild

Current Medications Pertinent to CV System:

B6

Cardiac Physical Examination:

B6

Muscle condition:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Normal - very muscular | <input type="checkbox"/> Moderate cachexia |
| <input type="checkbox"/> Mild muscle loss | <input type="checkbox"/> Marked cachexia |

Cardiovascular Physical Exam:

Murmur Grade:

- | | |
|--|--------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> IV/VI |
| <input type="checkbox"/> I/VI | <input type="checkbox"/> V/VI |
| <input checked="" type="checkbox"/> II/VI | <input type="checkbox"/> VI/VI |
| <input checked="" type="checkbox"/> III/VI | |

Murmur location/description: III/VI left mid cardiac systolic, II/VI right systolic

Jugular vein:

- Bottom 1/3 of the neck
- Middle 1/3 of the neck
- 1/2 way up the neck
- Top 2/3 of the neck

Arterial pulses:

- Weak
- Fair
- Good
- Strong
- Bounding
- Pulse deficits
- Pulsus paradoxus
- Other:

Arrhythmia:

- None
- Sinus arrhythmia
- Premature beats
- Bradycardia
- Tachycardia

Gallop:

- Yes
- No
- Intermittent
- Pronounced
- Other:

Pulmonary assessments:

- Eupneic
- Mild dyspnea
- Marked dyspnea
- Normal BV sounds
- Pulmonary crackles
- Wheezes
- Upper airway stridor

Abdominal exam:

- Normal
- Hepatomegaly
- Abdominal distension
- Mild ascites
- Marked ascites

Problems:

Hx DCM/reduced myocardial function and aortic stenosis - clinically doing very well at home
aortic stenosis with small aortic root - mild to moderate disease
Mitral valve disease - mild
Left ventricular dilation with reduced contractile function - possibly diet related

Diagnostic plan:

B6

Echocardiogram Findings:

General/2-D findings:

B6

Doppler findings:

B6

Mitral inflow:

- Summated
- Normal
- Delayed relaxation
- Pseudonormal
- Restrictive

ECG findings:

Sinus rhythm and sinus arrhythmia during the echo

Assessment and recommendations:

There is impressive resolution of the findings seen in July, with now fairly normal LV and LA size and better LV contractile function - findings that might be considered typical for a dog with SAS. There is still mild aortic stenosis. It is suspected that most of the improvement is a result of the diet change.

Recommend continue the diet, but maybe feed less, since the dog is a bit overweight now. When

B6

Heart Failure Classification Score:

ISACHC Classification:

- Ia
- Ib
- II
- IIIa
- IIIb

ACVIM Classification:

- A
- B1
- B2
- C
- D

- 2D
- SA LA
- Ao Diam
- SA LA / Ao Diam
- IVSd
- LVIDd
- LVPWd
- EDV(Teich)
- IVSs
- LVIDs
- LVPWs
- ESV(Teich)
- EF(Teich)
- %FS
- SV(Teich)
- LV Major
- LV Minor
- Sphericity Index
- LVID LAX
- LVA d LAX
- LVEDV A-L LAX

B6

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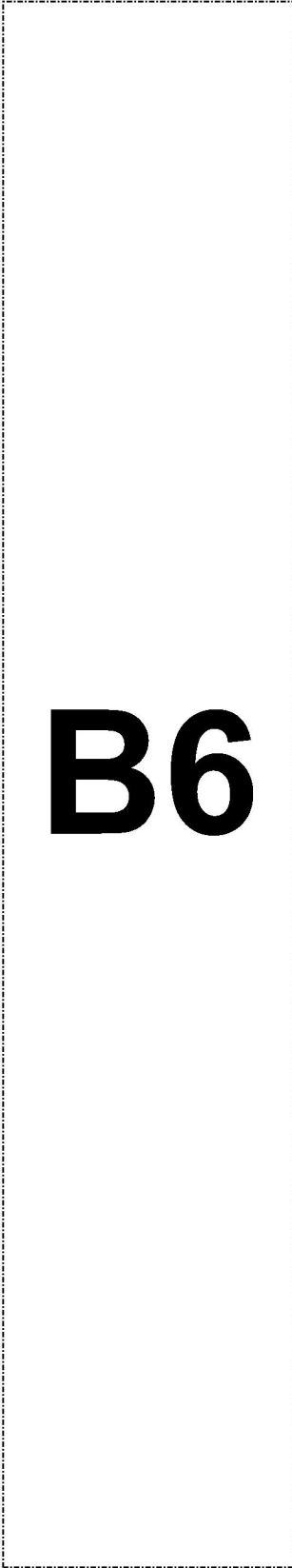
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LVLs LAX
LVA_s LAX
LVESV A-L LAX
LVESV MOD LAX
HR
EF A-L LAX
LVEF MOD LAX
SV A-L LAX
SV MOD LAX
CO A-L LAX
CO MOD LAX
R-R
HR
CO A-L LAX
CO MOD LAX

M-Mode

IVSd
LVIDd
LVPWd
IVSs
LVIDs
LVPWs
Ao Diam
LA Diam
Max LA

Doppler

MV E Vel
MV DecT
MV Dec Slope
MV A Vel
MV E/A Ratio
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A'
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AV Vmax
AV maxPG
PV Vmax
PV maxPG



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Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY

Cardiology Liaison: 508-887-4696

Foster Hospital for Small Animals
55 Willard Street
North Grafton, MA 01536
Telephone (508) 839-5395
Fax (508) 839-7951
<http://vetmed.tufts.edu/>

Discharge Instructions

Patient

Name:

B6

Species:

Blue Female (Spayed) Terrier Cross

Birthdate:

B6

Owner

Name:

B6

Address:

B6

Patient ID:

B6

Attending Cardiologist:

John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC

CRCO:

B6

Cardiology Resident:

B6

Cardiology Technician:

B6

Student:

B6

Admit Date: 1/17/2019 9:35:33 AM

Discharge Date: 1/17/2019

Diagnoses:

- Subvalvular aortic stenosis with small aortic root - mild to moderate disease
- Mitral valve disease - mild - trivial leak today
- Left ventricular dilation with reduced contractile function - essentially normal today

Clinical Findings:

Thank you for bringing [B6] in to see the Tufts Cardiology Service for a recheck of her aortic stenosis, mitral valve disease, and mildly reduced contractile function. [B6] is reported to be doing very well at home and has adjusted well to her new diet over the last six months. It is hard to say exactly how her exercise tolerance levels are doing, due to the impact of winter on her activity levels.

On exam today, her heart murmur remained stable (III/VI) and her pulses were good. The echocardiogram (ultrasound of the heart) showed that she continues to have improvement of her contractile function, and the heart size is getting smaller, and is essentially back to what I would think is "typical" for a dog with aortic stenosis. Historically she has also had a small leak at her mitral valve, but today we saw only a trace leak at that valve, which is great. At this time, overall her heart looks to be that of a dog with only mild aortic stenosis. She had no arrhythmia today.

B6

Monitoring at home:

Please continue to monitor her at home as you have been doing.

Recommended Medications:

B6

Diet suggestions:

B6

Thank you for entrusting us with **B6** care. Please contact our Cardiology liaison at (508)-887-4696 or email us at cardiovet@tufts.edu for scheduling and non-emergent questions or concerns.

Please visit our HeartSmart website for more information <http://vet.tufts.edu/heartsmart/>

Prescription Refill Disclaimer:

For the safety and well-being of our patients, your pet must have had an examination by one of our veterinarians within the past year in order to obtain prescription medications.

Ordering Food:

Please check with your primary veterinarian to purchase the recommended diet(s). If you wish to purchase your food from us, please call 7-10 days in advance (508-887-4629) to ensure the food is in stock. Alternatively, veterinary diets can be ordered from online retailers with a prescription/veterinary approval.

Clinical Trials:

Clinical trials are studies in which our veterinary doctors work with you and your pet to investigate a specific disease process or a promising new test or treatment. Please see our website: vet.tufts.edu/cvmc/clinical-studies

Case: **B6**

Owner: **G B6**

Discharge Instructions

From: Andrea Fascetti <ajfascetti@ucdavis.edu>
To: Jones, Jennifer L
Sent: 6/14/2019 5:51:24 PM
Subject: Re: Amino Acid Contract Updates
Attachments: Normal Dog U AA 06142019.xlsx

Hi Jen - Please find attached results for normal dogs.

Let me know if you have any questions about these findings.

Is it possible to set up a call - I had a few questions that might be easier to discuss in person regarding your email.

I am out on vacation next week - we will be in **B6** but if you are available, I should have some time on Monday to chat (at least we would both be on the same time zone).

Might that work for you?

Kind regards -

Andrea

On Jun 13, 2019, at 11:42 AM, Jones, Jennifer L <jennifer.jones@fda.hhs.gov> wrote:

Greetings Andrea and **B6**
I wanted to touch base about the contract and discuss next steps.

B5

Thank you, and I hope all is well.

Kind regards,
Jen

Jennifer L. A. Jones, DVM

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