

Fax: Admin
Fax: Referral

B4, B6 **B4, B6**

Small Animal **B6**
Large Animal **B6**

Discharge Comments

Client B6	Patient B6 MIXED BREED DOG FS BLACK & TAN CANINE	Case # B6 15.9 kg	Attending DVM Student B6 Discharging DVM B6 Referring DVM B6
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Admission Date/Time: **B6** 8:41 AM Discharge Date/Time: **B6** 01:35 PM Discharge Status: UNDETERMINED

CASE SUMMARY

DIAGNOSIS:

1. Dilated cardiomyopathy (DCM): rule out diet induced vs hypothyroidism vs primary (idiopathic)

HISTORY:

B6 is an approximately 4 year old female spayed mixed breed dog who was presented to **B6** Cardiology on **B6** for evaluation of a new heart murmur and suspected dilated cardiomyopathy.

B6 was presented to **B6** on 10/2/18 for a wellness exam and annual bloodwork, and a new II/VI left apical systolic murmur was noted on physical exam. **B6** CBC showed mild thrombocytopenia (121k on automated count), and no abnormalities on serum chemistry. **B6** was then presented to **B6** on 10/13/18 for a reevaluation of her murmur. Chest radiographs revealed generalized moderate to severe cardiomegaly with normal pulmonary vasculature and lung fields. A limited ultrasound of the heart reportedly revealed dilation of all four heart chambers with poor myocardial contractility. **B6** was then referred to **B6** Cardiology for suspected grain-free diet related DCM. Her diet was switched to Purina ProPlan dry kibble and she was started on taurine (500 mg PO BID) and L-carnitine supplementation (1g PO BID). For the last 3 months, **B6** has had an occasional single dry, non-productive cough once weekly when playing with her puppy housemate. **B6** has not experienced any lethargy, decreased appetite, exercise intolerance, respiratory distress or fainting. **B6** resting respiratory rate has been between 13 to 24 breaths per minute since 10/13/18.

B6 was adopted from a shelter in **B6** three years ago and was estimated to be one year old at that time. **B6** experienced diarrhea and vomiting in the first 2 months after adoption and was started on a grain-free, chicken-free diet. **B6** diarrhea and vomiting resolved after the diet switch. Her diet history is as follows: Nature's Variety Instinct Limited Ingredient Lamb (11/2015 - 11/2017); Blue Buffalo Turkey + Potato or Lamb + Potato (11/2017 - 8/2018); American Journey Lamb + Sweet Potato Limited Ingredient Grain-Free (8/2018 - 10/2018). **B6** has had no other significant medical history since adoption and is not on any prescription medications. She is eating, drinking, urinating and defecating normally and has had no episodes of vomiting. **B6** is on Heartgard and Nexgard parasite prevention and up to date on all vaccines.

Current Diet: Purina Pro Plan Adult Lamb and Rice - dry kibble

Current Medications: None

Current Supplements: Taurine 500mg q12hr (GMC brand tablets), L-carnitine 1000mg q12hr (GMC brand tablets)

PHYSICAL EXAM FINDINGS:

B6

RESULTS OF DIAGNOSTIC TESTS:

B6

B6

PENDING DIAGNOSTIC TESTS:

B6

ASSESSMENT:

Thank you for entrusting us with **B6** care today. Today, **B6** was diagnosed with dilated cardiomyopathy (DCM). DCM is a disease that affects the muscle of the heart and causes a decrease in the contractility (pumping ability) of the heart. Because the heart is unable to pump with enough force to move blood adequately forward into circulation, a volume overload occurs and the heart dilates to accommodate it. Subsequently, the chambers of the heart become enlarged and the mitral valve leaflets are pulled slightly apart, resulting in back-flow of blood (mitral regurgitation) and the heart murmur ausculted on **B6** physical exam. **B6** echocardiogram today showed mild to moderate dilation of her heart chambers, mild mitral valve regurgitation and mild to moderately diminished pumping ability of her heart.

While the exact mechanism of DCM is currently unknown, dietary deficiencies in the amino acids taurine and carnitine, genetics, infectious and inflammatory conditions, and toxins have all been linked to DCM. Since **B6** is an atypical breed to develop primary (hereditary) DCM and has been on a grain-free diet for the last 3 years, we are concerned for a possible diet associated DCM. This is a diagnosis of exclusion, so to rule out other causes, blood was drawn today for a troponin level and for thyroid testing. Troponin is a biomarker for damage to the muscle of the heart and is elevated in cases of myocarditis, which can be caused by many things including infectious or inflammatory disease. **B6** troponin level was normal, so an infectious or inflammatory cause of her DCM is unlikely. Thyroid testing was also submitted today, as hypothyroidism can be another cause of DCM.

There has been recent unpublished data suggesting a link between some grain-free diets and cardiomyopathy. Although some of these cases seem related to taurine/carnitine deficiency, others do not, and the reason for this link is not yet clear. Although the mechanism has not been confirmed, one hypothesis is that phytic acid, produced by legumes and lentils (common ingredients in grain-free diets) decreases the absorption of taurine and other essential nutrients from the intestines into the bloodstream. Some animals will show reversibility of their heart disease with supplementation of taurine and carnitine and initiation of a grain-containing diet.

B6

INSTRUCTIONS FOR CARE

B6

B4, B6

Owner/Agent

B4, B6

B6

Clinicians:

Clinical Technicians:

Client Services:

B4, B6

B4, B6

B4, B6

Research Technician

B4, B6

In order to help expedite medication refills, please visit us online at [B4, B6](#) and select Pet Owners, Pharmacy Refills.

MIXED BREE

B6

B4, B6

B4, B6

B6

B6

CANINE
23, FS

MIXED BREED DOG
B6 BLACK & TA
113791

MIXED BREE

B6

B6

CARDIOLOGY SERVICE
Patient Discharge Instructions

Admission date: **Wednesday, October 17, 2018**

Reason for visit: Murmur evaluation, suspect dilated cardiomyopathy (DCM)

Diagnosis/Problem: Dilated cardiomyopathy, suspect diet related

Treatments and diagnostic tests performed: Troponin level (pending), taurine level (pending), T4/TSH (pending), platelet count, echocardiogram

Medications:

B6

Instructions for care: Continue to monitor **B6** for increased respiratory rate and effort, exercise intolerance, fainting, lethargy, decreased appetite, coughing, and abdominal distension. If you note any of these signs, **B6** should be evaluated by a veterinarian immediately. Continue to monitor **B6** resting respiratory rate by counting her number of breaths per minute while she is laying down or sleeping. A normal resting respiratory rate for a dog is less than 30-40 breaths per minute.

Plan for next evaluation: Please schedule an appointment with **B4, B6** Cardiology in 3 months by calling **B4, B6**

B4, B6

B4, B6

B4, B6

Thank you for allowing us to care for you and your pet. If you have any questions or concerns, please do not hesitate to call the **B4, B6** Cardiology Service at **B4, B6**. For prescription refills **B6**.

- Owner requests full report (Full Summary Automatically Sent To Primary DVM)
- This is the full report to be sent to the primary DVM

Faculty:

B4, B6

Residents:

B4, B6

Research Technician:

B4, B6

Clinical Technicians

B4, B6

Client Services

B4, B6

B4, B6

B4, B6

REPORT OF LABORATORY EXAMINATION

Client:

B6

Owner:

B6

Rcvd Date: 10/18/2018 4:31:00 PM
Admitted By: Not Provided
Ordered By: N/A
Encounter: 02540503
CR#: AP

Animal: **B6**
Species: Canine
Age: 3 years
Tag/Reg ID:
Other ID:

MRN: **B6**
Breed: Dog Mixed Breed
Gender: Female, Spayed

Endocrinology

Endocrine Results

Collected Date/Time (If Provided) 10/17/2018 16:39:00

Procedure

B6

Ref Range	Units
[11-60]	nmol/L
[0.8-2.1]	nmol/L
[9-39]	pmol/L
[0-20]	%
[0-10]	%
[0.00-0.58]	ng/mL
[0-35]	%

Endocrinology Interpretation

See Below

B6

L = Low Result; H = High Result; @ = Critical Result; ^ = Corrected Result; * = Interpretive Data; # = Result Footnote

B4, B6

Cardiology Pet Diet History

231020
CANINE
FS

B6
MIXED BREED DOG
12/24/14 BLACK & TA
113791

MIXED BREE

Date: 10/16/18

B6

B6

Current diet:

Brand American Journey Lamb & Sweet Potato

Variety Limited Ingredient Grain-Free

Is this diet Grain-free? Yes

How long has your pet eaten this food? 3 months (Aug 18 - Oct 18)

Are there other pets in your house eating this food? Yes, puppy version for 5 mo. Goldendoodle, **B6**

Other diets eaten in the last 3 years and dates:

(Nov 17 - Aug 18) Blue Buffalo - different versions of basic, lifesource & freedom (mostly basics) <sup>Turkey + Potato
Lamb + Potato</sup>

(Nov 15 - Nov 17) Nature's Variety Instinct Limited Ingredient Lamb

- First 2 months after adoption tried 2 or 3 foods that caused major diarrhea & vomiting so claimed allergic to chicken and started on grain-free, chicken-free diet. No more D or V.

Other food (treats, rawhides, table food):

No rawhides. Not too many treats. Occasional table food (rare).

Have given Better Belly chews, dental chews (milkbone, pentastix, Nylabone NutriDent)

Supplements (e.g. fish oil, CoQ10, vitamins etc)

↳ all very few and far between.

None -

B4, B6

B4, B6

10/17 @ 9:00

#123919

Cardiology-Consult

1 message

2 ADS IN EMAIL

Sat, Oct 13, 2018 at 2:29 PM

B4, B6

Consult Request <

B6

To:

B4, B6

B4, B6

B4, B6

Automated message. Do not reply to sender, see below for clinic/client e-mail.

What is your preferred contact method?:

By Phone

Best hours to contact:

M T W F 8a-6p

Veterinarian to contact:

B6

Clinic/Hospital:

B6

Clinic Phone Number:

B6

Clinic Email:

B6

Name of the owner (First/Last):

B6

Owner Phone:

B6

Owner Email:

B6

Has this patient ever been seen by any service at NC State Veterinary Hospital?:

No

Patient/Pet Name:

B6

Species:

canine

Date of Birth or Age:

B6

Breed:

mixed breed

Weight:

35.7lbs

Color:

black/tan

Gender:

FS

Pertinent medical history:

Would like referral for echocardiogram at B6 ASAP- suspect grain-free diet related DCM. Client amenable to referral. On grain free diet past 3-4 years. New heart murmur first noted last week at a different veterinary office. Seen today by our hospital first time for second opinion. Grade 2-3/6 L systolic murmur, NSR. Respiratory: WNL, no crackles/wheezes. Eupnic. Does not appear to be in CHF. Not currently on any medications aside from Nexguard and Heartguard. Advised Taurine 500mg PO BID and L carnitine- 1gram PO BID and change to diet containing grains while awaiting echo. Discussed monitoring for signs of impending CHF and when to seek emergency care.

Questions you would like addressed:

Chest rads- Generalized moderate to severe cardiomegaly. Lungs appear WNL. Brief cardiac US (by me)- All 4 chambers appear subjectively enlarged/dilated. Myocardium appears subjectively thin with POOR contractility. No pericardial effusion detected. Suspect DCM.

Red slot
11/14
10/17 9AM
~~11 AM~~

16.2 kgf

3 brands - of late.
Am. Journey Salm + Sw Pot

Patient History Report **B6** 10/15/2018

Clinic:

B6

B6

Client:

B6

Home Phone: **B6**

Work Phone: **B6** xcell

ID: **B6** File #: 386

Patient: **B6**

ID: **B6**

Tag:

Species: Canine, Mixed breed

Sex: female/spayed

Age: 4 yrs, DOB: **B6**

Weight: 35.7 Lbs

Color: Black/tan markings

Last visit: 10/13/2018

Referred By:

Tel: / Fax:

Medical Record Entries:

10/15/2018

Referral - SW **B6** fit into redslot- 1 month

-save diet and bring it in to appointment. CHange diet to one with grain in it

Taurine- 40mg/kg 640mg/day (250 and 500ok too)

L-carnitine- ???

does O need to call (**B6**)

10/15/2018

See Attachments - Blood Work Downtown **B6** Animal Hospital (**B6**)

10/13/2018

Consultation with specialist - Sent to **B6** Cardiology:

Would like referral for echocardiogram at **B6** ASAP- suspect grain-free diet related DCM. Client amenable to referral. On grain free diet past 3-4 years. New heart murmur first noted last week at a different veterinary office. Seen today by our hospital first time for second opinion. Grade 2-3/6 L systolic murmur, NSR. Respiratory: WNL, no crackles/wheezes. Eupnic. Does not appear to be in CHF. Not currently on any medications aside from Nexguard and Heartguard. Advised Taurine 500mg PO BID and L carnitine- 1gram PO BID and change to diet containing grains while awaiting echo. Discussed monitoring for signs of impending CHF and when to seek emergency care.

Chest rads- Generalized moderate to severe cardiomegaly. Lungs appear WNL.

Brief cardiac US (by me)- All 4 chambers appear subjectively enlarged/dilated.

Myocardium appears subjectively thin with POOR contractility. No pericardial effusion detected. Suspect DCM.

Bloodwork performed recently by another vet hospital- WNL per owner (Copies unavailable today- Saturday).

- Earliest appointment client can be seen?

- Additional medications or changes in dosages of supplements to prevent CHF while awaiting referral?

-Rads and video of cardiac US will be sent by email on Monday (when support staff available).

B6

10/13/2018

Ultrasound Consult Fee - Cardiac US- All 4 chambers appear subjectively

enlarged/dilated. Myocardium appears subjectively thin with poor contractility. No pericardial effusion detected. Suspect DCM [B6]

10/13/2018

Radiographs-Two Views - 3 view thorax- Generalized moderate to severe cardiomegaly. Lungs appear WNL. Suspect DCM [B6]

10/13/2018

Weight in lbs. - (35.7) [B6]

10/13/2018

Examination/Office Call - [B6]

Chief Complaint: second opinion, heart murmur

History: 2nd opinion- heart murmur. Adopted approx. 3 years ago, think she was around 9 months at time of adoption. Pretty healthy past few months- had diarrhea occasionally in first year, improved once she eliminated chicken and grains from the diet. 1 week ago- diagnosed with a heart murmur for the first time at [B6] Prior to that, has been to multiple vets and they have never mentioned a heart murmur.

Occasionally coughs, mostly when excited (when pulling on the leash/collar, but also sometimes when playing off leash).

Diet- American Journey Salmon and sweet potato (grain free). Has always been on a grain-free diet.

On Heartguard and Nexguard, O gives every month, regularly.

B6

B6

MIXED BREED

From

B4, B6

B4, B6

SCANNED

B6

B6

Acct Number:
Address.....:

B6

Medical Alert:

Sex.....: FS

Weight: 35.6lbs.

DOB.....: B6

Breed....: Lab Mix

Phone.....:

ext:

Species...: Canine

Cell Phone.....

() ext: Outstanding Balance: \$\$

<u>Problem (s)</u>	<u>Date</u>	<u>Diagnoses</u>	<u>Date</u>	<u>Vaccine Name</u>	<u>Date Due</u>
<p>B6</p>					

10/03/2018

Note

Records transferred to

B6

Provider:

B6

10/02/2018

Service

CET HEXtra Premium Chews Med. QTY: 1
Dog 30-Ct

Provider: Hospital Personnel

10/02/2018

LINK

New Client Form

10/02/2018

Service

Junior Wellness - Comprehensive Profile QTY: 1

Provider:

B6

10/02/2018

Service

CBC (Complete Blood Count) QTY: 1

Provider:

B6

B6

MIXED BREE

B6

B6

10/02/2018

SOAP

Wellness Visit

Provider:

B6

S: Presenting Complaint: B6 is here for a wellness exam.
Current on vaccines, no concerns, E/D ok, no V/D

Medications received: None

Preventatives received: Nexgard and Heartgard

Diet: American Journey

O: Weight- 35.6 lbs

PHYSICAL EXAM

B6

B6

MIXED BREED

DIAGNOSTICS
CBC/Chem: NSF

A: healthy pet, murmur very mild and not a concern at this time

P: dental cleaning will be important for maintaining heart health

10/02/2018

Lab Value

Temperature: = 101.20

10/02/2018

Service

Exam - Pet Wellness

QTY: 1

Provider:

B6

Comprehensive Diagnostic

10/02/2018 02:51 PM

ALB
ALP
ALT
AMY

B6

2.5-4.4 g/dL
20-150 U/L
10-118 U/L
200-1200 U/L

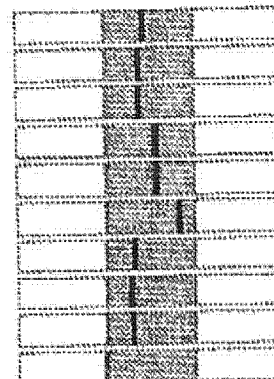
B6

B6

TBIL
BUN
CA
PHOS
CRE
GLU
NA+
K+
TP
GLOB

B6

0.1-0.6 mg/dL
7-26 mg/dL
8.6-11.8 mg/dL
2.9-6.6 mg/dL
0.3-1.4 mg/dL
60-110 mg/dL
138-160 mmol/L
3.7-5.8 mmol/L
6.4-8.2 g/dL
2.3-5.2 g/dL

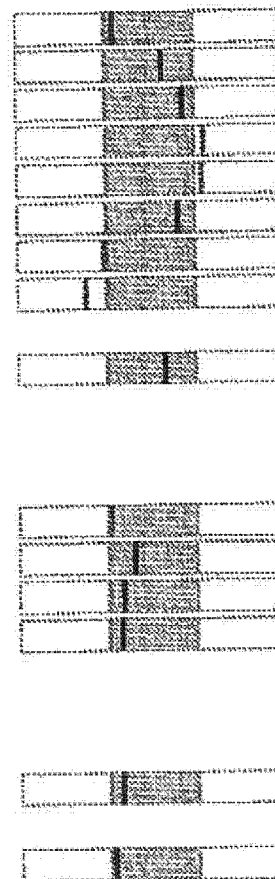


Abaxis VetScan HM5
10/02/2018 02:45 PM

WBC
RBC
HGB
HCT
MCV
MCH
MCHC
PLT
PCT
MPV
PDWs
PDWc
RDWs
RDWc
LYM
MON
NEU
LY%
MO%
NE%
EOS
EO%
BAS
BA%

B6

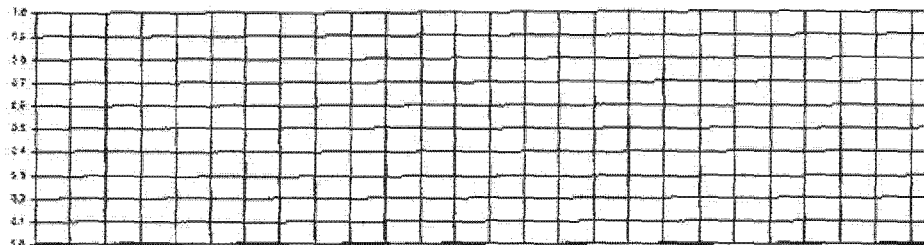
6.00-17.00 10⁹/l
5.50-8.50 10¹²/l
12.0-18.0 g/dl
37.00-55.00 %
60- 77 fl
19.5-24.5 pg
31.0-39.0 g/dl
165- 500 10⁹/l
%
3.9-11.1 fl
fl
%
fl
14.0-20.0 %
1.00-4.80 10⁹/l
0.20-1.50 10⁹/l
3.00-12.00 10⁹/l
%
%
%
0.00-0.80 10⁹/l
%
0.00-0.40 10⁹/l
%



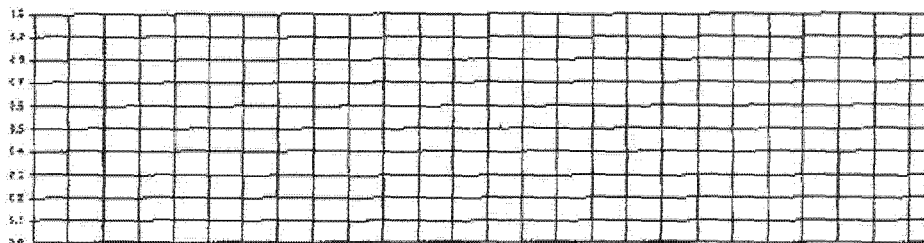
B6

B6

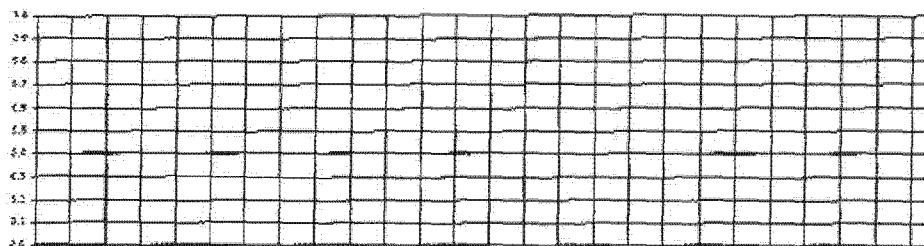
WBC Hist



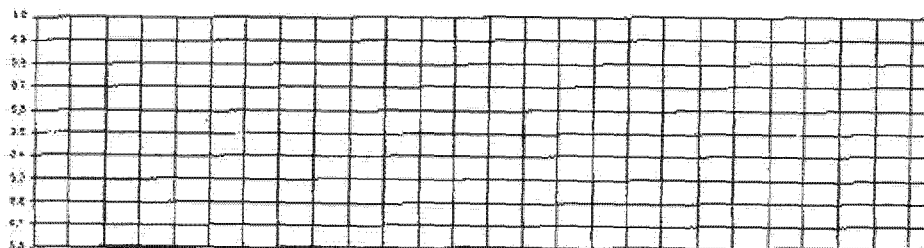
RBC Hist



EOS Hist



*PLT Hist



09/25/2018 [LINK](#) Records Cont.

09/25/2018 [LINK](#) Records

B6
CANINE
FS

B6
MIXED BREED DOG
B6 BLACK & TA

MIXED BREE

B6

B6

B6

For any questions on B6 health, please call B6

B6

MIXED BREE

B6

B6

B6

B6

B6

B6

Acct Number:

Address.....

Phone.....

Call Phone.....

B6

() ext. Outstanding Balance: \$\$

B6

Medical Alert:

Sex..... FS

DOB..... B6

Species... Canine

Weight: 35.6lbs.

Breed...: Lab Mix

Problem (a)	Date	Diagnoses	Date	Vaccine Name	Date Due
	0.00				
<p>B6</p>					

10/02/2018 Service CET HEXtra Premium Chews Med. QTY: 1 Dog 30-Ct Provider: Hospital Personnel

10/02/2018 LINK New Client Form

10/02/2018 Service Junior Wellness - Comprehensive Profile QTY: 1 Provider: B6

10/02/2018 Service CBC (Complete Blood Count) QTY: 1 Provider: B6

SCANNED

B6

10/4/18

B6

CANINE ES

B6

MIXED BREED DOG

B6

BLACK & TA

MIXED BREE

B6

B6

B6

10/02/2018 SOAP Wellness Visit Provider: B6

S: Presenting Complaint: B6 is here for a wellness exam.
Current on vaccines, no concerns, E/D ok, no V/D

Medications received: None

Preventatives received: Nexgard and Heartgard

Diet: American Journey

O: Weight- 35.6 lbs

PHYSICAL EXAM

B6

B6

MIXED BRE

DIAGNOSTICS
CBC/Chem: NSF

A: healthy pet, murmur very mild and not a concern at this time

P: dental cleaning will be important for maintaining heart health

10/02/2018	Lab Value	Temperature: = 101.20		
10/02/2018	Service	Exam - Pet Wellness	QTY: 1	Provider: B6
09/25/2018	LINK	Records Cont.		
09/25/2018	LINK	Records		

For any questions on B6 health, please call B6

Patient History Report

Client:	B6	Patient:	B6	Breed:	Mixed
Phone:		Species:	Canine	Sex:	Spayed Female
Address:		Age:	3 Yrs. 8 Mos.	Color:	Black/Tan

Date	Type	Staff	History
------	------	-------	---------

8/4/2018 I **B6**

8/4/2018 CK **B6**

8/4/2018 V **B6**

8/4/2018 L **B6**

8/4/2018 L **B6**

8/4/2018 B
 8/4/2018 B
 8/4/2018 B
 8/4/2018 B
 8/4/2018 B
 7/30/2018 P

B6

B6

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Exam, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: Problem, R: Correspondence, T: Images, TC: Tentative medl note, V: Vital signs

B6

B6
CANINE

B6
MIXED BREED DOG
BLACK & TA
B6

MIXED BREED

6:37 PM

B6

Patient History Report

Client:
Phone:
Address:

B6

Patient: **B6**
Species: Canine
Age: 3 Yrs. 8 Mos.
Color: Black/Tan

Breed: Mixed
Sex: Spayed Female

Date Type Staff History

7/30/2018 P

B6

7/27/2018 P

B6

7/27/2018 P

B6

B6

7/23/2018 TC

B6

Signed Consents - TENTATIVE

7/23/2018 TC

B6

Signed Estimate/Drop Off - TENTATIVE

7/20/2018 TC

B6

PDVM - TENTATIVE -

B6

CANINE VACCINES & LAB- ** Please type below when vaccines or tests were actually Given at **B6 - Not when they are due ****

***** RECEPTION FULL NAME (NOT YOUR INITIALS) OF WHO PUT IN PDVM OF DATES VACCINES GIVEN : **B6****

B: Billing, G: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to History, E: Examination, F: Filing, I: Departing Inabr, LL: Lab result, M: Image cases, P: Prescription, PA: PVL Access, R: Correspondence, T: Images, TC: Tentative

B6

B6
CANINE
ES.

B6
MIXED BREED DOG
BLACK & TA

MIXED BRE

37 PM

B6

Patient History Report

Client:
Phone:
Address:

B6

Patient: **B6**
Species: Canine
Age: 3 Yrs. 8 Mos.
Color: Black/Tan

Breed: Mixed
Sex: Spayed Female

Date	Type	Staff	History
------	------	-------	---------

CANINE RABIES Date Given: 09/09/16 - Manufacturer: 1 or 3 year: 3
 CANINE RABIES Date Given: - Manufacturer: 1 or 3 year:
 CANINE RABIES Date Given: - Manufacturer: 1 or 3 year:
 CANINE RABIES Date Given: - Manufacturer: 1 or 3 year:

DHPP Date Given: 09/09/16 - Manufacturer: 1 or 3 year: 3
 DHPP Date Given: - Manufacturer: 1 or 3 year:
 DHPP Date Given: - Manufacturer: 1 or 3 year:
 DHPP Date Given: - Manufacturer: 1 or 3 year:

LEPTO Date Given: -
 LEPTO Date Given: -

BORDETELLA Date Given: 4/17/2017 - Intranasal Oral Injectable
 BORDETELLA Date Given: - Intranasal Oral Injectable

CIV Date Given: -
 CIV Date Given: -
 CIV Date Given: -

HEARTWORM TEST Date Given: 09/08/17 - Negative Positive
 HEARTWORM TEST Date Given: - Negative Positive

FECAL Date Given: 12/21/2017 - Negative Positive
 FECAL Date Given: - Negative Positive
 FECAL Date Given: - Negative Positive

DEWORMING Date Given: - Type:
 DEWORMING Date Given: - Type:
 DEWORMING Date Given: - Type:

MIXED BRE

B6

7/19/2018 C

DZZ

Canine/Feline Exam - CLOSED 08/02/2018

B6

DVM

Wt: 35.2

Reason for visit: O lacerated L cranial flank fold while grooming

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 med note, V: Vital signs

B6

Patient History Report

Client:	B6	Patient:	B6	Breed:	Mixed
Phone:		Species:	Canine	Sex:	Spayed Female
Address:		Age:	3 Yrs. 8 Mos.	Color:	Black/Tan

Date	Type	Staff	History
------	------	-------	---------

Temp/Pulse/Resp: 101.8 / 130 / 40

B6

B6	B6	MIXED BREED DOG	MIXED BRE
<div style="border: 1px dashed black; padding: 20px; display: inline-block;"> <h1>B6</h1> </div>			TA

7/19/2018 P	B6	<div style="border: 1px dashed black; padding: 20px; display: inline-block;"> <h1>B6</h1> </div>
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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 med note, V: Vital signs

Patient History Report

Client:	B6	Patient:	B6	Breed:	Mixed
Phone:		Species:	Canine	Sex:	Spayed Female
Address:		Age:	3 Yrs. 8 Mos.	Color:	Black/Tan

Date	Type	Staff	History
------	------	-------	---------

7/19/2018 P

B6

7/19/2018 P

B6

7/19/2018 CK

B6

7/19/2018 V

B6

7/19/2018 B
 7/19/2018 B
 7/19/2018 B
 7/19/2018 B
 7/19/2018 B
 7/19/2018 B
 7/19/2018 B
 7/19/2018 B
 7/19/2018 B

B6

B6

8/4/2017 TC **B6** OVERDUE REMINDER CALL - TENTATIVE
 overdue reminder call UMOM for O to schedule apt

9/19/2016 TC **B6** Overdue reminder call - TENTATIVE
 UMOM about overdue reminders

9/7/2016 TC **B6** faxed records - TENTATIVE
 Faxed records to **B6** 5:15p

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: Correspondance, T: Images, TC: Tentative medl note, V: Vital signs

B6

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: 3 Yrs. 8 Mos. Color: Black/Tan	Breed: Mixed Sex: Spayed Female
-------------------------------	-----------	--	------------------------------------

Date	Type	Staff	History
8/1/2016	C	B6	RR - FINAL 08/01/2016

7/30/2016 C B6 Canine Exam - CLOSED 08/29/2016

Canine Exam
Date: 7/30/2016
Patient Name: B6 B6 Mixed 37 pounds Spayed Female
B6 DVM Technician B6

To be completed by Technician

Reason for visit: to establish relationship for Bravecto

History (Subjective):

Is your pet having any problems?	All things are good. O wants Bravecto for P. O will do vx towards end of Sept 2016. Current on Tri-heart. Nature's Variety lamb/pea dry food.
----------------------------------	---

To be completed by DVM

Exam (Objective):

Nose and Throat <input type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ___	Mouth/Teeth/Gum <input type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ___
Eyes and Ears <input type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ___	Coat and Skin <input type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Abnormal Remarks: ___
Lymph Nodes <input type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Enlarged Remarks: ___ <input type="checkbox"/> Abnormal Remarks: ___	Musculoskeletal <input type="checkbox"/> Normal <input type="checkbox"/> Did Not Exam <input type="checkbox"/> Nail Trim <input type="checkbox"/> Abnormal Remarks: ___

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 med note, V: Vital signs

B6

Patient History Report

Client: Phone: Address:	B6	Patient: B6	Breed: Mixed
		Species: Canine	Sex: Spayed Female
		Age: B6	Color: Black/Tan

Date	Type	Staff	History
------	------	-------	---------

Nervous System <input type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: __	Heart and Lungs <input type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Heart Murmur Grade __/VI Murmur Comments: __ <input type="checkbox"/> Abnormal Remarks: __
GI Tract/Abdomen <input type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Expressed Anal Glands <input type="checkbox"/> Abnormal Remarks: __	Urinary and Genitals <input type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: __
Additional Notes:	

To be Completed by DVM (Unless they are really backed up)

Vital Signs:
Add Vital Signs

To be completed by Technician

Wellness Services:

Rabies: 1yr 3yr Retag # UTD Declined
 DHPP: 1yr 3yr # Titers UTD Declined
 Lepto: # Annual UTD Declined
 Bordetella: # 1yr UTD Declined

Fecal: Accepted Declined
 Heartworm Test: Accepted Declined
 Wellness BW: 0-6 yrs Accepted Declined
 > 6 yrs

Note: Don't forget the Accept or declined boxes!

To be completed by DVM:

Assessment: Add Diagnosis Description
healthy pet

Plan: examination for Bravecto, will have vx as a tech appt in a couple months.
NT today.

7/30/2018 P

B6

1.00 pack of Bravecto Chews > 22.0 - 44.0 lbs (1534)
 Rx #: 31558 0 Of 0 Refills Filled by: **B6**
 Give 1 chew by mouth every 12 weeks for prevention of fleas and ticks. GIVE WITH FOOD. FOR VETERINARY USE ONLY. KEEP OUT OF REACH OF CHILDREN

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, F: 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 med note, V: Vital signs

B6

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: 3 Yrs. 8 Mos. Color: Black/Tan	Breed: Mixed Sex: Spayed Female
-------------------------------	-----------	---	------------------------------------

Date	Type	Staff	History
------	------	-------	---------

7/30/2016 C B6 B6 FINAL 07/30/2016 - B6 Animal Care Shelter

NO VAX HX IN B6

CANINE VACCINES

- DHPP Date Given: 09/24/2015 - Booster 1 Year 3 Year W/Lepto
- DHPP Date Given: - Booster 1 Year 3 Year W/Lepto
- DHPP Date Given: - Booster 1 Year 3 Year W/Lepto
- DHPP Date Given: - Booster 1 Year 3 Year W/Lepto

CANINE RABIES Date Given: 09/24/2015 - 1 Year 3 Year

Mfr: Boehringer Ingelheim

CANINE RABIES Date Given: - 1 Year 3 Year

Mfr: _____

LEPTO Date Given: _____

LEPTO Date Given: _____

BORDETELLA Date Given: 09/24/2015 - Intranasal Oral Injectable

BORDETELLA Date Given: - Intranasal Oral Injectable

LAB/HYGIENE

DEWORMING Date Given: 09/24/2015 - Type: Pyrantel Pamoate

DEWORMING Date Given: - Type: _____

DEWORMING Date Given: - Type: _____

FECAL Date Given: - Negative Positive: _____

FECAL Date Given: - Negative Positive: _____

CANINE HEARTWORM TEST Date Given: 09/24/2015 - Negative Positive

CANINE HEARTWORM TEST Date Given: - Negative Positive

7/30/2016 CK B6

7/30/2016 V B6

7/30/2016 B B6

7/30/2016 B B6

B6

B: Billing, C: Med note, CB: Call back, CK: Check-in, CW: 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 med note, V: Vital signs

B6

Patient History Report

Client:
Phone:
Address:

B6

Patient: **B6**
Species: Canine
Age: 3 Yrs. 8 Mos.
Color: Black/Tan

Breed: Mixed
Sex: Spayed Female

Date	Type	Staff	History
------	------	-------	---------

7/30/2016	B		
7/30/2016	B		
7/30/2016	B		
7/18/2016	V		

B6

B6

Weight 35.00 pounds

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 med note, V: Vital signs

B6

Page 9 of 9

Date: 8/29/2018 6:37 PM

Reminder Letter Report
Sorted by Client ID

1 of 1

Client ID	Issued Name	Patient ID	Patient Name	Drug Description	Type	Date
B6	B6	B6	B6			2012012
						04/2012
						04/2012
						04/2012
						04/2012

B6

Page 1 of 1 Date: 8/29/2018

B4, B6

B4, B6

Canine Echocardiography Report

Patient Name:	B6	Date of Exam:	B6
Medical Rec #:	231020	Breed:	Mixed breed
DOB:	B6	Weight:	16 kg
Age:	3 years	BSA:	0.64 m ²
Sex:	Fs	HR:	
Sonographer:	B4, B6 (CA), DACVECC	DVM, DACVIM	BP-sys:

Report Status: READ
 Diagnosis: Suspect Grain Free Diet Associated DCM, Decreased left ventricular systolic function; Left ventricular dilation
 Study Details: 2D Echo/Doppler/Color Doppler. The images were of adequate diagnostic quality. The patient was awake.

Additional Comments:
 Dog presents for asymptomatic heart murmur.

2D	Diastole	Systole
IVS	B6	
LV		
LVPW		
2D		
LA d	B6	
Ao s		
LA/Ao		

M-mode	Diastole	Systole	B6
RV	B6		
IVS			
LV			
LVPW			
LV normalized			
LA			
Ao			
LA/Ao			

Normal Canine M-mode values (in cm) for 15 kg dogs.

B6

Tissue Doppler:	Medial	B6	B6
E'	B6		
A'			
E'/E'			
E'/A'			

MIXED BR

B6

B6

B6

Aortic Valve:

VMax
Pk Grad

AoV

B6

B6

CANINE
FS

B6

MIXED BREED DOG
B6 BLACK & TA

MIXED BR

Mitral Valve:

Mn Grad
P1/2T
MV Area

B6

B6

Tricuspid valve:

TV E Max
TV Mn Grad
P 1/2 T
TV VTI

B6

Pulmonic valve:

Vmax
Pk Grad
PV AT
PV ET
PV AT/ET

B6

CLINICIAN INTERPRETATION:

B6

ECHO SUMMARY:

B6

CV Exam:

Cardiac auscultation revealed a systolic murmur of grade II-III/VI intensity loudest at the left apex.

Radiographs:

RDVM radiographs. No evidence of pulmonary edema. Left sided cardiomegaly.

Recommendations: Cause of dog's murmur is Mitral valve insufficiency due to MV annular stretch. MV anatomy is normal.

B6

B6

B6

B6

Since [B6] is an atypical breed for DCM and has been on grain free diet for last 3 years, we are concerned for possible diet associated DCM. Other causes are possible such as idiopathic, infectious/inflammatory, ischemic or hypothyroidism. Cardiac troponin and thyroid testing are pending. Blood for infectious disease has been banked if troponin is markedly elevated. Taurine concentrations are also pending but dog has been on new diet and taurine for last 4-5 days.

Recommend continuing with taurine 40 mg/kg per day and carnitine. Suggest adding pimobendan 5 mg am, 2.5 mg pm and recheck echo in 3 months. If changes are reversible then diet associated DCM is likely cause

B4, B6 DVM, DACVIM (CA), DACVECC
Electronically signed on **B6** on 2:07:37 PM

B6

B6 CANINE
FS **B6** MIXED BREED DOG
BLACK & TA MIXED BR

B6

Final

B6

B6

B6

B6

B6

MIXED BR

22205 PL
22206 WB

Sample Submission Form

UC CUSTOMERS ONLY:
Non-federal funds ID/Account Number
to bill: _____

B6

B6

B6

Email: clinpath@tufts.edu; cardiovet@tufts.edu

Tel: 508-887-4669

Fax: 508-839-7936

B6

Species: Canine

B6

Sample Type: Plasma Whole Blood Urine Food Other: _____

Test Items: Taurine Complete Amino Acid Other: _____

Taurine Results (nmol/ml)

Plasma: **B6** 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

22207PL
22208WB

Sample Submission Form

B6

UC CUSTOMERS ONLY:
Non-federal funds ID/Account Number
to bill: _____

B6

B6

Email: clinpath@tufts.edu; cardiovet@tufts.edu

Tel: 508-887-4669

Fax: 508-839-7936

B6

Species: canine

B6

Sample Type: Plasma Whole Blood Urine Food Other: _____

Test Items: Taurine Complete Amino Acid Other: _____

Taurine Results (nmol/ml)

Plasma: **B6** 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

22209 PL
22210 WB

Sample Submission Form

UC CUSTOMERS ONLY:
Non-federal funds ID/Account Number
to bill: _____

B6

B6

B6

Email: clinpath@tufts.edu; cardiovvet@tufts.edu

Tel: 508-887-4669

Fax: 508-839-7936

B6

Species: canine

B6

Sample Type: Plasma Whole Blood Urine Food Other: _____

Test Items: Taurine Complete Amino Acid Other: _____

Taurine Results (nmol/ml)

Plasma: **B6** 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

B6

B6

All Medical Records

B6

Breed: Golden Retriever

B6

Species: Canine
Sex: Female
(Spayed)

Referring Information

B6

Initial Complaint:

DCM

SOAP Text

B6

9:04PM

B6

Subjective

NEW VISIT (ER)

B6

Presenting complaint: anorexia, vomiting, lethargy

Referral visit? no

Diagnostics completed prior to visit: none

HISTORY:

Signalment: 8 YO, FS, golden

Current history: Presenting to ER for history of collapse last Sunday. She was taken to an ER clinic at that time and diagnosed with DCM. She was put on pimobendan, furosemide and enalapril. She had been doing well up until yesterday. She lost her appetite (didn't eat any dinner or treats) and became lethargic and spacey. Has been drinking more since starting the new medications. Has an appointment with a cardiologist on the 17th, but worried about her sudden change today. Has a test pending for taurine levels. She vomited today before arriving, observed retching and the vomitus was brown and liquid with grass. No diarrhea. No C/S. O would like to see if we can fit her into cardio apt tomorrow rather than waiting for their planned appt.

Prior medical history: DCM diagnosed **B6** chronic ear infections

B6

Current medications:

B6

EXAM:

B6

ASSESSMENT:

B6

PLAN:

B6

Diagnostics completed:

B6

B6

B6

Diagnostics pending:

B6

Client communication: **B6**

B6

Deposit & estimate status: **B6**

Resuscitation code (if admitting to ICU): YELLOW

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

SOAP Text **B6** 6:47AM - Clinician, Unassigned FHSA

Daily Exam, Cardiology **B6**

B6 is a 8yo SF Golden Retriever who was diagnosed through the ER on **B6** with DCM after a collapsing episode. She was started on Enalapril 15mg PO q12, Pimobendan 7.5mg PO q12, and Furosemide 60mg PO q12. She was scheduled for a cardiology appointment on **B6**. She was stable until **B6** when she began to lose her appetite and became lethargic, owners were concerned about her sudden change so they brought her into Tufts ER on **B6**. Prior to arriving at the ER she vomited once (liquid/brown/grass) and was retching. She has a test pending for taurine levels. She had previously been on a grain free diet, but was switched to Nature's variety instinct raw beef and barely.

On presentation to the ER on **B6** initial diagnostics included NOVA (PCV 40, TS 6.5, Lactate 2.3 [H], BUN 48 [H], Crea 1.3), CBC/Chem/UA-pending, chest radiographs (Cardiomegaly, possible perihilar interstitial pattern, report pending) and AFAST/TFAST (no FF, LV dilation w/ poor contractility). She was hospitalized overnight with telemetry and scheduled for a cardio consult today **B6**.

Subjective

B6

Overnight update: **B6** picked at her food overnight and ate well this morning, she did not have any eliminations. HR remained between 65 to 119bpm. Cardiac rhythm was normal majority of the time (SA or NSR) with occasional isolated VPCs. Respiratory rates were in normal parameters (high 20s- low 30s).

Objective

B6

B6

B6

Assessments

B6

Plan

B6

SOAP completed by: B6

SOAP reviewed by:

Disposition/Recommendations

B6

B6

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

B6

B6
Veterinarian:
B6
Visit ID:

B6
Species: Canine
Breed: Golden Retriever
Sex: Female (Spayed)
Age: **B6** years Old

Lab Results Report

CBC, Comprehensive, Sm Animal		B6	12 PM	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	
PLTCRT		0.129 - 0.403	%	
RETIC(ADVIA)		0.2 - 1.6	%	
RETICS (ABS) ADVIA		14.7 - 113.7	K/uL	

CBC, Comprehensive, Sm Animal		B6	9:23:27 PM	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	

B4

6/38

B6

Printed Friday,

B6

B6

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
ICO2 (BICARB)		14 - 28	mEq/L
AGAP		8 - 19	
NA/K		29 - 40	
T BILIRUBIN	B6	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
1816 Result(s) verified			
OSMOLALITY (CALCULATED)		291 - 315	mmol/L

CBC, Comprehensive, Sm Animal **B6** 10:23:10 PM **B6**

Test	Results	Reference Range	Units
SEGS%		43 - 86	%
LYMPIIS%		7 - 47	%
MONOS%		1 - 15	%
EOS%		0 - 16	%
SEGS (AB)ADVIA	B6	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			
ACANTHOCYTES		0 - 0	
POIKILOCYTOSIS		0 - 0	

CBC, Comprehensive, Sm Animal **B6** 23:14 PM **B6**

Test	Results	Reference Range	Units
U COLLECT	Not Indicated	0 - 0	

B4

7/38

B4

Printed Friday

B6

B6

U COLOR	0 - 0
U TURBIDITY	0 - 0
U SG	0 - 0
U PH	0 - 0
U PROTEIN	0 - 0
U GLUCOSE	0 - 0
U KETONES	0 - 0
U BILIRUBIN	0 - 0

B6

B6

U HEME PROTEIN	0 - 0	
U WBC	0 - 0	/hpf
U RBC	0 - 0	/hpf
U BACTERIA	0 - 0	/hpf
U CRYSTALS	0 - 0	/hpf
U FAT	0 - 0	/hpf

B6

CBC, Comprehensive, Sm Animal **B6** 10:28:25 PM **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
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

B6

B4

8/38

B6

Printed Friday

B6

B6

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

CBC, Comprehensive, Sm Animal **B6** 0:37:16 PM **B6**

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

CBC, Comprehensive, Sm Animal **B6** 0:19:21 AM **B6**

Test	Results	Reference Range	Units
GLUCOSE		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	

CBC, Comprehensive, Sm Animal **B6** 0:48:18 AM **B6**

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

B4

9/38

B6

Printed Friday,

B6

B6

B6

B4, B6

B6

WAS FEEDING SIGNATURE
TROUT + SALMON, NOW
FEEDING NATLKE'S ~~SAVORY~~

B6

VARIETY
RESTRICT RAW
BEEF + BARLEY

B6

B6

Sex: FS Breed: Golden Retriever Color: Gold Weight: **B6**

B6

REGULAR VET IS

B6

Take Home Instructions:

Discharge Date: **B6**
Admission Date: **B6**

Chief complaint:
Collapse

Pertinent History:

B6 (8y FS golden) was seen on emergency for collapse while outside prior to presentation. She seemed dead but came to shortly after owner was rubbing on chest. She has a history of heart murmur - never worked up. She is otherwise healthy with history of mushroom ingestions.

appt w/
Cardiologist Dr.
B6
10/17

Diagnostics:

B4, B6

MEDS LIST
GIVEN
7:30 AM

B6

B4, B6

Diagnosis:
DCM - suspected
inappropriate urine concentration

B6

B6

Personal Privacy

B4, B6

B6

Take Home Instructions:

B6

Medications:

B6

B6

B6

B4, B6

B6

B6

PAGE 01/02

B6

B6

Fax

B6

B6

B6

Date:

B6

no:

Pages:

2 w/ cover

Urgent

For Review

Please Comment

Please Reply

•Comments:

B6

chem 10

B4, B6

B6

B4, B6

PAGE 02/02

Page 1 of 1

Catalyst Dx
Date Performed: **B6** 03:50 PM

B6

Species: Canine
Breed: Golden Retriever
Birthdate: **B6**
Sex: FS

B4, B6

Provider: 0

GLU

CREA

BUN

Patient Name
BUN/CREA

Name

Owner

Address

SEX

GLOB

ALB/GLOB

Patient Name

ALB/GLOB

Name

Address

SEX

GLOB

ALB

Patient Name

ALB

Name

Address

SEX

GLOB

ALB

Patient Name

ALB

Name

Address

file:///C:/Program%20Files%20(x86)/Infinity/def.htm

B6

B6

B6

UCDavis Taurine Level

B6

B6

B6

Species: canine

Breed: Golden retriever

B6

Current Diet: Signature trout + salmon

Sample type: Plasma Whole Blood Urine Food Other

Test: Taurine Complete Amino Acids Other: _____

Taurine Results (lab use only)

Plasma: _____ Whole Blood: **B6** Urine: _____ Food: _____

	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

UNIVERSITY OF CALIFORNIA, DAVIS

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

STERN CARDIAC GENETICS LABORATORY
 JOSHUA A. STERN, DVM, PHD, DACVIM (CARDIOLOGY)
 sterngenetics@ucdavis.edu; August 9, 2018

FREQUENTLY REQUESTED INFORMATION REGARDING TAURINE & DILATED CARDIOMYOPATHY IN GOLDEN RETRIEVERS

Taurine reference ranges for Golden Retrievers: The Stern Lab suggests that the following clinical reference ranges be used for Golden Retrievers and be considered for other known taurine-sensitive breeds such as Newfoundlands or American Cocker Spaniels. This is primarily based on 3 observations:

1. Golden Retrievers with marginal taurine levels (defined below) have been diagnosed with dilated cardiomyopathy and have documented disease reversal after taurine supplementation and diet change.
2. Previously published work documents taurine sensitivity in Golden Retrievers.
3. The most recently published reference on normal blood taurine values shows higher levels than previously reported.

- o Normal whole blood taurine: >250nmol/ml.
- o Normal plasma taurine: >70nmol/ml.
- o Marginal whole blood taurine: 200-250nmol/ml.
- o Marginal plasma taurine: 60-70nmol/ml.
- o Low whole Blood taurine: <200nmol/ml.
- o Low plasma taurine: <60nmol/ml.

References:

- Kramer SA, Kittleson MD, Fox PR, Lewis J, Pion PD. Plasma taurine concentrations with normal dogs and in dogs with heart disease. *J Vet Intern Med* 1995;9:253-258.
- Belanger MC, Ducllet M, Queney G, Moreau M. Taurine-deficient dilated cardiomyopathy in a family of golden retrievers. *J Am Anim Hosp Assoc* 2005;41:284-291.
- Kittleson MD, Keene B, Pion PD, Loyer CL, MUST Study Investigators. Results of the multicenter spaniel trial (MUST): taurine- and carnitine-responsive dilated cardiomyopathy in American Cocker Spaniels with decreased plasma taurine concentration. *J Vet Intern Med* 1197;12:204-211.
- Barkus RC, Olson G, Pion PD, Good KL, Rogers QR, Fascetti AJ. Taurine deficiency in Newfoundlands fed commercially available complete and balanced diets. *J Am Vet Med Assoc* 2003;223:1130-1136.
- Fascetti AJ, Reed JR, Rogers QR, Barkus RC. Taurine deficiency in dogs with dilated cardiomyopathy: 12 cases (1997-2001). *J Am Vet Med Assoc* 2003;223:1137-1144.
- Freeman LM, Michel KE, Brown DJ, Kaplan PM, Stamoulis MF, Rosenthal SL, Keene BW, Bush JE. Idiopathic dilated cardiomyopathy in Dalmatians: nine cases (1990-1995). *J Am Vet Med Assoc* 1996;209:1592-1596.
- Delaney SJ, Kars PH, Rogers QR, Fascetti AJ. Plasma and whole blood taurine in normal dogs of varying size fed commercially prepared food. *J Anim Physiol a Anim Nutr* 2003;87:236-244.

Plasma vs. whole blood taurine testing:

If at all possible, we recommend that paired (plasma and whole blood) taurine samples be submitted for analysis. A low value on either or both tests is clinically relevant. If your dog is diagnosed with DCM, submitting paired taurine samples (plasma and whole blood) is imperative. We recommend that the UC Davis Amino Acid Laboratory be used for taurine testing, as this is where the literature utilized for our reference ranges was generated. <https://www.vetmed.ucdavis.edu/labs/amino-acid-laboratory>. If a single test is submitted the Stern Lab recommends that whole blood be submitted preferentially. This is due to the false elevation of taurine levels that is possible in plasma samples due to sample handling issues. This is an area of some debate between clinicians and conflicting information on preference for plasma vs. whole blood exists. This underscores the value of paired sampling.

Page 1 of 3

Clinical Recommendations for Golden Retrievers based on taurine levels:If taurine levels test <200nmol/mL in whole blood or <60nmol/mL in plasma

- An echocardiogram by a board-certified veterinary cardiologist is indicated
- After echocardiogram has been completed, a diet change is recommended.
 - If DCM is diagnosed, this patient may need a variety of cardiac medications that would be prescribed by the attending cardiologist.
 - If DCM is diagnosed, prescribed supplementation with oral taurine and l-carnitine is recommended.
 - Reevaluation of taurine levels is warranted after three months of diet change and supplementation.
 - Cardiology reevaluation schedules will be recommended by the attending clinician pending echocardiographic findings.
 - Many Golden Retrievers with taurine-deficient DCM in our study showed slow and steady improvement over a period of 6-12 months.

If taurine levels test 200 – 250nmol/mL in whole blood or 60-70nmol/mL in plasma

- An echocardiogram by a board-certified cardiologist is recommended.
- After echocardiogram has been completed, a diet change is recommended.
- We recognize that many dogs in this category may have normal echocardiograms and thus the value of screening should be carefully considered. If the dog is eating a diet that falls within the FDA warning or shares features with the diets identified in our study (see diets of concern section below), we encourage echocardiographic screening with greater enthusiasm.
- If an echocardiogram is not performed, a diet change is still recommended and a taurine level reevaluation after three months on the new diet should be considered.
- If DCM is diagnosed, this patient may need a variety of cardiac medications that would be prescribed by the attending cardiologist.
 - If DCM is diagnosed, prescribed supplementation with oral taurine and l-carnitine is recommended.
 - Reevaluation of taurine levels is warranted after three months of diet change and supplementation.
 - Cardiology reevaluation schedules will be recommended by the attending clinician pending echocardiographic findings.
 - Many Golden Retrievers with taurine-deficient DCM in our study showed slow and steady improvement over a period of 6-12 months.

If taurine levels test >250nmol/mL in whole blood or >70nmol/mL in plasma

- Diet change is recommended if you are feeding a diet that falls within the FDA warning or shares features with the diets identified in our study (see diets of concern section below)
- If your pet shows any signs of cardiac disease (trouble breathing, exercise intolerance, fainting/collapse, coughing) we recommend your veterinarian evaluate your pet.

Diets of Concern & Choosing a diet

The FDA alert called attention to several dietary ingredients that should be considered when evaluating whether your pet is at risk (for example legumes like peas and lentils, white or sweet potatoes). These findings were largely recapitulated in our current study of Golden Retrievers with low taurine levels and DCM. Our lab considers these ingredients to be of greatest concern when present within the first 5 listed ingredients on the dog food bag. Additionally, we noted a high percent of diets in our study were using protein sources other than chicken or beef and labeled as grain-free.

Points to consider when making a diet change:

- Choose a diet that does not contain the concerning components listed above
- Choose a diet that meets the WSAVA Global Nutrition Assessment Guidelines published as consensus by veterinary nutritionists from around the world:
 - <https://www.wsava.org/WSAVA/media/Arpita-and-Emma-editorial/Selecting-the-Best-Food-for-your-Pet.pdf>
- FDA alert found here:
 - <https://www.fda.gov/AnimalVeterinary/NewsEvents/CVMUpdates/ucm613305.htm>

Choosing a taurine or l-carnitine supplement:

Selecting supplements should be performed based upon those that match their stated contents and are readily available for absorption. Luckily a previous publication tested multiple taurine and l-carnitine supplements. Based upon this publication our laboratory recommends the following supplements as those meeting our quality criteria. (Bragg et al. 2009 J Am Vet Med Assoc; 234(2))

Tested taurine supplements that test within 5% of stated contents and if applicable disintegrated within 30 minutes

- Mega taurine caps by Twinlab (1000 capsule)
- Taurine by Swanson Health Products (500mg capsule)
- Taurine by NOW Foods (500mg capsule)
- Taurine 500 by GNC (500mg tablet)

Tested l-carnitine supplements that test within 5% of stated contents and if applicable disintegrated within 30 minutes

- L-carnitine 500 by Jarrow Formulas (500mg capsule)
- L-carnitine caps by Country Life (500mg capsule)
- Maxi L-carnitine by Solgar Vitamin and Herb (500mg tablet)
- L-carnitine by Puritan's Pride (500mg tablet)

The Stern lab does not recommend the empirical supplementation of taurine or l-carnitine to dogs without evidence of DCM and/or significant deficiency. If DCM is diagnosed we typically recommend dogs over 50lbs receive 1000mg of taurine every 12hrs and dogs under 50lbs receive 500mg of taurine every 12hours. We recommend L-carnitine at a dose of ~50mg/kg orally with food every 8hrs. Your veterinary cardiologist or family veterinarian should be consulted for prescribing the best dose for your dog.

Reporting to the FDA:

Understanding the basis of this condition requires a great deal of research and investigation. Clients with affected dogs can contribute their data to help propel this research forward. You can report cases of taurine deficiency, dilated cardiomyopathy, sudden cardiac death, or any combination of these events to the FDA by following the information found here:

<https://www.fda.gov/animalveterinary/safetyhealth/reportaproblem/ucm182403.htm>

Additional questions or comments:

sterngenetics@ucdavis.edu

This document last updated: Aug. 20, 2019

Page 3 of 3

B6

Diet History Form

CARDIOLOGY DIET HISTORY FORM
Please answer the following questions about your pet

B6 Today's date: 10/26/18

- 1 How would you assess your pet's appetite? On a scale of 1-10 with 1 being poor and 10 being excellent: 10 (currently)
- 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: She is eating fine now that her DCM is diagnosed and she's on meds
- 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, snack, 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 you 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
Nutra Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2018
85% lean hamburger	microwaved	3 oz	1x/week	Jan 2015
Pupperoni original beef flavor	treat	1/2	1x/day	Aug 2015
Rawhide	treat	6 inch twist	1x/week	Dec 2015
Royal Canin Early Cardiac	dry	1.5c	2x/day	10/14/18
Greenies Pill Pockets cheese flavor	treat w/ meds	1	2x/day	10/01/18

**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 supplements)? Yes No If yes, please list which ones and give brands and amounts:

	Brand/Concentration	Amount per day
Taurine	<input checked="" type="radio"/> Yes <input type="radio"/> No Mega taurine caps by Twinlab	1000mg 2x/day
Camifine	<input type="radio"/> Yes <input checked="" type="radio"/> No	_____
Antioxidants	<input type="radio"/> Yes <input checked="" type="radio"/> No	_____
Multivitamin	<input type="radio"/> Yes <input checked="" type="radio"/> No	_____
Fish oil	<input type="radio"/> Yes <input checked="" type="radio"/> No	_____
Coenzyme Q10	<input type="radio"/> Yes <input checked="" type="radio"/> 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): _____

Additional diet or supplement information: _____
B6 has a couple cookies every day, but the brands really depend on what's on hand or what the UPS driver has in his pocket. We are going to stop this practice and narrow her treats down to a brand/variety that is in compliance with medical recommendations

Information below to be completed by the veterinarian:
Current body weight: _____ kg Current body condition score (1-9): _____/9
Muscle Condition Score: normal muscle mild muscle loss moderate muscle loss severe muscle loss

B6

Prescription Vetmedin 5.0 mg 10/29/18



Fax to: 1-800-600-8285 Or Call: 1-888-738-6331

Prescription Authorization Request

1. Please Approve by signing this form or Deny by checking "Denied"
 2. Make any necessary changes to script below.
 3. Fax this form back or call (both toll-free).
- Or visit www.1800petmeds.com/vetlogin to electronically approve or deny.


*Called in
rejection*

B6

Dear Doctor,

Thank you for taking the time today to help process this client's order!
Please authorize within 24 hours.

B6

 Your client placed an order on: **OCTOBER 29 2018**

B6

By signing this prescription authorization request, I confirm that I have conducted a physical examination of this pet and have a valid veterinarian-client-patient relationship as defined by federal law.

We're Pharmacy accredited by the NABP. All products are FDA/EPA approved for sale in the U.S.

Our Pharmacists:



- Ensure the accuracy of prescriptions
- Ensure products have ample expiration dates
- Ensure proper storage of all medications
- Offer generics

PetMed Express, Inc.

B6

Prescription Furosemide 40mg 10/29/18



Fax to: 1-800-600-8285 Or Call: 1-888-738-6331

Prescription Authorization Request

1. Please Approve by signing this form or Deny by checking "Denied"
 2. Make any necessary changes to script below.
 3. Fax this form back or call (both toll-free).
- Or visit www.1800petmeds.com/vetlogin to electronically approve or deny.

Cardio

Called in verbally

B6

Dear Doctor,

Thank you for taking the time today to help process this client's order!
Please authorize within 24 hours.

B6



Your client placed an order on: OCTOBER 29 2018

B6

By signing this prescription authorization request, I confirm that I have conducted a physical examination of this pet and have a valid veterinarian-client-patient relationship as defined by federal law.

We're Pharmacy accredited by the NABP. All products are FDA/EPA approved for sale in the U.S.

Our Pharmacists:



- Ensure the accuracy of prescriptions
- Ensure products have ample expiration dates
- Ensure proper storage of all medications
- Offer generics

PetMed Express, Inc.

B6

Vitals Results

9:38:50 PM
9:38:51 PM
9:38:52 PM
9:38:53 PM
10:37:46 PM
11:20:02 PM
11:20:12 PM
11:20:21 PM
11:20:38 PM
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11:32:19 PM
11:32:27 PM
11:32:28 PM
12:32:16 AM
12:32:17 AM
1:01:33 AM
1:37:51 AM
1:37:52 AM
2:26:31 AM
2:26:32 AM
3:23:02 AM
3:25:54 AM
3:26:06 AM
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B6

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B6

Vitals Results

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9:56:20 AM
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Vitals Results

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ECG from Cardio

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ECG from Cardio

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Personal Privacy

B6

08/10/2019 10:39:33 AM

Page 1 of 2

B6

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ECG from Cardio

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10:39:03 AM

Page 2 of 2

B6

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B6

Patient History

08:31 PM
09:24 PM
09:25 PM
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Patient History

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Patient History

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Patient History

B6

05:59 PM
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07:11 PM
07:35 PM
07:48 PM
07:48 PM
05:42 PM

01:12 PM

10:46 AM

B6

Appears this way on Original

Appears this way on Original

B6

Notice of Patient Admit

Date: **B6** 8:30:52 PM

Case No: 429859

B6

B6

Your patient presented to our Emergency service. Please make note of the following information to facilitate communication with our team.

B6

The reason for admission to the FHSA is: DCM, arrhythmia

If you have any questions regarding this particular case, please call 508-887-4988 to reach the Cardiology Service. Information is updated daily, by noon.

Thank you for your referral to our Emergency Service.



B6

B6 Female (Spayed)
Canine Golden Retriever Blonde
429859

Daily Update From the Cardiology Service

Today's date: **B6**
B6

Thank you for referring patients to the Foster Hospital for Small Animals at the Cummings School of Tufts University.

Your patient **B6** was admitted and is being cared for by the Cardiology Service.

B6

- is in stable condition
- is still in the oxygen cage
- is critically ill
- discharged from the hospital today

Today's treatments include:

- bloodwork planned/pending
- echocardiography
- cardiac catheter procedure planned
- treatment for CHF from DCM
- ongoing treatment for thrombosis
- ongoing treatment for arrhythmia

Additional plans:

Please allow 3-5 business days for reports to be finalized upon patient discharge.

Please call (508) 887-4696 before 5pm or email us at cardiovet@tufts.edu if you have any questions.
Thank you!

B6

Senior student:

Appears this way on Original

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

B6

B6

B6 Female (Spayed)
Canine Golden Retriever Blonde
429859

10/11/2018

B6

Thank you for referring B6 with their pet B6

If you have any questions, or concerns, please contact us at 508-887-4988.

Thank you,

B6

B6

Patient ID#: 7040-5

Owner: [B6] (Last name) [B6] (First name) [B6]

Spouse/Other: [B6] (Last name) [B6] (First name)

Address: [B6] (Street) [B6] (City/Town) [B6] (State) [B6] (Zip code)

Contact Info: Primary Ph # [B6] Other Ph# ()
Other Ph # () Email: [B6]

Pet: [B6] Gender: M Spay/Neuter: 1/13/17 CP/SAM

Species: Canine Breed: boxer

DOB: [B6] Color: brindle

B6

Significant History/Comments: CAUTION:

2/16 bronchopneumonia [B6]

6/16 AAFC Cardiology Cx (You summer) *see report

1/17 Home Again 6/17 severe DCM - pos. 2* to Taurine Def.



985 112 008 500 045

B6

PAGE: 7

PATIENT NAME	[B6]	[B6]	boxer M	OWNER'S NAME	[B6]
--------------	------	------	---------	--------------	------

MO.	DATE DAY	YR.	PROB. NO.	SOAP
6	16	16		CP wt -

MEDICAL RECORD

B6

~~15~~
~~16~~

B6

6	24	16		
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6	30	16		
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B6

7	19	16		(P)
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~~17~~
5/24/17

B6

B6

PAGE: 8

PATIENT NAME B6 B6 boyer M OWNER'S NAME B6

MO.	DATE DAY	YR.	PROB. NO.	SOAP
8	27	16		JW
10	12	16		(T)
				VET PP
11	22	16		CP
				J = 6/17
				VET CP
11	24	16		(T)

MEDICAL RECORD

B6

B6

PAGE: 9

PATIENT NAME B6 B6 boxer M OWNER'S NAME B6

MO.	DATE DAY	YR.	PROB. NO.	SOAP
1	5	17		tech wt 66.5
1	7	17		
1	11	17		
1	13	17		ep
1	12	17		(p) MMB tech wt
1	13	17		OP wt 66.9

MEDICAL RECORD

B6

B6

PAGE: 11

PATIENT NAME		B6		10-20-15 boxer CM	OWNER'S NAME	B6
--------------	--	----	--	-------------------	--------------	----

MO.	DATE	PROB. NO.	SOAP
DAY	YR.		
2	16	17	CP wt = 67.4
			
			
			
			
4	18	17	80
6	6	17	
6	15	17	
6	19	17	

MEDICAL RECORD

B6

WAYLAND ANIMAL CLINIC
 6 Winter Street
 Wayland, MA 01778

PAGE: 12

PATIENT NAME	B6	B6	boxer CM	OWNER'S NAME	B6
--------------	----	----	----------	--------------	----

MO.	DATE	YR.	PROB. NO.	SOAP	MEDICAL RECORD
-----	------	-----	-----------	------	----------------

6	22	19			
6	24	19			
6	27	19			

B6

B6

B6

Pet: B6
DOB:
Breed: Boxer
Sex: M
Color: brindle

B6

Visit Date: June 19, 2017

Dear Dr. B6

I was pleased to see that B6 taurine level came back low, indicating there is a chance we can reverse the changes I saw on echo. I called and left a message for B6 and am copying below an email I sent her about his diet:

Hi B6

You probably already received my message with the news that B6 taurine level came back as low. This is good news because it means there is a chance the heart enlargement and weakened heart muscle appearance may be reversible. Even prior to receiving the bloodwork results I was consulting with a nutritionist who shared my concerns that he could have low taurine related to his diet. She expressed concern not just about the salmon based diet, but about the current diet as well based on the manufacturer/brand. So in addition to the taurine supplement, I recommend we switch B6 to a diet we are sure is complete and balanced according to AAFCO feeding trials or by analysis of the actual diet (not a prediction based on recipe) to ensure it meets AAFCO nutrient profiles (AAFCO is the Association of American Feed Control Officials, a non-profit organization that sets standards for both animal feeds and pet food in the US). That may sounds daunting, but there are a lot of great pet food manufacturers out there who meet these stringent requirements.

There are a lot of diet misconceptions and marketing information that makes diet selection very confusing for pet owners. I highly recommend the website set up by the Tufts veterinary school nutrition team at www.petfoodology.org. There are so many wonderful articles on there (I just spent a half hour surfing around because it is such wealth of great info!). I want to draw your

attention to the great article on the risks of raw diets (<http://vetnutrition.tufts.edu/2016/01/raw-diets-a-healthy-choice-or-a-raw-deal/>) and the one about the hype around grain-free diets (a pet peeve of mine) (<http://vetnutrition.tufts.edu/2016/06/grain-free-diets-big-on-marketing-small-on-truth/>). In short, since there is concern that B6 may have some food sensitivities, I encourage you to work with one of the nutritionists at either Tufts or B6 to find a diet that will work for him, or at least that we switch him to a diet by a company who has done the research and due diligence to ensure a complete and balanced diet.

Meanwhile, you should continue the taurine and L-carnitine supplements, and the pimobendan as prescribed. It would be great to see B6 back sooner than the 3 month recheck however- to take a quick peek at his heart to see if (hopefully) things are changing for the better, and to recheck a taurine level. I think around 6 weeks from now makes sense, so let me know if you are interested in scheduling this, or if you have any questions.

Best,
Dr. B6

Thank you for the referral and your continued support of B6. Please contact me if you need any more information regarding B6.

Sincerely,

B6

B6

SOAP - Cardiology

Jun 19, 2017

B6

Patient: [B6]
Species: Canine
Breed: Boxer
Color: brindle
Doctor: [B6]

DOB: [B6]
Age: [B6] Old
Sex: [B6]
Tag:
Weight: 69.225 lbs. (31.4 kgs.)

Acc. No: 223669

Phone: Home [B6]

Weight: 31.4 kgs.

Prior Medical History

As of 6/30/16

Mildly elevated left and right ventricular outflow tract velocities: suspect normal variant +/- very mild aortic stenosis.
-Impression of mild left atrial enlargement; no age-related, other variant of undetermined cause.

Presenting Complaint

Routine recheck

Current Medical History

General Complaints: O states that [B6] has had 2 episodes since last visit. First episode was awhile ago (o not sure how long) in Vermont. He was running around with daughter and then acting totally out of it, staring at the ground, weak but did not lose consciousness for around 30 min. Brought to ER in [B6] but he was acting normal by the time they got there and they did not find any abnormalities on PE. Thursday am this happened when [B6] was running with [B6] in the back yard, and side swiped a bush, then stood up and seemed drunk/out of it (moving front legs in uncoordinated/crossing over fashion), lasted 5 min, then went back to normal. O did notice that on Thursday Gums were very pink during episode (not pale). No BM/urination/hypersalivation during episodes. Yesterday was doing "a ton" of reverse sawing according to O. Great energy level otherwise. Does now have a good appetite. O has seen a kinesthesiologist due to low appetite. [B6] had been on strictly salmon based diet for past year, but they recommended changing/rotating protein sources (now beef and venison)- changed a few weeks ago and he is eating better.

Coughing?: No
Sneezing?: Yes
Vomiting: No
Polyuria: No
Polydipsia: No
Diarrhea?: No

Diet?: Was on Go Fresh limited ingredient salmon diet for about a year. A few weeks ago switched to Go Fresh venison and Fresh Now beef, with a raw patty at lunchtime (o unsure brand- something with two people's names)

Appetite: Normal
Any collapses or seizures?: Yes

Current Medications

Do you need any refills today?: No
First Cardiac Evaluation?: Yes
Referral Radiographs?: No

Physical Exam

B6

Echocardiogram

B6

B6

ECHOCARDIOGRAPHIC DIAGNOSIS:

ECHOCARDIOGRAPHIC DIAGNOSIS:

Dilated cardiomyopathy (severe), r/o idiopathic, secondary to taurine-deficiency, myocarditis, other
-Borderline pulmonary hypertension
-Mildly elevated left ventricular outflow tract velocity (dx 6/2016)

Comparison to previous studies:

There has been significant increase in left atrial size (from 3.88 cm on 2D one year ago), in left ventricular size (from 4.38 cm one year ago) and decrease in %FS (from 30.8% one year ago). MR and TR are new (suspect secondary to annular stretch). The right atrium and ventricle subjectively appear somewhat enlarged as well.

Electrocardiogram

B6

Blood Pressure

B6

Final Assessment

Final Diagnosis:

Dilated cardiomyopathy (severe), r/o idiopathic, secondary to taurine-deficiency, myocarditis, other
-Borderline pulmonary hypertension
-Mildly elevated left ventricular outflow tract velocity (dx 6/2016)
-Normal sinus arrhythmia with no ventricular ectopy

Dietetic Recommendations:

B6

Therapeutic Recommendations:

B6

Follow-Up:
Recheck 3 months with echocardiogram +/- thoracic radiographs (scheduled for September 11 at 9:30 am)
Consulting Cardiologist: [B6] DVM: DACVIM (cardiology)

B6

Client Name: B6
Animal Name: B6
Client Phone: B6
MRN: 1373024
Species: Canine
Breed: Boxer
DOB: B6 Sex: M

Doctor: B6
Clinic: B6
Phone: B6
Fax: B6

Accession: B6
Collected: 6/19/2017
Received: 6/19/2017
Approval Date: 6/22/2017 9:16 AM

Taurine Level (plasma)

Ref. Range/Males

SENDOUT

Final Report

6/19/2017
10:29 AM

[See attached link](#)

Accession number: B6
This report continues... (Final)

B6

Client name: B6
MRN: 1373024

Accession: B6

Report Print Date
Jun-22-2017 8:11:49 am

WISCONSIN VETERINARY DIAGNOSTIC LAB
WVDL-MADISON
UNIVERSITY OF WISCONSIN
445 EASTERDAY LANE
MADISON, WI 53706
Phone: (800) 608-8387 Fax: (847) 574-8085

Owner: B6

Accession Number: B6
Reference Number:
Case Coordinator:

To: B6

Received: 06/20/2017
Sampled:
Finalized: 06/22/2017

Phone: B6
Fax:

Final Report

TOXICOLOGY RESULTS

TAURINE

ANIMAL ID: B6
SPECIMEN ID:
SPECIMEN DESC: PLASMA
TAURINE: 47 nmol/mL

COMMENTS1

Canine taurine ranges: normal plasma 60-120 nmol/mL, critical level <40 nmol/mL; whole blood normal 200-350 nmol/mL, critical level <150 nmol/mL

B6

[B6]

[B6]

Pet: [B6]
DOB: [B6]
Breed: Boxer
Sex: M
Color: brindle

[B6]

Visit Date: June 19, 2017

Dear Dr. [B6]

Please see the accompanying cardiology report for our mutual patient [B6]. I was so sad to see that [B6]'s heart has changed quite a bit in the last year, and he now appears to have severe dilated cardiomyopathy. He had been on a limited ingredient salmon diet, only recently switched to beef and venison based diet, so I hold some hope that this may be a taurine deficiency manifestation (would be much better prognosis for him- so fingers crossed!). We have a taurine level pending, but of course this may not reflect historic deficiency due to his recent diet change. Meanwhile, I have prescribed pimobendan and recommended taurine and L-carnitine supplementation. He has had two episodes of seeming woozy/disoriented and "out of it" after exertion, but they do not sound classic for arrhythmia-related (one episode lasted 30 minutes) and his ECG today was normal. We will continue to monitor for now (perhaps they were related to low output from systolic dysfunction and pimobendan will help). If they recur, we will check a 24 hour holter monitor (with [B6] bad luck I wouldn't put it past him to also have a neurologic condition!). Thank you for the referral and your continued support of [B6]. Please contact me if you need any more information regarding [B6].

Sincerely,

[B6]

B6

B6

SOAP - Cardiology

Jun 19, 2017

B6

Patient: B6
Species: Canine
Breed: Boxer
Color: brindle
Doctor: B6

DOB: B6
Age: B6
Sex: M
Tag:
Weight: 69.225 lbs. (31.4 kgs.)

Acc. No: 223669
Phone: Home - B6

Weight: 31.4 kgs.

Prior Medical History

As of 6/30/16
-Mildly elevated left and right ventricular outflow tract velocities: suspect normal variant +/- very mild aortic stenosis.
-Impression of mild left atrial enlargement: r/o age-related, other variant of undetermined cause

Presenting Complaint

Routine recheck

Current Medical History

General Complaints: O states that B6 has had 2 episodes since last visit. First episode was awhile ago (O not sure how long) in B6. He was running around with daughter and then acting totally out of it, staring at the ground, weak but did not lose consciousness for around 30 min. Brought to ER in B6, but he was acting normal by the time they got there and they did not find any abnormalities on PE. Thursday am this happened when B6 was running with B6 in the back yard, and side swiped a bush, then stood up and seemed drunk/out of it (moving front legs in incoordinated/crossing over fashion), lasted 5 min, then went back to normal. O did notice that on Thursday Gums were very pink during episode (not pale). No BM/urination/hypersalivation during episodes. Yesterday was doing "a ton" of reverse sneezing according to O. Great energy level otherwise. Does now have a good appetite. O has seen a kinesthesiologist due to low appetite. B6 had been on strictly salmon based diet for past year, but they recommended changing/rotating protein sources (now beef and venison)- changed a few weeks ago and he is eating better.

Coughing?: No
Sneezing?: Yes
Vomiting: No
Polyuria: No
Polydipsia: No
Diarrhea?: No

Diet?: Was on Go Fresh limited ingredient salmon diet for about a year, A few weeks ago switched to Go Fresh venison and Fresh Now beef, with a raw patty at lunchtime (O unsure brand- something with two people's names)

Appetite: Normal
Any collapses or seizures?: Yes

Current Medications

Do you need any refills today?: No
First Cardiac Evaluation?: Yes
Referral Radiographs?: No

Physical Exam

B6

Echocardiogram

B6

B6

ECHOCARDIOGRAPHIC DIAGNOSIS:

ECHOCARDIOGRAPHIC DIAGNOSIS:

- Dilated cardiomyopathy (severe), r/o idiopathic, secondary to taurine-deficiency, myocarditis, other
- Borderline pulmonary hypertension
- Mildly elevated left ventricular outflow tract velocity (dx 6/2016)

Comparison to previous studies:

There has been significant increase in left atrial size (from 3.86 cm on 2D one year ago), in left ventricular size (from 4.38 cm one year ago) and decrease in %FS (from 30.8% one year ago). MR and TR are new (suspect secondary to annular stretch). The right atrium and ventricle subjectively appear somewhat enlarged as well.

Electrocardiogram

B6

Blood Pressure

B6

Final Assessment

Final Diagnosis:

- Dilated cardiomyopathy (severe), r/o idiopathic, secondary to taurine-deficiency, myocarditis, other
- Borderline pulmonary hypertension
- Mildly elevated left ventricular outflow tract velocity (dx 6/2016)
- Normal sinus arrhythmia with no ventricular ectopy

Diagnostic Recommendations:

B6

Therapeutic Recommendations:

B6

Follow-Up:

Recheck 3 months with echocardiogram // thoracic radiographs (scheduled for September 11 at 9:30 am)

Consulting Cardiologist: [B6] DVM, DACVIM (cardiology)

06/07/17 01:49:49 888-433-9

-> B

[B6]

Page 001

B6

B6

Account: 80408

Owner: [B6]
Patient: [B6]
Species: CANINE
Breed: BOXER
Age: 1Y7M
Gender: MN

Requisition #: 105080834
Accession #: [B6]
Order rec'd: 06/06/2017
Ordered by: [B6] DVM.
Reported: 06/07/2017

OVA AND PARASITES 3 OR MORE	
OVA & PARASITES	
NO OVA OR PARASITES SEEN CYNICLOMYCES GUTTULATUS ALSO KNOWN AS SACCHAROMYCOPSIS GUTTULATA (NON-PATHOGENIC YEAST) PRESENT	
In cases of acute or chronic diarrhea in addition to a fecal floatation and antigen testing for ova and parasites consider testing for viral, bacterial and protozoal infectious agents using RealPCR (canine diarrhea panel: test code 2625; feline diarrhea panel: test code 2627).	

[B6]

06/07/2017

FINAL REPORT

PAGE 1 OF 1

© 14/01/2017 8:27 PM

B6

→ AD80406

D I

B6

B6

Account: 80406

Owner: B6
 Patient: B6
 Species: CANINE
 Breed: BOXER
 Age: B6
 Gender: M
 Requisition #: 103179571
 Accession #: B6
 Order recvd: 01/12/2017
 Ordered by: B6
 Reported: 01/14/2017

URINE CULT & SUSCEPTIBILITY

Test	Result
SOURCE:	B6
STATUS:	
COMPLETED CULTURE RESULTS	

URINALYSIS & C+S (MIC) URINALYSIS

Test	Result	Reference Range	Flag	Bar Graph
------	--------	-----------------	------	-----------

B6
01/14/2017

FINAL REPORT

PAGE 1 OF 1

B6

DISCHARGE SUMMARY
Friday [B6]

B6

CANINE, BOXER

B6

** Your pet had a procedure that may make them groggy for 24-48 hours. If you have any questions or concerns please feel free to call the office.

Anesthesia Monitoring

Date: B6	Client Name: B6	Pet Name: B6
Procedure: Neuter	Breed: Boxer	Age: 10/15 Sex: M Wt: 66.9#

Dr: CD	Tech: B6	IV Fluid Type: LRS	Fluid Rate: 300 ml hr	Fluid Total: 182cc
--------	----------	--------------------	-----------------------	--------------------

Pre op meds: Torb - 0.5cc Ace - 0.1cc IM @ 8¹⁵ AM

Induction: Propoflo Reg 28 3cc IV

Anest Start: 9 ⁰⁵	SX Start: 9 ³⁰	SX Finish: 9 ⁴⁵	Anest Finish: 9 ⁴⁵	Extubate @ 10 ⁰⁰
------------------------------	---------------------------	----------------------------	-------------------------------	-----------------------------

Pre Op T:	ET Tube Size: 9.0	BP Cuff Size: M	IV Catheter site: @ cephalic
-----------	-------------------	-----------------	------------------------------

Time																					
Iso %	B6																				
O2																					
Heart Rate																					
Resp Rate																					
BP																					
MAP																					
CRT																					
MM Color																					
Temp																					
Breath																					

Rimadyl 2 ml SQ given @ 9¹⁰ AM
 Buprenex 0.8 ml SQ/IV/IM given @ 9²⁵ AM
 Additional Injections: _____

Nail Trim (short already) Microchip Yes / No / already has

Comments:

[B6]

-> B

[B6]

Page 881

B6

B6

Account: 80406

Owner: [B6]
 Patient: [B6]
 Species: CANINE
 Breed: BOXER
 Age: [B6]
 Gender: M
 Requisition #: 103179571
 Accession #: [B6]
 Order rec'd: 01/12/2017
 Ordered by: [B6] DVM,
 Reported: 01/12/2017

NOTE FROM [B6]

NOTE

Your microbiology sample has been received.
Results to follow upon completion.

UA COMPLETION

Test	Result
COLLECTION METHOD	
COLOR	
CLARITY	
SPECIFIC GRAVITY	
GLUCOSE	
BILIRUBIN	
KETONES	
BLOOD	
PH	
PROTEIN	
Protein test is performed a test.	
WBC	
RBC	
BACTERIA	
EPI CELL	
MUCUS	
CASTS	
CRYSTALS	
OTHER	
SPERM PRESENT	
UROBILINOGEN	

B6

[B6]

FINAL REPORT

PAGE 1 OF 1

B6

-> B

B6

Page 001

B6

B6

Account: 80406

Owner: B6
 Patient: B6
 Species: CANINE
 Breed: BOXER
 Age: 1Y2M
 Gender: M
 Requisition #: 103110800
 Accession #: B6
 Order rec'd: 01/06/2017
 Ordered by: B6 DVM
 Reported: 01/06/2017

YOUNG ADULT PROFILE		CHEM 11 W/ SDMA
Test	Result	
ALP	B6	
ALT		
ALBUMIN		
TOTAL PROTEIN		
GLOBULIN		
TOTAL BILIRUBIN		
BUN		
CREATININE		
GLUCOSE		
ALB/GLOB RATIO		
BUN/CREATININE RATIO		
HEMOLYSIS INDEX		
Index of N, 1+, 2+ exhibits		
LIPEMIA INDEX		
Index of N, 1+, 2+ exhibits		
SDMA		

BOTH SDMA AND CREATININE ARE WITHIN THE REFERENCE INTERVAL which indicates kidney function is likely good. If SDMA and/or creatinine is at the upper end of the reference interval, early kidney disease cannot be ruled out. Evaluate a complete urinalysis to confirm there is no other evidence of kidney disease.

YOUNG ADULT PROFILE		CBC COMPREHENSIVE
Test	Result	
WBC	B6	
RBC		
HGB		
HCT		
MCV		
MCH		

B6

FINAL REPORT - CONTINUED ON NEXT PAGE
 PAGE 1

B6

-> B

B6

Page 002

MCHC	B6	
% RETICULOCYTE		
RETICULOCYTE		
RETICULOCYTE COMMENT		
B6		
% NEUTROPHIL	B6	
% LYMPHOCYTE		
% MONOCYTE		
% EOSINOPHIL		
% BASOPHIL		
PLATELET		
REMARKS		
SLIDE REVIEWED MICROSCOPICALLY. NO PARASITES SEEN		
NEUTROPHIL	B6	
LYMPHOCYTE		
MONOCYTE		
EOSINOPHIL		
BASOPHIL		
HEARTWORM AG ELISA	B6	
HEARTWORM ANTIGEN	B6	B6
The American Heartworm Society recommends that a confirmatory test be run on all positive antigen test results prior to therapy, especially when a positive test result is unexpected. For a positive result on a Heartworm Antigen by B6 we recommend submission of a new sample for a second Heartworm Antigen by B6 (test code 723) as a confirmatory test.		

B6

FINAL REPORT

PAGE 2 OF 2

B6

B6

Pet: [B6]
DOB: [B6]
Breed: Boxer
Sex: M
Color: brindle

B6

Visit Date: June 30, 2016

Dear Dr. [B6]

Please see the accompanying cardiology report for our mutual patient, [B6]. Thank you for the referral and your continued support of [B6]. Please contact me if you need any more information regarding [B6].

Sincerely,

B6

SOAP - Cardiology

Jun 30, 2016

B6

Patient: [B6]

DOB: [B6]

Species: Canine

Age: [B6]

United States Breed: Boxer

Sex: M

Color: brindle

Tag:

Acc. No: 223669

Doctor: [B6]

Weight: 55.2 lbs. (25.038 kgs.)

Phone: Home - [B6]

Weight: 55.2 lbs.

Prior Medical History

B6

Presenting Complaint

New patient B6 needs neuter clearance

Current Medical History

General Complaints: Doing well. Good energy, good appetite.

Coughing?: No

Sneezing?: No

Vomiting: No

Polyuria: No

Polydipsia: No

Diarrhea?: No

Diet?: Now Fresh kibble

Appetite: Normal

Any collapses or seizures?: No

Physical Exam

B6

Echocardiogram

B6

B6

Doppler Findings

B6

ECHOCARDIOGRAPHIC DIAGNOSIS:

ECHOCARDIOGRAPHIC DIAGNOSIS:

- Mildly elevated left and right ventricular outflow tract velocities: suspect normal variant +/- very mild aortic stenosis.
- Impression of mild left atrial enlargement: r/o age-related, other variant of undetermined cause.

Final Assessment

Final Diagnosis:

- Mildly elevated left and right ventricular outflow tract velocities: suspect normal variant +/- very mild aortic stenosis.
- Impression of mild left atrial enlargement: r/o age-related, other variant of undetermined cause

Diagnostic Recommendations:

No further cardiac testing currently recommended.

Therapeutic Recommendations:

No cardiac medications currently recommended. [B6] appears to be a good anesthetic candidate for future neutering. Out of an abundance of caution (regarding possible mild aortic stenosis), recommend perioperative antibiotics, and avoid agents which would promote tachycardia (ie. use anti-cholinergics only if needed for intraop bradycardia).

Follow-Up:

Recheck echocardiogram 1 year.

Consulting Cardiologist: [B6] DVM; DACVIM (cardiology)

B6

B6

TIME ADMITTED: _____

OWNER _____

PATIENT _____

B6

ADMIT DATE 6/10/16

	Date									Total
1. Office	<input checked="" type="checkbox"/> Office Visit	6/10/16								
	<input type="checkbox"/> After Hours									
	<input type="checkbox"/> Forms Completion									
2. Intensive Care	<input type="checkbox"/>									
3. Vaccinations	<input type="checkbox"/> D, DH, DHL, P, R, Bord									
	<input type="checkbox"/> FD, FVRC, P, R, FELV									
4. General Procedures	<input type="checkbox"/> Anal Sacs									
	<input type="checkbox"/> Nail Trim									
	<input checked="" type="checkbox"/> Injections	Oxamith								
	<input type="checkbox"/> Sedation									
	<input type="checkbox"/> Fluid Therapy									
	<input type="checkbox"/> IV Cath.									
	<input type="checkbox"/> EKG									
	<input type="checkbox"/> Transfusion									
	<input type="checkbox"/> Catheterization (Urinary)									
	<input type="checkbox"/> Bandaging/Splints									
	<input type="checkbox"/> Ear Treatment									
	<input type="checkbox"/> Special Procedure									
5. Pharmacy	<input type="checkbox"/> Medication									
	<input type="checkbox"/>									
	<input type="checkbox"/>									
	<input type="checkbox"/> Mass. Sales Tax									
6. Anesthesia	<input type="checkbox"/> Local									
	<input type="checkbox"/> General									
7. Radiology	<input type="checkbox"/> Radiograph									
	<input type="checkbox"/> Procedure, Ultrasound									
8. Dentistry	<input type="checkbox"/> Hand Scaling									
	<input type="checkbox"/> Ultrasonic Scaling									
	<input type="checkbox"/> Extractions									
9. Surgery	<input type="checkbox"/>									
10. Hospitalization	<input checked="" type="checkbox"/> Ward Fee	Friday 15								
	<input type="checkbox"/> Prof. Daily Care									
	<input type="checkbox"/> Other									
11. Laboratory	<input type="checkbox"/> Azostix									
	<input type="checkbox"/> Fecal Flot./Dig.									
	<input type="checkbox"/> Blood, HW, FELV test									
	<input type="checkbox"/> Profile									
	<input type="checkbox"/> CBC Hematology									
	<input type="checkbox"/> HT, Wbc, Bun, Glucose, etc.									
	<input type="checkbox"/> ACTH stim.									
	<input type="checkbox"/> Urine screen									
	<input type="checkbox"/> Urinalysis									
	<input type="checkbox"/> Skin scraping									
	<input type="checkbox"/> Culture - Sensitivity									
	<input type="checkbox"/> Biopsy - Cytology									
	<input type="checkbox"/> Collection Fee									
	<input type="checkbox"/> Other									
12. Miscellaneous	<input type="checkbox"/> Euthanasia/cremation									
	<input type="checkbox"/> Bath									
	<input type="checkbox"/>									
	<input type="checkbox"/>									
Total										

B6

B6

Pet: **B6**
DOB:
Breed: Boxer
Sex: M
Color: brindle

B6

Visit Date: March 29, 2016

Dear Colleague,

[B6] presented to our [B6] emergency service this morning after he possibly ingested 250 mg of mexiletine around 6:45 am. On presentation, [B6] was bright and alert, well hydrated and otherwise stable. Physical exam was within normal limits. [B6] was induced (0.6 mg apomorphine IV) and [B6] vomited his breakfast but no obvious evidence of mexiletine. Animal Poison Control was contacted, and hospitalization through the day was recommended to monitor for bradycardia and hypotension. [B6] was fairly certain that [B6] did not ingest the capsule, and elected to monitor [B6] closely at home through the day. If [B6] develops any abnormal signs, she will have him reevaluated immediately. [B6] received maropitant (18 mg SQ) prior to discharge.

Thank you for the referral and your continued support of [B6]. Please contact me if you need any more information regarding [B6].

Sincerely,

B6

B6

SOAP - Text

Mar 29, 2016

B6

Patient: B6
Species: Canine
Breed: Boxer

DOB: B6
Age: B6 Old
Sex: M

Color: brindle

Tag:

Acc. No: 223669

Doctor: B6

Weight: 28.881 lbs. (13.1 kgs.)

Phone: Home - B6

Panting: No
Is this patient presenting for trauma?: No

Patient Result - Text: History: 5-6 months old; o has had since puppy. UTD on vaccines. On HW preventative, not yet on flea/tick preventative. No travel history, from B6. Here previously for pneumonia; also hx of murmur which appears to have resolved at last vet visit. Diet: Fresh now large breed puppy food. Current/chronic meds/supplements: none

About an hour ago o gave other dog two 250 mg mexiletine tablets with treats; o daughter said she saw B6 eating something that may have been the tablet but o not sure (80% he didn't).

T: 102.0 F P: 128 R: 24
Weight: 18.6 kg

S: BAR, adeq hydration. Normothermic. No overt nausea or discomfort.
O:
EENT: Eyes clear, ears clean AU. No ocular/nasal d/c. Minimal tartar; oral exam wnl.

PLN: NAF

B6

A:

B6

P:

B6

Contact B6 (see below)

B6 B6 case # B6

B6

B6

B6 DVM

Assessment

Problem List

Patient Problem List:

No problems found for period.

Diagnosis

Patient Diagnosis:

No diagnosis found for period

B6

Client Name: [B6]
Animal Name: [B6]
Client Phone: [B6]
MRN: 1373024
Species: Canine
Breed: Boxer
DOB: [B6] Sex: M

Doctor: [B6]
Clinic: [B6]
Phone: [B6]
Fax: [B6]

Accession: [B6]
Collected: [B6]
Received: [B6]
Approval Date: [B6] 12:27 PM

W Nova Basic Panel

	Ref. Range/Males
N NA	142.0-150.0 mmol/L
N K	3.62-4.60 mmol/L
N CL	112.7-118.3 mmol/L
N U	1.15-1.34 mmol/L
N GLU	75-116 mg/dl
N LACT	0.70-2.80 mmol/L
N BUN	8-30 mg/dl
N TCO2	mmol/l
N CREAT	0.6-1.6 mg/dl
N BUN/CREAT	calc
N OSMO	mOsm/kg

2/12/2015
11:09 AM

B6

Accession number: [B6]
END OF REPORT (Final)

B6

B6

Pet: **B6**
DOB:
Breed: Boxer
Sex: M
Color: brindle

Admission Date: <CheckedIn

Discharge Date: **B6**

Attending Doctor: **B6**, DVM

Presenting Problem(s): Cough, difficulty breathing, diarrhea

Diagnosis/Rule-outs: Bronchopneumonia - suspected "kennel cough"; diarrhea of unknown etiology (dietary indiscretion vs. parasitism vs. other)

Discharge Instructions:

[B6] was presented to the [B6] service the morning of [B6] for continued diarrhea and coughing at home. He was admitted to our hospital for supportive care and monitoring. [B6] has done very well with us and is now ready for discharge!

Instructions:

B6

Medication:

B6

B6

Sincerely,

B6

[B6]

[B6]

Pet: [B6]
DOB: [B6]
Breed: Bower
Sex: M
Color: brindle

[B6]

Visit Date: [B6]

I just wanted to let you know that [B6] was discharged today! He looks much brighter and is no longer coughing or having diarrhea. His medications are listed below. And, today's AM SOAP is sent along as well.

Medications:

[B6]

Thank you for the referral and your continued support of A [B6]. Please contact me if you need any more information regarding [B6].

[B6]

B6

SOAP - Text

B6

B6

Patient: B6
Species: Canine
Breed: Boxer
Color: brindle
DOB: B6
Age: B6 old
Sex: M
Tag:
Doctor: B6
Weight: 28,881 lbs. (13,1 kgs.)

Acc. No: 223669

Phone: Home B6

Weight: 13.1 kgs.
Temperature: 101.6
Pulse: 140
Respiration: 28
Panting: No
Is this patient presenting for trauma?: No

Patient Result - Text: Day 2 hospitalization, admitted at noon on B6
B6 was admitted for concerns secondary to increased respiratory effort and cough. CXR consistent with left lung consolidation secondary to presumed bacterial pneumonia. Overnight, he has done very well and is no longer coughing. He has not had diarrhea (or a bowel movement) since admission. He is receiving medications orally without challenge.

S: BAR, very nice pup, MM pink and moist, CRT < 2 seconds, BCS 5/9

O:
EENT: Eyes clear OU, moderate amount of bilateral mucoid discharge, no aural discharge, normal facial symmetry, underbite which is pronounced, dentition consistent

with age

PLN: No peripheral lymphadenopathy

CV: I/V systolic murmur, NSR, f-PSS

Resp: Normal bronchovesicular sounds all fields, possibly slightly decreased sounds on the left caudal field, no cough noted

ABD: Soft, nonpainful, no organomegaly

UG: Externally normal male, testicles descended bilaterally

Integ: Normal hair coat

A:

1. Bronchopneumonia, tracheobronchitis
2. Diarrhea - r/o parasitic vs. dietary indiscretion vs. IBS vs. other
3. I/V systolic murmur - innocent vs. pathologic

Current therapy:

B6

Plan:

1. Discharge today with oral medications

B6 DVM

Assessment

Problem List

Patient Problem List:

Bronchopneumonia - B6
Diarrhea - B6

Diagnosis

Patient Diagnosis:

No diagnosis found for period.

B6

B6

Pet: [B6]
DOB: [B6]
Breed: Boxer
Sex: M
Color: brindle

B6

Visit Date: [B6]

Dear Colleagues,

[B6] is currently being hospitalized for bronchopneumonia suspected to be secondary to bordetella infection. He was hospitalized in oxygen (mildly dyspnea noted when awake) and started on a high rate of IV fluids, oral doxycycline, IV metronidazole, and IV cerenia. We will keep you update on his progress. I've attached my SOAP for your records.

[B6] DVM

Weight: 12.9 lbs.

Presenting Complaint

Presenting Complaint: Seen early this morning, concern for continued diarrhea, lethargy and anorexia in the car ride home.

When the owner tried to bring him home, he had absolutely no interest in food, then had a little bit of slightly formed stool in the house, ran outside and had profuse amounts of watery/liquid diarrhea. At the end of the episode was straining as well.

Historically has been a picky eater since they adopted him. A few days ago he began to get progressively more picky- would only finish a bit of his food and leave the rest. However yesterday he had a full appetite and ate everything offered to him.

He started developing a hacking cough around midnight last night - it progressed and became more frequent and the owner got up with him at 3AM today. He had progressed to coughing every few minutes and producing white foamy spittle. No vomiting at all that the owner had noted.

He is a dog that will eat things - he ate a carrot off of a snowman the other day as well as chewed on the twigs that made the arms, He had one vomitus after this (a few days ago) which contained pieces of the carrot and stick but has eaten well since then and had no further upper GI symptoms

Physical Exam/Objective

B6

Assessment

Problem List

Patient Problem List:

Bronchopneumonia - Feb 12, 2016

Diarrhea - Feb 12, 2016

Diagnosis

Patient Diagnosis:

Bronchopneumonia

Diarrhea

Plan

B6

B6

Spoke with owner - due to [B6] current state, his lethargy and continued symptoms I recommended hospitalization with supportive care (IV fluids, metronidazole, doxycycline). Discussed possible pneumonia, need for isolation with kennel cough-like symptoms, and oxygen due to mild dyspnea. It is possible that he will not need to be in oxygen shortly, however it is difficult for me to tell at this time. Warned owner that he could get worse before he gets better. A large component of when he can go home will be when he starts to show signs that he eating/drinking/better hydrated. Owner OK with plan.

Plan:

B6

B6

[B6] DVM

[B6]

[B6]

Pet: [B6]
DOB: [B6]
Breed: Boxer
Sex: M
Color: brindle

[B6]

Visit Date: [B6]

Dear doctors,

[B6]

[B6] DVM

[B6]

B6

Client Name: B6
Animal Name: B6
Client Phone: B6
MRN: 1373024
Species: Canine
Breed: Boxer
DOB: B6 Sex: M

Doctor: B6
Clinic: B6
Phone: B6
Fax: B6

Accession: B6
Collected: B6
Received: B6
Approval Date: B6 10:49 AM

CBC (Complete Blood Count)

	Ref. Range/Males
WBC	6.0-14.3 K/uL
RBC	5.8-8.9 M/uL
Hb	14.3-21.1 g/dL
Hct	41.7-58.1 %
MCV	63.2-76.8 fL
MCH	22.9-26.6 pg
MCHC	32.4-38.4 g/dL
CH	22.2-26.0 pg
CHCM	31.6-38.9 g/dl
RDW	10.8-14.9 %
Platelet Count	161-513 K/uL

B6

B6 10:48 AM Large

PCT	0.129-0.403 %
MPV	7.5-15.7 fL
PDW	51.0-73.0 %
NEU #	3.3-10.1 K/uL
LYM #	1.0-3.9 K/uL
MON #	0.1-0.9 K/uL
EOS #	0.0-1.2 K/uL
BASO #	0.0-0.1 K/uL
RBC MORPHOLOGY:	
ANISOCYTOSIS	
Reticulocytes	
RETIC Percent	%
RETIC ABSOLUTE Count	x 10 ⁹ /L
RETIC CORRECTED C %	

B6

B6

Accession number: B6
END OF REPORT (Final)

PL ~~28~~ 24345

WB 24346

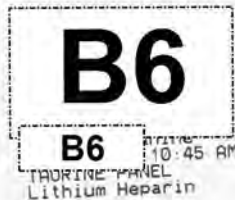
Amino Acid Laboratory Sample Submission Form

Amino Acid Laboratory, 1089 Veterinary Medicine Drive, Davis, Ca 95616

Telephone: 530-752-5058, Fax: 530-752-4698

Email: ucd.aminoacid.lab@ucdavis.edu

www.vetmed.ucdavis.edu/labs/amino-acid-laboratory



Veterinarian Contact: B6

Clinic/Company Name: Tufts Cummings School of Vet. Med. - Clinical Pathology Laboratory

Address: 200 Westboro Road, North Grafton MA 015369

Email: Clinpath@tufts.edu / cardiovet@tufts.edu

Telephone: B6 Fax: B6

Billing Contact: B6 Email: B6

Billing Contact Phone: B6 Tax ID: _____

Patient Name: B6 Species: canine

Breed: Boxer Owner's Name: B6

Current Diet: Rachel Ray super premium dry chicken/veggies dry, Purina and chicken/rice canned, Newman's own chicken/rice

Sample type: Plasma Whole Blood Urine Food Other _____

Test: Taurine Complete Amino Acids Other: _____

Taurine Results (lab use only)

Plasma: B6 Whole Blood: B6 Urine: _____ Food: _____

	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

26346

Amino Acid Laboratory Sample Submission Form

Amino Acid Laboratory, 1089 Veterinary Medicine Drive, Davis, Ca 95616

Telephone: 530-752-5058, Fax: 530-752-4698

Email: ucd.aminoacid.lab@ucdavis.edu

www.vetmed.ucdavis.edu/labs/amino-acid-laboratory

B6

Veterinarian Contact: **B6**

Clinic/Company Name: Tufts Cummings School of Vet. Med. - Clinical Pathology Laboratory

Address: 200 Westboro Road, North Grafton MA 01539

Email: Clinpath@tufts.edu / cardiovet@tufts.edu

Telephone: **B6** Fax: 508-839-7936

Billing Contact: **B6** Email: **B6**

Billing Contact Phone: **B6** Tax ID: _____

Patient Name: **B6** Species: canine

Breed: Chihuahua Owner's Name: **B6**

Current Diet: solid Gold Free bites

Sample type: Plasma Whole Blood Urine Food Other _____

Test: Taurine Complete Amino Acids Other: _____

Taurine Results (lab use only)

Plasma: _____ Whole Blood: **B6** Urine: _____ Food: _____

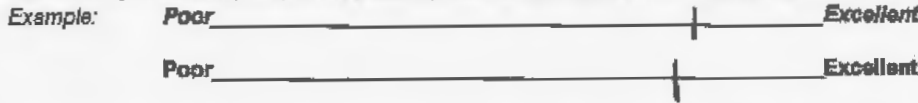
	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

CARDIOLOGY DIET HISTORY FORM
Please answer the following questions about your pet

Pet's name: **B6** Owner's name: **B6** Today's date: 2/26/2019

1. How would you assess your pet's appetite? (mark the point on the line below that best represents your pet's appetite)



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

1. Please list below ALL pet foods, people food, treats, snack, dental chews, rawhides, and any other food item that your pet currently eats and that you have fed in the last 2 years.

Please provide enough detail that we could go to the store and buy the exact same food - examples are shown in the table

Food (include specific product and flavor)	Form	Amount	How often?	Dates fed
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2016-present
85% lean hamburger	microwaved	3 oz	1x/week	June-Aug 2016
Pupperoni original beef flavor	treat	1/2	1x/day	Sept 2016-present
Rawhide	treat	6 inch twist	1x/week	Dec 2018-present
Canidae All Life Stages - Multi-Protein Formula	dry	2-2.5 cups	2x/day	2015-present
Canidae Grain Free PURE	wet	2-3 tbs	1-2x/day	2016-present
Mix Bage Soft+Chewy - Beef + Filet Mignon	treat	1	1x/day	2015-present
RtCo treat bar	treat	1-2	1x/day	2015-present
Charlie Bear - Turkey liver + cranberries	treat	2-3	1-2 x/day	2017-present
Table scraps			1x/day	2015-present

*Any additional diet information can be listed on the back of this sheet

2. 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	_____
Camitine	<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
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. 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): cheese, different meats

*Canidae Grain Free Pure: it comes in different flavors

- "Sea": Salmon + Mackerel
- "Elements": Lamb, turkey, and chicken
- "Foundations": chicken
- "Sky": Duck + turkey
- "Land": Lamb

Amount: about a spoon full or two on top of his dry food

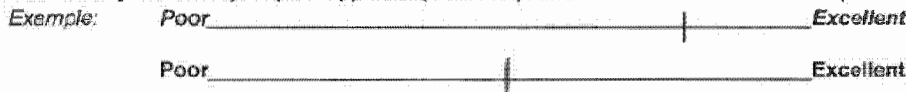
* We have always fed **B6** table scraps from dinner, putting about a tablespoon on top of his dry food. This includes different meats: chicken, steaks, lamb, etc. The dogs usually had some of whatever we had for dinner

CARDIOLOGY DIET HISTORY FORM

Please answer the following questions about your pet

Pet's name: **B6** Owner's name: **B6** Today's date: 3/8/19

1. How would you assess your pet's appetite? (mark the point on the line below that best represents your pet's appetite)



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, snack, 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 you pet is eating.

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
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2018
85% lean hamburger	microwaved	3 oz	1x/week	Jan 2015
Pupperoni original beef flavor	treat	1/2	1x/day	Aug 2015
Rawhide	treat	6 inch twist	1x/week	Dec 2015
Carnidae All Stages of Life	dry	2-2 1/2 cups	2x/day	2015
Wina sensitive skin + stomach - Salmon	dry	2 cups	2x/day	Feb. 2019
Milk-bone Chewy	treat	1	1x/day	2015
Charlee Bear - Turkey liver + cranberry	Treat	GRAND 2	4-6x/day	2015

mixed

*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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____	2 twice a day
Carnitine	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Antioxidants	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Multivitamin	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Fish oil	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Coenzyme Q10	<input type="checkbox"/> Yes <input 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): _____

27857 PL ①
WB ②

B6

Amino Acid Laboratory Sample Submission Form

Amino Acid Laboratory, 1089 Veterinary Medicine Drive, Davis, Ca 95616

Telephone: 530-752-5058, Fax: 530-752-4698

Email: ucd.aminoacid.lab@ucdavis.edu

www.vetmed.ucdavis.edu/labs/amino-acid-laboratory

Veterinarian Contact: B6

Clinic/Company Name: Tufts Cummings School of Vet. Med. - Clinical Pathology Laboratory

Address: 200 Westboro Road, North Grafton, MA 015389

Email: B6@tufts.edu cardiovet@tufts.edu

Telephone: B6

Fax: B6

Billing Contact: B6

Email: B6@tufts.edu

Billing Contact Phone: B6

Tax ID: _____

Patient Name: B6

Species: Canine

Breed: Doberman

Owner's Name: B6

Current Diet: CANIDAE

Sample type: Plasma Whole Blood Urine Food Other _____

Test: Taurine Complete Amino Acids Other: _____

Taurine Results (lab use only)

B6 Urine: _____ Food: _____

	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

19197

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: **B6**

Address: **B6**

Email: **B6**

Tel: **B6** Fax: **B6**

Billing Contact: *Please call our clinic for payment info. Thank you.* TAX ID: _____

Email: **B6** Tel: **B6**

Patient Name: **B6**

Species: Dog - Golden Retriever

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

Amino Acid Laboratory Sample Submission Form

Amino Acid Laboratory
 1089 Veterinary Medicine Drive
 Davis, Ca 95616
 Telephone: 530-752-5058, Fax: 530-752-4698
 Email: ucd.aminoacid.lab@ucdavis.edu
www.vetmed.ucdavis.edu/labs/amino-acid-laboratory

Veterinarian Contact: _____ B6 _____

Clinic/Company Name: _____ B6 _____

Address: _____ B6 _____

Email: _____ B6 (vet) _____ B6 (owner) _____

Telephone: _____ B6 _____ Fax: _____

Billing Contact: _____ B6 _____ Email: _____ B6 _____

Patient Name: _____ B6 _____ Species: Dog

Breed: Golden Retriever Owner's Name: _____ B6 _____

Current Diet : Purina Pro Plan Salmon Sensitive Skin & Stomach

Sample type: Plasma Whole Blood Urine Food Other _____

Test: Taurine Complete Amino Acids Other: _____

Taurine Results (lab use only)

Plasma: _____ Whole Blood: **B6** Urine: _____ Food: _____

	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

25766-PL

25767-WS

Amino Acid Laboratory Sample Submission Form

Amino Acid Laboratory, 1089 Veterinary Medicine Drive, Davis, Ca 95616

Telephone: 530-752-5058

Fax: 530-752-4698

Email: ucd.aminoacid.lab@ucdavis.edu

www.vetmed.ucdavis.edu/labs/amino-acid-laboratory



Submitting Veterinarian Information	
Clinic Name:	B6 Tax ID: _____
Mailing Address:	B6
Veterinarian Name:	B6 Phone: B6
Email:	B6 Fax: B6

Owner Information	
Name:	B6
Mailing Address: (required if billing owner)	B6
Email:	B6 Phone: B6

Patient Information	
Name:	B6 Species: <u>kg</u> Breed: <u>Pit Bull</u>
Current Diet:	<u>Fragum</u>

Preferred method of results reporting: Fax Email
 Bill to: Clinic Owner (Non-federal funds) UC Account # _____

*Invoices will be mailed to all customers with a US mailing address, unless emailed invoices are required

*Credit cards are not accepted for payment, please wait to receive invoice and remit payment by check per invoice instructions

Sample type: Plasma Whole Blood Urine Food Other: _____
 Test: Taurine Complete Amino Acid Other: _____

Taurine Results (lab use only)	
Plasma:	B6 Blood: B6 Urine: _____ Food: _____
Reporter's Initials:	B6 Date: <u>12/17/18</u>

Normal Taurine Values (nMols/ml) for Cat & Dog

	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80 - 120	>40	300 - 600	>200
Dog	60 - 120	>40	200 - 350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

B6

B6

Owner: **B6**
 Pet name: **B6**
 Pet ID/Chart #: **B6**
 Species: CANINE Breed: MIXED CANINE
 DOB: **B6** Sex: MC
 Collection Date: **B6**
 Received Date: **B6**
 Reported: 8/29/2018

Sample ID: 29435-18

Order requested by:

B6

Troponin I

Approved by: B6	B6 1:39 PM	B6 1:37 PM	Reference Interval
Troponin I Reference lab report	H B6 See attached report.	See attached report.	0.00-0.06 ng/mL

B6

Stratus CS
Serial Number: 99050678
Software Version: 1.8.0
Results Printout

cTnI TestPak Lot Number: Z3802002
Operator ID: 5

Run Time: 08/20/2018 14:32

Patient ID: 932551

Sample No. ID:

Collection Time:

Comment Code:

Method: cTnI
Units: ng/mL
Ref. Interval: 0.00-0.06

Printed: 08/20/2018 14:46

Troponin Level Testing - cTnI

Off Campus Blood Preparation: Collect blood in prepare separated plasma for shipment. At the plasma on dry ice overnight. Alternatively ship and Styrofoam overnight. Fibrin in plasma or lip

FAX Results to: **B6**

Patient Name: **B6** Patient ID#: **B6** Species: R-9
Breed: MIX Age: 7 yrs Sex: M
Owner Name: **B6**
Clinician: **B6** Practice: **B6** Phone #: **B6**
Bill to: See below

Brief History:

Results sent by:

phone
 fax

Troponin Test Result: **B6** ng/mL (Reference range: 0.00 - 0.06 ng/mL)
Date/time sample received: **B6** 12:25 Condition: cool Date run: **B6** Initials: **B6**

** Ice pack not sufficient (4oz flexible polar pack)
(however sample deemed appropriate for test per cardiologist)*

New Bolton Center Office use only

- In Patient MRN# _____ Owner _____ Animal _____
- Out Patient MRN# _____ Owner _____ Animal _____
- Outside Client Charge _____

B6

Quantity	Code	Description (date of service and charge if required)
/	cTnI	Troponin I B6

Submitted by: **B6** Phone: **B6**

Updated 4/29/2014

B6

FACSIMILE TRANSMITTAL SHEET

TO:

FROM:

Attn: Claims Dept

B6

COMPANY:

B6

DATE:

5/12/16

FAX NUMBER:

B6

TOTAL NO. OF PAGES INCLUDING COVER:

7

PHONE NUMBER

SENDER'S REFERENCE NUMBER:

YOUR REFERENCE NUMBER:

B6

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

PHONE: **B6**

FAX: **B6**

B6

Name: **B6** ID# **B6**
 Address: _____
 Phone: _____ Work: _____ Cell: **B6**

Patient: **B6** M/F S DOB **B6**
 Breed: _____ Color: _____

RAD # _____ MICROCHIP # _____ EMAIL _____

DATE	AGE	WT.	SERVICES, EXAMINATIONS, Rx'S	CHG	PD	BAL	
4/4/16	(cont)		B6				
4/5/16		UAB TELE					
4/7/16		FAX					
		TELE					
		TELE					

[Handwritten signature]

pd

4/4/16

33 1st

7/10/16

B6

330

TELE

B6

4/10/15 For 3d.6

B6

4/10/15

pd

B6

B6

Name: **B6** ID# **B6**
 Address: **B6**
 Phone: _____ Work: _____ Cell: _____

Patient: **B6** M/F: ME DOB: **B6**
 Breed: Saluki Color: White

RAD # _____ MICROCHIP # _____ EMAIL _____

DATE	AGE	WT.	SERVICES, EXAMINATIONS, Rxs	CHG	PD	BAL
5/5/16	7yr	32 ³	B6			

22555

Amino Acid Laboratory Sample Submission Form

Amino Acid Laboratory
 1089 Veterinary Medicine Drive
 Davis, Ca 95616
 Telephone: 530-752-5058, Fax: 530-752-4698
 Email: ucd.aminoacid.lab@ucdavis.edu
www.vetmed.ucdavis.edu/labs/amino-acid-laboratory

Veterinarian Contact: B6

Clinic/Company Name: B6

Address: B6

Email: B6

Telephone: B6

Fax: B6

Billing Contact: B6

Email: B6

Patient Name: B6

Species: Canine

Breed: Golden Retriever

Owner's Name: B6

Current Diet: Pure Vita Venison & red until

Sample type: Plasma Whole Blood Urine Food Other

Test: Taurine Complete Amino Acids Other

Taurine Results (lab use only)
 Plasma: _____ Whole Blood: B6 Urine: _____ Food: _____

	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

22752

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: **B6**

Address: **B6**

Email: **B6**

Tel: **B6** Fax: **B6**

Billing Contact: _____ TAX ID: _____

Email: _____ Tel: _____

Patient Name: **B6** (NOT fasted)

Species: Golden Retriever

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

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 B6
 Company Name: B6
 Address: B6

Email: B6
 Tel: B6 Fax: _____

Billing Contact: B6 TAX ID: _____
 Email: B6 Tel: B6

Patient Name: B6 *Doberman*
 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



239²⁹

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: **B6**
Address: **B6**

Email: **B6**
Tel: **B6** Fax: _____

Billing Contact: **B6** TAX ID: _____
Email: **B6** Tel: **B6**

Patient Name: **B6**
Species: *f-g*
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

Sample Submission Form

Acid Laboratory
 University of California, Davis
 Vet Med 3B
 Veterinary Medicine Drive
 Davis, CA 95616
 (530)752-5058, Fax: (530)752-4698

UC CUSTOMERS ONLY:
 Non-federal funds ID/Account Number
 to bill: _____

www.vetmed.ucdavis.edu/vmb/aal/aal.html

Tech Contact: **B6** / **B6**

Company Name: **B6**

Address: **B6**

B6
B6 Fax: _____

Shipping Contact: _____ TAX ID: _____
 Tel: _____

Client Name: **B6**

Species: *Canine*

Owner's Name: **B6**

Sample Type: Plasma Whole Blood Urine Food Other: _____
 Items: Taurine Complete Amino Acid Other: _____

Expected 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

23928

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: **B6**
Address: **B6**

Email: **B6**
Tel: **B6** Fax: _____

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

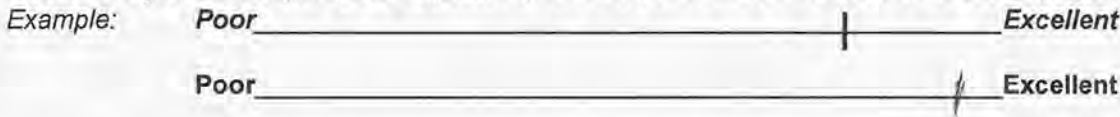
#439571

CARDIOLOGY DIET HISTORY FORM

Please answer the following questions about your pet

Pet's name: B6 Owner's name: B6 Today's date: 5/13/19

1. How would you assess your pet's appetite? (mark the point on the line below that best represents your pet's appetite)



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 (checked)
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 (checked)
Stayed about the same weight
Don't know

1. Please list below ALL pet foods, people food, treats, snack, dental chews, rawhides, and any other food item that your pet currently eats and that you have fed in the last 2 years.

Please provide enough detail that we could go to the store and buy the exact same food - examples are shown in the table

Table with 5 columns: Food (include specific product and flavor), Form, Amount, How often?, Dates fed. Rows include Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult; 85% lean hamburger; Puppperoni original beef flavor; Rawhide; and a handwritten entry for 'Deli... P... Plain Salmon' with 'Sensitive skin + stomach' noted.

*Any additional diet information can be listed on the back of this sheet

2. Do you give any dietary supplements to your pet (for example: vitamins, glucosamine, fatty acids, or any other supplements)?

Supplement list form with columns for 'Yes/No', 'Brand/Concentration', and 'Amount per day'. Includes handwritten entries for Taurine (NOW, 2 g/day) and Vitamin C (Nature's Bounty, 500 mg tablets - 1 per day).

3. 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): coconut oil

~~2022~~ 20224

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: _____

Vet/Tech Contact: **B6**
Company Name: **B6**
Address: **B6**
B6
* Please Send results to **B6**
Email: **B6**
Tel: **B6** Fax: **B6**

Billing Contact: **B6** TAX ID:
Email: **B6** Tel: **B6**

Patient Name: **B6**
Species: Canine - GR
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

~~2022~~ 20224

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: _____

Vet/Tech Contact: B6
Company Name: B6
Address: B6
 B6
 * Please Send results to B6
Email: B6
Tel: B6 Fax: B6

Billing Contact: B6 TAX ID: _____
Email: B6 Tel: B6

Patient Name: B6
Species: Canine - GR
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

**Follow-up Case Information Uniform Data Entry Form
Vet-LIRN**

Date (mm/dd/yy)

EON/CC Number:

PATIENT INFORMATION

Pet Name

Dog Cat

Breed

Age in years (if < 6 months, put 0.5)

Gender:
 M MN F FS

This form serves as a Uniform Data Entry Form to capture additional case specific information not clear from the Consumer Complaint or Medical Records in a standardized manner. Because each follow-up interview made with owners features questions tailored specifically to the case, each box of information contained in this Uniform Data Entry Form may not be completed.

HISTORY-Additional Comments from Owner

Owner's Description of What Happened:

Any Health Problems Prior to the Event (e.g. allergies, surgeries):

Sensitive GI tract (e.g. stomach upset when switching foods, eats a lot of grass) Yes

Changes to the pet's diet prior to illness Yes

Date Diet Change:

CLINICAL INFORMATION--Additional Comments from Owner on What Happened

Appetite Increased Decreased

Vomiting Yes

Diarrhea Yes

Duration of Diarrhea (days)

Blood in Feces Fresh, Red
 Coffee Ground
 Black, Tarry

Water Consumption Increased Decreased

Urination Increased Decreased

Lethargy Yes

Other:

MEDICATIONS-Taken Prior to the Event and Mentioned by Owner

List medications mentioned by owner (e.g. NSAIDs, steroids, heartworm/flea prevention, antibiotics, etc.)

List probiotics, vitamins, or supplements mentioned by owner:

**Follow-up Case Information Uniform Data Entry Form
Vet-LIRN**

EON/CC Number: 359,970

Owner:

B6

Pet's Name:

B6

DIET-Any other foods the owner mentions were given to the animal during this period. (check all that apply)

Commercial Dry Product Use as Part of Diet: Primary Secondary Occasional

List Product Label Name

Zignature Lamb first fed ~2.5-3 years ago (was on his puppy food ~9-12 months, then tried a few other dog foods before starting Zignature), 1-1.5 cups BID, measuring cup; last fed was the day he was

Commercial Wet-Canned Product Use as Part of Diet: Primary Secondary Occasional

List Product Label Name

Commercial Wet-Pouch Product Use as Part of Diet: Primary Secondary Occasional

List Product Label Name:

Commercial-Raw Product Use as Part of Diet: Primary Secondary Occasional

List Product Label Name:

Homemade-Raw Product Use as Part of Diet: Primary Secondary Occasional

Describe Product Type:

Homemade-Cooked Product Use as Part of Diet: Primary Secondary Occasional

Describe Product Type:

diluted chicken broth, vegetables (broccoli, carrots), chicken breast

Table Scraps/Human Food (as an occasional contribution to diet) Describe Product Type(s): peanut butter in a Kong-freeze it-he'd get a Kong on a hot day, was

Pet Treat Products Product Use as Part of Diet: Primary Secondary Occasional

Commercial Product Label Name/Lot: Old Mother Hubbard-Peanut butter Date first fed

How Product Administered: Date last fed was getting w

Rawhides or Pig Ears Product Label Name/Lot: previous had american made Bully sticks Date first fed

How Product Administered: hadn't had for a while Date last fed

Marrow Bones Product Label Name/Lot: Date first fed

How Product Administered: Date last fed

Chicken Jerky Product Label Name/Lot: Date first fed

How Product Administered: Date last fed

Duck Jerky Product Label Name/Lot: Date first fed

How Product Administered: Date last fed

Sweet Potato Jerky or Treats Product Label Name/Lot: Date first fed

How Product Administered: Date last fed

**Follow-up Case Information Uniform Data Entry Form
Vet-LIRN**

EON/CC Number:

Owner:

Pet's Name:

DIET-continued-Any other foods the owner mentions were given to the animal during this period. (check all that apply)

Other Treats Product Label Name/Lot: Date first fed
How Product Administered: Date last fed

ENVIRONMENTAL EXPOSURES-Environmental Exposures Mentioned by the Owner Potentially Affecting the Animal's Overall State of Health Prior to the Event . (check all that apply)

- Indoor Outdoor Indoor & Outdoor Carrion Rodents Grapes or Raisins Nuts
- Plants Trash Hunt Pet Shows Sporting Events Pet Recreation Facilities
- Livestock Poultry Reptiles Pet Birds Small Mammals Untreated Surface Water
- Anti-freeze Mushrooms Heavy Metals Ticks Urban Suburban Rural

Comments: supervised, fenced in backyard, went for walks, always on a harness walked or playing in the backyard; pavers and grass; lived w/ other golden; used to pull up plants in the garden when a young dog but not as he got older
would go to a groomer or walked in the downtown area; periodically see little mushrooms but would pick them up, neither dog goes after them; they do landscape the yard and used pet safe ice melt; yes-got and was treated
no trauma or hyperthermic, was always a big panter and drank a lot of water (his personality), no radiation or electric shock, no chemo or human pills, no alcohol, no japanese yew, foxglove, black locust, buttercup, lily of the valley, or gossypol

HOUSEHOLD-Signalment of Additional Animals Given the Product mentioned by the owner.

- Animal 1 yr, FS Golden Retriever, related to (her sister was mother): the breeder was also feeding grain free and taurine tested Reacted
- Animal 2 Reacted
- Animal 3 Reacted

Comments

24576 PL
24577 WB

B6

Amino Acid Laboratory Sample Submission Form

Amino Acid Laboratory, 1089 Veterinary Medicine Drive, Davis, Ca 95616
Telephone: 530-752-5058, Fax: 530-752-4698
Email: ucd.aminoacid.lab@ucdavis.edu
www.vetmed.ucdavis.edu/labs/amino-acid-laboratory

SHIP w ICE PACKS, TAURINE
PANEL
Lithium Heparin

Veterinarian Contact: **B6**

Clinic/Company Name: Tufts Cummings School of Vet. Med. - Clinical Pathology Laboratory

Address: 200 Westboro Road, North Grafton MA 015369

Email: Clinpath@tufts.edu & Cardiovet@tufts.edu

Telephone: **B6**

Fax: **B6**

Billing Contact: **B6**

Email: **B6**

Billing Contact Phone: **B6**

Tax ID: _____

Patient Name: **B6**

Species: Canine

Breed: Doberman

Owner's Name: **B6**

Current Diet: Earthborn grain free / wellness

Sample type: Plasma Whole Blood Urine Food Other _____

Test: Taurine Complete Amino Acids Other: _____

Taurine Results (lab use only)

Plasma: **B6** Whole Blood: **B6** Urine: _____ Food: _____

	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

PL: 24421
WB: 24422

Amino Acid Laboratory Sample Submission Form

Amino Acid Laboratory, 1089 Veterinary Medicine Drive, Davis, Ca 95616
Telephone: 530-752-5058, Fax: 530-752-4698
Email: ucd.aminoacid.lab@ucdavis.edu
www.vetmed.ucdavis.edu/labs/amino-acid-laboratory

Veterinarian Contact: B6

Clinic/Company Name: Tufts Cummings School of Vet. Med. - Clinical Pathology Laboratory

Address: 200 Westboro Road, North Grafton, MA 015369

Email: Clinpath@tufts.edu / *cardiovet@tufts.edu*

Telephone: B6 Fax: B6

Billing Contact: B6 Email: B6

Billing Contact Phone: B6 Tax ID: _____

Patient Name: B6 Species: Golden

Breed: Golden Owner's Name: B6

Current Diet: Beneful - was on grain free taste of food and

Sample type: Plasma Whole Blood Urine Food Other _____ *Values Balance*

Test: Taurine Complete Amino Acids Other: _____

Taurine Results (lab use only)

Plasma: B6 Whole Blood: B6 Urine: _____ Food: _____

	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

444116

CARDIOLOGY DIET HISTORY FORM

Please answer the following questions about your pet

B6

B6

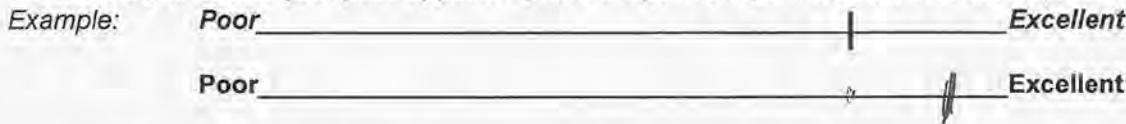
Pet's name

Owner's name:

Today's date:

5/3/19

1. How would you assess your pet's appetite? (mark the point on the line below that best represents your pet's appetite)



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

1. Please list below ALL pet foods, people food, treats, snack, dental chews, rawhides, and any other food item that your pet currently eats and that you have fed in the last 2 years.

Please provide enough detail that we could go to the store and buy the exact same food - examples are shown in the table

Food (include specific product and flavor)	Form	Amount	How often?	Dates fed
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2016-present
85% lean hamburger	microwaved	3 oz	1x/week	June -Aug 2016
Pupperoni original beef flavor	treat	1/2	1x/day	Sept 2016-present
Rawhide	treat	6 inch twist	1x/week	Dec 2018-present
Royal Canin boxer	dry	3/4	2x/day	April 2019-present
Science diet 7+ BEEF + Barley	can	2 TBLS	2x/day	April 2019-present
Hills Science diet Soft Savories PRANIT + BARLEY	Treat	1/2	6x/day	April 2019-present
ALPO Variety Snaps Big Bites	Treat	1/4	6x/day	April 2019-present

*Any additional diet information can be listed on the back of this sheet

2. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No GNC	2000 mg
Carnitine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Antioxidants	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Multivitamin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fish oil	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Coenzyme Q10	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (please list):		
Example: Vitamin C	Nature's Bounty	500 mg tablets - 1 per day

3. 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): _____

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

Diet Hx 1/24/19

CARDIOLOGY DIET HISTORY FORM

Please answer the following

Pet's name: **B6** Owner's name: **B6** Today's date: 1/24/19

- 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**
- 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 _____
- Over the last few weeks, has your pet (check one)
 Lost weight Gained weight Stayed about the same weight Don't know
- Please list below ALL pet foods, people food, treats, snack, 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 you 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
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2018
85% lean hamburger	microwaved	3 oz	1x/week	Jan 2015
Pupperoni original beef flavor	treat	1/2	1x/day	Aug 2015
Rawhide	treat	6 inch twist	1x/week	Dec 2015
<u>YORANCA Pils - Pils SPORT 30/20</u>	<u>DRY</u>	<u>1 SC</u>	<u>2/day</u>	<u>10/18</u>
<u>PUKINA COOKIES - HARD RED</u>		<u>5/day</u>		<u>10/18</u>
<u>5, 200 SQUARES, RED BOX IN GROCERY STORE</u>				

*Any additional diet information can be listed on the back of this sheet

- 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:

Taurine	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>TOP TAUPE RECOMMENDED BRAND?</u>	<u>2000/day</u>
Carnitine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>TWIN LABS</u>	
Antioxidants	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Multivitamin	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fish oil	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Coenzyme Q10	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (please list):			
Example: Vitamin C		<u>Nature's Bounty</u>	<u>500 mg tablets - 1 per day</u>

- 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): _____

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

Diet Hx 5/1/2019

432033

CARDIOLOGY DIET HISTORY FORM

Please answer the following questions about your pet

Pet's name **B6** Owner's name **B6** Today's date: 5/1/19

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

1. Please list below ALL pet foods, people food, treats, snack, dental chews, rawhides, and any other food item that your pet currently eats and that you have fed in the last 2 years.

Please provide enough detail that we could go to the store and buy the exact same food - examples are shown in the table

Food (include specific product and flavor)	Form	Amount	How often?	Dates fed
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2016-present
85% lean hamburger	microwaved	3 oz	1x/week	June -Aug 2016
Pupperoni original beef flavor	treat	1/2	1x/day	Sept 2016-present
Rawhide	treat	6 inch twist	1x/week	Dec 2018-present
KIRINIA PRO PLAN SAVOR STRENGTHENED BEEF + RICE	DRY	1 1/2 c	2x/day	10/18-present
Porion Arpa Variety Snaps Little Bites	TREAT	2-4	per day	1/19-present
Crazy Dog Train - Red Training Reward - Bacon	treat	3-6	per day	1/19-present

*Any additional diet information can be listed on the back of this sheet

2. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>NOW 1000 mg</u>	<u>2/day</u>
Carnitine	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Antioxidants	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Multivitamin	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Fish oil	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Coenzyme Q10	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Other (please list): Example: Vitamin C	<u>Nature's Bounty</u>	<u>500 mg tablets - 1 per day</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. 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): _____

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

Idexx NT-proBNP 5/1/2019

IDEXX Reference Laboratories

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

Client: **B6**
Patient: **B6**
Species: CANINE
Breed: GOLDEN RETRIEVE
Gender: MALE NEUTERED
Age: 3Y

Date: 05/01/2019
Requisition #: **B6**
Accession #: **B6**
Ordered by: **B6**

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	Unit
CARDIOPET proBNP - CANINE	B6	0 - 900 pmol/L	B6

B6

Please note: Complete interpretive comments for all concentrations of Cardiotest proBNP are available in the online directory of services. Serum specimens received at room temperature may have decreased NT-proBNP concentrations.

Client: **B6**
Patient:

Troponin 5/31/2019



Gastrointestinal Laboratory
Dr. J.M. Steiner
Department of Small Animal Clinical Sciences
Texas A&M University
4474 TAMU
College Station, TX 77843-4474



Website User ID: lisa.freeman@tufts.edu OR **B6**@tufts.edu

GI Lab Assigned Clinic ID: 23523

B6
Tufts Cummings School of Vet Med - Cardiology/Nutrition
200 Westboro Road
North Grafton, MA 01536
USA

Phone: 508 887 4696
Fax:
Animal Name: **B6**
Owner Name:
Species: Canine
Date Received: May 30, 2019

Tufts Cummings School of Vet Med -
Cardiology/Nutrition Tracking Number:
432033

GI Lab Accession: **B6**

Test	Result	Reference Interval	Assay Date
Ultra-Sensitive Troponin I Fasting	B6 ng/mL	≤0.06	05/31/19

B6

Comments:

GI Lab Contact Information

Phone: (979) 862-2861
Fax: (979) 862-2864

Email: glab@cvm.tamu.edu
vetmed.tamu.edu/glab

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

Diet Hx 5/3/2019

CARDIOLOGY DIET HISTORY FORM
 Please answer the following questions about your pet

434853

Pet's name: **B6** Owner's name: **B6** Today's date: 5/3/19

1. How would you assess your pet's appetite? (mark the portion 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

1. Please list below ALL pet foods, people food, treats, snack, dental chews, rawhides, and any other food item that your pet currently eats and that you have fed in the last 2 years.

Please provide enough detail that we could go to the store and buy the exact same food - examples are shown in the table

Food (include specific product and flavor)	Form	Amount	How often?	Dates fed
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2016-present
85% lean hamburger	microwaved	3 oz	1x/week	June -Aug 2016
Pupperoni original beef flavor	treat	1/2	1x/day	Sept 2016-present
Rawhide	treat	6 inch twist	1x/week	Dec 2018-present
<u>Purina Pro Plan</u>	<u>dry</u>	<u>1 1/2</u>	<u>2x/day</u>	<u>Jan 2016-present</u>
<u>Dental Bones & Chews</u>	<u>treat</u>	<u>1</u>	<u>3x/week</u>	<u>Jan 2019-present</u>
<u>Wholesome Dog Biscuit</u>	<u>treat</u>	<u>5 treats</u>	<u>daily</u>	<u>Jan 2019-present</u>

**Any additional diet information can be listed on the back of this sheet*

2. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Carnitine	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Antioxidants	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Multivitamin	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Fish oil	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Coenzyme Q10	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Other (please list):	_____	_____
Example: Vitamin C	Nature's Bounty	500 mg tablets - 1 per day
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. 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): _____

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

Idexx NT-proBNP 5/3/2019

IDEXX Reference Laboratories

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

Client: **B6**
Patient: **B6**
Species: CANINE
Breed: GOLDEN_RETRIEVE
Gender: FEMALE S/PAYED
Age: 3Y

Date: **B6**
Requisition #: LA
Accession #: **B6**
Ordered by: **B6**

IDEXX VetConnect 1-888-433-9967
TUFTS UNIVERSITY
200 WESTBORO RD
NORTH GRAFTON, Massachusetts 01536
508-839-5395
Account #88833

CARDIOPET proBNP - CANINE

Test	Result	Reference Range	Unit	Method	Flag
CARDIOPET proBNP - CANINE	B6	0 - 900 pmol/L	FBGH		B6

Comments:

B6

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

Troponin 5/31/2019



Gastrointestinal Laboratory
Dr. J.M. Steiner
Department of Small Animal Clinical Sciences
Texas A&M University
4474 TAMU
College Station, TX 77843-4474



Website User ID: lisa.freeman@tufts.edu OR: **B6**@tufts.edu

GI Lab Assigned Clinic ID: 23523

B6 Tufts Cummings School of Vet Med - Cardiology/Nutrition 200 Westboro Road North Grafton, MA 01536 USA	Phone: 508 887 4696 Fax: Animal Name: B6 Owner Name: Species: Canine Date Received: May 30, 2019
---	--

Tufts Cummings School of Vet Med -
Cardiology/Nutrition Tracking Number:
434853

GI Lab Accession: **B6**

<u>Test</u>	<u>Result</u>	<u>Reference Interval</u>	<u>Assay Date</u>
Ultra-Sensitive Troponin I Fasting	B6 ng/mL	≤0.06	05/31/19

B6

Comments:

GI Lab Contact Information

Phone: (979) 862-2861
Fax: (979) 862-2864

Email: glab@cvm.tamu.edu
vetmed.tamu.edu/gilab

23038 PL
23039 WB

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: _____

B6

B6 pat Race
4:09 PM
SHIP w ICE PACKS, TAURINE
PANEL
Lithium Heparin
RUSH

<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: **B6** (+) 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

23040

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: _____

B6
R6 B6
B6 2:42 PM
SHIP w ICE PACKS, TAURINE
(WHOLE BLOOD)
Lithium Heparin

<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

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

PL 21015

WB 21016

Amino Acid Laboratory Sample Submission Form

Amino Acid Laboratory
1089 Veterinary Medicine Drive
Davis, Ca 95616

Telephone: 530-752-5058, Fax: 530-752-4698

Email: ucd.aminoacid.lab@ucdavis.edu

www.vetmed.ucdavis.edu/labs/amino-acid-laboratory

Veterinarian Contact: **B6**

Clinic/Company Name: **B6**

Address: **B6**

Email: **B6**

Telephone: **B6** 52

Billing Contact: **B6**

Email: **B6**

Patient Name: **B6**

Species: Canine

Breed: Goldendoodle

Owner's Name: **B6**

Current Diet : Zignature Kangaroo

Sample type: Plasma Whole Blood Urine Food Other

Test: Taurine Complete Amino Acids Other:

Taurine Results (lab use only)

Plasma: **B6** Whole Blood: **B6** Urine: Food:

	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

35 20658

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: _____

Address: **B6**
B6

Email: **B6**
 Tel: **B6** Fax: **B6**

Billing Contact: **B6** TAX ID: _____
 Email: **B6** Tel: **B6**

Patient Name: **B6**
 Species: *Cat*
 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

35 **B6**

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: _____

Address: **B6**
B6

Email: **B6**
 Tel: **B6** Fax: **B6**

Billing Contact: **B6** TAX ID: _____
 Email: **B6** Tel: **B6**

Patient Name: **B6**
 Species: *Cat*
 Owner's Name: **B6**

Sample Type: Plasma Whole Blood Urine Food Other: _____
 Test Items: Taurine Complete Amino Acid Other: _____

Taurine Results (nmol/ml) **B6**
 Plasma: _____ Whole Blood: _____ 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

CARDIOLOGY DIET HISTORY FORM

Please answer the following questions about your pet

Pet's name: **B6** Owner's name: **B6** Today's date: 9/12/18

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, snack, 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 you 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
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2018
85% lean hamburger	microwaved	3 oz	1x/week	Jan 2015
Pupperoni original beef flavor	treat	1/2	1x/day	Aug 2015
Rawhide	treat	6 inch twist	1x/week	Dec 2015
Taste of the Wild Pacific Stream Puppy	dry	12 cups	3 times	April 2016
4 Health Beef + Stew	wet	2 tablespoons	3 times	Jan 2017
Taste of Wild Prey Beef	dry	9 cups	3 times	June 2017
Purina Pro Plan Savor Sensitive Skin	dry	8-10 cups	3 times	Aug 2018
Freeze dried liver treats	treat	4-5 pieces	1 once 9 day	June 2018

*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	_____	_____
Carnitine <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): _____

CARDIOLOGY DIET HISTORY FORM

Please answer the following questions about your pet

Pet's name: **B6** Owner's name: **B6** Today's date: 9/12/18

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, snack, 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 you 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
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2018
85% lean hamburger	microwaved	3 oz	1x/week	Jan 2015
Pupperoni original beef flavor	treat	1/2	1x/day	Aug 2015
Rawhide	treat	6 inch twist	1x/week	Dec 2015
Taste of the Wild Pacific Stream Puppy	dry	12 cups	3 times	April 2016
4 Health Beef + Stew	liquid	2 tablespoons	3 times	Jan 2017
Taste of Wild Prey Beef	dry	9 cups	3 times	June 2017
Purina Pro Plan Savor Sensitive Skin	dry	8-10 cups	3 times	Aug 2018
Freeze dried liver treats	treat	4-5 pieces	1 once 9 day	June 2018

*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	_____	_____
Carnitine <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): _____

35 20658

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: _____

Address: B6
B6

Email: B6
Tel: B6 Fax: B6

Billing Contact: B6
Email: B6 Tel: B6
TAX ID: _____

Patient Name: B6
Species: Great Dane
Owner's Name: B6

Sample Type: [] Plasma [X] Whole Blood [] Urine [] Food [] Other:
Test Items: [X] Taurine [] Complete Amino Acid [] Other: _____

Taurine Results (nmol/ml)
Plasma: _____ Whole Blood: B6 Urine: _____ Food: _____

Reference Ranges (nmol/ml)

Table with 4 columns: Species, Plasma Normal Range, Plasma No Known Risk for Taurine Deficiency, Whole Blood Normal Range, Whole Blood No Known Risk for Taurine Deficiency. Rows for Cat and Dog.

CARDIOLOGY DIET HISTORY FORM

Please answer the following questions about your pet:

Pet's name **B6** Owner's name **B6** Today's date 9/5/18

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, snack, 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
Nutro Grain Free Chicken, Lentil & Sweet Potato Adult	dry	1 1/2 cups	2x/day	Jan, 2018
85% lean hamburger	microwaved	3 oz	1x/week	Jan 2018
Pupperoni original beef flavor	treat	1/2	1x/day	Aug 2018
Rawhide	treat	6 inch twist	1x/week	Dec 2018
Honest Kitchen Turkey, Beef, or Chicken moist	moist	1 1/2 cups	1x/day	Nov, 2017
Bravo canned - rotated - rabbit	moist	1 can	1x/day	~2 yrs
Hounds & Gatos canned - rotate	moist	1 can	1x/day	~5 yrs
Purple sticks - Bravo rabbit	dried	1 1/2 inch	weekly	11 yrs
Edenwagur - Bravo	dried	1 1/2 inch	weekly	11 yrs
Zucchini - rotate (Just started again)		3 cups	1x/day	
Honest Kitchen Veggie & Fruit mix - add ment		1 1/2 - 2 cups	1x/day	4 yrs
Mostly feed Honest Kitchen				
Hound Dooked - turkey, beef, salmon -	varies		1x/day	11 yrs

treats

Any additional diet information can be listed on the back of this sheet:
 Vital Essentials food & Primal food & treats

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

Taurine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	_____
Carnitine	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nordic Naturals	1 Tablespoon
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: cheese, liver wurst)

20543

Amino Acid Laboratory Sample Submission Form

Amino Acid Laboratory
 1089 Veterinary Medicine Drive
 Davis, Ca 95616
 Telephone: 530-752-5058, Fax: 530-752-4698
 Email: ucd.aminoacid.lab@ucdavis.edu
www.vetmed.ucdavis.edu/labs/amino-acid-laboratory

Veterinarian Contact: **B6**

Clinic/Company Name: **B6**

Address: **B6**

Email: _____

Telephone: **B6**

Fax: # **B6**
 Email

Billing Contact: **B6**

Patient Name: **B6**

Species: 1 < 9

Breed: Golden Retriever

Owner's Name: **B6**

Current Diet: _____

Sample type: Plasma Whole Blood Urine Food Other _____

Test: Taurine Complete Amino Acids Other: _____

Taurine Results (lab use only) **B6**
 Plasma: _____ Whole Blood: _____ Urine: _____ Food: _____

	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

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

UCDavis Taurine Panel

PL: 24421
WB: 24422

Amino Acid Laboratory Sample Submission Form

Amino Acid Laboratory, 1089 Veterinary Medicine Drive, Davis, Ca 95616
Telephone: 530-752-5058, Fax: 530-752-4698
Email: ucd.aminoacid.lab@ucdavis.edu
www.vetmed.ucdavis.edu/labs/amino-acid-laboratory

Veterinarian Contact: **B6**

Clinic/Company Name: Tufts Cummings School of Vet. Med - Clinical Pathology Laboratory

Address: 200 Westboro Road, North Grafton, MA 015369

Email: Clinpath@tufts.edu / cardiovet@tufts.edu

Telephone: **B6** Fax: **B6**

Billing Contact: **B6** Email: **B6**

Billing Contact Phone: **B6** Tax ID: _____

Patient Name: **B6** Species: golden

Breed: golden Owner's Name: **B6**

Current Diet: Beneful - was on grain free taste of food and

Sample type: Plasma Whole Blood Urine Food Other *nutrient balance*

Test: Taurine Complete Amino Acids Other: _____

Taurine Results (lab use only)

Plasma: **B6** Whole Blood: **B6** Urine: _____ Food: _____

	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

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

Prescription: Pimobendan 15mg 12/14/18

B6 16:48 From: **B6** **B6** Page: 1/2
OK To Ship

VETERINARY PRESCRIPTION AUTHORIZATION FAX FORM

Pharmacy (toll free) Fax

B6



ATTENTION ATTENTION VETERINARIAN. Your patient has requested a prescription. Please complete and fax back. If you have any questions, please call **B6**

SECTION A: PET OWNER – please print information below

OWNER **B6** **B6** PET'S NAME KIWI
 First Name Last Name Customer Number – (optional)

BILLING ADDRESS **B6** SHIPPING ADDRESS _____
 Address (if different)

B6 **B6** **B6** PREFERRED SHIPPING METHOD
 City State Zip Ground Second Day Air Overnight

PHONE **B6** EMAIL _____

SECTION B: VETERINARIAN – please print prescription info (or attach RX below) and fax to **B6**

***** This Area for Prescriber Use Only *****

PRESCRIBER _____
 First Name Last Name License# DEA # (for controls)

FOSTER ANIMAL HOSPITAL
 Office Name

CLINIC _____
 Address

City State Zip Email _____
 PHONE 508-839-5395 FAX 508-839-7951

Bill to Office Patient
 Ship to Office Patient

PET'S NAME **B6** SPECIES canine WEIGHT 55 LB SEX _____ AGE 7

COMPOUNDED MEDICATION **B6**

DOSAGE FORM FLEXDOSE TABLETS STRENGTH 15 MG

AND INITIAL DIRECTIONS: ONE 1/2 TABLET (Q) BY MOUTH. Twice a day

QTY 60 TABS REFILL 11
 (multiple refill requested)

PLEASE SIGN **B6** **B6** **B6**

Please review directions and number of refills. This medication is for use only in the United States. It is prohibited to export this medication to other countries. If you have received this telecopy in error, please notify the sender immediately to arrange the return of this document.

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

BNP

B4

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

Client: **B6**
Patient: **B6**
Species: CANINE
Breed: GOLDEN_RETRIEVE
Gender:
Age: 7Y

Date: 02/14/2019
Requisition #: 1A
Accession #: **B6**
Ordered by: **B6**

B6
TUFTS UNIVERSITY
200 WESTBORO RD
NORTH GRAFTON, Massachusetts 01536
508-839-5395
Account #88933

CARDIOPET proBNP- CANINE

Test	Unit	Reference Range	U/L	Result
CARDIOPET proBNP- CANINE	B6	0- 900 pmol/L	HIGH	B6

Comments:

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.

Result is greater than 10000 pmol/L

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

Texas A and M Troponin



Gastrointestinal Laboratory
Dr. J.M. Steiner
Department of Small Animal Clinical Sciences
Texas A&M University
4474 TAMU
College Station, TX 77843-4474



Website User ID: Cardiovet@tufts.edu OR clinpath@tufts.edu

GI Lab Assigned Clinic ID: 11405

B6
Tufts University Clinical Pathology Lab
Attn: **B6**
200 Westboro Road
North Grafton, MA 01536
USA

Phone: **B6**
Fax: 9 508 839 7936
Animal Name: **B6**
Owner Name: **B6**
Species: Canine
Date Received: Mar 06, 2019

GI Lab Accession: 13484

Test	Result	Reference Interval	Assay Date
Ultra-Sensitive Troponin I Fasting	B6 ng/mL	≤0.06	03/06/19

B6

Comments:

Phone: **B6**
Fax: (979) 862-2864

GI Lab Contact Information

Email: gilab@cvm.tamu.edu
vetmed.tamu.edu/gilab

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

Diet Hx 5/16/2019

427078

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

1. Please list below ALL pet foods, people food, treats, snack, dental chews, rawhides, and any other food item that your pet currently eats and that you have fed in the last 2 years.

Please provide enough detail that we could go to the store and buy the exact same food - examples are shown in the table

Food (include specific product and flavor)	Form	Amount	How often?	Dates fed
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2016-present
85% lean hamburger	microwaved	3 oz	1x/week	June -Aug 2016
Pupperoni original beef flavor	treat	1/2	1x/day	Sept 2016-present
Rawhide	treat	6 inch twist	1x/week	Dec 2018-present
Ball Purina One true blend turkey + venison	dry	1 cup	2x/day	Dec 2018
Alpo treats	treat	5/day	→	Dec 2018

*Any additional diet information can be listed on the back of this sheet

2. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No NOW	② 500mg twice/day
Camitine	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Antioxidants	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Multivitamin	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Fish oil	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Coenzyme Q10	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other (please list): Example: Vitamin C	Nature's Bounty	500 mg tablets - 1 per day
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. 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): _____

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

Chem 21 5/16/19



Tufts Cummings School Of Veterinary Medicine

200 Westboro Road
North Grafton, MA 01536

Name/DOB: **B6** Sex: U Provider: **B6**
Patient ID: **B6** Age: 7 Order Location: V320559: Investigation into
Phone number: Species: Canine Sample ID: **B6**
Collection Date: 5/16/2019 3:55 PM Breed: Golden Retriever
Approval date: 5/16/2019 6:36 PM

Research Chemistry Profile - Small Animal (Cobas)

		Ref. Range/-
SMACHUNSK		
Glucose		67-135 mg/dL
Urea		8-30 mg/dL
Creatinine		0.6-2.0 mg/dL
Phosphorus		2.6-7.2 mg/dL
Calcium 2		9.4-11.3 mg/dL
Magnesium 2+		1.8-3.0 mEq/L
Total Protein		5.5-7.8 g/dL
Albumin		2.8-4.0 g/dL
Globulins	L	2.3-4.2 g/dL
A/G Ratio	H	0.7-1.6
Sodium		140-150 mEq/L
Chloride		106-116 mEq/L
Potassium		3.7-5.4 mEq/L
tCO2(Bicarb)		14-28 mEq/L
AGAP		8.0-19.0
NA/K		29-40
Total Bilirubin		0.10-0.30 mg/dL
Alkaline Phosphatase		12-127 U/L
GGT		0-10 U/L
ALT		14-86 U/L
AST		9-54 U/L
Creatine Kinase		22-422 U/L
Cholesterol		82-355 mg/dL
Triglycerides	L	30-338 mg/dl
Amylase		409-1250 U/L
Osmolality (calculated)		291-315 mmol/L

Sample ID: **B6**
END OF REPORT (Final)

Reviewed by: _____

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

B4 NT-proBNP 5/16/2019

B4

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

Client: **B6**
Patient: **B6**
Species: CANINE
Breed: GOLDEN_RETRIEVE
Gender: FEMALE SPAYED
Age: 7Y

Date: 05/16/2019
Requisition #: JA
Accession #: **B6**
Ordered by: **B6**

B4
TUFTS UNIVERSITY
200 WES TBORO RD
NORTH GRAFTON, Massachusetts 01536
508-839-5395
Account #88933

CARDIOPET proBNP- CANINE

Test	Result	Reference Range	Unit	Normal	Flag
CARDIOPET proBNP - CANINE	B6	0 - 900 pmol/L	HIGH		B6

Comments

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.

Result is greater than 10000 pmol/L

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

B6 script submitted

05/29/2019 11:07 From: **B6** **B6** Page: 1/1

B6 Pharmacy Fax: **B6**

Prescription Refill Request

(This fax contains sensitive patient information. If you are not the intended party, please destroy this fax.)
Date printed / faxed 5/29/2019

5/30 mm

TO: **B6**
 55 WILLARD ST NORTH GRAFTON, MA 01536
 Phone 508-839-5395
 Fax 508-887-4275

FROM: **B6**

Phone **B6**
 Fax **B6**

Patient: **B6**

Phone **B6**
 Birthdate **B6** Age 7
 Rx # **B6**
 Quantity 60
 Current Drug **B6** FLEX DOSETAB 7.5MG TABLET

Date written 12/14/2018
 Last refill 5/28/2019 Prescription expiration date 12/14/2019
 Directions GIVE 1 TABLET BY MOUTH EVERY 12 HOURS

Suggested formula: **B6** DOSETAB TABLET 7.5MG
 #90 GIVE 1 TABLET BY MOUTH THREE TIMES DAILY

If approved, please initial: _____

OWNER STATES DOSE FREQUENCY HAS INCREASED TO TID.

Refill Response: Fax back to the pharmacy at **B6**

May Refill: _____ PRN, or 11 Time(s) as Consistent with State Law or Until **B6**

Authorized by _____ **B6** Date 5/30/19

Comments or Questions:

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

Troponin 5/31/2019



Gastrointestinal Laboratory
Dr. J.M. Steiner
Department of Small Animal Clinical Sciences
Texas A&M University
4474 TAMU
College Station, TX 77843-4474



Website User ID: lisa.freeman@tufts.edu OR **B6**@tufts.edu

GI Lab Assigned Clinic ID: 23523

B6
Tufts Cummings School of Vet Med - Cardiology/Nutrition
200 Westboro Road
North Grafton, MA 01536
USA

Phone: 508 887 4696
Fax:
Animal Name: **B6**
Owner Name:
Species: Canine
Date Received: May 30, 2019

Tufts Cummings School of Vet Med -
Cardiology/Nutrition Tracking Number:
427078

GI Lab Accession: **B6**

Test	Result	Reference Interval	Assay Date
Ultra-Sensitive Troponin I Fasting	B6 ng/mL	≤0.06	05/31/19

B6

Comments:

GI Lab Contact Information

Phone: **B6**
Fax: (979) 862-2864

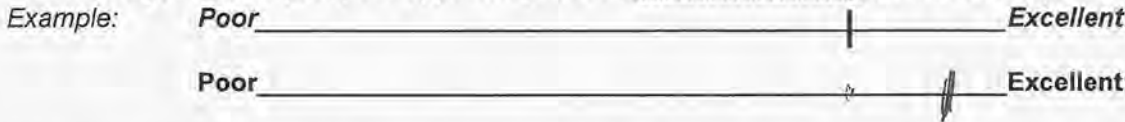
Email: glab@cvm.tamu.edu
vetmed.tamu.edu/gilab

CARDIOLOGY DIET HISTORY FORM

Please answer the following questions about your pet

Pet's name: **B6** Owner's name: **B6** Today's date: 5/3/19

1. How would you assess your pet's appetite? (mark the low that best represents your pet's appetite)



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

1. Please list below ALL pet foods, people food, treats, snack, dental chews, rawhides, and any other food item that your pet currently eats and that you have fed in the last 2 years.

Please provide enough detail that we could go to the store and buy the exact same food - examples are shown in the table

Food (include specific product and flavor)	Form	Amount	How often?	Dates fed
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2016-present
85% lean hamburger	microwaved	3 oz	1x/week	June -Aug 2016
Pupperoni original beef flavor	treat	1/2	1x/day	Sept 2016-present
Rawhide	treat	6 inch twist	1x/week	Dec 2018-present
Royal Canin boxer	dry	3/4	2x/day	April 2019-present
Science diet 7+ BEEF + Barley	can	2 TBLS	2x/day	April 2014-present
Hills Science diet Soft Savories PRANIT + BARLEY	Treat	1/2	6x/day	April 2014-present
ALPO Variety Snaps Big Bites	Treat	1/4	6x/day	April 2019-present

*Any additional diet information can be listed on the back of this sheet

2. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>GNC</u>	<u>2000 mg</u>
Carnitine	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Antioxidants	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Multivitamin	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Fish oil	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Coenzyme Q10	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Other (please list): Example: Vitamin C	<u>Nature's Bounty</u>	<u>500 mg tablets - 1 per day</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. 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): _____

CARDIOLOGY PATIENT QUESTIONNAIRE

Contact number _____
(Please try to be available between
9:30 and 10:30 am for questions or
updates)

Patient Name: **B6**

Client: **B6** CANINE
MC

B6 MASTIFF
B6 FAWN
B6

I would (betwe **B6** le. **B6**

May we sedate or tranquilize your pet today if necessary? YES NO

NO Acepromazine!

Some tests require shaving to obtain the best results – may we shave your pet's fur today if necessary? YES NO

Please indicate any symptoms your pet has experienced since your last visit – please describe in the space provided:

<input checked="" type="checkbox"/>	Change in activity level	<i>Improved</i>
<input checked="" type="checkbox"/>	Change in water consumption	<i>Increased</i>
<input checked="" type="checkbox"/>	Change in urination frequency	<i>The Lasix makes him void on himself</i>
<input type="checkbox"/>	Change in appetite	
<input type="checkbox"/>	Coughing	
<input type="checkbox"/>	Difficulty breathing	
<input checked="" type="checkbox"/>	Sneezing	<i>Allergies</i>
<input type="checkbox"/>	Weakness / fainting	
<input checked="" type="checkbox"/>	Vomiting	<i>once</i>
<input type="checkbox"/>	Diarrhea	

Current diet: *Fromm Salmon Ad veg mixed i kanyaroo*

Have you seen your family vet since your last visit? *NO*

Has your pet been fed today? YES NO
If yes, what time *7:30* am/pm
How much? *3 cups*

CURRENT MEDICATIONS:

Drug Name	How often given?	Was medication given today?	What time?	REFILL NEEDED TODAY?	
				YES	NO
B6	<i>BID</i>	<i>YES</i>	<i>7:15</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>BID</i>	<i>YES</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>BID</i>	<i>YES</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>BID</i>	<i>YES</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>BID</i>	<i>YES</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>BID</i>	<i>YES</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>MMthly</i>	<i>NO</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>Quarterly</i>	<i>NO</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Owner Signature: **B6**

Date: *5/10/18*

Use back of sheet for any additional information.

MAILED
5/11/18 JB

NC State University
Veterinary Hospital
1052 William Moore Drive
Raleigh, NC 27607
Discharge Comments

Fax: Admin
Fax: Referral

Small Animal (919) 513-6500
Large Animal (919) 513-6630

Client <div style="border: 1px dashed black; padding: 10px; text-align: center; font-size: 24px; font-weight: bold;">B6</div>	Patient <div style="border: 1px dashed black; padding: 2px;">B6</div> MASTIFF MC FAWN CANINE	Case # <div style="border: 1px dashed black; padding: 2px;">B6</div> 93.5 kg	Attending DVM Student Discharging DVM Referring DVM	<div style="border: 1px dashed black; padding: 10px; text-align: center; font-size: 24px; font-weight: bold;">B6</div> <div style="border: 1px dashed black; padding: 10px; text-align: center; font-size: 36px; font-weight: bold;">B6</div>
---	--	--	---	--

Admission Date/Time: MAY 11, 2018 08:53 AM **Discharge Date/Time:** MAY 11, 2018 03:00 PM **Discharge Status:**

CASE SUMMARY

DIAGNOSIS:

1. Dilated cardiomyopathy - r/o primary vs. diet induced
2. Atrial fibrillation
3. Congestive heart failure - pulmonary edema, pleural effusion, abdominal effusion - resolved

HISTORY

B6 is a 5 year old male castrated Mastiff who was presented to the NCSU Cardiology Service on 5/11/18 for a recheck of dilated cardiomyopathy, atrial fibrillation, and congestive heart failure.

B6 was first presented to the NCSU **B6** for lethargy and coughing with a terminal retch for four days. Bloodwork performed at his regular veterinarian on 5/2/18 showed hypoalbuminemia (2.6), with normal kidney values (BUN **B6** Creat **B6**). A CBC and T4 were within normal limits. The urinalysis revealed proteinuria, and pyuria, and the collection method was not reported. The coughing progressed until his presentation at the ER, where he was coughing 5-6 times per hour. He also refused to eat the morning of presentation, which was abnormal. While at NCSU an echocardiogram showed evidence of dilated cardiomyopathy, small volume pleural effusion, and moderate volume abdominal effusion. Thoracic radiographs showed mild pulmonary edema. An ECG showed atrial fibrillation with a ventricular response rate of **B6** bpm. **B6** was hospitalized overnight and responded well to treatment. He was discharged on **B6**.

Since discharge, **B6** has been doing well at home. He has increased energy and activity levels. Sleeping respiratory rate has been around **B6** bpm and owner does not feel as though he has an increased respiratory effort. **B6** had one brief episode of coughing this morning and one episode of vomiting a few days ago after being fed a cold food item which is known to cause stomach upset. His owner reports that he has reduced frequency of defecation (1-2x/day as opposed to previous 3-4x/day) and increased water consumption and urination, but is no longer dribbling urine in the house or when lying down.

B6 has a history of allergies, and was started on **B6** by his primary veterinarian at his visit on 5/2/18. He also has a history of frequent ear infections, light bulb foreign body, and naproxen toxicity. **B6** was previously seen by the NCSU **B6**. Both events resolved without hospitalization or intervention. Prior to his diagnosis of cardiac disease, he was eating Zignature kangaroo diet (grain-free; for another dog's allergic skin disease) with raw liver added to supply additional taurine. Since his discharge from the cardiology service on 5/4/18 he has been transitioned to 75% Fromm Salmon a la Veg dry dog food and 25% Zignature with the plan to transition completely to Fromm in the next few days. He also receives monthly preventatives (Sentinel and Bravecto).

B6

B6

CVR: Grade III/VI left apical systolic murmur, irregularly irregular arrhythmia appreciated; eupneic, lung fields clear with normal bronchovesicular sounds noted on bilateral auscultation

B6

B6

ASSESSMENT:

Thank you for bringing **B6** in to see us today - he was a very good boy. We are happy to hear he is doing well at home.

Today we performed chest radiographs and a fluid check echocardiogram to assess **B6** response to congestive heart failure. We are happy to report that his chest radiographs show improvement from previously, and the fluid in his abdomen has resolved. We also performed a renal panel to assess his kidney values - which returned within normal limits and stable compared to previously. We are overall happy with these results - and we would like to continue his heart failure medications **B6** at their current dosages. We would also like to begin one addition medication called **B6** this medication is a weak diuretic and also works to prevent cardiac remodeling. Please see below for dosing instructions.

B6 heart rate on exam was still quite high in hospital. We had discussed performing a holter monitor today to assess his heart rate and rhythm over a 24 hour period - however, considering his elevated heart rate on exam, we have elected not to perform this test today. Rather, we would like to increase his diltiazem dose and bring him back for a QUICK TEST holter monitor in 7-10 days. Today we also submitted a digoxin level to evaluate his systemic concentrations of this drug - this test is currently pending and we will contact you with the results.

INSTRUCTIONS FOR CARE

B6

MONITORING:

1. Please continue to monitor **B6** for signs of recurrent congestive heart failure. These would include exercise intolerance, increased respiratory rate, difficulty breathing, episodes of fainting/collapse, or decreased appetite. If you notice any of these signs, please contact us and have **B6** evaluated by a veterinarian.

2. Please continue monitoring **B6** respiratory rate at home when you observe him sleeping. A normal respiratory rate should be less than 36 breaths per minute. If you feel that **B6** respiratory rate is increasing - or if he is having more effort while breathing,

please contact us.

ACTIVITY: Please avoid strenuous exercise or situations which place undue stress on your **B6**. In general, pets with congestive heart failure will self-regulate their exercise. Please monitor for any change in exercise capability.

DIET: As we discussed, **B6** should be on a diet that contains grains due to a concern for dietary induced DCM. We have seen an association between grain free diets and poor cardiac function recently. Although there is currently no scientific evidence, we have seen an increasing number of dogs with this problem. The Fromm Salmon a la Veg that you are transitioning him to is an acceptable diet and contains several different grains. Please keep him on this diet and continue taurine supplementation as well.

NEXT VISIT:

1. We would like **B6** to come back to NCSU in 7-10 days for a QUICK TEST appointment. At this visit we will perform a kidney panel after beginning therapy with **B6**. We will also place a holter monitor.
2. We would otherwise like to see **B6** back for a recheck exam, blood pressure, renal panel, and echocardiogram in 3 months.

If you have any concerns with how your pet is doing, or to schedule an appointment, please contact the NC State Veterinary Hospital at 919-513-6694. There is a veterinarian on call 24 hours a day.

NOTE: If your pet is in need of emergency aid and you are not able to get to the NC State Veterinary Hospital quickly, please seek care at the nearest veterinary emergency facility. Take these discharge instructions and current medications with you so that the treating veterinarian will know as much as possible regarding your pets' medical condition.

B6	B6		
		_____ Student	
Clinicians: Dr. Darcy Adin	Residents:	Clinical Technicians:	Client Services:
B6	B6	B6	B6
		Research Technician	
		B6	

In order to help expedite medication refills, please visit us online at www.ncstatevets.org and select Pet Owners, Pharmacy Refills.

B6			
CANINE MC	B6		
B6	MASTIFF		
	B6	FAWN	
		B6	
			B6

NC STATE VETERINARY HOSPITAL
HISTORY & PHYSICAL

Admission / Exam Date: 5/11/18
 Weight: lbs kgs 93.5
 Temp: _____ Pulse: _____ Respiration: part.
 Membrane Color: pink Capillary Refill: < 2 sec
 Body Condition: _____ Pain Score: 0/4

CANINE
MC B6 MASTIFF
FAWN
B6

B6

VACCINATION STATUS:			DATE						
YES	NO			N	ABN	No Exam	N	ABN	No Exam
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Lactating? Yes No

Pregnant? Yes No

CHIEF COMPLAINT: _____

B6

- I. Present History
 - A. Onset / Duration
 - B. Progression
 - C. Prior Treatment
- II. Past History
 - A. Medical Illness
 - B. Surgical
 - C. Reproductive
 - D. Adverse Drug Reaction
 - E. Trauma
- III. Environment
- IV. Preventative
- V. Systems Review

Student Signature: _____

Clinician Signature: **B6**

NC State Veterinary Hospital
Cardiology Pet Diet History

Date: 5/11/18



Current diet:

Brand Fromm & Signature

Variety Salmon Ala Veg / Kangaroo

Is this diet Grain-free? No / Yes

How long has your pet eaten this food? 1 week / 2 years

Are there other pets in your house eating this food? yes

Other diets eaten in the last 3 years and dates:

Earthborn Naturals Meadow Blend
Signature Kangaroo

Other food (treats, rawhides, table food):

Various
No rawhides

Supplements (e.g. fish oil, CoQ10, vitamins etc)

Joint Max triple strength, Taurine

CARDIOLOGY PATIENT QUESTIONNAIRE

Contact number _____
(Please try to be available between
9:30 and 10:30 am for questions or
updates)

Patient Name: **B6**

Client: **B6** CANINE
MC **B6** MASTIFF
B6 FAWN
B6

I would (betwe **B6** le. **B6**)

May we sedate or tranquilize your pet today if necessary? YES NO

NO Acepromazine!
Some tests require shaving to obtain the best results – may we shave your pet's fur today if necessary? YES NO

Please indicate any symptoms your pet has experienced since your last visit – please describe in the space provided:

<input checked="" type="checkbox"/>	Change in activity level	<i>Improved</i>
<input checked="" type="checkbox"/>	Change in water consumption	<i>Increased</i>
<input checked="" type="checkbox"/>	Change in urination frequency	<i>The Lasix makes him void on himself</i>
<input type="checkbox"/>	Change in appetite	
<input type="checkbox"/>	Coughing	
<input type="checkbox"/>	Difficulty breathing	
<input checked="" type="checkbox"/>	Sneezing	<i>Allergies</i>
<input type="checkbox"/>	Weakness / fainting	
<input checked="" type="checkbox"/>	Vomiting	<i>once</i>
<input type="checkbox"/>	Diarrhea	

Current diet: *Fromm Salmon Ad veg mixed i kanyaroo*
Have you seen your family vet since your last visit? *NO*

Has your pet been fed today? YES NO
If yes, what time *7:30* am/pm
How much? *3 cups*

CURRENT MEDICATIONS:

Drug Name	How often given?	Was medication given today?	What time?	REFILL NEEDED TODAY?	
				YES	NO
B6	<i>BID</i>	<i>YES</i>	<i>7:15</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>BID</i>	<i>YES</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>BID</i>	<i>YES</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>BID</i>	<i>YES</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>BID</i>	<i>YES</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>BID</i>	<i>YES</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>monthly</i>	<i>NO</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>quarterly</i>	<i>NO</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Owner Signature: **B6**

Date: *5/10/18*

Use back of sheet for any additional information.

NC State University
Veterinary Hospital
1052 William Moore Drive
Raleigh, NC 27607
 Discharge Comments

MAILED
 5/11/18 JB

Fax: Admin
 Fax: Referral

Small Animal (919) 513-6500
 Large Animal (919) 513-6630

Client B6	Patient B6 MASTIFF MC FAWN CANINE	Case # B6 93.5 kg	Attending DVM Student Discharging DVM Referring DVM	B6 B6
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Admission Date/Time: MAY 11, 2018 08:53 AM Discharge Date/Time: MAY 11, 2018 03:00 PM Discharge Status:

CASE SUMMARY

DIAGNOSIS:

1. Dilated cardiomyopathy - r/o primary vs. diet induced
2. Atrial fibrillation
3. Congestive heart failure - pulmonary edema, pleural effusion, abdominal effusion - resolved

HISTORY

B6 is a 5 year old male castrated Mastiff who was presented to the NCSU Cardiology Service on 5/11/18 for a recheck of dilated cardiomyopathy, atrial fibrillation, and congestive heart failure.

B6 was first presented to the NCSU ER **B6** for lethargy and coughing with a terminal retch for four days **B6**
B6
B6 He also refused to eat the **B6**
B6 While at NCSU an echocardiogram showed evidence of dilated cardiomyopathy, small volume pleural effusion, and moderate volume abdominal effusion. Thoracic radiographs showed mild pulmonary edema. An ECG showed atrial fibrillation with a ventricular response rate of **B6** bpm. **B6** was hospitalized overnight and responded well to treatment. He was discharged on **B6**
B6

Since discharge, **B6** has been doing well at home. He has increased energy and activity levels. Sleeping respiratory rate has been around 20 bpm and owner does not feel as though he has an increased respiratory effort. **B6** had one brief episode of coughing this morning and one episode of vomiting a few days ago after being fed a cold food item which is known to cause stomach upset. His owner reports that he has reduced frequency of defecation (1-2x/day as opposed to previous 3-4x/day) and increased water consumption and urination, but is no longer dribbling urine in the house or when lying down.

B6 has a history of allergies, and was started on **B6** his primary veterinarian at his visit on **B6** He also has a **B6** **B6** was previously seen by the NCSU **B6** Both events resolved without hospitalization or intervention. Prior to his diagnosis of cardiac disease, he was eating Zignature kangaroo diet (grain-free; for another dog's allergic skin disease) with raw liver added to supply additional taurine. Since his discharge from the cardiology service on 5/4/18 he has been transitioned to 75% Fromm Salmon a la Veg dry dog food and 25% Zignature with the plan to transition completely to Fromm in the next few days. He also receives monthly preventative **B6**

B6

CVR: Grade III/VI left apical systolic murmur, irregularly irregular arrhythmia appreciated; eupneic, lung fields clear with normal bronchovesicular sounds noted on bilateral auscultation

B6

B6

ASSESSMENT:

Thank you for bringing **B6** in to see us today - he was a very good boy. We are happy to hear he is doing well at home.

Today we performed chest radiographs and a fluid check echocardiogram to assess **B6** response to congestive heart failure. We are happy to report that his chest radiographs show improvement from previously, and the fluid in his abdomen has resolved. We also performed a renal panel to assess his kidney values - which returned within normal limits and stable compared to previously. **B6** are overall happy with these results - and we would like to continue his heart failure medications at their current dosages. We would also like to begin one addition medication called **B6**. This medication is a weak diuretic and also works to prevent cardiac remodeling. Please see below for dosing instructions.

B6 heart rate on exam was still quite high in hospital. We had discussed performing a holter monitor today to assess his heart rate and rhythm over a 24 hour period - however, considering his elevated heart rate on exam, we have elected not to perform this test today. Rather, we would like to increase his diltiazem dose and bring him back for a QUICK TEST holter monitor in 7-10 days. Today we also submitted a digoxin level to evaluate his systemic concentrations of this drug - this test is currently pending and we will contact you with the results.

INSTRUCTIONS FOR CARE

MEDICATIONS:

B6

MONITORING:

1. Please continue to monitor **B6** for signs of recurrent congestive heart failure. These would include exercise intolerance, increased respiratory rate, difficulty breathing, episodes of fainting/collapse, or decreased appetite. If you notice any of these signs, please contact us and have **B6** evaluated by a veterinarian.
2. Please continue monitoring **B6** respiratory rate at home when you observe him sleeping. A normal respiratory rate should be less than 36 breaths per minute. If you feel that **B6** respiratory rate is increasing - or if he is having more effort while breathing,

please contact us.

ACTIVITY: Please avoid strenuous exercise or situations which place undue stress on your [B6]. In general, pets with congestive heart failure will self-regulate their exercise. Please monitor for any change in exercise capability.

DIET: As we discussed, [B6] should be on a diet that contains grains due to a concern for dietary induced DCM. We have seen an association between grain free diets and poor cardiac function recently. Although there is currently no scientific evidence, we have seen an increasing number of dogs with this problem. The Fromm Salmon a la Veg that you are transitioning him to is an acceptable diet and contains several different grains. Please keep him on this diet and continue taurine supplementation as well.

NEXT VISIT:

1. We would like [B6] to come back to NCSU in 7-10 days for a QUICK TEST appointment. At this visit we will perform a kidney panel after beginning therapy with [B6]. We will also place a holter monitor.
2. We would otherwise like to see [B6] back for a recheck exam, blood pressure, renal panel, and echocardiogram in 3 months.

If you have any concerns with how your pet is doing, or to schedule an appointment, please contact the NC State Veterinary Hospital at 919-513-6694. There is a veterinarian on call 24 hours a day.

NOTE: If your pet is in need of emergency aid and you are not able to get to the NC State Veterinary Hospital quickly, please seek care at the nearest veterinary emergency facility. Take these discharge instructions and current medications with you so that the treating veterinarian will know as much as possible regarding your pets' medical condition.

[B6] [B6]

[B6] Student

Clinicians: Dr. Darcy Adin [B6]

Residents: [B6]

Clinical Technicians: [B6]

Client Services: [B6]

[B6]

Research Technician [B6]

In order to help expedite medication refills, please visit us online at www.ncstatevets.org and select Pet Owners, Pharmacy Refills.

[B6] CANINE MC [B6] MASTIFF [B6] FAWN [B6]

[B6]

NC STATE VETERINARY HOSPITAL
HISTORY & PHYSICAL

B6
CANINE
MC
B6
MASTIFF
FAWN
B6
B6
B6

Admission / Exam Date: 5/11/18
 Weight: lbs kgs 93.5
 Temp: _____ Pulse: _____ Respiration: part
 Membrane Color: pink Capillary Refill: < 2 sec
 Body Condition: _____ Pain Score: 0/4

VACCINATION STATUS:			YES	NO	DATE	General Appearance	Integumentary	Ophthalmic	Otic	Musculoskeletal	Cardiovascular	Respiratory	Reproductive	Mammary	Urinary	Nervous	Alimentary	Lymphatic	Pregnant?			
						N	ABN	No Exam					N	ABN	No Exam					Yes	No	
Rabies	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distemper or FVRCP	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lepto or FeLV	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EEE / WEE / VEE	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Nile Virus	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhinopneumonitis	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHIEF COMPLAINT: _____

B6

I. Present History	II. Past History	III. Environment	Student Signature: _____
A. Onset / Duration	A. Medical Illness	IV. Preventative	Clinician Signature: B6
B. Progression	B. Surgical	V. Systems Review	
C. Prior Treatment	C. Reproductive		
	D. Adverse Drug Reaction		
	E. Trauma		

NC State Veterinary Hospital
Cardiology Pet Diet History

Date: 5/11/18



Current diet:

Brand Fromm & Signature

Variety Salmon Ala Veg / Kangaroo

Is this diet Grain-free? No / Yes

How long has your pet eaten this food? 1 week / 2 years

Are there other pets in your house eating this food? yes

Other diets eaten in the last 3 years and dates:

Earthborn Naturals Meadow Blend
Signature Kangaroo

Other food (treats, rawhides, table food):

Various
No rawhides

Supplements (e.g. fish oil, CoQ10, vitamins etc)

Joint Max triple strength, Taurine

NC STATE VETERINARY HOSPITAL

B6
CANINE
MC

B6
MASTIFF
B6
FAWN
B6

MASTER PROBLEM LIST

B6

B6

NO.	PROBLEM	DATE IDENTIFIED	DATE RESOLVED
	1) occult DCM	5/23/18	

NC State University - Veterinary Hospital

Date of Admission: 08/31/2018

Owner: B6

Client #: B6

Home Phone: B6
Work Phone:
Cell Phone:

Patient: B6
DOB:
Species: CANINE
Breed: MASTIFF

Patient #: B6

Sex: MC
Color: FAWN

Referring Vet: B6

RDVM #: B6
Work Phone: B6
Cell Phone: B6
FAX:

Referring Clinic: B6 AL

Clinic #: B6
Phone: B6
FAX:

Insurance: None

ID: B6

Is there another veterinarian involved in your pet's care other than the veterinarian listed above? (circle one)

Yes _____ No
(Name of Veterinarian and Clinic)

FINANCIAL AGREEMENT:

I assume full financial responsibility for all charges incurred for diagnostic, therapeutic, surgical and preventative services. I agree to make a payment prior to services received to be used towards my pet's care during hospitalization of the low end of my estimate range. I understand that my bill will go through a verification process where charges will be compared to my pet's medical record to determine accuracy for services rendered at this visit. I also understand that if there are any additional charges or credits found during this process (which can take up to 10 business days from the date on which my pet is discharged) I will receive additional invoices reflecting this in the mail.

Owner's Signature: B6 (SEAL)

Date: 8/31/18

Owner's EMAIL: B6

PERMISSION TO USE IMAGES/AUDIO RECORDINGS:

NC State may take and use photographs, video or other images or recordings (including audio) related to my animal's examination and treatment at the Veterinary Hospital. These images and recordings may be used for nonprofit educational and advanced learning purposes.

Check only if:
() I do not agree to photo/media use by NC State. Please inform your clinician if you do not agree to this.

PERMISSION TO USE SAMPLES THAT REMAIN AFTER DIAGNOSTIC TESTING:

Unused blood and urine are usually discarded after 7 days. Excess tissue is frequently available. In some instances, these samples have research or teaching value. Clients who prefer that pet's samples not be used may strike through this paragraph and initial and date the strikethrough. Please inform your clinician if you do this.

**NC State University
Veterinary Hospital
1052 William Moore Drive
Raleigh, NC 27607
Discharge Comments**

Fax: Admin
Fax: Referral

Small Animal (919) 513-6500
Large Animal (919) 513-6630

Client B6	Patient B6 MASTIFF MC FAWN CANINE	Case # B6 84.5 kg	Attending DVM Student Discharging DVM Referring DVM	B6 B6
----------------------------	--	------------------------------------	--	------------------------

Admission Date/Time:AUG 31, 2018 09:52 AM **Discharge Date/Time:**AUG 31, 2018 11:27 AM **Discharge Status:**

CASE SUMMARY

DIAGNOSIS:

1. Occult dilated cardiomyopathy - suspect diet induced
2. Historic otitis externa and atopic dermatitis

HISTORY:

[B6] is a 6 year old male castrated Mastiff that was presented to NCSU Cardiology Service on 8/31/18 for a recheck evaluation of occult dilated cardiomyopathy.

[B6] was initially evaluated by the NCSU Cardiology Service on 5/23/18. He was proactively screened after his littermate [B6] was diagnosed with DCM, atrial fibrillation, and congestive heart failure earlier in May. An echocardiogram revealed evidence of dilated cardiomyopathy, with moderate to severe LV enlargement and reduced systolic function. A whole blood taurine level returned within normal limits. No cardiac medications were prescribed, but taurine supplementation (3000mg BID) was recommended. Both [B6] were eating the same grain free diet for years prior to diagnosis. Both dogs were transitioned to FROMM Salmon Al La Veg (contains whole grains) after [B6] diagnosis in May 2018.

Since his last visit [B6] has been doing well at home, and remains asymptomatic. He has shown no episodes of collapse, weakness, trouble breathing, or coughing. He is eating and drinking well with no vomiting or diarrhea. He was initially eating Earthbound Naturals Lamb Grain Free, and was transitioned to Zignature Kangaroo Grain Free in 2016. He is now eating 6 cups daily of Fromm Salmon A La Veg (contains whole grains) [B6] has a history of otitis externa and atopic dermatitis.

B6

CV/RESP: Soft grade II/VI left basilar systolic murmur. No arrhythmia auscultated. Femoral pulses strong and synchronous. Clear bronchovesicular sounds bilaterally.

B6

RESULTS OF DIAGNOSTIC TESTS:

1. ECHOCARDIOGRAM
 - a. Moderate LV dilation - improved from prior study
 - b. Mild left atrial enlargement - improved from prior study

- c. Mild mitral regurgitation - static
- d. Mildly reduced LV systolic function - static

ASSESSMENT:

Thank you for entrusting us with [B6] care, he was a very good boy.

Today we performed a recheck echocardiogram to evaluate [B6] cardiac structure and function. We are happy to report that his echo shows considerable improvement in his heart size. His heart remains enlarged, and continues to show evidence of reduced function - but overall has shown improvement in the past 3 months. This is great news, and indicates at least some portion of his cardiac changes are responding to a diet change. As we discussed, it is still possible [B6] has underlying dilated cardiomyopathy secondary to his genetics, but we are very pleased to see this improvement with a diet change. We would like him to continue receiving taurine supplementation.

We would like to see [B6] back in 4-6 months for another recheck echocardiogram to evaluate for further improvement. As we discussed, [B6] heart may return to normal over time, or he may have mild cardiac changes throughout his life. Please continue to monitor him for any signs of worsening cardiac disease - such as lethargy, increased respiratory rate/effort, coughing, weakness, or collapse. If you are concerned about how he is doing, please contact us and have him evaluated by a veterinarian.

INSTRUCTIONS FOR CARE

MEDICATIONS: No cardiac medications are currently indicated. Please continue to supplement taurine (3000mg twice daily).

ACTIVITY:

Please avoid strenuous exercise or situations which place undue stress on [B6]. In general, pets with heart disease will self-regulate their exercise. Please monitor for any change in exercise capability.

DIET: [B6] can continue to enjoy his current diet.

MONITORING:

Please continue to monitor [B6] for any signs of worsening cardiac disease - such as lethargy, increased respiratory rate/effort, coughing, weakness, or collapse. If you are concerned about how he is doing, please contact us and have him evaluated by a veterinarian.

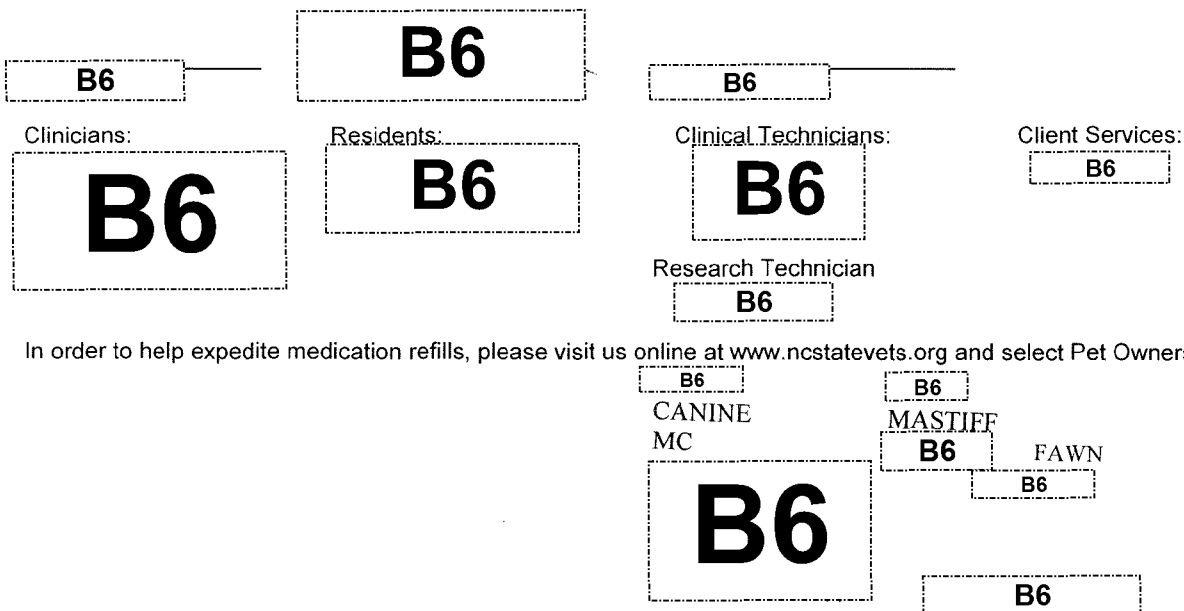
PLAN FOR NEXT EVALUATION:

1. We would like to see [B6] back in 4-6 months for a recheck exam, blood pressure, and echocardiogram. Please let us know if you feel he needs to be seen sooner.

COMMENTS:

If you have any concerns with how your pet is doing, or to schedule an appointment, please contact the NC State Veterinary Hospital at 919-513-6694. There is a veterinarian on call 24 hours a day.

NOTE: If your pet is in need of emergency aid and you are not able to get to the NC State Veterinary Hospital quickly, please seek care at the nearest veterinary emergency facility. Take these discharge instructions and current medications with you so that the treating veterinarian will know as much as possible regarding your pets' medical condition.



In order to help expedite medication refills, please visit us online at www.ncstatevets.org and select Pet Owners, Pharmacy Refills.

Patier B6
 CANINE
 MC

B6
 MASTIEF
 B6 FAWN

Client B6

B6

CARDIOLOGY PATIENT QUESTIONNAIRE

Contact number _____
 (Please try to be available between
 9:30 and 10:30 am for questions or
 updates)

I would like to pick up my pet at: _____ today if possible.
 (between 1pm and 4pm)

May we sedate or tranquilize your pet today if necessary? YES NO

Some tests require shaving to obtain the best results – may we shave your pet’s fur today if necessary? YES NO

Please indicate any symptoms your pet has experienced since your last visit – please describe in the space provided:

<input type="checkbox"/> Change in activity level
<input type="checkbox"/> Change in water consumption
<input type="checkbox"/> Change in urination frequency
<input type="checkbox"/> Change in appetite
<input type="checkbox"/> Coughing
<input type="checkbox"/> Difficulty breathing
<input checked="" type="checkbox"/> Sneezing allergy season
<input type="checkbox"/> Weakness / fainting
<input type="checkbox"/> Vomiting
<input type="checkbox"/> Diarrhea

Current diet: _____
 Have you seen your family vet since your last visit? _____

Has your pet been fed today? YES NO
 If yes, what time _____ am/pm
 How much? _____

CURRENT MEDICATIONS:

Drug Name	How often given?	Was medication given today?	What time?	REFILL NEEDED TODAY?	
B6	BID	yes	8am	YES	NO
	BID	yes	8am	YES	NO
	quarterly	NO		YES	NO
	BID	yes	8am	YES	NO
	monthly	NO		YES	NO
					YES

Owner Signature: B6

Use back of sheet for any additional information.

Date: 8/31/18

NC STATE VETERINARY HOSPITAL
HISTORY & PHYSICAL

B6
CANINE
MC
B6
MASTIFF
FAWN
B6
B6
B6

Admission / Exam Date: 8/31/18
 Weight: lbs kgs 84.5
 Temp: Pulse: 124 Respiration: part
 Membrane Color: pink, moist Capillary Refill: <2s
 Body Condition: 6/9 Pain Score: 0/4

VACCINATION STATUS:	YES	NO	DATE		N	ABN	No Exam		N	ABN	No Exam
Rabies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	General Appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reproductive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Distemper or FVRCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Integumentary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mammary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lepto or FeLV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Ophthalmic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Otic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nervous	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EEE / WEE / VEE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Musculoskeletal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alimentary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Nile Virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Cardiovascular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lymphatic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Respiratory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Rhinopneumonitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>								
Other: <u> </u>			<input type="text"/>	Lactating?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Pregnant?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

CHIEF COMPLAINT: Re check occult DCM

B6

- I. Present History
 - A. Onset / Duration
 - B. Progression
 - C. Prior Treatment
- II. Past History
 - A. Medical Illness
 - B. Surgical
 - C. Reproductive
 - D. Adverse Drug Reaction
 - E. Trauma
- III. Environment
 - IV. Preventative
 - V. Systems Review

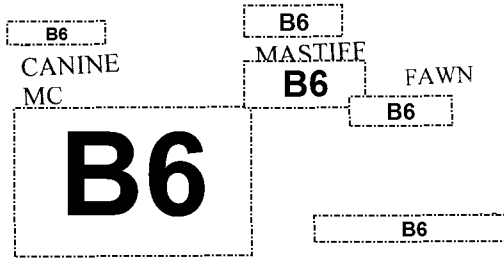
Student Signature:
 Clinician Signature:

B6

NC State Veterinary Hospital

Cardiology Pet Diet History

Date: 8/31/18



Current diet:

Brand Fromm 4-Star

Variety Salmon ala veg

Is this diet Grain-free? NO

How long has your pet eaten this food? 3 months

Are there other pets in your house eating this food? yes

Other diets eaten in the last 3 years and dates:

Signature Kangaroo
Earthborn Natural Meadow Feast

Other food (treats, rawhides, table food):

all of the above & rawhide

Supplements (e.g. fish oil, CoQ10, vitamins etc)

MSM, joint max triple strength
Canine

8/31/18 J.B

Canine Echocardiography Report

Patient Name: B6
Medical Rec #: B6
DOB: B6
Age: 6 years
Sex: Mc
Sonographer: B6

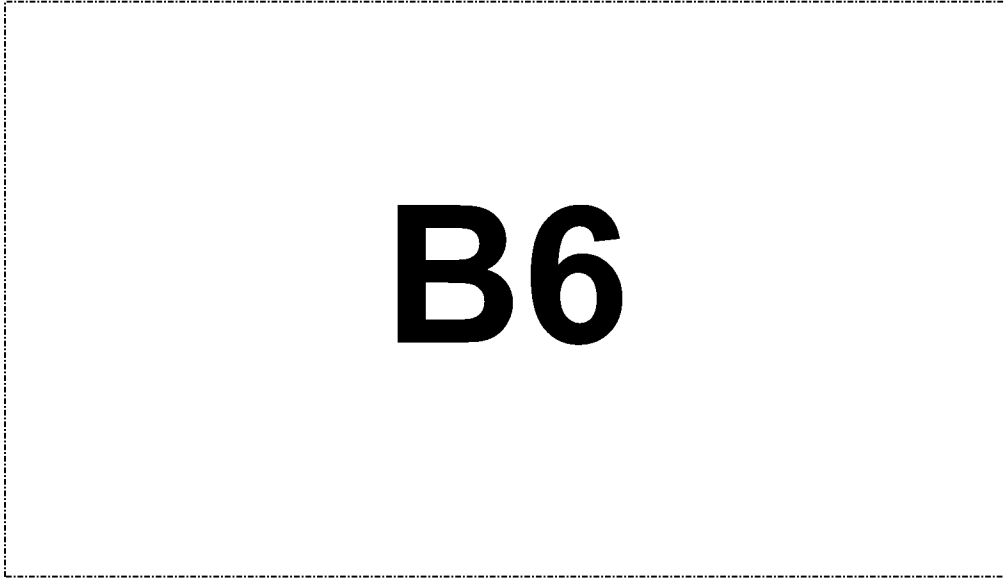
Date of Exam: 8/31/2018
Breed: Mastiff
Weight: 83 kg
BSA: 1.92 m²
HR:
BP-sys:

Report Status: READ
Ref. Clinician: B6
Diagnosis: Dilated cardiomyopathy - suspect diet induced
Study Details: 2D Echo/Doppler/Color Doppler. The images were of adequate diagnostic quality. The patient was awake.

2D
IVS
LV
LVPW

2D
LA Long Axis
LA d
Ao s
LA/Ao

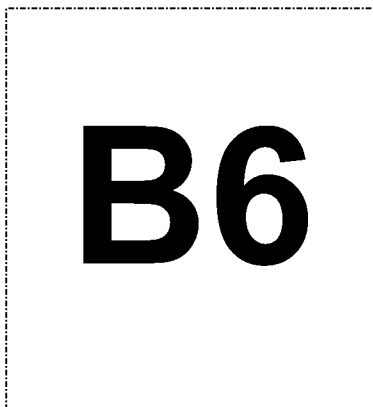
M-mode
RV
IVS
LV
LVPW
LV normalized
LA



Normal Canine M-mode values (in cm) for 50 kg dogs.

LVIDd	LVPWd	IVSd	LA	AO	%FS
B6					

Aortic Valve:
VMax
Pk Grad



Tricuspid valve:
P 1/2 T

B6
CANINE
MC B6
MASTIEF
FAWN
B6
B6

Pulmonic valve:
Vmax
Pk Grad

CLINICIAN INTERPRETATION:

Left Ventricle: The left ventricular cavity size is moderately increased. Ventricular wall thickness is normal. LV basal fractional shortening is mildly decreased.

Left Atrium: The left atrium is mildly dilated.

Right Atrium: The right atrium is normal in size.

Right Ventricle: The right ventricular size is normal. RV wall thickness is normal.

Aortic Valve: No degree of aortic stenosis is present. No evidence of aortic valve regurgitation.

Mitral Valve: The E-point septal separation is increased. Mild mitral valve regurgitation. The MR jet is centrally-directed.

Pulmonic Valve: The pulmonic valve is normal.

Pericardium/Effusions: No pericardial effusion is seen.

Aorta: The aortic sinuses, arch, ascending and descending aorta appear all normal.

Pulmonary Artery: The pulmonary artery is of normal size and origin.

ECHO SUMMARY:

1. The left ventricular cavity size is moderately increased.
2. Mildly dilated left atrium.
3. Mild mitral valve regurgitation.
4. No tricuspid regurgitation.

CV Exam:

Body condition was normal. Normal respirations. The mucous membranes appeared pink, with a normal capillary refill time. Femoral pulse quality was normal. No pulse deficits were noted. Cardiac auscultation revealed a systolic murmur of grade I-II/VI intensity loudest at the left base. Pulmonary auscultation revealed normal lung sounds.

ECG:

The heart rate measured at **B6** beats/minute. The ECG rhythm is regular sinus rhythm.

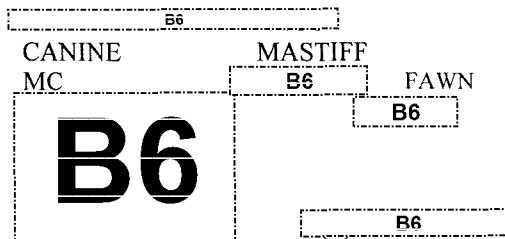
Recommendations: A standing echocardiogram was performed and was limited by panting. This is a recheck echocardiogram and is compared to the prior study dated 5/23/18. **B6** has been supplemented with taurine (3000mg BID) since that time, and he has continued to eat a diet containing grains.

The LV has shown a reduction in size and is now moderately enlarged. The systolic function remains mildly reduced and is unchanged compared to prior. There is evidence of persistent mild mitral regurgitation. The left atrium has shown a reduction in size as well, and is now equivocally enlarged.

Overall these changes support a diagnosis of diet induced DCM - with improving cardiac structure and function. No cardiac medications are indicated. Recommend continuing taurine supplementation (3000mg BID). Recommend a recheck echocardiogram in 3-6 months to evaluate for further improvement.

B6

Electronically signed on 8/31/2018 on 4:42:59 PM



NC State University - Veterinary Hospital

Date of Admission: 05/23/2018

Owner: B6

Client #: B6

Home Phone: B6

Work Phone:

Cell Phone:

Patient: B6

DOB:

Patient #: B6

Species: CANINE

Sex: MC

Breed: MASTIFF

Color: FAWN

Referring Vet: B6

RDVM #: B6

Work Phone: B6
Cell Phone: B6
FAX:

Referring Clinic: B6

Clinic #: 394

Phone: B6
FAX:

Insurance: None

ID: B6

Is there another veterinarian involved in your pet's care other than the veterinarian listed above? (circle one)

Yes _____ No _____
(Name of Veterinarian and Clinic)

FINANCIAL AGREEMENT:

I assume full financial responsibility for all charges incurred for diagnostic, therapeutic, surgical and preventative services. I agree to make a payment prior to services received to be used towards my pet's care during hospitalization of the low end of my estimate range. I understand that my bill will go through a verification process where charges will be compared to my pet's medical record to determine accuracy for services rendered at this visit. I also understand that if there are any additional charges or credits found during this process (which can take up to 10 business days from the date on which my pet is discharged) I will receive additional invoices reflecting this in the mail.

Owner's Signature: B6 SEAL) Date: 5/23/18

Owner's EMAIL: _____

PERMISSION TO USE IMAGES/AUDIO RECORDINGS:

NC State may take and use photographs, video or other images or recordings (including audio) related to my animal's examination and treatment at the Veterinary Hospital. These images and recordings may be used for nonprofit educational and advanced learning purposes.

Check only if:

() I do not agree to photo/media use by NC State. Please inform your clinician if you do not agree to this.

PERMISSION TO USE SAMPLES THAT REMAIN AFTER DIAGNOSTIC TESTING:

Unused blood and urine are usually discarded after 7 days. Excess tissue is frequently available. In some instances, these samples have research or teaching value. Clients who prefer that pet's samples not be used may strike through this paragraph and initial and date the strikethrough. Please inform your clinician if you do this.

EMAILED
5/24/18 MK

NC State University
Veterinary Hospital
1052 William Moore Drive
Raleigh, NC 27607
Discharge Comments

Fax: Admin
Fax: Referral

Small Animal (919) 513-6500
Large Animal (919) 513-6630

Client B6	Patient B6 MASTIFF MC FAWN CANINE	Case # B6 82.3 kg	Attending DVM Student Discharging DVM Referring DVM	B6 B6
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Admission Date/Time: MAY 23, 2018 08:54 AM **Discharge Date/Time:** MAY 23, 2018 10:00 AM **Discharge Status:**

CLINICIAN: B6

Date: 5/22/18

CASE SUMMARY:

Thank you for entrusting us with the care of your companion. The Discharge Summary will be emailed to you and faxed to your RDVM within 24 hours of release/discharge from our facility via email. If you or your veterinarian do not receive this, please contact the B6 B6 to request a copy. The following will briefly outline the care your companion should receive at home and was explained by our staff at the time of discharge:

DIAGNOSIS (ES):

1. Suspected DCM

INSTRUCTIONS FOR CARE OF YOUR PET:

Medications: None at this time

Activity / Cautions:

Please monitor B6 for lethargy, weakness, increased respiratory rate and effort and coughing. If this happens please contact a veterinarian.

PLAN FOR RE-EVALUATION OF YOUR PET: We would like to see B6 at the NCSU Cardiology service after 3 months for an echocardiogram. Please schedule this appointment at your earliest convenience.

IF YOU HAVE ANY QUESTIONS OR PROBLEMS, PLEASE CALL THE SMALL ANIMAL EMERGENCY SERVICE AT (919) 513-6911.

PLEASE CALL TO MAKE YOUR FOLLOW UP APPOINTMENT AS RECOMMENDED

B6

Copy to: Owner / Medical Record / Fax to RDVM

CASE SUMMARY

DIAGNOSIS

- 1) Occult Dilated Cardiomyopathy (r/o diet related vs taurine deficiency vs idiopathic)
- 2) Otitis Externa
- 3) Suspected Atopic Dermatitis

HISTORY

B6 is a B6 male castrated Mastiff who was presented to the NCSU Cardiology Service on 5/23/18 for screening for occult dilated cardiomyopathy (DCM) after his littermate was diagnosed with the same earlier this month. The owner reports that B6 has been doing well at home. He has had no visible changes to respiratory rate or effort, no coughing, lethargy, vomiting or diarrhea and has a normal appetite. He was transitioned off of a grain free diet (Earthborn Naturals Lamb Grain Free and Zignature Kangaroo Grain Free) three weeks ago onto Fromm 4 Star Salmon A La Veg which is a grain containing diet. His medical history includes

B6

B6

DIAGNOSTICS

- 1) Echocardiogram: Moderate to severe left ventricular enlargement, mild mitral valve regurgitation, mildly decreased left ventricular ejection fraction
- 2) ECG: NSR (Normal Sinus Rhythm), no arrhythmias detected
- 3) Taurine Levels (whole blood): pending

ASSESSMENT

Thank you for bringing **B6** into the Cardiology Service, he is a very sweet dog and a wonderful patient! Today we performed an echocardiogram which revealed moderate dilation of the left ventricle and decreased systolic function (ability of the heart to pump blood effectively). Based on these findings, we suspect occult (early, asymptomatic) dilated cardiomyopathy (DCM). Although the exact mechanism of DCM is currently unknown, dietary taurine/carnitine deficiencies, genetics and toxins have been linked to DCM. Recent clinical cases of DCM in atypical breeds have also resulted in an association being elicited between some grain free diets and DCM.

We discussed that the underlying cause of **B6** DCM could be dietary or related to taurine deficiency based on his history but that he is also the correct breed and age to develop primary DCM. Based on the current stage of his heart disease, we are recommending continuing his new grain containing diet and subsequent monitoring with echocardiogram. We also submitted his blood sample to estimate taurine levels during this visit. We will contact you with the results are available and discuss supplementation at that time if he is deficient. Furthermore, we also did an ECG in order to detect the presence of any abnormal heart rhythms (arrhythmias) and are happy to report that his heart rhythm is normal at this time.

It is impossible to predict how **B6** DCM will progress. We have seen several cases in which transition off of the grain free diet has resulted in significant improvement of the structural changes and cardiac function. Taurine responsive DCM also carries a good prognosis. If his DCM is not diet or taurine responsive, then it is more difficult to predict the timeframe of his disease and we will continue to monitor his structural changes and cardiac function and may prescribe medication **B6** in order to optimize his cardiac health. Please monitor **B6** at home for any increased respiratory rate or effort, exercise intolerance, coughing, syncope (collapse), lethargy and decreased appetite. If you notice any of these signs, please contact the Cardiology Service, the Small Animal Emergency Service or your primary care veterinarian.

INSTRUCTIONS FOR CARE

MEDICATIONS

No medications are being prescribed at this time

ACTIVITY

Please allow **B6** to set his own activity level. Please try and avoid any extremely stressful or strenuous activity

DIET

Please continue to feed the Fromm 4 Star A La Veg dry food. If you choose to transition to another diet, please select a senior diet containing grain.

MONITORING

Please monitor [B6] for coughing, syncopal (collapse) episodes or increased respiratory rate or effort. Please count his respiratory rate when he is at rest and not panting. We would like his respiratory rate to stay under 40 breaths per minute (no more than 10 breaths in 15 seconds). Other signs of difficulty breathing include abdominal effort, extended head and neck and cyanotic (blue tinged) or pale gums. Please also watch him for lethargy, exercise intolerance, decreased appetite, vomiting, diarrhea or changes in urination or drinking. If you notice any of these signs, please contact the NCSU CVM Cardiology Service, your primary care veterinarian or an emergency clinic immediately.

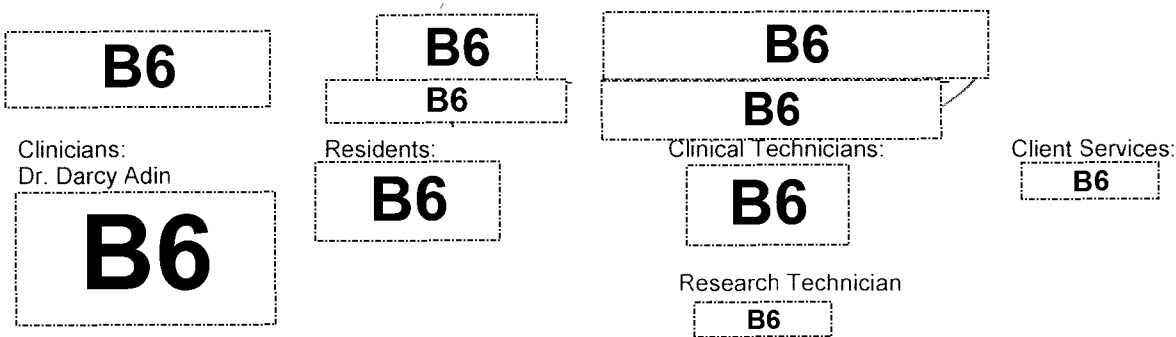
PLAN FOR FURTHER EVALUATION

Please plan to recheck with the Cardiology Service in 3 months for an echocardiogram to monitor the progression of his heart disease.

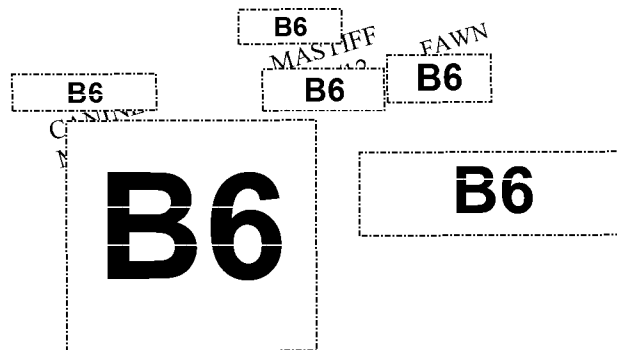
COMMENTS:

If you have any concerns with how your pet is doing, or to schedule an appointment, please contact the NC State Veterinary Hospital at 919-513-6694. There is a veterinarian on call 24 hours a day.

NOTE: If your pet is in need of emergency aid and you are not able to get to the NC State Veterinary Hospital quickly, please seek care at the nearest veterinary emergency facility. Take these discharge instructions and current medications with you so that the treating veterinarian will know as much as possible regarding your pets' medical condition.



In order to help expedite medication refills, please visit us online at www.ncstatevets.org and select Pet Owners, Pharmacy Refills.



**NC State University
 Veterinary Hospital
 1052 William Moore Drive
 Raleigh, NC 27607
 Discharge Comments**

Fax: Admin
 Fax: Referral

Small Animal (919) 513-6500
 Large Animal (919) 513-6630

Client B6	Patient B6 MASTIFF MC FAWN CANINE	Case B6 82.3 kg	Attending DVM Student Discharging DVM Referring DVM	B6 B6
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Admission Date/Time: MAY 23, 2018 08:54 AM **Discharge Date/Time:** MAY 23, 2018 10:00 AM **Discharge Status:**

CLINICIAN: B6

Date: 5/22/18

CASE SUMMARY:

Thank you for entrusting us with the care of your companion. The Discharge Summary will be emailed to you and faxed to your RDVM within 24 hours of release/discharge from our facility via email. If you or your veterinarian do not receive this, please contact the B6 to request a copy. The following will briefly outline the care your companion should receive at home and was explained by our staff at the time of discharge:

DIAGNOSIS (ES):

- 1. Suspected DCM

INSTRUCTIONS FOR CARE OF YOUR PET:

Medications: None at this time

Activity / Cautions:

Please monitor B6 for lethargy, weakness, increased respiratory rate and effort and coughing. If this happens please contact a veterinarian.

PLAN FOR RE-EVALUATION OF YOUR PET: We would like to see B6 at the NCSU Cardiology service after 3 months for an echocardiogram. Please schedule this appointment at your earliest convenience.

IF YOU HAVE ANY QUESTIONS OR PROBLEMS, PLEASE CALL THE SMALL ANIMAL EMERGENCY SERVICE AT (919) 513-6911.

PLEASE CALL TO MAKE YOUR FOLLOW UP APPOINTMENT AS RECOMMENDED

B6

B6 (owner) B6 (clinician)

Copy to: Owner / Medical Record / Fax to RDVM

NC STATE VETERINARY HOSPITAL
HISTORY & PHYSICAL

B6
CANINE
MC

B6
MASTIFF

B6 FAWN

B6

B6

Admission / Exam Date: 5/23/18

Weight: 82.3 lbs kgs

Temp: _____ Pulse: 90 Respiration: part

Membrane Color: pk Capillary Refill: <2

Body Condition: 5/9 Pain Score: 0/4

VACCINATION STATUS:	YES	NO	DATE		N	ABN	No Exam		N	ABN	No Exam
Rabies	<input type="checkbox"/>	<input type="checkbox"/>		General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reproductive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distemper or FVRCP	<input type="checkbox"/>	<input type="checkbox"/>		Integumentary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mammary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lepto or FeLV	<input type="checkbox"/>	<input type="checkbox"/>		Ophthalmic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>		Otic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EEE / WEE / VEE	<input type="checkbox"/>	<input type="checkbox"/>		Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alimentary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West Nile Virus	<input type="checkbox"/>	<input type="checkbox"/>		Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lymphatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza	<input type="checkbox"/>	<input type="checkbox"/>		Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Rhinopneumonitis	<input type="checkbox"/>	<input type="checkbox"/>									
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>		Lactating?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

CHIEF COMPLAINT: _____

B6

- I. Present History
 - A. Onset / Duration
 - B. Progression
 - C. Prior Treatment
- II. Past History
 - A. Medical Illness
 - B. Surgical
 - C. Reproductive
 - D. Adverse Drug Reaction
 - E. Trauma
- III. Environment
- IV. Preventative
- V. Systems Review

Student Signature: _____

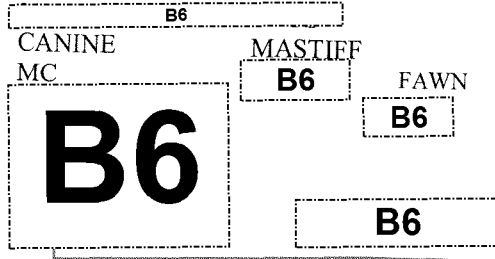
Clinician Signature: _____

B6

NC State Veterinary Hospital

Cardiology Pet Diet History

Date: 5/23/18



Current diet:

Brand Fromm

Variety 4 Star Salmon & Veg

Is this diet Grain-free? No

How long has your pet eaten this food? 3 weeks

Are there other pets in your house eating this food? yes

Other diets eaten in the last 3 years and dates:

Earthborn Naturals Lamb grain-free ^{1 yr}
Signature Kangaroo grain-free - 2 yrs until 3 wks ago

Other food (treats, rawhides, table food):

woof gang's wheat-free or grain-free treats, table food, antlers

Supplements (e.g. fish oil, CoQ10, vitamins etc)

Joint max triple strength
bravecto & Sentinel, Benadryl 100mg BID

**NCSU, COLLEGE OF VETERINARY MEDICINE
NCSU DIAGNOSTIC LABORATORIES**

Client _____ Patient _____ Med Rec Case: **B6**

B6

B6
MC 181.4715 lbs

MASTIFF, EAWN
CANINE: **B6**

Completed 2 of 2 Results

Request	Item	Priority	Status	Dates
H-776718	TA	ROUTINE	COMPLETE	Requested: 05/23/18 10:16 AM Collection: 05/23/18 10:15 AM Received: 05/23/18 10:20 AM Needed: 05/23/18 10:15 AM Status: 05/29/18 09:47 AM
Requesting DVM: Student: Comments:	B6			

SENDOUT LAB - TESTING

TEST	RESULT	UNITS	REF RANGE	RESULT DATETIME
------	--------	-------	-----------	-----------------

TAURINE- WHOLE BLOOD SEE SCANNED DOCUMENT

Questions and Answers:

TAURINE- WHOLE BLOOD

HISTORY? TEXT-Poss DCM,

TAURINE- WHOLE BLOOD

NEW SAMPLE OR ONE PREVIOUSLY SUBMITTED TO CLINPATH NEW

Containers
9018-759

18932

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: North Carolina State University College of Veterinary Medicine

Address: Clinical Pathology Lab, Room C-269

1052 William Moore Drive

Raleigh, NC 27607

Email: _____

Tel: **B6** Fax: 919 513-6556

Billing Contact: _____ TAX ID: _____

Email: _____ Tel: _____

Patient Name: **B6**

Species: 129

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

Canine Echocardiography Report

Patient Name:	B6	Date of Exam:	5/23/2018
Medical Rec #:		Breed:	Mastiff
DOB:	B6	Weight:	82 kg
Age:	5 years	BSA:	1.91 m ²
Sex:	Mc	HR:	
Sonographer:	B6	BP-sys:	

Report Status: READ
Ref. Clinician: **B6**
Diagnosis: Dilated cardiomyopathy
Study Details: 2D Echo/Doppler/Color Doppler. The images were of adequate diagnostic quality. The patient was awake.

Additional Comments:

DCM screening. Littermate diagnosed with DCM recently- both were eating a grain-free diet until 3 weeks ago. Now eating Fromm's adult diet.

2D

LA d
Ao s
LA/Ao

M-mode

RV
IVS
LV
LVPW
LV normalized
LA

B6

CLINICIAN INTERPRETATION:

Left Ventricle: The left ventricular cavity size is moderate to severely increased. LV ejection fraction is mildly decreased. LV basal fractional shortening is mild to moderately decreased.

Left Atrium: The left atrium is normal in size.

Right Atrium: The right atrium is normal in size.

Right Ventricle: The right ventricular size is normal. RV wall thickness is normal.

Aortic Valve: No evidence of aortic valve regurgitation.

Mitral Valve: The E-point septal separation is increased. Mild mitral valve regurgitation.

Pulmonic Valve: The pulmonic valve is normal.

Pericardium/Effusions: No pericardial effusion is seen.

Aorta: The aortic sinuses, arch, ascending and descending aorta appear all normal.

Pulmonary Artery: The pulmonary artery is of normal size and origin.

ECHO SUMMARY:

1. The left ventricular cavity size is moderate to severely increased.
2. Mild mitral valve regurgitation.
3. No tricuspid regurgitation.

4. Mildly decreased LV ejection fraction.

ECG:

The heart rate measured at **B6** beats/minute. The ECG rhythm is regular sinus rhythm. Was/were noted. Complexes suggest no ventricular enlargement. The frontal axis has a normal orientation. ECG complex measurements are normal.

Recommendations: A standing echo was performed. Image quality affected by panting.

The LV is moderately to severely dilated with increased LV end-diastolic and end-systolic dimensions. Systolic function is mildly to moderately reduced. There is mild MR. No ectopy was noted during the diagnostic or echo ECG.

Findings are consistent with occult DCM. Based on the dog's signalment and history (full sibling with DCM and AF), idiopathic DCM and/or diet-associated DCM (recent grain-free diet) are possible. Recommend recheck echo in 3 months (due to recent diet change). Taurine level pending. No cardiac meds are recommended at this time pending the recheck echo in 3 months. If changes are persistent/progressive at the recheck echo, initiation of **B6** can be considered.

B6

Electronically signed on 5/23/2018 on 3:48:48 PM

B6
CANINE

B6
MASTIFF

B6
FAWN

B6

B6

B6

5/23/2018

9:58:46 AM

B6

NCSU CARDIOLOGY

B6

B6

STIFF

FAWN

B6

B6

Fac: NCSU-CVM

B6

C

B6

B6

aVR

B6

B6

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>

B6
8/20/2018 1:58 PM
TAURINE (WHOLE BLOOD)
Lithium Heparin

Vet/Tech Contact: **B6**
Company Name: Tufts Cummings School of Vet Med - Clinical Pathology Labor
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

B6

B6

8/16/2018 2:11 PM
TAURINE (WHOLE BLOOD)
Lithium Heparin

n

UC CUSTOMERS ONLY:
Non-federal funds ID/Account Number
to bill: _____

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

<http://www.vetmed.ucdavis.edu/vmb/aal/aal.html>

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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) **B6**
Plasma: _____ Whole Blood: _____ 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

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

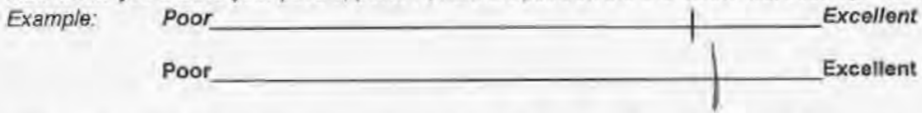
Diet hx 5/8/2019

B6

CARDIOLOGY DIET HISTORY FORM
 Please answer the following questions about your pet

Pet's name: **B6** Owner's name: **B6** Today's date: **5/8/19**

1. How would you assess your pet's appetite? (mark the point on the line below that best represents your pet's appetite)



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

1. Please list below ALL pet foods, people food, treats, snack, dental chews, rawhides, and any other food item that your pet currently eats and that you have fed in the last 2 years.

Please provide enough detail that we could go to the store and buy the exact same food - examples are shown in the table

Food (include specific product and flavor)	Form	Amount	How often?	Dates fed
Nutra Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2016-present
85% lean hamburger	microwaved	3 oz	1x/week	June -Aug 2016
Pupperoni original beef flavor	treat	1/2	1x/day	Sept 2016-present
Rawhide	treat	6 inch twist	1x/week	Dec 2018-present
Royal Canin Cardiac	dry	1 1/2 cup	2x/day	FEB 2019-PRES

**Any additional diet information can be listed on the back of this sheet*

2. 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	Nova 1500	2x
Carnitine	_____	_____
Antioxidants	_____	_____
Multivitamin	_____	_____
Fish oil	_____	_____
Coenzyme Q10	_____	_____
Other (please list)	_____	_____
Example: Vitamin C	Nature's Bounty	500 mg tablets - 1 per day
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. 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): _____

Client: **B6**
Patient:

Idexx NT-proBNP 5/8/2019

IDEXX Reference Laboratories

Client: **B6**

Client: **B6**
Patient:
Species: CANINE
Breed: ENGLISH_BULLDOG
Gender: FEMALE SPAYED
Age: 8Y

Date: 05/08/2019
Requisition #: LA
Accession #: **B6**
Ordered by: **B6**

IDEXX VetConnect 1-888-433-9967
TUFTS UNIVERSITY
200 WESTBORO RD
NORTH GRAFTON, Massachusetts 01536
508-839-5395
Account: **B6**

CARDIOPET proBNP - CANINE

Test	Result	Reference Range	Unit	Method	Unit
CARDIOPET proBNP - CANINE	B6	0 - 900 pmol/L			B6

B6

Please note: complete interpretive comments for all concentrations of cardiopet proBNP are available in the online directory of services. Serum specimens received at room temperature may have decreased NT-proBNP concentrations.

Client: **B6**
Patient:

Troponin 5/31/2019



Gastrointestinal Laboratory
Dr. J.M. Steiner
Department of Small Animal Clinical Sciences
Texas A&M University
4474 TAMU
College Station, TX 77843-4474



Website User ID: **B6**@tufts.edu

GI Lab Assigned Clinic ID: 23523

B6
Tufts Cummings School of Vet Med - Cardiology/Nutrition
200 Westboro Road
North Grafton, MA 01536
USA

Phone: 508 887 4696

Fax:
Animal Name: **B6**
Owner Name:

Species: Canine

Date Received: May 30, 2019

Tufts Cummings School of Vet Med -
Cardiology/Nutrition Tracking Number:
438993

GI Lab Accession: **B6**

Test	Result	Reference Interval	Assay Date
Ultra-Sensitive Troponin I Fasting	B6	≤0.06	05/31/19

B6

Comments:

GI Lab Contact Information

Phone: (979) 862-2861
Fax: (979) 862-2864

Email: gilab@cvm.tamu.edu
vetmed.tamu.edu/gilab

Client: **B6**
Patient:

B6 - 3/27/2019



B6
PET OWNER: **B6**
SPECIES: Canine
BREED: Doberman Pinscher
GENDER: Male
AGE: 8 Years
MILENT ID: **B6**

B6
ACCOUNT #:
ATTENDING VET: **B6** DVM

ORDER ID: 23743
DATE OF RECEIPT: 3/27/19
DATE OF RESULT: 3/27/19

IDEXX Services: ProCytex Dx Hematology Analyzer, Catalyst Dx Chemistry Analyzer, VetLyte Electrolyte Analyzer

Hematocrit

WBC

Creatinine



Hematology

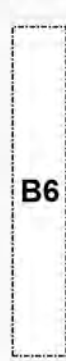
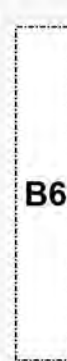
3/27/19

11:29 AM

11/30/18
12:41 PM

11/14/18
11:14 AM

TEST	RESULT	REFERENCE VALUE
RBC	B6	5.65 - 8.87 M/ μ L
Hematocrit		37.3 - 61.7 %
Hemoglobin		13.1 - 20.5 g/dL
MCV		61.6 - 73.5 fL
MCH		21.2 - 25.9 pg
MCHC		32.0 - 37.9 g/dL
RDW		13.6 - 21.7 %
% Reticulocyte		%
Reticulocytes		10 - 110 K/ μ L



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

B6 - 3/27/2019



B6

PET/GAMES **B6**

DATE OF RESULT 3/27/19

LAB ID:

Hematology (continued)

TEST	RESULT	REFERENCE VALUE		
Reticulocyte	B6	22.3 - 29.6 pg	B6	B6
Hemoglobin				
WBC		5.05 - 16.76 K/ μ L		
% Neutrophils		%		
% Lymphocytes		%		
% Monocytes		%		
% Eosinophils		%		
% Basophils		%		
Neutrophils		2.95 - 11.64 K/ μ L		
Lymphocytes		1.05 - 5.1 K/ μ L		
Monocytes		0.16 - 1.12 K/ μ L		
Eosinophils		0.06 - 1.23 K/ μ L		
Basophils		0 - 0.1 K/ μ L		
Platelets		148 - 484 K/ μ L		
PDW		9.1 - 19.4 fL		
MPV		8.7 - 13.2 fL		
Plateletcrit		0.14 - 0.46 %		
RBC Run				
WBC Run		B6		

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

B6 3/27/2019



B6

VET GAMES **B6**

DATE OF RESULT 3/27/19

LAB ID

Chemistry

3/27/19

11:36 AM

11:29 AM

11/30/18
12:49 PM

11/14/18
11:21 AM

TEST	RESULT	REFERENCE VALUE
Glucose	B6	70 - 143 mg/dL
Creatinine		0.5 - 1.8 mg/dL
BUN		7 - 27 mg/dL
BUN: Creatinine Ratio		
Phosphorus		2.5 - 6.8 mg/dL
Calcium		7.9 - 12.0 mg/dL
Sodium		144 - 160 mmol/L
Potassium		3.5 - 5.8 mmol/L
Chloride		109 - 122 mmol/L
Total Protein		5.2 - 8.2 g/dL
Albumin		2.2 - 3.9 g/dL
Globulin		2.5 - 4.5 g/dL
Albumin: Globulin Ratio		
ALT		10 - 125 U/L
ALP		23 - 212 U/L
GGT		0 - 11 U/L
Bilirubin - Total		0.0 - 0.9 mg/dL
Cholesterol		110 - 320 mg/dL
Amylase	500 - 1,500 U/L	
Lipase	200 - 1,800 U/L	

B6

B6

B6

Client: **B6**
Patient:

B6 - 4/6/2019

Client: **B6**
Patient Name: **B6**
Species: Canine
Breed:

Gender: Male/Castrated
Weight:
Age: 8 Years
Doctor:

B6

Test	Results	Reference Interval	LOW	NORMAL	HIGH
ProCyt Dx (April 6, 2019 10:18 AM) 3/27/19					
RBC	B6	5.65 - 8.07	B6		
HCT		37.3 - 61.7			
HGB		13.1 - 20.5			
MCV		81.6 - 73.5			
MCH		21.2 - 25.9			
MCHC		32.0 - 37.8			
RDW		13.6 - 21.7			
%RETIC					
RETIC		10.0 - 110.0			
RETIC-HGB		22.3 - 29.8			
WBC		5.05 - 16.70			
%NEU					
%LYM					
%MONO					
%EOS					
%BASO					
NEU		2.95 - 11.84 HIGH			
LYM		1.05 - 5.10 LOW			
MONO		0.16 - 1.12			
EOS	0.00 - 1.23				
BASO	0.00 - 0.18 HIGH				
PLT	146 - 484				
MPV	8.7 - 13.2				
PDW	9.1 - 19.4				
PCT	0.14 - 0.45				

B6



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

B6 - 4/6/2019

Client: **B6**
Patient Name: **B6**
Species: Canine
Breed:

Gender: Male/Castrated
Weight:
Age: 8 Years
Doctor:

B6

Test	Results	Reference Interval	LOW	NORMAL	HIGH
Catalyst Dx (April 6, 2019 10:25 AM)					
GLU	B6	70 - 140			
CREA	B6	0.5 - 1.8			
BUN	B6	7 - 27			
BUN/CREA	B6				
PHOS	B6	2.5 - 6.8			
CA	B6	7.9 - 12.0			
TP	B6	5.2 - 8.2			
ALB	B6	3.2 - 3.9			
GLOB	B6	2.5 - 4.5			
ALB/GLOB	B6				
ALT	B6	10 - 125			
ALP	B6	33 - 212			
GGT	B6	0 - 17			
TBL	B6	0.0 - 0.9			
CHOL	B6	110 - 320			
AMYL	B6	500 - 1500			
LIPA	B6	200 - 1800			
VetLyte (April 6, 2019 10:19 AM)					
Na	B6	144 - 160			
K	B6	3.3 - 5.8			
Cl	B6	109 - 122			

3/27/19
11:38 AM

B6

B6



Client: **B6**
Patient:

Troponin 4/4/19



Gastrointestinal Laboratory
Dr. J.M. Steiner
Department of Small Animal Clinical Sciences
Texas A&M University
4474 TAMU
College Station, TX 77843-4474



Website User ID: clinpath@tufts.edu

GI Lab Assigned Clinic ID: 11405

B6
Tufts University Clinical Pathology Lab
Attn: **B6**
200 Westboro Road
North Grafton, MA 01536
USA

Phone: **B6**
Fax: **B6**
Animal Name: **B6**
Owner Name: **B6**
Species: Canine
Date Received: Apr 04, 2019

Clinical Pathology Tracking Number: 329174

GI Lab Accession: **B6**

Test	Result	Control Range	Assay Date
Ultra-Sensitive Troponin I Fasting	B6	≤0.06	04/05/19

B6

Comments:

Client: **B6**
Patient:

Troponin 4/4/19

**Important
Notices:**

Internal Medicine Conference

Join us for a unique continuing education event in Phuket, Thailand Oct 7th - 11th, 2019. For details see <http://texasimconference.tamu.edu>

Ongoing studies

Cobalamin Supplementation Study- Dogs and cats with cobalamin deficiency with normal PLI, and either normal or low (consistent with EPI) TLI to compare the efficacy of oral vs parenteral cobalamin supplementation. Contact Dr. Chang at chchang@cvm.tamu.edu for further information.

Chronic Pancreatitis with Uncontrolled Diabetes Mellitus- Seeking dogs with chronic pancreatitis and uncontrolled diabetes mellitus for enrollment into a drug trial (medication provided at no cost). Contact Dr. Sue Yee Lim at slim@cvm.tamu.edu or Dr. Sina Marsilio at smarsilio@cvm.tamu.edu

Dogs with Primary Hyperlipidemia- Prescription diet naive dogs newly diagnosed with primary hyperlipidemia are eligible to be enrolled in a dietary trial. Contact Dr. Lawrence at ylawrence@cvm.tamu.edu for more information.

Dogs with Chronic Pancreatitis- Dogs with chronic pancreatitis (cPLI >400 µg/L) and hypertriglyceridemia (>300 mg/dl) are eligible to be enrolled in a dietary trial. Contact Dr. Lawrence at ylawrence@cvm.tamu.edu

Chronic enteropathies in dogs- Please fill out this brief form <http://tinyurl.com/tbd-enroll> to see if your patient qualifies.

Feline Chronic Pancreatitis- Cats with chronic pancreatitis for more than 2 weeks and fPLI >10 µg/L are eligible for enrollment into a treatment trial investigating the efficacy of prednisolone or cyclosporine. Please contact Dr. Yamkate for further information at pyamkate@cvm.tamu.edu

We can not accept packages that are marked "Bill Receiver"

Use our preprinted shipping labels to save on shipping. Call 979-862-2861 for assistance. The GI Lab is not here to accept packages on the weekend. Samples may be compromised if you ship for arrival on Saturday or Sunday or if shipped via US Mail.

GI Lab Contact Information

Phone: (979) 862-2861

Fax: (979) 862-2864

Email: gilab@cvm.tamu.edu

vetmed.tamu.edu/gilab

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

B6 - 5/4/2019



B6
PET OWNER: **B6**
SPECIES: Canine
BREED: Doberman Pinscher
GENDER: Male
AGE: 9 Years
VARIANT ID: **B6**

B6
ACCOUNT #
ATTENDING VET

MAST #
ORDER ID: 24138
DATE OF RECEIPT: 5/4/19
DATE OF RESULT: 5/4/19

IDEXX Services: Catalyst Dx Chemistry Analyzer, VetLyte Electrolyte Analyzer

Chemistry

5/4/19 11:10 AM 11:02 AM 4/6/19 10:25 AM 3/27/19 11:38 AM

TEST	RESULT	REFERENCE VALUE		
Glucose	B6	70 - 143 mg/dL	B6	B6
Creatinine		0.5 - 1.8 mg/dL		
BUN		7 - 27 mg/dL		
BUN: Creatinine Ratio				
Phosphorus		2.5 - 6.8 mg/dL		
Calcium		7.9 - 12.0 mg/dL		
Sodium		144 - 160 mmol/L		
Potassium		3.5 - 5.8 mmol/L		
Chloride		109 - 122 mmol/L		
Total Protein		5.2 - 8.2 g/dL		
Albumin		2.2 - 3.9 g/dL		
Globulin		2.5 - 4.5 g/dL		
Albumin: Globulin Ratio				
ALT		10 - 125 U/L		
ALP		23 - 212 U/L		
GGT		0 - 11 U/L		
Bilirubin - Total		0.0 - 0.9 mg/dL		
Cholesterol		110 - 320 mg/dL		
Amylase		500 - 1,500 U/L		
Lipase		200 - 1,800 U/L		

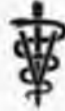
Client: **B6**
Patient:

NC State Genetics 6/5/2019

NC State College of Veterinary Medicine

Veterinary Cardiac Genetics Laboratory

1060 William Moore Dr., RB 326
Raleigh, NC 27607
vcgl@lists.ncsu.edu
(919) 513-3314



To request swab collection kits, please visit
<https://cvm.ncsu.edu/genetics/cheek-swab-request/>

Doberman Pinscher Dilated Cardiomyopathy (DCM) Genetic Testing

Dilated cardiomyopathy mutation (DCM) is a form of heart disease in the Doberman pinscher dog. It is an inherited disease, and our laboratory has identified two mutations responsible for the development of DCM. Dogs that are positive for both mutations are at the highest risk of developing DCM

Owner Name: **B6**

NCSU Doberman DCM1 (PDK4) Result: **Negative**

Dog's Name: **B6**

NCSU Doberman DCM2 Result: **Negative**

ID #: **B6**

Below is an explanation for each possible test result so you can better understand all the possible results and make informed breeding decisions:

Negative Result for both DCM1 and DCM2:	The absence of both mutations in a Doberman indicates that the risk of developing DCM is low. It is still possible for a dog to develop heart disease. However, a negative result for both DCM1 and DCM2 indicates that a dog does not have either mutation known to cause DCM.
Positive result for NCSU DCM1 only:	About 40% of dogs with this mutation will develop DCM. Dogs that are positive for only DCM1 will not necessarily develop significant heart disease.
Breeding recommendations:	Dogs are positive for DCM1 should NEVER be bred to a dog that is positive for NCSU DCM 2 since this will lead to dogs that are highest risk of developing DCM. Dogs that are positive homozygous for DCM1 should ideally not be bred.
Positive Result for NCSU DCM2 only:	About 50% of dogs with this mutation will develop DCM. Dogs that are positive for only DCM2 will not necessarily develop significant heart disease.
Breeding recommendations:	Dogs are positive for DCM2 should NEVER be bred to a dog that is positive for NCSU DCM1 (PDK4) since this will lead to dogs that are highest risk of developing DCM. Dogs that are positive homozygous for DCM2 should ideally not be bred.
Positive result for both NCSU DCM1 and NCSU DCM2:	Dogs that positive for BOTH DCM1 & DCM2 are at a very HIGH risk of developing DCM and should be carefully monitored by your veterinarian for signs of disease. Annual evaluation by a cardiologist with an echocardiogram and Holter monitor after 3 years of age is recommended.
Breeding recommendations:	Dogs that are positive for both DCM1 & DCM2 are at the HIGHEST risk of developing DCM and should ideally not be bred since they can pass both traits on. They should never be bred to a dog that is positive for either test.



As always, breeding decisions should be made carefully. Removal of a significant number of dogs from the breeding population could be very bad for the Doberman Pinscher breed. Remember that dogs that carry this mutation may also carry other important good genes that we do not want to lose from the breed.





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
 - 2.1.2 Electronic consumer complaint submissions through FDA's Food Safety Reporting Portal, and
 - 2.1.3 Vet-LIRN partner laboratories.

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.

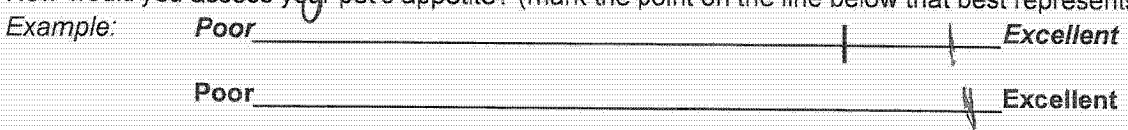
#426154

CARDIOLOGY DIET HISTORY FORM

Please answer the following questions about your pet

Pet's name: **B6** Owner's name: **B6** Today's date: **6/11/19**

1. How would you assess your pet's appetite? (mark the point on the line below that best represents your pet's appetite)



35kg

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, snack, 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 you pet is eating.

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
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2018
85% lean hamburger	microwaved	3 oz	1x/week	Jan 2015
Pupperoni original beef flavor	treat	1/2	1x/day	Aug 2015
Rawhide	treat	6-inch twist	1x/week	Dec 2015
Purina Pro Plan focus Heart weight maintenance	Kibble	2 1/2 cups	2x/day	Aug 2018
Hills beef barley canned	can	1/2 spoon	2x/day	Aug 2018
banana	organic	1/2 banana	few times a wk	2008
blueberry, Apple, watermelon	organic	taste snack	"	"
pumpkin	organic canned	"	"	"
peanut butter	"	2 teaspoons	"	"

*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	_____	_____
Carnitine <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): put in a small ball of canned food

B6

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

RDVM: **B6** hospital records

Patient Chart for **B6**
Date: 01-02-19, Time: 5:09p

Client: **B6** Page: 14

Date	By	Code	Description	Qty (Variance)	Photo
10-19-12			B6		
10-19-12			B6		
			Attachments\10080\ B6 .pdf		
10-17-12	B6	NOTES	Notes		
			B6		
			B6		
10-17-12	Est: B6	OTC	NOTES Scan of MVR report		
			Attachments\10080\ B6 10172012114422397.pdf		
10-06-12			B6		
10-04-12	B6	OTC	NOTES Notes		
			10-04-12 at 3:53p: see scanned records from B6		
			Attachments\10080\ B6 .pdf		
10-03-12			B6		
			B6		
10-03-12	B6	NOTES	Scan from B6		
			Attachments\10080\ B6 10030312122018088.pdf		
09-24-12		OC	Client Communication		
			B6		
		FNOTES	By: B6 Please Call		
			B6		

Client:
Patient:

B6

RDVM:

B6

hospital records

Patient Chart for: **B6**
Date: 01-02-19, Time: 5:09p

Client: **B6**

Page: 15

Date	By	Code	Description	Qty (Variance)	Photo
------	----	------	-------------	----------------	-------

09-15-12

09-15-12

B6

09-18-12

B6

Patient check-in

B6

Age: 17m

09-18-12

B6

CC

Client Communication

09-07-12

B6

09-04-12

Client:
Patient:

B6

RDVM:

B6

hospital records

Patient Chart for: **B6**
Date: 01-02-19, Time: 5:09p

Client: **B6**

Page: 16

Date	By	Code	Description	Qty (Variance)	Photo
------	----	------	-------------	----------------	-------

09-04-12

B6

08-31-12

B6

CC

Client Communication

08-30-12

08-27-12

B6

Please contact our office with any concerns or questions. **B6**

Thank you.

B6

B6

Client:
Patient:

B6

RDVM:

B6

hospital records

Patient Chart for: **B6**
Date: 01-02-19, Time: 5:09p

Client: **B6**

Page: 17

Date	By	Code	Description	Qty (Variance)	Photo
------	----	------	-------------	----------------	-------

B6

08-27-12

B6

100B

Office Call - Brief Exam

B6

VISIT Patient checkin

B6

Age: 16m

06-14-12

B6

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

IDEXX ENP - 1/3/2019

IDEXX Reference Laboratories

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

IDEXX VetConnect 1-866-433-7667

Client: **B6**
Patient: **B6**
Species: CANINE
Breed: AMERICAN PIT_BU
Gender: MALE NEUTERED
Age: 0Y

Date: 01/03/2019
Requisition #: 036237
Accession: **B6**
Ordered by: **E6**

TUFTS UNIVERSITY
200 WESTGRO RD
NORTH GRAFTON, Massachusetts 01536
508-839-5395

Account: **B6**

CARDIOPEP proBNP - CANINE

Test	Result	Reference Range	Unit	Normal	High
CARDIOPEP proBNP - CANINE	B6	0 - 990 pmol/L	HIGH	B6	

Comments

1. **B6**

Please note: complete interpretive comments for all concentrations of canine proBNP are available in the online directory of services. Serum specimens received at room temperature may have decreased NT-proBNP concentrations.

Result is greater than **B6**

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

CEC/CHEM - 1/3/2019



Tufts Cummings School of Veterinary Medicine
 200 Westboro Road
 North Grafton, MA 01536

DUPLICATE

Name/DOB: B6	Sex: CM	Provider: B6
Patient ID: B6	Age: 7	Order Location: V320559: Investigation Into
Phone number:	Species: Canine	Sample ID: 1901030138
Collection Date: 1/3/2019 3:35 PM	Breed: Pit Bull	
Approval date: 1/4/2019 10:42 AM		

CBC, Comprehensive, Sm Animal (Research)

		Ref. Range/Males
DNOYES		
WBC (Advia)	B6	4.40-15.10 K/uL
RBC (Advia)	B6	5.80-8.50 M/uL
Hemoglobin (Advia)	B6	13.3-20.5 g/dL
Hematocrit (Advia)	B6	39-55 %
MCV (Advia)	B6	64.5-77.5 fL
MCH (Advia)	B6	21.3-25.9 pg
MCHC (Advia)	B6	31.0-34.3 g/dL
RDW (Advia)	B6	11.8-15.2
Platelet Count (Advia)	B6	173-486 K/uL
01/03/19 5:49 PM	B6	
Mean Platelet Volume (Advia)	B6	8.29-13.20 fl
01/03/19 4:20 PM	B6	
Platelet Crit	B6	0.129-0.405 %
01/03/19 4:20 PM	B6	
Reticulocyte Count (Advia)	B6	0.20-1.00 %
Absolute Reticulocyte Count (Advia)	B6	14.7-113.7 K/uL

Microscopic Exam of Blood Smear (Advia)

		Ref. Range/Males
DNOYES		
Seg Neut (%)	B6	43-86 %
Lymphocytes (%)	B6	7-47 %
Monocytes (%)	B6	1-15 %
Eosinophils (%)	B6	0-16 %
Seg Neutrophils (Abs) Advia	B6	2.30-11.50 K/uL
Lymphs (Abs) Advia	B6	1.00-4.80 K/uL
Mono (Abs) Advia	B6	0.10-1.50 K/uL
Eosinophils (Abs) Advia	B6	0.00-1.40 K/uL
WBC Morphology	B6	
RBC Morphology	B6	

Research Chemistry Results - Small Animal (Canine)

		Ref. Range/Males
ABLASOTFO		
Glucose	B6	67-135 mg/dL
Urea	B6	8-30 mg/dL
Creatinine	B6	0.6-2.0 mg/dL
Phosphorus	B6	2.6-7.2 mg/dL

Sample ID: 19010301381
 This report continues... (Final)

Reviewed by: _____

Client:
Patient:

B6

CEC/CHEM - 1/3/2019



Tufts Cummings School Of Veterinary Medicine

200 Westboro Road
North Grafton, MA 01536

DUPLICATE

Name/DOB:

B6

Patient ID:

Phone number:

Collection Date: 1/3/2019 3:35 PM

Approval date: 1/4/2019 10:42 AM

Sex: CM

Age: 7

Species: Canine

Breed: Pit Bull

Provider:

B6

Order Location: V320559: Investigation Into

Sample ID: 1901030138

Research Chemistry Profile - Small Animal (Canine) (cont'd)

		Ref. Range/Males
ABELASOTTO		
Calcium 2	H	9.4-11.3 mg/dL
Magnesium 2+	L	1.3-3.0 mEq/L
Total Protein		5.5-7.8 g/dL
Albumin		2.8-4.0 g/dL
Globulins		2.3-4.2 g/dL
A/G Ratio		0.7-1.0
Sodium	H	140-150 mEq/L
Chloride		106-116 mEq/L
Potassium		3.7-5.4 mEq/L
tCO2(Bicarb)		14-28 mEq/L
ACAP	H	3.0-19.0
NA/K		29-40
Total Bilirubin		0.10-0.30 mg/dL
Alkaline Phosphatase		12-127 U/L
GGT		0-10 U/L
ALT	H	14-36 U/L
AST		9-34 U/L
Creatine Kinase		22-422 U/L
Cholesterol		82-355 mg/dL
Triglycerides		30-338 mg/dL
Amylase		409-1250 U/L
Osmolality (calculated)	H	291-315 mOsm/L

Sample ID: 19010301392
END OF REPORT (First)

Reviewed By: _____
Page 2

Client: B6
 Patient: B6

Diet history 1/3/19

CARDIOLOGY DIET HISTORY FORM
 Please answer the following questions about your pet

Pet's name: B6 Owner's name: B6 Today's date: 1/3/19

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 seems more hesitant to eat but once encouraged, he eats his meal. Elevating his bowl has helped.
 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, snack, 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.

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
Nutrena Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2018
3 1/2 lb beef hamburger	dry ground	3 oz	1x/week	Jan 2015
Purina Natural Choice Soft Bites	treat	1/2	1x/day	Aug 2015
R. white	treat	6 inch twist	1x/week	Dec 2015
4 Health adult Kibble (alternating proteins - lamb, fish)	dry	1 1/2 C	Twice daily	12/18
↓ WITH MASH + FLAX OIL SALMON + POTATO ADULT				

Any and all other 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 type="checkbox"/> No	_____
Carnitine	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Antioxidants	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Multivitamin	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Fish oil	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Coenzyme Q10	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other (please list): Example: Vitamin C	Nature's Bounty	500 mg tablets - 1 per day
<u>Apple powder</u>	_____	_____
<u>cod oil - 4 drop BID</u>	_____	<u>(1 tsp twice daily)</u> <u>(just for flavor)</u>

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 - canned food
 I put them in a Pill Pocket or similar product
 I put them in foods (list foods): _____

Client:

B6

Patient:

Diet history 1/3/19

Has been eating 4health grain free (alternating proteins) for multiple years, just recently switched to regular kibble (w/grain)

has ~~been~~ been fed a very wide variety of canned food, only used to give medications - about 2 tablespoons twice daily

- pedigree
- pure balance
- 4 health

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

Lab Results IDEXX Leptospirosis Panel (MAT) 1/4/19

IDEXX Reference Laboratories

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

IDEXX VetConnect 1-888-433-9867

Client: **B6**
Patient: **B6**
Species: CANINE
Breed: AMERICAN PIT_BU
Gender: MALE (NEUTERED)
Age: **B6**

Date: 01/04/2019
Requisition #: 452544
Accession #: **B6**
Ordered by: **B6**

TUFTS UNIVERSITY
200 WESTBORO RD
NORTH GRAFTON, Massachusetts 01536-1828
508.839.5395

Account: **B6**

LEPTOSPIROSIS PANEL (MAT)

Test	Result	Reference Range	Low	Normal	High
L. BRATISLAVA	B6				
L. CANICOLA					
L. GRYPPOTYPHOSA					
L. ICTERHAEMORRHAGIAE					
L. POMONA					
L. AUTUMNALIS					

Comments

B6

Client:
Patient:

B6

B6

UA results- 1/7/19

Page: 1

Patient ID:
Name: **B6**
Record #:
Owner:
Doctor:

Species: Dog
Breed: American Pit Bull
Age: 7Y
Sex: N

Hospital:

B6

Accession No. **B6** Doctor **B6** Owner **B6** Patient Name **B6**

Test Results Adult Reference Range L Normal H

SPECIAL URINE PROCREAT RATIO Date given: 01-07-19 11:30a

URINE CREATININE
URINE PROTEIN
URINE PRO/CREAT RATIO
COLOR

B6

B6

Additional interpretive guidelines and management recommendations are available in our online directory on www.vetconnectplus.com or www.ifs-kidney.com.

UPC IF INDICATED Date given: 01-07-19 11:30a

UPC IF INDICATED
B6

URINALYSIS Date given: 01-07-19 11:30a

COLLECTION METHOD
COLOR
CLARITY
SPECIFIC GRAVITY
GLUCOSE
BILIRUBIN
KETONES
BLOOD
PH
PROTEIN
UROBLINOGEN
WBC

B6

Client: **B6**
Patient:

B6 UA results- 1/7/19

Accession No.	Doctor	Owner	Patient Name		
B6	B6	B6	B6		
Test	Results	Adult Reference Range	L	Normal	H
RBC	B6	-			
BACTERIA		-			
EPI CELL		-			
MUCUS		-			
CASTS		-			
CRYSTALS		-			

Client:
Patient:

B6

IDEXX Chemistry 1/3/19

01/30/2019 15:59

B6

B6

PAGE 02

B6

B6

Date: 1/8/19

To: Tufts Foster Hospital

Attn: Cardiology / **B6**

Fax Number: **B6**

NUMBER OF PAGES (including this cover page) _____

MESSAGE: Results attached of VA results
for **B6** (obtained via Cysto)

Client:
Patient:

B6

IDEXX Chemistry 1/8/19

01/08/2019 15:55
01-08-2019 6:19 AM

B6

B6

PAGE 01
pg 1 of 2



IDEXX Reference Laboratories
Division of IDEXX Laboratories
www.idexx.com

One IDEXX Drive
Westbrook, Maine 04092
United States

IDEXX Reference Laboratories
Customer Support
888 433 8887



B6

PET OWNER: **B6**

B6

ACCESSION #

B6

REQUESTION #

170802/182

DATE OF COLLECTION:

01/08/2019

DATE OF RECEIPT:

01/08/2019

DATE OF REPORT:

01/08/2019

SPECIES: CANINE
BREED: PIT BULL AMERICAN
GENDER: MALE NEUTERED
AGE: **B6**

ACCOUNT #:

B6

ORDERED BY:

B6

IDEXX SERVICES: 3870 SPECIAL URINE PROCREAT RATIO, 1025 UA WITH UPC REFLEX

CHEMISTRY

TEST	RESULT	REF. RANGE/UNITS
Urine Protein: Creatinine Ratio If Indicated	B6	

Urine Creatinine		mg/dL
Urine Protein		mg/dL
Urine Protein: Creatinine Ratio	B6	
Color *		

URINALYSIS

TEST	RESULT	REF. RANGE/UNITS
Collection		
Color		
Clarity		
Specific Gravity		
pH		
Urine Protein		
Glucose		
Ketones		
Blood / Hemoglobin	B6	
Bilirubin		
Urobilinogen		
White Blood Cells		(0 - 5) HPF
Red Blood Cells		HPF
Bacteria		
Epithelial Cells		
Mucus		
Casts		
Crystals		

NOTES

CHEMISTRY

a

Renal proteinuria:

UPC <0.2 non-proteinuric

UPC 0.2-0.5 borderline proteinuric

UPC >0.5 proteinuric

The urine protein:creatinine ratio (UPC) should be interpreted along with a

Get deeper insights: For complete access to this patient's diagnostic results, including historic values and images, login to www.vetconnectplus.com

Final report generated January 08, 2019

PAGE 1 of 2

Client:
Patient:

B6

Taurine Panel send out 1/3/2019

26926 p. 10
26457 WB ②

Amino Acid Laboratory Sample Submission Form

Amino Acid Laboratory, 1089 Veterinary Medicine Drive, Davis, Ca 956

Telephone: 530-752-5058, Fax: 530-752-6938

Email: ucd.aminoacid.lab@ucdavis.edu

www.vetmed.ucdavis.edu/labs/amino-acid-laboratory

1501032133
B6
B6 pit Race
1/3/2019 3:35 PM
SHIP w ICE PACKS, TAURINE
PANEL
Lithium Heparin
B6

Veterinarian Contact: **B6**

Clinic/Company Name: Tufts Cummings School of Vet. Med. - Clinical Pathology Laboratory

Address: 200 Westboro Road, North Grafton, MA 01538

Email: Clinpath@tufts.edu cardiovet@tufts.edu

Telephone: 508-697-4699

Fax: 508-838-7938

Billing Contact: **B6**

Email: **B6**

Billing Contact Phone: **B6**

Tax ID: _____

Patient Name: **B6**

Species: Canine

Breed: Pit Bull

Owner's Name: _____

Current Diet: _____

Sample type: Plasma Whole Blood Urine Food Other _____

Test: Taurine Complete Amino Acids Other: _____

Taurine Results (lab use only)

Plasma: **B6** Whole Blood: **B6** Urine: _____ Food: _____

	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

Client:
Patient:

B6

Amino Acid Labs Taurine Panel 1/3/19

Amino Acid Laboratory Sample Submission Form

Amino Acid Laboratory, 1089 Veterinary Medicine Drive, Davis, Ca 956
Telephone: 530-752-5058, Fax: 530-752-4698
Email: ucd.aminoacid.lab@ucdavis.edu
www.vetmed.ucdavis.edu/labs/amino-acid-laboratory

1501630139
B6
B6
1/3/2019 3:38 PM
SHIP w ICE PACKS, TAURINE
PANEL
Lithium Heparin

Veterinarian Contact: **B6**

Clinic/Company Name: Tufts Cummings School of Vet. Med. - Clinical Pathology Laboratory

Address: 300 Western Blvd, North Grafton, MA 01536

Email: Clinpath@tufts.edu

Telephone: 508-887-4669

Fax: 508-839-7836

Billing Contact: **B6**

Email: **B6**

Billing Contact Phone: **B6**

Tax ID: _____

Patient Name: **B6**

Species: Cat

Breed: Tabby

Owner's Name: _____

Current Diet: _____

Sample type: Plasma Whole Blood Urine Food Other

Test: Taurine Complete Amino Acids Other: _____

Taurine Results (lab use only)

Plasma: **B6** Whole Blood: **B6** Urine: _____ Food: _____

	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

UNIVERSITY OF CALIFORNIA, DAVIS

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

STERN CARDIAC GENETICS LABORATORY
JOSHUA A. STERN, DVM, PhD, DACVIM (CARDIOLOGY)
sterngenetics@ucdavis.edu; August 9, 2018

**FREQUENTLY REQUESTED INFORMATION REGARDING TAURINE & DILATED
CARDIOMYOPATHY IN GOLDEN RETRIEVERS**

Taurine reference ranges for Golden Retrievers: The Stern Lab suggests that the following clinical reference ranges be used for Golden Retrievers and be considered for other known taurine-sensitive breeds such as Newfoundlands or American Cocker Spaniels. This is primarily based on 3 observations:

1. Golden Retrievers with marginal taurine levels (defined below) have been diagnosed with dilated cardiomyopathy and have documented disease reversal after taurine supplementation and diet change.
2. Previously published work documents taurine sensitivity in Golden Retrievers.
3. The most recently published reference on normal blood taurine values shows higher levels than previously reported.

- o Normal whole blood taurine: >250nmol/mL
- o Normal plasma taurine: >70nmol/mL
- o Marginal whole blood taurine: 200-250nmol/mL
- o Marginal plasma taurine: 60-70nmol/mL
- o Low whole Blood taurine: <200nmol/mL
- o Low plasma taurine: <60nmol/mL

References:

- Kramer GA, Kittleson MD, Fox PR, Lewis J, Pion PD. Plasma taurine concentrations with normal dogs and in dogs with heart disease. *J Vet Intern Med* 1995;9:253-258.
- Belanger MC, Quillet M, Queney C, Moreau M. Taurine deficient dilated cardiomyopathy in a family of golden retrievers. *J Am Anim Hosp Assoc* 2005;41:294-291.
- Kittleson MD, Keene B, Pion PD, Loyer CG, MUST Study Investigators. Results of the multicenter spaniel trial (MUST): taurine- and carnitine-responsive dilated cardiomyopathy in American Cocker Spaniels with decreased plasma taurine concentration. *J Vet Intern Med* 1197;11:204-211.
- Barkus RC, Choen G, Pion PD, Good KL, Rogers QR, Fascetti AJ. Taurine deficiency in Newfoundlands fed commercially available complete and balanced diets. *J Am Vet Med Assoc* 2003;223:1136-1136.
- Fascetti AJ, Reed JR, Rogers QR, Barkus RC. Taurine deficiency in dogs with dilated cardiomyopathy: 12 cases (1997-2001). *J Am Vet Med Assoc* 2003;223:1137-1141.
- Freeman LM, Michel KE, Erwin DJ, Kaplan FM, Stannoulis ME, Rosenthal SL, Keene BW, Rush JE. Idiopathic dilated cardiomyopathy in Dalmatians: nine cases (1990-1995). *J Am Vet Med Assoc* 1996;209:1592-1596.
- Delaney SJ, Kass PH, Rogers QR, Fascetti AJ. Plasma and whole blood taurine in normal dogs of varying size fed commercially prepared food. *J Anim Physiol a Anim Nutr* 2003;87:236-244.

Plasma vs. whole blood taurine testing:

If at all possible, we recommend that paired (plasma and whole blood) taurine samples be submitted for analysis. A low value on either or both tests is clinically relevant. If your dog is diagnosed with DCM, submitting paired taurine samples (plasma and whole blood) is imperative. We recommend that the UC Davis Amino Acid Laboratory be used for taurine testing, as this is where the literature utilized for our reference ranges was generated. <https://www.vetmed.ucdavis.edu/labs/amino-acid-laboratory>. If a single test is submitted the Stern Lab recommends that whole blood be submitted preferentially. This is due to the false elevation of taurine levels that is possible in plasma samples due to sample handling issues. This is an area of some debate between clinicians and conflicting information on preference for plasma vs. whole blood exists. This underscores the value of paired sampling.

Clinical Recommendations for Golden Retrievers based on taurine levels:

If taurine levels test <200nmol/mL in whole blood or <60nmol/mL in plasma

- An echocardiogram by a board-certified veterinary cardiologist is indicated
- After echocardiogram has been completed, a diet change is recommended.
 - If DCM is diagnosed, this patient may need a variety of cardiac medications that would be prescribed by the attending cardiologist.
 - If DCM is diagnosed, prescribed supplementation with oral taurine and l-carnitine is recommended.
 - Reevaluation of taurine levels is warranted after three months of diet change and supplementation.
 - Cardiology reevaluation schedules will be recommended by the attending clinician pending echocardiographic findings.
 - Many Golden Retrievers with taurine-deficient DCM in our study showed slow and steady improvement over a period of 6-12 months.

If taurine levels test 200 – 250nmol/mL in whole blood or 60-70nmol/mL in plasma

- An echocardiogram by a board-certified cardiologist is recommended.
- After echocardiogram has been completed, a diet change is recommended.
- We recognize that many dogs in this category may have normal echocardiograms and thus the value of screening should be carefully considered. If the dog is eating a diet that falls within the FDA warning or shares features with the diets identified in our study (see diets of concern section below), we encourage echocardiographic screening with greater enthusiasm.
- If an echocardiogram is not performed, a diet change is still recommended and a taurine level reevaluation after three months on the new diet should be considered.
- If DCM is diagnosed, this patient may need a variety of cardiac medications that would be prescribed by the attending cardiologist.
 - If DCM is diagnosed, prescribed supplementation with oral taurine and l-carnitine is recommended.
 - Reevaluation of taurine levels is warranted after three months of diet change and supplementation.
 - Cardiology reevaluation schedules will be recommended by the attending clinician pending echocardiographic findings.
 - Many Golden Retrievers with taurine-deficient DCM in our study showed slow and steady improvement over a period of 6-12 months.

If taurine levels test >250nmol/mL in whole blood or >70nmol/mL in plasma

- Diet change is recommended if you are feeding a diet that falls within the FDA warning or shares features with the diets identified in our study (see diets of concern section below)
- If your pet shows any signs of cardiac disease (trouble breathing, exercise intolerance, fainting/collapse, coughing) we recommend your veterinarian evaluate your pet.

Amino Acid Labs Taurine Panel 1/3/19

Diets of Concern & Choosing a diet

The FDA alert called attention to several dietary ingredients that should be considered when evaluating whether your pet is at risk (for example legumes like peas and lentils, white or sweet potatoes). These findings were largely recapitulated in our current study of Golden Retrievers with low taurine levels and DCM. Our lab considers these ingredients to be of greatest concern when present within the first 5 listed ingredients on the dog food bag. Additionally, we noted a high percent of diets in our study were using protein sources other than chicken or beef and labeled as grain-free.

Points to consider when making a diet change:

- Choose a diet that does not contain the concerning components listed above
- Choose a diet that meets the WSAVA Global Nutrition Assessment Guidelines published as consensus by veterinary nutritionists from around the world:
 - <https://www.wsava.org/WSAVA/media/Arpita-and-Emma-editorial/Selecting-the-Best-Food-for-your-Pet.pdf>
- FDA alert found here:
 - <https://www.fda.gov/AnimalVeterinary/NewsEvents/CVMUpdates/ucm613305.htm>

Choosing a taurine or L-carnitine supplement:

Selecting supplements should be performed based upon those that match their stated contents and are readily available for absorption. Luckily a previous publication tested multiple taurine and L-carnitine supplements. Based upon this publication our laboratory recommends the following supplements as those meeting our quality criteria. (Bragg et al. 2009 J Am Vet Med Assoc; 234(2))

Tested taurine supplements that test within 5% of stated contents and if applicable disintegrated within 30 minutes

- Mega taurine caps by Twinlab (1000 capsule)
- Taurine by Swanson Health Products (500mg capsule)
- Taurine by NOW foods (500mg capsule)
- Taurine 500 by GNC (500mg tablet)

Tested L-carnitine supplements that test within 5% of stated contents and if applicable disintegrated within 30 minutes

- L-carnitine 500 by Jarrow Formulas (500mg capsule)
- L-carnitine caps by Country Life (500mg capsule)
- Maxi L-carnitine by Solgar Vitamin and Herb (500mg tablet)
- L-carnitine by Puritan's Pride (500mg tablet)

The Stern lab does not recommend the empirical supplementation of taurine or L-carnitine to dogs without evidence of DCM and/or significant deficiency. If DCM is diagnosed we typically recommend dogs over 50lbs receive 1000mg of taurine every 12hrs and dogs under 50lbs receive 500mg of taurine every 12hours. We recommend L-carnitine at a dose of ~50mg/kg orally with food every 8hrs. Your veterinary cardiologist or family veterinarian should be consulted for prescribing the best dose for your dog.

Reporting to the FDA:

Understanding the basis of this condition requires a great deal of research and investigation. Clients with affected dogs can contribute their data to help propel this research forward. You can report cases of taurine deficiency, dilated cardiomyopathy, sudden cardiac death, or any combination of these events to the FDA by following the information found here:

<https://www.fda.gov/animalveterinary/safetyhealth/reportaproblem/ucm182403.htm>

Additional questions or comments:

sterngenetics@ucdavis.edu

This document last updated: Aug. 20, 2018

Page 3 of 3



CARDIOLOGY SERVICE UPDATES: DOG FOOD & DILATED CARDIOMYOPATHY

The Cardiology Service has developed this document in response to the alerts from the FDA. These alerts identify an associated risk for some grain-free diets containing certain ingredients (legumes like peas, pea components, lentils; white potatoes, sweet potatoes) and a diagnosis of dilated cardiomyopathy (DCM). The links provided throughout this document can be copied and pasted to obtain additional information.

FDA Alerts found here:

<https://www.fda.gov/AnimalVeterinary/NewsEvents/CVMUpdates/ucm812395.htm>

<https://www.fda.gov/AnimalVeterinary/ResourcesforYou/AnimalHealthLiteracy/ucm616279.htm>

What is Dilated Cardiomyopathy (DCM)?

DCM is a heart muscle disorder that results in a weak pump function and heart chamber enlargement. In the early stages of this disease pets may appear totally healthy with no apparent clinical signs. Later in the course of this disease, dogs may have a heart murmur, an arrhythmia (irregular heart beat), collapse episodes, weakness or tiredness with exercise, and even trouble breathing from congestive heart failure. While there are some breeds of dogs (like Dobermanns) that have a genetic predisposition to development of DCM, there are also nutritional factors that may result in this disease.

What should I do?

If you are feeding a diet of concern based upon the FDA alert we recommend that you consult with your veterinarian or veterinary cardiologist. We provide 4 general points for guidance below:

1. An initial step is to **consider whether you are willing or interested in performing additional testing** to assess whether your pet is affected with DCM. If you believe your dog is at risk, showing any of the aforementioned clinical signs or would prefer to simply rule out any heart disease, we recommend that you first have your pet's taurine levels tested (both whole blood and plasma levels) as well as seek an echocardiogram by a board-certified veterinary cardiologist. Low taurine levels are associated with development of DCM in dogs and are sometimes a component of this current issue.

Information on taurine testing can be found here: <https://www.vetmed.ucdavis.edu/labs/amino-acid-laboratory>

2. At this time, **diet change is recommended when possible** and should be considered regardless of the results obtained from any testing. You can consult with your veterinarian in selecting a new diet that avoids the ingredients of concern listed by the FDA. When selecting this diet, we recommend that you choose a diet that is manufactured with rigorous quality control measures and research behind the formulation. A way to ensure that your diet meets these recommendations is to follow the following guidelines that were generated by a large number of the world's leading experts in veterinary nutrition.

Food selection guidelines found here:

<https://www.wsava.org/WSAVA/media/Arpita-and-Emma-editorial/Selecting-the-Best-Food-for-your-Pet.pdf>

3. If your pet is identified through testing to have a low blood taurine level or evidence of DCM by echocardiogram, we urge you to **report this information to the FDA**.

FDA reporting guidelines found here: <https://www.fda.gov/AnimalVeterinary/SafetyHealth/ReportaProblem/ucm182403.htm>

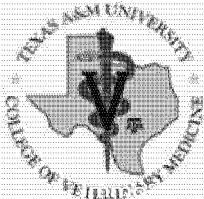
4. **Work with your veterinarian(s)** to determine the best course of action and medical treatments if indicated. In the case of a DCM diagnosis, diet change alone may not be sufficient and additional medications may be prescribed.

Please continue to monitor the FDA website and the UC Davis School of Veterinary Medicine Newsfeeds for updates and recommendations regarding this issue.

Client:
Patient:

B6

Texas A&M GI Lab Troponin Result 1/24/19



Gastrointestinal Laboratory
Dr. J.M. Steiner
Department of Small Animal Clinical Sciences
Texas A&M University
4474 TAMU
College Station, TX 77843-4474



Website User ID: Cardiovet@tamu.edu OR clinpath@tamu.edu

GI Lab Assigned Clinic ID: 11405

B6
Tufts University-Clinical Pathology Lab
Attn: **B6**
200 Westboro Road
North Grafton, MA 01536
USA

Phone: 508 887 4669
Fax: 9 508 839 7936
Animal Name:
Owner Name:
Species: Canine
Date Received: Jan 24, 2019

B6

Tufts University-Clinical Pathology Lab
Tracking Number:

GI Lab Accession: **B6**

Test	Result	Reference Interval	Assay Date
Ultra-Sensitive Troponin I Fasting	B6	≤0.06	01/24/19

B6

Comments:

GI Lab Contact Information

Phone: (979) 862-2861
Fax: (979) 862-2864

Email: glab@vms.tamu.edu
vetmed.tamu.edu/glab

Client:
Patient:

B6

Gastro Lab 1/24/19



Gastrointestinal Laboratory
Dr. J.M. Steiner
Department of Small Animal Clinical Sciences
Texas A&M University
4474 TAMU
College Station, TX 77843-4474



Website User ID: Cardiovet@tufts.edu OR clinpath@tufts.edu

GI Lab Assigned Clinic ID: 11405

B6
Tufts University-Clinical Pathology Lab
Attn: **B6**
200 Westboro Road
North Grafton, MA 01536
USA

Phone: 508 887 4669
Fax: 9 508 839 7936
Animal Name:
Owner Name: **B6**
Species: Canine
Date Received: Jan 24, 2019

Tufts University-Clinical Pathology Lab
Tracking Number:

GI Lab Accession: **B6**

Test	Result	Reference Interval	Assay Date
Ultra-Sensitive Troponin I Fasting	B6	≤0.06	01/24/19

B6

Comments:

GI Lab Contact Information

Phone: (979) 862-2861
Fax: (979) 862-2864

Email: gllab@cvim.tamu.edu
vetmed.tamu.edu/gllab

Client:
Patient:

B6

B6

Catalyst One 1/29/19

Client: **B6**

Patient Name: **B6**

Species: Canine

Breed:

Gender:

Weight:

Age:

Doctor: **B6**

B6

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

Catalyst One (January 29, 2019 2:16 PM)

GLU		74 - 143			
CREA		0.5 - 1.3		HIGH	
BUN		7 - 27		HIGH	
BUN/CREA					
PHOS		2.5 - 6.3			
CA		7.9 - 12.0			
TP		5.2 - 8.2			
ALB		2.3 - 4.0			
GLOB	B6	2.5 - 4.5			
ALD/GLOB					
ALT		10 - 125		HIGH	
ALKP		23 - 212			
GGT		0 - 11			
TBIL		0.0 - 0.9			
CHOL		110 - 320			
AMYL		500 - 1500			
LIPA		250 - 1000			

B6

1/29/19
78.4lbs

Specific Gravity

B6

Printed: January 29, 2019 2:46 PM

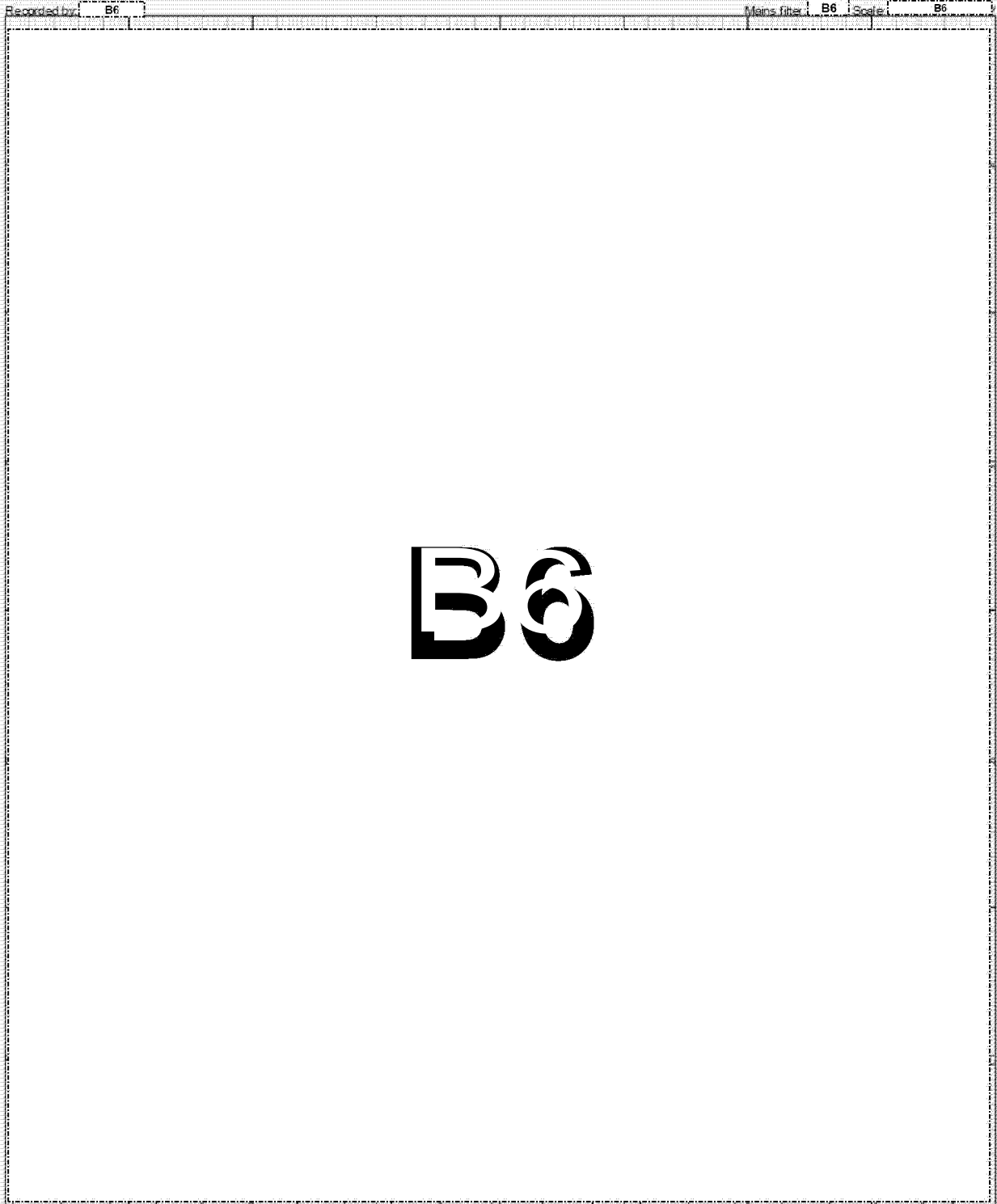
Page 1 of 1

IDEXX
LABORATORIES

Client:
Patient: **B6**

AliveCor ECG

Patient: **B6**
Breed/Species: American Pit Bull Terrier / Dog
Recorded: Sunday, February 10, 2019 at 10:01:35 PM
Heart Rate: 163 bpm Duration: 1 min 7 s

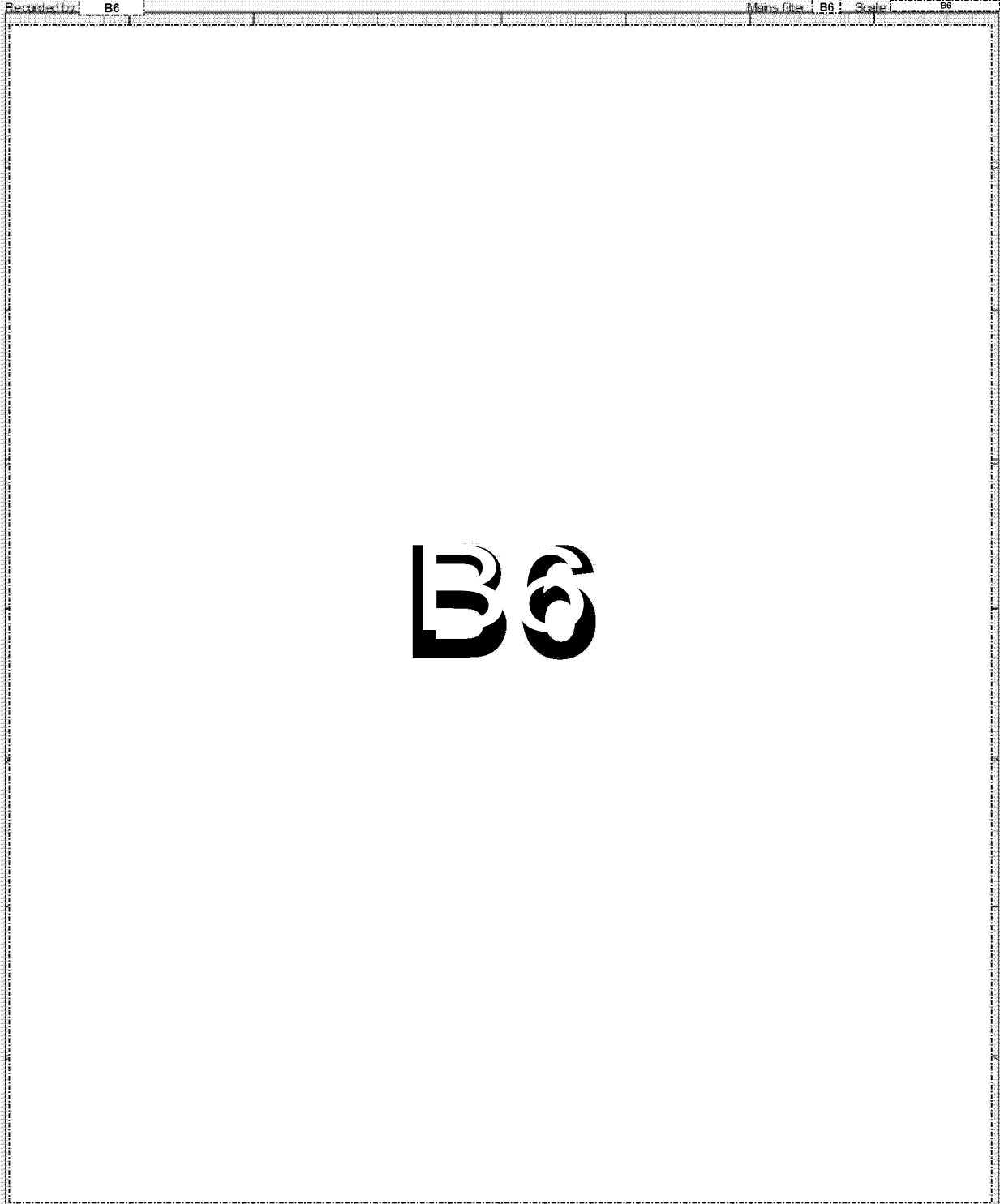


Client:
Patient:

B6

AliveCor ECG

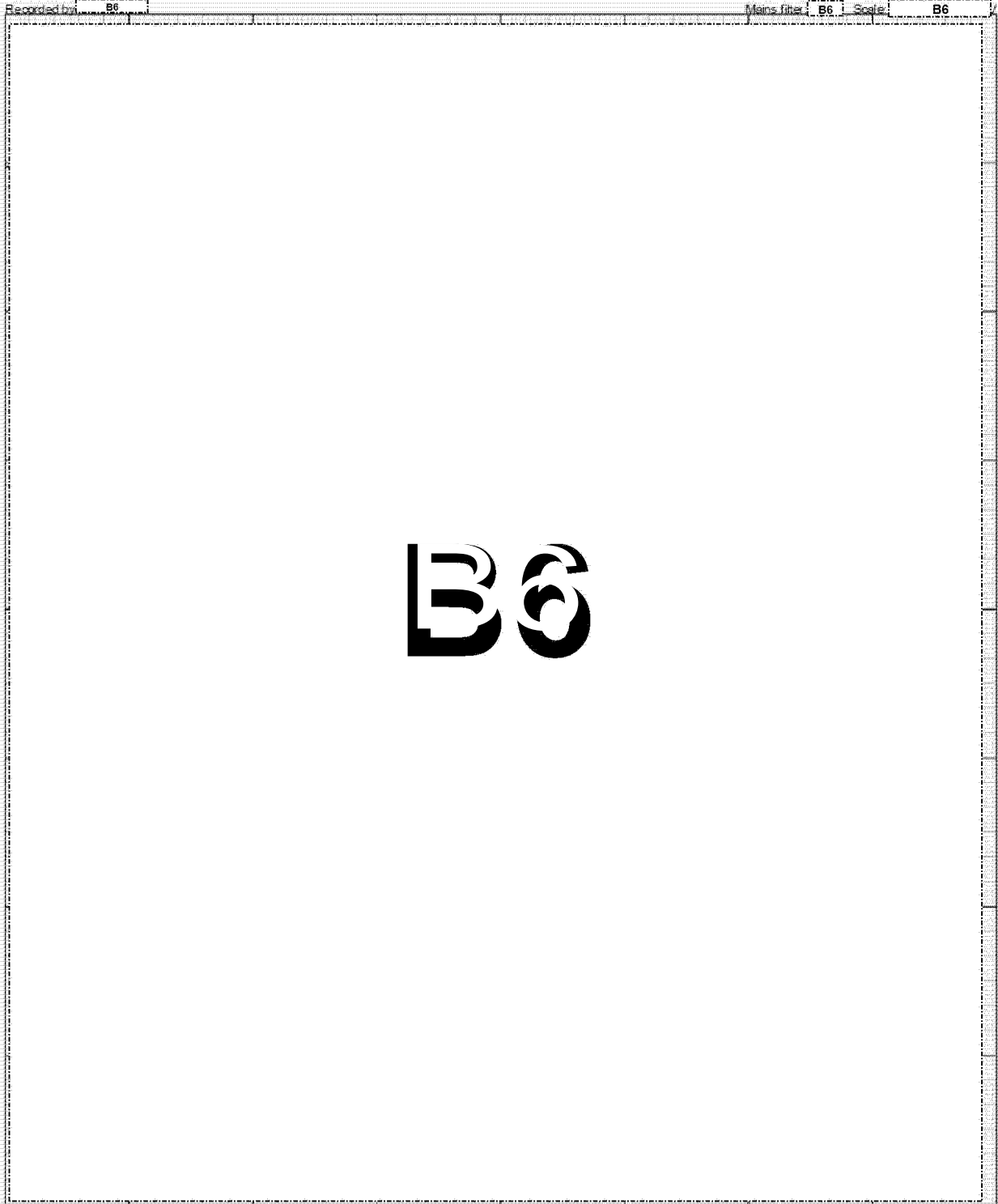
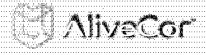
Patient: **B6**
Breed/Species: American Pit Bull Terrier / Dog
Recorded: Sunday, February 10, 2019 at 10:01:55 PM
Heart Rate: 163 bpm Duration: 1 min 7 s



Client:
Patient: **B6**

AliveCor ECG

Patient: **B6**
Breed/Species: American Pit Bull Terrier / Dog
Recorded: Sunday, February 10, 2019 at 10:01:55 PM
Heart Rate: 163 bpm Duration: 1 min 7 s





DIAGNOSTIC SAMPLE SUBMISSION FORM

Date: 6/11/2019

Vet-LIRN use only:	
Date received:	_____
Study #:	<u>800.267</u>
Vet-LIRN #:	<u>cc-297</u>

Veterinarian: B6

Clinic: _____

Address: _____

City, Zip, State: _____

Phone: _____

Fax: _____

Email: _____

Owner: B6

Address: _____

City, Zip, State: _____

Phone: _____

Email: _____

Animal Information:

Clinic ID: _____

Animal Name/ID: B6

Species: _____

Breed: _____

Age: _____

Sex: _____

Body:

fresh frozen

Organs:

thyroid thymus lung heart liver spleen adrenal kidney pancreas
 duodenum jejunum ileum colon urinary bladder skeletal muscle brain
 stomach other (list): _____

Clinical Samples:

serum blood urine feces biopsy samples cultures
 other (list): _____

CARDIOLOGY DIET HISTORY FORM

Please answer the following questions about your pet

Pet's name **B6** Owner's name **B6** Today's date: 5/17/19

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

1. Please list below ALL pet foods, people food, treats, snack, dental chews, rawhides, and any other food item that your pet currently eats and that you have fed in the last 2 years.

Please provide enough detail that we could go to the store and buy the exact same food - examples are shown in the table

Food (include specific product and flavor)	Form	Amount	How often?	Dates fed
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2016-present
85% lean hamburger	microwaved	3 oz	1x/week	June -Aug 2016
Pupperoni original beef flavor	treat	1/2	1x/day	Sept 2016-present
Rawhide	treat	6 inch twist	1x/week	Dec 2018-present
Natural dog bones	treat	6 inch	1 day	JAN - 2019 MAY
Health Extension Grain-free dog food CHICKEN + TURKEY	dry	3-4 Cup day	Every day	JAN 2017 - 2019

*Any additional diet information can be listed on the back of this sheet

2. 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	_____
Carnitine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
Antioxidants	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
Multivitamin	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>PROBIOTICS 3 days ago</u>	<u>1 per day</u>
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	<u>Nature's Bounty</u>	<u>500 mg tablets - 1 per day</u>

3. 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 CIW FOOD - WELLNESS
 I put them in a Pill Pocket or similar product
 I put them in foods (list foods): _____

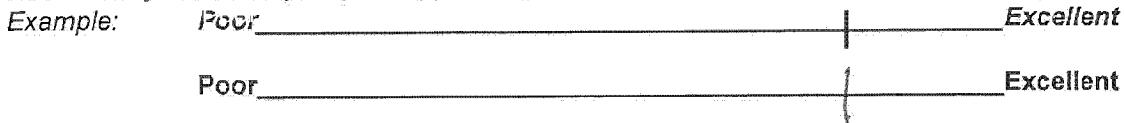
403 Kcal/cup
1200-1600 Kcal/d

CARDIOLOGY DIET HISTORY FORM

Please answer the following questions about your pet

Pet's name: **B6** Owner's name: **B6** Today's date: 3/27/2019

1. How would you assess your pet's appetite? (mark the point on the line below that best represents your pet's appetite)



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, snack, 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 you pet is eating.

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
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2018
85% lean hamburger	microwaved	3 oz	1x/week	Jan 2015
Pupperoni original beef flavor	treat	1/2	1x/day	Aug 2015
Rawhide	treat	6 inch twist	1x/week	Dec 2015
Royal Canine	dry	1 1/2 cup	1x/day	Oct 2018
Hills Science Diet - Chick Stew	wet	1/2 can	1x/day	Oct 2018

*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 type="checkbox"/> No	_____	_____
Carnitine <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Antioxidants <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Multivitamin <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Fish oil <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Coenzyme Q10 <input type="checkbox"/> Yes <input 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): _____

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

Archived Records 10/1/13-10/4/13 (PART TWO)



Tufts University
School of Veterinary Medicine

Owner: **B6**
Patient Name: **B6**
S227632
Clinician: **B6** / Rush
Student: **B6**

October 2, 2013

Signalment: **B6** CM Boxer was referred to Tufts **B6** yesterday for bradycardia. **B6** has a week-long history of

B6

CV: HR = 64, normal sinus rhythm, 3rd degree AV block, III/VI systolic murmur and gallop heard on left side, snappy femoral pulses (synchronous), no jugular vein distension *h. of m. observed w. d. m.*

B6

Recent diagnostic tests:

4dx - all negative

CBC - no abnormal findings

Chem - slight hypoproteinemia (5.4 g/dl), hypoglobulinemia (1.9 g/dl), elevated ALT (99)

A1: 3rd degree AV block - r/o myocarditis vs. fibrosis

A2: alopecia - r/o allergic skin disease vs. endocrine

A3: hypoglobulinemia - hepatic insufficiency vs. PLE vs. hemorrhage

A4: elevated ALT - artifact (hemolysis) vs. liver disease vs. endocrine vs. drug-induced vs. reduced CO

P:

B6

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

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

Archived Records 10/1/13-10/4/13 (PART TWO)



Tufts University
School of Veterinary Medicine

Owner: **B6**
Patient Name: **B6**
S227632
Clinician: **B6** / Rush
Student: **B6**

October 3, 2013

Signalment: **B6** CM Boxer was referred to Tufts **B6** 10/1/13 for bradycardia. **B6** had a week-long history of

B6

CV: HR = 66, paced, III/VI systolic murmur heard on left side, slight hyperdynamic femoral pulses (synchronous), no jugular vein distension observed

B6

Recent diagnostic tests:

- A1: 3rd degree AV block - resolved
- A2: alopecia - r/o allergic skin disease vs. endocrine
- A3: short runs of v-tach - r/o irritation to ventricle from pacemaker placement vs.
- A4: swoma under chin

P:

B6

B6

Client: **B6**
Patient:

Archived Records 10/1/13-10/4/13 (PART TWO)

Client: **B6**
Patient:

Archived Records 10/1/13-10/4/13 (PART TWO)



Tufts University
School of Veterinary Medicine

Owner: **B6**
Patient Name: **B6**
S227632
Clinician: **B6** / **Rash** **B6**
Student: **B6**

October 4, 2013

Signalment: **B6** CM Boxer was referred to Tufts **B6** 10/1/13 for bradycardia. **B6** had a week-long history of

B6

CV: HR = 112, paced, II/VI systolic murmur heard on left side, strong synchronous femoral pulses, no jugular vein distension observed

B6

- A1: 3rd degree AV block - resolved
- A2: alopecia - r/o allergic skin disease vs. endocrine
- A3: short runs of v-tach - resolved
- A4: seroma formation under chin

P:

B6

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client: **B6**
Patient:

Archived Records 10/1/13-10/4/13 (PART TWO)

Released Patient Result

Patient ID: 1310010089
Patient Name:
Time Analyzed: 10/01/2013 04:19:51 PM
Analyzer ID: Z31C12020
Sample Type: Venous
Panel: Critical Care
Analyzed By: 123456
Released By: auto

Barcode: 1310010089
B6
10/1/2013 4:13 PM
NOVA PANEL-ER
Lithium Heparin
Canine

Required Fields:
Patient ID: 1310010089

Optional Fields:
Accession #:

Measured

Test	Value	Units	Reference Range	Flags
pH			-	
PCO2		mmHg	-	
PO2		mmHg	-	
SO2%(ABG)			-	
Hct		%	-	
Hb		g/dL	-	
Na+		mmol/L	-	
K+	B6	mmol/L	-	
Cl-		mmol/L	-	
Ca++		mmol/L	-	
Mg++		mmol/L	-	
Glu		mg/dL	-	
Lac		mmol/L	-	
BUN		mg/dL	-	
Creat		mg/dL	-	
TCO2		mmol/L	-	

B6

WT: 25.6 kg

Calculated

Test	Value	Units	Reference Range	Flags
nCa		mmol/L	-	
nMg		mmol/L	-	
Gap		mmol/L	-	
Ca++/Mg++		mol/mol	-	
BUN/Creat		mg/mg	-	
BE-ecf		mmol/L	-	
BE-b	B6	mmol/L	-	
SBC		mmol/L	-	
HCO3		mmol/L	-	
O2Cap		mL/dL	-	
O2Ct		mL/dL	-	
A		mmHg	-	
Osm		mOsm/kg	-	

Client:
Patient:


B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

 <p>TUFTS UNIVERSITY Foster Hospital for Small Animals 200 Westboro Road North Grafton, MA 01536-1895 1-508-839-5395</p>	<p>Document Cardiology Report Copy To: MedRec Status: FINAL Finalized: by B6 on 10/1/2013</p>			
	<table border="1"> <tr> <th>Client Information</th> <th>Patient Information</th> </tr> <tr> <td> Client#: B6 Name: B6 Address: B6 City: B6 Zip: B6 Home#: B6 Work#: B6 </td> <td> Case#: B6 Name: B6 Species: CANINE Breed: BOXER Sex: CM DOB: B6 RVet: B6 </td> </tr> </table>	Client Information	Patient Information	Client#: B6 Name: B6 Address: B6 City: B6 Zip: B6 Home#: B6 Work#: B6
Client Information	Patient Information			
Client#: B6 Name: B6 Address: B6 City: B6 Zip: B6 Home#: B6 Work#: B6	Case#: B6 Name: B6 Species: CANINE Breed: BOXER Sex: CM DOB: B6 RVet: B6			

Dates	
Description	Date
Date of Study	10/1/2013

Personnel	
Name	Title
B6	Attending (Faculty) Cardiologist
	Cardiology Technician
	Primary Clinician
	Senior Student

Case Abstract
 B6 CM boxer presenting from rDVM for slow heart rate. Owner reports dog has slightly less energy than normal. He has had B6 over the past week. On presentation his heart rate was 50 and he was QAR. EKG analysis showed possible 3rd degree heart block.

Request Specifics
 Location: B6
 Weight (required) in pounds: 56
 Anesthesia/Sedation to follow consultation (Y/N): N
 RDVM Radiographs: Film(Y/N): N CD(Y/N): N
 Current Medications and Dosages: no medications
 Reason for Consultation: Concern for heart block.
 History: B6; No syncopal episodes. Only slightly decreased energy.
 B6

Findings

wAO wTVSd wLVDDd idcreased wLVWd wTVSS wLVYDd wLVWS wI A wI Am wLVODd wLVODS wWId wWfS wOA wMAAd	<h1>B6</h1>
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Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client: **B6**
Patient:

S227632/Cardiology Report/MedRec Copy **B6**

Page 2 of 2

B6

Cardiology Findings

Type	Findings
Heart murmur	B6
Transient heart sounds	
Other auscultatory findings	
Pulses	
Jugular veins	
Mucous membranes	
Abdomen	
Echocardiogram	
Doppler echocardiography	
ECG / rhythm	
Body condition score (9)	
Heart rate (/min)	

Assessment and Recommendations

3rd degree AV block with all cardiac chambers appearing dilated. The chamber dilation is consistent with the bradycardia. Pacemaker placement is recommended to prevent syncope or sudden death. We should also check for tick-borne diseases as given that the dog is younger than most others presenting with 3rd degree AV block, there may be a higher chance that this may be a result of myocarditis. Start minocycline or doxycycline while we wait for the 4DX test to return. CBC/chemistry is also recommended prior to anesthesia. If we cannot place a pacemaker, then try an atropine response test while the dog is on telemetry to see if medical treatment may be an option.

Cardiology Conclusions

Type	Conclusion
Heart Failure Classification	ISACHC Ib Evidence of heart disease with mild - moderate cardiac remodeling
Final diagnoses	3rd degree AV block

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

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

Archived Records 10/1/13-10/4/13 (PART TWO)

LABORATORY REPORTS

B6	TUFTS CARDIOLOGY M3S M11 F 10/01/13 4:37:38 P JFR, D/CLB T16 0 6	PORT #3 HERE
ZD SALA Ao Diam	M-Mode IVSd LV0d LVPWd IVSs LVWs LVPWs EF(Cube) %FS Ao Diam LA Diam LAFo Max LA EPSS	Doppler MR Vmax MR maxPG AVVmax AV maxPG PVVmax PV maxPG TR Vmax TR maxPG
B6	B6	B6

B6	PORT #2 HERE
-----------	--------------

B6	PORT #1 HERE
-----------	--------------

INSTRUCTIONS: TO ATTACH REPORT, REMOVE PROTECTIVE TAPE BACKING, ALIGN IN PORT AND PRESS DOWN FIRMLY. REPEAT PROCEDURE FOR SUBSEQUENT REPORTS.

FORM VT-3

LABORATORY REPORTS

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

12 Lead: Standard Placement

B6

B6

10/4/2013 9:35:47 AM
Tufts University
Tufts Vet School
Cardiology

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

10/4/2013 9:35:42 AM

Tufts University

Cardiology

Tufts Vet School

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client: **B6**
Patient:

Archived Records 10/1/13-10/4/13 (PART TWO)

10/4/2013 9:35:31 AM

Tufts University

Cardiology

Tufts Vet School

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

227632

B6

B6

10/1/2013 4:23:43 PM
Tufts University
Tufts Vet School
Cardiology

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

227632

10/1/2013 4:24:26 PM

B6

Tufts University

Cardiology

Tufts Vet School

227632

Cardiology

Tufts Vet S

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client: **B6**
Patient:

Archived Records 10/1/13-10/4/13 (PART TWO)

B6

10/1/2013 4:24:40 PM

Tufts University

227632

7

Cardiology

Tufts Vet School

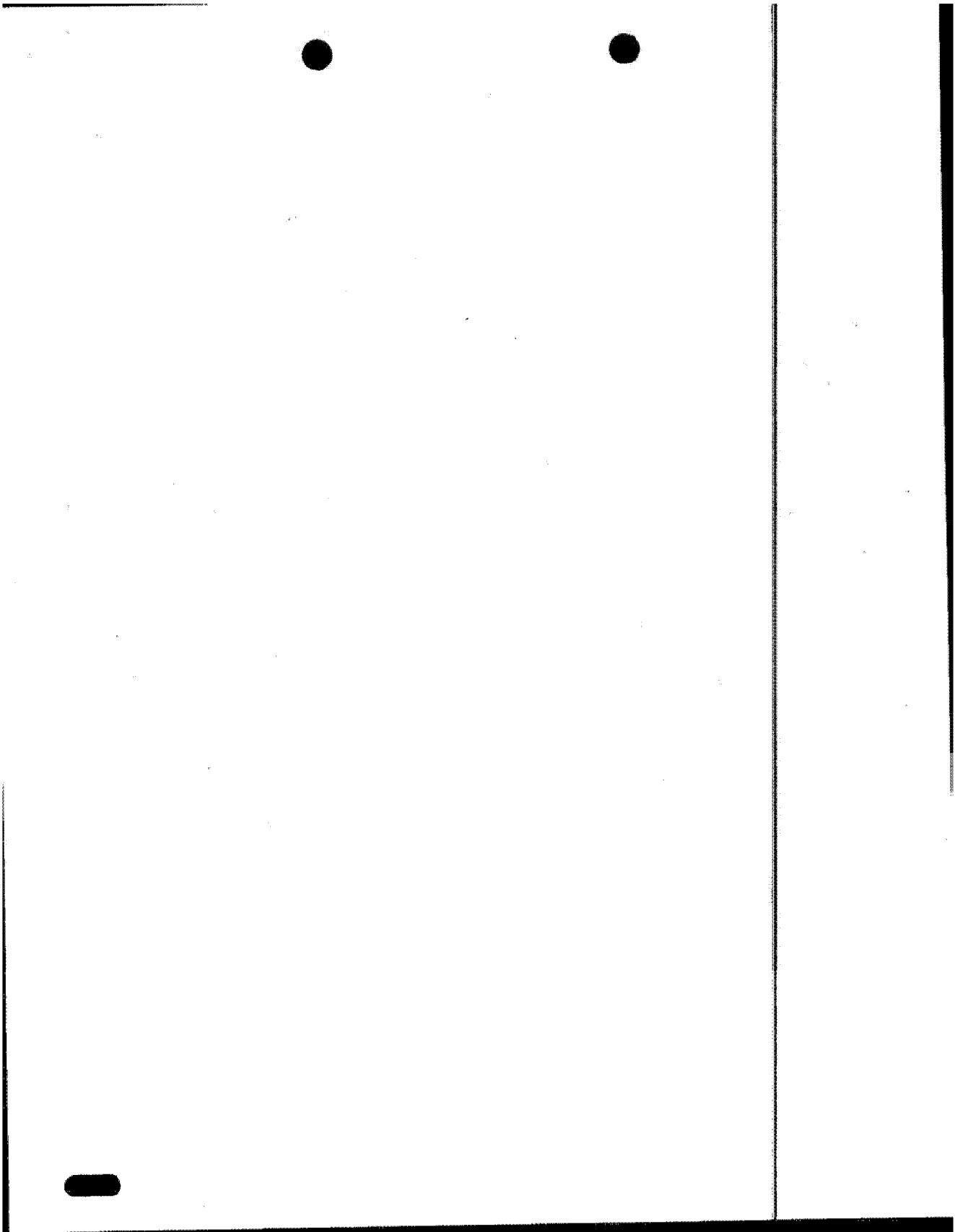
School

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)



Client: **B6**
Patient:

Archived Records 10/1/13-10/4/13 (PART TWO)

10/1/2013 4:25:03 PM

Tufts University

B6

10/1/2013 4:24:51 PM

Tufts University

227632

Cardiology

Tufts Vet School

Cardiology

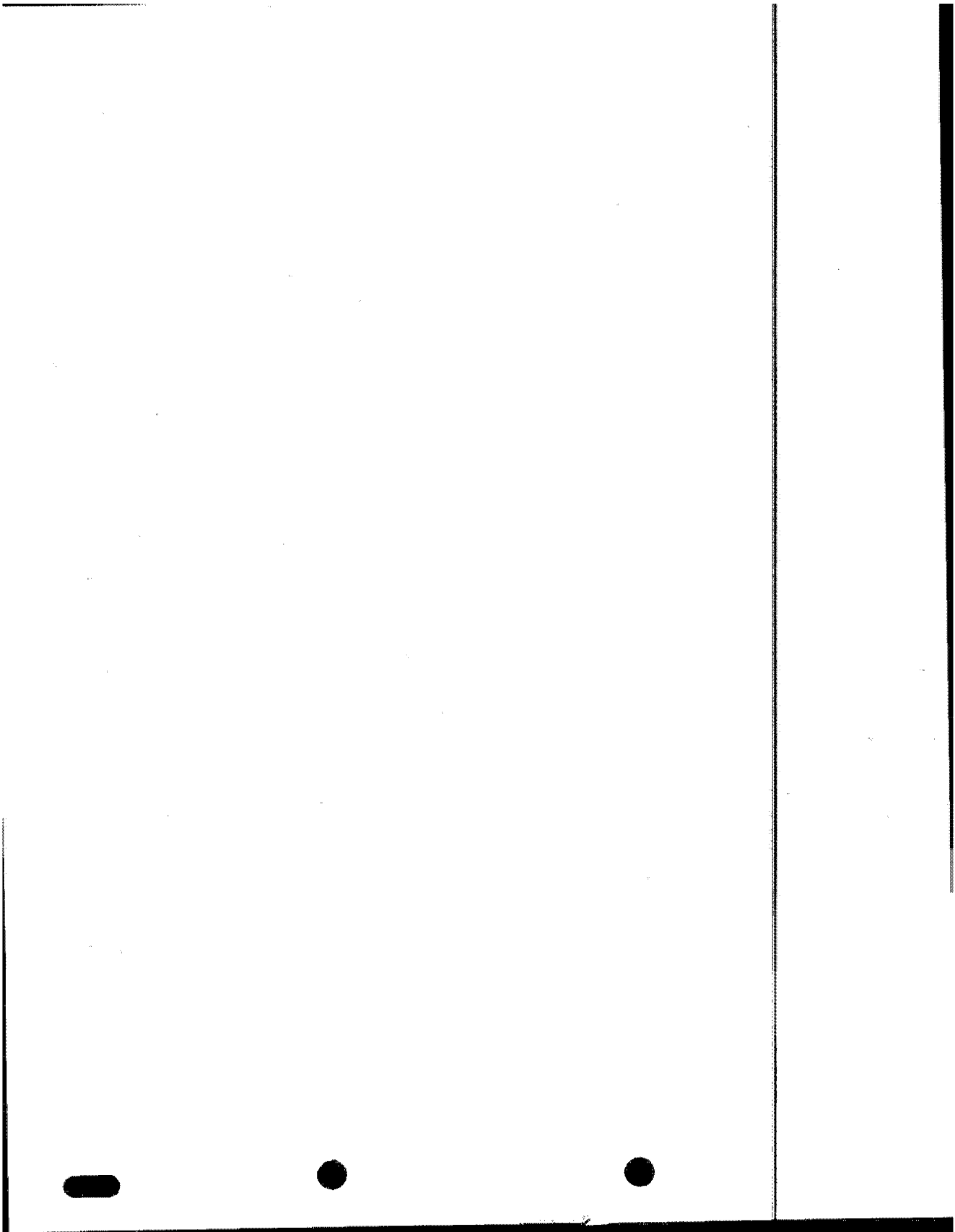
Tufts Vet School

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)



Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

B6

10/1/2013 4:25:05 PM

Tufts University

227632

Cardiology

Tufts Vet School

B6

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client: B6
Patient:

Archived Records 10/1/13-10/4/13 (PART TWO)

10/1/2013 4:25:03 PM
Tufts University
Tufts Vet School
Cardiology

One Minute Full Disclosure

B6

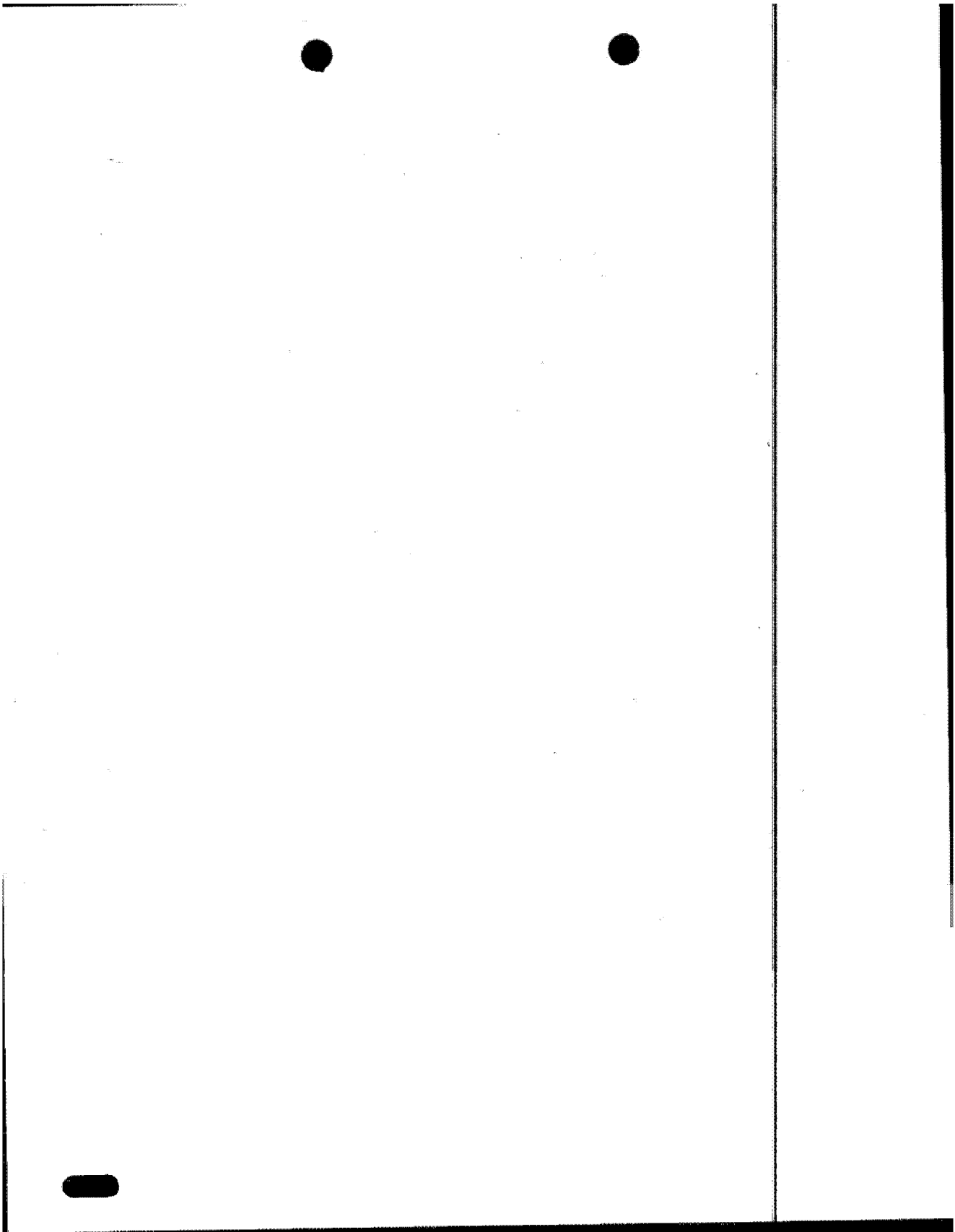
227632

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)



Client: Patient: **B6**

Archived Records 10/1/13-10/4/13 (PART TWO)

Tufts University Cummings School of Veterinary Medicine

ANESTHESIA RECORD

Date: 10/2/13 Weight: 15.45 Kg. Clinician/Resident: B6
 Cage/Staff: 104 AS 15
 Procedures: 1. Pacemaker placement
 Pre-Anesthesia Disposition: Alert Recumbent Excited Caution Depressed Painful Anxious
 Hydration: Adeq.
 Renal Function: 4/0/8
 Blood Type:
 Pre-anesthesia Values: Temp. 38.1 H.R. 141 R.R. 20 M.M. Color/CRT pink/1.2 P.C.V. 44 T.P. 5.4
 DRUGS IN THE LAST 24 HOURS: cefazolin 1.6 LAC BG ASA Status I II III IV V E

B6
 B6 FAWN CK STD ROXER CANINE

Page 1 of 1

PRE-ANESTHETIC DRUGS:				Pre-Med. Results		
Drug	Dose	Route	Time	Sedation	Resistance	Vomited
Hydroxyzine 2.5mg IV			2:14P	<input type="checkbox"/> None <input checked="" type="checkbox"/> Slight <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Marked	<input checked="" type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Midazolam 5mg IV						

ANESTHETIC INDUCTION:			
Drug	Dose	Route	Time
Etomidate 10mg IV			2:14P

Time: 2:14P
 Isoflurane (%)
 Sevoflurane (%)
 O₂ (L/M): 2.2
 CODE:
 • Pulse Rate
 • Respiratory Rate
 v. Systolic B.P.
 - Mean B.P.
 A. Diastolic B.P.
 C. IPPV
 * ET CO₂
 Blood Pressure measured by:
 Oscillometric
 Doppler
 Direct
 Depth of Anes.: Light Med. Deep
 Fluids: LSS
 S_{PO}₂
 Temperature

Non-reb Semi-closed
 Mask Intubated
 Size Tube: 10 mm
 Recumbency: Left lateral

Post Op	Times
T 2:17	Start anes: 2:15PM
P 1.0	Start proc. 1: 2:31PM
R 2.4	Start proc. 2:
Total Fluids: 100 100 100	Start proc. 3:
	End Surgery: 3:42PM
	End anes: 3:42PM
	Extubated: 4:09PM

Recovery: Smooth Rough Prolonged Other
 STERNAL:
 STANDING:
 Epistaxial _____ Intids: _____
 Dexamorph _____ Attempts: _____
 Bupivacaine _____ Success: _____
 Needle size: _____ Y N U

B6

REMARKS: cefazolin 1.6mg IV Lactanin 500mg IV 3ml Doppler
 AV sinus, persistent ECG unable to detect due to bradycardia
 pulses strong Placement of lead, pacing respiratory stop at 100
 Recovery smooth, normal extubation, quiet/comfortable following
 continued monitoring in ICU.

Blood Gas Values	pH	PCO ₂	PO ₂	BE	Ca ⁺⁺	Glucose	HCO ₃ ⁻	RF

Signature: Anesthesia/ICU/Intensive Care
B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client: **B6**
Patient:

Archived Records 10/1/13-10/4/13 (PART TWO)

**Tufts University
Foster Hospital for Small Animals**
North Grafton, MA 01536
(508) 839-5395



B6

TREATMENT PLAN

DATE: 10/1/13 CLINICIAN: **B6**
ESTIMATED COST: **B6** DEPOSIT: 3000-

B6 **B6**
B6

This estimate is based upon our preliminary examination. The final fee may vary considerably from this estimated cost. Every effort will be made to keep you informed of the current status of your bill throughout your animal's hospitalization.

OFFICE EVALUATION	COST	SPECIAL PROCEDURES (CONTINUED)	COST	ANESTHESIA	COST
<input checked="" type="checkbox"/> Examination		<input type="checkbox"/> Proctoscopy		<input checked="" type="checkbox"/> Sedation	
<input type="checkbox"/> Recheck Examination		<input type="checkbox"/> Skin Biopsy		<input type="checkbox"/> General Anesthesia	
<input checked="" type="checkbox"/> Emergency Fee		<input type="checkbox"/> Skin Testing		Hrs. Day	
<input type="checkbox"/> ICU Examination		<input type="checkbox"/> Thoracentesis		Hrs. Night	
<input type="checkbox"/> Consultation		<input type="checkbox"/> Transtracheal Aspirate			
<input checked="" type="checkbox"/> Registration		Other:			
HOSPITALIZATION: (# OF DAYS)		LABORATORY		DIAGNOSTIC IMAGING	
<input type="checkbox"/> Day Board		<input type="checkbox"/> ACTH Plasma Level		<input type="checkbox"/> Barium Enema	
<input type="checkbox"/> Cat Ward		<input type="checkbox"/> ACTH Response Test		<input type="checkbox"/> Cardiac Catheterization	
<input type="checkbox"/> General Ward Small		<input type="checkbox"/> Aerobic Culture		<input type="checkbox"/> CT Scan	
<input type="checkbox"/> General Ward Large		<input type="checkbox"/> Anaerobic Culture		<input type="checkbox"/> Cystourethrogram	
<input type="checkbox"/> Intermediate Care Ward		<input type="checkbox"/> Bite Acids - Single		<input type="checkbox"/> Intravenous Urogram	
<input type="checkbox"/> Exotic		<input type="checkbox"/> Blood Ammonia		<input type="checkbox"/> Met Check	
<input type="checkbox"/> Isolation		<input type="checkbox"/> Blood Gas		<input type="checkbox"/> Myelogram	
<input checked="" type="checkbox"/> ICU		<input type="checkbox"/> Chemistry Profile		<input type="checkbox"/> Nuclear Scan:	
<input type="checkbox"/> ICU Exotic		<input type="checkbox"/> Coagulation Profile		Type:	
DAILY PATIENT CARE (# OF DAYS)		<input type="checkbox"/> CBC/Platelet		<input type="checkbox"/> Upper GI Series	
<input type="checkbox"/> Cat Ward		<input type="checkbox"/> Complete Blood Count		<input type="checkbox"/> Radiographs: #	
<input type="checkbox"/> General Ward		<input type="checkbox"/> Creatinine		<input type="checkbox"/> Ultrasound: Inpatient	
<input type="checkbox"/> Intermediate Care Ward		<input type="checkbox"/> Cytology		<input type="checkbox"/> Ultrasound Guided Biopsy	
<input type="checkbox"/> Exotic		<input type="checkbox"/> Dermatophyte Culture		Other:	
<input type="checkbox"/> Isolation		<input type="checkbox"/> Dexa Response - High Dose		SURGERY	
<input checked="" type="checkbox"/> ICU		<input type="checkbox"/> Dexa Response - Low Dose		<input checked="" type="checkbox"/> Procedure <u>Proctocolonoscopy</u>	
<input type="checkbox"/> ICU Exotic		<input type="checkbox"/> Ehrlichia Canis			
ICU LEVEL TREATMENTS		<input type="checkbox"/> Fecal Flotation		<input type="checkbox"/> Package Procedure	
<input type="checkbox"/> ICU Level I - Basic Treatment		<input type="checkbox"/> Feline Leukemia Virus		<input type="checkbox"/> Implant Fee	
<input type="checkbox"/> ICU Level II - General Treatment		<input type="checkbox"/> Feline Screen		<input type="checkbox"/> Emergency After Hrs. Surgery	
<input type="checkbox"/> ICU Level III - Standard Treatment		<input type="checkbox"/> FIP		<input type="checkbox"/> Bandage Change	
<input type="checkbox"/> ICU Level IV - Extensive Treatment		<input type="checkbox"/> FIV		<input type="checkbox"/> Splint Change	
<input type="checkbox"/> ICU Level V - Ultra Treatment		<input type="checkbox"/> Fluid Analysis		Other:	
SPECIAL PROCEDURES		<input type="checkbox"/> Fungal Culture		OTHER	
<input type="checkbox"/> Abdominocentesis		<input type="checkbox"/> Heartworm Test (Micro)		<input type="checkbox"/> Oxygen Therapy:	
<input type="checkbox"/> Blood Crossmatch		<input type="checkbox"/> Heartworm Test (Occult)		Days	
<input type="checkbox"/> Blood Transfusion		<input type="checkbox"/> Histopath		Hours	
Whole Blood		<input type="checkbox"/> Immune Profile		<input type="checkbox"/> IV Catheter:	
Plasma		<input type="checkbox"/> Kidney Profile		Jelco	
50cc Direct		<input type="checkbox"/> Lipase		Intracath	
Packed RBC		<input type="checkbox"/> Liver Profile		TPN	
<input type="checkbox"/> Blood Typing		<input type="checkbox"/> Lyme Disease		<input checked="" type="checkbox"/> Fluids: IV or SQ	
<input type="checkbox"/> Bone Marrow: aspirate		<input type="checkbox"/> PCV, TS, AZO, BG No.		Medication	
<input type="checkbox"/> Bone Marrow: core		<input type="checkbox"/> Platelet Count		Supplies	
<input type="checkbox"/> CSF Tap		<input type="checkbox"/> Reticulocyte Count		Miscellaneous	
<input type="checkbox"/> Echocardiogram		<input type="checkbox"/> Rocky Mountain Spotted Fever		Pharmacy	
<input type="checkbox"/> EEG		<input type="checkbox"/> Toxoplasmosis			
<input type="checkbox"/> EKG		<input type="checkbox"/> TSH Stimulation Test			
<input type="checkbox"/> EMG		<input type="checkbox"/> T3 & T4			
<input type="checkbox"/> Endoscopy		<input type="checkbox"/> T3 Only or T4 Only			
<input type="checkbox"/> Joint Tap		<input type="checkbox"/> Urinalysis		<input type="checkbox"/> Bio-Hazard Disposal Fee	
		Other:			

I understand that no guarantee of successful treatment is made. 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 patient(s). I agree to pay 75% 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 expenses incurred if hospitalization extends beyond the specified duration.

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

B6

B6
Clinician Signature

10/1/13
Date

WHILE MEDICAL IN CARE

CASHARY CLIENT

FINK ACCOUNTING

Form #011 Revised 02/12

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)



Tufts University
Foster Hospital for Small Animals
200 Westboro Road,
N. Grafton, MA 01536

B6

STANDARD CONSENT FORM

B6

CH STD
LOCAL CANINE

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

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

TCSVM 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 TCSVM students under the supervision and assistance of TCSVM 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 TCSVM 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 Tufts Cummings School of Veterinary Medicine, its officers and employees (collectively referred to herein as TCSVM), and its agents and assigns the irrevocable rights to: (1) photograph/videotape the operation or procedure to be performed, including appropriate portions of the animal's body, and (2) reproduce, distribute, display, create derivative works of and otherwise use such photographs and images for, and in connection with, the University's medical, scientific, educational, and publicity purposes, for all but third-party commercial purposes, by any means, methods and media (print and electronic) now known or, in the future, developed that the University deems appropriate.

Form #006/C.C.-Rev. 1/29/07

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

Archived Records 10/1/13-10/4/13 (PART TWO)

As surgical treatment necessitates the removal of tissue or body parts of my animal, I authorize TCSVM to dispose of or use this tissue for scientific 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 \$.50.

I do further agree that should any payment, or the full amount of the sum stated above, become overdue more than 20 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, understand, and agree to accept the terms and conditions herein.

B6
Date
B6
Owner's Signature

10/1/13
Date
B6
Owner's Address
B6
Town/City State Zip

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 this owner to pay the veterinary medical services provided at TCSVM pursuant to the terms and conditions described above.

Authorized Agent - Please Print
Street Address
Town/City State Zip

Agent's Signature
Date

Client: **B6**
Patient:

IDEXX Cardiopet proBNP 3/15/16



1-888-433-9987
Click the RED BANNER on
VetConnect.com for a new view

TUFTS: GRAFTON SMALL ANIM HOSPITAL
200 WESTBORO ROAD
GRAFTON MA 01536
508-887-4669
Account: 80735

Owner: **B6**
Patient:
Species: CANINE
Breed: BOXER
Age: **B6**
Gender: M

Requisition #: 154111
Accession #: **B6**
Order rec'd: 03/15/2016
Ordered by: **B6**
Reported: 03/15/2016

Test	Result	Reference Range	Flag	Bar Graph
CARDIOPET proBNP - CANINE	B6	0 - 900 pmol/L	H	B6

Cardiopet proBNP >1800pmol/L

B6

Please note: Complete interpretive comments for all concentrations of
Cardiopet proBNP are available in the online directory of services.
Serum specimens received at room temperature may have decreased
NT-proBNP concentrations.

B6
03/15/2016

FINAL REPORT

PAGE 1 OF 1

Client: **B6**
Patient:

Holter ECG Patient Diary 3/18/16

PATIENT INFORMATION AND INSTRUCTIONS

Before leaving, you should read this booklet entirely to see if you have any questions regarding this procedure.

Your physician has recommended a Holter Electrocardiogram for the purpose of determining how your heart functions during your normal, every day activities. Your physician will require you to log your activities in this diary while you are wearing the Holter Recorder. Use this diary to record the following:

Time of day: Record the time from the clock on the recorder. **Do Not Use Your Watch or Other Timepieces.**

Activity: For anything you do during this procedure: sitting, eating, taking medication, walking, strenuous exercise, smoking, bowel movements, urinating, sexual intercourse, etc.

Symptoms: During your activity make sure to write down any abnormalities that may occur, such as pain in your chest, neck, arm or back. Include any dizziness, heart pounding, nausea, or shortness of breath. Only make a notation if you feel something abnormal; otherwise, leave the "symptom" column blank.

IMPORTANT NOTES TO PATIENT

1. To insure an accurate evaluation of this recording, it is necessary that you keep a continual diary for 24 hours. This diary must include your activities, the time of these activities as shown on the recorder clock, and how you feel at the time. If you are unsure of the significance of a feeling, write it down.

2. Do not get the recorder wet. Do not bathe, shower, or swim during this monitoring period.

3. Do not open the recorder or tamper with it, or the lead wires. If you should notice any disconnection of the cable or wires into the recorder, please call the technician.

Following these instructions will help your physician analyze the results of your recording using specially designed equipment.

- SAMPLE DIARY -

TIME	ACTIVITY	SYMPTOMS
9:20	Mowing Lawn	Chest pain
10:30	To bathroom to urinate	
12:00	Driving	Heart beats faster
9:00	To bed	

B6

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

Letter from client with rDVM sx estimate

04/10/2018 12:32PM FAX

B6

0001/0002

B6

B6

B6

FAX COVER SHEET

DELIVER TO:

FROM:

B6

COMPANY:

DATE:

ATTN: CARDIOLOGY

April 10, 2018

FAX NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER:

B6

2

FILE NUMBER:

N/A

IF YOU DO NOT RECEIVE ALL PAGES:

PLEASE CALL BACK AS SOON AS POSSIBLE AT **B6**

NOTES/COMMENTS:

Attn: Cardiology Service

Re: **B6**

B6

Attached is an estimate for the procedure. The plan is to do the procedure under a dose of buprenorphine and lidocaine to avoid general anesthesia give **B6** cardiac conditions. While under the effect of those medications, **B6** also recommended removal of a wart in the ear via cryosurgery (the leg growth is too big to be frozen off).

Would you kindly review the estimate and advise of any concerns from a cardiac perspective? I am happy to obtain additional documentation from **B6** if necessary.

Very much appreciated,

B6

This document included with this fax cover sheet contain information from the law firm **B6** which is confidential in the protected T.O. information is intended to be used for the use of the addressee named on this cover sheet. If you are not the addressee, note that any disclosure, photocopying, distribution or use of this kind information is prohibited. If you have received this fax in error, please notify us by telephone (and fax) immediately so that we can arrange for the retrieval of the original documents and to send to you.

Client: **B6**
Patient:

Letter from client with rDVM sx estimate

04/10/2018 12:33PM FAX

B6

0002/0002

B6

4/9/2018
Page 1 / 1

B6

Client ID: **B6**
Estimate ID: 10090
Expiration Date: 7/8/2018

Patient ID:	B6	Species:	Canine	Weight:	73.50 pounds	Sex:	Neutered Male
Patient Name:		Breed:	Boxer	Birthday:	11/16/2010		

B6

Low Subtotal:

Tax:

Low Total:

B6

This document lists procedures to be performed on your animal. This estimate only approximates the cost of this visit and can vary upon results of further examination and test results. You are responsible for all fees incurred in this visit included or not in this estimate. Be assured that your animal's health is our highest concern and we will do everything to maintain that health. I accept and agree to the terms of this estimate:

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
6/9/2018	L	B6	<p>Microbiology results from IDEXX Reference Laboratory Requisition ID: 111882485 Posted Final Test Result Reference Range</p> <p>GIARDIA B6 OVA&PARA B6 HOOKWORM B6 ROUNDWORM B6 WHIPWORM B6 Asc: B6</p> <p>OVA & PARASITES NO OVA OR PARASITES SEEN The IDEXX Fecal Dx antigen tests detect worm antigen and a positive indicates infection. Antigen-positive and egg-negative specimens can be seen during the pre-patent period, with single sex infections and due to intermittent egg shedding. Identification of eggs microscopically in antigen-negative specimens may be due to ingestion of infected feces (coprophagy) or because the amount of antigen is below the level of detection. Treatment should be considered for patients positive by either antigen or egg-detection. In cases of acute or chronic diarrhea also consider testing for viral, bacterial and protozoal infectious agents using RealPCR (canine diarrhea panel: test code 2625; feline diarrhea panel: test code 2627).</p>
6/8/2018	P	B6	B6
6/7/2018	C	B6	aTelephone - FINAL 06/07/2018

B: Billing, C: Medication, CD: Call back, CR: Check-in, CM: communications, D: Diagnosis, DL: Discharge history, EE: Examination, ES: Estimate, H: Hospitalization, L: Lab result, M: Image review, P: Prescription, P&PVL: Accepted, PD: problems, PIPVL: Performed, PIPVL: Recommended, R: correspondence, T: Images, T: Infolink, med note, V: Vital signs

B6

Page 1 of 54

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:	B6	Species:	Canine	Sex:	Neutered Male
Address:	B6	Age:	B6	Color:	Fawn

Date	Type	Staff	History
4/21/2018	C		Default Comments - CLOSED 04/23/2018 B6
4/21/2018	P	B6	B6
4/21/2018	C		B6

- B6** may be fed normally starting tonight.
- Restrict **B6** activity for the next 10-14 days. During this time **B6** should not be allowed outside, except for brief trips on a leash for elimination purposes.
- B6** should not be allowed to run, jump or have access to stairs.
- Please keep **B6** from licking or chewing at his incision site(s). Please keep other pets away from **B6** incision site until fully healed.
- Do not give **B6** a bath for the next 10 days. Keep the incision area(s) clean and dry.
- Give medications as directed.

B6

ED: Billing, CM: Med In-46, CD: Call Back, CR: Checking, CM: Communications, D: Diagnosis, DL: Discharge History, EL: Examination, ES: Estimates, ES: Spaying/Intact, LL: Lab Results, M: Image Notes, P: Prescriptions, PA: PVL Accepted, PD: Problems, P: PVL Performed, P: PVL Recommended, P: Correspondence, U: Urges, U: Updates, med: notes, V: Visit Log

B6

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

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: **B6** Patient: **B6**
Phone: **B6** Species: Canine Breed: Boxer
Address: **B6** Age: **B6** Sex: Neutered Male
Color: Fawn

Date	Type	Staff	History
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7. Monitor **B6** surgery sites) daily. If you notice any redness, swelling or excessive discharge, or if the incision opens up, please call our office.
8. Please monitor **B6** and call our office if you observe any of the following: Loss of appetite for more than 2 days, excessive discomfort, repeated vomiting, excessive bleeding, refusal to move/depression.
9. Bandage change every three days.
10. Schedule suture removal with a technician in two weeks.

It has been our pleasure having **B6** as our patient. Please do not hesitate to call us **B6** with any questions or concerns.

4/21/2018 V	B6	Apr 21, 2018 08:55 AM Staff: B6
		Weight : 73.10 pounds
4/21/2018 T 4/20/2018 P	B6	

4/20/2018 C **B6** aTelephone - FINAL 04/20/2018 - ***ADDENDUM 4/20/2018
4/20/2018 13:10 **B6**
ADDENDUM on 4/20/2018 at 13:57:47 from **B6**
Call in rx to CVS in **B6**

4/16/2018 P	B6	B6
4/16/2018 P	B6	B6

B: Billing, C: Med note, CB: Call by, CK: In, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing Inst, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TO: Tentative med note, V: Vital signs

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: **B6** Patient: **B6**
Phone: **B6** Species: Canine Breed: Boxer
Address: **B6** Age: **B6** Sex: Neutered Male
Color: Fawn

Date	Type	Staff	History
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B6

4/12/2018 C **B6** aTelephone - FINAL 04/12/2018- **ADDENDUM 4/13/2018
4/12/2018 10:46 **B6**
O called to schedule a growth removal for **B6** wondering if because it is being done with a local because of his having a pacemaker, would it be a drop off in the am or scheduled as an appointment
ADDENDUM on 4/13/2018 at 16:43:16 from **B6** **B6**
Called O to tell them to drop off **B6** between 7:30-8am of the

ADDENDUM on 4/13/2018 at 16:44:06 from **B6**
27th was unable to leave message on machine mail box was full

ADDENDUM on 4/13/2018 at 16:58:28 from **B6**
Called o to state that **B6** able to do the growth removal on Saturday the 21st if the O is able to.

ADDENDUM on 4/13/2018 at 16:58:49 from **B6**
Mail box was full unable to leave a message

4/9/2018 C WC aa Recheck - CLOSED 04/10/2018- **ADDENDUM 4/17/2018

Doctor: **B6** Tech: **B6**

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 Inst, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TO: Tentative med note, V: Vital signs

B6 Page 4 of 54 Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client Phone Address	B6	Patient:	B6	Breed:	Boxer
		Species:	Canine	Sex:	Neutered Male
		Age:	B6		
		Color:	Fawn		

Date	Type	Staff	History
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O:

A:

P:

ADDENDUM on 4/17/2018 at 15:02:35 from **B6**
Schedule removal under locals.

4/9/2018 V	B6	Apr 9, 2018 04:38 PM Staff: ES
3/24/2018 P		Weight : 73.50 pounds
B6		

3/24/2018 C	B6	aTelephone - FINAL 03/24/2018 - ***ADDENDUM 3/24/2018
3/24/2018 09:14		
B6		

ADDENDUM on 3/24/2018 at 13:30:36 from **B6**
please call o at **B6** when **B6** filled

3/2/2018 P	B6	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 Inst, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TO: Tentative med note, V: Vital signs

Client: **B6**
Patient:

rDVM **B6** hx 5/5/11-6/9/18

Patient History Report

Client: **B6** Patient: **B6**
Phone: **B6** Species: Canine Breed: Boxer
Address: **B6** Age: **B6** Sex: Neutered Male
Color: Fawn

Date	Type	Staff	History
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3/2/2018 C	B6	aTelephone - FINAL 03/02/2018 - ***ADDENDUM 3/2/2018
3/2/2018 17:18	B6	o called for a refill of B6
ADDENDUM on 3/2/2018 at 18:40:41 from B6		
B6		stating that the pt's medication is ready to be picked up

1/26/2018 P	B6	B6
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1/24/2018 C		aTelephone - FINAL 01/24/2018 - ***ADDENDUM 1/27/2018
1/24/2018 14:59		B6
ADDENDUM on 1/26/2018 at 10:25:43 from B6		
Owner called waiting for a call to get the approval for the refill.		

ADDENDUM on 1/27/2018 at 12:07:02 from **B6**
LMOM letting O know that **B6** is ready to be picked up.

1/11/2018 C	B6	Default Comments - CLOSED 01/12/2018
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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 inst., LL: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TO: Tentative med note, V: Vital signs

B6 Page 6 of 54 Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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B6

AP

1/10/2018 C **B6** aTelephone - FINAL 01/10/2018
1/10/2018 14:42

B6

1/6/2018 P	B6	B6
1/6/2018 P		

1/6/2018 C aSOAP - CLOSED 01/09/2018
Enter Office Visit:

B6

Current Medications: **B6**

w/ BAR PDS=1/10

ED: Billing, CM: Meds, CR: CCR, D: Diagnostics, E: Exam, F: History, G: Lab, H: Lab, I: Lab, J: Lab, K: Lab, L: Lab, M: Lab, N: Lab, O: Lab, P: Lab, Q: Lab, R: Lab, S: Lab, T: Lab, U: Lab, V: Lab, W: Lab, X: Lab, Y: Lab, Z: Lab, AA: Lab, AB: Lab, AC: Lab, AD: Lab, AE: Lab, AF: Lab, AG: Lab, AH: Lab, AI: Lab, AJ: Lab, AK: Lab, AL: Lab, AM: Lab, AN: Lab, AO: Lab, AP: Lab, AQ: Lab, AR: Lab, AS: Lab, AT: Lab, AU: Lab, AV: Lab, AW: Lab, AX: Lab, AY: Lab, AZ: Lab, BA: Lab, BB: Lab, BC: Lab, BD: Lab, BE: Lab, BF: Lab, BG: Lab, BH: Lab, BI: Lab, BJ: Lab, BK: Lab, BL: Lab, BM: Lab, BN: Lab, BO: Lab, BP: Lab, BQ: Lab, BR: Lab, BS: Lab, BT: Lab, BU: Lab, BV: Lab, BW: Lab, BX: Lab, BY: Lab, BZ: Lab, CA: Lab, CB: Lab, CC: Lab, CD: Lab, CE: Lab, CF: Lab, CG: Lab, CH: Lab, CI: Lab, CJ: Lab, CK: Lab, CL: Lab, CM: Lab, CN: Lab, CO: Lab, CP: Lab, CQ: Lab, CR: Lab, CS: Lab, CT: Lab, CU: Lab, CV: Lab, CW: Lab, CX: Lab, CY: Lab, CZ: Lab, DA: Lab, DB: Lab, DC: Lab, DD: Lab, DE: Lab, DF: Lab, DG: Lab, DH: Lab, DI: Lab, DJ: Lab, DK: Lab, DL: Lab, DM: Lab, DN: Lab, DO: Lab, DP: Lab, DQ: Lab, DR: Lab, DS: Lab, DT: Lab, DU: Lab, DV: Lab, DW: Lab, DX: Lab, DY: Lab, DZ: Lab, EA: Lab, EB: Lab, EC: Lab, ED: Lab, EE: Lab, EF: Lab, EG: Lab, EH: Lab, EI: Lab, EJ: Lab, EK: Lab, EL: Lab, EM: Lab, EN: Lab, EO: Lab, EP: Lab, EQ: Lab, ER: Lab, ES: Lab, ET: Lab, EU: Lab, EV: Lab, EW: Lab, EX: Lab, EY: Lab, EZ: Lab, FA: Lab, FB: Lab, FC: Lab, FD: Lab, FE: Lab, FF: Lab, FG: Lab, FH: Lab, FI: Lab, FJ: Lab, FK: Lab, FL: Lab, FM: Lab, FN: Lab, FO: Lab, FP: Lab, FQ: Lab, FR: Lab, FS: Lab, FT: Lab, FU: Lab, FV: Lab, FW: Lab, FX: Lab, FY: Lab, FZ: Lab, GA: Lab, GB: Lab, GC: Lab, GD: Lab, GE: Lab, GF: Lab, GG: Lab, GH: Lab, GI: Lab, GJ: Lab, GK: Lab, GL: Lab, GM: Lab, GN: Lab, GO: Lab, GP: Lab, GQ: Lab, GR: Lab, GS: Lab, GT: Lab, GU: Lab, GV: Lab, GW: Lab, GX: Lab, GY: Lab, GZ: Lab, HA: Lab, HB: Lab, HC: Lab, HD: Lab, HE: Lab, HF: Lab, HG: Lab, HH: Lab, HI: Lab, HJ: Lab, HK: Lab, HL: Lab, HM: Lab, HN: Lab, HO: Lab, HP: Lab, HQ: Lab, HR: Lab, HS: Lab, HT: Lab, HU: Lab, HV: Lab, HW: Lab, HX: Lab, HY: Lab, HZ: Lab, IA: Lab, IB: Lab, IC: Lab, ID: Lab, IE: Lab, IF: Lab, IG: Lab, IH: Lab, II: Lab, IJ: Lab, IK: Lab, IL: Lab, IM: Lab, IN: Lab, IO: Lab, IP: Lab, IQ: Lab, IR: Lab, IS: Lab, IT: Lab, IU: Lab, IV: Lab, IW: Lab, IX: Lab, IY: Lab, IZ: Lab, JA: Lab, JB: Lab, JC: Lab, JD: Lab, JE: Lab, JF: Lab, JG: Lab, JH: Lab, JI: Lab, JJ: Lab, JK: Lab, JL: Lab, JM: Lab, JN: Lab, JO: Lab, JP: Lab, JQ: Lab, JR: Lab, JS: Lab, JT: Lab, JU: Lab, JV: Lab, JW: Lab, JX: Lab, JY: Lab, JZ: Lab, KA: Lab, KB: Lab, KC: Lab, KD: Lab, KE: Lab, KF: Lab, KG: Lab, KH: Lab, KI: Lab, KJ: Lab, KK: Lab, KL: Lab, KM: Lab, KN: Lab, KO: Lab, KP: Lab, KQ: Lab, KR: Lab, KS: Lab, KT: Lab, KU: Lab, KV: Lab, KW: Lab, KX: Lab, KY: Lab, KZ: Lab, LA: Lab, LB: Lab, LC: Lab, LD: Lab, LE: Lab, LF: Lab, LG: Lab, LH: Lab, LI: Lab, LJ: Lab, LK: Lab, LL: Lab, LM: Lab, LN: Lab, LO: Lab, LP: Lab, LQ: Lab, LR: Lab, LS: Lab, LT: Lab, LU: Lab, LV: Lab, LW: Lab, LX: Lab, LY: Lab, LZ: Lab, MA: Lab, MB: Lab, MC: Lab, MD: Lab, ME: Lab, MF: Lab, MG: Lab, MH: Lab, MI: Lab, MJ: Lab, MK: Lab, ML: Lab, MM: Lab, MN: Lab, MO: Lab, MP: Lab, MQ: Lab, MR: Lab, MS: Lab, MT: Lab, MU: Lab, MV: Lab, MW: Lab, MX: Lab, MY: Lab, MZ: Lab, NA: Lab, NB: Lab, NC: Lab, ND: Lab, NE: Lab, NF: Lab, NG: Lab, NH: Lab, NI: Lab, NJ: Lab, NK: Lab, NL: Lab, NM: Lab, NN: Lab, NO: Lab, NP: Lab, NQ: Lab, NR: Lab, NS: Lab, NT: Lab, NU: Lab, NV: Lab, NW: Lab, NX: Lab, NY: Lab, NZ: Lab, OA: Lab, OB: Lab, OC: Lab, OD: Lab, OE: Lab, OF: Lab, OG: Lab, OH: Lab, OI: Lab, OJ: Lab, OK: Lab, OL: Lab, OM: Lab, ON: Lab, OO: Lab, OP: Lab, OQ: Lab, OR: Lab, OS: Lab, OT: Lab, OU: Lab, OV: Lab, OW: Lab, OX: Lab, OY: Lab, OZ: Lab, PA: Lab, PB: Lab, PC: Lab, PD: Lab, PE: Lab, PF: Lab, PG: Lab, PH: Lab, PI: Lab, PJ: Lab, PK: Lab, PL: Lab, PM: Lab, PN: Lab, PO: Lab, PP: Lab, PQ: Lab, PR: Lab, PS: Lab, PT: Lab, PU: Lab, PV: Lab, PW: Lab, PX: Lab, PY: Lab, PZ: Lab, QA: Lab, QB: Lab, QC: Lab, QD: Lab, QE: Lab, QF: Lab, QG: Lab, QH: Lab, QI: Lab, QJ: Lab, QK: Lab, QL: Lab, QM: Lab, QN: Lab, QO: Lab, QP: Lab, QQ: Lab, QR: Lab, QS: Lab, QT: Lab, QU: Lab, QV: Lab, QW: Lab, QX: Lab, QY: Lab, QZ: Lab, RA: Lab, RB: Lab, RC: Lab, RD: Lab, RE: Lab, RF: Lab, RG: Lab, RH: Lab, RI: Lab, RJ: Lab, RK: Lab, RL: Lab, RM: Lab, RN: Lab, RO: Lab, RP: Lab, RQ: Lab, RR: Lab, RS: Lab, RT: Lab, RU: Lab, RV: Lab, RW: Lab, RX: Lab, RY: Lab, RZ: Lab, SA: Lab, SB: Lab, SC: Lab, SD: Lab, SE: Lab, SF: Lab, SG: Lab, SH: Lab, SI: Lab, SJ: Lab, SK: Lab, SL: Lab, SM: Lab, SN: Lab, SO: Lab, SP: Lab, SQ: Lab, SR: Lab, SS: Lab, ST: Lab, SU: Lab, SV: Lab, SW: Lab, SX: Lab, SY: Lab, SZ: Lab, TA: Lab, TB: Lab, TC: Lab, TD: Lab, TE: Lab, TF: Lab, TG: Lab, TH: Lab, TI: Lab, TJ: Lab, TK: Lab, TL: Lab, TM: Lab, TN: Lab, TO: Lab, TP: Lab, TQ: Lab, TR: Lab, TS: Lab, TT: Lab, TU: Lab, TV: Lab, TW: Lab, TX: Lab, TY: Lab, TZ: Lab, UA: Lab, UB: Lab, UC: Lab, UD: Lab, UE: Lab, UF: Lab, UG: Lab, UH: Lab, UI: Lab, UJ: Lab, UK: Lab, UL: Lab, UM: Lab, UN: Lab, UO: Lab, UP: Lab, UQ: Lab, UR: Lab, US: Lab, UT: Lab, UU: Lab, UV: Lab, UW: Lab, UX: Lab, UY: Lab, UZ: Lab, VA: Lab, VB: Lab, VC: Lab, VD: Lab, VE: Lab, VF: Lab, VG: Lab, VH: Lab, VI: Lab, VJ: Lab, VK: Lab, VL: Lab, VM: Lab, VN: Lab, VO: Lab, VP: Lab, VQ: Lab, VR: Lab, VS: Lab, VT: Lab, VU: Lab, VV: Lab, VW: Lab, VX: Lab, VY: Lab, VZ: Lab, WA: Lab, WB: Lab, WC: Lab, WD: Lab, WE: Lab, WF: Lab, WG: Lab, WH: Lab, WI: Lab, WJ: Lab, WK: Lab, WL: Lab, WM: Lab, WN: Lab, WO: Lab, WP: Lab, WQ: Lab, WR: Lab, WS: Lab, WT: Lab, WU: Lab, WV: Lab, WW: Lab, WX: Lab, WY: Lab, WZ: Lab, XA: Lab, XB: Lab, XC: Lab, XD: Lab, XE: Lab, XF: Lab, XG: Lab, XH: Lab, XI: Lab, XJ: Lab, XK: Lab, XL: Lab, XM: Lab, XN: Lab, XO: Lab, XP: Lab, XQ: Lab, XR: Lab, XS: Lab, XT: Lab, XU: Lab, XV: Lab, XW: Lab, XX: Lab, XY: Lab, XZ: Lab, YA: Lab, YB: Lab, YC: Lab, YD: Lab, YE: Lab, YF: Lab, YG: Lab, YH: Lab, YI: Lab, YJ: Lab, YK: Lab, YL: Lab, YM: Lab, YN: Lab, YO: Lab, YP: Lab, YQ: Lab, YR: Lab, YS: Lab, YT: Lab, YU: Lab, YV: Lab, YW: Lab, YX: Lab, YY: Lab, YZ: Lab, ZA: Lab, ZB: Lab, ZC: Lab, ZD: Lab, ZE: Lab, ZF: Lab, ZG: Lab, ZH: Lab, ZI: Lab, ZJ: Lab, ZK: Lab, ZL: Lab, ZM: Lab, ZN: Lab, ZO: Lab, ZP: Lab, ZQ: Lab, ZR: Lab, ZS: Lab, ZT: Lab, ZU: Lab, ZV: Lab, ZW: Lab, ZX: Lab, ZY: Lab, ZZ: Lab

B6 Page 7 of 54 Date: 6/20/2018 10:38 AM

Client:
Patient:

B6

rDVM:

B6

hx 5/5/11-6/9/18

Patient History Report

Client:
Phone:
Address:

B6

Patient: **B6**
Species: Canine
Age: **B6**
Color: Fawn

Breed: Boxer
Sex: Neutered Male

Date	Type	Staff	History
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B6

BD: Billing, CM: Medical, CR: Call Back, CK: Checking, CM: Communications, D: Diagnosis, DL: Declined to history, EE: Examination, ES: Estimate, H: Hospitalization, LL: Lab results, M: Minor issues, P: Prescription, P&PVL: Accepted, PD: Problems, PFD: PVL Performed, PFD: PVL Recommended, R: Correspondence, U: Urges, F: File folder, med: notes, V: Vital signs

B6

Page 8 of 54

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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1/6/2018 V

B6

Jan 6, 2018 01:46 PM Staff: HS

Weight: : 69.60 pounds

1/6/2018 L

Miscellaneous results from IDEXX Reference Laboratory Requisition ID: 108542103 Posted Final
 Asc: **B6**
 RE: 65008 PATHOLOGIST REPORT
 PATHOLOGIST REPORT

SOURCE/HISTORY:
 Pedunculated mass left lateral stifle

MICROSCOPIC DESCRIPTION:
 One slide is examined. The slide is of low to moderate cellularity. The cells are in good to fair morphologic condition. There are rare mature, anucleated keratinocytes and keratin bars. The keratinocytes have abundant, lightly basophilic, hyalinized cytoplasm with angular cellular borders. The keratinocytes are cytologically in within normal limits. Rare spindle cells are seen. The spindle cells have oval nuclei with stippled chromatin and scant amounts of lightly basophilic cytoplasm. The spindle cells exhibit mild anisocytosis and anisokaryosis. Rare red blood cells are present. No etiologic agents detected.

MICROSCOPIC INTERPRETATION:
 Cytologically normal keratinocytes with mesenchymal cell proliferation

COMMENTS:
 A small amount of keratinized material is seen. The keratin may represent contents of an epidermoid or follicular cyst or related lesion. Some hair follicle tumors or cornifying epitheliomas

ED: Billing, C: Medical, E: CD/Call Back, CR: Check-in, CM: Communications, D: Diagnosis, DL: Discharge History, EL: Examination, ES: Estimates, H: Hospitalization, LL: Lab Results, M: Image Access, P: Prescription, P&PVL: Accepted, PE: Problems, PFFVL: Performed, PFPVL: Recommended, P: Correspondence, H: Images, E: Endnotes, med notes, V: Vital Signs

B6

Page 9 of 54

Date: 6/26/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client Phone Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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may have areas containing similar material, but no basal cells are detected on the slide(s). Correlation with your clinical impression is important. Alternatively, the keratinocytes may be from the normal overlying skin and not representative of the lesion. The mesenchymal cells have a mild degree of atypia. These cells could be from a soft tissue sarcoma (such as hemangiopericytoma, fibrosarcoma, or nerve sheath tumor), but they may also be reactive fibroblasts present from fibrosis. It is difficult to differentiate between cells from well-differentiated soft tissue sarcomas and reactive fibroblasts without evaluation of tissue architecture. Biopsy and histopathology are recommended for further evaluation of the lesion. If possible, wide surgical excision could be considered, as soft tissue sarcomas tend to be locally infiltrative and recurrent.

For veterinarians not currently viewing this pathology report in VetConnect PLUS, please log onto www.vetconnectplus.com today to see the image associated with this case, at no additional cost. If you need help logging on, please contact your local IDEXX Customer Support Team.

PATHOLOGIST:

B6

12/5/2017 P

B6

B6

BD: Billing, CM: Client Care, CDD: Call Back, CR: Check-in, CM: Communications, D: Diagnosis, DL: Dispatch History, LL: Lamination, ES: Estimate, H: Hospital, L: Lab, S: Software, M: Image, P: Print, P: Problem, P: PVL: Accepted, P: PVL: Problems, P: PVL: Performed, P: PVL: Recommended, R: Response, S: Surgery, T: Test, U: Test, V: Visit, W: Work

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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12/6/2017	C	B6	Default Comments - CLOSED 12/07/2017 B6
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10/23/2017	P	B6	B6
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10/23/2017	C	B6	aTelephone - FINAL 10/23/2017
10/23/2017			10:32 B6

9/30/2017	L	B6	SNAP Assays results from IDEXX VetLab In-clinic Laboratory Requisition ID: 17055 Test: B6 Posted: Final Reference Range: HW = Lyme = AP_spp = EC-EE =
9/30/2017	P		B6
9/30/2017	P		B6

9/30/2017	C	B6	a SOAP - CLOSED 10/01/2017
Enter Office Visit: B6			

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B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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appears to be doing the same per o.

Current meds: **B6**
B6 LM

B6

A:
cardiogram AV block w/ pacemaker implantation in 2013

BD: Billing, CM: Medical Records, CR: Check-in, CM: Communications, D: Diagnosis, DL: Discharge History, EE: Examination, ES: Estimates, LL: Spaying/Neutering, LM: Lab Results, M: Medical Notes, P: Prescription, P&PVL: Accepted, PD: Problems, PFD: PVL Performed, PFD: PVL Recommended, R: Correspondence, U: Urges, U: Follow-up medical notes, V: Vital Signs

B6

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Date: 6/20/2018 10:38 AM

Client:
Patient: **B6**

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client Phone Address	B6	Patient:	B6	Breed:	Boxer
		Species:	Canine	Sex:	Neutered Male
		Age:	B6		
		Color:	Fawn		

Date	Type	Staff	History
------	------	-------	---------

-L ventricular & atrial dilation w/ reduced contractile fx
-Cardiology recheck @ Tufts 9/29/17: L sided contractile fx improved w/ addition of **B6** ig is 100% pacemaker dependent, pacemaker interrogation wnl
-Gingival hyperplasia
-Dermal masses: r/o adenoma vs other for L thigh mass. O states mass on ventral thorax was previously diagnosed as a "pressure sore"

D.
B6

9/30/2017 V	B6	Sep 30, 2017 10:10 AM Staff: LM Weight: : 67.40 pounds
9/29/2017 C		a referral records - FINAL 09/29/2017

Referral/History Records: Cummings Veterinary Hospital at Tufts University

Routine Recheck Appt

BD Billing, CM Cash, CE Check, CR Check, CK Check, CR Check, CM Communication, D Diagnosis, DL Discharge History, EE Examination, ES Estimate, IIS Imaging, LL Lab, LR Lab, MR Medical Records, PD Prescription, PAVL Accepted, PD Problems, PIVL Performed, PIVL Recommended, R Correspondence, T Charges, Tc Tentative, M Mail Note, V Visit Log

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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8/7/2017	P	B6	B6
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8/7/2017	C		aTelephone - FINAL 08/07/2017
8/7/2017	12:06		B6

7/21/2017	C	B6	aTelephone - FINAL 07/21/2017
7/21/2017	15:52		B6

6/15/2017	C	B6	Default Comments - CLOSED 06/16/2017
O never picked up RX for		B6	Returned to stock and Rx voided. kb

6/10/2017	C	B6	aTelephone - CLOSED 06/11/2017
6/10/2017	10:28		B6

6/10/2017	P	B6	B6
-----------	---	-----------	-----------

ED: Billing, CM: Med In-46, CD: Call Back, CR: Checking, CM: Communications, D: Diagnosis, DL: Declined to history, EL: Examination, ES: Estimates, ES: Spaying/ovh, LL: Lab results, M: Image notes, P: Prescriptions, PA: PVL Accepted, PD: Problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, T: Infolites, med notes, V: Vital signs

B6

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Date: 6/20/2018 10:38 AM

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

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: **B6** Patient: **B6**
Phone: **B6** Species: Canine Breed: Boxer
Address: **B6** Age: **B6** Sex: Neutered Male
Color: Fawn

Date	Type	Staff	History
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6/10/2017	C	B6	aTelephone - FINAL 06/10/2017
6/10/2017	09:40		
B6			

5/22/2017	C	B6	aTelephone - CLOSED 05/23/2017
5/22/2017	09:40		
B6			

5/19/2017	C	B6	Default Comments - FINAL 05/19/2017 - ***ADDENDUM 5/20/2017
B6			
ADDENDUM on 5/20/2017 at 08:19:08 from B6			
B6			

ADDENDUM on 5/20/2017 at 08:22:44 from B6			
B6			

5/18/2017	P	B6	90.00 [None] of Internet Rx (6982)
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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 Inst., L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TO: Tentative med note, V: Vital signs

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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B6

5/18/2017 C **B6** aTelephone - FINAL 05/18/2017
5/18/2017 11:59

B6

5/18/2017 C **B6** aTelephone - FINAL 05/18/2017
5/18/2017 10:31

B6

3/20/2017 P **B6**

B6

3/20/2017 C **B6** a referral records - CLOSED 03/22/2017

Referral/History Records: TUFTS Veterinary

Pacemaker Recheck

10/1/2016 C **B6** aTelephone - CLOSED 10/07/2016

BD Billing, CM Call Center, CDD Call Back, CR Check-in, CM Communication, D Diagnosis, DL Discharge History, EE Examination, ES Estimate, LL Spaying/ovary, LL Lobectomy, M Image notes, P Prescriptions, PAVL Accepted, PD Problems, PIPVL Performed, PIPVL Recommended, P Correspondence, U Images, U Includes medical notes, V Visit notes

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: **B6** Patient: **B6**
Phone: **B6** Species: Canine Breed: Boxer
Address: **B6** Age: **B6** Sex: Neutered Male
Color: Fawn

Date	Type	Staff	History
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10/6/2016	12:51		Called in meds ref B6
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10/6/2016	P	B6	B6
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10/6/2016	C	B6	aTelephone - CLOSED 10/07/2016 B6 refill request
10/6/2016	08:22		B6

Authorized, please call in for owner. nd

9/9/2016	D	B6	B6
9/9/2016	P		
9/9/2016	P		
9/9/2016	P		

9/9/2016	C	B6	aSOAP - CLOSED 09/10/2016
Enter Office Visit			
B6			

GLBAH: B0565 10

cc Temp: 101.5 Pulse: 110 Resp: pant

BD Billing, CMed in Acc, CD Call Back, CR Checking, CM Communications, D Diagnosis, DL Declined History, EL Examination, ES Estimates, LL Spaying/Int, LL Lab result, M Image views, P Prescriptions, PAVL Accepted, PD Problems, PFPVL Performed, PFPVL Recommended, R Correspondence, T Images, Tc Includes med notes, V Visit type

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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B6

BD: Billing, CM: Medical, CD: Call Back, CR: Checking, CM: Communications, D: Diagnosis, DL: Declined to history, EL: Examination, ES: Estimate, L: Spaying/ovary, LL: Lab results, M: Image review, P: Prescription, P&PVL: Accepted, PD: problems, PIPVL: Performed, PIPVL: Recommended, R: correspondence, T: Images, T: Infolab, med: notes, V: Vital signs

B6

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Date: 6/20/2018 10:38 AM

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

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client Phone Address:	B6	Patient:	B6	Breed:	Boxer
		Species:	Canine	Sex:	Neutered Male
		Age:	B6		
		Color:	Fawn		

Date	Type	Staff	History
9/9/2016	V	B6	Sep 9, 2016 01:22 PM Staff: ND Weight : 64.00 pounds
6/16/2016	C		a referral records - CLOSED 06/18/2016

Referral Records: Tufts

3/21/2016	P	B6	B6
3/21/2016	TC	B6	B6
B6			
3/15/2016	T	B6	Image: tufts report
11/23/2015	C		Default Comments - CLOSED 11/24/2015 VetConnect Plus: Results shared with owner. Monitor site.
11/17/2015	P	B6	B6
11/17/2015	P	B6	B6

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, J: Departing Intl., 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 med note, V: Vital signs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

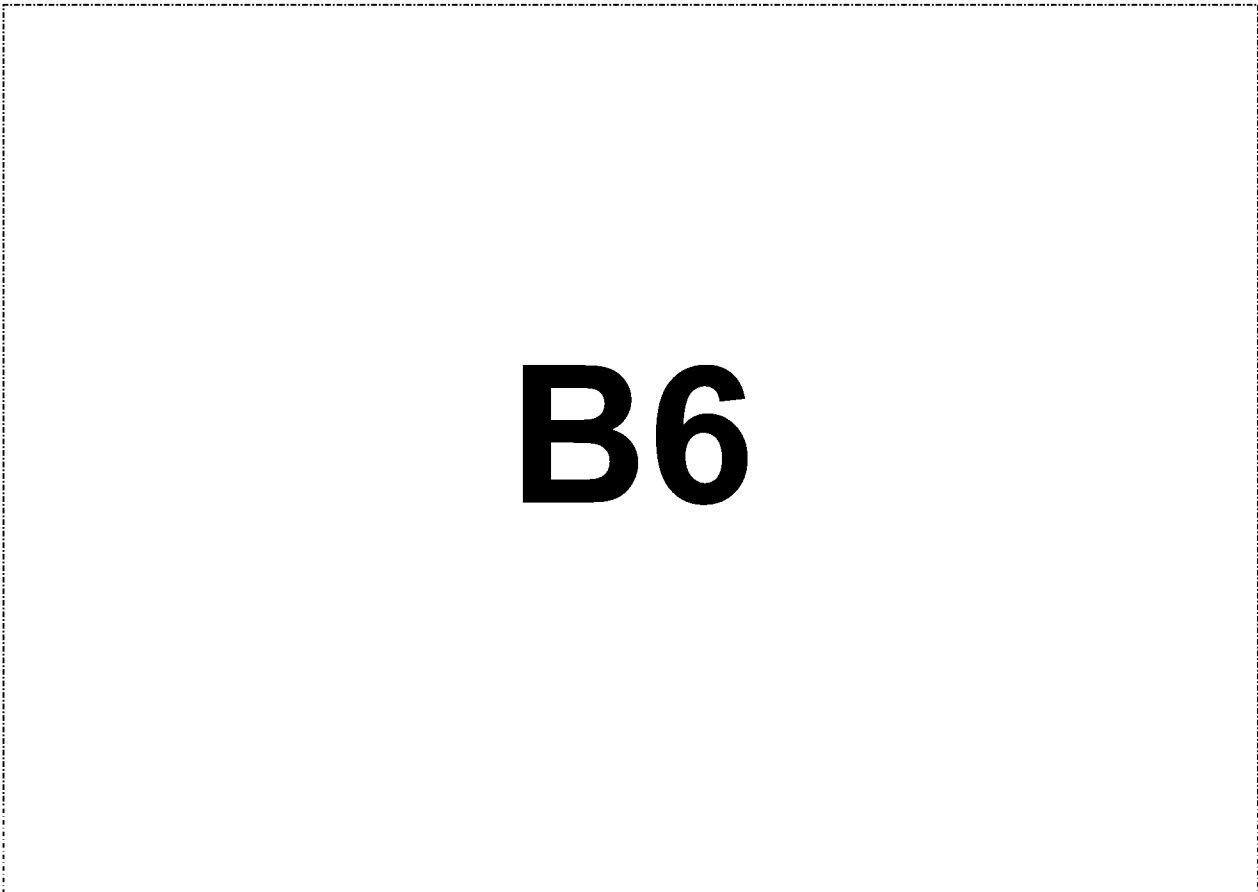
rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
			B6

11/17/2015 C: **B6** a SOAP - CLOSED 11/18/2015
Enter Office Visit:



ED: Billing, CM: Medical, CD: Call back, CR: Checking, CM: communications, D: Diagnosis, DL: Declined to history, EE: Examination, ES: Estimates,
EL: Spaying/ovary, LL: Lab results, M: Minor issues, P: Prescription, PA: PVL Accepted, PD: problems, PFD: PVL Performed, PFD: PVL Recommended,
E: correspondence, L: Images, E: Includes medical notes, V: Vital signs

B6

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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B6

11/17/2015 V

B6

Nov 17, 2015 05:51 PM Staff: ASC

Weight : 63.00 pounds

11/17/2015 L

Miscellaneous results from IDEXX Reference
 Laboratory Requisition ID: 100141424 Posted Final
 Test Result Reference Range
 COMMENTS
 Asc# : **B6**
 SB, /CANINE MN CANINE
 RE: 2016 SOURCE/HISTORY
 SOURCE/HISTORY

B6

B: Billing, C: Meds, E: CD/Call back, CR: Check-in, CM: communications, D: Diagnostics, DL: Discharged to history, EL: Enrollment, ES: Estimates,
 IL: Spotting info, LL: Lab results, M: Image notes, P: Prescriptions, PAVL: Accepted, PD: problems, PIPVL: Performed, PIPVL: Recommended,
 P: correspondence, P: Images, P: Includes: med notes, V: Vital signs

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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Consistent with a histiocytoma.

RE: 2007 PATHOLOGIST
PATHOLOGIST

B6

COMMENTS

B6

10/31/2015 P

B6

7/15/2015 T
7/1/2015 P

B6

7/1/2015 TC NM Report from Tufts was seen for abnormal swelling over his pacemaker. CBC & Chem10 was submitted. - TENTATIVE
Report from Tufts was seen for abnormal swelling over his pacemaker. CBC & Chem10 was submitted. bandaged placed o.i.a change every 3 days for the next 2 weeks.

B6 **B6**

BD Billing, CM Medical, CD Call Back, CR Check-in, CM Communications, D Diagnosis, DL Discharge History, EE Examination, ES Estimate, IL Imaging, LL Lab result, M Image notes, P Prescriptions, PA/PVL Accepted, PD Problems, P/PVL Performed, P/PVL Recommended, R Correspondence, U Urges, T Telephone, med note, V Vital signs

B6

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:	B6	Species:	Canine	Sex:	Neutered Male
Address:	B6	Age:	B6	Color:	Fawn

Date	Type	Staff	History
7/1/2015	T	B6	image: tufts report
6/30/2015	TC	B6	B6
4/25/2015	P	B6	B6
4/25/2015	TC	B6	B6
3/2/2015	P	B6	B6
2/3/2015	V	B6	B6
2/2/2015	C	B6	a SOAP - Closed Feb 04/2015 Enter Office Visit: B6

B: Billing, C: Meds, E: CBC/SM/UA, CR: Checkup, CM: communications, D: Diagnosis, DL: Declined to history, EL: Examination, ES: Estimates, H: Hospitalization, LL: Lab results, M: Image notes, P: Prescriptions, P&PVL: Accepted, PD: problems, PIPVL: Performed, PIPVL: Recommended, R: correspondence, T: Images, T: Inpatient medical notes, V: Vital signs

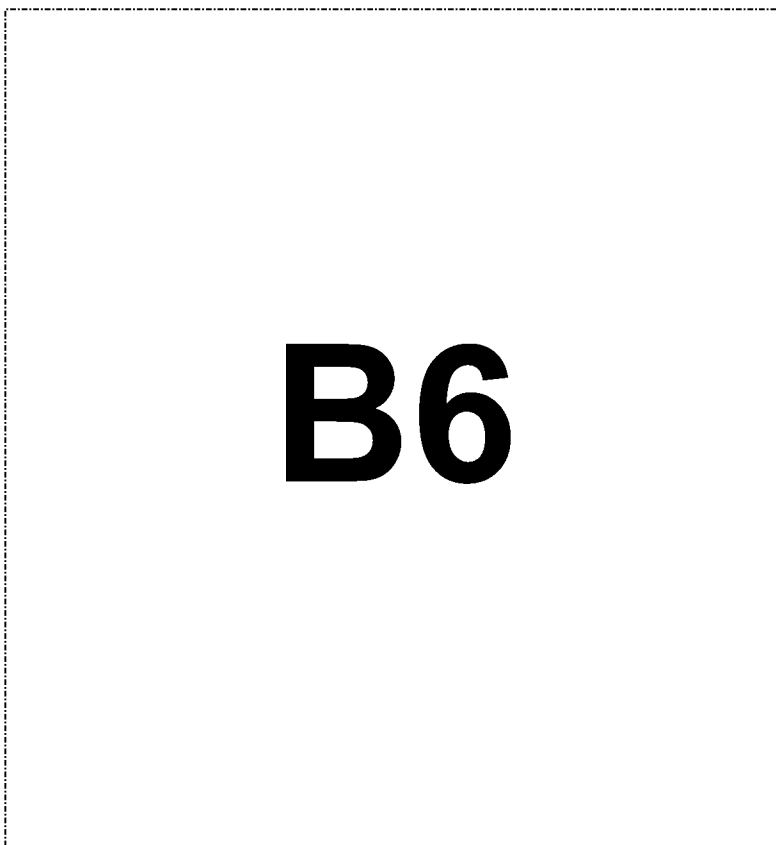
Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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GINSE

2/2/2015 V

B6

Feb 2, 2015 08:52 AM Staff: WC

Weight: 61.00 pounds

BD: Billing, CM: Medical, CD: Call Back, CR: Checking, CM: Communications, D: Diagnosis, DL: Discharge History, EE: Examination, ES: Estimate, LL: Spaying/Neutering, M: Minor Issues, P: Prescription, P&PVL: Accepted, PD: Problems, PTPVL: Performed, PTPVL: Recommended, R: Correspondence, U: Urges, F: Follow-up, M: Medical, V: Visit Log

B6

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Date: 6/20/2018 10:38 AM

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

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client Phone Address:	B6	Patient:	B6	Breed:	Boxer
		Species:	Canine	Sex:	Neutered Male
		Age:	B6		
		Color:	Fawn		

Date	Type	Staff	History
------	------	-------	---------

8/18/2014	C		aTelephone - Closed Aug 20/2014 8/18/2014 14:07 o called, had asked for records to be faxed to B6 and they were not. Faxed records to B6
-----------	---	--	---

8/1/2014	T		Image: tufts report
----------	---	--	---------------------

6/30/2014	C	B6	Default Comments - Closed Jul 02/2014 Report from Tuff's Recheck, B6 did have a collapsing episode while on a hike last Sat. Thoracic xrays, echo, ECG and Chem 21 were done. Recheck in 1 month.
-----------	---	-----------	---

6/29/2014	T		Image: TuftsCardiologyReport:6/27/14
3/19/2014	V		Mar 19, 2014 09:04 AM Staff: NM
			Weight : 61.80 pounds

3/19/2014	P		B6
3/19/2014	L		SNAP Assays results from IDEXX VetLab In-clinic Laboratory Requisition ID: 8097 Posted Final Test Result Reference Range HW = B6 Lyme = AP_spp = EC-EE =

3/19/2014	C	B6	a SOAP - Closed Mar 21/2014 Enter Office Visit: B6
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B: Billing, C: Medication, CD: Call back, CR: Check-in, CM: communications, D: Diagnosis, DL: Discharged to history, EL: Examination, ES: Estimates, H: Hospitalization, L: Lab results, M: Image views, P: Prescription, PA: PVL Accepted, PD: problems, PP: PVL Performed, PR: PVL Recommended, R: correspondence, T: Images, Tc: Templates, med note, V: Vital signs

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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B6

2/10/2014 11:01

B6

Default Comments: Closed Feb 12/2014
Report from Tutts: Third degree AV block and pacemaker implantation. Good pacemaker function with battery life of 5-5.12 years. Recheck in 3 months. 16

BDilling, CMed, H46, CD, All back, CR, Checking, CM, communications, D, Diagnosis, DL, Discharge history, EL, Examination, ES, Estimates, H, Hospital info, LL, Labs with, M, Image notes, P, Prescription, P&PVL, Accepted, PD, problems, P&PVL Performed, P&PVL Recommended, R, correspondence, T, Images, T, Includes, med notes, V, Vital signs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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evaluate pacemaker function likely to also recheck echo than as heart was riginally dilated.

2/8/2014 T 2/7/2014 T 10/15/2013 T	B6		Image: Tufts report Image: Tuft University Notes Image: recheck.urinalysis tuft report
10/9/2013 C			aTelephone - Closed Oct 11/2013 10/9/2013 08:05 o Called wanting to set up, S/R & EKG on Monday. Explained that B6 is not here this week, but may be at other facilities. o was hoping to do everything on Monday as she is off from work.
10/7/2013 P			0.01 each of Referral Hospital Medications (7386) B6
10/5/2013 C			Default Comments - Closed Oct 07/2013 O noticed slow heartbeat and brought B6 to Tufts University. B6 was diagnosed with 3rd degree AV block and echocardiogram showed typical changes to dogs with bradychardia. A pacemaker was placed the next day, and B6 has been doing well. He was tested negative for tick-born diseases, and UA was unremarkable. Warren seems to be younger than a typical dog with 3rd degree AV block, so still suspicious that some infection started this off. So there is a chance in the future that his rythm may recover. Suture removal and EKG in 7-10 days. B6
10/4/2013 T			Image: Tufts sx report
10/1/2013 C			Default Comments - Closed Oct 03/2013 Fixed records to Tufts @ 8:05-8:59/2013
10/1/2013 L			Immunoassay results from IDEXX VetLab Inc-clinic

BD Billing, CM Medical, CD Call Back, CR Checking, GM Communications, ID Diagnosis, ILL Discharge History, LL Lamination, ES Estimates, HSP Hospital, LL Lab results, M Image notes, P Prescriptions, PA/PVL Accepted, PD Problems, P/PVL Performed, P/PVL Recommended, E Correspondence, I Images, I/Lentils, med notes, V/Vid/Aggs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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Laboratory Requisition ID: 7373 Posted Final
Test Result Reference Range
TT4 = **B6**

10/1/2013 L SM Chemistry results from IDEXX VetLab In-clinic
Laboratory Requisition ID: 7373 Posted Final
Test Result Reference Range
ALB = 2.3 - 4
ALKP = 23 - 212
ALT = 10 - 100
AMYL = 500 - 1500
BUN/UREA = 7 - 27
Ca = 7.9 - 12
Chloride = 109 - 122
CHOL = 110 - 320
CREA = 0.5 - 1.8
GGT = 0 - 7
GLU = 74 - 143
LIPA = 200 - 1800
PHOS = 2.5 - 6.8
Potassium = 3.5 - 5.8
Sodium = 144 - 160
TBIL = 0 - 0.9
TP = 5.2 - 8.2
GLOB = 2.5 - 4.5
ALB/GLOB =
BUN/CREA =
Na/K =
OSM calc =

B6

10/1/2013 L SM Hematology results from IDEXX VetLab In-clinic
Laboratory Requisition ID: 7373 Posted Final
Test Result Reference Range
WBC = 5.5 - 16.9
HCT = 37 - 55
MCV = 60 - 77
RBC = 5.5 - 8.5
HGB = 12 - 18
MCH = 18.5 - 30
MCHC = 30 - 37.5
MPV =
PLT = 175 - 500
LYMPHS = 0.5 - 4.9
%LYMPHS =
MONOS = 0.3 - 2
%MONOS =
NEUT = 2 - 12

B6

E Billing, S Med note, C Bill back, R Checkin, M Communication, D Diagnosis, DL Declined History, LL Lamination, ES Estimate,
F Reporting info, LL Lab result, M Image view, P Description, PS PVL Accepted, PE problems, PFPVL Performed, PFPVL Recommended,
E Correspondence, I Image, Ix, Ix notes, med note, VSD Image

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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%NEUT =	B6	0.1 - 1.49
EOS =		
%EOS =		
BASO =		0 - 0.1
%BASO =		
Retics =		10 - 110
%Retics =		
RDW =		14.7 - 17.9
PDW =		
PCT =		

10/1/2013	V	CP	Oct 1, 2013 07:35 AM Staff: B6 Weight: 57.50 pounds
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10/1/2013	C	CP	a SOAP - Closed Oct 03/2013 Enter Office Visit:
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B6

BD Billing, CM Medical, CD Call Back, CR Checking, CM Communications, D Diagnosis, DL Discharge History, EL Examination, ES Estimates, HSP Hospital, LL Lab Results, M Image, P Prescriptions, PAVL Accepted, PD Problems, PPLVL Performed, PPLVL Recommended, R Correspondence, T Images, Tc Includes medical notes, V Visit Log

B6

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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B6

9/19/2013 P	B6	B6
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9/19/2013 C	B6	a SOAP - Closed Sep 21/2013 Enter Office Visit:
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B6

SEBAR: BCS 5-10

ED: Billing, O: Med, H: Lab, CD: Call Back, CR: Check-in, CM: Communications, D: Diagnosis, DL: Declined to history, EL: Examination, ES: Estimate, LL: Spaying/ovary, LL: Lab result, M: Image review, P: Prescriptions, PA: PVL Accepted, PD: problems, PFI: PVL Performed, PFI: PVL Recommended, R: correspondence, T: Images, T: Inpatient medical notes, V: Vital signs

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
------	------	-------	---------

B6

6/20/2018 P

B6

B6

6/20/2018 P

BD: Billing, CM: Client Care, CDD: Call Deck, CR: Check-in, CM: Communications, D: Diagnosis, DL: Declined to history, EL: Examination, ES: Estimates, H: Hospitalization, LL: Lab results, M: Minor issues, P: Pick-up from, P&PVL: Accepted, PD: problems, PFD: Performed, PFD: Recommended, R: Correspondence, U: Urges, F: Follow-up, med: note, V: Visit logs

B6

Page 91 of 94

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
------	------	-------	---------

6/20/2013 P

B6

B6

6/20/2013 V

Jun 20, 2013 02:18 PM Staff: **B6**

Weight : 57.30 pounds

6/20/2013 C

a SOAP - Closed Jun 22/2013
Enter Office Visit:

B6

B: Billing, C: Medical, CR: Call Back, CK: Checking, CM: Communications, D: Diagnosis, DL: Discharge History, EE: Examination, ES: Estimate, H: Hospital, L: Lab, M: Management, P: Prescription, P&V: Accepted, P: Problems, P: Performed, P: Recommended, R: Response, U: Urges, F: Follow-up, M: Medical, V: Visit, W: Wagon

B6

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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B6

4/30/2013 P

B6

B6

4/30/2013 C

B6

BD: Billing, CM: Client Care, CD: Call Back, CR: Check-in, CM: Communications, D: Diagnosis, DL: Declined to history, EL: Examination, ES: Estimate, H: Hospitalization, LL: Lab results, M: Minor issues, P: Prescription, P&PVL: Accepted, PD: problems, PIPVL: Performed, PIPVL: Recommended, R: correspondence, T: Images, T: Tentative medical note, V: Vital signs

B6

Page 93 of 54

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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Date	Type	Staff	History
B6			

EE: Billing, EM: Medical, ER: Radiology, CR: Client Care, CM: Communications, DL: Diagnostics, DLU: Discharge History, EE: Examination, ES: Estimates, EUS: Spaying/Neutering, EL: Lab Results, EM: Emergency Cases, EP: Prescriptions, PAVL: Accepted, PR: Problems, PPL: Performed, PPL: Recommended, P: Correspondence, U: Urges, F: File folder, med: notes, V: Vital signs

B6

Page 91 of 94

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
------	------	-------	---------

B6

ED: Billing, C: Medical, O: DVM, B: Back, CR: Checking, CM: Communications, D: Diagnostics, DL: Described History, EL: Examination, ES: Estimates, H: Hospitalization, LL: Lab results, M: Image studies, P: Prescription, P&PVL: Accepted, PD: Problems, PFD: PVL Performed, PFR: PVL Recommended, R: Correspondence, T: Images, Td: Embolus, med: notes, V: Vital signs

B6

Page 95 of 54

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM Harbor AH hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
------	------	-------	---------

<h1>B6</h1>			
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EE: Billing, CE: Medical, CR: Call Back, CK: Checking, CM: Communications, D: Diagnosis, DL: Declined to history, EL: Examination, ES: Estimates, H: Hospitalization, LL: Lab results, M: Image studies, P: Prescriptions, PA: PVL Accepted, PD: Problems, PFI: PVL Performed, PFI: PVL Recommended, R: Correspondence, T: Images, T: Test/other medical notes, V: Vital signs

B6

Page 96 of 54

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:	B6	Species:	Canine	Sex:	Neutered Male
Address:	B6	Age:	B6	Color:	Fawn

Date	Type	Staff	History
B6			

BD: Billing, CM: Medical, CR: Call Back, CR: Checking, CM: Communications, D: Diagnosis, DL: Declined to history, EL: Examination, ES: Estimates, ES: Spaying/ovary, LL: Lab results, MR: Muzzle, PC: Problems, P&PVL: Accepted, P&PVL: Problems, P&PVL: Performed, P&PVL: Recommended, P&PVL: Responded, P: Images, P: Inpatient medical notes, V: Vital signs

B6

Page 37 of 54

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
B6			

BD: Billing, CM: Medical, CR: Call Back, CR: Checking, CM: Communications, D: Diagnosis, DL: Declined to history, EL: Examination, ES: Estimates, ES: Spaying/ovary, LL: Lab results, M: Image notes, P: Prescription, P&PVL: Accepted, PD: problems, P&PVL: Performed, P&PVL: Recommended, P: correspondence, U: Urges, P: Includes medical notes, V: Vital signs

B6

Page 98 of 54

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

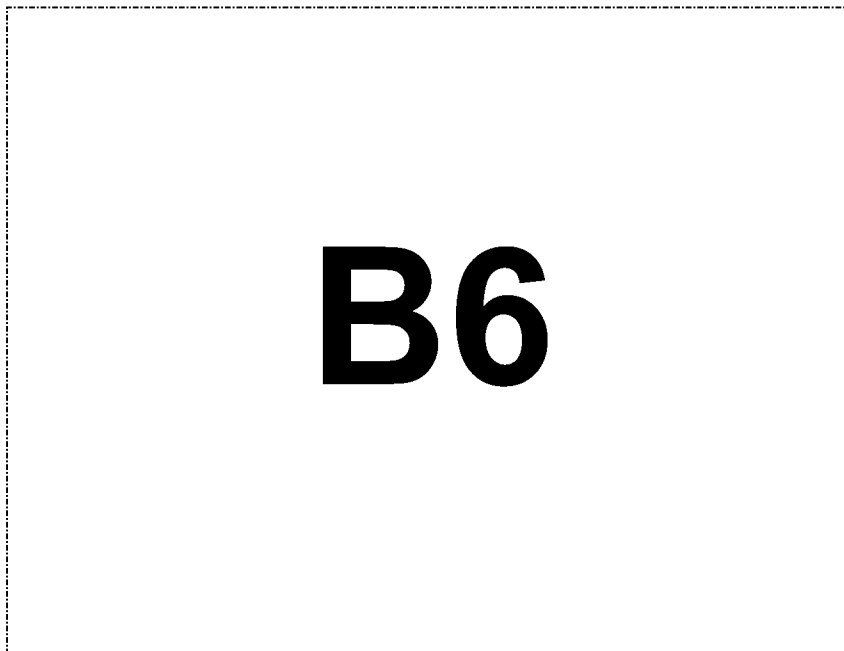
Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
------	------	-------	---------

3/29/2013 L

B6

Miscellaneous results from IDEXX Reference
Laboratory Requisition ID: 8188 Posted Final
Test Result Reference Range
COMMENTS
Ascn: **B6**
1J, /CANINE MN CANINE
RE: 2016 SOURCE/HISTORY
SOURCE/HISTORY



RE: 2007 PATHOLOGIST
PATHOLOGIST

B6

COMMENTS

BD: Billing, C: Medication, CD: Call back, CR: Checking, CM: communications, D: Diagnosis, DL: Declined to history, EL: Enrollment, ES: Estimate,
HS: Hospital info, LL: Lab results, M: Image notes, P: Prescription, PAVL: Accepted, PD: problems, PIPVL: Performed, PIPVL: Recommended,
R: correspondence, T: Images, Tc: Test kit, med: note, V: Vital signs

B6

Page 99 of 54

Date: 6/29/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** dx 5/5/11-6/9/18

Patient History Report

Client: **B6** Patient: **B6**
Phone: **B6** Species: Canine Breed: Boxer
Address: **B6** Age: **B6** Sex: Neutered Male
Color: Fawn

Date	Type	Staff	History
------	------	-------	---------

B6

3/29/2013 C **B6** **B6** Comment - CLOSED 04/01/2013

Ventral sternum mass removal. **B6**

3/29/2013 V **B6** Mar 29, 2013 11:23 AM Staff: WC

Weight : 69.50 pounds

3/29/2013 L

Chemistry results from IDEXX VetLab In-clinic
Laboratory Requisition ID: 6222

Test	Result	Reference Range	Final
ALB =	B6	2.3 - 4	
ALKP =	B6	23 - 212	
ALT =	B6	10 - 100	
BUN/UREA =	B6	7 - 27	
Chloride =	B6	109 - 122	
CREA =	B6	0.5 - 1.8	
GLU =	B6	74 - 143	
Potassium =	B6	3.5 - 5.8	
Sodium =	B6	144 - 160	
TP =	B6	5.2 - 8.2	
GLOB =	B6	2.5 - 4.5	
ALB/GLOB =	B6		
BUN/CREA =	B6		

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DM: Direct history, E: Examination, ES: Estimates, I: Departing Inst., 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 med note, V: Vital signs

B6

Page 40 of 54

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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Na/K =
OSM calc = **B6** mmol/kg

3/29/2013 L

B6

Hematology results from IDEXX VetLab In-clinic
Laboratory Requisition ID: 6222

Test	Result	Reference Range	Final
WBC =		5.5 - 16.9	
HCT =		37 - 55	
MCV =		60 - 77	
RBC =		5.5 - 8.5	
HGB =		12 - 18	
MCH =		18.5 - 30	
MCHC =		30 - 37.5	
MPV =			
PLT =		175 - 500	
LYMPHS =		0.5 - 4.9	
%LYMPHS =	B6		
MONOS *		0.3 - 2	
%MONOS *			
NEUT *		2 - 12	
%NEUT *			
EOS =		0.1 - 1.49	
%EOS =			
BASO =		0 - 0.1	
%BASO =			
Retics =		10 - 110	
%Retics =			
RDW =		14.7 - 17.9	
PDW =			
PCT =			

WBC Abnormal Distribution

3/29/2013 P

B6

B6

3/29/2013 T

12/21/2012 C

Telephone - Closed Dec 26/2012
12/21/2012 09:41

B6

BD Billing, C Meds, E Col, O Call back, CR Check-in, CM Communications, D Diagnosis, DL Discharge history, EE Examination, ES Estimates, H Spontaneous, LL Lab result, M Image notes, P Prescriptions, PA/PVL Accepted, PD Problems, P/PVL Performed, P/PVL Recommended, R Correspondence, T Images, Tc Tentative medical notes, V Vital signs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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Date	Type	Staff	History
B6			

B: Billing, C: Medication, CD: Call back, CR: Check-in, CM: communications, D: Diagnosis, DL: Declined to history, EL: Examination, ES: Estimate, H: Hospital admit, L: Lab result, M: Image review, P: Prescriptions, P&PVL: Accepted, PD: problems, PFPVL: Performed, PFPVL: Recommended, R: correspondence, T: Images, Tc: Tentative medical note, V: Vital signs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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B6

BD: Billing, CM: Client, CR: Check-in, CR: Check-out, CM: Communications, D: Diagnosis, DL: Declined to history, EL: Examination, ES: Estimate, LL: Spaying/ovariectomy, MR: Medical records, PD: Prescription, P&PVL: Accepted, PD: problems, P&PVL: Performed, P&PVL: Recommended, CR: Correspondence, CR: Changes, CR: Endnotes, CR: Medical notes, CR: Vital signs

B6

Page 43 of 54

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client Phone Address:	B6	Patient:	B6	Breed:	Boxer
		Species:	Canine	Sex:	Neutered Male
		Age:	B6		
		Color:	Fawn		

Date	Type	Staff	History
B6			

BD: Billing, CM: Medical, CR: Call Back, CR: Checking, CM: Communications, D: Diagnosis, DL: Declined to history, EE: Examination, ES: Estimates, ES: Spaying/ovariectomy, LL: Lab results, M: Minor issues, P: Prescription, P&PVL: Accepted, PD: Problems, PFPVL: Performed, PFPVL: Recommended, P: Correspondence, U: Urgent, F: File folder, med: notes, V: Vital signs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
B6			

ED: Billing, C: Med history, O: Do not look, CR: Check-in, CM: communications, D: Diagnostics, DL: Declined to history, EE: enrollment, ES: Estimate, ES: Spaying/ovariectomy, LL: Lab results, M: Image review, P: Prescription, PA: PVL Accepted, PD: problems, P: PVL Performed, P: PVL Recommended, P: correspondence, P: Images, P: Includes medical notes, V: Vital signs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
B6			

ED: Billing, CM: Medical, CR: Call Back, CK: Checking, CM: Communications, D: Diagnosis, DL: Discharge History, EE: Examination, ES: Estimates, LL: Spaying/Neutering, MR: Medical Records, PD: Prescription, P&PVL: Accepted, PR: Problems, PTPVL: Performed, PTPVL: Recommended, R: Correspondence, T: Images, T: Test/Other medical notes, V: Vital Signs

B6

Page 46 of 54

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
B6			

BD: Billing, CM: Client Care, CDD: Call Back, CR: Checking, CM: Communications, D: Diagnosis, DL: Declined to history, EE: Examination, ES: Estimate, H: Hospitalization, LL: Lab results, M: Management, P: Prescription, P&PVL: Accepted, PD: Problems, PIPVL: Performed, PIPVL: Recommended, R: Correspondence, T: Images, T: Attachments, M: Medical notes, V: Vital signs

B6

Page 47 of 54

Date: 6/20/2018 10:38 AM

Client:
Patient: **B6**

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
------	------	-------	---------

B6

ED: Billing, O: Medical, AD: Billing, CR: Checking, CM: Communications, D: Diagnosis, DL: Declined to history, EE: Examination, ES: Estimates, LL: Spaying/Intact, LL: Lab results, M: Image review, P: Prescriptions, P&PVL: Accepted, P: Problems, P: PVL Performed, P: PVL Recommended, P: Correspondence, P: Images, P: Embolus, med: notes, V: Vital signs

B6

Page 48 of 54

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:	B6	Species:	Canine	Sex:	Neutered Male
Address:	B6	Age:	B6	Color:	Fawn

Date Type Staff History

Date	Type	Staff	History
B6			

ED: Billing, CM: Medical, CD: Call Back, CR: Check-in, CM: Communications, D: Diagnostics, DL: Discharge History, EL: Enrollment, ES: Estimates, H: Hospitalization, LL: Lab results, M: Image review, P: Prescription, P&PVL: Accepted, PD: problems, PFD: PVL Performed, PFD: PVL Recommended, R: Correspondence, T: Images, T: Inpatient medical notes, V: Vital signs

B6

Page 49 of 54

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
B6			

BD: Billing, CM: Client Care, CDO: Call Center, CR: Check-in, CM: Communications, D: Diagnosis, DL: Declined to history, EL: Examination, ES: Estimates, ES: Spaying/ovary, LL: Lab results, M: Image review, P: Prescription, P&PVL: Accepted, PD: problems, PFD: PVL Performed, PFD: PVL Recommended, P: Correspondence, U: Urges, F: File folder, med: note, V: Vital signs

B6

Page 50 of 54

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
B6			

B: Billing; C: Clinical note; CC: Case note; H: History; I: Imaging; 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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
B6			

B: Billing, C: Med note, CR: Call back, CR: Check-in, CR: Communications, D: Diagnosis, DH: Declined to history, EL: Examination, ES: Estimates,
E: Reporting info, LL: Lab result, M: Image views, P: Prescription, PS: PVL Accepted, PD: problems, PP: PVL Performed, PC: PVL Recommended,
E: Correspondence, I: Image, I: Infectious med note, V: Vital signs

B6

Page 52 of 54

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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Date	Type	Staff	History
B6			

ED: Billing, CM: Medical, CD: Call Back, CR: Checking, CM: Communications, D: Diagnosis, DL: Discharge History, EE: Examination, ES: Estimates, LL: Spaying/Neutering, LR: Lab Results, MR: Medical Records, PD: Prescription, P&PVL: Accepted, PR: Problems, PTPVL: Performed, PTPVL: Recommended, R: Correspondence, T: Images, T: Tentative medical notes, V: Vital Signs

B6

Page 53 of 54

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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<h1>B6</h1>			
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BD: Billing, CM: Medical, CR: Call Back, CR: Checking, CM: Communications, D: Diagnosis, DL: Declined to history, EE: Examination, ES: Estimates, ES: Spaying/ovary, LL: Lab results, M: Image review, P: Prescriptions, P&PVL: Accepted, P: Problems, P: PVL Performed, P: PVL Recommended, P: Correspondence, P: Images, P: Embodies, med: notes, V: Vital signs

B6

Page 51 of 54

Date: 6/20/2018 10:38 AM

Client:
Patient:

B6

Euthanasia/Disposition of Remains

B6

B6

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

Archived Records 10/1/13-10/4/13 (PART TWO)



Tufts University
School of Veterinary Medicine

Owner: **B6**
Patient Name: **B6**
S227632
Clinician: **B6** / Rush
Student: **B6**

October 2, 2013

Signalment: **B6** CM Boxer was referred to Tufts **B6** yesterday for bradycardia. **B6** has a week-long history of

B6

CV: HR = 64, normal sinus rhythm, 3rd degree AV block, III/VI systolic murmur and gallop heard on left side, snappy femoral pulses (synchronous), no jugular vein distension *6 of week occasional up to week*

B6

Recent diagnostic tests:

4dx - all negative

CBC - no abnormal findings

Chem - slight hypoproteinemia (5.4 g/dl), hypoglobulinemia (1.9 g/dl), elevated ALT (99)

A1: 3rd degree AV block - r/o myocarditis vs. fibrosis

A2: alopecia - r/o allergic skin disease vs. endocrine

A3: hypoglobulinemia - hepatic insufficiency vs. PLE vs. hemorrhage

A4: elevated ALT - artifact (hemolysis) vs. liver disease vs. endocrine vs. drug-induced vs. reduced CO

P:

B6

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client: **B6**
Patient:

Archived Records 10/1/13-10/4/13 (PART TWO)



Tufts University
School of Veterinary Medicine

Owner: **B6**
Patient Name: **B6**
S227632
Clinician: **B6** / Rush
Student: **B6**

October 3, 2013

Signalment: **B6** CM Boxer was referred to Tufts **B6** 10/1/13 for bradycardia. **B6** had a week-long history of

B6

CV: HR = 66, paced, III/VI systolic murmur heard on left side, slight hyperdynamic femoral pulses (synchronous), no jugular vein distension observed

B6

Recent diagnostic tests:

- A1: 3rd degree AV block - resolved
- A2: alopecia - r/o allergic skin disease vs. endocrine
- A3: short runs of v-tach - r/o irritation to ventricle from pacemaker placement vs.
- A4: *swoma under chin*

P:

B6

B6

Client: **B6**
Patient:

Archived Records 10/1/13-10/4/13 (PART TWO)

Client: **B6**
Patient:

Archived Records 10/1/13-10/4/13 (PART TWO)



Tufts University
School of Veterinary Medicine

Owner: **B6**
Patient Name: **B6**
S227632
Clinician: **B6** / **Rash** **B6**
Student: **B6**

October 4, 2013

Signalment: **B6** CM Boxer was referred to Tufts **B6** 10/1/13 for bradycardia. **B6** had a week-long history of

B6

CV: HR = 112, paced, II/VI systolic murmur heard on left side, strong synchronous femoral pulses, no jugular vein distension observed

B6

- A1: 3rd degree AV block - resolved
- A2: alopecia - r/o allergic skin disease vs. endocrine
- A3: short runs of v-tach - resolved
- A4: seroma formation under chin

P:

B6

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

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

Archived Records 10/1/13-10/4/13 (PART TWO)

Released Patient Result

Patient ID: 1310010089
 Patient Name:
 Time Analyzed: 10/01/2013 04:19:51 PM
 Analyzer ID: Z31C12020
 Sample Type: Venous
 Panel: Critical Care
 Analyzed By: 123456
 Released By: auto

1310010089
B6 B6 Canine
 10/1/2013 4:13 PM
 NOVA PANEL-ER
 Lithium Heparin

Required Fields: Patient ID: 1310010089
 Optional Fields: Accession #:

Measured

Test	Value	Units	Reference Range	Flags
pH				
PCO2		mmHg		
PO2		mmHg		
SO2%(ABG)				
Hct		%		
Hb		g/dL		
Na+	B6	mmol/L		
K+		mmol/L		
Cl-		mmol/L		
Ca++		mmol/L		
Mg++		mmol/L		
Glu		mg/dL		
Lac		mmol/L		
BUN		mg/dL		
Creat		mg/dL		
TCO2		mmol/L		

B6

Wt: 25.6 kg

Calculated

Test	Value	Units	Reference Range	Flags
nCa		mmol/L		
nMg		mmol/L		
Gap		mmol/L		
Ca++/Mg++		mol/mol		
BUN/Creat		mg/mg		
BE-ecf		mmol/L		
BE-b	B6	mmol/L		
SBC		mmol/L		
HCO3		mmol/L		
O2Cap		mL/dL		
O2Ct		mL/dL		
A		mmHg		
Osm		mOsm/kg		


Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client: **B6**
Patient:

Archived Records 10/1/13-10/4/13 (PART TWO)

 TUFTS UNIVERSITY Foster Hospital for Small Animals 200 Westboro Road North Grafton, MA 01536-1895 1-508-839-5395	Document Cardiology Report Copy To: MedRec Status: FINAL Finalized: by B6 on 10/1/2013
Client Information	Patient Information
Client#: Name: Address: City: Zip: Home#: Work#:	Case#: B6 Name: Species: CANINE Breed: BOXER Sex: CM DOB: B6 RVet: B6

Dates

Description	Date
Date of Study	10/1/2013

Personnel

Name	Title
B6	Attending (Faculty) Cardiologist
	Cardiology Technician
	Primary Clinician
	Senior Student

Case Abstract
B6 CM boxer presenting from rDVM for slow heart rate. Owner reports dog has slightly less energy than normal. He has had **B6** over the past week. On presentation his heart rate was 50 and he was QAR. EKG analysis showed possible 3rd degree heart block.

Request Specifics
Location: **B6**
Weight (required) in pounds: 56
Anesthesia/Sedation to follow consultation (Y/N): N
RDVM Radiographs: Film(Y/N): N CD(Y/N): N
Current Medications and Dosages: no medications
Reason for Consultation: **Concern for heart block.**
History: **B6**; No syncopal episodes. Only slightly decreased energy.
B6

Findings

wAO wIVSd wLVIDD increased wLVWd wIVSS wLVIDS wLVWS wLA wLAm wLVODd wLVODS wWTd wWTS wDA wMAd	B6
--	-----------

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client: **B6**
Patient:

S227632/Cardiology Report/MedRec Copy **B6**

Page 2 of 2

B6

Cardiology Findings

Type	Findings
Heart murmur	B6
Transient heart sounds	
Other auscultatory findings	
Pulses	
Jugular veins	
Mucous membranes	
Abdomen	
Echocardiogram	
Doppler echocardiography	
ECG / rhythm	
Body condition score (9)	
Heart rate (/min)	

Assessment and Recommendations

3rd degree AV block with all cardiac chambers appearing dilated. The chamber dilation is consistent with the bradycardia. Pacemaker placement is recommended to prevent syncope or sudden death. We should also check for tick-borne diseases as given that the dog is younger than most others presenting with 3rd degree AV block, there may be a higher chance that this may be a result of myocarditis. Start minocycline or doxycycline while we wait for the 4DX test to return. CBC/chemistry is also recommended prior to anesthesia. If we cannot place a pacemaker, then try an atropine response test while the dog is on telemetry to see if medical treatment may be an option.

Cardiology Conclusions

Type	Conclusion
Heart Failure Classification	ISACHC Ib Evidence of heart disease with mild - moderate cardiac remodeling
Final diagnoses	3rd degree AV block

B6

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client: **B6**
Patient:

Archived Records 10/1/13-10/4/13 (PART TWO)

LABORATORY REPORTS

B6

TUFTS CARDIOLOGY M3S MITT
10/1/13 4:37:38 P JFR DOUGL TR 05

2D	M-Mode	Doppler
BA LA	IVSd	MR maxPG
Ao Diam	LVId	AVmax
	LVPWd	AVmaxPG
	IVSs	PVmax
	LVIdS	PVmaxPG
	LVPWVs	TR Vmax
	EF(Cube)	TR maxPG
	%FS	
	Ao Diam	
	LA Diam	
	LVAo	
	Max LA	
	EPSS	

B6

PORT #3 HERE

B6

PORT #2 HERE

PORT #1 HERE

INSTRUCTIONS: TO ATTACH REPORT, REMOVE PROTECTIVE TAPE BACKING, ALIGN REPORT AND PRESS DOWN FIRMLY. REPEAT PROCEDURE FOR SUBSEQUENT REPORTS.

FORM VT-3

LABORATORY REPORTS

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client:
Patient: **B6**

Archived Records 10/1/13-10/4/13 (PART TWO)

12 Lead: Standard Placement

B6

B6

10/4/2013 9:35:47 AM
Rutgs University
Rutgs Vet School
Cardiology

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

10/4/2013 9:35:42 AM

Tufts University

Cardiology

Tufts Vet School

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client: **B6**
Patient:

Archived Records 10/1/13-10/4/13 (PART TWO)

10/4/2013 9:35:31 AM

Tufts University

Cardiology

Tufts Vet School

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)



Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

227632

B6

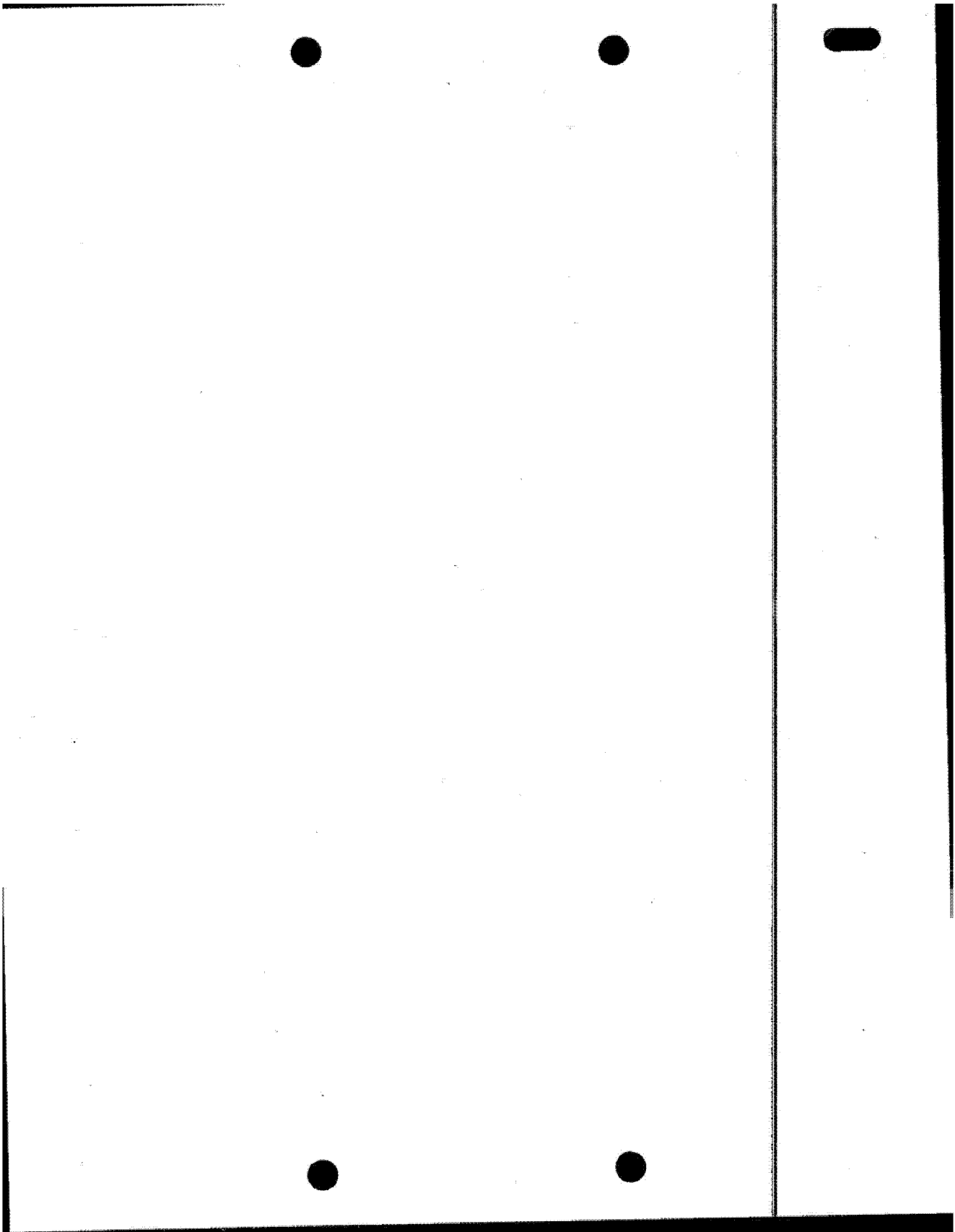
B6

10/1/2013 4:23:43 PM
Tufts University
Tufts Vet School
Cardiology

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)



Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

227632

10/1/2013 4:24:26 PM

B6

Tufts University

Cardiology

Tufts Vet School

227632

Cardiology

Tufts Vet S

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client: **B6**
Patient:

Archived Records 10/1/13-10/4/13 (PART TWO)

B6

10/1/2013 4:24:40 PM

Tufts University

227632

7

Cardiology

Tufts Vet School

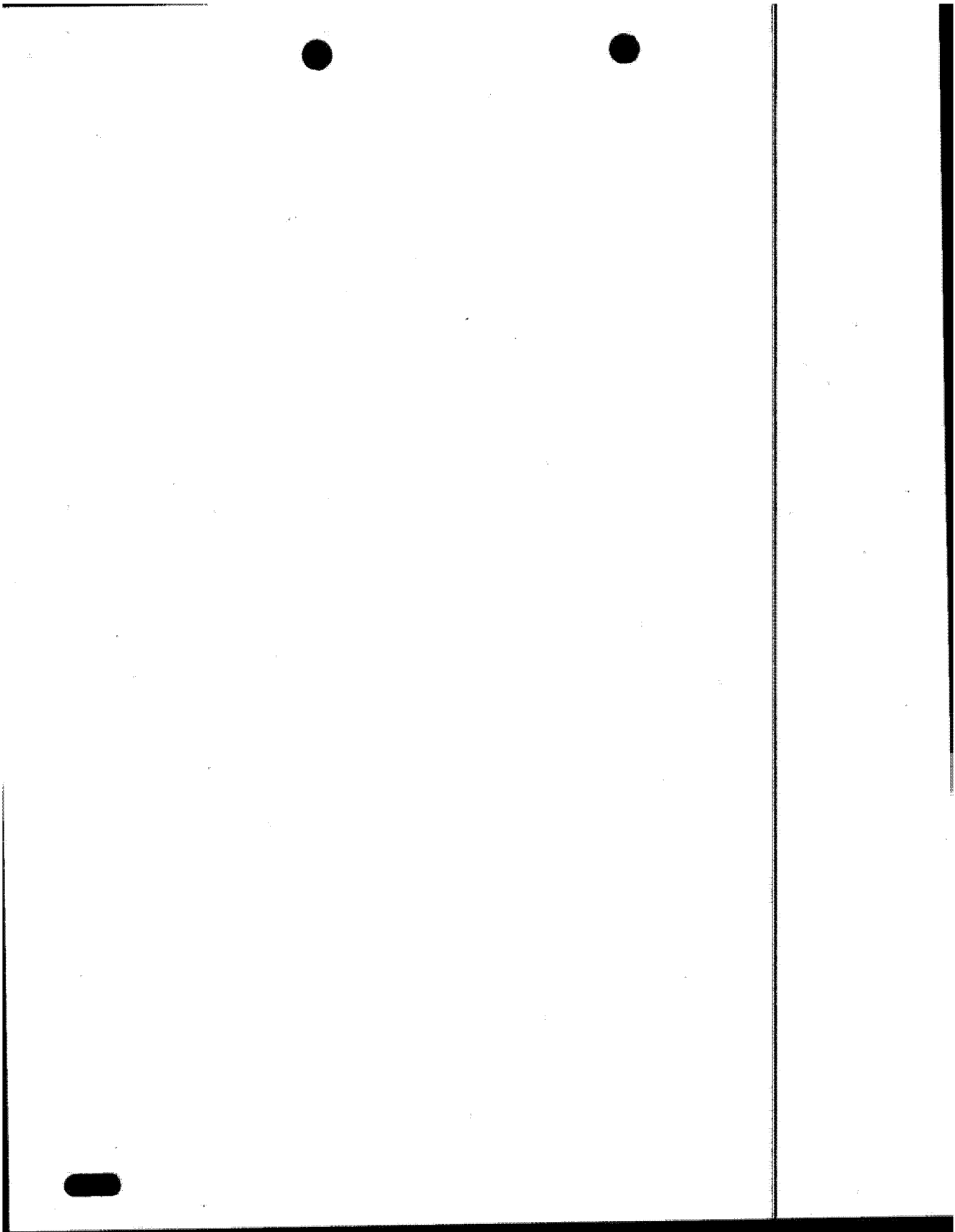
School

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)



Client: **B6**
Patient:

Archived Records 10/1/13-10/4/13 (PART TWO)

10/1/2013 4:25:03 PM

Tufts University

B6

Cardiology

Tufts Vet School

10/1/2013 4:24:51 PM

Tufts University

227632

Cardiology

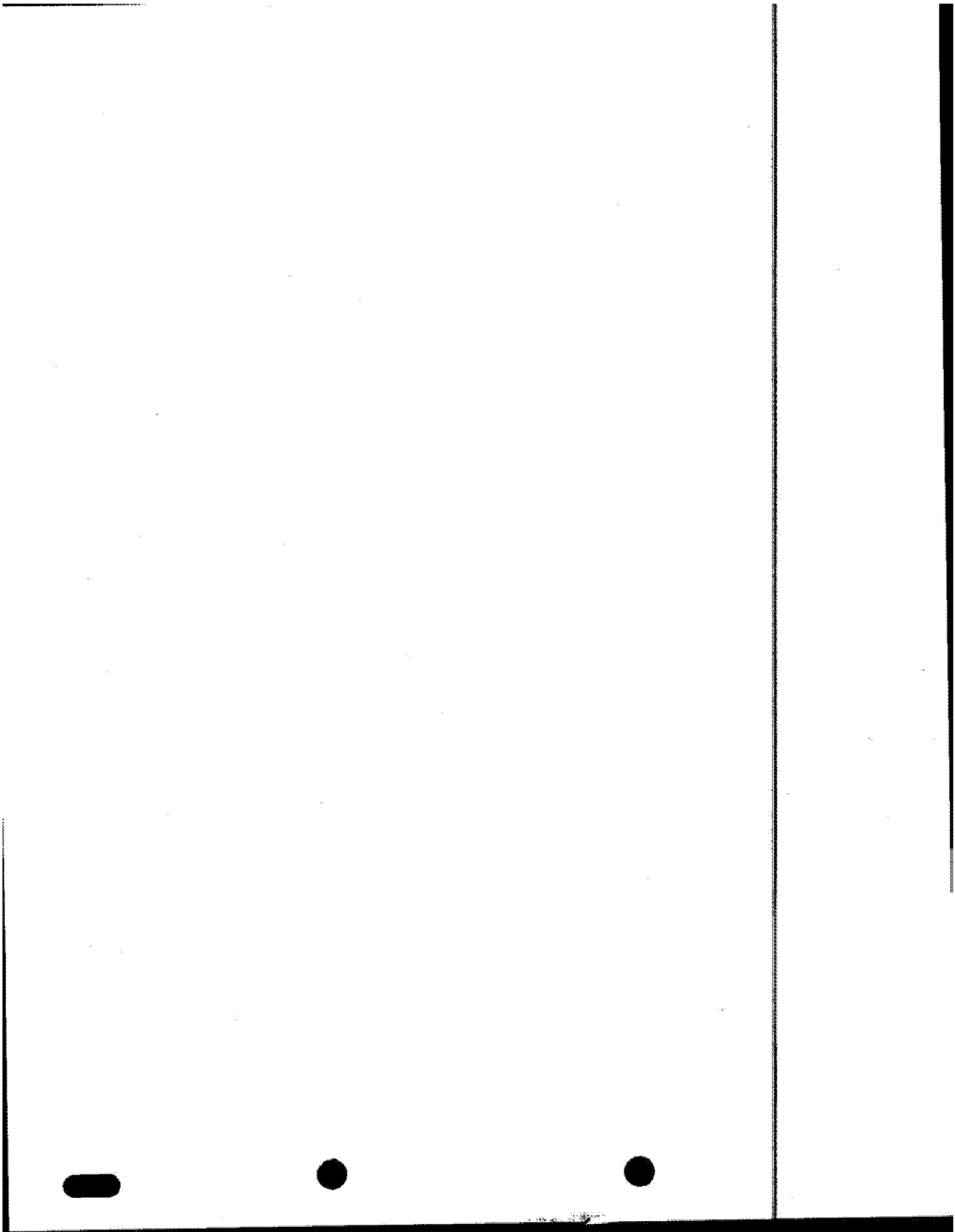
Tufts Vet School

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)



Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

B6

10/1/2013 4:25:05 PM

Tufts University

227632

Cardiology

Tufts Vet School

B6

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client: **B6**
Patient:

Archived Records 10/1/13-10/4/13 (PART TWO)

10/1/2013 4:25:03 PM
Tufts University
Tufts Vet School
Cardiology

One Minute Full Disclosure

B6

227632

B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

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

Archived Records 10/1/13-10/4/13 (PART TWO)

Tufts University Cummings School of Veterinary Medicine

ANESTHESIA RECORD

Date	Weight	Clinician/Resident
10/2/13	15.4 kg	B6
Cage/Staff	B6	
101 95 15	B6	
Procedures	Pre-Anesthesia Disposition	Hydration
1. Pacemaker placement	<input checked="" type="checkbox"/> Alert <input type="checkbox"/> Excited <input type="checkbox"/> Depressed <input type="checkbox"/> Anxious	<input type="checkbox"/> Recumbent <input type="checkbox"/> Caution <input type="checkbox"/> Painful
2.		Renal Function 4/0.8
3.		Blood Type
Pre-anesthesia Values	Temp.	H.R.
	38.1	44
		R.R.
		20
	M.M. Color/CRT	P.C.V.
	pink/1.2	44
	T.P.	5.4
DRUGS IN THE LAST 24 HOURS	LAC	BG
amoxicillin	1.6	1.2
	ASA Status	I II III IV V E
		I III IV V E

B6
B6
 FAWN CK STD
 ROXER CANINE

PRE-ANESTHETIC DRUGS:				Pre-Med. Results		
Drug	Dose	Route	Time	Sedation	Resistance	Vomited
Hydroxyzine 2.5mg IV			2:14P	<input type="checkbox"/> None	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
Midazolam 5mg IV				<input type="checkbox"/> Slight	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
				<input type="checkbox"/> Moderate	<input type="checkbox"/>	
				<input checked="" type="checkbox"/> Marked	<input type="checkbox"/>	

ANESTHETIC INDUCTION:			
Drug	Dose	Route	Time
Etomidate 10mg IV			2:14P

Time	4
Isocurane (%)	
Sevoflurane (%)	
O ₂ (L/M)	
	22
CODE	20
• Pulse Rate	18
◦ Respiratory Rate	18
v. Systolic B.P.	16
- Mean B.P.	14
Δ Diastolic B.P.	14
C IPPV	12
* ET CO ₂	10
	8
	6
Blood Pressure measured by:	4
<input checked="" type="checkbox"/> Oscillometric	26
<input type="checkbox"/> Doppler	
<input type="checkbox"/> Direct	
Depth of Anes.	Light
	Med.
	Deep
Fluids	LSS
SpO ₂	
Temperature	

Non-reb <input type="checkbox"/>	Semi-closed <input checked="" type="checkbox"/>
Mask <input type="checkbox"/>	Intubated <input checked="" type="checkbox"/>
Size Tube	10 mm
Recumbency:	Left lateral
Post Op	Times
T 2:27	Start anes:
	2:15PM
P 2:30	Start proc. 1:
	2:31PM
R 2:44	Start proc. 2:
Total Fluids:	Start proc. 3:
100	
100	End Surgery:
30	3:42PM
	End anes:
	3:42PM
	Extubated:
	4:09PM
Recovery	STERNAL:
<input checked="" type="checkbox"/> Smooth	
<input type="checkbox"/> Rough	
<input type="checkbox"/> Prolonged	STANDING:
<input type="checkbox"/> Other	
Epidural	Initial:
Bupivacaine	Attempts:
Bupivacaine	Success:
Needle size	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U

B6

REMARKS: Glycopyrronium 0.24mg IV dexmedetomidine 5ug IV 3rd degree AV block, persistent ECG unable to detect due to bradycardia - pulses strong Placement of lead, pacing Temporary stop of PM recovery smooth, normal extubation, quiet/comfortable following continued monitoring in ICU.

Blood Gas Values etc.	art ₁ /ven	Time	pH	PCO ₂	PO ₂	Na ⁺	K ⁺	iCa ⁺⁺	HCO ₃ ⁻	BE

Signature Anesthesiologist/Technician
B6

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

**Tufts University
Foster Hospital for Small Animals**
North Grafton, MA 01536
(508) 839-5395



B6

TREATMENT PLAN

DATE: 10/2/13 CLINICIAN: **B6**

ESTIMATED COST: **B6** DEPOSIT: 3000-

B6 FRIES CR STD
BUTCH CANINE

This estimate is based upon our preliminary examination. The final fee may vary considerably from this estimated cost. Every effort will be made to keep you informed of the current status of your bill throughout your animal's hospitalization.

OFFICE EVALUATION	COST	SPECIAL PROCEDURES (CONTINUED)	COST	ANESTHESIA	COST
<input checked="" type="checkbox"/> Examination		<input type="checkbox"/> Proctoscopy		<input checked="" type="checkbox"/> Sedation	
<input type="checkbox"/> Recheck Examination		<input type="checkbox"/> Skin Biopsy		<input type="checkbox"/> General Anesthesia	
<input checked="" type="checkbox"/> Emergency Fee		<input type="checkbox"/> Skin Testing		Hrs. Day	
<input type="checkbox"/> ICU Examination		<input type="checkbox"/> Thoracentesis		Hrs. Night	
<input type="checkbox"/> Consultation		<input type="checkbox"/> Transtracheal Aspirate			
<input checked="" type="checkbox"/> Registration		Other:			
HOSPITALIZATION: (# OF DAYS)		LABORATORY		DIAGNOSTIC IMAGING	
<input type="checkbox"/> Day Board		<input type="checkbox"/> ACTH Plasma Level		<input type="checkbox"/> Barium Enema	
<input type="checkbox"/> Cat Ward		<input type="checkbox"/> ACTH Response Test		<input type="checkbox"/> Cardiac Catheterization	
<input type="checkbox"/> General Ward Small		<input type="checkbox"/> Aerobic Culture		<input type="checkbox"/> CT Scan	
<input type="checkbox"/> General Ward Large		<input type="checkbox"/> Anaerobic Culture		<input type="checkbox"/> Cystourethrogram	
<input type="checkbox"/> Intermediate Care Ward		<input type="checkbox"/> Bile Acids - Single		<input type="checkbox"/> Intravenous Urogram	
<input type="checkbox"/> Exotic		<input type="checkbox"/> Blood Ammonia		<input type="checkbox"/> Met Check	
<input type="checkbox"/> Isolation		<input type="checkbox"/> Blood Gas		<input type="checkbox"/> Myelogram	
<input checked="" type="checkbox"/> ICU		<input type="checkbox"/> Chemistry Profile		<input type="checkbox"/> Nuclear Scan:	
<input type="checkbox"/> ICU Exotic		<input type="checkbox"/> Coagulation Profile		Type:	
DAILY PATIENT CARE (# OF DAYS)		<input type="checkbox"/> CBC/Platelet		<input type="checkbox"/> Upper GI Series	
<input type="checkbox"/> Cat Ward		<input type="checkbox"/> Complete Blood Count		<input type="checkbox"/> Radiographs: #	
<input type="checkbox"/> General Ward		<input type="checkbox"/> Creatinine		<input type="checkbox"/> Ultrasound: Inpatient	
<input type="checkbox"/> Intermediate Care Ward		<input type="checkbox"/> Cytology		<input type="checkbox"/> Ultrasound Guided Biopsy	
<input type="checkbox"/> Exotic		<input type="checkbox"/> Dermatophyte Culture		Other:	
<input type="checkbox"/> Isolation		<input type="checkbox"/> Dexta Response - High Dose		SURGERY	
<input checked="" type="checkbox"/> ICU		<input type="checkbox"/> Dexta Response - Low Dose		<input checked="" type="checkbox"/> Procedure <u>Proctocolectomy</u>	
<input type="checkbox"/> ICU Exotic		<input type="checkbox"/> Ehrlichia Canis		<input type="checkbox"/> Package Procedure	
ICU LEVEL TREATMENTS		<input type="checkbox"/> Fecal Flotation		<input type="checkbox"/> Implant Fee	
<input type="checkbox"/> ICU Level I - Basic Treatment		<input type="checkbox"/> Feline Leukemia Virus		<input type="checkbox"/> Emergency After Hrs. Surgery	
<input type="checkbox"/> ICU Level II - General Treatment		<input type="checkbox"/> Feline Screen		<input type="checkbox"/> Bandage Change	
<input type="checkbox"/> ICU Level III - Standard Treatment		<input type="checkbox"/> FIP		<input type="checkbox"/> Splint Change	
<input type="checkbox"/> ICU Level IV - Extensive Treatment		<input type="checkbox"/> FIV		Other:	
<input type="checkbox"/> ICU Level V - Ultra Treatment		<input type="checkbox"/> Fluid Analysis		OTHER	
SPECIAL PROCEDURES		<input type="checkbox"/> Fungal Culture		<input type="checkbox"/> Oxygen Therapy:	
<input type="checkbox"/> Abdominocentesis		<input type="checkbox"/> Heartworm Test (Micro)		Days	
<input type="checkbox"/> Blood Crossmatch		<input type="checkbox"/> Heartworm Test (Occult)		Hours	
<input type="checkbox"/> Blood Transfusion		<input type="checkbox"/> Histopath		<input type="checkbox"/> IV Catheter:	
Whole Blood		<input type="checkbox"/> Immune Profile		Jetco	
Plasma		<input type="checkbox"/> Kidney Profile		Intracath	
50cc Direct		<input type="checkbox"/> Lipase		TPN	
Packed RBC		<input type="checkbox"/> Liver Profile		<input checked="" type="checkbox"/> Fluids: IV or SQ	
<input type="checkbox"/> Blood Typing		<input type="checkbox"/> Lyme Disease		Medication	
<input type="checkbox"/> Bone Marrow: aspirate		<input type="checkbox"/> PCV, TS, AZO, BG No.		Supplies	
<input type="checkbox"/> Bone Marrow: core		<input type="checkbox"/> Platelet Count		Miscellaneous	
<input type="checkbox"/> CSF Tap		<input type="checkbox"/> Reticulocyte Count		Pharmacy	
<input type="checkbox"/> Echocardiogram		<input type="checkbox"/> Rocky Mountain Spotted Fever			
<input type="checkbox"/> EEG		<input type="checkbox"/> Toxoplasmosis			
<input type="checkbox"/> EKG		<input type="checkbox"/> TSH Stimulation Test			
<input type="checkbox"/> EMG		<input type="checkbox"/> T3 & T4			
<input type="checkbox"/> Endoscopy		<input type="checkbox"/> T3 Only or T4 Only			
<input type="checkbox"/> Joint Tap		<input type="checkbox"/> Urinalysis		<input type="checkbox"/> Bio-Hazard Disposal Fee	
		Other:			

I understand that no guarantee of successful treatment is made. (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 patient(s). I agree to pay 75% 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 expenses incurred if hospitalization extends beyond the specified duration.

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

B6
Owner Signature

B6
Clinician Signature

10/2/13
Date

WHITE-MEDICAL RECORDS

CANARY-CLIENT

PINK-ACCOUNTING

Form #011 Revised 07/12

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)



Tufts University
Foster Hospital for Small Animals
200 Westboro Road,
N. Grafton, MA 01536

B6

STANDARD CONSENT FORM

B6

CH
STO
CANINE

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

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

TCSVM 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 TCSVM students under the supervision and assistance of TCSVM 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 TCSVM 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 Tufts Cummings School of Veterinary Medicine, its officers and employees (collectively referred to herein as TCSVM), and its agents and assigns the irrevocable rights to: (1) photograph/videotape the operation or procedure to be performed, including appropriate portions of the animal's body, and (2) reproduce, distribute, display, create derivative works of and otherwise use such photographs and images for, and in connection with, the University's medical, scientific, educational, and publicity purposes, for all but third-party commercial purposes, by any means, methods and media (print and electronic) now known or, in the future, developed that the University deems appropriate.

Form #006/C.C.-Rev.-1/29/07

Client:
Patient:

B6

Archived Records 10/1/13-10/4/13 (PART TWO)

As surgical treatment necessitates the removal of tissue or body parts of my animal, I authorize TCSVM to dispose of or use this tissue for scientific 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 \$.50.

I do further agree that should any payment, or the full amount of the sum stated above, become overdue more than 20 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, understand, and agree to accept the terms and conditions herein.

B6
Date
Owner's Signature

10/1/13
B6
Owner's Address
B6
Town/City State Zip

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 this owner to pay the veterinary medical services provided at TCSVM pursuant to the terms and conditions described above.

Authorized Agent - Please Print
Street Address
Town/City State Zip

Agent's Signature
Date

Client: **B6**
Patient:

IDEXX Cardiopet proBNP 3/15/16



1-888-433-9987
Click the RED BANNER on
VetConnect.com for a new view

TUFTS: GRAFTON SMALL ANIM HOSPITAL
200 WESTBORO ROAD
GRAFTON MA 01536
508-887-4669
Account: 80735

Owner: **B6**
Patient:
Species: CANINE
Breed: BOXER
Age: **B6**
Gender: M

Requisition #: 154111
Accession #: **B6**
Order rec'd: 03/15/2016
Ordered by: **B6**
Reported: 03/15/2016

Test	Result	Reference Range	Flag	Bar Graph
CARDIOPET proBNP - CANINE	B6	0 - 900 pmol/L	H	B6
Cardiopet proBNP >1800pmol/L				
B6				
Please note: Complete interpretive comments for all concentrations of Cardiopet proBNP are available in the online directory of services. Serum specimens received at room temperature may have decreased NT-proBNP concentrations.				

B6
03/15/2016

FINAL REPORT

PAGE 1 OF 1

Client: **B6**
Patient:

Holter ECG Patient Diary 3/18/16

PATIENT INFORMATION AND INSTRUCTIONS

Before leaving, you should read this booklet entirely to see if you have any questions regarding this procedure.

Your physician has recommended a Holter Electrocardiogram for the purpose of determining how your heart functions during your normal, every day activities. Your physician will require you to log your activities in this diary while you are wearing the Holter Recorder. Use this diary to record the following:

Time of day: Record the time from the clock on the recorder. **Do Not Use Your Watch or Other Timepieces.**

Activity: For anything you do during this procedure, sitting, eating, taking medication, walking, strenuous exercise, smoking, bowel movements, urinating, sexual intercourse, etc.

Symptoms: During your activity make sure to write down any abnormalities that may occur, such as pain in your chest, neck, arm or face. Include any dizziness, heart pounding, nausea, or shortness of breath. Only make a notation if you feel something abnormal; otherwise, leave the "symptom" column blank.

IMPORTANT NOTES TO PATIENT

1. To insure an accurate evaluation of this recording, it is necessary that you keep a continual diary for 24 hours. This diary must include your activities, the time of these activities as shown on the recorder clock, and how you feel at the time. If you are unsure of the significance of a feeling, write it down.

2. Do not get the recorder wet. Do not bathe, shower, or swim during the monitoring period.

3. Do not open the recorder or tamper with it, or the lead wires. If you should notice any disconnection of the cable or wires into the recorder, please call the technician.

Following these instructions will help your physician analyze the results of your recording using specially designed equipment.

- SAMPLE DIARY -

TIME	ACTIVITY	SYMPTOMS
9:20	Mowing Lawn	Chest pain
10:30	To bathroom to urinate	
12:00	Driving	Heart beats faster
9:00	To bed	

B6

Client: **B6**
Patient:

Letter from client with rDVM sx estimate

04/10/2018 12:32PM FAX **B6** 0001/0002

B6

B6

B6

FAX COVER SHEET

DELIVER TO:	FROM:
B6	
COMPANY:	DATE:
ATTN: CARDIOLOGY	April 10, 2018
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
B6	2
FILE NUMBER:	
N/A	

IF YOU DO NOT RECEIVE ALL PAGES:

PLEASE CALL BACK AS SOON AS POSSIBLE AT **B6**

NOTES/COMMENTS:

Attn: Cardiology Service
Re: **B6**

B6

Attached is an estimate for the procedure. The plan is to do the procedure under a dose of buprenorphine and lidocaine to avoid general anesthesia give **B6** cardiac conditions. While under the effect of those medications, **B6** also recommended removal of a wart in the ear via cryosurgery (the leg growth is too big to be frozen off).

Would you kindly review the estimate and advise of any concerns from a cardiac perspective? I am happy to obtain additional documentation from **B6** if necessary.

Very much appreciated,

B6

The documents included with this fax cover sheet contain information from the law firm **B6** which is confidential and/or privileged. This information is intended to be used for the use of the addressee named on this cover sheet. If you are not the addressee, note that any disclosure, photocopying, distribution or use of this faxed information is prohibited. If you have received this fax in error, please notify us by telephone (collect) immediately so that we can arrange for the retrieval of the original documents at no cost to you.

Client: **B6**
Patient:

Letter from client with rDVM sx estimate

04/10/2018 12:33PM FAX

B6

0002/0002

B6

4/9/2018
Page 1 / 1

B6

Client ID: **B6**
Estimate ID: 10090
Expiration Date: 7/8/2018

Patient ID:	B6	Species:	Canine	Weight:	73.50 pounds	Sex:	Neutered Male
Patient Name:		Breed:	Boxer	Birthday:	11/16/2010		

B6

Low Subtotal:

Tax:

Low Total:

B6

This document lists procedures to be performed on your animal. This estimate only approximates the cost of this visit and can vary upon results of further examination and test results. You are responsible for all fees incurred in this visit included or not in this estimate. Be assured that your animal's health is our highest concern and we will do everything to maintain that health. I accept and agree to the terms of this estimate:

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: **B6** Patient: **B6**
Phone: **B6** Species: Canine Breed: Boxer
Address: **B6** Age: **B6** Sex: Neutered Male
Color: Fawn

Date Type Staff History

6/9/2018 L

B6

Microbiology results from IDEXX Reference
Laboratory Requisition ID: 111882485 Posted Final
Test Result Reference Range
GIARDIA **B6**
OVA&PARA **B6**
HOOKWORM **B6**
ROUNDWORM **B6**
WHIPWORM **B6**
Asc: **B6**
OVA & PARASITES
NO OVA OR PARASITES SEEN
The IDEXX Fecal Dx antigen tests detect worm antigen and a positive indicates infection. Antigen-positive and egg-negative specimens can be seen during the pre-patent period, with single sex infections and due to intermittent egg shedding. Identification of eggs microscopically in antigen-negative specimens may be due to ingestion of infected feces (coprophagy) or because the amount of antigen is below the level of detection. Treatment should be considered for patients positive by either antigen or egg-detection. In cases of acute or chronic diarrhea also consider testing for viral, bacterial and protozoal infectious agents using RealPCR (canine diarrhea panel: test code 2625; feline diarrhea panel: test code 2627).

6/8/2018 P

B6

6/7/2018 C
6/7/2018 13:54

aTelephone - FINAL 06/07/2018

B6

-als

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 54

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:	B6	Species:	Canine	Sex:	Neutered Male
Address:	B6	Age:	B6	Color:	Fawn

Date	Type	Staff	History
4/21/2018	C		Default Comments - CLOSED 04/23/2018 B6
4/21/2018	P	B6	B6
4/21/2018	C		B6

- B6** may be fed normally starting tonight.
- Restrict **B6** activity for the next 10-14 days. During this time **B6** should not be allowed outside, except for brief trips on a leash for elimination purposes.
- B6** should not be allowed to run, jump or have access to stairs.
- Please keep **B6** from licking or chewing at his incision site(s). Please keep other pets away from **B6** incision site until fully healed.
- Do not give **B6** a bath for the next 10 days. Keep the incision area(s) clean and dry.
- Give medications as directed.

B6

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B6

Page 2 of 54

Date: 6/20/2018 10:38 AM

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

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: **B6** Patient: **B6**
Phone: **B6** Species: Canine Breed: Boxer
Address: **B6** Age: **B6** Sex: Neutered Male
Color: Fawn

Date	Type	Staff	History
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7. Monitor **B6** surgery sites) daily. If you notice any redness, swelling or excessive discharge, or if the incision opens up, please call our office.
8. Please monitor **B6** and call our office if you observe any of the following: Loss of appetite for more than 2 days, excessive discomfort, repeated vomiting, excessive bleeding, refusal to move/depression.
9. Bandage change every three days.
10. Schedule suture removal with a technician in two weeks.

It has been our pleasure having **B6** as our patient. Please do not hesitate to call us **B6** with any questions or concerns.

4/21/2018 V	B6	Apr 21, 2018 08:55 AM Staff: B6
		Weight : 73.10 pounds
4/21/2018 T 4/20/2018 P	B6	

4/20/2018 C **B6** aTelephone - FINAL 04/20/2018 - ***ADDENDUM 4/20/2018
4/20/2018 13:10 **B6**
ADDENDUM on 4/20/2018 at 13:57:47 from **B6**
Call in rx to CVS in **B6**

4/16/2018 P	B6	B6
4/16/2018 P	B6	B6

B: Billing, C: Med note, CB: Call by, CL: Clinic, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing inst, 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 med note, V: Vital signs

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: **B6**
Phone:
Address:

Patient: **B6**
Species: Canine
Age: **B6**
Color: Fawn

Breed: Boxer
Sex: Neutered Male

Date	Type	Staff	History
			B6

4/12/2018 C **B6** aTelephone - FINAL 04/12/2018 - ***ADDENDUM 4/13/2018
4/12/2018 10:46
O called to schedule a growth removal for **B6** wondering if because it is being done with a local because of his having a pacemaker, would it be a drop off in the am or scheduled as an appointment
ADDENDUM on 4/13/2018 at 16:43:16 from **B6** **B6**
Called O to tell them to drop off **B6** between 7:30-8am of the

ADDENDUM on 4/13/2018 at 16:44:06 from **B6**
27th was unable to leave message on machine mail box was full

ADDENDUM on 4/13/2018 at 16:58:28 from **B6**
Called o to state that **B6** able to do the growth removal on Saturday the 21st if the O is able to.

ADDENDUM on 4/13/2018 at 16:58:49 from **B6**
Mail box was full unable to leave a message

4/9/2018 C WC aa Recheck - CLOSED 04/10/2018 - ***ADDENDUM 4/17/2018

Doctor: **B6** Tech: **B6**

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 inst, 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 med note, V: Vital signs

B6

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

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: **B6** Patient: **B6**
Phone: **B6** Species: **Canine** Breed: **Boxer**
Address: **B6** Age: **B6** Sex: **Neutered Male**
Color: **Fawn**

Date	Type	Staff	History
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O:
A:
P:

ADDENDUM on 4/17/2018 at 15:02:35 from **B6**
Schedule removal under locals.

4/9/2018 V	B6	Apr 9, 2018 04:38 PM Staff: ES
3/24/2018 P		Weight : 73.50 pounds
B6		

3/24/2018 C	B6	aTelephone - FINAL 03/24/2018 - ***ADDENDUM 3/24/2018
3/24/2018 09:14		
B6		
ADDENDUM on 3/24/2018 at 13:30:36 from B6 please call o at B6 when B6 filled		

3/2/2018 P	B6	B6
		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 inst, 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 med note, V: Vital signs

Client: **B6**
Patient:

rDVM **B6** hx 5/5/11-6/9/18

Patient History Report

Client: **B6** Patient: **B6**
Phone: **B6** Species: Canine Breed: Boxer
Address: **B6** Age: **B6** Sex: Neutered Male
Color: Fawn

Date	Type	Staff	History
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3/2/2018 C	B6	aTelephone - FINAL 03/02/2018 -	***ADDENDUM 3/2/2018
3/2/2018 17:18	B6	o called for a refill of best B6	
	B6	ADDENDUM on 3/2/2018 at 18:40:41 from B6	
	B6	stating that the pt's medication is ready to be picked up	

1/26/2018 P	B6	B6	
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1/24/2018 C	B6	aTelephone - FINAL 01/24/2018 -	***ADDENDUM 1/27/2018
1/24/2018 14:59	B6	B6	
	B6	ADDENDUM on 1/26/2018 at 10:25:43 from B6	
	B6	Owner called waiting for a call to get the approval for the refill.	

ADDENDUM on 1/27/2018 at 12:07:02 from **B6**
LMOM letting O know that **B6** is ready to be picked up.

1/11/2018 C	B6	Default Comments - CLOSED 01/12/2018	
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B6

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, J: Departing inst, 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 med note, V: Vital signs

B6

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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B6

AP

1/10/2018 C **B6** aTelephone - FINAL 01/10/2018
1/10/2018 14:42

B6

1/6/2018 P	B6	B6
1/6/2018 P		

1/6/2018 C aSOAP - CLOSED 01/09/2018
Enter Office Visit:

B6

Current Medications: **B6**

s: BAR BCS=5/10

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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:	B6	Species:	Canine	Sex:	Neutered Male
Address:	B6	Age:	B6	Color:	Fawn

Date	Type	Staff	History
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B6

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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1/6/2018	V	B6	Jan 6, 2018 01:46 PM Staff: HS
1/6/2018	L		Weight: : 69.60 pounds
Miscellaneous results from IDEXX Reference Laboratory Requisition ID: 108542103 Posted Final			
Ascn: B6			
RE: 65008 PATHOLOGIST REPORT			
PATHOLOGIST REPORT			
SOURCE/HISTORY:			
Pedunculated mass left lateral stifle			
MICROSCOPIC DESCRIPTION:			
One slide is examined. The slide is of low to moderate cellularity.			
The cells are in good to fair morphologic condition. There are rare			
mature, anucleated keratinocytes and keratin bars. The keratinocytes			
have abundant, lightly basophilic, hyalinized cytoplasm with angular			
cellular borders. The keratinocytes are cytologically in within normal			
limits. Rare spindle cells are seen. The spindle cells have oval			
nuclei with stippled chromatin and scant amounts of lightly basophilic			
cytoplasm. The spindle cells exhibit mild anisocytosis and anisokaryosis. Rare red blood cells are present. No etiologic			
agents detected.			
MICROSCOPIC INTERPRETATION:			
Cytologically normal keratinocytes with mesenchymal cell proliferation			
COMMENTS:			
A small amount of keratinized material is seen. The keratin may			
represent contents of an epidermoid or follicular cyst or related			
lesion. Some hair follicle tumors or cornifying epitheliomas			

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B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client Phone Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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may have areas containing similar material, but no basal cells are detected on the slide(s). Correlation with your clinical impression is important. Alternatively, the keratinocytes may be from the normal overlying skin and not representative of the lesion. The mesenchymal cells have a mild degree of atypia. These cells could be from a soft tissue sarcoma (such as hemangiopericytoma, fibrosarcoma, or nerve sheath tumor), but they may also be reactive fibroblasts present from fibrosis. It is difficult to differentiate between cells from well-differentiated soft tissue sarcomas and reactive fibroblasts without evaluation of tissue architecture. Biopsy and histopathology are recommended for further evaluation of the lesion. If possible, wide surgical excision could be considered, as soft tissue sarcomas tend to be locally infiltrative and recurrent.

For veterinarians not currently viewing this pathology report in VetConnect PLUS, please log onto www.vetconnectplus.com today to see the image associated with this case, at no additional cost. If you need help logging on, please contact your local IDEXX Customer Support Team.

PATHOLOGIST: **B6**

12/6/2017 P **B6**

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

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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12/6/2017	C	B6	Default Comments - CLOSED 12/07/2017 B6
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10/23/2017	P	B6	B6
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10/23/2017	C	B6	aTelephone - FINAL 10/23/2017
10/23/2017			10:32 B6

9/30/2017	L	B6	SNAP Assays results from IDEXX VetLab In-clinic Laboratory Requisition ID: 17055 Test Reference Range HW = B6 Lyme = AP_spp = EC-EE =
9/30/2017	P		B6
9/30/2017	P		B6

9/30/2017	C	B6	a SOAP - CLOSED 10/01/2017
Enter Office Visit: B6			

l: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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

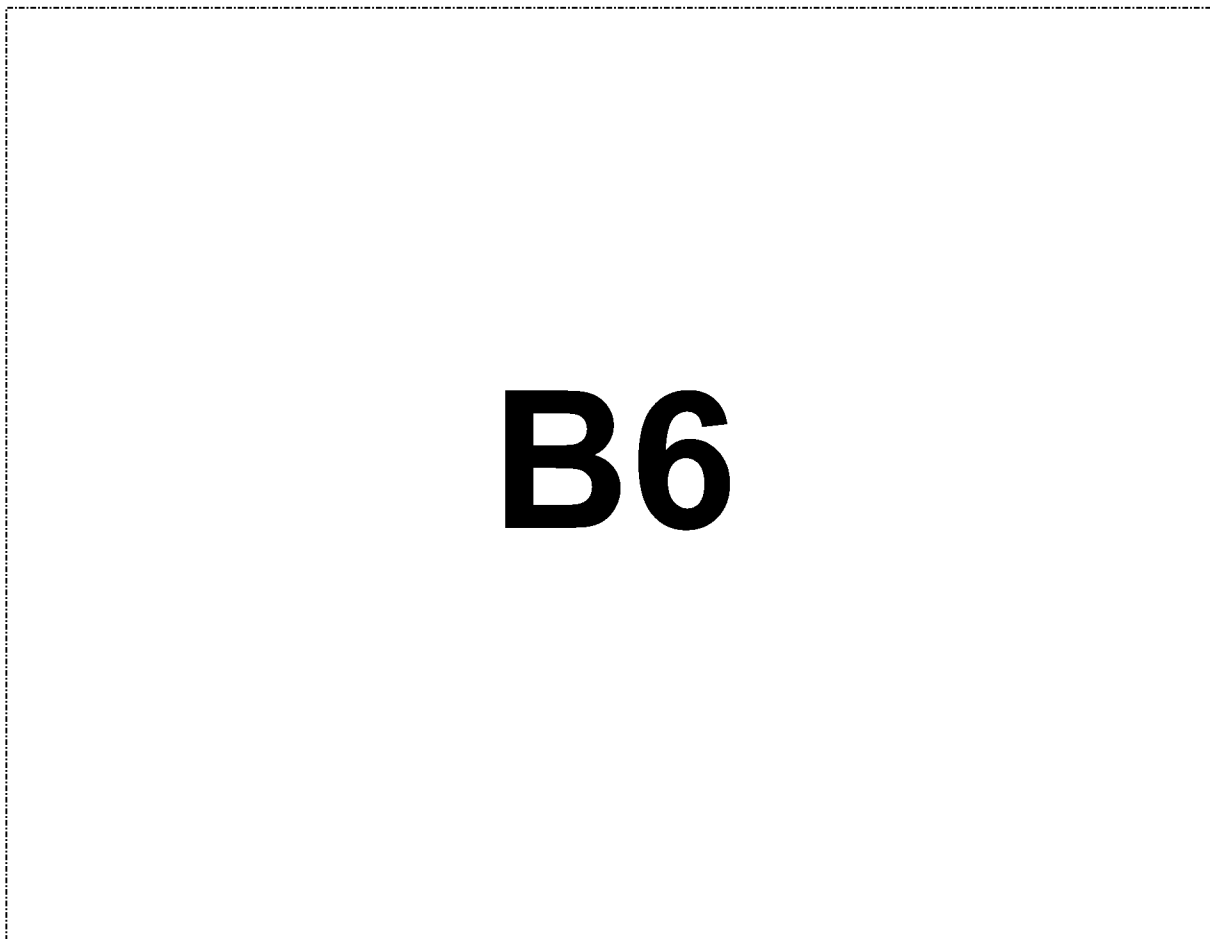
Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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appears to be doing the same per o.

Current meds: **B6**
B6 LM



A:
-3rd degree AV block w/ pacemaker implantation in 2013

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 med note, V: Vital signs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client Phone Address	B6	Patient:	B6	Breed:	Boxer
		Species:	Canine	Sex:	Neutered Male
		Age:	B6		
		Color:	Fawn		

Date	Type	Staff	History
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-L ventricular & atrial dilation w/ reduced contractile fx
-Cardiology recheck @ Tufts 9/29/17: L sided contractile fx improved w/ addition of **B6** is 100% pacemaker dependent, pacemaker interrogation wnl
-Gingival hyperplasia
-Dermal masses: r/o adenoma vs other for L thigh mass. O states mass on ventral thorax was previously diagnosed as a "pressure sore"

D.

B6

9/30/2017 V	B6	Sep 30, 2017 10:10 AM Staff: LM Weight: : 67.40 pounds
9/29/2017 C		a referral records - FINAL 09/29/2017

Referral/History Records: Cummings Veterinary Hospital at Tufts University

Routine Recheck Appt

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 med note, V: Vital signs

B6

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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8/7/2017	P	B6	B6
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8/7/2017	C		aTelephone - FINAL 08/07/2017
8/7/2017	12:06		
B6			

7/21/2017	C	B6	aTelephone - FINAL 07/21/2017
7/21/2017	15:52		
B6			

6/15/2017	C	B6	Default Comments - CLOSED 06/16/2017
O never picked up RX for		B6	Returned to stock and Rx voided. kb

6/10/2017	C	B6	aTelephone - CLOSED 06/11/2017
6/10/2017	10:28		
B6			

6/10/2017	P	B6	B6
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B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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

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

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: **B6** Patient: **B6**
Phone: **B6** Species: Canine Breed: Boxer
Address: **B6** Age: **B6** Sex: Neutered Male
Color: Fawn

Date	Type	Staff	History
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6/10/2017	C	B6	aTelephone - FINAL 06/10/2017
6/10/2017	09:40		
B6			

5/22/2017	C	B6	aTelephone - CLOSED 05/23/2017
5/22/2017	09:40		
B6			

5/19/2017	C	B6	Default Comments - FINAL 05/19/2017 - ***ADDENDUM 5/20/2017
B6			

ADDENDUM on 5/20/2017 at 08:19:08 from **B6**

B6

ADDENDUM on 5/20/2017 at 08:22:44 from **B6**

B6

5/18/2017	P	B6	90.00 [None] of Internet Rx (6982)
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B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: **B6** Patient: **B6**
Phone: **B6** Species: Canine Breed: Boxer
Address: **B6** Age: **B6** Sex: Neutered Male
Color: Fawn

Date	Type	Staff	History
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B6

5/18/2017 C **B6** aTelephone - FINAL 05/18/2017
5/18/2017 11:59

B6

5/18/2017 C **B6** aTelephone - FINAL 05/18/2017
5/18/2017 10:31

B6

3/20/2017 P **B6**

B6

3/20/2017 C **B6** a referral records - CLOSED 03/22/2017

Referral/History Records: TUFTS Veterinary

Pacemaker Recheck

10/6/2016 C **B6** aTelephone - CLOSED 10/07/2016

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: **B6** Patient: **B6**
Phone: **B6** Species: Canine Breed: Boxer
Address: **B6** Age: **B6** Sex: Neutered Male
Color: Fawn

Date	Type	Staff	History
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10/6/2016	12:51		Called in meds fr B6
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10/6/2016	P	B6	B6
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10/6/2016	C	B6	aTelephone - CLOSED 10/07/2016 B6 refill request
10/6/2016	08:22		B6

Authorized, please call in for owner. nd

9/9/2016	D	B6	B6
9/9/2016	P		
9/9/2016	P		
9/9/2016	P		

9/9/2016	C	B6	aSOAP - CLOSED 09/10/2016
Enter Office Visit:			

B6

S: BAR BCS=5/10

O: Temp: 101.5 Pulse: 110 Resp: pant

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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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B6

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client Phone Address:	B6	Patient:	B6	Breed:	Boxer
		Species:	Canine	Sex:	Neutered Male
		Age:	B6		
		Color:	Fawn		

Date	Type	Staff	History
9/9/2016	V	B6	Sep 9, 2016 01:22 PM Staff: ND Weight : 64.00 pounds
6/16/2016	C		a referral records - CLOSED 06/18/2016

Referral Records: Tufts

3/21/2016	P	B6	B6
3/21/2016	TC		B6
B6			
3/15/2016	T	B6	Image: tufts report
11/23/2015	C		Default Comments - CLOSED 11/24/2015 VetConnect Plus: Results shared with owner. Monitor site.
11/17/2015	P	B6	B6
11/17/2015	P		B6

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, J: Departing inst, 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 med note, V: Vital signs

B6

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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B6

11/17/2015 C: **B6** a SOAP - CLOSED 11/18/2015
Enter Office Visit:

B6

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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 med note, V: Vital signs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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B6

11/17/2015 V

B6

Nov 17, 2015 05:51 PM Staff: ASC

Weight : 63.00 pounds

11/17/2015 L

Miscellaneous results from IDEXX Reference
Laboratory Requisition ID: 100141424 Posted Final
Test Result Reference Range

COMMENTS

Ascn: **B6**
SB, /CANINE MN CANINE
RE: 2016 SOURCE/HISTORY
SOURCE/HISTORY

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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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Consistent with a histiocytoma.

RE: 2007 PATHOLOGIST
PATHOLOGIST

B6

COMMENTS

B6

10/31/2015 P	B6	B6
7/15/2015 T		
7/1/2015 P		

7/1/2015 TC	NM	Report from Tufts was seen for abnormal swelling over his pacemaker. CBC & Chem10 was submitted. - TENTATIVE	
		Report from Tufts was seen for abnormal swelling over his pacemaker. CBC & Chem10 was submitted. bandaged placed o to change every 3 days for the next 2 weeks.	B6

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:	B6	Species:	Canine	Sex:	Neutered Male
Address:	B6	Age:	B6	Color:	Fawn

Date	Type	Staff	History
7/1/2015	T	B6	Image: tufts report
6/30/2015	TC	B6	B6
4/25/2015	P	B6	B6
4/25/2015	TC	B6	B6
3/2/2015	P	B6	B6
2/3/2015	V	B6	B6
2/2/2015	C	B6	a SOAP - Closed Feb 04/2015 Enter Office Visit: B6

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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B6

GI: NSF

2/2/2015	V	B6	Feb 2, 2015 08:52 AM Staff: WC
			Weight : 61.00 pounds

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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 med note, V: Vital signs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client Phone Address:	B6	Patient:	B6	Breed:	Boxer
		Species:	Canine	Sex:	Neutered Male
		Age:	B6		
		Color:	Fawn		

Date	Type	Staff	History
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8/18/2014	C	B6	aTelephone - Closed Aug 20/2014 8/18/2014 14:07 o called, had asked for records to be faxed to B6 and they were not. Faxed records to B6
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8/1/2014	T		Image: tufts report
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6/30/2014	C		Default Comments - Closed Jul 02/2014 Report from Tuft's Recheck, B6 did have a collapsing episode while on a hike last Sat. Thoracic xrays, echo, ECG and Chem 21 were done. Recheck in 1 month.
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6/29/2014	T		Image: TuftsCardiologyReport:6/27/14
3/19/2014	V		Mar 19, 2014 09:04 AM Staff: NM Weight : 61.80 pounds

3/19/2014	P		B6
3/19/2014	L		SNAP Assays results from IDEXX VetLab In-clinic Laboratory Requisition ID: 8097 Posted Final Test Result Reference Range HW = B6 Lyme = AP_spp = EC-EE =

3/19/2014	C	B6	a SOAP - Closed Mar 21/2014 Enter Office Visit: B6
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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

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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B6

2/10/2014 C

B6

Default Comments - Closed Feb 12/2014
Report from Tufts: Third degree AV block and pacemaker implantation - Good pacemaker function with battery life of 5-5 1/2 years. Recheck in 3 months to

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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 med note, V: Vital signs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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evaluate pacemaker function likely to also recheck echo than as heart was riginally dilated.

2/8/2014 T 2/7/2014 T 10/15/2013 T	B6		Image: Tufts report Image: Tuft University Notes Image: recheck.urinalysis tuft report
10/9/2013 C			aTelephone - Closed Oct 11/2013 10/9/2013 08:05 o Called wanting to set up, S/R & EKG on Monday. Explained that B6 is not here this week, but may be at other facilities. o was hoping to do everything on Monday as she is off from work.
10/7/2013 P			0.01 each of Referral Hospital Medications (7386) B6
10/5/2013 C			Default Comments - Closed Oct 07/2013 O noticed slow heartbeat and brought B6 to Tufts University. B6 was diagnosed with 3rd degree AV block and echocardiogram showed typical changes to dogs with bradycardia. A pacemaker was placed the next day, and B6 has been doing well. He was tested negative for tick-born diseases, and UA was unremarkable. Warren seems to be younger than a typical dog with 3rd degree AV block, so still suspicious that some infection started this off. So there is a chance in the future that his rythm may recover. Suture removal and EKG in 7-10 days. B6
10/4/2013 T			Image: Tufts sx report
10/1/2013 C			Default Comments - Closed Oct 03/2013 Faxed records to Tufts @508-839-7951
10/1/2013 L			Immunoassay results from IDEXX VetLab In-clinic

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

Client: **B6**
Patient:

rDVM **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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Laboratory Requisition ID: 7373 Posted Final
Test Result Reference Range
TT4 = **B6**

10/1/2013 L SM Chemistry results from IDEXX VetLab In-clinic
Laboratory Requisition ID: 7373 Posted Final
Test Result Reference Range
ALB = 2.3 - 4
ALKP = 23 - 212
ALT = 10 - 100
AMYL = 500 - 1500
BUN/UREA = 7 - 27
Ca = 7.9 - 12
Chloride = 109 - 122
CHOL = 110 - 320
CREA = 0.5 - 1.8
GGT = 0 - 7
GLU = 74 - 143
LIPA = 200 - 1800
PHOS = 2.5 - 6.8
Potassium = 3.5 - 5.8
Sodium = 144 - 160
TBIL = 0 - 0.9
TP = 5.2 - 8.2
GLOB = 2.5 - 4.5
ALE/GLOB =
BUN/CREA =
Na/K =
OSM calc =

10/1/2013 L SM Hematology results from IDEXX VetLab In-clinic
Laboratory Requisition ID: 7373 Posted Final
Test Result Reference Range
WBC = 5.5 - 16.9
HCT = 37 - 55
MCV = 60 - 77
RBC = 5.5 - 8.5
HGB = 12 - 18
MCH = 18.5 - 30
MCHC = 30 - 37.5
MPV =
PLT = 175 - 500
LYMPHS = 0.5 - 4.9
%LYMPHS =
MONOS = 0.3 - 2
%MONOS =
NEUT = 2 - 12

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, LL: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative med note, V: Vital signs

B6

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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%NEUT = EOS = %EOS = BASO = %BASO = Retics = %Retics = RDW = PDW = PCT =	B6	0.1 - 1.49 0 - 0.1 10 - 110 14.7 - 17.9
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10/1/2013	V	CP	Oct 1, 2013 07:35 AM Staff: B6 Weight: 57.50 pounds
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10/1/2013	C	CP	a SOAP - Closed Oct 03/2013 Enter Office Visit:
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B6

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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B6

9/19/2013 P	B6	B6
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9/19/2013 C	B6	a SOAP - Closed Sep 21/2013 Enter Office Visit:
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B6

S: BAR BCS=5/10

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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 med note, V: Vital signs

B6

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
------	------	-------	---------

B6

6/20/2013 P

B6

B6

6/20/2013 P

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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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6/20/2013 P

B6

B6

6/20/2013 V

Jun 20, 2013 02:18 PM Staff: **B6**

Weight : 57.30 pounds

6/20/2013 C

a SOAP - Closed Jun 22/2013
Enter Office Visit:

B6

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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B6

4/30/2013 P

B6

B6

4/30/2013 C

B6

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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 med note, V: Vital signs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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B6

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6	Species: Canine	Breed: Boxer
		Age: B6	Color: Fawn	Sex: Neutered Male

Date	Type	Staff	History
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<h1>B6</h1>			
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B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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 med note, V: Vital signs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM Harbor AH hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
B6			

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
B6			

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client Phone Address:	B6	Patient:	B6	Breed:	Boxer
		Species:	Canine	Sex:	Neutered Male
		Age:	B6		
		Color:	Fawn		

Date	Type	Staff	History
B6			

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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 med note, V: Vital signs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
-------------------------------	-----------	--	------------------------------------

Date	Type	Staff	History
------	------	-------	---------

3/29/2013 L

B6

Miscellaneous results from IDEXX Reference
Laboratory Requisition ID: 8188 Posted Final
Test Result Reference Range
COMMENTS
Asc: **B6**
1J, /CANINE MN CANINE
RE: 2016 SOURCE/HISTORY
SOURCE/HISTORY

B6

RE: 2007 PATHOLOGIST
PATHOLOGIST

B6

COMMENTS

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** dx 5/5/11-6/9/18

Patient History Report

Client: **B6** Patient: **B6**
Phone: **B6** Species: Canine Breed: Boxer
Address: **B6** Age: **B6** Sex: Neutered Male
Color: Fawn

Date	Type	Staff	History
------	------	-------	---------

B6

3/29/2013 C **B6** **B6** Comment - CLOSED 04/01/2013

Ventral sternum mass removal. **B6**

3/29/2013 V **B6** Mar 29, 2013 11:23 AM Staff: WC

Weight : 69.50 pounds

3/29/2013 L

Chemistry results from IDEXX VetLab In-clinic
Laboratory Requisition ID: 6222

Test	Result	Reference Range	Final
ALB =		2.3 - 4	
ALKP =		23 - 212	
ALT =		10 - 100	
BUN/UREA =		7 - 27	
Chloride =		109 - 122	
CREA =		0.5 - 1.8	
GLU =		74 - 143	
Potassium =		3.5 - 5.8	
Sodium =		144 - 160	
TP =		5.2 - 8.2	
GLOB =		2.5 - 4.5	
ALB/GLOB =			
BUN/CREA =			

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DM: Directed to history, E: Examination, ES: Estimates, I: Departing inst, 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 med note, V: Vital signs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
-------------------------------	-----------	--	------------------------------------

Date	Type	Staff	History
------	------	-------	---------

Na/K =
OSM calc = **B6** mmol/kg

3/29/2013 L

B6

Hematology results from IDEXX VetLab In-clinic
Laboratory Requisition ID: 6222

Test	Result	Posted	Final	Reference Range
WBC =	B6			5.5 - 16.9
HCT =				37 - 55
MCV =				60 - 77
RBC =				5.5 - 8.5
HGB =				12 - 18
MCH =				18.5 - 30
MCHC =				30 - 37.5
MPV =				
PLT =				175 - 500
LYMPHS =				0.5 - 4.9
%LYMPHS =				
MONOS *				0.3 - 2
%MONOS *				
NEUT *				2 - 12
%NEUT *				
EOS =			0.1 - 1.49	
%EOS =				
BASO =			0 - 0.1	
%BASO =				
Retics =			10 - 110	
%Retics =				
RDW =			14.7 - 17.9	
PDW =				
PCT =				

WBC Abnormal Distribution

3/29/2013 P

B6

B6

3/29/2013 T

12/21/2012 C

Telephone - Closed Dec 26/2012
12/21/2012 08:41

B6

B: Billing, C: Med note, CB: Cell 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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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Date	Type	Staff	History
<h1>B6</h1>			

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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B6

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client Phone Address:	B6	Patient:	B6	Breed:	Boxer
		Species:	Canine	Sex:	Neutered Male
		Age:	B6		
		Color:	Fawn		

Date	Type	Staff	History
B6			

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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 med note, V: Vital signs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
B6			

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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 med note, V: Vital signs

B6

Page 45 of 54

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
B6			

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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 med note, V: Vital signs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
B6			

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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 47 of 54

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
------	------	-------	---------

<h1>B6</h1>			
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B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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 med note, V: Vital signs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
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B6

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
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Date	Type	Staff	History
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Date	Type	Staff	History
B6			

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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 med/note, V: Vital signs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
B6			

B: Billing; C: Case notes; CC: Case notes; CR: Case notes; D: Diagnostic; DR: Diagnostic; H: History; I: Imaging; L: Lab results; M: Image cases; P: Prescription; PA: PVL Accepted; PB: problems; PP: PVL Performed; PR: PVL Recommended; R: Correspondence; T: Images; TC: Tentative med. note; V: Vital signs

B6

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
-------------------------------	-----------	--	------------------------------------

Date	Type	Staff	History
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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client: Phone: Address:	B6	Patient: B6 Species: Canine Age: B6 Color: Fawn	Breed: Boxer Sex: Neutered Male
-------------------------------	-----------	--	------------------------------------

Date	Type	Staff	History
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Date	Type	Staff	History
B6			

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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 med note, V: Vital signs

B6

Page 53 of 54

Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

rDVM: **B6** hx 5/5/11-6/9/18

Patient History Report

Client:	B6	Patient:	B6	Breed:	Boxer
Phone:		Species:	Canine	Sex:	Neutered Male
Address:		Age:	B6	Color:	Fawn

Date	Type	Staff	History
B6			

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimate, 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

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Date: 6/20/2018 10:38 AM

Client: **B6**
Patient:

Euthanasia/Disposition of Remains **B6**

B6

Client: **B6**

Patient:

Vitals Results

6/25/2014 10:48:20 AM	Weight (kg)
6/25/2014 11:57:16 AM	Blood Pressure (mmHg)
12/31/2014 11:24:35 AM	Weight (kg)
6/25/2015 2:52:21 PM	Weight (kg)
7/1/2015 9:55:47 AM	Body Condition Score (BCS)
7/1/2015 9:55:48 AM	Temperature (F)
7/1/2015 9:55:49 AM	Weight (kg)
7/1/2015 9:55:50 AM	Heart Rate (/min)
7/1/2015 9:55:51 AM	Respiratory Rate
9/2/2015 10:05:42 AM	Weight (kg)
3/14/2016 11:07:14 AM	Weight (kg)
6/13/2016 1:22:23 PM	Weight (kg)
3/17/2017 9:30:20 AM	Weight (kg)
9/29/2017 10:55:44 AM	Weight (kg)
6/20/2018 10:32:39 AM	Weight (kg)

B6

Patient History

05/28/2014 07:52 PM	Appointment
06/23/2014 01:04 PM	Appointment
06/25/2014 10:00 AM	UserForm
06/25/2014 10:48 AM	Vitals
06/25/2014 11:02 AM	UserForm
06/25/2014 11:19 AM	Purchase
06/25/2014 11:19 AM	Treatment
06/25/2014 11:37 AM	Purchase
06/25/2014 11:37 AM	Purchase
06/25/2014 11:37 AM	Purchase
06/25/2014 11:57 AM	Vitals
06/25/2014 11:57 AM	Purchase
06/25/2014 12:22 PM	Purchase
06/25/2014 12:28 PM	Purchase
06/25/2014 12:43 PM	UserForm
06/25/2014 12:45 PM	Purchase
06/25/2014 12:45 PM	Purchase
06/25/2014 12:55 PM	Appointment
06/25/2014 12:56 PM	Appointment
06/25/2014 12:56 PM	Appointment

B6

Client: **B6**
Patient:

Patient History

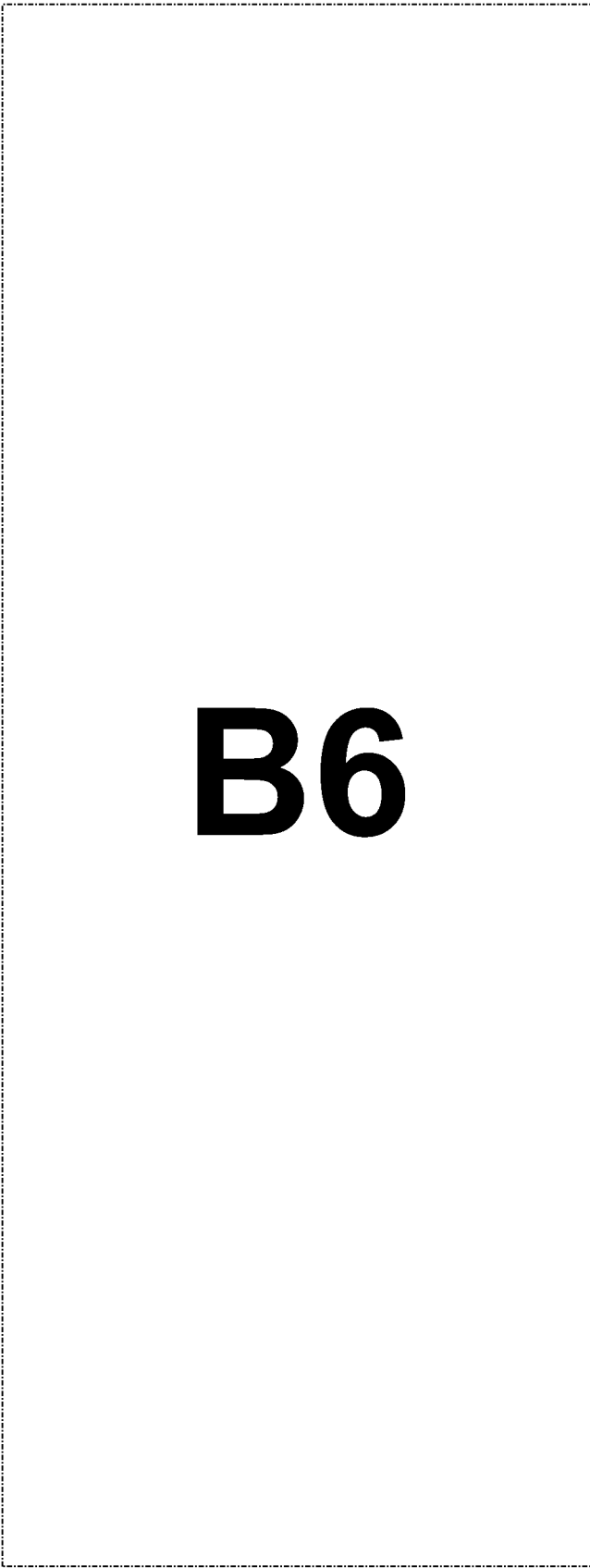
06/25/2014 01:12 PM	Email
06/30/2014 01:28 PM	Appointment
07/15/2014 12:13 PM	UserForm
07/15/2014 12:14 PM	UserForm
07/15/2014 01:01 PM	Purchase
07/15/2014 01:06 PM	Purchase
07/15/2014 01:07 PM	Treatment
07/15/2014 03:46 PM	Email
10/15/2014 11:41 AM	Appointment
12/30/2014 02:24 PM	Appointment
12/31/2014 11:18 AM	UserForm
12/31/2014 11:23 AM	UserForm
12/31/2014 11:24 AM	Vitals
12/31/2014 11:35 AM	Purchase
12/31/2014 11:35 AM	Purchase
12/31/2014 11:35 AM	Purchase
12/31/2014 12:44 PM	Purchase
12/31/2014 02:18 PM	Treatment
12/31/2014 06:24 PM	Email
12/31/2014 06:25 PM	Email
04/29/2015 12:06 PM	Appointment
06/02/2015 10:45 AM	Appointment
06/02/2015 12:12 PM	Appointment
06/02/2015 12:25 PM	Appointment
06/23/2015 11:56 AM	Appointment
06/25/2015 02:33 PM	UserForm
06/25/2015 02:52 PM	Vitals
06/25/2015 03:36 PM	UserForm
06/25/2015 03:41 PM	Purchase
06/25/2015 03:41 PM	Purchase
06/25/2015 03:41 PM	Purchase
06/25/2015 03:41 PM	Purchase

B6

Client: **B6**
Patient:

Patient History

06/25/2015 03:49 PM	Treatment
07/01/2015 09:55 AM	UserForm
07/01/2015 09:55 AM	Vitals
07/01/2015 09:55 AM	Vitals
07/01/2015 09:55 AM	Vitals
07/01/2015 09:55 AM	Vitals
07/01/2015 09:55 AM	Vitals
07/01/2015 10:19 AM	UserForm
07/01/2015 10:34 AM	Treatment
07/01/2015 10:37 AM	Purchase
07/01/2015 10:49 AM	Purchase
07/01/2015 10:59 AM	Purchase
07/01/2015 11:01 AM	Purchase
07/01/2015 11:02 AM	UserForm
07/01/2015 11:06 AM	Prescription
07/01/2015 11:07 AM	Prescription
07/01/2015 11:15 AM	Purchase
07/01/2015 11:21 AM	Purchase
07/02/2015 02:38 PM	Purchase
07/09/2015 01:17 PM	Appointment
07/09/2015 01:50 PM	Appointment
07/15/2015 08:25 AM	Appointment
07/15/2015 01:35 PM	UserForm
07/15/2015 02:19 PM	Purchase
07/15/2015 02:19 PM	Deleted Reason
07/15/2015 02:21 PM	Prescription
07/15/2015 02:23 PM	UserForm
07/15/2015 02:56 PM	Treatment
07/15/2015 02:58 PM	Email
08/28/2015 02:48 PM	Prescription
08/28/2015 04:23 PM	Appointment
09/02/2015 10:00 AM	UserForm
09/02/2015 10:03 AM	Purchase
09/02/2015 10:05 AM	Vitals
09/02/2015 10:42 AM	Treatment
09/02/2015 10:49 AM	Prescription
09/02/2015 06:08 PM	UserForm



Client:
Patient:

B6

Patient History

09/02/2015 07:03 PM	Email
10/06/2015 03:19 PM	Prescription
01/11/2016 03:55 PM	Appointment
03/14/2016 11:02 AM	UserForm
03/14/2016 11:07 AM	Vitals
03/14/2016 11:15 AM	UserForm
03/14/2016 12:01 PM	Purchase
03/14/2016 12:02 PM	Purchase
03/14/2016 12:30 PM	Purchase
03/14/2016 12:30 PM	Purchase
03/14/2016 12:32 PM	Purchase
03/14/2016 12:33 PM	Purchase
03/14/2016 12:33 PM	Purchase
03/14/2016 12:33 PM	Purchase
03/14/2016 12:34 PM	Treatment
03/14/2016 03:35 PM	Purchase
03/14/2016 04:46 PM	Email
03/16/2016 01:57 PM	Appointment
03/16/2016 02:02 PM	Appointment
03/17/2016 05:19 PM	Appointment
03/18/2016 03:46 PM	Purchase
03/18/2016 03:46 PM	Purchase
03/18/2016 03:48 PM	Appointment
03/21/2016 05:45 PM	UserForm
03/21/2016 05:45 PM	Email
05/04/2016 11:21 AM	Appointment
05/09/2016 09:30 AM	Appointment
06/13/2016 09:01 AM	Appointment
06/13/2016 09:09 AM	Appointment
06/13/2016 12:46 PM	UserForm
06/13/2016 12:54 PM	UserForm
06/13/2016 01:22 PM	Vitals
06/13/2016 01:57 PM	Purchase
06/13/2016 01:57 PM	Purchase

B6

Client: **B6**
Patient:

Patient History

06/13/2016 02:33 PM UserForm
06/13/2016 05:27 PM Email
03/08/2017 02:21 PM Appointment
03/17/2017 09:28 AM UserForm
03/17/2017 09:30 AM Vitals
03/17/2017 10:05 AM UserForm
03/17/2017 10:09 AM Treatment
03/17/2017 10:51 AM Purchase
03/17/2017 10:52 AM Purchase
03/17/2017 10:54 AM Purchase
03/17/2017 10:54 AM Purchase
03/17/2017 02:21 PM Email
07/13/2017 03:49 PM Appointment
09/29/2017 10:55 AM Vitals
09/29/2017 10:55 AM Vitals
09/29/2017 10:58 AM Purchase
09/29/2017 10:58 AM Treatment
09/29/2017 11:06 AM UserForm
09/29/2017 11:38 AM Purchase
09/29/2017 11:38 AM Purchase
09/29/2017 11:39 AM Purchase
09/29/2017 11:48 AM UserForm
04/10/2018 02:32 PM Appointment
05/06/2018 04:22 PM Prescription
05/07/2018 11:13 AM UserForm
05/07/2018 11:14 AM Deleted Reason
06/20/2018 09:48 AM UserForm
06/20/2018 10:08 AM Purchase
06/20/2018 10:32 AM Vitals
06/20/2018 10:47 AM Treatment
06/20/2018 11:22 AM Purchase
06/20/2018 11:25 AM Purchase
06/20/2018 11:25 AM Purchase
06/20/2018 11:36 AM Purchase
06/20/2018 11:36 AM Purchase
06/20/2018 12:04 PM UserForm
06/20/2018 12:26 PM Purchase
06/20/2018 04:00 PM Email

B6

Client: **B6**
Patient:

Patient History

06/21/2018 01:16 PM
11/29/2018 12:33 PM

Email
Appointment

B6

B6 11:04 AM
11:10 AM

UserForm
Purchase



Cummings School of
Veterinary Medicine

Healing Animals. Helping Humans. Transforming Global Health.

Foster Hospital for Small Animals
200 Westboro Road
North Grafton, MA 01536
Telephone (508) 839-5395
Fax (508) 839-8739
<http://www.tufts.edu/vet/Warren>

B6

B6

Male (Neutered)

Canine Boxer Fawn

B6

Daily Update From the Cardiology Service

Today's date: 6/27/2014

Dear Drs at B6

Thank you for referring patients to the Foster Hospital for Small Animals at the Cummings School of Tufts University.

Your patient B6 was seen today by the Cardiology Service for a recheck appointment and evaluation of a recent episode that occurred on a hike.

B6 has been doing very well at home and has not had any issues up until last Saturday when he was on a hike with the owners. B6 made it about half a mile into the hike when he layed down and began breathing heavy. His gums were blu, but he never lost consciousness during the episode. He was carried out of the woods by the owner as he would not walk or move and was taken to a local animal hospital. By the time he arrived, his gum color was pink and he began walking around and doing better. His heart rate at that time was around 70. We discussed the possibility of the collapsing episode being caused by pacemaker dislodgement, tachyarrhythmia, metabolic abnormality, or neurological in origin. Thoracic radiographs, echocardiogram, ECG, and Chem 21 were performed to distinguish these causes.

Today, B6 was BAR on presentation. His physical exam was unremarkable with a HR of 80, and no arrhythmia noted on auscultation. B6 echocardiogram revealed similar changes to the previous echocardiogram and showed the pacing lead seated within the RV wall. His BP today was 140-150mmHg. Thoracic radiographs were performed which ruled out the possibility of gross dislodgement of the pacemaker lead, although micro-dislodgement could still be possible. Electrocardiogram revealed a single VPC during a 5 minute period. A chemistry 21 was also performed today to rule out systemic, metabolic, or electrolyte abnormalities which may have altered pacemaker capture.

While B6 exam today did not identify a definitive cause for the recent collapsing episode, his persistent third degree AV block is being corrected by appropriate cardiac pacing. At this time the most likely differentials for the presumed syncopal episode includes micro-dislodgement of the pacemaker lead or transient functional exit block. We programed Warren's pacemaker to detect and record intermittent ventricular tachycardia/tachyarrhythmias, and enabled autocapture mode which will detect micro-dislodgement and adjust the capture

voltage as needed.

We plan to recheck [B6] within the next month to re-evaluate his pacemaker settings, and recheck his echocardiogram in 6 months.

Please call our direct line at (508) 887-4988 if you have any questions. Thank you!

Attending Clinician: [B6]
Faculty Clinician:
Senior student:



Cummings School of
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Foster Hospital for Small Animals
200 Westboro Road
North Grafton, MA 01536
Telephone (508) 839-5395
Fax (508) 839-8739
<http://www.tufts.edu/vet/Warren>

B6

B6
B6 Male (Neutered)
Canine, Boxer, Fawn
B6

6/27/2014

Dear Drs at B6

Thank you for referring patients to the Foster Hospital for Small Animals at the Cummings School at Tufts University.

Your patient B6 was seen today by the Cardiology Service for a recheck appointment and evaluation of a recent episode that occurred on a hike.

B6 has been doing very well at home and has not had any issues up until last Saturday when he was on a hike with the owners. B6 made it about half a mile into the hike when he layed down and began breathing heavy. His gums were blu, but he never lost concisousness during the episode. He was carried out of the woods by the owner as he would not walk or move and was taken to a local animal hospital. By the time he arrived, his gum color was pink and he began walking around and doing better. His heart rate at that time was around 70. We discussed the possability of the collapsing episode being caused by pacemaker dislodgement, tachyarrhythmia, metabolic abnormality, or neurological in origin. Thoracic radiographs, echocardiogram, ECG, and Chem 21 were performed to distinguish these causes.

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micro-dislodgement and adjust the capture voltage as needed.

We plan to recheck B6 within the next month to re-evaluate his pacemaker settings, and recheck his echocardiogram in 6 months.

Please call our direct line at (508) 887-4988 if you have any questions. Thank you!

Attending Clinician: B6



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<http://www.tufts.edu/vet/Warren>

B6

B6

Male (Neutered)

Canine Boxer Fawn

B6

7/18/2014

Dear Dr.

B6

Thank you for referring **B6** with their pet **B6**

Please see attached records about **B6** appointment.

If you have any questions, or concerns, please contact us immediately at 508-887-4988.

Thank you,

B6

JVM (Resident, Cardiology)



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Fax (508) 839-8739
<http://www.tufts.edu/vet/>

B6

B6 Male (Neutered)
Canine Boxer Fawn
B6

1/2/2015

Dear Dr. **B6**

Thank you for referring **B6** with their pet **B6**

Please see attached records for **B6**

If you have any questions, or concerns, please contact us at 508-887-4988.

Thank you,

B6 DVM, DACVIM (Cardiology)



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B6

B6 Male (Neutered)
Canine Boxer Fawn
B6

6/29/2015

Dear Dr. **B6**

Thank you for referring **B6** with their pet **B6**

Please see attached records for **B6**

If you have any questions, or concerns, please contact us at 508-887-4988.

Thank you,

B6 VM (Resident, Cardiology)



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B6

B6
B6 Male (Neutered)
Canine Boxer Fawn
B6

B6

Dear Dr. B6

One of your patient, B6, was seen by the Emergency department of Tufts University to investigate a progressive swelling over his pacemaker site. Except for that swelling that had been noticed for the first time on Monday, B6 is still doing fine back home. However, he refused to eat this morning which is highly unusual for him.

On presentation, B6 was bright and alert but there was definitely abnormal swelling over his Pacemaker. He was then seen by the Cardiology department who applied a mild compressive bandage and recommended a 3 weeks course of B6 bandage change at home every three days, and a recheck in 2 weeks with the Cardiology department. No diagnostic tests has been done to try to find the source of the swelling. However, a CBC + Chem 21 was submitted (results pending). For further informations regarding B6 visit, please refer to his discharge.

If you have any questions, or concerns, please contact us at 508-887-4988.

Thank you,

Dr. B6



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<http://www.tufts.edu/vet/>

B6

B6
B6 Male (Neutered)
Canine Boxer Fawn
B6

7/15/2015

Dear Dr. B6

Thank you for referring B6 with their pet B6

Please see attached records for B6

If you have any questions, or concerns, please contact us at 508-887-4988.

Thank you,

B6



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Fax (508) 839-8739
<http://vetmed.tufts.edu/>

B6

B6
B6 Male (Neutered)
Canine Boxer Fawn
B6

3/15/2016

Dear Dr. B6

Thank you for referring B6 with their pet B6

If you have any questions, or concerns, please contact us at 508-887-4988.

Thank you,

B6



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B6

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Fax (508) 839-8739
<http://vetmed.tufts.edu/>

B6

B6

Male (Neutered)

Canine Boxer Fawn

B6

3/31/2016

Dear Dr. B6

Thank you for referring B6 with their pet B6

If you have any questions, or concerns, please contact us at 508-887-4988.

Thank you,

B6



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Fax (508) 839-8739
<http://vetmed.tufts.edu/>

B6

B6
B6 Male (Neutered)
Canine Boxer Fawn
B6

6/15/2016

Dear Dr. **B6**

Thank you for referring **B6** with their pet **B6**

If you have any questions, or concerns, please contact us at 508-887-4988.

Thank you,

B6



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B6

B6

B6

Male (Neutered)

Canine Boxer Fawn

B6

3/17/2017

Dear Dr. B6

Thank you for referring B6 with their pet B6

If you have any questions, or concerns, please contact us at 508-887-4988.

Thank you,

B6

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

Foster Hospital for Small Animals
55 Willard Street
North Grafton, MA 01536
Telephone (508) 839-5395
Fax (508) 839-7951
<http://vetmed.tufts.edu/>

B6

B6 Male (Neutered)
Cane Corso Fawn
B6

9/29/2017

Dear Dr. **B6**

Thank you for referring **B6** with their pet **B6**

If you have any questions, or concerns, please contact us at 508-887-4988.

Thank you,

B6

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

B6

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Fax (508) 839-7951
<http://vetmed.tufts.edu/>

B6
B6 Male (Neutered)
Canine Boxer Fawn
B6

6/22/2018

Dear Dr. **B6**

Thank you for referring **B6** with their pet **B6**

If you have any questions, or concerns, please contact us at 508-887-4988.

Thank you,

B6

Deceased Notification

Date: **B6** 1:00:45 AM
Referring Doctor: **B6**
Client Name:
Patient Name: **B6**

Case No: **B6**

Dear Dr. **B6**

The above-named patient presented to the Foster Hospital for Small Animals, and the owner has indicated that you are the primary care veterinarian.

We are sad to inform you that your patient is deceased. A report will be forthcoming from the attending doctor for your review. If you have any questions regarding this particular case, please seek assistance from our Medical Records Department by calling 508-887-4636.

We value your partnership and are very sorry for the loss of your patient.

Client Diet History Form

Submitted: 07/21/2018

PET INFORMATION

Pet Name B6
Pet Last Name
Pet Species/Breed Dog / Miniature Schnauzer
Pet's Color Pepper & Salt
Pet's Birthdate B6
Pet's Sex Male
Spayed or Neutered? No

CLIENT INFORMATION

Client Name
Client Address
Client Phone
Client Email
Co-Owner Name
Co-Owner Phone
Co-Owner Email

B6

CONSULT INFORMATION

Type of Consult In person
HCD Being Requested? Yes

Reasons & Goals for Consult

REASONS:
B6 refuses to eat any dry food anymore.
B6 was diagnosed by cardiologist with dilated cardiomyopathy (DCM).
- As FDA reported dogs fed grain-free food based on peas, lentils or potatoes developing unusual condition that may cause DCM. We fed Canidae Canidae dry dog food containing all these 3 ingredients (peas, lentils and potatoes). We also fed him Instinct dry food containing chickpeas and peas. We guess that it could cause DCM.

GOALS:
- We would like to switch to natural home cooked food.
- Improve B6 health and quality of life.
- Reverse DCM.

Attachments

- 01-CANDAE-BAG-FRONT.jpg
- 02-CANDAE-BAG-BACK.jpg
- 03-CANDAE-INGREDIENTS.jpg
- 04-INSTINCT-FRONT.jpg
- 05-INSTINCT-BACK.jpg
- 06-INSTINCT-INGREDIENTS.jpg
- 07-BLUE-BUFFALO-FRONT.jpg
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- 10-ROYAL-CANIN-EARLY-CARDIAC-FRONT.jpg
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- 12-ROYAL-CANIN-EARLY-CARDIAC-INGREDIENTS.jpg
- 13-GREENIES-PILL-POCKETS-FRONT.jpg
- 14-GREENIES-PILL-POCKETS-BACK.jpg

PRIMARY VETERINARIAN INFORMATION

rDVM Name
rDVM Clinic
rDVM Phone
rDVM Fax
rDVM Email



Diet History Form - updated

Agree to Terms

Date Submitted

07/21/2018

Information to Gather

About You, Your Veterinarian(s) and Your Pet

What type of appointment are you requesting?

In person

Has your pet been seen at Tufts in the last 6 months?

No

About the Pet Owner

Pet owner name

B6

Pet owner email

B6

Address

B6

Preferred Phone

B6

Preferred Phone Type

Mobile

Alternate Phone

Is there another phone number you would like to give us in case we can't reach you at one of the above?

No

Spouse/partner/co-owner's name

B6

Spouse/partner/co-owner's email

B6

Spouse/partner/co-owner's phone

B6

How did you hear about our service?

- Recommended by your veterinarian

Your Pet's Primary Veterinarian

Primary veterinarian

B6

Primary veterinarian's clinic name

B6

Primary veterinarian's clinic phone

B6

Primary veterinarian's clinic fax

B6

Primary veterinarian's clinic email

B6

Is your pet currently being (or has your pet been) seen by any other veterinarians in relation to her/his current health issues or other health issues that you'd like to discuss with us?

Yes

Information About Your Second Veterinarian

Name of 2nd veterinarian

B6

Clinic name of 2nd veterinarian

B6

Phone for 2nd veterinarian's clinic

B6

Fax for 2nd veterinarian's clinic

B6

Email for 2nd veterinarian's clinic

What is this second veterinarian's role in your pet's care?

Cardiologist

Should this 2nd veterinarian receive a copy of any written reports that result from working with our service?

Yes

Is your pet being seen by a 3rd veterinarian?

No

About Your Pet

Pet's name

B6

What is your pet's species?

Dog

Breed

Miniature Schnauzer

Color

Pepper & Salt

Sex

Male

Spayed/neutered?

No

Do you know your pet's exact birthdate?

Yes

Pet's Birthdate

B6

What is your pet's current weight

21

Pounds or kilograms?

lbs

Has your pet gained or lost weight within the past 6 months?

Stayed the same

Which category best describes your pet?

ideal weight

Reason and goals for consultation

REASONS:

- B6 refuses to eat any dry food anymore.
- B6 was diagnosed by cardiologist with dilated cardiomyopathy (DCM).
- As FDA reported dogs fed grain-free food based on peas, lentils or potatoes developing unusual condition that may cause DCM. We fed Canidae Canidae dry dog food containing all these 3 ingredients (peas, lentils and potatoes). We also fed him Instinct dry food containing chickpeas and peas. We guess that it could cause DCM.

GOALS:

- We would like to switch to natural home cooked food.
- Improve B6 health and quality of life.
- Reverse DCM.

Details About Your Pet's Habits

Questions about your pet

Is your pet housed:

- Indoors

Please describe your pet's activity level:

Moderate

Do you have any other pets?

No

How many people (including yourself) live in your household?

2

Who feeds your pet?

Both owners

How many times per day do you feed your pet?

Three

Does your pet finish all food that is offered?

It depends

Depends on what?

He don't want to eat dry food anymore. We have to ask him to eat. He may reject the dry food or leave some food. If we give him rice with boiled chicken tenders he finish all food. Apples or carrots as treats he eats everything with pleasure.

Does your pet have any difficulty with the following?

Does your pet have any of the following?

Have you observed any changes in any of the following?

- Appetite
- Activity level

Please explain the changes you have observed

B6 used to be a very active dog. We were walking him 3 times per day for 1 hour. From February 2018 he is not as active as before. He don't play much. He don't walk as much as before.

Have you made any recent changes in diet (last 4 weeks)?

Yes

Please explain the changes in your pet's diet

B6 didn't want to eat the dry food. We switched to boiled chicken tenders and rice.

Your Pet's Diet

Do you feed your pet DRY (e.g., kibble) pet food?

Yes

Please list each kind of DRY pet food individually

Brand or name	Amount per serving	How often given?	Fed since (mo/yr)?
Royal Canin Veterinary Diet Canine Early Cardiac Dry Dog Food	About 3/4 cup (about 60 grams)	2x/day	MAY 2018

Do you feed your pet WET (e.g., canned or pouched) pet food?

No

Do you feed your pet HOME-COOKED food?

Yes

Please list each kind of HOME-COOKED petfood individually

Food/Ingredient	Amount per serving	How often given?	Fed since (mo/yr)?
Boiled chicken tenders and rice	About 3/4 cup	2x/day	18 JUL 2018

Do you feed your pet TREATS?

Yes

Please list each kind of TREAT individually

Brand or name	Amount per serving	How often given?	Fed since (mo/yr)?
Apple	1/2 of apple (about 60g)	2-3 times per week	Feb 2015
Pear	1/2 of apple (about 60g)	1 time per week	May 2018
Carrot	1/2 of carrot (about 30g)	1 time per two weeks	Feb 2015
Cheese	10 grams	1-2 time per week	May 2014

Is there any OTHER kind of food you feed your pet?

No

Do you give any dietary supplements to your pet (for example: vitamins, glucosamine, fatty acids, herbs, or any other supplements)?

Yes

Please list any dietary supplements

Product Name	Amount	Frequency
Fish Oil	1 bottle course, 1 teaspoon per day	Once in March 2017 and once in March 2018

Is your pet receiving any medications?

Yes

Please list your pet's medications

Drug Name	Dosage
-----------	--------

B6

Do you use food (e.g., Pill Pockets, cheese, bread, peanut butter, etc.) to administer medications?

Yes

Lists foods used to administer medication

What kind?	Amount?	How often?
Greenies Pill Pockets Canine Chicken Flavor	2.5 pockets	2 times per day

Regarding commercial diets (pet foods and treats not made in your home) your pet may have received in the past, please select the following statement that is most accurate:

I have fed my pet other commercial diets in the past.

Please list all other commercial diets you are not currently feeding but have fed to your pet in the past.

Nutrition Client Diet History Form 7/21/18 w/ packaged foods snapshots

Food	Approximate Dates	Reason for discontinuing
CANIDAE Grain Free PURE Fields Small Breed Fresh Chicken Dog Food	NOV 2016 - APR 2017	B6 didn't want to eat this food anymore
Blue Buffalo Blue Life Protection Formula Adult Small Breed Chicken & Brown Rice Recipe Dry Dog Food	MAY 2016 - NOV 2017	B6 didn't want to eat this food anymore
CANIDAE Grain Free PURE Fields Small Breed Fresh Chicken Dog Food	NOV 2017 - DEC 2017	B6 didn't want to eat this food anymore, protesting and running away
Instinct Original Small Breed Grain Free Recipe with Real Chicken Natural Dry Dog Food by Nature's Variety	DEC 2017 - APRIL 2018	1) B6 didn't want to eat it anymore; 2) Switched to Royal Canin Veterinary Diet Canine Early Cardiac recommended by cardiologist
Hill's Prescription Diet Hypoallergenic Canine Treats	FEB 2017 - FED 2018	

Home-cooked Diets

Is a home-cooked diet being requested? (Please note that this option is only available for phone or in-person consults, not for consults directly with veterinarians.)

Yes

Does your pet have kidney disease?

No

Protein Sources

- Chicken
- Ground beef
- Egg

What is your pet's preferred protein?

Chicken

Carbohydrate Sources

- Barley
- Oats
- Rice

What is your pet's preferred carbohydrate?

Rice

Medical Records & Test Results

Requested Items

- Complete blood count, biochemistry profile and urinalysis
- Additional relevant diagnostics (e.g., urine culture, T4, ultrasound reports)
- Last 6 months' medical records or as appropriate (all consults)

Do you have any of the above in electronic format?

No

Would you like to upload and attach anything else to this form?

Nutrition Client Diet History Form 7/21/18 w/ packaged foods snapshots

- 01-CANIDAE-BAG-FRONT.jpg
 - 02-CANIDAE-BAG-BACK.jpg
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 - 04-INSTINCT-FRONT.jpg
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-





LIMITED INGREDIENT DIET

8 key INGREDIENTS

- Fresh Chicken
- Chicken Meal
- Lentils
- Peas
- Chicken Fat
- Chickpeas
- Suncured Alfalfa
- Flaxseed

PLUS Natural Flavor, Vitamins, Minerals, and Probiotics Mix



John Gordon & Scott Whipple launched CANIDAE® out of a Southern California feed store in 1996. They wanted to make a pet food that made a difference. That original commitment and passion for making great pet food is still just as strong today.

A SIMPLE RECIPE MADE WITH FRESH CHICKEN AND WHOLE FOODS



FRESH CHICKEN IS ALWAYS FIRST

This recipe is made with fresh chicken as the first ingredient for great taste your dog is sure to love.



WITH WHOLE FOODS FOR GENTLE DIGESTION

We use ingredients like lentils, peas, and chickpeas in their whole form whenever possible.



SIMPLE RECIPE FOR SENSITIVE DOGS

This limited ingredient diet is made with quality, easily recognizable ingredients you can feel good about.



HEALTHPLUS SOLUTIONS IN EVERY BITE®

Probiotics added to every kibble after cooking to help support healthy digestion, antioxidants to help support a healthy immune system, and omega 6&3 fatty acids to help support beautiful skin and coat.



ETHOS PET NUTRITION COMMITTED TO QUALITY

CANIDAE's own Brownwood, Texas facility. Find out more about ETHOS and our commitment to pets and their people at canidae.com

THE CANIDAE® GUARANTEE
If you are not completely satisfied with this product, please return the unused portion along with your sales receipt to the place of purchase for a full refund or replacement.

GUARANTEED BY
CANIDAE® Corporation, San Jose, CA 95129-3610
800-398-1600 within USA | 909-309-5190 outside USA
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12 IN CANIDAE® Grain Free PURE Ridge™ Product #1831

JOIN OUR FAMILY
CONNECT WITH US

CANIDAE.COM
f t b p

OUR NUTRITIOUS INGREDIENTS

Chicken, menhaden fish meal, peas, lentils, potatoes, dried whole egg, chicken fat (preserved with mixed tocopherols), uncured alfalfa, flaxseed, natural flavor, minerals (iron proteinate, zinc proteinate, copper proteinate, ferrous sulfate, zinc sulfate, copper sulfate, potassium iodide, manganese proteinate, manganous oxide, manganese sulfate, sodium selenite), vitamins (vitamin E supplement, thiamine mononitrate, ascorbic acid, vitamin A supplement, biotin, niacin, calcium pantothenate, pyridoxine hydrochloride, vitamin B12 supplement, riboflavin, vitamin D3 supplement, folic acid), salt, choline chloride, mixed tocopherols (a preservative), dried enterococcus faecium fermentation product, dried lactobacillus acidophilus fermentation product, dried lactobacillus casei fermentation product, dried lactobacillus plantarum fermentation product, dried trichoderma longibrachiatum fermentation extract

GUARANTEED ANALYSIS

Crude Protein	(min.).....	30.00%
Crude Fat	(min.).....	12.00%
Crude Fiber	(max.).....	4.00%
Moisture	(max.).....	10.00%
Linoleic Acid (omega 6)	(min.).....	3.00%
Vitamin E	(min.).....	50.00 IU/kg
Alpha Linolenic Acid (omega 3)**	(min.).....	0.40%
Lactobacillus Acidophilus**	(min.).....	100 million CFU/lb
Cellulase** (a)	(min.).....	100 CMCU/kg

**Not recognized as an essential nutrient by the AAFCO Dog Food Nutrient Profiles

(a) One Carboxymethyl Cellulose Unit (CMCU) liberates one micromole of reducing sugar (expressed as glucose equivalents) in one minute under the conditions of the assay.

CALORIE CONTENT (Calculated)

ME (kcal/kg) 3,470 ME (kcal/lb) 1,573
ME (kcal/g) 3.47 ME (kcal/cup) 520



Instinct

THE RAW BRAND

WE'RE ON A MISSION TO TRANSFORM THE LIVES OF PETS.

We believe that all pets deserve the best life possible. And if you ask us—it starts with food. Let's satisfy our pets' need for real food. Let's stick with what's natural and keep it simple. And as pure as possible. Let's follow nature's lead and give them more raw and stay free from filler, by-product and artificial preservatives. Let's redefine better. And put the pure, real nutrition of raw into more bowls. Let's do our part.

FEED WHAT'S REAL®

PERFECTLY TAILORED NUTRITION FOR SMALL BREEDS GUIDED BY OUR BELIEF IN RAW

Real, natural, whole-food ingredients, purposefully chosen for the nutrition they provide for your small breed. All with the pure, real nutrition of raw on every piece.

OUR FIRST FOUR INGREDIENTS

- ✓ CHICKEN
- ✓ CHICKEN MEAL
- ✓ CHICKEN AS
- ✓ TURKEY MEAL

MADE WITHOUT

- ✗ GRAIN OR POTATO
- ✗ CORN, WHEAT SOY
- ✗ BY-PRODUCT MEAL
- ✗ ARTIFICIAL COLORS OR PRESERVATIVES

LEAN MUSCLES

Packed with animal protein—cage-free chicken is the first ingredient.

DIGESTIVE & IMMUNE HEALTH

Guaranteed levels of probiotics, omegas and antioxidants.

JOINT HEALTH

Naturally occurring glucosamine and chondroitin.



HEALTHY BODY WEIGHT

Ideal balance of protein, fat and calories.

STRONG BONES AND TEETH

Guaranteed levels of calcium and phosphorus.



THE PURE, REAL NUTRITION OF RAW ON EVERY PIECE

We believe in the power of raw, because we know the good it can do. So we asked ourselves—how can we incorporate this into every food that we make? And eventually, we found a way—raising the bar in nutrition and taste.



ACTUAL SIZE

HERE'S HOW:



We move our raw frozen chops then freeze dry them—removing the moisture and locking in the nutrients.



Then the freeze-dried raw is crushed and tumbled with our kibble—putting the pure, real nutrition of raw on every piece.



ONE MILLION MEALS

We think all pets deserve food that's real, nutrient-rich, grain-free and natural. That's why Instinct® provides your pet the most real nutrition to the dogs and cats at Instinct. A small company's dedication creates real results. Because what we feed them can make all the difference.

NATURAL NUTRITION

WITH ADDED VITAMINS, MINERALS & OTHER TRACE NUTRIENTS

OUR INGREDIENTS

Chicken, Chicken Meal (source of Glucosamine and Chondroitin Sulfate), Chickpeas, Turkey Meal, Tapioca, Herring Meal, Chicken Fat (preserved with Mixed Tocopherols and Citric Acid), Peas, Dried Tomato Pomace, Natural Flavor, Coconut Oil, Montmorillonite Clay, Salt, Chicken Eggs, Potassium Chloride, Vitamins (Vitamin E Supplement, L-Ascorbyl-2-Polyphosphate, Niacin Supplement, Thiamine Mononitrate, d-Calcium Pantothenate, Vitamin A Supplement, Riboflavin Supplement, Pyridoxine Hydrochloride, Vitamin B12 Supplement, Folic Acid, Vitamin D3 Supplement, Biotin), Carrots, Apples, Cranberries, Choline Chloride, Minerals (Zinc Proteinate, Iron Proteinate, Copper Proteinate, Manganese Proteinate, Sodium Selenite, Ethylenediamine Dihydrochloride), Freeze Dried Chicken, Freeze Dried Chicken Liver, Pumpkinseeds, Freeze Dried Chicken Heart, Dried Bacillus coagulans Fermentation Product, Rosemary Extract.

This is a naturally preserved product. Contains a source of live, naturally occurring microorganisms.

GUARANTEED ANALYSIS

Crude Protein (min):	36.0%
Crude Fat (min):	15.5%
Crude Fiber (max):	5.0%
Moisture (max):	10.0%
Calcium (min):	1.4%
Phosphorus (min):	1.1%
Vitamin E (min):	200 IU/kg
*Ascorbic Acid (Vitamin C) (min):	100 mg/kg
*Omega 3 Fatty Acids (min):	0.25%
*Omega 6 Fatty Acids (min):	2.0%
*Glucosamine (min):	300 mg/kg
*Chondroitin Sulfate (min):	525 mg/kg
*Bacillus coagulans (min):	60,000,000 CFU/lb

*Not recognized as an essential nutrient by the AAFCO Dog Food Nutrient Profiles.

CALORIE CONTENT (FED): Metabolizable Energy
4,140 kcal/kg; 463 kcal/cup

COMPLETE & BALANCED

Instinct® Original Grain-Free Recipe with Real Chicken for Small Breed Dogs is formulated to meet the nutritional levels established by the AAFCO Dog Food Nutrient Profiles for all life stages except for growth of large size dogs (70 lbs or more as an adult).

SATISFACTION GUARANTEED

If you or your pet are not completely satisfied with this product, simply return the unused portion, along with the original sales receipt, back to the retailer and receive a full refund or exchange.

WE'D LOVE TO HEAR FROM YOU!
Call 1-888-519-7387 or learn more at
www.instinctpetfood.com

Store in a cool, dry place. Keep package sealed to maintain freshness.
Distributed by: Nature's Variety®, Saint Louis, MO 63146
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DAILY FEEDING GUIDELINES

Ideal feeding amounts will vary by age, weight, and activity level so the guide below should be used as an initial recommendation. Divide the cups per day by the number of feedings per day. Be sure to always provide clean, fresh water. Along with dry food, we recommend feeding raw or wet food to help increase the amount of water in your dog's diet.



WEIGHT OF DOG	2-8 lb	9-12 lb	13-20 lb	21-30 lb
ADULT MAINTENANCE (cups per day*)	1/2-1	1/2-1	1-1 1/2	1 1/2-1 3/4
WEIGHT LOSS (cups per day*)	1/2-1	1/2-1	1-1 1/2	1-1 1/2

*Standard 8 oz dry measuring cup

PUPPIES: Feed up to twice the adult maintenance amount shown above.

PREGNANT/NURSING FEMALES: Feed up to three times the adult maintenance amount shown above.

TRANSITIONING TO INSTINCT: Always introduce a new food over a period of 5 to 7 days, mixing increasing amounts of Instinct with the current food each day.

Visit instinctpetfood.com/feeding-guide for more specific feeding recommendations and information on how to easily combine different forms of food.





Love them like family. Feed them like family.

No chicken/poultry by-product meals • No corn, wheat or soy • No artificial preservatives • No artificial flavors

Healthy

Holistic

THE BLUE BUFFALO CO.

THE BLUE BUFFALO CO.

THE BLUE BUFFALO CO.

THE BLUE BUFFALO CO.

BLUE

Superior Nutrition
Ultimate Protection

**SMALL BREED
BENEFITS**

- ✓ Meets High Energy Requirements
- ✓ Omega 3 & 6 Promote Healthy Skin & Coat
- ✓ Unique "Small-Bite" Kibble

Life Protection Formula

with **LifeSource Bits**

Vital Nutrients and Antioxidants for Your Dog's Health and Well-Being

**Small Breed
ADULT**

Chicken and Brown Rice Recipe

Deboned Chicken • Wholesome Whole Grains • Healthy Fruits and Veggies

Net Weight 5.0 lb (2.27 kg)
Suggested Retail Price
Nestlé's Purina PetCare



Healthy  Holistic

Love them like family. Feed them like family.*

Like you, we think of our dogs as family members. We want them to enjoy every meal, and we do all we can to help them live long, happy and healthy lives. That's why we take great care in selecting the finest natural ingredients for every one of our BLUE dog foods. Our starting point is always delicious protein rich, deboned chicken, fish or lamb, and we never use any chicken (or poultry) by-product meals.

When you add the potent nutrient and antioxidant support of our exclusive LifeSource Bits to the superior nutrition of the finest natural ingredients, you get BLUE healthy and holistic dog food. It's the perfect food for your furry family members.

The Finest Natural Ingredients Enhanced with Vitamins and Minerals

Nothing beats natural when it comes to providing your dog with the nutrition he needs to stay healthy and happy. Every one of BLUE's tasty recipes has just the right balance of high-quality protein, whole grains, garden vegetables, and fruit to every bite.

High-Quality Protein

Delicious deboned chicken

Wholesome Whole Grains

Brown rice, oatmeal and barley

Healthy Garden Veggies

Whole peas, sweet potatoes, carrots and more

Antioxidant-Rich Fruit

Blueberries and raspberries



Enhanced Supplementation of LifeSource Bits®

BLUE's exclusive LifeSource Bits are a precise blend of antioxidants, vitamins and minerals selected by holistic veterinarians and animal nutritionists. LifeSource Bits include ingredients that have been shown to help support:

- Immune system health
- Life stage requirements
- Healthy oxidative balance

And LifeSource Bits are "cold formed" to help maintain the potency of their ingredients by minimizing their exposure to heat during processing. Learn more at BlueBuffalo.com/LifeSourceBits.



BLUE Small Breed Adult Dog Chicken & Brown Rice Recipe Benefits

<p>Healthy Muscle Development High-quality protein from Deboned Chicken, plus Chicken Meal helps build and maintain strong muscles.</p> <p>Higher Energy Needs Increased levels of protein and carbohydrates help meet higher energy requirements.</p> <p>Dental Health Unique "small-bite" kibble is the perfect size for smaller jaws and is shaped to help promote tartar removal with chewing.</p>	<p>Joint Health Glucosamine helps support joint function and overall mobility.</p> <p>Healthy Skin & Coat An optimal balance of Omega 3 & 6 Fatty Acids helps promote a shiny coat and healthy skin.</p> <p>Immune System Health Essential vitamins, chelated minerals and important antioxidants help support the immune system.</p>
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Inspired by Blue Himself
Blue, our large breed Airedale, is the good pal who inspired us to develop BLUE. A tireless pursuer of squirrels, Blue always enjoyed sharing the yard with his favorite canine companions Molly, Emma & Zack.

Follow Us

#bluebuffalo

Best if Used By:

For more information on BLUE™ visit BlueBuffalo.com or call us at 1.800.919.2833

Ingredients

Deboned Chicken, Chicken Meal, Brown Rice, Oatmeal, Barley, Menhaden Fish Meal (source of Omega 3 Fatty Acids), Chicken Fat (preserved with Mixed Tocopherols), Flaxseed (source of Omega 6 Fatty Acids), Natural Flavor, Pea Starch, Dried Tomato Pomace, Peas, Pea Protein, Dried Egg Product, Salt, Potassium Chloride, Dehydrated Alfalfa Meal, Potatoes, Dried Chicory Root, Pea Fiber, Alfalfa Nutrient Concentrate, Calcium Carbonate, Choline Chloride, DL-Methionine, Preserved with Mixed Tocopherols, Sweet Potatoes, Carrots, Garlic, Zinc Amino Acid Chelate, Zinc Sulfate, Vegetable Juice for color, Ferrous Sulfate, Vitamin E Supplement, Iron Amino Acid Chelate, Blueberries, Cranberries, Barley Grass, Parsley, Turmeric, Dried Kelp, Yucca Schidigera Extract, Glucosamine Hydrochloride, Niacin (Vitamin B3), Calcium Pantothenate (Vitamin B5), L-Carnitine, L-Ascorbyl-2-Polyphosphate (source of Vitamin C), L-Lysine, Copper Sulfate, Biotin (Vitamin B7), Vitamin A Supplement, Copper Amino Acid Chelate, Manganese Sulfate, Taurine, Manganese Amino Acid Chelate, Thiamine Mononitrate (Vitamin B1), Riboflavin (Vitamin B2), Vitamin D3 Supplement, Vitamin B12 Supplement, Pyridoxine Hydrochloride (Vitamin B6), Calcium Iodate, Dried Yeast, Dried Enterococcus faecium fermentation product, Dried Lactobacillus acidophilus fermentation product, Dried Aspergillus niger fermentation extract, Dried Trichoderma longibrachiatum fermentation extract, Dried Bacillus subtilis fermentation extract, Folic Acid (Vitamin B9), Sodium Selenite, Oil of Rosemary.

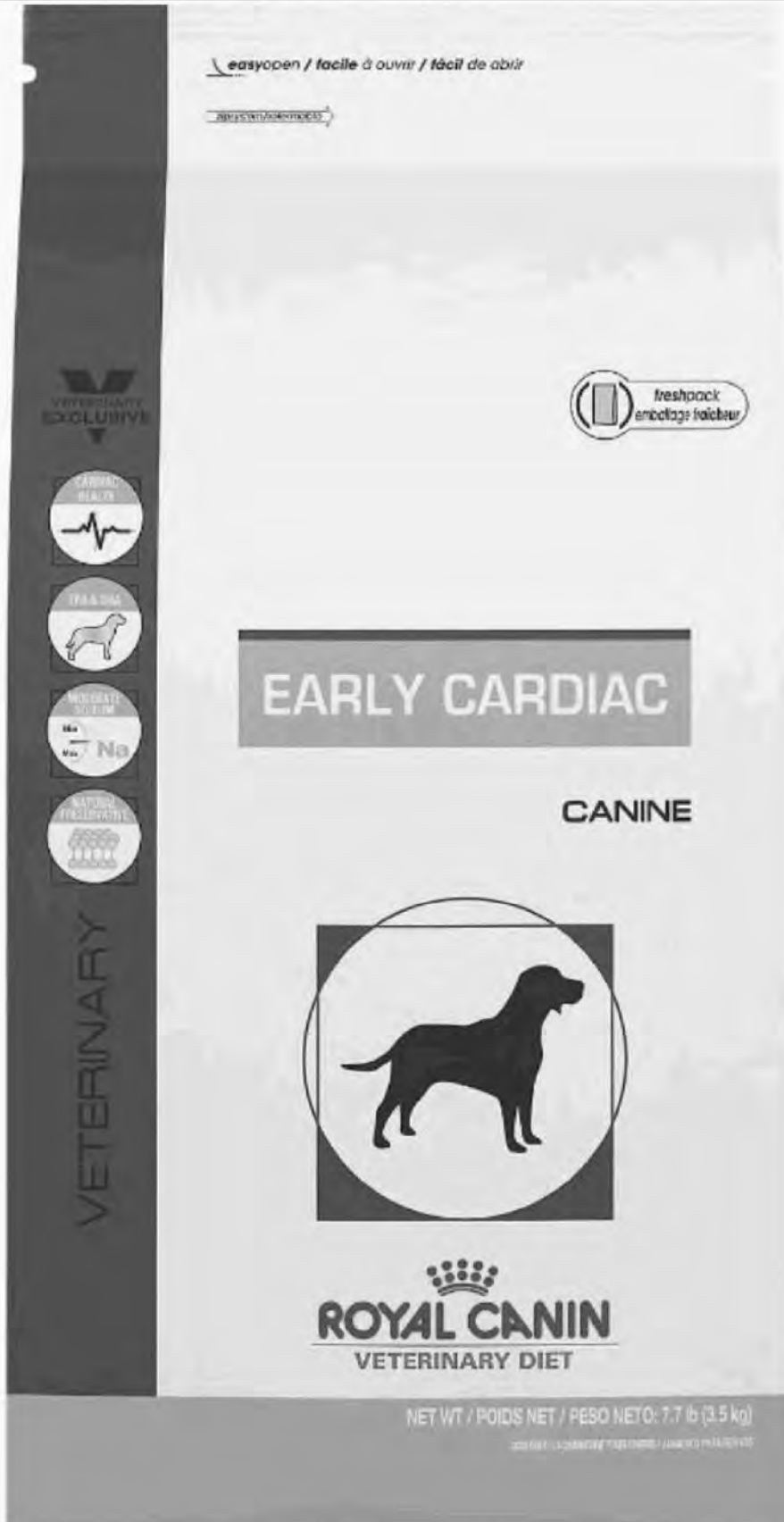
Guaranteed Analysis

Crude Protein	26.0% min
Crude Fat	15.0% min
Crude Fiber	4.0% max
Moisture	10.0% max
Calcium	1.2% min
Phosphorus	0.9% min
Omega 3 Fatty Acids*	0.5% min
Omega 6 Fatty Acids*	3.0% min
Glucosamine*	400 mg/kg min

*Not recognized as an essential nutrient by the AAFCO Dog Food Nutrient Profiles.

Nutrition Statement

BLUE Life Protection Formula Chicken and Brown Rice Recipe for Small Breed Adult Dogs is formulated to meet the nutritional levels established by the AAFCO Dog Food Nutrient Profiles for maintenance.





EARLY CARDIAC

FOUNDED BY A VETERINARIAN, ROYAL CANIN has over 40 years of experience in health nutrition. Our work with pet nutritionists, breeders, and veterinarians from around the world has provided us with knowledge about the specific nutritional requirements of dogs. This knowledge allows us to formulate the optimal diet for your dog's special needs.

FONDÉE PAR UN VÉTÉRINAIRE, ROYAL CANIN compte plus de 40 ans d'expérience en alimentation saine. Nos travaux avec des nutritionnistes animaliers, des éleveurs et des vétérinaires de partout dans le monde nous ont permis d'acquies des connaissances spécifiques sur les besoins nutritionnels des chiens. Ces connaissances nous ont permis de créer une diète optimale pour les besoins particuliers de votre chien.

FUNDADA POR UN VETERINARIO, ROYAL CANIN tiene más de 40 años de experiencia en nutrición para la salud. Nuestro trabajo con nutricionistas de mascotas, criadores y veterinarios de todo el mundo, nos ha proporcionado el conocimiento de las necesidades nutricionales específicas de los perros. Este conocimiento nos permite formular la dieta óptima para las necesidades específicas de su perro.



Cardiac Health / Santé Cardiaque / Salud Cardíaca
 Coronary artery disease and heart failure
 Cardiac de l'origine, de la coronaire et de la valve
 Corazón arterial, cardiopatía y insuficiencia



Medicines Such as / Tenues Médicines ou Médicins / Medicamentos
 Digoxin, ACE Inhibitors, diuretics
 Digoxine, inhibiteurs de l'enzyme de conversion, diurétiques
 Digoxina, inhibidores de la enzima convertidora de angiotensina, diuréticos



EPA and DHA / EPA et DHA / EPA y DHA
 Dogs with heart disease and kidney disease
 Les chiens atteints de maladies cardiaques et de maladies rénales
 El ácido estearico omega-3 y el ácido docosahexaenoico omega-3 de cadena larga para apoyar un funcionamiento cardiovascular sano.



Renal Protection / Apport de Concentration Renale / Conservación Renal
 Slowly progressing kidney problems and quality of life
 Début de problèmes rénaux pour garantir la longévité et la qualité de vie
 Conservación de la función renal para asegurar la longevidad y calidad de vida.

Recommended Daily Feeding Portion Alimentación quodidiana recomendada / Porciones diarias recomendadas		
Weight of dog (kg) Poids du chien (kg)	Weight of dog (lb) Poids du chien (lb)	Dogs (grams) per dog Porcion quodidiana (g)
4.5	10	7 (25g)
6.8	15	9 (30g)
11.2	25	11 (38g)
22.0	50	13 (42g)
33.1	75	15 (48g)
44.1	100	17 (55g)
55.1	125	19 (62g)
66.1	150	21 (68g)
77.2	175	23 (75g)
88.2	200	25 (82g)
99.2	225	27 (88g)
110.2	250	29 (95g)
121.2	275	31 (102g)
132.2	300	33 (108g)
143.2	325	35 (115g)
154.2	350	37 (122g)
165.2	375	39 (128g)
176.2	400	41 (135g)
187.2	425	43 (142g)
198.2	450	45 (148g)
209.2	475	47 (155g)
220.2	500	49 (162g)

1 Cup = 240 ml / 1 Tasse = 240 ml / 1 Taza = 240 ml / 1 Jarra = 240 ml
 1 Liter = 1.057 quarts / 1 Litre = 1.057 quarts / 1 Litro = 1.057 quarts / 1 Litro = 1.057 quarts

Calorie Content / Contenu Calorique / Contenido Calórico
 Canine/Canine/Canine 360 kcal ME/kg (1 kcal/0.4184 kcal/lb)
 Canine/Canine/Canine 360 kcal ME/kg (1 kcal/0.4184 kcal/lb)

GENERAL FEEDING RECOMMENDATIONS
 Daily feeding recommendations may be divided into two to four meals, depending on your dog's age. Consult your veterinarian for specific feeding guidelines for your pet. This feeding guide does not apply to puppies or pregnant/lactating dogs. Always fresh drinking water is available at all times. Store product in a cool, dry place.

RECOMMANDATIONS ALIMENTAIRES GÉNÉRALES
 Les portions quotidiennes recommandées peuvent être réparties en deux à quatre repas. Les besoins nutritionnels peuvent varier. Consultez votre vétérinaire pour obtenir des recommandations spécifiques pour votre animal. Le présent guide alimentaire ne s'applique pas aux chiots ni aux chèvres allaitantes ou qui allaitent. Fournir de l'eau fraîche en tout temps. Conserver le produit dans un endroit frais et sec.

RECOMENDACIONES GENERALES DE ALIMENTACIÓN
 Las recomendaciones de alimentación diarias pueden dividirse en dos a cuatro comidas. Los requerimientos nutricionales pueden variar. Consulte al médico veterinario. Este guía de alimentación no se aplica a cachorros ni perros lactantes o en período de lactancia. Asegúrese de que se encuentre disponible agua fresca disponible para beber. Guarde el producto en un lugar fresco y seco.

ROYAL CANIN USA, Inc.
 590 Fountain Lakes Boulevard, Suite 600
 St. Charles, MD 21751, USA
 1-800-592-9687, www.royalcanin.us

ROYAL CANIN Canada Company
 100 Bolger Rd. R3
 Guelph, ON N1H 6H6, Canada
 1-800-527-2673, www.royalcanin.ca

Importado y distribuido por:

ROYAL CANIN Puerto Rico Inc.
 P.M.B. 122, 400 Kala / Street
 00970 San Juan, Puerto Rico
 Tel.: 787 822 79 55
 www.royalcanin.pr

ROYAL CANIN MEXICO SA DE CV
 Lago Zúñich No. 245 Int. 1204
 Colonia Ampliación Granada
 C.P. 11529 Delegación Miguel Alemán
 México, D.F.
 Tel: 01-800-026-77-64
 www.royalcanin.com.mx
 SAGARPA A-2077-432

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Bred by - Méthode axiale - F. Calozada / Manufactured in - Fabricado en - Mexico, Inc.



INGREDIENTS: Brewers rice, chicken fat, chicken meal, fish meal, soy protein isolate, natural flavors, powdered cellulose, potassium chloride, fish oil, L-arginine, choline chloride, taurine, monosodium phosphate, L-carnitine, vitamins [DL-alpha tocopherol acetate (source of vitamin E), L-ascorbyl-2-polyphosphate (source of vitamin C), niacin supplement, biotin, riboflavin supplement, D-calcium pantothenate, pyridoxine hydrochloride (vitamin B6), vitamin A acetate, thiamine mononitrate (vitamin B1), folic acid, vitamin B12 supplement, vitamin D3 supplement], trace minerals (zinc oxide, ferrous sulfate, copper sulfate, manganous oxide, calcium iodate, sodium selenite), rosemary extract, preserved with mixed tocopherols and citric acid.





TEAR TO OPEN
DÉCHIRER POUR OUVRIR

Why GREENIES™ PILL POCKETS™ treats?

Getting your dog to take their medicine can be difficult and can leave you feeling frustrated and your dog angry, scared or confused.

GREENIES™ PILL POCKETS™ treats:

- Offer a proven solution for administering medication.
- Contain a built-in pouch suited for hiding the medicine.
- Makes taking medicine a positive experience for your dog.
- Dogs love them!

Pourquoi les gâteries GREENIES™ PILL POCKETS™?

Donner des médicaments à votre chien peut être difficile, ce qui risque de vous frustrer et de rendre votre chien contrarié, anxieux ou confus.

Les gâteries PILL POCKETS™ de la gamme GREENIES™ :

- Offrent une solution éprouvée lorsqu'il est difficile d'administrer un médicament.
- Compartent une pochette intégrée, idéale pour cacher le médicament.
- Transforment la prise de médicament en une expérience positive pour votre chien.
- Les chiens en raffolent!

FEEDING GUIDELINES Feed as a treat.

GUIDE ALIMENTAIRE Offrir comme une gâterie

1 FILL: Hold PILL POCKETS™ treat with your thumb and forefinger; insert tablet.
GARNIR : Tenez la gâterie PILL POCKETS™ entre le pouce et l'index, insérez le comprimé.



2 PINCH: Using the same hand holding the PILL POCKETS™ treat, squeeze the top half closed.



PINCHER : Avec la main qui tient la gâterie PILL POCKETS™, refermez en pinçant la moitié supérieure.

3 GIVE: The PILL POCKETS™ treat is now sealed, feed to your dog.



DONNER : Donnez la gâterie PILL POCKETS™ ainsi refermée à votre chien.

IMPORTANT: To prevent transfer of medicine smell or taste, do not touch PILL POCKETS™ treat with the hand that held the medicine.
IMPORTANT : Afin d'éviter de conférer à la gâterie l'odeur ou le goût de médicament, ne touchez pas la gâterie PILL POCKETS™ avec la main qui a tenu le médicament.

INGREDIENTS Rehydrated chicken, glycerin, wheat flour, dried corn syrup, dried cheese, vegetable oil, wheat gluten, dried cultured skim milk, natural cheddar cheese flavor, sodium bisulfate, water, natural flavors, preserved with mixed tocopherols.

INGRÉDIENTS Poulet réhydraté, glycérine, farine de blé, syrop de maïs déshydraté, fromage séché, huile végétale, gluten de blé, lait écrémé de culture en poudre, arôme naturelle de fromage cheddar, bisulfate de sodium, eau, arômes naturels, mélange de tocophérols comme agent de conservation.

GUARANTEED ANALYSIS / ANALYSE GARANTIE

Crude Protein / Protéines brutesMin. 11.0%
Crude Fat / Matières grasses brutesMin. 10.0%
Crude Fiber / Fibres brutesMax. 1.5%
Moisture / HumiditéMax. 31.0%

**CALORIE CONTENT / (CALCULATED)
VALEUR CALORIGÈNE / (CALCULÉE)**

(kcal/kg) ME /2,941
(kcal/kg) Energie métabolisable9
Calories (kcal) ME per treat /30
Calories (kcal) par gâterie
Servings per package (approx.) /
Portions par paquet (approx.)



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Comments or Questions? Call 1-866-GREENIES (1-866-473-3643) or
visit our website at www.greenies.com
Commentaires ou questions? Composez le 1-866-473-3643 ou visitez
notre site Web au www.greenies.com

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 B6
 Company Name: B6
 Address: B6

Email: B6
 Tel: B6 Fax: _____

Billing Contact: B6 TAX ID: _____
 Email: B6 Tel: B6
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

239²⁹

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: **B6**
Address: **B6**

Email: **B6**
Tel: **B6** Fax: _____

Billing Contact: **B6** TAX ID: _____
Email: **B6** Tel: **B6**

Patient Name: **B6**
Species: *k-9*
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

B6

PL 0
WB 2

B6

Amino Acid Laboratory Sample Submission Form

Amino Acid Laboratory, 1089 Veterinary Medicine Drive, Davis, Ca 95616

Telephone: 530-752-5058, Fax: 530-752-4698

Email: ucd.aminoacid.lab@ucdavis.edu

www.vetmed.ucdavis.edu/labs/amino-acid-laboratory

Veterinarian Contact: B6

Clinic/Company Name: Tufts Cummings School of Vet Med - Clinical Pathology Laboratory

Address: 200 Westboro Road, North Grafton MA 015369

Email: Clinpath@tufts.edu cardiovet@tufts.edu

Telephone: 508-887-4669 Fax: 508-839-7936

Billing Contact: B6 Email: B6

Billing Contact Phone: B6 Tax ID: _____

Patient Name: B6 Species: CANINE

Breed: POBORN Owner's Name: B6

Current Diet: CANINE

Sample type: Plasma Whole Blood Urine Food Other _____

Test: Taurine Complete Amino Acids Other: _____

Taurine Results (lab use only)

Plasma: B6 Whole Blood: B6 Urine: _____ Food: _____

	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

B6

PL 0
WB 2

B6

Amino Acid Laboratory Sample Submission Form

Amino Acid Laboratory, 1089 Veterinary Medicine Drive, Davis, Ca 95616

Telephone: 530-752-5058, Fax: 530-752-4698

Email: ucd.aminoacid.lab@ucdavis.edu

www.vetmed.ucdavis.edu/labs/amino-acid-laboratory

2/25/2019 6:10 PM
SHIP w ICE PACKS, TAURINE
PANEL
Lithium Heparin

B6

Veterinarian Contact: **B6**

Clinic/Company Name: Tufts Cummings School of Vet Med - Clinical Pathology Laboratory

Address: 200 Westboro Road, North Grafton, MA 015369

Email: Clinpath@tufts.edu cardiovet@tufts.edu

Telephone: 508-887-4669 Fax: 508-839-7936

Billing Contact: **B6** Email: **B6**

Billing Contact Phone: **B6** Tax ID: _____

Patient Name: **B6** Species: CANINE

Breed: POBORN Owner's Name: **B6**

Current Diet: CANINE

Sample type: Plasma Whole Blood Urine Food Other _____

Test: Taurine Complete Amino Acids Other: _____

Taurine Results (lab use only)

Plasma: **B6** Whole Blood: **B6** Urine: _____ Food: _____

	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

B6

Patient:

Client:

Veterinarian:

Practice:

B6

03/13/2019

Presenting Complaint: Cardiac Recheck

History:

B6 presents for her first 16 week recheck. She is doing very well at home. Her appetite and energy levels are normal. She exhibits no exercise intolerance. She is now on Pro Plan Lamb and Rice diet.

Performed Today:

Physical Exam: BAR; Weight decreased 0.22# to 25.2 kg/ 55.44pounds (BCS 5/9); Temperature 100.8F; Heart rate 72bpm; Precordium displaced to right, Grade V/VI systolic murmur loudest over right heart base, heart sounds muffled on left; Respiratory rate 24bpm; Breath sounds clear and comfortable; Abdomen unremarkable: minimal periodontal disease.

Echocardiogram:

Tricuspid Valve Dysplasia - Severe
Severe tricuspid insufficiency
Severe right heart volume load
Caudal vena cava and hepatic veins not nearly as enlarged and there is at least a 30% attenuation with inspiration
No appreciable abdominal fluid
Dilated, thin-walled, hypocontractile left ventricle consistent with left-sided dilated cardiomyopathy
LV diameter overall stable
Anterior mitral valve stiff, with "hockey stick" configuration
- rule out mild mitral valve dysplasia
Trace mitral insufficiency

Assessment:

**Tricuspid Valve Dysplasia
Severe Tricuspid Insufficiency
Severe Right Heart Volume Load
Dilated Cardiomyopathy**

B6 heart appears overall the same as her baseline. The enlargement of the blood vessels connecting heart and lungs is improved. We will not change a thing.

Medications:

B6

Monitoring:

Diet: Normal - There have been multiple recent reports linking grain-free diets to heart muscle dysfunction. **B6 diet only has one of the suspect**

B6

7/23/19 @ 2p

BY **B6**
DATE 3/13/19
3:25 p

FAXED
 EMAILED

B6

components, but I do recommend transition to a grain based diet or one that does not have lentils, chick peas, peas, pea meal, white or sweet potatoes in the first 8-10 ingredients

Avoid salty snacks (deli meats, cheese, Pupperoni or Snausages)

Exercise: Avoid Overexertion/Overheating

Call us if: Status changes, Increased respiratory rate, Increase or change in cough, distended abdomen, passing out, failure to respond to medications

Recheck: Recheck here in 4 months for physical exam, abbreviated echocardiogram
- sooner if problems

We appreciate your confidence in **B6** We pledge to provide the clients you refer to us the same personal care that you and your pets appreciate. Please do not hesitate to call with any questions or concerns. Again, thank you for your trust.

RDVM Radiographs:

Returned to Owner

Mailed to RDVM

Discharge Technician's Initials:

B6

B6

Information for

B6

B6

Patient:

Client:

Veterinarian:

Practice:

B6

01/08/2019

Note

pcDVM update

Provider: D

B6

Thanks for the updated labwork on **B6** She has a cardiac recheck scheduled with us in March.

B6

B6

FAXED EMAILED

FILE

BY **B6**

DATE 1-8-19
VCS

B6

B6

Patient:

Client:

Veterinarian:

Practice:

B6

01/07/2019

Note

P update

Provider: Dr.

B6

I spoke with **B6** this morning. I let her know that the Taurine level returned normal. Dr. **B6** is still recommending supplementation of taurine. **B6** will start as soon as she obtains. She has a plan to have **B6** renal panel and electrolytes recheck at the end of the week. Please call if there are any changes or concerns.

B6

LVT

B6

Licensed Veterinary Technician

B6

FAXED EMAILED

BY

B6

DATE

3:47P
1-7-19

B6

B6

Patient:

Client:

Veterinarian:

Practice:

B6

01/02/2019

Note

ccDVM Update

Provider:

B6

I spoke with **B6** this afternoon, and she reported that **B6** is doing well. I explained to her that, in addition to the Taurine level **B6** also needed to have a renal panel and electrolytes checked in order to check how her kidneys were responding to the **B6**. This can be performed at your office, which I reviewed with **B6**. She is planning to get in touch with you to schedule an appointment to have this performed. I also let her know we have not yet heard from UC Davis regarding the Taurine level, and I explained that it can take up to 2 weeks for the results, with a possibility of things being a little longer with the holidays. I told her we would be sure to contact her as soon as we receive the results, and that we would also fax a copy to your office.

B6

LVT

B6

Licensed Veterinary Technician

B6

FILE

FAXED EMAILED

BY **B6**

DATE 1/2/19
B:Blp

B6

B6

Patient:

Client:

Veterinarian:

Practice:

B6

11/20/2018 **Presenting Complaint:** Cardiac Consultation

History:

B6 is presented to the Cardiology service for evaluation of a heart murmur and radiographic cardiomegaly. She is completely asymptomatic for cardiac disease and runs, plays and swims vigorously. She was evaluated last week for new forelimb lameness when heart sounds were muffled on physical exam. Thoracic radiographs revealed cardiomegaly. Labwork was overall unremarkable. B6 had received a dose of meloxicam from a housemate's prescription. This has been discontinued and she has since not been on any pain other management. Her activity has been restricted. B6 is fed Rachel Ray's Chicken and Veggies.

Performed Today:

Physical Exam: BAR; Weight 25.3 kg/ 55.66pounds (BCS 5/9); Temperature 100.7F; Heart rate 100bpm; Precordium displaced to right, Grade V/VI systolic murmur loudest over right heart base, heart sounds significantly muffled on left; Respiratory rate ~bpm; Breath sounds clear and comfortable; Abdomen unremarkable: minimal periodontal disease.

Blood Pressure: 110 mmHg systolic; #3 cuff; Location LRL; Position RLR

Radiograph Review: Severe generalized cardiomegaly. Vertebral heart score 12.7. Suspect both right and left ventricular enlargement. Caudal vena cava slightly larger than aorta. Pulmonary vasculature undercirculated

Echocardiogram: Tricuspid Valve Dysplasia - Severe
Severe tricuspid insufficiency
Severe right heart volume load
Severe enlargement of Caudal vena cava and hepatic veins
No appreciable abdominal fluid
Dilated, thin-walled, hypocontractile left ventricle consistent with left-sided dilated cardiomyopathy
Anterior mitral valve stiff, with "hockey stick" configuration
- rule out mild mitral valve dysplasia
Trace mitral insufficiency
ESVI 45.7, ADVI 92.45cm³/M2 respectively

Positive Contrast Bubble Study: No right-to-left shunting of contrast noted

Electrocardiogram: Sinus rhythm conducted with first degree AV block. Deep Q waves in caudal leads

Plasma and Serum Taurine: Unable to submit to UC Davis today due to holiday closure. Sample handling and submission information supplied to B6

FILE

FAXED EMAILED

B6

B6

DATE 12/5/18
3:50p

B6

Holter Monitor:

Total Normal Heart beats: 118,488 (mean heart rate 82bpm)
Total Ventricular Ectopic - 2, not premature
No supraventricular arrhythmia noted

Assessment:

Tricuspid Valve Dysplasia
Severe Tricuspid Insufficiency
Severe Right Heart Volume Load
Dilated Cardiomyopathy

B6

Unfortunately, **B6** also has a condition called Dilated Cardiomyopathy (DCM). DCM occurs when the ventricular heart muscles become weak and unable to effectively pump blood to nourish the body with oxygen. Most cases of DCM are thought to be genetic in origin, but nutritional, infectious, arrhythmic and metabolic causes have been identified. Testing for specific causes may be recommended. In **B6** case, I strongly recommend submission of plasma and whole blood taurine levels to UC Davis and to begin taurine supplementation. We also discussed performance of a 24-hour Holter monitor to be sure that **B6** is not experiencing runs of SVT that may have affected her heart muscle; **B6** is also at risk of developing symptoms of DCM well before middle age and I would like institute medication. Symptoms of DCM may include any of the following:

- 1.) Congestive heart failure (CHF) - Buildup of fluid within the lungs, around the lungs or in the abdomen. CHF may cause rapid or difficulty breathing, cough or difficulty getting around.
- 2.) Abnormal heart rhythm (arrhythmia) - Arrhythmia may cause weakness, passing out (syncope) or unfortunately even sudden death in some instances
- 3.) Many patients with DCM lose a significant amount of weight despite a good appetite. Dr. **B6** may recommend dietary supplements

Patients with DCM generally receive multiple heart medications that work against the heart disease at different levels. Medications are aimed to help the heart pump more efficiently, reduce the workload on the heart and to combat congestive heart failure. Some of these medications may actually slow progression of the disease itself. With effective treatment, dogs with DCM can generally be kept happy and comfortable for months to many months and sometimes even longer.

B6 Holter monitor was very pleasing. There was no evidence of supraventricular tachycardia (often associated with TVD) on today's monitor. There is no indication for further cardiac therapy.

Medications:

B6

Monitoring:

Diet: Normal - There have been multiple recent reports linking grain-free diets to heart muscle dysfunction. **B6 diet only has one of the suspect components, but I do recommend transition to a grain based diet or one that does not have lentils, chick peas, peas, pea meal, white or sweet potatoes in the first 8-10 ingredients**

Information for **B6**

B6

Avoid salty snacks (deli meats, cheese, Pupperoni or Snausages)
Exercise: Avoid Overexertion/Overheating
Call us if: Status changes, Increased respiratory rate, Increase or change in cough,
distended abdomen, passing out, failure to respond to medications

Recheck: Recheck renal panel 7-14 days after starting cardiac medications
Whole blood and plasma taurine levels recommended
Recheck here in 4 months for physical exam, abbreviated echocardiogram *8/13/2019 2:00PM*

We appreciate your confidence B6 We pledge to provide the clients you refer to us the same personal care that you and your pets appreciate. Please do not hesitate to call with any questions or concerns. Again, thank you for your trust.

RDVM Radiographs:

- Returned to Owner
- Mailed to RDVM
- _____

Discharge Technician's Initials

B6

Owner's Signature

B6

Information

B6

B6

Patient:

Client:

Veterinarian:

Practice:

B6

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Anterior mitral valve stiff, with "hockey stick" configuration - rule out mild mitral valve dysplasia
Trace mitral insufficiency
ESVI 45.7, ADVI 92.45cm³/M2 respectively

Positive Contrast Bubble Study: No right-to-left shunting of contrast noted

Electrocardiogram: Sinus rhythm conducted with first degree AV block. Deep Q waves in caudal leads

Plasma and Serum Taurine: Unable to submit to LIC. Davis today due to holiday closure. Sample handling and submission information supplied to **B6**

Holter Monitor: Results pending, typically 2-3 weeks

FAXED EMAIL
L. J. Lee

B6

3/13/19 P20

B6

Assessment:

**Tricuspid Valve Dysplasia
Severe Tricuspid Insufficiency
Severe Right Heart Volume Load
Dilated Cardiomyopathy**

B6

Unfortunately, **B6** also has a condition called Dilated Cardiomyopathy (DCM). DCM occurs when the ventricular heart muscles become weak and unable to effectively pump blood to nourish the body with oxygen. Most cases of DCM are thought to be genetic in origin, but nutritional, infectious, arrhythmic and metabolic causes have been identified. Testing for specific causes may be recommended. In **B6** case, I strongly recommend submission of plasma and whole blood taurine levels to UC Davis and to begin taurine supplementation. We also discussed performance of a 24-hour Holter monitor to be sure that **B6** is not experiencing runs of SVT that may have affected her heart muscle. **B6** is also at risk of developing symptoms of DCM well before middle age and I would like institute medication. Symptoms of DCM may include any of the following:

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Patients with DCM generally receive multiple heart medications that work against the heart disease at different levels. Medications are aimed to help the heart pump more efficiently, reduce the workload on the heart and to combat congestive heart failure. Some of these medications may actually slow progression of the disease itself. With effective treatment, dogs with DCM can generally be kept happy and comfortable for months to many months and sometimes even longer.

It is OK if **B6** wears the monitor longer than 24 hours. **Please note if there are any problems with the monitor while recording.** It is OK if a single lead dislodges - we may still obtain a valid reading. You may try to replace if you can easily find the electrode. Please do not use scissors to cut off the bandages surrounding the Holter - there are several long lead wires. Be sure to use some Goo Gone or mineral oil to remove the tape and/or ECG pads from h** chest if they seems sticky. If, after removing the electrodes, the skin is red or irritated, you may apply 1% hydrocortisone cream to keep the itch and irritation down. Holter results are generally available 10-14 days after the monitor is returned to us.

Medications:

B6

Monitoring:

Diet: Normal - There have been multiple recent reports linking grain-free diets to heart muscle dysfunction. **B6 diet only has one of the suspect components, but I do recommend transition to a grain based diet or one that does not have lentils, chick peas, peas, pea meal, white or sweet potatoes in the first 8-10 ingredients**

B6

B6

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Exercise: Avoid Overexertion/Overheating
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Recheck: Recheck renal panel 7-14 days after starting cardiac medications
Whole blood and plasma taurine levels recommended
Recheck here in 4 months for physical exam, abbreviated echocardiogram

We appreciate your confidence in **B6** We pledge to provide the clients you refer to us the same personal care that you and your pets appreciate. Please do not hesitate to call with any questions or concerns. Again, thank you for your trust.

RDVM Radiographs:

- Returned to Owner
- Mailed to RDVM
- _____

Discharge Technician's Initials:

B6

B6

B6

B6

B6

RC 11-12-1808-56A

FAXE

B6

B6

Confirmed 11/19/18

B6

B6

Labrador Retriever - Canine - FS

B6

B6

PATIENT

11-20-18 @ 9AM

Date Nov. 14, 2018

REFERRING INFORMATION

This is a Stat Referral

Veterinarian: B6

Hospital: B6

Address: B6
Phone: B6

Client MUST call to schedule an appointment for our specialty services.

I am referring to the following service: Emergency/Critical Care Surgery
 Cardiology Other: _____

CLIENT INFORMATION

Client's Name: B6 Home Phone: _____

Address: B6
Work Phone: _____

PATIENT INFORMATION

Pet's Name: B6

Sex: M F OM OF OM/N F/S

Species: K9 Breed: Lab Weight: 57 # kgs DOB: B6

Presenting Complaint/Problem List: Patient presented for off-on limping for 1 week duration. During physical exam, found muffled heart sounds. Radiographs reveal cardiomegaly.

Tests Performed: Radiographs, Bloodwork, 4Dx (All neg)
Treatments Performed: None

Medications: None - \bar{o} had been giving \bar{p} 3.75 mg Meloxicam to \bar{s} 1D X 7 days (her other dog's meds) before coming in - \bar{e} This put us in panic mode. Concurrent/Long-term Medical Conditions: None
Additional Comments: This was not recommended by anyone at our hospital.

In order to expedite best quality medical care, please include all PERTINENT medical records/notes, laboratory results with referral and send radiographs via email to radiographs B6 or with pet owner.

B6

FS
5/16

Continuation Sheet

11-14-18 cont.

Would like 4Dx test, chest rads,
~~SABODOL~~ Bldwork

~~Normal~~ Meg X 4 - 4Dx test ~~ok~~

o called & said p has been
given 3.75mg Meloxicam SID
(p's dose would be 2.5mg SID)

Once you stop **B6** need
7 day wash-out period.

CBC: P14 194

- Profile 2 ~~ok~~

Chem: PHOS 5.5

All else, WNL

(A) No abnormalities - Xr 4¹⁺² ~~ok~~
seen w/ shoulders.

(B) Severe cardiomegaly - recommend
referral to cardiologist -

B6

FS 5/16

B6

B6



888-397-8378

B6

Accession No **B6**
Received 01/05/2019
Reported 01/05/2019 07:12 AM

Owner	Pet Name	Species	Breed	Sex	Pet Age	Chart#
B6		Canine	Labrador Retriever	SF	2Y	15731

Complete Blood Count

Tests	Results	Ref. Range	Units
WBC	B6	4.0-15.5	10 ⁹ /μL
RBC		4.8-9.3	10 ⁶ /μL
Hemoglobin		12.1-20.3	g/dL
Hematocrit		38-60	%
MCV		58-79	fL
MCH		19-28	pg
MCHC		30-38	g/dL
Platelet Count		170-400	10 ³ /μL
Platelet EST			
Differential			
Neutrophils		2060-10600	/μL
Bands			
Lymphocytes (HIGH)		690-4500	/μL
Monocytes		0-840	/μL
Eosinophils	0-1200	/μL	
Basophils	0-150	/μL	

Test Requested	Results	Reference Range	Units
ADULT WELLNESS CHEMISTRY	B6		
Total Protein		5.0-7.4	g/dL
Albumin		2.7-4.4	g/dL
Globulin		1.6-3.6	g/dL
A/G Ratio		0.8-2.0	
ALT (SGPT)		12-118	IU/L
Alk Phosphatase		5-131	IU/L
Urea Nitrogen		6-31	mg/dL
Creatinine		0.5-1.6	mg/dL
BUN/Creatinine Ratio		4-27	
Glucose		70-138	mg/dL
Potassium	3.6-5.5	mEq/L	

Comment
Hemolysis 2+ No significant interference.

TEST	Result	Flag	Normal Range	Units	Dog I	B6
Chemistry (DRI-CHEM) - Friday, January 04, 2019 10:56 AM						
Sodium	B6		141 - 152	mEq/l	B6	
Potassium			3.8 - 5.3	mEq/l		
Chloride			102 - 120	mEq/l		
Na/K Ratio						

26209 PL

26210 WP

Amino Acid Laboratory Sample Submission Form

Amino Acid Laboratory, 1089 Veterinary Medicine Drive, Davis, Ca 95616

Telephone: 530-752-5058

Fax: 530-752-4698

Email: ucd.aminoacid.lab@ucdavis.edu

www.vetmed.ucdavis.edu/labs/amino-acid-laboratory



UC DAVIS

VETERINARY MEDICINE

Submitting Veterinarian Information

Clinic Name: _____

Mailing Address: _____

Veterinarian Name: _____

Email: _____

B6

Owner Information

Name: _____

Mailing Address: _____
(required if billing owner)

Email: _____

B6

Patient Information

Name: B6 Species: K9 Breed: Lab Ret

Current Diet: Purina Pro Plan Senior Adult Sensitive Bk 1

Preferred method of results reporting:

Fax

Email

(Non-federal funds)

Bill to: Clinic

Owner

UC Account # _____

*Invoices will be mailed to all customers with a US mailing address, unless emailed invoices are required

*Credit cards are not accepted for payment, please wait to receive invoice and remit payment by check per invoice instructions

Sample type:

Plasma

Whole Blood

Urine

Food

Other: _____

Test:

Taurine

Complete Amino Acid

Other: _____

Taurine Results (lab use only)

Plasma: B6 Whole Blood: B6 Urine: _____ Food: _____

Reporter's Initials: _____ Date: 1-2-19

Normal Taurine Values (nMols/ml) for Cat & Dog

	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80 - 120	>40	300 - 600	>200
Dog	60 - 120	>40	200 - 350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

4:02P

DATE 1-7-19

FAXED EMAIL

B6

BY

rec'd 11/15/18 10:52a

TEST Result Flag Normal Range Units

Hematology (HemaTrue) - Wednesday, November 14, 2018 5:52 PM

Dog ID **B6**

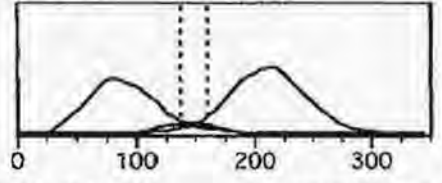
TEST	Result	Flag	Normal Range	Units
WBC			6.0 - 17.0	10 ³ /μl
LYM			0.9 - 5.0	10 ³ /μl
MONO			0.3 - 1.5	10 ³ /μl
GRAN			3.5 - 12.0	10 ³ /μl
LYM %				
MONO %				
GRAN %				
HCT			37.0 - 55.0	%
MCV			60.0 - 72.0	fl
RDW _a			35.0 - 53.0	fl
RDW %			12.0 - 17.5	%
HGB			12.0 - 18.0	g/dl
MCHC			32.0 - 38.5	g/dl
MCH			19.5 - 25.5	pg
RBC			5.50 - 8.50	10 ⁶ /μl
PLT		!	200 - 500	10 ³ /μl
MPV			5.5 - 10.5	fl

B6

B6

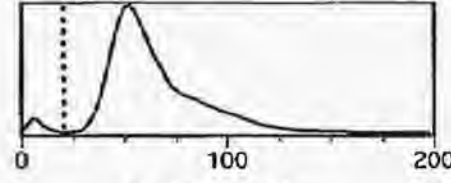
Asp Mode

WBC (fl)



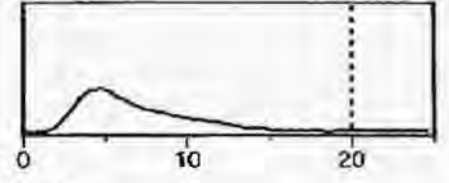
WBC Time: 9.6

RBC (fl)



RBC Time: 14.2

PLT (fl)



Asp Time: 0.4
Asp Mode:

TEST	Result	Flag	Normal Range	Units
------	--------	------	--------------	-------

Chemistry (DRI-CHEM) - Wednesday, November 14, 2018 3:53 PM

BUN			9.0 - 29.0	mg/dl
Creatinine			0.4 - 1.4	mg/dl
BUN/Creat Ratio				
Phosphorus			1.9 - 5.0	mg/dl
Calcium			9.0 - 12.2	mg/dl
Corrected Ca			9.0 - 12.2	mg/dl
Total Protein			5.5 - 7.6	g/dl
Albumin			2.5 - 4.0	g/dl
Globulin			2.0 - 3.6	g/dl
Alb/Glob Ratio				
Glucose			75 - 125	mg/dl
Cholesterol			120 - 310	mg/dl
ALT (GPT)			0 - 120	U/l
ALP			0 - 140	U/l
GGT			0 - 14	U/l
Total Bilirubin			0.0 - 0.5	mg/dl

B6

B6

*Corrected Calcium is only valid for dogs which are greater than 6 months old

Cardiac Report: Brief

B6
Ultrasound Laboratory

Name **B6**

Referral Reason
Cardiac Recheck

Age 2
Birthdate **B6**

Height 0.0 cm

Weight 25.2 kg

Sex Female

Date 03/13/2019

Diagn.Phys.

BSA 0.86 m²

BP
Site Name **B6**

Diagnosis
Tricuspid Valve Dysplasia
Severe Tricuspid Insufficiency
Severe Right Heart Volume Load
Dilated Cardiomyopathy

M-Mode

- IVSd
- LVIDd
- LVPWd
- IVSs
- LVIDs
- LVPWs
- EDV(Teich)
- ESV(Teich)
- EF(Teich)
- %FS
- SV(Teich)
- Ao Diam
- LA Diam
- LA/Ao
- Ao Diam
- LA Diam
- AV Cusp
- LA/Ao
- Ao/LA
- IVSd
- LVIDd
- EDV(Teich)
- LVPWd
- IVSs
- LVIDs
- ESV(Teich)

B6

Doppler

- RVOT Vmax
- RVOT maxPG
- TR Vmax
- TR maxPG

B6

2-D

- LA Diam
- AV Diam
- LADs
- RA Diam

B6

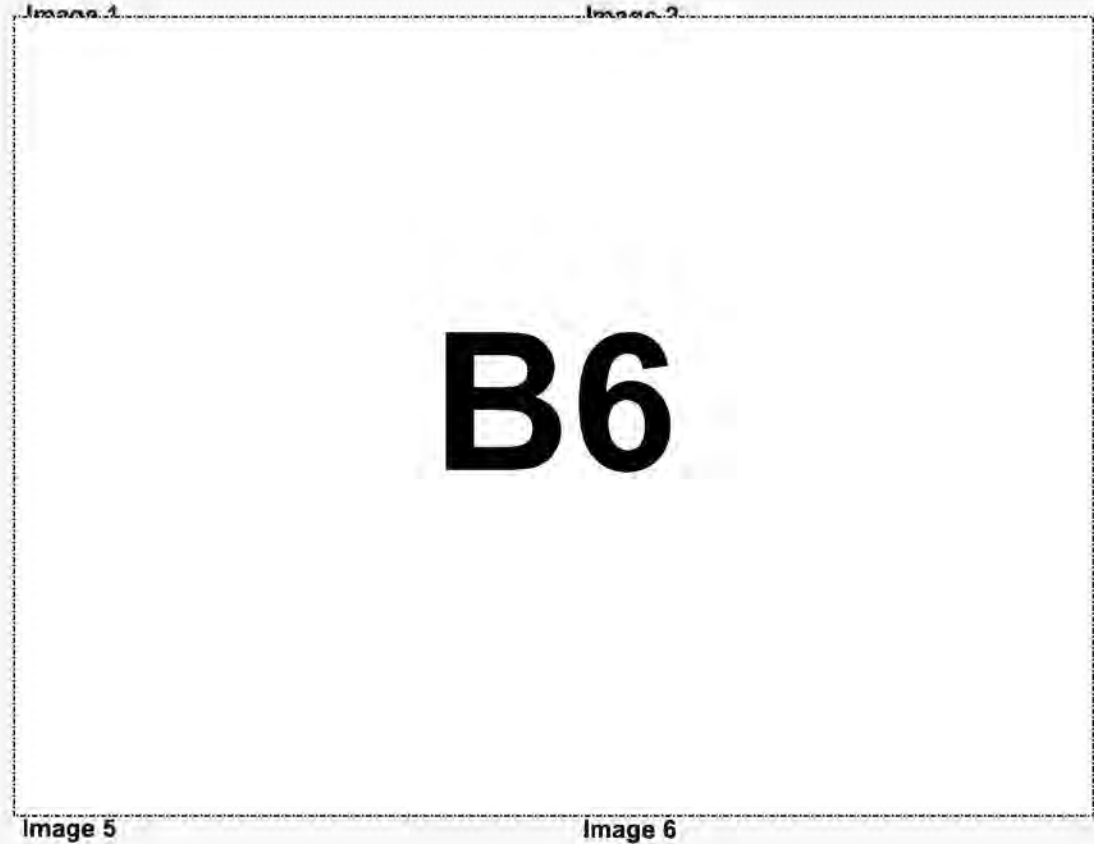
Print Date: 3/13/2019

B6

EF(Teich)
%FS
LVPWs
EPSS
LVPEP
LVET
LVPEP/ET

B6

Findings



03/13/2019

Print Date: 3/13/2019

B6

Page 3 of 3

B6

Date 03/13/2019

B6

03/13/2019

Print Date: 3/13/2019

HOLTER REPORT

Patient: **B6**

ID: 27653

Address: _____

Telephone: _____

Labrador

Sex: FS Age: 2y Ht: _____

Wt: _____ Pacer: _____

Medications: **B6**

Symptoms: Tricuspid valve dysplasia, Severe tricuspid insufficiency, Severe right heart volume load; Dilated cardiomyopathy

ICD-10-CM: _____

Hookup By: _____

Ref. Physician: **B6**

ID: _____

Address: _____

Telephone: _____

Scanned By: _____

Conclusions: _____

Reviewed By: _____

Date: _____

Settings: Tachycardia Rate: > 180 BPM
Bradycardia Rate: < 40 BPM
Minimum Pause Interval: > 3.0 seconds
SVE Percent: > 50 percent
SVT Percent: > 50 percent
ST Level: > 1.5 mm

Sensitivity: High
Irreg. Sensitivity: 100 percent
Algorithm: High Rate
Initial Signal Quality: Ch1: 0 Ch2: 0 Ch3: 0

Recorder Serial Number: 02621
Trillium 3000

Software Version: 02.12/04.39

NARRATIVE SUMMARY

The monitoring period was 23 hours and 59 minutes.
The period started at 11:51 on 11/20/2018 and ended at 11:50 on 11/21/2018.
No Patient Events were logged.

118490 QRS complexes were detected, **118488 Normal beats**. The average heart rate was 82 BPM.
The maximum heart rate was 269 BPM at **15:37:22** and the minimum was 37 BPM at **04:33:22**.

2 VE beats were 0.0% of total beats, 2 were isolated.
2 Single Ventricular Ectopics were detected.
No Bigeminy episodes were detected.
No Trigeminy episodes were detected.
No Couplets were detected.
No Ventricular Runs were detected.

No Idioventricular episodes (< 100 bpm) were detected.
No SV beats were detected.
No Single Supraventricular Ectopics were detected.
No SV Bigeminy episodes were detected.
No SV Trigeminy episodes were detected.
No SV Couplets were detected.
No SVT episodes were detected.

323 Irregular Rhythm episodes were detected, totaling 3.7 hours in duration.

10 Tachycardia episodes (> 180 bpm) were detected, totaling 16.5 minutes in duration.
No Bradycardia episodes (< 40 bpm) were detected.
1 Pause (> 3.0 sec) was detected, 3.2 seconds in duration.

109 ST displacement episodes (> 1.5 mm) were detected, totaling 5.8 hours in duration.

SDNN: 0.354 (standard deviation of all NN intervals)
SDANN: 0.180 (standard deviation of all 5-minute NN interval means)
SDNN Index: 0.296 (mean of all 5-minute NN interval standard deviations)
RMSSD: 0.397 (square root of the mean squared successive NN interval differences)
Triangular Index: 28.689 (total number of NN intervals divided by the NN histogram height)

B6

Holter Monitor Diary for B6 on Nov. 20, 2018

Please record time and activities for your pet while it wears the Holter monitor. It is even important to know when they are sleeping and when they receive medications.

TIME	Activity
11/20/18	11:00AM Started Holter monitor
	3:30 arrived home
	3:30-3:45 played ball
	dinner
	4-6 some play w/ other dogs, some rest
	6-6:30 ball
	7:40 walk
	Sleep
	11:25 - outside
	sleep
11/21/2018	6:15 wake & out
	6:30 breakfast
	7:45-8:15 - moderate exercise
	8:45-9:15 - some play
	1:30-2:40 - some play

Cardiac Report

B6
Ultrasound Laboratory

Name: **B6**
Patient: **B6**
Age: 2
Birthdate: **B6**
Height: 0.0 cm
Weight: 25.3 kg
Sex: Female
Date: 11/20/2018
BSA: 0.86 m²
Site Name: **B6**
Ref. Doc. Name:

Referral Reason:
Cardiac Consult
Heart Murmur
Radiographic Cardiomegaly

Diagnosis:
Tricuspid Valve Dysplasia
Severe Tricuspid Insufficiency
Severe Right Heart Volume Load
Dilated Cardiomyopathy

Comments:

M-Mode

IVSd
LVIDd
LVPWd
IVSs
LVIDs
LVPWs
EDV(Teich)
ESV(Teich)
EF(Teich)
%FS
SV(Teich)
Ao Diam
LA Diam
LA/Ao
IVSd
LVIDd
EDV(Teich)
LVPWd
IVSs
LVIDs
ESV(Teich)
EF(Teich)
%FS
LVPWs
EPSS

B6

Doppler

MV E Vel
MV DecT
MV Dec Slope
MV A Vel
MV E/A Ratio
LVOT Vmax
LVOT maxPG
RVOT Vmax
RVOT maxPG
PRend Vmax
PRend PG
TR Vmax
TR maxPG
TV E Vel
TV Dec Time
TV Dec Slope
TV A Vel
TV E/A Ratio

B6

2-D

LA Diam
AV Diam
LADs
RA Diam

B6

Print Date: 11/21/2018

B6

LVPEP
LVET
LVPEP/ET
EPSS

B6

Findings:

ECG rhythm: Sinus rhythm conducted with RBBB.

Study quality: This was a technically good study.

Left Ventricle: The left ventricle is moderately volume loaded. Left ventricular wall thickness is decreased. There is moderate global hypokinesis of LV contractility and moderate to severe chamber dilation.

Left Atrium: The left atrial size is normal.

Right Ventricle: The right ventricle is severely volume loaded.

Right Atrium: The right atrium is markedly enlarged.

Aortic Valve: The aortic valve is trileaflet, and appears structurally normal. No aortic stenosis or regurgitation.

Mitral Valve: There is trace mitral regurgitation. Mild thickening of the anterior mitral valve leaflet. There is mild thickening of the posterior mitral valve leaflet.

Tricuspid Valve: Two dimensional and doppler echocardiography demonstrates caudal displacement of mitral annulus, thickened tricuspid leaflets with shortened chordal tendons consistent with severe tricuspid dysplasia. There is no evidence of pulmonary hypertension - mildly elevated TR velocity likely due to volume or TR .

Pulmonic Valve: The pulmonic valve is normal. Trace/mild (physiologic) pulmonic regurgitation.

Aorta: The aortic root, ascending aorta and aortic arch are normal.

Pulmonary Artery: The pulmonary artery is normal.

IVC/Hepatic Veins: The caudal vena cava and hepatic veins are markedly dilated, but there is still inspiratory collapse. There is no abdominal fluid.

Pulmonary Veins: The pulmonary veins appear mildly dilated.

B6

Image 1

Image 2

B6

Date 11/20/2018

B6

(sonographer)

(physician)

11/20/2018

Print Date: 11/21/2018

~~24730~~ 24730

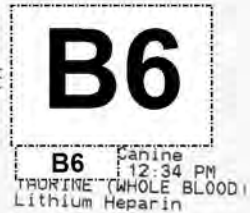
Amino Acid Laboratory Sample Submission Form

Amino Acid Laboratory, 1089 Veterinary Medicine Drive, Davis, Ca 95616

Telephone: 530-752-5058, Fax: 530-752-4698

Email: ucd.aminoacid.lab@ucdavis.edu

www.vetmed.ucdavis.edu/labs/amino-acid-laboratory



Veterinarian Contact: **B6**

Clinic/Company Name: Tufts Cummings School of Vet. Med. - Clinical Pathology Laboratory

Address: 200 Westboro Road, North Grafton, MA 01536

Email: Clinpath@tufts.edu | cardiovvet@tufts.edu

Telephone: **B6**

Fax: **B6**

Billing Contact: **B6**

Email: **B6**

Billing Contact Phone: **B6**

Tax ID: _____

Patient Name: **B6**

Species: Canine

Breed: Wolfhound

Owner's Name: **B6**

Current Diet: Acana Lamb / Apple dog

Sample type: Plasma Whole Blood Urine Food Other _____

Test: Taurine Complete Amino Acids Other: _____

Taurine Results (lab use only)

Plasma: _____ Whole Blood: **B6** Urine: _____ Food: _____

	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

24731

B6

Amino Acid Laboratory Sample Submission Form

Amino Acid Laboratory, 1089 Veterinary Medicine Drive, Davis, Ca 95616
Telephone: 530-752-5058, Fax: 530-752-4698
Email: ucd.aminoacid.lab@ucdavis.edu
www.vetmed.ucdavis.edu/labs/amino-acid-laboratory

B6 pat Race 2:18 PM
SHIP w ICE PACKS, TAURINE
(WHOLE BLOOD)
Lithium Heparin
B6

Veterinarian Contact: B6

Clinic/Company Name: Tufts Cummings School of Vet. Med. - Clinical Pathology Laboratory

Address: 200 Westboro Road, North Grafton MA 01539

Email: Clinpath@tufts.edu

Telephone: B6

Fax: B6

Billing Contact: B6

Email: B6

Billing Contact Phone: B6

Tax ID: _____

Patient Name: B6

Species: Canine

Breed: Great dane

Owner's Name: B6

Current Diet: proplan

Sample type: Plasma Whole Blood Urine Food Other _____

B6

Test: Taurine Complete Amino Acids Other: _____

taurine
B10

Taurine Results (lab use only)

Plasma: _____ Whole Blood: B6 Urine: _____ Food: _____

	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

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: 2/25/2019 2:19:28 PM
Subject: DCM - More from L Freeman 2/25/2019 0915
Attachments: Acana lamb and apple dry: Lisa Freeman - EON-380747; Wellness Core grain-free ocean fish dry-Wellness core grain free turkey: Lisa Freeman - EON-380742; Wellness CORE Grain-Free Ocean Whitefish dry-Wellness Core grain free turkey: Lisa Freeman - EON-380743

Note: 380742 & 380743 are from the same household. Other dogs in household – 2 not tested yet & 1 normal BNP

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 <pfpreventcreation@fda.hhs.gov>
To: Cleary, Michael *; HQ Pet Food Report Notification; B6
Sent: 2/25/2019 1:45:06 PM
Subject: Acana lamb and apple dry: Lisa Freeman - EON-380747
Attachments: 2063136-report.pdf; 2063136-attachments.zip

A PFR Report has been received and PFR Event [EON-380747] has been created in the EON System.

A "PDF" report by name "2063136-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 "2063136-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

EON Key: EON-380747

ICSR #: 2063136

EON Title: PFR Event created for Acana lamb and apple dry; 2063136

AE Date	01/22/2019	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Spaniel - Cocker English		
Age	5 Years		
District Involved	PFR-New England DO		

Product information

Individual Case Safety Report Number: 2063136

Product Group: Pet Food

Product Name: Acana lamb and apple dry

Description: At ortho recheck 1/22/19, new murmur was noted to cardio consult performed. DCM identified. Dog eating BEG diet. Recommended diet change but owner has major concerns about dietary components triggering seizures. Enrolled in our DCM study and dog completed baseline measurements but then owner elected to withdraw from study. Unclear what she will do in terms of diet change. I have not provided owner contact information. If you wish to contact owner, please let me know and I can ask if ok to do so.

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
Acana lamb and apple dry		

Sender information

Lisa Freeman
200 Westboro Rd
North Grafton, MA 01536
USA

To view this PFR Event, please click the link below:

<https://eon.fda.gov/eon//browse/EON-380747>

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=397756>

=====

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.

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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-380747			
ICSR:	2063136		
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:	2019-02-25 08:34:16 EST		
Reported Problem:	Problem Description: At ortho recheck 1/22/19, new murmur was noted to cardio consult performed. DCM identified. Dog eating BEG diet. Recommended diet change but owner has major concerns about dietary components triggering seizures. Enrolled in our DCM study and dog completed baseline measurements but then owner elected to withdraw from study. Unclear what she will do in terms of diet change. I have not provided owner contact information. If you wish to contact owner, please let me know and I can ask if ok to do so.		
	Date Problem Started: 01/22/2019		
	Concurrent Medical Problem: Yes		
	Pre Existing Conditions: B6		
	Outcome to Date: Stable		
Product Information:	Product Name: Acana lamb and apple dry		
	Product Type: Pet Food		
	Lot Number:		
	Product Use Information: Description: Please see diet history		
	Manufacturer /Distributor Information:		
	Purchase Location Information:		
Animal Information:	Name: B6		
	Type Of Species: Dog		
	Type Of Breed: Spaniel - Cocker English		
	Gender: Male		
	Reproductive Status: Neutered		
	Weight: 15.8 Kilogram		
	Age: 5 Years		
	Assessment of Prior Health: Good		
	Number of Animals Given the Product: 1		
	Number of Animals Reacted: 1		
	Owner Information: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Owner Information provided:</td> <td>No</td> </tr> </table>	Owner Information provided:	No
	Owner Information provided:	No	
	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.pdf
	Description:	Records
	Type:	Medical Records
	Attachment:	discharge 1-22-19.pdf
	Description:	Discharge
	Type:	Other
	Attachment:	cardio report 1-22-19.pdf
	Description:	Cardio report 1/22/19
	Type:	Echocardiogram

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY
Cardiology Liaison: 508-887-4696

B6

Patient ID: B6

B6 Canine

B6 Years Old Male (Neutered) English
Cocker Spaniel

Red/White BW: Weight (kg) 15.80

Cardiology Consultation ENROLLED IN DCM STUDY

Date: 1/22/2019

Weight: Weight (kg) 15.80

Requesting Clinician: B6 DVM, MS, DACVS LA, DACVS SA

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 (from B6)

No

Patient location: B ward

Presenting complaint and important concurrent diseases:

B6

B6

Current medications and doses:

B6

At-home diet: (name, form, amount, frequency)

Key indication for consultation: Murmur, left apex, 2-3/6

Questions to be answered:

New heart murmur heard on physical exam today. Safe to sedate for radiographs?

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

- Yes (explain): radiographs today
- No

***STOP** - remainder of form to be filled out by Cardiology*

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

Murmur location/description: Left apical/mid cardiac systolic

Jugular vein:

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

Arterial pulses:

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

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
- Other auscultatory findings:

Abdominal exam:

- Normal
- Hepatomegaly

- Abdominal distension
- Mild ascites

B6

Assessment and recommendations:

DCM (primary vs. diet related vs. toxin) with no LA enlargement. Given that the patient is on a lamb/grain free diet, we would recommend changing to a regular commercial diet. No medications are indicated at this time. The patient is enrolled in the DCM diet study. Recheck echocardiogram in 3 months per study schedule.

B6

B6

Final Diagnosis:

Asymptomatic DCM

Heart Failure Classification Score:

ISACHC Classification:

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

EPSS

B6

cm
cm
cm
cm
cm
ml
ml
%
%
ml
cm
cm
cm
cm

M-Mode Normalized

IVSdN

LVIDdN

LVPWdN

IVSsN

LVIDsN

LVPWsN

Ao Diam N

LA Diam N

B6

{0.290 - 0.520}
{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}

2D

SA LA

Ao Diam

SA LA / Ao Diam

IVSd

LVIDd

LVPWd

EDV(Teich)

IVSs

LVIDs

LVPWs

ESV(Teich)

EF(Teich)

%FS

SV(Teich)

LVld LAX

LVAd LAX

LVEDV A-L LAX

LVEDV MOD LAX

LVLs LAX

B6

cm
cm
cm
cm
ml
cm
cm
cm
ml
%
%
ml
cm
cm
ml
ml
cm

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

B6

cm
ml
ml
BPM
%
%
ml
ml
l/min
l/min

Doppler

MV E Vel
MV DecT
MV Dec Slope
MVA Vel
MV E/A Ratio
E'
E/E'
A'
S'
AV Vmax
AV maxPG
PV Vmax
PV maxPG

B6

m/s
ms
m/s
m/s

m/s

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

Patient

Name: B6
Signalment: B6 Years Old Red/White Male
(Neutered) English Cocker
Spaniel

Owner

Name: B6
Address: B6

Patient ID: B6

Contact Clinician: B6 DVM, MS, DACVS
IA, DACVSA

Alternate Clinician:
Student: B6 V19

RE-EXAMINATION FORM

Date: 1/22/2019

Problem: B6 Recheck, B6 x-rays

History:

Thank you for bringing B6 to the Tufts Orthopedic Surgery Service for recheck radiographs (x-rays) B6
B6 presented to the Tufts ER on B6 Pelvic
radiographs showed B6
B6 B6 underwent surgery on B6 to repair his B6

You report that he is doing well at home, and is standing up and walking well. B6 also has a history of B6 which is managed by B6

Physical Examination:

B6

Procedures Performed & Future Plans:

Today B6 had a consult with our Cardiology department to evaluate his heart murmur prior to being sedated for radiographs. Cardiology found that B6 has a primary heart muscle disease called dilated cardiomyopathy (DCM). This disease 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. This disease can be attributed to several factors; one potential cause of DCM is diet, especially diets that are grain-free or contain exotic ingredients. Based on B6 current diet and the findings of his cardiology evaluation, we recommend switching B6 diet; some recommendations are listed below. At this time, B6 does not require any medications for his heart disease; however we recommend rechecking an echocardiogram (ultrasound of the heart) in 3 months. We also recommend starting B6 on a Taurine supplement, which may help the heart muscle. You have elected to enroll B6 in a study relating diet and dilated cardiomyopathy in dogs.

B6

The radiology report on B6 x-rays is still pending. Based off of a preliminary examination of the radiographs, B6 appears to be healing well from surgery. We will contact you with the results of the radiographs when we receive them.

Today we also drew blood to check B6 B6 level. His level today was B6 which is higher than his previous level, but is within the reference range.

Medications:

1. Taurine supplement 500mg capsules: Give 1 capsule by mouth every 12 hours.

Home Instructions:

1. **Activity Restriction:** Since B6 radiographs look good we can begin to loosen his exercise restrictions. Since B6 has had decreased activity for the past few weeks, we want to gradually build up his exercise tolerance. You can gradually increase the length of his walks by 5 minutes every two weeks, until his next recheck.

2. **Diet:** The FDA is currently investigating an apparent association between diet and dilated cardiomyopathy. The exact cause is still unclear, but it appears to be associated with boutique diets and those containing exotic ingredient or are grain-free. Therefore, we are currently recommending that dogs do not eat these types of diets. We recommend switching B6 to commercial diet made by a well-established company that is not grain-free and does not contain any exotic ingredients, such as kangaroo, duck, lamb, venison, lentils, peas, beans, buffalo, tapioca, barley, and chickpeas. The FDA issued a statement regarding this issue

(<https://www.fda.gov/AnimalVeterinary/NewsEvents/CVMUpdates/ucom613305.htm>) and a recent article published by Dr. Lisa Freeman on the Cummings School's Petfoodology blog can further explain these findings (<http://vetnutrition.tufts.edu/2018/06/a-broken-heart-risk-of-heart-disease-in-boutique-or-grain-free-diets-and-exotic-ingredients/>).

Our nutritionists have compiled a list of dog foods that are good options for dogs with heart disease.

Dry Food Options:

- Royal Canin Early Cardiac (veterinary diet)
- Royal Canin Bower
- Purina Pro Plan Adult Weight Management
- Purina Pro Plan Bright Mind Adult Small Breed Formula

Canned Food Options:

- Hill's Science Diet Adult Beef and Barley Entree
- Hill's Science Diet Adult 1-6 Healthy Cuisine Roasted Chicken, Carrot, and Spinach Stew
- Royal Canin Mature 8+

If your dog has special nutritional needs or requires a homecooked diet, we recommend you schedule an appointment with our nutritionists (508-887-4696).

We would like to see B6 back for a surgery recheck in 6 weeks. Please contact the Surgery Liaison at (508) 887-4794 to arrange your next appointment. If you have any problems or questions, please contact B6 DVM, MS, DACVS IA, DACVS SA as soon as possible. If it is an emergency, contact the emergency service at (508) 887-4623.

We have scheduled a recheck for B6 with our Cardiology service on Tuesday, 4/23/19 at 11:30am. Please contact our Cardiology liaison at (508)-887-4696 or email us at cardiovet@tufts.edu if you need to reschedule this appointment, or if you have any non-emergent questions or concerns.

You can schedule an appointment with our Nutrition service by calling 508-887-4696.

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

From: PFR Event <pfpreventcreation@fda.hhs.gov>
To: Cleary, Michael *; HQ Pet Food Report Notification B6
Sent: 2/25/2019 12:52:56 PM
Subject: Wellness Core grain-free ocean fish dry-Wellness core grain free turkey: Lisa Freeman - EON-380742
Attachments: 2063133-report.pdf; 2063133-attachments.zip

A PFR Report has been received and PFR Event [EON-380742] has been created in the EON System.

A "PDF" report by name "2063133-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 "2063133-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

EON Key: EON-380742

ICSR #: 2063133

EON Title: PFR Event created for Wellness Core grain-free ocean fish dry Wellness core grain free turkey chicken liver & turkey liver canned Wellness Hearty Cuts grain-free in gravy chicken and turkey recipe; 2063133

AE Date	01/15/2019	Number Fed/Exposed	6
Best By Date		Number Reacted	3
Animal Species	Dog	Outcome to Date	Stable
Breed	Bulldog		
Age	8.5 Years		
District Involved	PFR-New England DO		

Product information

Individual Case Safety Report Number: 2063133

Product Group: Pet Food

Product Name: Wellness Core grain-free ocean fish dry Wellness core grain free turkey, chicken liver & turkey liver canned Wellness Hearty Cuts grain-free in gravy chicken and turkey recipe

Description: DCM and CHF diagnosed 1/15/19 Eating BEG diet. 6 dogs being fed this diet - so far, 3 have been diagnosed with DCM/ARVC. One other had a normal NT-proBNP and 2 others will be tested Diet has been changed to Royal Canin Early Cardiac and we will recheck in 3 months. I have sample of dry and canned food

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: 6

Number of Animals Reacted With Product: 3

Product Name	Lot Number or ID	Best By Date
Wellness Core grain-free ocean fish dry Wellness core grain free turkey, chicken liver & turkey liver canned Wellness Hearty Cuts grain-free in gravy chicken and turkey recipe		

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-380742>

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=397751>

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Report Details - EON-380742

ICSR: 2063133
 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: 2019-02-25 07:43:42 EST

Reported Problem:
Problem Description: DCM and CHF diagnosed 1/15/19 Eating BEG diet. 6 dogs being fed this diet - so far. 3 have been diagnosed with DCM/ARVC. One other had a normal NT-proBNP and 2 others will be tested Diet has been changed to Royal Canin Early Cardiac and we will recheck in 3 months. I have sample of dry and canned food
Date Problem Started: 01/15/2019
Concurrent Medical Problem: Yes
Pre Existing Conditions: B6
Outcome to Date: Stable

Product Information:
Product Name: Wellness Core grain-free ocean fish dry Wellness core grain free turkey, chicken liver & turkey liver canned Wellness Hearty Cuts grain-free in gravy chicken and turkey recipe
Product Type: Pet Food
Lot Number:
Product Use Information: Description: Please see diet history
Manufacturer /Distributor Information:
Purchase Location Information:

Animal Information:
Name: B6
Type Of Species: Dog
Type Of Breed: Bulldog
Gender: Female
Reproductive Status: Neutered
Weight: 19.8 Kilogram
Age: 8.5 Years
Number of Animals Given the Product: 6
Number of Animals Reacted: 3
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.pdf
Description:	Med records
Type:	Medical Records

From: PFR Event <pfpreventcreation@fda.hhs.gov>
To: Cleary, Michael *; HQ Pet Food Report Notification; [REDACTED] **B6**
Sent: 2/25/2019 1:05:02 PM
Subject: Wellness CORE Grain-Free Ocean Whitefish dry-Wellness Core grain free turkey: Lisa Freeman - EON-380743
Attachments: 2063134-report.pdf; 2063134-attachments.zip

A PFR Report has been received and PFR Event [EON-380743] has been created in the EON System.

A "PDF" report by name "2063134-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 "2063134-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

EON Key: EON-380743
ICSR #: 2063134

EON Title: PFR Event created for Wellness CORE Grain-Free Ocean Whitefish dry Wellness Core grain free turkey chicken liver and turkey liver formula canned Wellness Core Hearty Cuts grain-free in gravy chicken and turkey recipe; 2063134

AE Date	02/01/2019	Number Fed/Exposed	6
Best By Date		Number Reacted	3
Animal Species	Dog	Outcome to Date	Stable
Breed	Bulldog		
Age	8 Years		
District Involved	PFR-New England DO		

Product information

Individual Case Safety Report Number: 2063134

Product Group: Pet Food

Product Name: Wellness CORE Grain-Free Ocean Whitefish dry Wellness Core grain free turkey, chicken liver, and turkey liver formula canned Wellness Core Hearty Cuts grain-free in gravy chicken and turkey recipe
Description: Housemate (half sister; [REDACTED] **B6** (ICSR) of 2063133) diagnosed with DCM and CHF so screened by RDVM for BNP which was elevated. Evaluated at Tufts 2/1/19. ARVC/diet-induced DCM with

ventricular arrhythmia. Diet changed to Royal Canin Early Cardiac and will re-evaluate in 3 months I have diet sample. 3 other dogs in household (1 had normal BNP, other 2 not yet evaluated)

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: 6

Number of Animals Reacted With Product: 3

Product Name	Lot Number or ID	Best By Date
Wellness CORE Grain-Free Ocean Whitefish dry Wellness Core grain free turkey, chicken liver, and turkey liver formula canned Wellness Core Hearty Cuts grain-free in gravy chicken and turkey recipe		

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-380743>

To view the PFR Event Report, please click the link below:
<https://eon.fda.gov/eon/EventCustomDetails.Action\viewReport.jsps?decorator=none&e=0&issueType=12&issueId=397752>

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Report Details - EON-380743

ICSR: 2063134
 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: 2019-02-25 07:58:43 EST

Reported Problem:
Problem Description: Housemate (half sister; **B6**) (ICSR) of 2063133) diagnosed with DCM and CHF so screened by RDVM for BNP which was elevated. Evaluated at Tufts 2/1/19. ARVC/diet-induced DCM with ventricular arrhythmia. Diet changed to Royal Canin Early Cardiac and will re-evaluate in 3 months I have diet sample. 3 other dogs in household (1 had normal BNP, other 2 not yet evaluated)
Date Problem Started: 02/01/2019
Concurrent Medical Problem: Yes
Pre Existing Conditions: **B6** as puppy
Outcome to Date: Stable

Product Information:
Product Name: Wellness CORE Grain-Free Ocean Whitefish dry Wellness Core grain free turkey, chicken liver, and turkey liver formula canned Wellness Core Hearty Cuts grain-free in gravy chicken and turkey recipe
Product Type: Pet Food
Lot Number:
Product Use Information: **Description:** Please see diet history for more info (and refer to **B6**)
B6 diet history for more complete info - all dogs eat same diets)
Manufacturer /Distributor Information:
Purchase Location Information:

Animal Information:
Name: **B6**
Type Of Species: Dog
Type Of Breed: Bulldog
Gender: Male
Reproductive Status: Neutered
Weight: 22.1 Kilogram
Age: 8 Years
Assessment of Prior Health: Good
Number of Animals Given the Product: 6
Number of Animals Reacted: 3
Owner Information: **Owner Information provided:** Yes
Contact: **Name:** **B6**
Phone:
Email:
Address: **B6**
 United States
Healthcare Professional Practice Name: Tufts Cummings School of Veterinary Medicine

	Information:	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.pdf	
	Description:	Medical record	
	Type:	Medical Records	

Client: B6
Address:

All Medical Records

Patient: B6
Breed: English Bulldog
DOB: B6

Species: Canine
Sex: Male
(Neutered)

Home Phone: B6
Work Phone: () -
Cell Phone: B6

Referring Information

B6

Client: B6
Patient:

Initial Complaint:

Initial Complaint:

Initial Complaint:

Initial Complaint:

Client:
Patient:

B6

Initial Complaint:

Scanned Record

Initial Complaint:

Cardiology DCM study - will come fasted - u/f samples

SOAP Text Feb 1 2019 11:50AM - Rush, John

Disposition/Recommendations

Client:
Patient:

B6

Client:
Patient: **B6**

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

Foster Hospital for Small Animals

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

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

Patient:	B6
Species:	Canine
Breed:	English Bulldog
Sex:	Male (Neutered)
Age:	B6 Years Old

Lab Results Report

Accession ID:			
Test	Results	Reference Range	Units



Client:
Patient:

B6

IDEXX Hematology 1/24/19



B6
PET OWNER: **B6**
SPECIES: Canine
BREED:
SEX: Male
AGE: 8 Years
PATIENT ID: **B6**

B6
ACCOUNT #:
ATTENDING VET: **B6**

LAB ID: 2302815220
ORDER ID: 38459535
COLLECTION DATE: 1/23/19
DATE OF RECEIPT: 1/24/19
DATE OF RESULT: 1/24/19

IDEXX Services: Senior Profile with Fecal Dx™ Profile, Giardia, Lab 4Dx® Plus and Reflex Quant C6® and UPC Select; SAMPLE/TEST INFO NEEDED, Cardiovet® proBNP-Canine Add-on*

Hematology

1/24/19 (Order Received)
1/24/19 11:06 AM (Last Updated)

3/2/17

TEST	RESULT	REFERENCE VALUE
RBC		5.39 - 8.7 M/μL
Hematocrit		39.3 - 56.5 %
Hemoglobin		13.4 - 20.7 g/dL
MCV		59 - 76 fL
MCH		21.9 - 26.1 pg
MCHC		32.6 - 39.2 g/dL
% Reticulocyte		%
Reticulocytes		10 - 110 K/μL
Reticulocyte Hemoglobin		22.3 - 29.6 pg
WBC		4.9 - 17.6 K/μL
% Neutrophils		%
% Lymphocytes		%
% Monocytes		%
% Eosinophils		%
% Basophils		%
Neutrophils		2.94 - 12.67 K/μL
Lymphocytes		1.06 - 4.95 K/μL
Monocytes		0.13 - 1.15 K/μL
Eosinophils		0.07 - 1.49 K/μL
Basophils		0 - 0.1 K/μL
Platelets		143 - 448 K/μL
Remarks		

B6

B6

B6

SLIDE REV...

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

IDEXX Hematology 1/24/19



B6

RET/GWMT **B6**

DATE/PRISM **1/24/19**

LAB# 2302815220

Chemistry

1/24/19 (Order Received)
1/24/19 11:05 AM (Last Updated)

3/2/17

TEST	RESULT	REFERENCE VALUE
Glucose	B6	63 - 114 mg/dL
IDEXX SDMA		0 - 14 µg/dL
Creatinine		0.5 - 1.5 mg/dL
BUN		9 - 31 mg/dL
BUN: Creatinine Ratio		
Phosphorus		2.5 - 6.1 mg/dL
Calcium		8.4 - 11.8 mg/dL
Sodium		142 - 152 mmol/L
Potassium		4.0 - 5.4 mmol/L
Na: K Ratio		28 - 37
Chloride		108 - 119 mmol/L
TCO2 (Bicarbonate)		13 - 27 mmol/L
Anion Gap		11 - 26 mmol/L
Total Protein		5.5 - 7.5 g/dL
Albumin		2.7 - 3.9 g/dL
Globulin		2.4 - 4.0 g/dL
Albumin: Globulin Ratio		0.7 - 1.5
ALT		18 - 121 U/L
AST		16 - 55 U/L
ALP		5 - 160 U/L
GGT		0 - 13 U/L
Bilirubin - Total		0.0 - 0.3 mg/dL
Bilirubin - Unconjugated		0.0 - 0.2 mg/dL
Bilirubin - Conjugated		0.0 - 0.1 mg/dL
Cholesterol		131 - 345 mg/dL
Amylase	337 - 1,469 U/L	
Lipase	138 - 755 U/L	
Creatine Kinase	10 - 200 U/L	

B6

Client:
Patient:

B6

IDEXX Hematology 1/24/19



B6

WET/GAMES **B6**

DATE/PRESUM: 1/24/19

LAB# 2302815220

Chemistry (continued)

TEST	RESULT	REFERENCE VALUE
Hemolysis Index	B6	
Lipemia Index		B6
Cardiopet proBNP - Canine		0 - 900 pmol/L B6

- a BOTH SUGAR AND CREATININE ARE WITHIN THE REFERENCE INTERVAL which indicates kidney function is likely good. Evaluate a complete urinalysis and confirm there is no other evidence of kidney disease.
- b Index of N, 1+, 2+ exhibits no significant effect on chemistry values.
- c Index of N, 1+, 2+ exhibits no significant effect on chemistry values.
- d Cardiopet proBNP >1800pmol/L Abnormal. NT-proBNP concentration is compatible with increased stretch and stress on the myocardium. Clinically significant heart disease is likely at this time. For dogs (<30kg) with mitral valve disease (MVD), there is increased risk of heart failure within the next 12 months. If clinical signs (i.e. respiratory and/or exercise intolerance) are present, they are likely due to heart failure. Additional diagnostics including thoracic radiographs, electrocardiogram and echocardiogram are strongly recommended to diagnose and assess severity of cardiac disease.

Please note: Complete interpretive comments for all concentrations of Cardiopet proBNP are available in the online directory of services. Serum specimens received at room temperature may have decreased NT-proBNP concentrations.

Endocrinology

1/24/19 (Order Received)
1/24/19 11:05 AM (Last Updated)

3/2/17

TEST	RESULT	REFERENCE VALUE
Total T4	B6	1 - 4 µg/dL B6

- a Dogs with no clinical signs of hypothyroidism and results within the reference interval are likely euthyroid. For dogs on thyroid supplement, recommended therapeutic levels are 2.1-5.4 µg/dL.

Serology

1/24/19 (Order Received)
1/24/19 11:05 AM (Last Updated)

TEST	RESULT
Heartworm Antigen	B6

Client:
Patient:

B6

IDEXX Hematology 1/24/19



B6

PET OWNER

B6

DATE OF RESULT: 1/24/19

LAB# 2302815220

Serology (continued)

TEST

Ehrlichia canis / ewingii

Lyme (Borrelia burgdorferi)

Anaplasma phagocytophilum / platys

RESULT

B6

- a If tick-borne disease is still suspected based on clinical signs, the Tick/Vector Comprehensive RealPCR Panel Add-on (test code 28701) may be useful for detection of early infection prior to seroconversion.
- b A positive result indicates the presence of antibodies against Anaplasma phagocytophilum or A. platys, but does not confirm the presence of disease. Submission of a fresh whole blood sample for an IDEXX CBC Select, test code 200, is recommended to identify abnormalities consistent with infection. The Tick/Vector Comprehensive RealPCR Panel Add-on (preferred, test code 28701) or Anaplasma spp RealPCR Test (test code 2824), may be useful to confirm infection and evaluate for co-infections, especially in clinically sick animals. For more information on the diagnosis and management of Tick/Vector-borne diseases, see www.idexx.com/4DxGuide.

Other

1/24/19 (Order Received)
1/24/19 11:05 AM (Last Updated)

TEST

More Information Needed

B6

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

cbc and profile 2/1/19

Cummings School of Veterinary Medicine

Clinical Pathology Laboratory
 200 Westboro Road
 North Grafton, MA 01536

Name/DOB: B6	Sex: CM	Provider: Dr. John Rush
Patient ID: B6	Age: 8	Order Location: V320559: Investigation into
Phone number:	Species: Canine	Sample ID: 1902010102
Collection Date: 2/1/2019 11:52 AM	Breed:	
Approval date: 2/1/2019 12:57 PM		

TEST NAME	RESULT	RANGE	UNITS	REFERENCE RANGE
	IN RANGE	OUT OF RANGE		

CBC, Comprehensive, Sm Animal (Research)

CSTCYR

WBC (ADVIA)	B6	[*]	K/uL	4.40-15.10
RB C (Advia)		[*]	M/uL	5.80-8.50
Hemoglobin (ADVIA)		[*]	g/dL	13.3-20.5
Hematocrit (Advia)		[*]	%	39-55
MCV (ADVIA)		[*]	fL	64.5-77.5
MCH (ADVIA)		[*]	pg	21.3-25.9
CHCM			g/dl	
MCHC (ADVIA)		[*]	g/dL	31.9-34.3
RDW (ADVIA)		[*]		11.9-15.2
Platelet Count (Advia)		B6	[*]*	K/uL

Mean Platelet Volume (Advia)

[*]

fL 8.29-13.20

02/01/19 12:12 PM Platelet clumps (if present) and sample age (greater than 4 hours) can result in a falsely increased MPV.

Platelet Crit **B6** [*]* % 0.129-0.403

02/01/19 12:12 PM Platelet Crit is invalid when clumped platelets are present. Interpretation of PltCt is unclear in species other than canines.

PDW **B6** %
 Reticulocyte Count **B6** [*]* % 0.20-1.60
 (Advia)
 Absolute Reticulocyte Count (Advia) **B6** [*]* K/uL 14.7-113.7

CHr **B6** pg
 MCVr **B6** fl
 Comments
 (Hematology)

Microscopic Exam of Blood Smear (Advia)

CSTCYR

Seg Neuts (%)	B6	[*]	%	43-86
Lymphocytes (%)		[*]	%	7-47
Monocytes (%)		[*]	%	1-15
Eosinophils (%)		[*]	%	0-16
Seg Neutrophils (Abs) Advia		[*]	K/uL	2.800-11.500
Lymphs (Abs) Advia		[*]	K/uL	1.00-4.80
Mono (Abs) Advia		[*]	K/uL	0.10-1.50
Eosinophils (Abs)		[*]	K/uL	0.00-1.40

Sample ID: 19020101021
 This report continues. (Final)

Reviewed by: _____

Client: **B6**
 Patient:

cbc and profile 2/1/19

Cummings School of Veterinary Medicine

Clinical Pathology Laboratory
 200 Westboro Road
 North Grafton, MA 01536

Name/DOB: B6	Sex: CM	Provider: Dr. John Rush
Patient ID: B6	Age: 8	Order Location: V320559: Investigation into
Phone number:	Species: Canine	Sample ID: 1902010102
Collection Date: 2/1/2019 11:52 AM	Breed:	
Approval date: 2/1/2019 12:57 PM		

TEST NAME	RESULT	RANGE	UNITS	REFERENCE RANGE
	IN RANGE	OUT OF RANGE		

Microscopic Exam of Blood Smear (Advia) (cont'd) CSTCYR

Advia
 WBC Morphology No Morphologic Abnormalities
 RBC Morphology No morphologic abnormalities

Research Chemistry Profile - Small Animal (Cobas) SMACHUNSKI

Glucose	[*]		mg/dL	67-135
Urea	[*]		mg/dL	8-30
Creatinine	[*]		mg/dL	0.6-2.0
Phosphorus	[*]		mg/dL	2.6-7.2
Calcium 2	[*]		mg/dL	9.4-11.3
Magnesium 2+	[*]		mEq/L	1.8-3.0
Total Protein	[*]		g/dL	5.5-7.8
Albumin	[*]	B6	g/dL	2.8-4.0
Globulins	[*]		g/dL	2.3-4.2
A/G Ratio	[*]			0.7-1.6
Sodium	[*]		mEq/L	140-150
Chloride	[*]		mEq/L	106-116
Potassium	[*]		mEq/L	3.7-5.4
tCO2(Bicarb)	[*]		mEq/L	14-28
AGAP	[*]			8.0-19.0
NA/K	[*]			29-40
Total Bilirubin	[*]		mg/dL	0.10-0.30
Alkaline Phosphatase	[*]		U/L	12-127
GGT	[*]		U/L	0-10
ALT	[*]		U/L	14-86
AST	[*]		U/L	9-54
Creatine Kinase	[*]		U/L	22-422
Cholesterol	[*]		mg/dL	82-355
Triglycerides	[*]		mg/dl	30-338
Amylase	[*]		U/L	409-1250
Osmolality (calculated)	[*]	B6	mmol/L	291-315

Sample ID: 19020101022
 END OF REPORT (Final)

Reviewed by: _____
 Page 2

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

NT-proBNP 2/1/19

IDEXX Reference Laboratories

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

Client: **B6**
Patient: **B6**
Species: CANINE
Breed: ENGLISH_BULLDOG
Gender: MALE NEUTERED
Age: 8Y

Date: 02/01/2019
Requisition #: 439275
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	Unit	Method	Unit
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.

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

CBC/CHEM



Tufts Cummings School Of Veterinary Medicine

200 Westboro Road
 North Grafton, MA 01536

DUPLICATE

Name/DOB: B6	Sex: CM	Provider: Dr. John Rush
Patient ID: B6	Age: 8	Order Location: V320559: Investigation into
Phone number:	Species: Canine	Sample ID: 1902010102
Collection Date: 2/1/2019 11:52 AM	Breed:	
Approval date: 2/1/2019 12:57 PM		

CBC, Comprehensive, Sm Animal (Research)

		Ref. Range/Males
CSTCYR		
WBC (ADVIA)	B6	4.40-15.10 K/uL
RBC (Advia)	B6	5.80-8.50 M/uL
Hemoglobin (ADVIA)	B6	13.3-20.5 g/dL
Hematocrit (Advia)	B6	39-55 %
MCV (ADVIA)	B6	64.5-77.5 fL
MCH (ADVIA)	B6	21.3-25.9 pg
CHCM	B6	
MCHC (ADVIA)	B6	31.9-34.3 g/dL
RDW (ADVIA)	B6	11.9-15.2
Platelet Count (Advia)	H B6	173-486 K/uL
Mean Platelet Volume (Advia)	B6	8.29-13.20 fl
02/01/19 12:12 PM	B6	
Platelet Crit	H B6	0.129-0.403 %
02/01/19 12:12 PM	B6	
PDW	B6	
Reticulocyte Count (Advia)	H B6	0.20-1.60 %
Absolute Reticulocyte Count (Advia)	H B6	14.7-113.7 K/uL
CHr	B6	
MCVr	B6	
Comments (Hematology)	B6	

Microscopic Exam of Blood Smear (Advia)

		Ref. Range/Males
CSTCYR		
Seg Neuts (%)	B6	43-86 %
Lymphocytes (%)	B6	7-47 %
Monocytes (%)	B6	1-15 %
Eosinophils (%)	B6	0-16 %
Seg Neutrophils (Abs)	B6	2.800-11.500 K/uL
Advia		
Lymphs (Abs) Advia		1.00-4.80 K/uL
Mono (Abs) Advia		0.10-1.50 K/uL
Eosinophils (Abs) Advia		0.00-1.40 K/uL
WBC Morphology	No Morphologic Abnormalities	
RBC Morphology	No morphologic abnormalities	

Research Chemistry Profile - Small Animal (Cobas)

Sample ID: 19020101021
 This report continues... (Final)

Reviewed by: _____

Client: **B6**
Patient:

CBC/CHEM



Tufts Cummings School Of Veterinary Medicine

200 Westboro Road
North Grafton, MA 01536

DUPLICATE

Name/DOB: **B6** Sex: CM
Patient ID: **B6** Age: 8
Phone number: Species: Canine
Collection Date: 2/1/2019 11:52 AM Breed:
Approval date: 2/1/2019 12:57 PM
Provider: Dr. John Rush
Order Location: V320559: Investigation into
Sample ID: 1902010102

Research Chemistry Profile - Small Animal (Cobas) (cont'd)

		Ref. Range/Males
SMACHUNSKI		
Glucose		67-135 mg/dL
Urea		8-30 mg/dL
Creatinine		0.6-2.0 mg/dL
Phosphorus		2.6-7.2 mg/dL
Calcium 2		9.4-11.3 mg/dL
Magnesium 2+		1.8-3.0 mEq/L
Total Protein	L	5.5-7.8 g/dL
Albumin		2.8-4.0 g/dL
Globulins	L	2.3-4.2 g/dL
A/G Ratio	H	0.7-1.6
Sodium		140-150 mEq/L
Chloride		106-116 mEq/L
Potassium	B6	3.7-5.4 mEq/L
tCO2(Bicarb)		14-28 mEq/L
AGAP		8.0-19.0
NA/K		29-40
Total Bilirubin		0.10-0.30 mg/dL
Alkaline Phosphatase		12-127 U/L
GGT		0-10 U/L
ALT		14-86 U/L
AST		9-54 U/L
Creatine Kinase		22-422 U/L
Cholesterol		82-355 mg/dL
Triglycerides		30-338 mg/dl
Amylase		409-1250 U/L
Osmolality (calculated)	L	291-315 mmol/L

Sample ID: 1902010102.2
REPRINT: Omg. printing on 2/1/2019 (Final)

Reviewed by: _____
Page 2

Client:
Patient:

B6

Taurine level

27291
FLD
WIS @

B6

Amino Acid Laboratory Sample Submission Form

Amino Acid Laboratory, 1089 Veterinary Medicine Drive, Davis, Ca 95616

Telephone: 530-752-5058, Fax: 530-752-4698

Email: ucd.aminoacid.lab@ucdavis.edu

www.vetmed.ucdavis.edu/labs/amino-acid-laboratory

2/1/2019 pat Race
SHIP w ICE PACKS, TAURINE
PANEL
Lithium Heparin
RUSH

Veterinarian Contact: **B6**

Clinic/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

Telephone: 508-887-4669 Fax: 508-839-7936

Billing Contact: **B6** Email: **B6**

Billing Contact Phone: 508-887-4267 Tax ID: _____

Patient Name: **B6** Species: CANINE

Breed: English Bulldog Owner's Name: **B6**

Current Diet: Wellness Core

Sample type: Plasma Whole Blood Urine Food Other _____

Test: Taurine Complete Amino Acids Other: _____

Taurine Results (lab use only)

Plasma: **B6** Whole Blood: **B6** Urine: _____ Food: _____

	Plasma (nMol/ml)		Whole Blood (nMol/ml)	
	Normal Range	No known risk for deficiency	Normal Range	No known risk for deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

* Please note with the recent increase in the number of dogs screened for taurine deficiency, we are seeing dogs with values within the reference ranges (or above the "no known risk for deficiency range") yet are still exhibiting signs of cardiac disease. Veterinarians are welcome to contact our laboratory for assistance in evaluating your patient's results.

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

Diet history 2/1/19

CARDIOLOGY DIET HISTORY FORM
 Please answer the following questions about your pet.

Pet's name: **B6** Owner's name: **B6** Today's date: **02-01-19**

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, snack, 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 you pet is eating.

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
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2018
85% lean hamburger	microwaved	3 oz	1x/week	Jan 2015
Pupperoni original beef flavor	treat	1/2	1x/day	Aug 2015
Rawhide	treat	6 inch twist	1x/week	Dec 2015
Wellness Core Canned chicken	wet	4 oz	7x/day	Dec 2015
Wellness Core fish	dry	1/4 cup	2x/day	Dec 2015
Wellness Core	treat	3 pcs.	1x/day	11
(See B6 form for extra brands formulas)				

*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 type="checkbox"/> No _____	_____
Carnitine	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Antioxidants	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Multivitamin	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Fish oil	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	_____
Coenzyme Q10	<input type="checkbox"/> Yes <input 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): _____

CHANGING DIET TO ROYAL CANIN EARLY ON/DIET

Client:
Patient:

B6

Troponin 2/1/19



Gastrointestinal Laboratory
Dr. J.M. Steiner
Department of Small Animal Clinical Sciences
Texas A&M University
4474 TAMU
College Station, TX 77843-4474



Website User ID: clinpath@tufts.edu

GI Lab Assigned Clinic ID: 11405

Dr. Freeman
Tufts University Clinical Pathology Lab
Attn: **B6**
200 Westboro Road
North Grafton, MA 01536
USA

Phone:
FAX:
Animal Name:
Owner Name:
Species:
Date Received:

508 887 4669
9 508 839 7936

B6

Canine

Feb 12, 2019

GI Lab Accession: 6969

Test	Result	Control Range	Assay Date
Ultra-Sensitive Troponin I Fasting	B6 ng/mL	≤0.06	02/12/19

B6

Comments:

Client:
Patient:

B6

Troponin 2/1/19

**Important
Notices:**

Internal Medicine Conference

Join us for a unique continuing education event in Phuket, Thailand Oct 7th - 11th, 2019. For details see <http://texasimconference.tamu.edu>

Ongoing studies

Cobalamin Supplementation Study- Dogs and cats with cobalamin deficiency with normal PLI, and either normal or low (consistent with EPI) TLI to compare the efficacy of oral vs parenteral cobalamin supplementation. Contact Dr. Chang at chchang@cvm.tamu.edu for further information.

Chronic Pancreatitis with Uncontrolled Diabetes Mellitus- Seeking dogs with chronic pancreatitis and uncontrolled diabetes mellitus for enrollment into a drug trial (medication provided at no cost). Contact Dr. Sue Yee Lim at slim@cvm.tamu.edu or Dr. Sina Marsilio at smarsilio@cvm.tamu.edu

Dogs with Primary Hyperlipidemia- Prescription diet naive dogs newly diagnosed with primary hyperlipidemia are eligible to be enrolled in a dietary trial. Contact Dr. Lawrence at ylawrence@cvm.tamu.edu for more information.

Dogs with Chronic Pancreatitis- Dogs with chronic pancreatitis (cPLI >400 µg/L) and hypertriglyceridemia (>300 mg/dl) are eligible to be enrolled in a dietary trial. Contact Dr. Lawrence at ylawrence@cvm.tamu.edu

Chronic enteropathies in dogs- Please fill out this brief form <http://tinyurl.com/tbd-enroll> to see if your patient qualifies.

Feline Chronic Pancreatitis- Cats with chronic pancreatitis for more than 2 weeks and fPLI >10 µg/L are eligible for enrollment into a treatment trial investigating the efficacy of prednisolone or cyclosporine. Please contact Dr. Yamkata for further information at pyamkata@cvm.tamu.edu

We can not accept packages that are marked "Bill Receiver"

Use our preprinted shipping labels to save on shipping. Call 979-862-2861 for assistance. The GI Lab is not here to accept packages on the weekend. Samples may be compromised if you ship for arrival on Saturday or Sunday or if shipped via US Mail.

GI Lab Contact Information

Phone: (979) 862-2861

Fax: (979) 862-2864

Email: gilab@cvm.tamu.edu

vetmed.tamu.edu/gilab

Client: **B6**
Patient:

Vitals Results

B6 11:00:04 AM Weight (kg) **B6**

Patient History

B6	03:52 PM	Appointment	B6
	08:05 AM	UserForm	
	08:05 AM	UserForm	
	10:37 AM	UserForm	
	10:38 AM	UserForm	
	10:44 AM	Purchase	
	11:00 AM	Vitals	
	12:03 PM	UserForm	
	12:50 PM	Appointment	
	12:58 PM	Prescription	
	12:08 PM	Patient Merge	
	04:32 PM	Purchase	
	04:32 PM	Purchase	

B6

B6

Male (Neutered)

Canine English Bulldog Brown/White

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 Grantees) 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 Grantee'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 Grantee deems appropriate (provided that such photographs and images may not be used in for-profit commercials, unless such commercials are publicizing educational programs at Cummings School). As medical and surgical treatment necessitates the removal of tissue, cells, fluids or body parts of my animal, I authorize the Grantees 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 \$.50.

I do further agree that should any payment, or the full amount of the sum stated above, become overdue more than 20 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, understand, and agree to accept the terms and conditions herein.

Owner's name

Date: 2/1/2019

Owner's address

Date 01-02-19

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 this 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 _____

Town/City _____ State _____ Zip _____

B6

Patient ID: **B6**
B6 Canine
B6 Years Old Male (Neutered) English
Bulldog
Body Weight: Weight (kg) 0.00

Brachycephalic Consent Form ***Anesthesia, Sedation and Hospitalization***

Brachycephalic is a term for "short-nosed". Several dog breeds may experience difficulty breathing due to the shape of their head, muzzle and throat. Shorter nosed dogs include English Bulldogs, French Bulldogs, Pugs, Boston Terriers and many other breeds. The shorter than average nose and face in proportion to their body size can cause problems for these breeds at times. Owners with brachycephalic breeds must pay extra attention to their animals during exercise, heat and while obtaining veterinary care.

Overview

The purpose of this form is to inform you of the risks associated with anesthesia/sedation and occasionally hospitalization, which are inherent for dogs with shorter noses (brachycephalic). Not all of these problems may apply to your dog, but these are part of the brachycephalic syndrome. Please discuss any specific concerns with your attending veterinarian.

Respiratory problems

Brachycephalic dogs have a shortened skull, resulting in a compressed nasal passage and abnormal throat anatomy. The abnormal upper airway anatomy causes increased negative pressure while taking a breath, leading to inflammation, deformation of throat tissues, and obstruction of breathing. We encourage corrective surgery in moderate to severely affected dogs.

Cooling problems

As dogs cool by panting, dogs with narrowed airways may have difficulty cooling themselves. This may be made worse by anxiety or stress.

Stomach and intestinal problems

Brachycephalic dogs may swallow a lot of air which can lead to increased vomiting or regurgitation, and this could lead to pneumonia. If possible, we pre-treat brachycephalic dogs with medications to reduce stomach acids, and to promote stomach emptying.

Restraint challenges

Due to their airway, and in some bulldogs, their intrinsic personality as "tough" dogs, it may be difficult to restrain them safely. This is a particularly significant problem with more aggressive dogs. We

occasionally need to sedate them, or ask family members to help with some routine procedures to avoid unnecessary stress on the patient.

Sedation and anesthesia

While sedation and anesthesia are commonly performed in brachycephalic breeds, especially bulldogs, recovery from anesthesia may be more difficult for these patients due to a narrowed airway. We have our anesthesia team very closely involved in sedation and anesthesia of brachycephalic breeds especially bulldogs. They have found that careful monitoring is essential to a good outcome. In fact, many dog owners travel some distance in order to ensure that a Tufts board-certified anesthesiologist is present during anesthesia or sedation to minimize the risk of complications.

We consider brachycephalic dogs a high risk population. Please be sure you talk with your doctor about the following:

- 1. Any medical and/or surgical treatment alternatives for your pet**
- 2. Sufficient details of this consent form and how they apply to your dog**
- 3. How fully your pet might respond or recover and how long it could take**
- 4. The most common complications and how serious they might be**

I grant permission for my pet to undergo general anesthesia/sedation/hospitalization at Tufts Foster Hospital for Small Animals at the Cummings School of Veterinary Medicine.

I am aware that my pet has physical characteristics that make anesthesia and sedation more challenging and possibly more risky than for the average dog with a longer nose.

I am aware that brachycephalic breeds, such as the English and French bulldog, Boston Terrier, Pug, and Pekingese have a shortened skull, resulting in a compressed nasal passage and abnormal throat anatomy. The abnormal upper airway anatomy causes increased negative pressure while taking a breath, leading to inflammation, deformation of throat tissues, and obstruction of breathing.

I am aware that if my brachycephalic pet undergoes sedation or general anesthesia the potential complications include partial or complete airway obstruction during recovery and regurgitation/vomiting which could lead to aspiration pneumonia/respiratory distress. With airway surgery, death has been reported as a rare complication in <3% of cases.

I am aware that anesthetizing or sedating a brachycephalic animal for any reason can lead to the development of significant complications as described in this document.

Please answer YES or NO to the following questions:

My pet has demonstrated difficulty breathing, exercise intolerance, and/or collapse episodes.

YES NO

My pet has demonstrated difficulty eating, such as gagging, vomiting, and regurgitation.

YES NO

My pet is receiving or has recently received a non-steroidal anti-inflammatory drug (e.g., Rimadyl)

YES NO

Your signature indicates that you have read and understand the above information and give your consent for treatment.

Owner signature

Date: 2/1/2019

B6

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: Canine

Brown/White Male (Neutered) English

Bulldog

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

Veterinary Nutritionist : Dr. Lisa Freeman

Student: B6 V19

Admit Date: 2/1/2019 10:36:11 AM

Discharge Date: 2/1/2019

Diagnoses: Arrhythmogenic right ventricular cardiomyopathy (ARVC) with marked right heart enlargement, ventricular premature depolarizations, and left ventricular dysfunction; possible component of diet-related cardiomyopathy

Clinical findings: B6 has been diagnosed with a primary heart muscle disease called arrhythmogenic right ventricular cardiomyopathy (ARVC). This disease is common in bulldogs and is characterized by replacement of the normal heart muscle by fat and/or scar tissue which may result in serious ventricular arrhythmias (abnormal heart rhythms originating from the lower chamber of the heart), cardiac enlargement and congestive heart failure, or both. Dogs with ARVC may experience syncope (fainting) or sudden death as the result of ventricular arrhythmia. Though we cannot reverse the changes in the heart muscle, we can control the heart disease with medical management.

The following diagnostic test results were obtained today:

ECG findings: The ECG shows a number of premature ventricular contractions (VPCs) originating from the right ventricle.

Echocardiogram findings: The right ventricle is moderate to markedly enlarged. The left ventricle is mildly dilated with the left ventricular free wall thinned. There is reduced vigor of contraction of the left ventricle. The left atrium is mildly to moderately enlarged. The right atrium is moderately to markedly enlarged. There is some mitral and tricuspid valve regurgitation. The hepatic veins are markedly distended.

Monitoring at home: Please monitor for any signs of lethargy, weakness, pale gums, cough, shortness of breath, inappetence, or collapse. If a collapsing episode is noted, please check your dog's gum color and try to get a sense of whether the heart rate is slow or fast. If you have an iPhone or Android smartphone device, you may want to explore the

option of purchasing the Kardia Mobile device which will allow you to monitor the heart rate and rhythm at home (www.alivecor.com). If you have any concerns, please call or have your dog evaluated by a veterinarian. Our emergency clinic is open 24 hours/day.

B6 may also benefit from wearing a Holter EKG, which is a harnessed EKG that he would wear for 24 hours. We can place that here, and send him home for the 24 hours duration. He would then return here the next day where we can remove the Holter and analyze his heart rhythm to fully assess his arrhythmia. Call if you decide to do this test.

Recommended Medications:

B6

Diet suggestions: Dogs with ARVC may benefit from the addition of omega-3 fatty acids (fish oil) to the diet. Diets such as the Royal Canin Boxer or Early Cardiac diet, or Hill's j/d have ample fish oil and may not require much (or any) additional supplementation. Additional information on supplements such as fish oil or other supplements that you might have questions about may be found on the Tufts HeartSmart web site: (<http://vet.tufts.edu/heartsmart/diet/>).

- The FDA is currently investigating an apparent association between diet and a type of heart disease called dilated cardiomyopathy. The exact cause is still unclear, but it appears to be associated with boutique diets and those containing exotic ingredient or are grain-free. Therefore, we are currently recommending that dogs do not eat these types of diets.
- We recommend switching **B6** to commercial diet made by a well-established company that is not grain-free and does not contain any exotic ingredients, such as kangaroo, duck, lamb, venison, lentils, peas, beans, buffalo, tapioca, barley, and chickpeas.
- The FDA issued a statement regarding this issue (<https://www.fda.gov/AnimalVeterinary/NewsEvents/CVMUpdates/uom613305.htm>) and a recent article published by Dr. Lisa Freeman on the Cummings School's Pet Foodology blog can further explain these findings (<http://vetnutrition.tufts.edu/2018/06/a-broken-heart-risk-of-heart-disease-in-boutique-or-grain-free-diets-and-exotic-ingredients/>).
- Our nutritionists have compiled a list of dog foods that are good options for dogs with heart disease.

Dry Food Options:

Royal Canin Early Cardiac (veterinary diet)

Royal Canin Boxer

Purina Pro Plan Adult Weight Management

Purina Pro Plan Bright Mind Adult Small Breed Formula

Canned Food Options:

Hill's Science Diet Adult Beef and Barley Entree

Hill's Science Diet Adult 1-6 Healthy Cuisine Roasted Chicken, Carrot, and Spinach Stew

Royal Canin Mature 8+

We recommend slowly introducing one of the diets on the above list as follows: 25% of the new diet mixed with 75% old diet for 2-3 days, then 50:50, etc.

Hopefully you can find a diet on the list that **B6** will enjoy!

If your dog has special nutritional needs or requires a homecooked diet, we recommend you schedule an appointment with our nutritionists (508-887-4696).

Exercise recommendations: Generally we recommend limited activity for dogs with heart disease - Leash walk only is ideal. Repetitive or strenuous high energy activities (repetitive ball chasing, running fast off-leash, etc.) are not recommended as these activities may result in worsened arrhythmia or even sudden death.

Recheck visits: We would like to recheck **B6** in 3 months, at which point we can discuss additional medications and

treatments as needed (such as antiarrhythmics). We will likely recommend recheck ECGs every 3 months, or you can purchase the AliveCor and send us an ECG about once a month.

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

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) English Bulldog
Brown/White

Cardiology Appointment Report Enrolled in DCM Study

Date: 2/1/2019

Attending Cardiologist:

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

B6

Cardiology Resident:

B6

Cardiology Technician:

B6

Student: **B6** v19

Presenting Complaint: Here for possible entry to DCM study. Half-sister **B6** came in last month for CHF. **B6** had high proBNP on bloodwork **B6**.

Concurrent Diseases:

B6

General Medical History:

Had **B6** as puppy, had a fall and needed some **B6** O says seen at Tufts.

Sedentary lifestyle, but healthy. Half-sister **B6** here last month in CHF, which is what started concerns for DCM.

Fasted today.

Had reason for concern of DCM based on diet and sister, came in based on NTproBNP level.

Diet and Supplements:

Grain free diet- Wellness Core. Chicken and Turkey wet food 4oz BID. Fish dry food 1/4 cup BID.

No supplements or treats.

Cardiovascular History:

Prior CHF diagnosis? N

Prior heart murmur? N

Prior ATE? N

Prior arrhythmia? N

Monitoring respiratory rate and effort at home? N, but taking notice more after sister's CHF. O thinks 20-30 at rest .

Cough? N

Shortness of breath or difficulty breathing? Sounds raspy when anxious.

Syncope or collapse? N

Sudden onset lameness? N

Exercise intolerance? N- Normally low energy.

Current Medications Pertinent to CV System:

Medication:

Formulation/Tab Size: 500 mg tablet

Administration Frequency: PO BID 1 tablets

Need refills? N

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

Murmur location/description:

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 - obese and difficult to palpate
- Fair
- Good
- Strong
- Bounding
- Pulse deficits
- Pulsus paradoxus
- Other:

Arrhythmia:

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

Gallop:

- Yes
- Pronounced

- No
- Intermittent

Other:

Pulmonary assessments:

- Eupneic
- Mild dyspnea
- Marked dyspnea
- Normal BV sounds
- Pulmonary crackles
- Wheezes
- Upper airway stridor

Abdominal exam:

- Normal
- Hepatomegaly
- Abdominal distension mostly adipose tissue?
- Mild ascites
- Marked ascites

Problems:

Related dog with DCM
Has a high NT-proBNP

Differential Diagnoses: DCM vs other

Diagnostic plan:

- Echocardiogram
- Chemistry profile
- ECG
- Renal profile
- Blood pressure
- Dialysis profile
- Thoracic radiographs
- NT-proBNP
- Troponin I
- Other tests: Study bloodwork

Echocardiogram Findings:

B6

Assessment and recommendations:

Findings are consistent with ARVC with concurrent LV dysfunction which is either related to ARVC or could have a component of diet-related cardiomyopathy. There was not enough arrhythmia seen today to clearly trigger antiarrhythmic therapy, but a 24 hour Holter monitor could be performed for a better assessment of arrhythmia burden, or Alivecor tracings could be evaluated serially. Recommend start in B6 5mg PO BID. Recommend switching the diet. Dog was enrolled in the DCM study, and troponin, NTproBNP, taurine levels, CBC/Chem were submitted via the study. Recheck echo, ECG, and blood work in

3, 6, and 9 months for the study. Discussed pros and cons of starting antiarrhythmic treatment today, or ACEi - owner leaning toward fewer drugs at this stage.

Final Diagnosis:

ARVC with LV dysfunction (possible component of diet associated cardiomyopathy)

Heart Failure Classification Score:

ISACHC Classification:

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

ACVIM Classification:

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

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
TAPSE		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		(0.080 - 0.890) !
LA Diam N		(0.640 - 0.900) !

2D

SALA
Ao Diam
SALA / Ao Diam
IVSd
LVIDd
LVPWd
EDV(Teich)
IVSs
LVIDs
LVPWs
ESV(Teich)
EF(Teich)
%FS
SV(Teich)
LV Major
LV Minor
Sphericity Index
LVld LAX
LVAd LAX
LVEDV A-L LAX
LVEDV MOD LAX
LVls LAX
LVAs 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

Doppler

MR Vmax
MR maxPG
MV E Vel
MV DecT
MV Dec Slope
MV A Vel
MV E/A Ratio
E'
E/E'
A'
S'
AV Vmax
AV maxPG
PV Vmax
PV maxPG
TR Vmax

B6

B6

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m/s
mmHg
m/s

TR maxPG

B6

mmHg

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

B6

Foster Hospital for Small Animals
55 Willard Street
North Grafton, MA 01536
Telephone (508) 839-5395
Fax (508) 839-7951
<http://vetmed.tufts.edu/>

B6

Male (Neutered)

Canine English Bulldog

Brown/White

B6

2/12/2019

Dear **B6**

Thank you for referring **B6** with their pet **B6**

If you have any questions, or concerns, please contact us at 508-887-4988.

Thank you,

John Rush DVM, DACVIM (Cardiology), DACVECC

From: [REDACTED] <[REDACTED]@cvcavets.com>
To: Jones, Jennifer L
Sent: 5/18/2018 5:25:41 PM
Subject: DCM and Diet spreadsheet
Attachments: Diet Breakdown by Brand.xlsx

**DOCUMENT
PRODUCED IN NATIVE**

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: 2/26/2019 12:01:05 PM
Subject: DCM cases 2/26/2019 0700
Attachments: Instinct Original Grain Free Recipe (unkown protein source): [B6] EON-380789; Merrick Classic Real Beef + Green Peas Recipe with Ancient Grains Adult Dry Dog Food: [B6] - EON-380855; Taste of The Wild - Salmon grain free: [B6] EON-380783; Taste of The Wild PREY (unknown formula): [B6] - EON-380774; Wellness Complete Health Fish and Sweet Potato dry: Lisa Freeman - EON-380848

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 <pfpreventcreation@fda.hhs.gov>
To: Cleary, Michael *; HQ Pet Food Report Notification; B6
Sent: 2/26/2019 12:21:16 AM
Subject: Wellness Complete Health Fish and Sweet Potato dry: Lisa Freeman - EON-380848
Attachments: 2063189-report.pdf; 2063189-attachments.zip

A PFR Report has been received and PFR Event [EON-380848] has been created in the EON System.

A "PDF" report by name "2063189-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 "2063189-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

EON Key: EON-380848

ICSR #: 2063189

EON Title: PFR Event created for Wellness Complete Health Fish and Sweet Potato dry; 2063189

AE Date	02/22/2019	Number Fed/Exposed	2
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Boxer (German Boxer)		
Age	10.5 Years		
District Involved	PFR-New England DO		

Product information

Individual Case Safety Report Number: 2063189

Product Group: Pet Food

Product Name: Wellness Complete Health Fish and Sweet Potato dry

Description: Arrhythmia dx at RDVM July 2018 (had been "wheezing") Started wheezing again 1 week before admission. Diagnosed with DCM, CHF, and ventricular tachycardia 2/22/19 Was fed Wellness diet until 6/2018 then changed to Royal Canin Boxer (current diet). Taurine and troponin pending. Owner has another Boxer eating same diets - has not been screened Enrolled in DCM study. Changing to different diet (although Boxer diet is probably fine) and will recheck in 7 days and 3 months.

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
Wellness Complete Health Fish and Sweet Potato 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-380848>

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=397857>

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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.

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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-380848

ICSR: 2063189
 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: 2019-02-25 19:07:14 EST

Reported Problem:
Problem Description: Arrhythmia dx at RDVM July 2018 (had been "wheezing") Started wheezing again 1 week before admission. Diagnosed with DCM, CHF, and ventricular tachycardia 2/22/19 Was fed Wellness diet until 6/2018 then changed to Royal Canin Boxer (current diet). Taurine and troponin pending. Owner has another Boxer eating same diets - has not been screened Enrolled in DCM study. Changing to different diet (although Boxer diet is probably fine) and will recheck in 7 days and 3 months.
Date Problem Started: 02/22/2019
Concurrent Medical Problem: No
Outcome to Date: Stable

Product Information:
Product Name: Wellness Complete Health Fish and Sweet Potato dry
Product Type: Pet Food
Lot Number:
Product Use Information: **Description:** Fed this diet 2012 - June, 2018 Currently, fed Royal Canin Boxer See diet history
Manufacturer /Distributor Information:
Purchase Location Information:

Animal Information:
Name: B6
Type Of Species: Dog
Type Of Breed: Boxer (German Boxer)
Gender: Male
Reproductive Status: Neutered
Weight: 23.3 Kilogram
Age: 10.5 Years
Number of Animals Given the Product: 2
Number of Animals Reacted: 1
Owner Information:
Owner Information provided: Yes
Contact: **Name:** B6
Phone: B6
Email:
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_small.pdf
	Description:	Med records
	Type:	Medical Records

Client:

Address:

B6

All Medical Records

Patient: **B6**

Breed: Boxer

DOB: **B6**

Species: Canine

Sex: Male
(Neutered)

Referring Information

B6

Initial Complaint:

ARVC vs. DCM with active CHF and uncontrolled Vtach.

SOAP Text **B6** 9:34AM - Clinician, Unassigned FHSA

Subjective

NEW VISIT (ER)

B6

Presenting complaint: wheezing

Referral visit? **B6** AH

Diagnostics completed prior to visit - saw this morning but referred straight here
rDVM records in email

HISTORY:

Signalment: 10.5 y/o MN Boxer

Current history:

In July primary vet noticed heart arrhythmia during appointment, was seen then due to symptom of wheezing. rDVM Started on **B6**, owners gave that for a couple of weeks and wheezing resolved, owners then stopped **B6** 1 week ago started wheezing again (sporadic), became clingy and lethargic. Owner had been out of town for a week, **B6** was at home with husband and owner is unsure what other symptoms **B6** has. Owner's husband did restart **B6** on Tuesday. No vomiting/heaving. Owner reports that he is drinking water normally, but didn't finish his food this morning which is abnormal for him. Unknown diarrhea, appetite status while owner was gone.

Prior medical history: none, known **B6**

Client: **B6**
Patient:

Current medications: 1/2 tablet BID (owner unsure strength), did start it on Tuesday. Took months long break of **B6** due to symptoms resolving.

Diet: royal canin boxer, dry , unknown length of time (last 1.5-2 yrs)

Vaccination status/flea & tick preventative use: UTD

Travel history: none

EXAM:

B6

C/V: II-III/VI left apical systolic murmur, arrhythmia (premature beats, intermittent gallop), fair arterial pulses

B6

ASSESSMENT:

A1: Severe cardiomegaly with poor contractile function - r/o primary DCM, diet-induced cardiomyopathy, ARVC, tachycardiac induced cardiomyopathy.

A2: Malignant ventricular arrhythmia - non-sustained VTach and frequent polymorphic VPCs

A3: Left sided congestive heart failure.

PLAN:

B6

Treatments:

B6

Diagnostics completed:

- Thoracic radiographs:

- Cardiopulmonary changes are consistent with left-sided congestive heart failure. Given moderate generalized cardiomegaly and moderate left atrial enlargement, consider DCM given breed. Echocardiography is

B6

recommended and repeat thoracic radiographs to monitor response to therapy.

- Impression of faint rounded soft tissue opacities mixed in with the intersitial pattern may represent peribronchial cuffing and end on vessels, pulmonary nodules are thought less likely. Follow-up radiographs to reassess the lungs are recommended after resolution of cardiogenic pulmonary edema.

- Concurrent mild diffuse bronchial pattern likely represents a component of lower airway disease.

- Echocardiogram:

Findings consistent with DCM with active CHF and frequent ventricular arrhythmia. Patient has enough malignant arrhythmia that hospitalization and **B6** and telemetry monitoring is recommended.

B6 2mg/kg q 4-6h is recommended for the day and depending how well he responds, maybe we can decrease to q6-8h overnight. Patient has historically been on grain free diet for years before been switched to current diet. It is unclear whether this is a primary DCM, ARVC with DCM phenotype, or diet-induced cardiomyopathy, but **B6** 7.5mg BID and Taurine 500mg are also recommended. Apparently patient tolerated well **B6** in the past, but at this point this medication should ideally be avoided at this point due to potential beta-blocker effects that may worsen systolic function. Thus, recommend bloodwork and if liver values are normal **B6** 200mg BID (decreasing to SID after 5 days) should be started. Fish oil may also be effective helping decrease ventricular arrhythmia density. Recommend addition of an **B6** when patient is eating and not azotemic. Recommend repeat echocardiogram in 3 months or sooner in case patient develops clinical signs consistent with progression of the disease (shortness breath, collapse, syncope, exercise intolerance, pale mucous membrane). Client can be instructed on how to use AliveCor and assess heart rate and rhythm from home if patient at rest and calm at home.

PLAN (cardio consult):

B6

Client communication:

Discussed hospitalizing for supportive care, diagnosis (cardio consult, echo) and start treatment for CHF and underlying condition. O ok with plan. New doctor to give call in am. P enrolled in DCM study.

Deposit & estimate status: **B6** (O understand estimate may increase if longer hospitalization is needed)

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

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

SOAP Text **B6** 8:27AM **B6**

Day 2 Hospitalization

B6 10.5 yo MN Boxer

HISTORY:

B6

Current history:

In July primary vet noticed heart arrythmia during appointment, when he was seen then due to symptom of wheezing. rDVM started **B6** and owners gave that for a couple of weeks and wheezing resolved, owners then stopped sotalol (they didn't know they were supposed to continue). About 1 week ago started wheezing again (sporadic), becoming more clingy and lethargic. Owner had been out of town for a week, **B6** was at home with husband and owner is unsure what other symptoms **B6** has. Owner's husband did restart **B6** on Tuesday. No vomiting/heaving. Owner reports that he is drinking water normally, but didn't finish his food this morning which is abnormal for him. Unknown diarrhea, appetite status while owner was gone.

Prior medical history: none, **B6**

Current medications: **B6** (owner unsure strength), did start it on Tuesday. Took months long break of **B6** due to symptoms resolving.

Diet: royal canin boxer, dry, unknown length of time (last 1.5-2 yrs); was on grain free diet before this

Vaccination status/flea & tick preventative use: UTD on vaccines

Travel history: none

Overnight update: AIVR and occasional VPCs. Not interested in food. Nauseaus last night, was given one dose of cerenia that helped a little bit. Also had 2 episodes of vtach around 7am, resolved on own.

EXAM:

B6

C/V: II-III/VI left apical systolic murmur, arrhythmia (premature beats, intermittent gallop), fair arterial pulses

B6

ASSESSMENT:

A1: Severe cardiomegaly with poor contractile function - r/o primary DCM, diet-induced cardiomyopathy, ARVC, tachycardiac induced cardiomyopathy

A2: Malignant ventricular arrhythmia - non-sustained VTach and frequent polymorphic VPCs

A3: Left sided congestive heart failure

PLAN:

Treatment Plan **B6**

B6 (overnight)

B6

B6

Diagnosics completed:

- Thoracic radiographs **B6**
 - Cardiopulmonary changes are consistent with left-sided congestive heart failure. Given moderate generalized cardiomegaly and moderate left atrial enlargement, consider DCM given breed. Echocardiography is recommended and repeat thoracic radiographs to monitor response to therapy.
 - Impression of faint rounded soft tissue opacities mixed in with the intersitital pattern may represent peribronchial cuffing and end on vessels, pulmonary nodules are thought less likely. Follow-up radiographs to reassess the lungs are recommended after resolution of cardiogenic pulmonary edema.
 - Concurrent mild diffuse bronchial pattern likely represents a component of lower airway disease.

- Echocardiogram/ Cardio recommendations **B6**

Findings consistent with DCM with active CHF and frequent ventricular arrhythmia. Patient has enough malignant arrhythmia that hospitalization and **B6** and telemetry monitoring is recommended. **B6** 2mg/kg q 4-6h is recommended for the day and depending how well he responds, maybe we can decrease to q6-8h overnight. Patient has historically been on grain free diet for years before been switched to current diet. It is unclear whether this is a primary DCM, ARVC with DCM phenotype, or diet-induced cardiomyopathy, but **B6** 5mg BID and Taurine 500mg are also recommended. Apparently patient tolerated well Sotalol in the past, but at this point this medication should ideally be avoided at this point due to potential beta-blocker effects that may worsen systolic function. Thus, recommend bloodwork and if liver values are normal, **B6** 200mg BID (decreasing to SID after 5 days) should be started. Fish oil may also be effective helping decrease ventricular arrhythmia density. Recommend addition of an **B6** when patient is eating and not azotemic. Recommend repeat echocardiogram in 3 months or sooner in case patient develops clinical signs consistent with progression of the disease (shortness breath, collapse, syncope, exercise intolerance, pale mucous membrane). Client can be instructed on how to use AliveCor and assess heart rate and rhythm from home if patient at rest and calm at home.

PLAN:

B6

- NOVA
- PCV/T
- CBC (
- Chem
- Chem

B6

Plan **B6**

- Re-check chemistry

B6

B6

B6

SOAP Text **B6** 9:19AM - Clinician, Unassigned FHSA

Day 3 Hospitalization

B6 10.5 yo MN Boxer

HISTORY:

Current history:

In July primary vet noticed heart arrhythmia during appointment, when he was seen then due to symptom of wheezing. rDVM started **B6** and owners gave that for a couple of weeks and wheezing resolved, owners then stopped sotalol (they didn't know they were supposed to continue). About 1 week ago started wheezing again (sporadic), becoming more clingy and lethargic. Owner had been out of town for a week, **B6** was at home with husband and owner is unsure what other symptoms **B6** has. Owner's husband did restart **B6** on Tuesday. No vomiting/heaving. Owner reports that he is drinking water normally, but didn't finish his food this morning which is abnormal for him. Unknown diarrhea, appetite status while owner was gone.

Prior medical history: none, **B6**

Current medications: **B6** (owner unsure strength), did start it on Tuesday. Took months long break of **B6** due to symptoms resolving.

Diet: royal canin boxer, dry, unknown length of time (last 1.5-2 yrs); was on grain free diet before this

Vaccination status/flea & tick preventative use: UTD on vaccines

Travel history: none

Overnight update:

Patient starting to be a little interested in food. Arrhythmia still not well under control -- HR ~ 170-180 with intermittent R on T, pauses and AIVR, multiforme VPCs.

EXAM:

B6

C/V: II-III/VI left apical systolic murmur, arrhythmia (premature beats), ssfp

B6

B6

B6

ASSESSMENT:

A1: Severe cardiomegaly with poor contractile function - r/o primary DCM, diet-induced cardiomyopathy, ARVC, tachycardiac induced cardiomyopathy

A2: Malignant ventricular arrhythmia - non-sustained VTach and frequent polymorphic VPCs

A3: Left sided congestive heart failure

PLAN:

Diagnosics completed:

- Thoracic radiographs **B6**

- Cardiopulmonary changes are consistent with left-sided congestive heart failure. Given moderate generalized cardiomegaly and moderate left atrial enlargement, consider DCM given breed. Echocardiography is recommended and repeat thoracic radiographs to monitor response to therapy.

- Impression of faint rounded soft tissue opacities mixed in with the intersitital pattern may represent peribronchial cuffing and end on vessels, pulmonary nodules are thought less likely. Follow-up radiographs to reassess the lungs are recommended after resolution of cardiogenic pulmonary edema.

- Concurrent mild diffuse bronchial pattern likely represents a component of lower airway disease.

- Echocardiogram/ Cardio recommendations **B6**

Findings consistent with DCM with active CHF and frequent ventricular arrhythmia. Patient has enough malignant arrhythmia that hospitalization and **B6** and telemetry monitoring is recommended.

B6 2mg/kg q 4-6h is recommended for the day and depending how well he responds, maybe we can decrease to q6-8h overnight. Patient has historically been on grain free diet for years before been switched to current diet. It is unclear whether this is a primary DCM, ARVC with DCM phenotype, or diet-induced cardiomyopathy, but **B6** 7.5mg BID and Taurine 500mg are also recommended. Apparently patient tolerated well **B6** in the past, but at this point this medication should ideally be avoided at this point due to potential beta-blocker effects that may worsen systolic function. Thus, recommend bloodwork and if liver values are normal, **B6** 200mg BID (decreasing to SID after 5 days) should be started. Fish oil may also be effective helping decrease ventricular arrhythmia density. Recommend addition of an **B6** when patient is eating and not azotemic. Recommend repeat echocardiogram in 3 months or sooner in case patient develops clinical signs consistent with progression of the disease (shortness breath, collapse, syncope, exercise intolerance, pale mucous membrane). Client can be instructed on how to use AliveCor and assess heart rate and rhythm from home if patient at rest and calm at home.

B6

	BUN	creat	Na	K	Cl	ALT
B6				B6		

B6

B6

B6

Treatment Plan B6

B6

Plan B6

B6

Plan B6

B6

B6

SOAP Text Feb 25 2019 7:17AM - Clinician, Unassigned FHSA

History:

10.5 y.o MN Boxer presented to rDVM [B6] for wheezing and decreased appetite at home for 1 week. rDVM referred to Tufts ER. O were on vacation and are unclear on exact symptoms and duration. Pt was previously seen at rDVM for wheezing in July where arrhythmia was noted and pt was started on [B6] (O unclear on dose). O discontinued [B6] when wheezing resolved. Was on grain-free diet until ~1.5 years ago.

Subjective:

B6

B6

Overall impression since arrival or since last exam: Improved since admission to ER on **B6**. The RR are back to normal and his has no RE. Ate for us a small amount this morning which is good. Seems slightly brighter. Telemetry revealed persistent multiform ventricular tachycardia with fast rate with no obvious improvement compared to previously.

Appetite: No immediate interest in food, ate when stimulated and hand fed.

Objective:

B6

Heart: Grade II-II/VI left apical systolic murmur. Multiple premature beats with short runs of sustained tachycardia. Jugular veins bottom 1/3 of the neck. Femoral pulses fair with pulses deficits.

B6

Treatments in hospital

B6

Diagnostics

- Thoracic rads **B6** Moderate generalized cardiomegaly and moderate left atrial enlargement onsistent with left-sided congestive heart failure/DCM. Cardiogenic pulmonary edema. Concurrent mild diffuse bronchial pattern likely represents a component of lower airway disease.
- Echo (Abridged due to dyspnea **B6**) Findings consistent with DCM with active CHF and frequent ventricular arrhythmia. Severe cardiomegaly with poor contractile function.

B6

Assessments

- A1: DCM vs. ARVC with DCM phenotype with history of active LCHF
- A2: Malignant ventricular arrhythmia - non-sustained VTach and frequent polymorphic VPCs

Plan

B6

B6

B6

B6

Disposition/Recommendations

B6

B6

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

B6

B6	
Veterinarian:	
Patient ID:	B6
Visit ID:	

B6	
Species:	Canine
Breed:	Boxer
Sex:	Male (Neutered)
Age:	B6 Years Old

Lab Results Report

Nova Full Panel-ICU	B6	9:30:25 AM	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	



12/85

B6

Printed Monday, February 25, 2019

B6

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** 9:36:12 AM **Accession ID:** **B6**

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

Nova Full Panel-ICU **B6** 9:56:25 AM **Accession ID:** **B6**

Test	Results	Reference Range	Units
GLUCOSE		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	
SODIUM		140 - 150	mEq/L
CHLORIDE		106 - 116	mEq/L
POTASSIUM		3.7 - 5.4	mEq/L
ICO2 (BICARB)		14 - 28	mEq/L
AGAP		8 - 19	
NA/K		29 - 40	
T BILIRUBIN		0.1 - 0.3	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

B6

1930 Result(s) verified



B6

OSMOLALITY (CALCULATED) **B6** 291 - 315 mmol/L

Nova Full Panel-ICU **B6** 12:18:25 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		
SODIUM		140 - 150	mEq/L	
CHLORIDE		106 - 116	mEq/L	
POTASSIUM		3.7 - 5.4	mEq/L	
iCO2 (BICARB)		14 - 28	mEq/L	
AGAP		8 - 19		
NA/K		29 - 40		
T BILIRUBIN		0.1 - 0.3	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	
2888 Result(s) verified				
OSMOLALITY (CALCULATED)			291 - 315	mmol/L



B6

B6

medical records 7/17/16

B6

B6

Date:

B6

To: TDAs ER

Comments:

B6

Pages: _____

If you have received this fax in error, please contact the
If you have received this fax in error, please contact

The **B6**

Thank you, and have a nice day!



01 / 1 #

B6

08 58AM FROM

B6

B6

B6

medical records 7/17/16

B6

Patient Chart

B6

Printed: **B6** at 8:51a

B6

PATIENT INFORMATION

B6		Species	Canine
Sex	Male, Neutered	Breed	Boxer
Birthday	B6	Age	10y
ID	B6	Rabies	1959-16
Color	Brown	Weight	57.40 Lbs
Reminded	02-18-19	Codes	

Reminders for **B6** Last done

B6

B6 weight history

B6

MEDICAL HISTORY - S.O.A.P. View

Date	By	Code	Description	Qty (Variance)	Photo
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B6

SUBJECTIVE SECTION

01/27/10

B6

9:58AM EDT

B6

B6

B6

medical records 7/17/16

B6

B6

B6

Date: B6 Time: 8:51a

Page: 2

Date	By	Code	Description	Qty (Variance)	Photo
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B6 brought B6 in today... she just got home from a business trip and her husband told her that B6 has been coughing at night and generally not doing well. There are notes of collapsing episodes in 2014 in our records (owner doesn't remember these) and we have auscultated an arrhythmia at visits since 2015. ARVC and cardiologist intervention has been discussed on numerous occasions but has always been declined. B6 started B6 on B6 in July 2018 due to a profound arrhythmia, but the owners were unaware that this was something they should have continued long-term and stopped it a long time ago because B6 had been doing well at home. His condition at home has declined in the last week or two and now they are seeing:

- a light wheeze-like outward coughing/chuffing intermittently throughout the day, but mostly at night
- generalized lethargy and exercise intolerance on walks
- appetite is decreased

OBJECTIVE SECTION

Quiet, nervous

Examination Results:

Heart

irregular cardiac arrhythmia with variable pulse quality and dropped beats, grade I-II murmur, slightly pale mm for a nervous dog

B6

ASSESSMENT SECTION

NOTES

10yo CM Boxer

- hx cardiac arrhythmia (not worked up): suspect ARVC
- new heart murmur, pulmonary crackles: suspect CHF... r/o primary pulmonary pathology

PLAN SECTION

NOTES

Discussed with B6, certainly has ARVC which has never been worked up with a cardiologist and I fear that he is currently in heart failure. He needs to be evaluated by a cardiologist ASAP to get him started on medication which may help improve heart function and lessen frequency of arrhythmia. Things are now an emergency. B6 will bring him to Tufts. Discussed that if he seems "stable" (understanding dogs with ARVC are ALWAYS at risk of sudden death) and/or owner has financial constraints he may be able to be evaluated as a day-case (admit through the ER for the day to facilitate

01/3/10

B6

584M:FROM

B6

B6

B6

medical records 7/17/16-

B6

B6

B6

Page: 3

Date	By	Code	Description	Qty (Variance)	Photo
07-24-18	B6	WELL	cardiac workup and home on oral meds). If he seems unstable they may recommend admission for monitoring overnight. Did not take CXR or perform diagnostics since Tutts will repeat these anyway. Wellness Annual Medical Record		

Age: 9y

B6

B6

B6

medical records 7/17/16

B6

B6

B6

Page: 4

Date	By	Code	Description	Qty (Variance)	Photo
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B6

10 52 #

B6

5849 From

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medical records 7/17/16-

B6

B6

B6

Page: 5

Date By Code Description Qty (Variance) Photo

B6

01 / 9

B6

09:55AM: From

B6

B6

B6

medical records 7/17/16-

B6

B6

B6

Page: 6

Date By Code Description Qty (Variance) Photo

B6

01 72 #

B6

09 58AM FROM:

B6

B6

B6

medical records 7/17/16

B6

B6

B6

Page: 7

Date By Code Description Qty (Variance) Photo

B6

PLAN SECTION

NOTES

01 / 8 / 10 #

B6

9109 58AM From:

B6

B6

B6

medical records 7/17/16

B6

B6

B6

Page: 8

Date By Code Description Qty (Variance) Photo

B6

ASSESSMENT SECTION

01 / 6 #

B6

8:58AM From:

B6

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B6

B6

medical records 7/17/16

B6

B6

B6

Page: 9

Date	By	Code	Description	Qty (Variance)	Photo
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B6

10 / 01 04

B6

From: 08:58AM

B6

B6

CBC/Chem **B6**



Tufts Cummings School Of Veterinary Medicine

200 Westboro Road
North Grafton, MA 01536

DUPLICATE

Patient ID: B6	Sex: CM	B6
Phone number:	Age: 10	Sample ID: 1902220072
Collection Date: B6 19 12:37 PM	Species: Canine	
Approval date: B6 19 1:35 PM	Breed: Boxer	

CBC, Comprehensive, Sm Animal (Research)

SMACHUNSKI		Ref. Range/Males
WBC (ADVIA)		4.40-15.10 K/uL
RBC (Advia)		5.80-8.50 M/uL
Hemoglobin (ADVIA)		13.3-20.5 g/dL
Hematocrit (Advia)		39-55 %
MCV (ADVIA)		64.5-77.5 fL
MCH (ADVIA)		21.3-25.9 pg
CHCM		
MCHC (ADVIA)		31.9-34.3 g/dL
RDW (ADVIA)		11.9-15.2
Platelet Count (Advia)		173-486 K/uL
02/22/19 1:35 PM		
	B6	
Mean Platelet Volume (Advia)		8.29-13.20 fl
02/22/19 1:13 PM		
Platelet Cnt		0.129-0.403 %
02/22/19 1:13 PM		
PDW		
Reticulocyte Count (Advia)		0.20-1.60 %
Absolute Reticulocyte Count (Advia)		14.7-113.7 K/uL
CHr		
MCVr		

Microscopic Exam of Blood Smear (Advia)

SMACHUNSKI		Ref. Range/Males
Seg Neuts (%)		43-86 %
Lymphocytes (%)		7-47 %
Monocytes (%)		1-15 %
Nucleated RBC		0-1 /100 WBC
02/22/19 1:13 PM		
	B6	
Seg Neutrophils (Abs) Advia		2.800-11.500 K/uL
Lymphs (Abs) Advia		1.00-4.80 K/uL
Mono (Abs) Advia		0.10-1.50 K/uL
WBC Morphology		

Sample ID: 19022200721
This report continues... (Final)

Reviewed by: _____

B6

CBC/Chem

B6



Tufts Cummings School Of Veterinary Medicine

200 Westboro Road
North Grafton, MA 01536

DUPLICATE

Patient ID: B6		Sex: CM	B6
Phone number:		Age: 10	Sample ID: 1902220072
Collection Date:	B6 12:37 PM	Species: Canine	
Approval date:	1:35 PM	Breed: Boxer	

Microscopic Exam of Blood Smear (Advia) (cont'd)

SMACHUNSKI

Ref. Range/Males

Echinocytes

B6

Research Chemistry Profile - Small Animal (Cobas)

		Ref. Range/Males
CSTCYR		
Glucose		67-135 mg/dL
Urea		8-30 mg/dL
Creatinine		0.6-2.0 mg/dL
Phosphorus		2.6-7.2 mg/dL
Calcium 2		9.4-11.3 mg/dL
Magnesium 2+		1.8-3.0 mEq/L
Total Protein		5.5-7.8 g/dL
Albumin	H	2.8-4.0 g/dL
Globulins		2.3-4.2 g/dL
A/G Ratio		0.7-1.6
Sodium	H	140-150 mEq/L
Chloride	L	106-116 mEq/L
Potassium		3.7-5.4 mEq/L
tCO ₂ (Bicarb)	B6	14-28 mEq/L
AGAP		8.0-19.0
NA/K		29-40
Total Bilirubin		0.10-0.30 mg/dL
Alkaline Phosphatase		12-127 U/L
GGT		0-10 U/L
ALT	H	14-86 U/L
AST		9-54 U/L
Creatine Kinase		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

Sample ID: 19022200722

REPRINT: Orig. printing of **B6** (Final)

Reviewed by: _____

Page 2

B6

IDEXX BNP **B6**

B6

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

B6
Species: CANINE
Breed: BOXER
Gender: MALE NEUTERED
Age: 11Y

Date: **B6**
Requisition #: 439993
B6
B5

IDEXX VetConnect 1-888-433-9967
TUFTS UNIVERSITY
200 WES TEBORO RD
NORTH GRAFTON, Massachusetts 01536
508-839-5395
Account #88933

CARDIOPEI proBNP - CANINE

Test	Result	Reference Range	Unit	Method	Flag
CARDIOPEI proBNP - CANINE	B6	0 - 900 pmol/L	HIGH		B6

Comments

B6

B6

Diet history B6

CARDIOLOGY DIET HISTORY FORM

Please answer the following questions about your pet

10/11/16 B6
will consider whether
to prescribe B6

Pet's name

B6

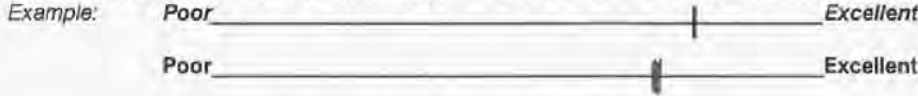
Owner's name

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)



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

1. Please list below ALL pet foods, people food, treats, snack, dental chews, rawhides, and any other food item that your pet currently eats and that you have fed in the last 2 years.

Please provide enough detail that we could go to the store and buy the exact same food - examples are shown in the table

Food (include specific product and flavor)	Form	Amount	How often?	Dates fed
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2016-present
85% lean hamburger	microwaved	3 oz	1x/week	June -Aug 2016
Pupperoni original beef flavor	treat	1/2	1x/day	Sept 2016-present
Rawhide	treat	6 inch twist	1x/week	Dec 2018-present
Wellness Complete Health - Sweet Potato & Fish	dry	1 cup	2x/day	2012-2018
Motter Hubbard's Grainfree	dry	1 cup	2x/day	2018-2012
Milkbone brushing chews	treat	1/2	1x/day	2018-2019
Milkbone treat	treats		2-3x/day	long-time
Royal Canine Baker	Dry	1 cup	2x/day	6/2018-present
Wellness Soft Bites Lamb Salmon Grainfree	treats		1x/day	long-time

*Any additional diet information can be listed on the back of this sheet

2. 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	_____	_____
Carnitine <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
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. 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): cheese, Pepperson
- will suggest to RC create

B6

Vitals Results

10:25:01 AM	Lasix treatment note
10:36:48 AM	Weight (kg)
10:58:00 AM	Lasix treatment note
12:43:21 PM	Eliminations
12:43:37 PM	Nursing note
12:44:22 PM	Quantify IV Fluids (CRI) in mls
12:50:46 PM	Cardiac rhythm
12:50:47 PM	Heart Rate (/min)
12:52:26 PM	Respiratory Rate
1:00:33 PM	Eliminations
1:10:19 PM	Quantify IV Fluids (CRI) in mls
1:10:20 PM	Catheter Assessment
2:03:55 PM	Cardiac rhythm
2:03:56 PM	Heart Rate (/min)
2:04:50 PM	Respiratory Rate
2:25:32 PM	Lasix treatment note
2:40:57 PM	Eliminations
3:00:23 PM	Cardiac rhythm
3:00:24 PM	Heart Rate (/min)
3:01:00 PM	Respiratory Rate
3:49:48 PM	Cardiac rhythm
3:49:49 PM	Heart Rate (/min)
3:50:33 PM	Respiratory Rate
4:05:52 PM	Eliminations
4:07:29 PM	Eliminations
4:07:44 PM	Nursing note
4:31:46 PM	Nursing note
5:00:16 PM	Cardiac rhythm
5:00:17 PM	Heart Rate (/min)
5:05:10 PM	Respiratory Rate
5:38:29 PM	Eliminations
5:38:44 PM	Amount eaten
5:55:28 PM	Nursing note
6:03:19 PM	Cardiac rhythm
6:03:20 PM	Heart Rate (/min)
6:04:06 PM	Respiratory Rate
6:24:06 PM	Quantify IV Fluids (CRI) in mls

B6

B6

B6

Vitals Results

6:24:07 PM	Catheter Assessment
6:51:37 PM	Cardiac rhythm
6:51:38 PM	Heart Rate (/min)
6:51:49 PM	Respiratory Rate
7:51:32 PM	Respiratory Rate
7:52:03 PM	Cardiac rhythm
7:52:04 PM	Heart Rate (/min)
7:53:44 PM	Lasix treatment note
8:45:01 PM	Eliminations
8:52:50 PM	Cardiac rhythm
8:52:51 PM	Heart Rate (/min)
8:59:02 PM	Respiratory Rate
9:25:37 PM	Quantify IV Fluids (CRI) in mls
9:25:38 PM	Catheter Assessment
9:49:17 PM	Cardiac rhythm
9:49:18 PM	Heart Rate (/min)
9:56:13 PM	Respiratory Rate
10:51:19 PM	Cardiac rhythm
10:51:20 PM	Heart Rate (/min)
10:52:28 PM	Respiratory Rate
11:34:01 PM	Amount eaten
11:55:25 PM	Respiratory Rate
11:55:36 PM	Eliminations
11:55:46 PM	Cardiac rhythm
11:55:47 PM	Heart Rate (/min)
1:00:00 AM	Cardiac rhythm
1:00:01 AM	Heart Rate (/min)
1:00:21 AM	Respiratory Rate
1:52:25 AM	Lasix treatment note
1:52:38 AM	Eliminations
1:53:31 AM	Respiratory Rate
1:53:43 AM	Quantify IV Fluids (CRI) in mls
1:53:44 AM	Catheter Assessment
1:54:09 AM	Cardiac rhythm
1:54:10 AM	Heart Rate (/min)
2:16:55 AM	Eliminations
2:33:32 AM	Eliminations
2:39:52 AM	Cardiac rhythm
2:39:53 AM	Heart Rate (/min)
3:36:15 AM	Cardiac rhythm
3:36:16 AM	Heart Rate (/min)

B6

B6

B6

Vitals Results

3:41:17 AM	Respiratory Rate
3:41:27 AM	Eliminations
4:49:07 AM	Cardiac rhythm
4:49:08 AM	Heart Rate (/min)
4:49:51 AM	Respiratory Rate
5:28:53 AM	Respiratory Rate
5:29:07 AM	Quantify IV Fluids (CRI) in mls
5:29:08 AM	Catheter Assessment
5:36:36 AM	Temperature (F)
5:56:48 AM	Cardiac rhythm
5:56:49 AM	Heart Rate (/min)
6:56:08 AM	Cardiac rhythm
6:56:09 AM	Heart Rate (/min)
6:56:56 AM	Respiratory Rate
7:37:07 AM	Weight (kg)
7:37:52 AM	Eliminations
7:58:21 AM	Cardiac rhythm
7:58:22 AM	Heart Rate (/min)
7:59:12 AM	Respiratory Rate
9:09:20 AM	Cardiac rhythm
9:09:21 AM	Heart Rate (/min)
9:33:45 AM	Respiratory Rate
10:02:14 AM	Cardiac rhythm
10:02:15 AM	Heart Rate (/min)
10:05:31 AM	Respiratory Rate
10:05:43 AM	Catheter Assessment
10:05:50 AM	Lasix treatment note
11:06:13 AM	Cardiac rhythm
11:06:14 AM	Heart Rate (/min)
11:07:32 AM	Respiratory Rate
11:27:21 AM	Eliminations
11:27:43 AM	Amount eaten
12:23:03 PM	Cardiac rhythm
12:23:04 PM	Heart Rate (/min)
12:26:12 PM	Respiratory Rate
1:04:31 PM	Cardiac rhythm
1:04:32 PM	Heart Rate (/min)
1:05:24 PM	Respiratory Rate
1:20:37 PM	Catheter Assessment

B6

B6

B6

Vitals Results

1:55:09 PM	Cardiac rhythm
1:55:10 PM	Heart Rate (/min)
1:55:50 PM	Respiratory Rate
2:52:23 PM	Cardiac rhythm
2:52:24 PM	Heart Rate (/min)
2:53:23 PM	Respiratory Rate
3:12:08 PM	Eliminations
3:50:24 PM	Respiratory Rate
3:50:40 PM	Cardiac rhythm
3:50:41 PM	Heart Rate (/min)
4:49:31 PM	Respiratory Rate
4:54:01 PM	Cardiac rhythm
4:54:02 PM	Heart Rate (/min)
5:22:43 PM	Catheter Assessment
5:33:09 PM	Amount eaten
5:46:40 PM	Respiratory Rate
5:46:52 PM	Cardiac rhythm
5:46:53 PM	Heart Rate (/min)
6:00:15 PM	Amount eaten
6:20:32 PM	Lasix treatment note
6:30:51 PM	Eliminations
7:00:21 PM	Cardiac rhythm
7:00:22 PM	Heart Rate (/min)
7:08:36 PM	Respiratory Rate
8:00:49 PM	Eliminations
8:07:32 PM	Cardiac rhythm
8:07:33 PM	Heart Rate (/min)
8:08:32 PM	Respiratory Rate
9:00:28 PM	Cardiac rhythm
9:00:29 PM	Heart Rate (/min)
9:06:37 PM	Respiratory Rate
9:17:59 PM	Catheter Assessment
9:36:52 PM	Eliminations
9:40:20 PM	Respiratory Rate
9:41:25 PM	Cardiac rhythm
9:41:26 PM	Heart Rate (/min)
11:21:33 PM	Cardiac rhythm
11:21:34 PM	Heart Rate (/min)
11:22:05 PM	Respiratory Rate
11:24:38 PM	Amount eaten
11:27:39 PM	Weight (kg)

B6

B6

B6

Vitals Results

12:10:14 AM	Cardiac rhythm
12:10:15 AM	Heart Rate (/min)
12:10:41 AM	Respiratory Rate
1:02:51 AM	Catheter Assessment
1:03:53 AM	Cardiac rhythm
1:03:54 AM	Heart Rate (/min)
1:04:19 AM	Respiratory Rate
1:05:57 AM	Eliminations
1:22:13 AM	Respiratory Rate
1:22:23 AM	Eliminations
1:22:32 AM	Nursing note
1:57:47 AM	Lasix treatment note
2:00:09 AM	Cardiac rhythm
2:00:10 AM	Heart Rate (/min)
2:59:53 AM	Cardiac rhythm
2:59:54 AM	Heart Rate (/min)
3:03:46 AM	Respiratory Rate
3:04:41 AM	Eliminations
3:51:27 AM	Respiratory Rate
3:58:14 AM	Cardiac rhythm
3:58:15 AM	Heart Rate (/min)
4:58:50 AM	Catheter Assessment
5:06:40 AM	Weight (kg)
5:06:48 AM	Eliminations
5:06:59 AM	Temperature (F)
5:08:17 AM	Cardiac rhythm
5:08:18 AM	Heart Rate (/min)
5:08:31 AM	Respiratory Rate
5:14:08 AM	Amount eaten
5:48:40 AM	Cardiac rhythm
5:48:41 AM	Heart Rate (/min)
5:48:58 AM	Respiratory Rate
6:48:56 AM	Cardiac rhythm
6:48:57 AM	Heart Rate (/min)
6:49:50 AM	Respiratory Rate
7:40:17 AM	Eliminations
8:00:06 AM	Cardiac rhythm
8:00:07 AM	Heart Rate (/min)
8:01:08 AM	Respiratory Rate
9:04:42 AM	Respiratory Rate
9:10:17 AM	Cardiac rhythm

B6

B6

B6

Vitals Results

9:10:18 AM	Heart Rate (/min)
9:53:51 AM	Cardiac rhythm
9:53:52 AM	Heart Rate (/min)
10:00:19 AM	Respiratory Rate
10:01:02 AM	Lasix treatment note
10:01:17 AM	Catheter Assessment
10:02:17 AM	Eliminations
11:05:02 AM	Respiratory Rate
11:06:36 AM	Cardiac rhythm
11:06:37 AM	Heart Rate (/min)
11:31:26 AM	Amount eaten
12:11:21 PM	Cardiac rhythm
12:11:22 PM	Heart Rate (/min)
12:13:06 PM	Respiratory Rate
12:55:17 PM	Respiratory Rate
12:55:33 PM	Cardiac rhythm
12:55:34 PM	Heart Rate (/min)
12:59:07 PM	Eliminations
12:59:18 PM	Catheter Assessment
1:49:53 PM	Respiratory Rate
1:50:09 PM	Cardiac rhythm
1:50:10 PM	Heart Rate (/min)
3:10:31 PM	Respiratory Rate
3:11:24 PM	Cardiac rhythm
3:11:25 PM	Heart Rate (/min)
4:04:23 PM	Cardiac rhythm
4:04:24 PM	Heart Rate (/min)
4:04:40 PM	Respiratory Rate
5:04:41 PM	Cardiac rhythm
5:04:42 PM	Heart Rate (/min)
5:04:55 PM	Respiratory Rate
5:11:38 PM	Eliminations
5:19:41 PM	Amount eaten
5:31:53 PM	Amount eaten
5:35:31 PM	Catheter Assessment
5:57:20 PM	Cardiac rhythm
5:57:21 PM	Heart Rate (/min)
5:57:37 PM	Respiratory Rate

B6

B6

B6

Vitals Results

7:23:42 PM	Cardiac rhythm
7:23:43 PM	Heart Rate (/min)
7:24:28 PM	Respiratory Rate
7:56:19 PM	Cardiac rhythm
7:56:20 PM	Heart Rate (/min)
7:56:35 PM	Respiratory Rate
8:11:41 PM	Eliminations
8:11:50 PM	Weight (kg)
8:46:12 PM	Cardiac rhythm
9:17:13 PM	Catheter Assessment
9:17:21 PM	Lasix treatment note
9:18:03 PM	Cardiac rhythm
9:18:04 PM	Heart Rate (/min)
9:19:25 PM	Respiratory Rate
9:23:52 PM	Weight (kg)
9:24:05 PM	Eliminations
9:53:36 PM	Cardiac rhythm
9:53:37 PM	Heart Rate (/min)
9:53:49 PM	Respiratory Rate
11:08:13 PM	Cardiac rhythm
11:08:14 PM	Heart Rate (/min)
11:08:51 PM	Respiratory Rate
11:09:13 PM	Amount eaten
12:11:22 AM	Cardiac rhythm
12:11:23 AM	Heart Rate (/min)
12:12:14 AM	Respiratory Rate
12:50:11 AM	Cardiac rhythm
12:50:12 AM	Heart Rate (/min)
12:50:28 AM	Respiratory Rate
12:50:56 AM	Catheter Assessment
2:11:35 AM	Cardiac rhythm
2:11:36 AM	Heart Rate (/min)
2:12:04 AM	Eliminations
2:15:50 AM	Respiratory Rate
3:09:06 AM	Cardiac rhythm
3:09:07 AM	Heart Rate (/min)
3:09:21 AM	Respiratory Rate
4:42:38 AM	Cardiac rhythm
4:42:39 AM	Heart Rate (/min)
4:42:59 AM	Respiratory Rate
5:32:29 AM	Catheter Assessment

B6

B6

B6

Vitals Results

5:32:40 AM	Respiratory Rate
5:32:49 AM	Cardiac rhythm
5:32:50 AM	Heart Rate (/min)
5:41:15 AM	Eliminations
5:41:26 AM	Weight (kg)
5:45:16 AM	Temperature (F)
5:45:27 AM	Amount eaten
5:58:53 AM	Cardiac rhythm
5:58:54 AM	Heart Rate (/min)
5:59:10 AM	Respiratory Rate
7:26:07 AM	Respiratory Rate
7:28:28 AM	Cardiac rhythm
7:28:29 AM	Heart Rate (/min)
7:52:07 AM	Cardiac rhythm
7:52:08 AM	Heart Rate (/min)
7:54:41 AM	Respiratory Rate
9:01:52 AM	Cardiac rhythm
9:01:53 AM	Heart Rate (/min)
9:09:06 AM	Respiratory Rate
9:22:41 AM	Eliminations
10:03:30 AM	Cardiac rhythm
10:03:31 AM	Heart Rate (/min)
10:21:53 AM	Catheter Assessment
10:22:05 AM	Respiratory Rate
10:25:31 AM	Lasix treatment note
10:51:49 AM	Cardiac rhythm
10:51:50 AM	Heart Rate (/min)
10:57:46 AM	Respiratory Rate
12:03:00 PM	Cardiac rhythm
12:03:01 PM	Heart Rate (/min)
12:03:41 PM	Respiratory Rate
12:59:10 PM	Cardiac rhythm
12:59:11 PM	Heart Rate (/min)
1:00:11 PM	Respiratory Rate
1:06:35 PM	Eliminations
1:07:04 PM	Catheter Assessment
1:58:26 PM	Cardiac rhythm
1:58:27 PM	Heart Rate (/min)
1:59:52 PM	Respiratory Rate
2:49:26 PM	Cardiac rhythm

B6

B6

B6

Vitals Results

B6

2:49:27 PM
2:49:40 PM
3:47:30 PM
3:47:31 PM
3:47:42 PM

Heart Rate (/min)
Respiratory Rate
Cardiac rhythm
Heart Rate (/min)
Respiratory Rate

B6

B6

ECG from Cardio

B6

B6

11:43:38 AM

Tufts University
Tufts Cummings School of Vet Med
Cardiology

12-lead Standard Placement

B6

B6

ECG from Cardio

B6

B6

11:45:45 AM

Page 1 of 2

Tufts University
Tufts Cummings School of Vet Med
Cardiology

B6

B6

ECG from Cardio

B6

B6

11:45:45 AM

Page 2 of 2

Tufts University
Tufts Cummings School of Vet Med
Cardiology

B6

B6

ECG from Cardio

B6

B6

46:06 AM

Tufts University

Tufts Cummings School of Vet Med

Cardiology

B6

B6

ECG from Cardio

B6

B6

11:46:06 AM

Tufts University
Tufts Cummings School of Vet Med
Cardiology

12 Lead: Standard Placement

B6

B6

ECG from Cardio

B6

B6

11:48:08 AM

Tufts University
Tufts Cummings School of Vet Med
Cardiology

11:48:08 AM Standard Placement

B6

B6

ECG from Cardio

B6

B6

:50:34 AM

Tufts University
Tufts Cummings School of Vet Med
Cardiology

12 Lead Standard Placement

B6

B6

Patient History

09:15 AM	UserForm
09:30 AM	Purchase
09:36 AM	Labwork
09:36 AM	Purchase
10:10 AM	UserForm
10:16 AM	Purchase
10:16 AM	Treatment
10:25 AM	Vitals
10:34 AM	UserForm
10:36 AM	Vitals
10:46 AM	UserForm
10:52 AM	Deleted Reason
10:52 AM	Deleted Reason
10:52 AM	Treatment
10:58 AM	Vitals
11:36 AM	Treatment
11:47 AM	Purchase
12:01 PM	Prescription
12:02 PM	Prescription
12:43 PM	Vitals
12:43 PM	Vitals
12:44 PM	Vitals
12:50 PM	Purchase
12:50 PM	Purchase
12:50 PM	Treatment
12:50 PM	Vitals
12:50 PM	Vitals
12:52 PM	Treatment
12:52 PM	Vitals
01:00 PM	Treatment
01:00 PM	Vitals
01:00 PM	Treatment
01:10 PM	Treatment
01:10 PM	Vitals

B6

B6

B6

Patient History

01:10 PM	Vitals
01:26 PM	Purchase
01:26 PM	Purchase
01:26 PM	Purchase
01:42 PM	Purchase
01:42 PM	Purchase
02:03 PM	Treatment
02:03 PM	Vitals
02:03 PM	Vitals
02:04 PM	Treatment
02:04 PM	Vitals
02:11 PM	Purchase
02:11 PM	Purchase
02:25 PM	Vitals
02:40 PM	Treatment
02:40 PM	Vitals
03:00 PM	Treatment
03:00 PM	Vitals
03:00 PM	Vitals
03:01 PM	Treatment
03:01 PM	Vitals
03:49 PM	Treatment
03:49 PM	Vitals
03:49 PM	Vitals
03:50 PM	Treatment
03:50 PM	Vitals
04:05 PM	Vitals
04:07 PM	Vitals
04:07 PM	Vitals
04:24 PM	Deleted Reason
04:30 PM	Deleted Reason
04:31 PM	Vitals
04:32 PM	Prescription
05:00 PM	Treatment
05:00 PM	Vitals
05:00 PM	Vitals
05:05 PM	Treatment
05:05 PM	Vitals

B6

B6

B6

Patient History

05:16 PM	Treatment
05:38 PM	Treatment
05:38 PM	Vitals
05:38 PM	Treatment
05:38 PM	Vitals
05:39 PM	Treatment
05:55 PM	Vitals
06:03 PM	Treatment
06:03 PM	Vitals
06:03 PM	Vitals
06:04 PM	Treatment
06:04 PM	Vitals
06:24 PM	Treatment
06:24 PM	Vitals
06:24 PM	Vitals
06:49 PM	Prescription
06:51 PM	Treatment
06:51 PM	Vitals
06:51 PM	Vitals
06:51 PM	Treatment
06:51 PM	Vitals
07:51 PM	Treatment
07:51 PM	Treatment
07:51 PM	Vitals
07:52 PM	Treatment
07:52 PM	Vitals
07:52 PM	Vitals
07:53 PM	Vitals
07:53 PM	Treatment
08:45 PM	Vitals
08:52 PM	Treatment
08:52 PM	Treatment
08:52 PM	Vitals
08:52 PM	Vitals
08:59 PM	Treatment
08:59 PM	Vitals
09:09 PM	Treatment
09:09 PM	Treatment
09:25 PM	Treatment
09:25 PM	Vitals
09:25 PM	Vitals

B6

B6

B6

Patient History

09:49 PM	Treatment
09:49 PM	Vitals
09:49 PM	Vitals
09:56 PM	Treatment
09:56 PM	Vitals
10:51 PM	Treatment
10:51 PM	Vitals
10:51 PM	Vitals
10:52 PM	Treatment
10:52 PM	Vitals
11:34 PM	Treatment
11:34 PM	Vitals
11:55 PM	Treatment
11:55 PM	Vitals
11:55 PM	Treatment
11:55 PM	Vitals
11:55 PM	Treatment
11:55 PM	Vitals
11:55 PM	Vitals
12:00 AM	Purchase
01:00 AM	Treatment
01:00 AM	Vitals
01:00 AM	Vitals
01:00 AM	Treatment
01:00 AM	Vitals
01:00 AM	Treatment
01:52 AM	Vitals
01:52 AM	Treatment
01:52 AM	Vitals
01:53 AM	Treatment
01:53 AM	Vitals
01:53 AM	Treatment
01:53 AM	Vitals
01:53 AM	Vitals
01:54 AM	Treatment
01:54 AM	Vitals
01:54 AM	Vitals
02:16 AM	Vitals
02:33 AM	Vitals
02:39 AM	Treatment
02:39 AM	Vitals

B6

B6

B6

Patient History

02:39 AM	Vitals
03:36 AM	Treatment
03:36 AM	Vitals
03:36 AM	Vitals
03:41 AM	Treatment
03:41 AM	Vitals
03:41 AM	Treatment
03:41 AM	Vitals
04:49 AM	Treatment
04:49 AM	Vitals
04:49 AM	Vitals
04:49 AM	Treatment
04:49 AM	Vitals
05:25 AM	Treatment
05:28 AM	Treatment
05:28 AM	Vitals
05:29 AM	Treatment
05:29 AM	Vitals
05:29 AM	Vitals
05:29 AM	Treatment
05:36 AM	Treatment
05:36 AM	Vitals
05:36 AM	Treatment
05:56 AM	Treatment
05:56 AM	Vitals
05:56 AM	Vitals
06:56 AM	Treatment
06:56 AM	Vitals
06:56 AM	Vitals
06:56 AM	Treatment
06:56 AM	Vitals
07:37 AM	Treatment
07:37 AM	Vitals
07:37 AM	Treatment
07:37 AM	Vitals
07:38 AM	Treatment
07:58 AM	Treatment
07:58 AM	Vitals
07:58 AM	Vitals
07:59 AM	Treatment

B6

B6

B6

Patient History

07:59 AM	Vitals
09:02 AM	Treatment
09:05 AM	Prescription
09:09 AM	Treatment
09:09 AM	Vitals
09:09 AM	Vitals
09:12 AM	Treatment
09:27 AM	Deleted Reason
09:29 AM	Purchase
09:29 AM	Treatment
09:33 AM	Treatment
09:33 AM	Vitals
09:46 AM	Treatment
09:56 AM	Purchase
10:02 AM	Treatment
10:02 AM	Vitals
10:02 AM	Vitals
10:05 AM	Treatment
10:05 AM	Vitals
10:05 AM	Treatment
10:05 AM	Vitals
10:05 AM	Vitals
10:06 AM	Treatment
11:06 AM	Treatment
11:06 AM	Vitals
11:06 AM	Vitals
11:07 AM	Treatment
11:07 AM	Vitals
11:27 AM	Treatment
11:27 AM	Vitals
11:27 AM	Treatment
11:27 AM	Vitals
11:53 AM	UserForm
12:02 PM	Purchase
12:02 PM	Purchase
12:23 PM	Treatment
12:23 PM	Vitals
12:23 PM	Vitals
12:26 PM	Treatment

B6

B6

B6

Patient History

12:26 PM	Vitals
01:04 PM	Treatment
01:04 PM	Vitals
01:04 PM	Vitals
01:05 PM	Treatment
01:05 PM	Vitals
01:05 PM	Treatment
01:20 PM	Treatment
01:20 PM	Vitals
01:55 PM	Treatment
01:55 PM	Vitals
01:55 PM	Vitals
01:55 PM	Vitals
01:55 PM	Treatment
01:55 PM	Vitals
02:52 PM	Treatment
02:52 PM	Vitals
02:52 PM	Vitals
02:53 PM	Treatment
02:53 PM	Vitals
03:12 PM	Treatment
03:12 PM	Vitals
03:50 PM	Treatment
03:50 PM	Vitals
03:50 PM	Treatment
03:50 PM	Vitals
03:50 PM	Vitals
04:49 PM	Treatment
04:49 PM	Vitals
04:54 PM	Treatment
04:54 PM	Vitals
04:54 PM	Vitals
05:16 PM	Treatment
05:22 PM	Treatment
05:22 PM	Treatment
05:22 PM	Vitals
05:28 PM	Treatment
05:29 PM	Treatment
05:33 PM	Treatment
05:33 PM	Vitals
05:46 PM	Treatment

B6

B6

B6

Patient History

05:46 PM	Vitals
05:46 PM	Treatment
05:46 PM	Vitals
05:46 PM	Vitals
06:00 PM	Vitals
06:20 PM	Vitals
06:21 PM	Treatment
06:21 PM	Treatment
06:30 PM	Vitals
06:45 PM	Treatment
06:51 PM	Treatment
07:00 PM	Vitals
07:00 PM	Vitals
07:08 PM	Treatment
07:08 PM	Treatment
07:08 PM	Vitals
08:00 PM	Vitals
08:07 PM	Treatment
08:07 PM	Vitals
08:07 PM	Vitals
08:08 PM	Treatment
08:08 PM	Vitals
09:00 PM	Vitals
09:00 PM	Vitals
09:06 PM	Treatment
09:06 PM	Vitals
09:14 PM	Treatment
09:17 PM	Treatment
09:17 PM	Vitals
09:18 PM	Treatment
09:36 PM	Treatment
09:36 PM	Treatment
09:36 PM	Vitals
09:40 PM	Treatment
09:40 PM	Vitals
09:41 PM	Treatment
09:41 PM	Vitals
09:41 PM	Vitals
11:21 PM	Treatment
11:21 PM	Vitals
11:21 PM	Vitals

B6

B6

B6

2

Patient History

1:22 PM	Treatment
1:22 PM	Vitals
1:24 PM	Treatment
1:24 PM	Vitals
1:27 PM	Vitals
2:00 AM	Purchase
2:10 AM	Treatment
2:10 AM	Vitals
2:10 AM	Vitals
2:10 AM	Treatment
2:10 AM	Vitals
01:02 AM	Treatment
01:02 AM	Treatment
01:02 AM	Vitals
01:03 AM	Treatment
01:03 AM	Vitals
01:03 AM	Vitals
01:04 AM	Treatment
01:04 AM	Vitals
01:05 AM	Vitals
01:22 AM	Treatment
01:22 AM	Vitals
01:22 AM	Treatment
01:22 AM	Vitals
01:22 AM	Vitals
01:57 AM	Vitals
01:58 AM	Treatment
02:00 AM	Treatment
02:00 AM	Vitals
02:00 AM	Vitals
02:59 AM	Treatment
02:59 AM	Vitals
02:59 AM	Vitals
03:03 AM	Treatment
03:03 AM	Vitals
03:04 AM	Vitals
03:51 AM	Treatment
03:51 AM	Vitals
03:58 AM	Treatment
03:58 AM	Vitals
03:58 AM	Vitals
03:58 AM	Vitals
04:58 AM	Treatment

B6

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B6

Patient History

04:58 AM	Treatment
04:58 AM	Treatment
04:58 AM	Vitals
04:59 AM	Treatment
04:59 AM	Treatment
05:06 AM	Treatment
05:06 AM	Vitals
05:06 AM	Treatment
05:06 AM	Vitals
05:06 AM	Treatment
05:06 AM	Vitals
05:08 AM	Treatment
05:08 AM	Vitals
05:08 AM	Vitals
05:08 AM	Treatment
05:08 AM	Vitals
05:14 AM	Treatment
05:14 AM	Vitals
05:48 AM	Treatment
05:48 AM	Vitals
05:48 AM	Vitals
05:48 AM	Treatment
05:48 AM	Vitals
06:48 AM	Treatment
06:48 AM	Vitals
06:48 AM	Vitals
06:49 AM	Treatment
06:49 AM	Vitals
06:49 AM	Vitals
07:40 AM	Vitals
08:00 AM	Treatment
08:00 AM	Vitals
08:00 AM	Vitals
08:01 AM	Treatment
08:01 AM	Vitals
09:04 AM	Treatment
09:04 AM	Vitals
09:05 AM	Treatment
09:10 AM	Treatment
09:10 AM	Vitals
09:10 AM	Vitals
09:53 AM	Treatment

B6

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B6

Patient History

09:53 AM	Vitals
09:53 AM	Vitals
10:00 AM	Treatment
10:00 AM	Vitals
10:00 AM	Treatment
10:01 AM	Vitals
10:01 AM	Treatment
10:01 AM	Treatment
10:01 AM	Vitals
10:02 AM	Vitals
10:24 AM	Purchase
11:05 AM	Treatment
11:05 AM	Vitals
11:06 AM	Treatment
11:06 AM	Vitals
11:06 AM	Vitals
11:31 AM	Treatment
11:31 AM	Vitals
12:02 PM	Purchase
12:02 PM	Purchase
12:11 PM	Treatment
12:11 PM	Vitals
12:11 PM	Vitals
12:13 PM	Treatment
12:13 PM	Vitals
12:17 PM	Treatment
12:18 PM	Purchase
12:54 PM	Treatment
12:55 PM	Treatment
12:55 PM	Vitals
12:55 PM	Treatment
12:55 PM	Vitals
12:55 PM	Vitals
12:59 PM	Treatment
12:59 PM	Vitals
12:59 PM	Treatment
12:59 PM	Vitals
01:49 PM	Treatment
01:49 PM	Vitals
01:50 PM	Treatment
01:50 PM	Vitals

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Patient History

01:50 PM	Vitals
03:10 PM	Treatment
03:10 PM	Vitals
03:11 PM	Treatment
03:11 PM	Vitals
03:11 PM	Vitals
04:04 PM	Treatment
04:04 PM	Vitals
04:04 PM	Vitals
04:04 PM	Treatment
04:04 PM	Vitals
05:04 PM	Treatment
05:04 PM	Vitals
05:04 PM	Vitals
05:04 PM	Treatment
05:04 PM	Vitals
05:07 PM	Treatment
05:11 PM	Treatment
05:11 PM	Vitals
05:19 PM	Treatment
05:19 PM	Vitals
05:24 PM	Prescription
05:24 PM	Prescription
05:31 PM	Treatment
05:31 PM	Treatment
05:31 PM	Vitals
05:35 PM	Treatment
05:35 PM	Vitals
05:57 PM	Treatment
05:57 PM	Vitals
05:57 PM	Vitals
05:57 PM	Treatment
05:57 PM	Vitals
07:23 PM	Treatment
07:23 PM	Vitals
07:23 PM	Vitals
07:24 PM	Treatment
07:24 PM	Vitals
07:56 PM	Treatment
07:56 PM	Vitals

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B6

Patient History

07:56 PM	Vitals
07:56 PM	Treatment
07:56 PM	Vitals
08:11 PM	Vitals
08:11 PM	Vitals
08:46 PM	Treatment
08:46 PM	Vitals
09:17 PM	Treatment
09:17 PM	Treatment
09:17 PM	Vitals
09:17 PM	Vitals
09:17 PM	Treatment
09:18 PM	Treatment
09:18 PM	Vitals
09:18 PM	Vitals
09:19 PM	Treatment
09:19 PM	Vitals
09:23 PM	Vitals
09:24 PM	Treatment
09:24 PM	Vitals
09:53 PM	Treatment
09:53 PM	Vitals
09:53 PM	Vitals
09:53 PM	Treatment
09:53 PM	Vitals
11:08 PM	Treatment
11:08 PM	Vitals
11:08 PM	Vitals
11:08 PM	Treatment
11:08 PM	Vitals
11:09 PM	Treatment
11:09 PM	Vitals
12:00 AM	Purchase
12:11 AM	Treatment
12:11 AM	Vitals
12:11 AM	Vitals
12:12 AM	Treatment
12:12 AM	Vitals
12:50 AM	Treatment
12:50 AM	Vitals
12:50 AM	Vitals
12:50 AM	Treatment
12:50 AM	Vitals

B6

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B6

Patient History

12:50 AM	Treatment
12:50 AM	Treatment
12:50 AM	Vitals
02:11 AM	Treatment
02:11 AM	Vitals
02:11 AM	Vitals
02:12 AM	Treatment
02:12 AM	Vitals
02:15 AM	Treatment
02:15 AM	Vitals
03:09 AM	Treatment
03:09 AM	Vitals
03:09 AM	Vitals
03:09 AM	Treatment
03:09 AM	Vitals
04:42 AM	Treatment
04:42 AM	Vitals
04:42 AM	Vitals
04:42 AM	Treatment
04:42 AM	Vitals
05:32 AM	Treatment
05:32 AM	Vitals
05:32 AM	Treatment
05:32 AM	Vitals
05:32 AM	Treatment
05:32 AM	Vitals
05:32 AM	Vitals
05:33 AM	Treatment
05:35 AM	Treatment
05:35 AM	Treatment
05:41 AM	Treatment
05:41 AM	Vitals
05:41 AM	Treatment
05:41 AM	Vitals
05:45 AM	Treatment
05:45 AM	Vitals
05:45 AM	Treatment
05:45 AM	Vitals
05:58 AM	Treatment
05:58 AM	Vitals
05:58 AM	Vitals
05:59 AM	Treatment

B6

B6

B6

Patient History

05:59 AM	Vitals
07:26 AM	Treatment
07:26 AM	Vitals
07:28 AM	Treatment
07:28 AM	Vitals
07:28 AM	Vitals
07:52 AM	Treatment
07:52 AM	Vitals
07:52 AM	Vitals
07:54 AM	Treatment
07:54 AM	Vitals
08:32 AM	Deleted Reason
08:33 AM	Purchase
09:01 AM	Treatment
09:01 AM	Vitals
09:01 AM	Vitals
09:09 AM	Treatment
09:09 AM	Vitals
09:22 AM	Treatment
09:22 AM	Vitals
09:43 AM	Treatment
10:03 AM	Treatment
10:03 AM	Vitals
10:03 AM	Vitals
10:21 AM	Treatment
10:21 AM	Vitals
10:22 AM	Treatment
10:22 AM	Vitals
10:22 AM	Treatment
10:25 AM	Vitals
10:26 AM	Treatment
10:51 AM	Treatment
10:51 AM	Vitals
10:51 AM	Vitals
10:57 AM	Treatment
10:57 AM	Vitals
12:02 PM	Purchase
12:02 PM	Purchase
12:02 PM	Treatment
12:03 PM	Vitals
12:03 PM	Vitals

B6

B6

B6

Patient History

12:03 PM	Treatment
12:03 PM	Vitals
12:59 PM	Treatment
12:59 PM	Vitals
12:59 PM	Vitals
12:59 PM	Treatment
01:00 PM	Treatment
01:00 PM	Vitals
01:06 PM	Treatment
01:06 PM	Vitals
01:07 PM	Treatment
01:07 PM	Vitals
01:19 PM	Prescription
01:33 PM	Purchase
01:33 PM	Treatment
01:58 PM	Treatment
01:58 PM	Vitals
01:58 PM	Vitals
01:59 PM	Treatment
01:59 PM	Vitals
02:49 PM	Treatment
02:49 PM	Vitals
02:49 PM	Vitals
02:49 PM	Treatment
02:49 PM	Vitals
03:40 PM	Prescription
03:40 PM	Prescription
03:41 PM	Prescription
03:41 PM	Prescription
03:47 PM	Treatment
03:47 PM	Vitals
03:47 PM	Vitals
03:47 PM	Treatment
03:47 PM	Vitals
03:53 PM	Purchase
04:34 PM	UserForm

B6

B6

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B6

B6

Male (Neutered)

Canine Boxer Brindle

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 Grantees) 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 Grantee'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 Grantee deems appropriate (provided that such photographs and images may not be used in for-profit commercials, unless such commercials are publicizing educational programs at Cummings School). As medical and surgical treatment necessitates the removal of tissue, cells, fluids or body parts of my animal, I authorize the Grantees 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 \$.50.

I do further agree that should any payment, or the full amount of the sum stated above, become overdue more than 20 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, understand, and agree to accept the terms and conditions herein.

Owner's name:

Date:

Owner's address:

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 this 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

Estimated Charges

B6

B6

This estimate is based upon our preliminary examination. 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 bill throughout your animal's hospitalization. The final fee may vary considerably from this estimated cost.

Patient	Description	Low Qty	Low Extended	High Qty	High Extended
B6	Hospitalization for a few days of supportive care (EKG monitoring, medications) and diagnostic tests (bloodwork, x-rays, cardiology consultation, echocardiogram, EKG)	1.00	B6	1.00	B6

B6

Doctor of Record: **B6**

I understand that no guarantee of successful treatment is made. 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, if any. I also assume financial responsibility for all charges incurred to this patient(s). I agree to pay 75% 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 this patient(s) is released.

Procedural billing is inclusive up to and including the estimated duration of hospitalization. There will be additional expenses if hospitalization extends beyond the specified duration. I have read, understand, and agree to accept the conditions of this treatment plan.

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

High Total	B6
Low Total	
75% Deposit	

Radiology Request & Report

B6
Species: Canine
Breed: Male (Neutered) Boxer
Birthdate: **B6**

Owner Name: **B6**
Address: **B6**

Patient ID: **B6**
Date of request: **B6**

Attending Clinician: **B6** Student:

Date of exam: **B6**

Patient Location: Ward/Cage: Weight(lbs) 0.00

- Sedation**
- Inpatient
 - Outpatient Time:
 - Waiting
 - Emergency
- BAG
 - OBAG
 - 1/2 dose OBAG
 - DexDomitor/Butorphanol
 - Anesthesia to sedate/anesthetize

Examination Desired:
3 view chest

Presenting Complaint and Clinical Questions you wish to answer:
Emergency

Pertinent History:
Arythmia
FROM SOAP: "owner has been gone for a week **B6** was at home with husband. In July primary vet noticed heart arrythmia due to symptom of wheezing. rDMM Started on **B6** owners gave that for a couple weeks and wheezing resolved, stopped **B6** 1 week ago started wheezing again (sporadic), became clingy and lethargic. No vomiting/heaving, drinking water, didn't finish food this morning which is abnormal. unknown diarrhea, appetite status while owner was gone. Did restart sotalol on Tuesday."

Findings:
THORAX, THREE VIEWS.

There is increased interstitial opacity within the caudodorsal lung fields that also extends into the caudoventral lung field and cranial lung lobes. Additionally within this interstitial opacity there is a mild bronchial pattern and the impression of faint rounded soft tissue opacities. This interstitial pattern

overall is causing decreased conspicuity of the caudal lobar vessels and blurring of the caudodorsal cardiac silhouette. There is moderate left atrial enlargement and a small bulge in the 1-2 o'clock range on the DV projection consistent with mild left auricular appendage enlargement. The right heart is rounded on the DV and right lateral projection with the impression of increased sternal contact. The cranial lobar vein on the left lateral projection and the right caudal pulmonary veins are mildly distended compared to the arteries. The mediastinum and pleural space are normal.

The included abdomen is within normal limits. There is incidental ventral spondylosis deformans of T12-13.

Conclusions:

- Cardiopulmonary changes are consistent with left-sided congestive heart failure. Given moderate generalized cardiomegaly and moderate left atrial enlargement, consider DCM given breed. Echocardiography is recommended and repeat thoracic radiographs to monitor response to therapy.
- Impression of faint rounded soft tissue opacities mixed in with the interstitial pattern may represent peribronchial cuffing and end on vessels, pulmonary nodules are thought less likely. Follow-up radiographs to reassess the lungs are recommended after resolution of cardiogenic pulmonary edema.
- Concurrent mild diffuse bronchial pattern likely represents a component of lower airway disease.

Radiologists

Reviewing:

Dates

Reported:

Finalized:

Discharge Instructions

Patient

Name: B6
Signalment: B6 Years Old Brindle Male (Neutered) Boxer

Owner

Name:
Address:

B6

Patient ID: B6
Emergency Clinician:
Consulting Clinician: B6

ER Supervisor:

B6

Admit Date: B6 9:12:55 AM
Check Out Date: B6

Diagnosis:

1. Dilated cardiomyopathy (DCM) with congestive heart failure
2. Malignant ventricular arrhythmia

Case Summary:

B6 has been diagnosed with a primary heart muscle disease called dilated cardiomyopathy (DCM). This disease 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 B6 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 or belly. 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.

Diagnostic test results and findings:

- Chest radiograph (x-ray) findings: The heart is enlarged and there is fluid in the lungs
- Echocardiogram findings: All chambers of the heart are enlarged and there is fluid in the lungs
- ECG findings: The ECG showed irregular heart rhythm
- Labwork findings: The kidney values are mildly elevated; Liver values (ALT) slightly elevated

History:

B6 presented to Tufts ER on B6 for further evaluation of a one week history of wheezing. You report that your family vet noted a heart arrhythmia in July (was evaluated for wheezing) and B6 was started on B6. The wheezing resolved and the medication was discontinued. B6 didn't finish his breakfast the morning before presentation to ER, and this is abnormal for him.

Physical exam:

On presentation, B6 was bright and alert and his vital were normal except an elevated heart rate (160). He was noted to have a grade 2-3/6 heart murmur and an arrhythmia. He had moderate respiratory difficulty, and some wheezing and

coughing was noted intermittently. The rest of his physical exam was unremarkable.

Diagnostic/Treatment plan:

B6 had x-rays of his chest that showed evidence of left sided congestive heart failure and a moderate cardiomegaly (enlarged heart). He also had an echocardiogram which showed findings consistent with dilated cardiomyopathy (poor contractile function of the heart), active congestive heart failure, and frequent ventricular arrhythmia. B6 also had bloodwork which showed mild elevations in one of his liver values (ALT). On re-check bloodwork the next day, the liver value (ALT) was improved by still elevated. His kidney values also increased slightly, suspect due to the B6

While in the hospital, B6 was closely monitored with a continuous EKG, and he was given several medications to treat his conditions, including B6 (first night), B6 (urine), B6 after stopping B6

Monitoring at home:

1. Please monitor for any signs of lethargy, weakness, pale gums, cough, shortness of breath, inappetence, or collapse. If a collapsing episode is noted, please check your dog's gum color and try to get a sense of whether the heart rate is slow or fast. If you have an iPhone or Android smartphone device, you may want to explore the option of purchasing the Kardia device (www.alivacor.com or search 'Kardia' on www.amazon.com). If you have an iPhone, download the 'Veterinary Alive' app. If you have an Android device, download the 'Kardia' app. Both are free to download. This will allow you to monitor the heart rate and rhythm at home. If you have any concerns, please call or have your dog evaluated by a veterinarian. Our emergency clinic is open 24 hours/day.

2. We would like you to monitor your dog's 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 B6 then we recommend that a recheck exam be scheduled and/or that your dog 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/>).

Recommended Medications:

B6

Diet suggestions:

Dogs with arrhythmia may benefit from the addition of omega-3 fatty acids (fish oil) to the diet. Diets such as the Royal Canin Boxer or Early Cardiac diet or Hill's j/d have ample fish oil and may not require much (or any) additional supplementation.

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.tufts.edu/heartsmart/diet/>). You can also find additional information on supplements such as fish oil or other supplements that you might have questions about may be found on the Tufts HeartSmart web site: (<http://vet.tufts.edu/heartsmart/diet/>).

- The FDA is currently investigating an apparent association between diet and a type of heart disease called dilated cardiomyopathy. The exact cause is still unclear, but it appears to be associated with boutique diets and those containing exotic ingredient or are grain-free. Therefore, we are currently recommending that dogs do not eat these types of diets.
- We recommend switching to commercial diet made by a well-established company that is not grain-free and does not contain any exotic ingredients, such as kangaroo, duck, lamb, venison, lentils, peas, beans, buffalo, tapioca, barley, and chickpeas.
- The FDA issued a statement regarding this issue (<https://www.fda.gov/AnimalVeterinary/NewsEvents/CVMUpdates/ucm613305.htm>) and a recent article published by Dr. Lisa Freeman on the Cummings School's PetFoodology blog can further explain these findings (<http://vetnutrition.tufts.edu/2018/06/a-broken-heart-risk-of-heart-disease-in-boutique-or-grain-free-diets-and-exotic-ingredients/>).
- Our nutritionists have compiled a list of dog foods that are good options for dogs with heart disease.

Dry Food Options:

Royal Canin Early Cardiac (veterinary diet)

Royal Canin Boxer

Purina Pro Plan Adult Weight Management

Purina Pro Plan Bright Mind Adult Small Breed Formula

Canned Food Options:

Hill's ScienceDiet Adult Beef and Barley Entree

Hill's Science Diet Adult 1-6 Healthy Cuisine Roasted Chicken, Carrot, and Spinach Stew

Royal Canin Mature 8+

We recommend slowly introducing one of the diets on the above list as follows: 25% of the new diet mixed with 75% old diet for 2-3 days, then 50:50, etc.

Hopefully you can find a diet on the list that will enjoy!

If your dog has special nutritional needs or requires a homecooked diet, we recommend you schedule an appointment with our nutritionists (508-887-4696).

Exercise recommendations:

For the first 7 to 10 days after starting anti-arrhythmic medications and medications for heart failure, and until we know that the medications are effectively controlling arrhythmia, we recommend very **limited activity**. Leash walk only is ideal, and short walks to start. Once the arrhythmia and heart failure has been well controlled then slightly longer walks are acceptable. However, repetitive or strenuous high-energy activities (repetitive ball chasing, running fast off-leash, etc.) are not recommended as these activities may result in worsened arrhythmia or even sudden death.

Recheck/Follow-up:

A recheck exam is usually recommended in 7 to 14 days to check and see if the arrhythmia and heart failure is well controlled. If you wish to have the Cardiology service at Tufts assist with ongoing care of your pet's heart disease, please contact the Cardiology service by sending an email to cardiovet@tufts.edu within 24-48 hours after your pet has been discharged to set up an appointment. After you have made an appointment with the Cardiology service, the Cardiology service will then be able to answer questions regarding the care of your pet. If instead you would like to continue care with

your primary care veterinarian, then please have your veterinarian contact us with any questions regarding the treatment of your pet. As always, if your pet again encounters an emergency, the Emergency Service is available to see you 24 hours a day, 365 days a year.

Thank you for entrusting us with [B6] care. Please contact our Cardiology liaison at (508)-887-4696 or email us at cardiovet@unh.edu for scheduling and non-emergent questions or concerns. Our emergency clinic is also open 24 hours/day.

Thank you for entrusting us with [B6] care. He is such a sweet boy!

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY
Cardiology Liaison: 508-887-4696

B6

Patient ID: B6

B6

Canine

Years Old Male (Neutered) Boxer

Brindle BW: Weight(lbs) 0.00

Cardiology Inpatient ENROLLED IN DCM DIET STUDY

Date: B6

Weight: Weight(lbs) 25kg

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

Patient location:

ER

Presenting complaint and important concurrent diseases:

Previously diagnosed arrhythmia at rDVM in July, was started on B6 but discontinued after a few weeks due to resolution of symptoms (wheezing). Owner reports that while she was away last week his wheezing returned. Owner started B6 again last Tuesday. Now lethargic, decreased appetite. No other significant history.

Current medications and doses:

B6 (unknown concentration): 1/2 tab BID

At-home diet: (name, form, amount, frequency)

Royal canin boxer dry

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

Historical arrhythmia

Questions to be answered:

Does he have current heart disease/heart failure? degree of arrhythmia?

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

- Yes (explain):
- No, owner waiting in lobby

STOP - remainder of form to be filled out by Cardiology

Physical Examination

B6

Muscle condition:

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

Cardiovascular Physical Exam

Murmur Grade:

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

Murmur location/description: left, apical, systolic

Jugular vein:

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

Arterial pulses:

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

Arrhythmia:

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

Gallop:

- Yes
- No
- Intermittent
- Pronounced
- Other:

Pulmonary assessments:

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

Abdominal exam:

- Normal
- Abdominal distension

Hepatomegaly

Mild ascites

Echocardiogram Findings:

B6

Assessment and recommendations:

Findings consistent with DCM with active CHF and frequent ventricular arrhythmia. Patient has enough malignant arrhythmia that hospitalization and Lidocaine CRI and telemetry monitoring is recommended. Furosemide 2mg/kg q 4-6h is recommended for the day and depending how well he responds, maybe we can decrease to q6-8h overnight. Patient has historically been on grain free diet for years before been switched to current diet. It is unclear whether this is a primary DCM, ARVC with DCM phenotype, or diet-induced cardiomyopathy, but 7.5mg BID and Taurine 500mg are also recommended. Apparently patient tolerated well in the past, but we generally avoid it at this point due to potential beta-blocker effects that may worsen systolic function. Thus, recommend bloodwork and if liver values are normal 200mg BID (decreasing to SID after 5 days) should be started. However since he tolerated it in the past, olatol could be considered once CHF is resolved if liver values are elevated. Fish oil may also be effective helping decrease ventricular arrhythmia density. Recommend addition of a when patient is eating and not azotemic. Recommend repeat echocardiogram in 3 months or sooner in case patient develops clinical signs consistent with progression of the disease (shortness breath, collapse, syncope, exercise intolerance, pale mucous membrane). Client can be instructed on how to use AliveCor and assess heart rate and rhythm from home if patient at rest and calm at home.

Addendum 02/25/2019:

The patient continues to have persistent ventricular tachycardia despite being on the B6 for almost 3 days. It was elected to add B6 30 mg PO BID. The owner elected to take the patient home today despite poor arrhythmia controlled. Recheck ECG is recommended in 7-10 days.

Treatment Plan:

B6

Final Diagnosis:

Severe cardiomegaly with poor contractile function - r/o primary DCM, diet-induced cardiomyopathy, ARVC, tachycardiac induced cardiomyopathy.

Malignant ventricular arrhythmia - non-sustained VTach and frequent polymorphic VPCs;

Left sided congestive heart failure.

Heart Failure Classification Score:

ISACHC Classification:

- Ia
- Ib
- II
- IIIa
- IIIb

ACVIM CHF Classification:

- A
- B1
- B2
- C
- D

M-Mode

IVSd

LVIDd

LVPWd

IVSs

LVIDs

LVPWs

EDV(Teich)

ESV(Teich)

EF(Teich)

%FS

SV(Teich)

B6

cm
cm
cm
cm
cm
cm
ml
ml
%
%
ml

M-Mode Normalized

IVSdN

LVIDdN

LVPWdN

B6

{0.290 - 0.520}
{1.350 - 1.730} !
{0.330 - 0.530}

IVSsN
LVIDsN
LVPWsN

B6

{0.430 - 0.710} !
{0.790 - 1.140} !
{0.530 - 0.780} !

2D
SA LA
Ao Diam
SA LA / Ao Diam
IVSd
LVIDd
LVPWd
EDV(Teich)
IVSs
LVIDs
LVPWs
ESV(Teich)
EF(Teich)
%FS
SV(Teich)
LVld LAX
LVAd LAX
LVEDV A-L LAX
LVEDV MOD LAX
LVls LAX
LVAs 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

B6

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BPM
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%
ml
ml
l/min
l/min

Doppler
MR Vmax
MR maxPG
PV Vmax
PV maxPG

B6

m/s
mmHg
m/s
mmHg

Cardiology Liaison: 508-887-4696

Discharge Instructions

Patient

Name: B6

Species: Canine

Brindle Male (Neutered) Boxer

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:

Admit Date: B6 9:12:55 AM

Discharge Date: B6

Diagnoses:

- Suspected Arrhythmogenic right ventricular cardiomyopathy (ARVC) versus Dilated cardiomyopathy
- Active Congestive heart failure
- Ventricular arrhythmia - Not currently controlled -

Clinical findings:

Thank you for bringing B6 to Tufts University.

He presented to our ER last Friday after it was noticed that he had a decreased appetite and overall was not feeling like his normal self. He was previously diagnosed with an arrhythmia (irregular heart rate) back in July by your primary care veterinarian but had never been seen by a cardiologist.

Upon presentation to the ER, B6 was noticed to have increased respiratory effort and rate in addition to a non-productive cough. Also, his heart rate was faster than normal and he had very frequent irregular premature beats. Chest radiographs were then performed and were suspicious for accumulation of fluid within the lungs, a condition consistent with active congestive heart failure.

B6 was then seen by the Cardiology department where an echocardiogram (ultrasound of the heart) was performed. B6 has been diagnosed with a primary heart muscle disease called arrhythmogenic right ventricular cardiomyopathy (ARVC). This disease is common in Boxers and bulldogs and is also sometimes referred to as "Boxer Cardiomyopathy". The condition is characterized by replacement of the normal heart muscle by fat and/or scar tissue which may result in serious ventricular arrhythmias (abnormal heart rhythms originating from the lower chamber of the heart), cardiac enlargement

and congestive heart failure, or both. Dogs with ARVC may experience syncope (fainting) or sudden death as the result of ventricular arrhythmia.

As we discussed over the phone, another possibility to explain the changes within [B6] heart is a type of heart disease called dilated cardiomyopathy (DCM). This disease 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.

[B6] was then admitted to the hospital for further monitoring and management of his cardiac disease. Over the course of his stay in the hospital, it was noted that [B6] respiratory rate and effort progressively improved to the point of being back to normal today. However, his arrhythmia is fairly resistant to our current treatment. However, as we discussed every dog is different and require a different antiarrhythmic management at home. At this point of time, we are trying a new combination of medications with the hope that this will decrease the frequency of his arrhythmia.

Though we cannot reverse the changes in the heart muscle, we can control the arrhythmias with medical management and dogs without serious cardiac dilation can do well for months to even years after diagnosis with appropriate therapy and careful monitoring.

Monitoring at home:

- We would like you to monitor your dog's 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 [B6] then we recommend that a recheck exam be scheduled and/or that your dog 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 an iPhone or Android smartphone device, you may want to explore the option of purchasing the Kardia Mobile device which will allow you to monitor the heart rate and rhythm at home (www.alvecor.com). If you have any concerns, please call or have your dog evaluated by a veterinarian. Our emergency clinic is open 24 hours/day.

Recommended Medications:

B6

B6

Diet suggestions: Dogs with ARVC may benefit from the addition of omega-3 fatty acids (fish oil) to the diet. Diets such as the Royal Canin Boxer or Early Cardiac diet, or Hill's j/d have ample fish oil and may not require much (or any) additional supplementation. Additional information on supplements such as fish oil or other supplements that you might have questions about may be found on the Tufts HeartSmart web site: (<http://vet.tufts.edu/heartsmart/diet/>).

- The FDA is currently investigating an apparent association between diet and a type of heart disease called dilated cardiomyopathy. The exact cause is still unclear, but it appears to be associated with boutique diets and those containing exotic ingredient or are grain-free. Therefore, we are currently recommending that dogs do not eat these types of diets.
- We recommend switching to commercial diet made by a well-established company that is not grain-free and does not contain any exotic ingredients, such as kangaroo, duck, lamb, venison, lentils, peas, beans, buffalo, tapioca, barley, and chickpeas.
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Hill's Science Diet Adult 1-6 Healthy Cuisine Roasted Chicken, Carrot, and Spinach Stew

Royal Canin Mature 8+

We recommend slowly introducing one of the diets on the above list as follows: 25% of the new diet mixed with 75% old diet for 2-3 days, then 50:50, etc.

Hopefully you can find a diet on the list that will enjoy!

If your dog has special nutritional needs or requires a homecooked diet, we recommend you schedule an appointment with our nutritionists (508-887-4696).

Exercise recommendations: For the first 7 to 10 days after starting anti-arrhythmic medications, and until we know that the medications are effectively controlling arrhythmia, we recommend very limited activity. Leash walk only is ideal, and

short walks to start. Once the arrhythmia has been well-controlled then slightly longer walks are acceptable. However, repetitive or strenuous high energy activities (repetitive ball chasing, running fast off-leash, etc.) are not recommended as these activities may result in worsened arrhythmia or even sudden death.

Recheck visits:

A recheck ECG is recommended 1-2 weeks after any antiarrhythmic medication adjustments are made.

Sincerely, [B6] was enrolled in the DCM study, we will need to see him back in 3, 6, and 9 months.

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.

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 (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/cvnc/clinical-studies

Case: [B6]

Owner: [B6]

Discharge Instructions

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

Foster Hospital for Small Animals
55 Willard Street
North Grafton, MA 01536
Telephone (508) 839-5395
Fax (508) 839-7951
<http://vetmed.tufts.edu/>
Referring Vet Direct Line 508-887-4988

Notice of Patient Admit

Date: B6 9:12:55 AM
Referring Doctor: B6
Client Name: B6
Patient Name: B6

Case No: B6

Dear Colleague,

Your patient presented to our Emergency service. Please make note of the following information to facilitate communication with our team.

The attending doctor is: B6

The reason for admission to the FHSA is: ARVC, poor systolic function, L-CHF

If you have any questions regarding this particular case, please call 508-887-4988 to reach the ECC Service. Information is updated daily, by noon.

Thank you for your referral to our Emergency Service.

Notice of Patient Admit

Date: 9:12:55 AM

Case No:

Referring Doctor:

Client Name:

Patient Name:

Your patient presented to our Emergency service. Please make note of the following information to facilitate communication with our team.

The attending doctor is:

The reason for admission to the FHSA is: ARVC, L CHF

If you have any questions regarding this particular case, please call 508-887-4988 to reach the Cardiology Service. Information is updated daily, by noon.

Thank you for your referral to our Emergency Service.

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

Foster Hospital for Small Animals
55 Willard Street
North Grafton, MA 01536
Telephone (508) 839-5395
Fax (508) 839-7951
<http://vetmed.tufts.edu/Charlie>

B6

B6

Male (Neutered)

Canine Boxer Brindle

B6

Daily Update From the Cardiology Service

Today's date: 2/25/2019

Dear **B6**

Thank you for referring patients to the Foster Hospital for Small Animals at the Cummings School of Tufts University.

Your patient **B6** was admitted and is being cared for by the Cardiology Service.

Today, **B6**

- is in stable condition
- is still in the oxygen cage
- is critically ill
- discharged from the hospital today

Today's treatments include:

- bloodwork planned/pending
- echocardiography -
Severe cardiomegaly with poor contractile function - r/o primary DCM, diet-induced cardiomyopathy, ARVC, tachycardiac induced cardiomyopathy. Left sided congestive heart failure.
- cardiac catheter procedure planned
- ongoing treatment for CHF secondary to DCM
- ongoing treatment for thrombosis
- ongoing treatment for arrhythmia - Malignant ventricular arrhythmia - non-sustained VTach and frequent polymorphic VPCs

Additional plans:

Please allow 3-5 business days for reports to be finalized upon patient discharge.

Please call (508) 887-4696 before 5pm or email us at cardiovet@tufts.edu if you have any questions.

Thank you!

Attending Clinician: [B6] DVM (Resident, Cardiology)
Faculty Clinician: [B6] DVM, DACVIM
Senior student:

From: PFR Event <pfpreventcreation@fda.hhs.gov>
To: Cleary, Michael *; HQ Pet Food Report Notification; B6
Sent: 12/27/2018 3:16:35 PM
Subject: Acana Free Run Poultry dry: Lisa Freeman - EON-374786
Attachments: 2060599-report.pdf; 2060599-attachments.zip

A PFR Report has been received and PFR Event [EON-374786] has been created in the EON System.

A "PDF" report by name "2060599-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 "2060599-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

EON Key: EON-374786
ICSR #: 2060599
EON Title: PFR Event created for Acana Free Run Poultry dry; 2060599

AE Date	08/20/2018	Number Fed/Exposed	2
Best By Date		Number Reacted	2
Animal Species	Dog	Outcome to Date	Stable
Breed	Doberman Pinscher		
Age	10 Years		
District Involved	PFR-New England DO		

Product information

Individual Case Safety Report Number: 2060599

Product Group: Pet Food

Product Name: Acana Free Run Poultry dry

Description: Housemate was diagnosed with DCM (B6 previously reported) (B6 was asymptomatic but eating same diet (Acana) so was screened 8/20/18 - reduced contractile function. Owner changed diet to Pro Plan Weight Management dry. No improvement on 12/12/18 echo. Will recheck in 3 months WB taurine B6

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: 2

Product Name	Lot Number or ID	Best By Date
Acana Free Run Poultry 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-374786>

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=391795>

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-374786

ICSR: 2060599
 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: 2018-12-27 10:09:22 EST

Reported Problem:
Problem Description: Housemate was diagnosed with DCM (**B6**) - previously reported). **B6** was asymptomatic but eating same diet (Acana) so was screened 8/20/18 - reduced contractile function. Owner changed diet to Pro Plan Weight Management dry. No improvement on 12/12/18 echo. Will recheck in 3 months WB taurine. **B6**
Date Problem Started: 08/20/2018
Concurrent Medical Problem: Yes
Pre Existing Conditions: **B6**
Outcome to Date: Stable

Product Information:
Product Name: Acana Free Run Poultry dry
Product Type: Pet Food
Lot Number:
Package Type: BAG
Product Use Information: **Description:** Fed since approximately 9/2016 (see diet history form) Changed to Pro Plan Weight Management Aug 2018
Manufacturer /Distributor Information:
Purchase Location Information:

Animal Information:
Name: **B6**
Type Of Species: Dog
Type Of Breed: Doberman Pinscher
Gender: Female
Reproductive Status: Neutered
Weight: 38.1 Kilogram
Age: 10 Years
Assessment of Prior Health: Excellent
Number of Animals Given the Product: 2
Number of Animals Reacted: 2
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	medical records.pdf
	Description:	Medical records	
	Type:	Medical Records	

From: PFR Event <prfventcreation@fda.hhs.gov>

To: Cleary, Michael *, HQ Pet Food Report Notification: B6

Sent: 9/22/2018 10:40:31 PM

Subject: Taste of the Wild-Last 1-2 bags (for 2 dogs) before diagnosis were Southwest Canyon flavor-Before that: Lisa Freeman - EON-366516

Attachments: 2055229-report.pdf; 2055229-attachments.zip

A PFR Report has been received and PFR Event [EON-366516] has been created in the EON System.

A "PDF" report by name "2055229-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 "2055229-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

EON Key: EON-366516

ICSR #: 2055229

EON Title: PFR Event created for Taste of the Wild Last 1-2 bags (for 2 dogs) before diagnosis were Southwest Canyon flavor Before that fed 3-4 bags of Pine Forest Before that had been feeding Pacific Stream for several years; 2055229

AE Date	09/08/2018	Number Fed/Exposed	2
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Doberman Pinscher		
Age	B6 Years		
District Involved	PFR-New England DO		

Product information

Individual Case Safety Report Number: 2055229

Product Group: Pet Food

Product Name: Taste of the Wild Last 1-2 bags (for 2 dogs) before diagnosis were Southwest Canyon flavor Before that, fed 3-4 bags of Pine Forest Before that, had been feeding Pacific Stream for several years

Description: DCM and CHF Probably primary DCM in predisposed breed but given diet history, some possibility of diet-associated DCM Taurine WNL

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
Taste of the Wild Last 1-2 bags (for 2 dogs) before diagnosis were Southwest Canyon flavor Before that, fed 3-4 bags of Pine Forest Before that, had been feeding Pacific Stream for several years		

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-366516>

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=383430>

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Report Details - EON-366516

ICSR: 2055229
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: 2018-09-22 18:33:37 EDT

Reported Problem:
Problem Description: DCM and CHF Probably primary DCM in predisposed breed but given diet history, some possibility of diet-associated DCM Taurine WNL
Date Problem Started: 09/08/2018
Concurrent Medical Problem: No
Outcome to Date: Stable

Product Information:
Product Name: Taste of the Wild Last 1-2 bags (for 2 dogs) before diagnosis were Southwest Canyon flavor Before that, fed 3-4 bags of Pine Forest Before that, had been feeding Pacific Stream for several years
Product Type: Pet Food
Lot Number:
Package Type: BAG
Product Use Information: **Description:** Owner has given consent to have FDA contact her for any additional questions
Manufacturer /Distributor Information:
Purchase Location Information:

Animal Information:
Name: B6
Type Of Species: Dog
Type Of Breed: Doberman Pinscher
Gender: Male
Reproductive Status: Neutered
Weight: 34.2 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:
Email:
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:	discharge 9-20-18.pdf
	Description:	Discharge 9-20-18
	Type:	Medical Records
	Attachment:	bnp.pdf
	Description:	BNP
	Type:	Laboratory Report
	Attachment:	cardio appointment 9-20-18.pdf
	Description:	Cardio appt 9-20-18
	Type:	Echocardiogram
	Attachment:	cardio consult 9-8-18.pdf
	Description:	cardio consult 9-8-18
	Type:	Echocardiogram
	Attachment:	discharge 9-9-18.pdf
	Description:	Discharge 9-9-18
	Type:	Medical Records

Discharge Instructions

Patient

Name: B6
Species: Canine
Breed: Black/Tan Male (Neutered) Doberman
Pinscher
Birthdate: B6

Owner

Name: B6
Address: B6

Patient ID: S200403

Attending Cardiologist:

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

B6

Cardiology Resident:

B6

Cardiology Technician:

B6

Student: B6 V19

Admit Date: 9/20/2018 1:05:31 PM

Discharge Date: 9/20/2018

Diagnoses:

1. Dilated cardiomyopathy (DCM) – stable
2. Congestive heart failure – resolved

Case summary:

Thank you for bringing in B6 for his recheck appointment with us today. He is such a sweet boy! We are so happy to hear he has been doing so well on his medications and has not had any coughing, difficulty breathing, or exercise intolerance. We are so glad B6 is responding so well to his medications and is feeling so comfortable.

Today we performed a recheck quick ultrasound of his heart, an ECG to recheck his ventricular arrhythmias, and took some blood to recheck his kidney values since being on the B6 10 days. His heart seems to be contracting a little stronger than it was previously. His left ventricle was still dilated, but his left atrium was smaller today since his last visit, which means he is improving on his current medications. He did not have any arrhythmias when we performed his ECG today. The blood work results are normal and we would like to continue him on his current medication doses (see list below), and also continue exercise restricting him to only leash walks.

Monitoring at home:

- o We would like you to monitor B6's 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.
- o In general, most dogs with heart failure that is well controlled have a breathing rate at rest of less than 35 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.

- o 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 60-90 minutes after giving extra **B6**; then we recommend that a recheck exam be scheduled and/or that your dog be evaluated by an emergency clinic.
- o 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/>).
- o 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.
- o If you have any concerns, please call or have your dog evaluated by a veterinarian. Our emergency clinic is open 24 hours/day.

Recommended Medications:

B6

Diet suggestions:

We suggest **B6** to be in one of the diets we recommended (see list). 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.tufts.edu/heartsmart/diet/>)

Exercise Recommendations:

Leash walking only is ideal, and short walks to start. Once the heart failure is better controlled, then slightly longer walks are acceptable. However, 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 failure.

Recheck Visits:

A recheck echocardiogram for **B6** is recommended in 3-4 months.

B6 has an appointment with us on October 2nd at 4 pm.)

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/cvm/clinical-studies

Case: **B6**

Owner: **B6**

Discharge Instructions

From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
To: Jones, Jennifer L
Sent: 9/22/2018 10:36:35 PM
Subject: FW: Safety Report ID 243513 Submission Confirmation
Attachments: B6 18092218480.pdf

Sorry - 1 more document (diet history)
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: noreply.safetyreporting@hhs.gov <noreply.safetyreporting@hhs.gov>
Sent: Saturday, September 22, 2018 6:34 PM
To: Freeman, Lisa <lisa.freeman@tufts.edu>
Subject: Safety Report ID 243513 Submission Confirmation

Your initial Pet Food Safety Report , Submitted by: Lisa Freeman, ID 243513, was successfully submitted on 9/22/2018 6:33:37 PM EST to the FDA, and it was issued an Individual Case Safety Report Number (ICSR) of 2055229.

Thank you for using the Safety Reporting Portal.

Please do not reply to this message. Replies to this message are routed to an unmonitored mailbox. If you have questions please refer to the Portal's Contact Us page for further instructions.

From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
To: Jones, Jennifer L
Sent: 10/11/2018 8:29:31 PM
Subject: FW: WB Taurine result for [B6]
Attachments: T_22857.pdf

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: Tufts Veterinary Cardiology Service
Sent: Thursday, October 11, 2018 4:26 PM
To: Freeman, Lisa <lisa.freeman@tufts.edu>
Subject: FW: Taurine result

Veterinary Cardiology Service
Tufts University Cummings School of Veterinary Medicine

Please note: This account is not monitored on weekends, holidays, or evenings (after 5pm). Please allow 24 - 48 business hours for a reply. For immediate service during business hours, please call the liaison office at 508-887-4696. If you need to speak with the Emergency Service, please call 508-839-5395.

Foster Hospital for Small Animals
200 Westboro Road
North Grafton, MA 01536
<http://www.tufts.edu/vet/>
508.887.4696 phone
508.887.4363 fax

From: Amino Acid Lab <ucd.aminoacid.lab@ucdavis.edu>
Sent: Thursday, October 11, 2018 4:23 PM
To: Clinical Pathology Lab <clinpath@tufts.edu>; Tufts Veterinary Cardiology Service <cardiovet@tufts.edu>
Subject: Taurine result

Hello -

Thank you for using the Amino Acid Laboratory at UC Davis, School of Veterinary Medicine.

Please find attached the results for your patient. You will note that we are now using a new submission form. The new form requests some additional information that may be useful in interpreting your results. Please note, with the recent increase in the number of dogs screened for taurine deficiency, we are seeing some dogs with values within the lower reference ranges (or above the “no known risk for deficiency range”) yet are still exhibiting changes in cardiac function.

In addition to our new submission form, we have also attached 2 handouts developed by our cardiology service at UC Davis for your information. The first is a general handout on dilated cardiomyopathy in dogs. The second is a handout specifically focused on Golden Retrievers, a breed that has been over-represented in the association between grain-free diet consumption and dilated cardiomyopathy.

We hope your clinic finds this information helpful. Veterinarians are always welcome to contact our laboratory for assistance in evaluating your patient’s results.

Thank you -

The Amino Acid Laboratory
Department of Molecular Biosciences
School of Veterinary Medicine
University of California, Davis

Phone: 530-752-5058

Email: ucd.aminoacid.lab@ucdavis.edu

From: Jones, Jennifer L </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0f6ca12eaa9348959a4cbb1e829af244-Jennifer.Jo>
To: 'Freeman, Lisa'
Sent: 9/24/2018 12:07:50 PM
Subject: RE: Safety Report ID 243513 Submission Confirmation

Thanks, Lisa.

Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421

-----Original Message-----

From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
Sent: Saturday, September 22, 2018 6:37 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: FW: Safety Report ID 243513 Submission Confirmation

Sorry - 1 more document (diet history)
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: noreply.safetyreporting@hhs.gov <noreply.safetyreporting@hhs.gov>
Sent: Saturday, September 22, 2018 6:34 PM
To: Freeman, Lisa <lisa.freeman@tufts.edu>
Subject: Safety Report ID 243513 Submission Confirmation

Your initial Pet Food Safety Report , Submitted by: Lisa Freeman, ID 243513, was successfully submitted on 9/22/2018 6:33:37 PM EST to the FDA, and it was issued an Individual Case Safety Report Number (ICSR) of 2055229.

Thank you for using the Safety Reporting Portal.

Please do not reply to this message. Replies to this message are routed to an unmonitored mailbox. If you have questions please refer to the Portal's Contact Us page for further instructions.

From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
To: Jones, Jennifer L
Sent: 9/22/2018 10:34:45 PM
Subject: additional records for [REDACTED] B6
Attachments: labwork.pdf; taurine results.pdf

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

Date/Time	Patient Description	Type	Results/Measurement	Res High	Low	Notes	veterinarian	technician	hospital	accession file No.	case Idg	Numbr
Accession ID:	B6											

B6

Accession ID: B6

B6

Accession ID: B6

B6

Accession ID: B6

B6

Lab Work
for: B6

Date/Time	Patient Description	Type	Results/it/Meas/her	Res	High	Low	Notes	Terinari	chnicia	ospita	essor	file	Case	Idg	Numb
Accession ID:	B6														

B6

Accession ID: B6

B6

Date/Time Patient Description Type Results/Meas/Her Res High Low Notes/terminari echnical ospit:essorfile No:ase Id:g Numt

B6

Accession ID: B6

B6

Accession ID: B6

B6

Accession ID: B6

B6

Date/Time	Patient Description	Type	Results/Meas/Her	Res High	Low	Notes	Terinary	Technician	Hospital	Accession	File No	Case	Tag	Num
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B6

Accession ID: **B6**

B6

Lab Work
for: B6

Date/Time Patient Description Type Results (it/Meas) Res High Low Notes (veterinarian/technician/hospital/essor/file No) Case Idg Numbr

B6

Accession ID: B6

B6

Accession ID: B6

B6

Lab Work
for **B6**

Date/Time	Patient Description	Type	Results	Meas/er	Res	High	Low	Notes	Terinary	chnical	ospital	essor	file	Case	Idg	Numt
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B6

Lab Work
for **B6**

Date/Time	Patient Description	Type	Results (it/Meas/ser)	Res High	Low	Notes (veterinarian/technician/hospital/essor/file No./case Id/g Num)
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B6

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: 4/25/2019 3:31:53 PM
Subject: follow-up (not sure if a VL cases)-FW: Homecooked diet - see diet history in medical record: Lisa Freeman - EON-385937
Attachments: 2066219-report.pdf; Homecooked diet - see diet history in medical record: Lisa Freeman - EON-374789; 2066219-attachments.zip

From: Related PFR Event <pfrsignificantactivitycreation@fda.hhs.gov>
Sent: Thursday, April 25, 2019 11:29 AM
To: Carey, Lauren <Lauren.Carey@fda.hhs.gov>; Cleary, Michael * <Michael.Cleary@fda.hhs.gov>; HQ Pet Food Report Notification <HQPetFoodReportNotification@fda.hhs.gov>; **B6**
Subject: Homecooked diet - see diet history in medical record: Lisa Freeman - EON-385937

A PFR Report has been received and Related PFR Event [EON-385937] has been created in the EON System.

A "PDF" report by name "2066219-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 "2066219-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

EON Key: EON-385937

ICSR #: 2066219

EON Title: Related PFR Event created for Homecooked diet - see diet history in medical record; 2066219

AE Date	11/15/2018	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Died Other
Breed	Doberman Pinscher		
Age	B6 Years		
District Involved	PFR-New England DO		

Product information

Individual Case Safety Report Number: 2066219

Product Group: Other

Product Name: Homecooked diet - see diet history in medical record

Description: Arrhythmia identified at primary care vet on 11/15/18. Evaluated at Tufts **B6** and diagnosed DCM with VPCs and APCs. Eating unbalanced homecooked diet. WB taurine **B6** (plasma not measured because owner had started taurine supplementation). Owner was recommended to change diet and we will recheck in 3 months; **B6** - presented DOA, died at home - sudden death

Submission Type: Followup

Report Type: Adverse Event (a symptom, reaction or disease associated with the product)

Outcome of reaction/event at the time of last observation: Died Other

Number of Animals Treated With Product: 1

Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Homecooked diet - see diet history in medical record		

This report is linked to:

Initial EON Event Key: EON-374789

Initial ICSR: 2060600

Sender information

Lisa Freeman
200 Westboro Rd
North Grafton, MA 01536
USA

Owner information

B6 USA

To view this Related PFR Event, please click the link below:

<https://eon.fda.gov/eon//browse/EON-385937>

To view the Related PFR Event Report, please click the link below:

<https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=10100&issueId=403065&parentIssueTypeId=12>

=====
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Report Details - EON-385937

ICSR:	2066219
Type Of Submission:	Followup
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:	2019-04-25 11:20:40 EDT
Initial Report Date:	12/27/2018
Parent ICSR:	2060600
Follow-up Report to FDA Request:	Yes

Reported Problem:	Problem Description:	Arrhythmia identified at primary care vet on 11/15/18. Evaluated at Tufts and diagnosed DCM with VPCs and APCs. Eating unbalanced homecooked diet. WB taurine B6 (plasma not measured because owner had started taurine supplementation). Owner was recommended to change diet and we will recheck in 3 months B6 - presented DOA, died at home - sudden death
	Date Problem Started:	11/15/2018
	Concurrent Medical Problem:	Yes
	Pre Existing Conditions:	B6
	Outcome to Date:	Died Other
	Date of Death:	B6

Product Information:	Product Name:	Homecooked diet - see diet history in medical record
	Product Type:	Other
	Lot Number:	
	Product Use Information:	
	Manufacturer /Distributor Information:	
	Purchase Location Information:	

Animal Information:	Name:	B6
	Type Of Species:	Dog
	Type Of Breed:	Doberman Pinscher
	Gender:	Male
	Reproductive Status:	Neutered
	Weight:	40.9 Kilogram
	Age:	B6 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

Reported to Other Parties: None

Additional Documents:

Attachment: **B6** DCM genetic test results.pdf

Description: Medical Records

Type: Laboratory Report

Attachment: Troponin 4-4-19.pdf

Description: Medical Record

Type: Laboratory Report



Gastrointestinal Laboratory
 Dr. J.M. Steiner
 Department of Small Animal Clinical Sciences
 Texas A&M University
 4474 TAMU
 College Station, TX 77843-4474



Website User ID: Cardiovet@tufts.edu OR clinpath@tufts.edu

GI Lab Assigned Clinic ID: 11405

B6
 Tufts University-Clinical Pathology Lab
 Attn: **B6**
 200 Westboro Road
 North Grafton, MA 01536
 USA

Phone: 508 887 4669
 Fax: 9 508 839 7936
 Animal Name: **B6**
 Owner Name:
 Species: Canine
 Date Received: Apr 04, 2019

Clinical Pathology Tracking Number: 320320

GI Lab Accession: **B6**

Test	Result	Control Range	Assay Date
Ultra-Sensitive Troponin I Fasting	B6	≤0.06	B6

B6

Comments:

**Important
Notices:**

Internal Medicine Conference

Join us for a unique continuing education event in Phuket, Thailand Oct 7th - 11th, 2019. For details see <http://texasimconference.tamu.edu>

Ongoing studies

Cobalamin Supplementation Study- Dogs and cats with cobalamin deficiency with normal PLI, and either normal or low (consistent with EPI) TLI to compare the efficacy of oral vs parenteral cobalamin supplementation. Contact Dr. Chang at chchang@cvm.tamu.edu for further information.

Chronic Pancreatitis with Uncontrolled Diabetes Mellitus- Seeking dogs with chronic pancreatitis and uncontrolled diabetes mellitus for enrollment into a drug trial (medication provided at no cost). Contact Dr. Sue Yee Lim at slim@cvm.tamu.edu or Dr. Sina Marsilio at smarsilio@cvm.tamu.edu

Dogs with Primary Hyperlipidemia- Prescription diet naïve dogs newly diagnosed with primary hyperlipidemia are eligible to be enrolled in a dietary trial. Contact Dr. Lawrence at ylawrence@cvm.tamu.edu for more information.

Dogs with Chronic Pancreatitis- Dogs with chronic pancreatitis (cPLi >400µg/L) and hypertriglyceridemia (>300 mg/dl) are eligible to be enrolled in a dietary trial. Contact Dr. Lawrence at ylawrence@cvm.tamu.edu

Chronic enteropathies in dogs- Please fill out this brief form <http://tinyurl.com/ibd-enroll> to see if your patient qualifies.

Feline Chronic Pancreatitis- Cats with chronic pancreatitis for more than 2 weeks and fPLI >10 µg/L are eligible for enrollment into a treatment trial investigating the efficacy of prednisolone or cyclosporine. Please contact Dr. Yamkate for further information at pyamkate@cvm.tamu.edu.

We can not accept packages that are marked "Bill Receiver"

Use our preprinted shipping labels to save on shipping. Call 979-862-2861 for assistance. The GI Lab is not here to accept packages on the weekend. Samples may be compromised if you ship for arrival on Saturday or Sunday or if shipped via US Mail.

GI Lab Contact Information

Phone: (979) 862-2861

Fax: (979) 862-2864

Email: gilab@cvm.tamu.edu

vetmed.tamu.edu/gilab

Report Details - EON-374789

ICSR:	2060600			
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:	2018-12-27 10:47:28 EST			
Reported Problem:	Problem Description:	Arrhythmia identified at primary care vet on 11/15/18. Evaluated at Tufts B6 and diagnosed DCM with VPCs and APCs. Eating unbalanced homecooked diet WB taurine: B6 (plasma not measured because owner had started taurine supplementation). Owner was recommended to change diet and we will recheck in 3 months		
	Date Problem Started:	11/15/2018		
	Concurrent Medical Problem:	Yes		
	Pre Existing Conditions:	B6		
	Outcome to Date:	Stable		
Product Information:	Product Name:	Homecooked diet - see diet history in medical record		
	Product Type:	Other		
	Lot Number:			
	Product Use Information:			
	Manufacturer /Distributor Information:			
	Purchase Location Information:			
Animal Information:	Name:	B6		
	Type Of Species:	Dog		
	Type Of Breed:	Doberman Pinscher		
	Gender:	Male		
	Reproductive Status:	Neutered		
	Weight:	40.9 Kilogram		
	Age:	B6 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:	rpt_medical_record_preview.pdf
	Description:	B6 medical records
	Type:	Medical Records

From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
To: Jones, Jennifer L
Sent: 1/14/2019 10:00:15 PM
Subject: [REDACTED] B6 update

Hi Jen
[REDACTED] B6 taurine came back [REDACTED] B6 plasma [REDACTED] B6 whole blood
Still only 1 dog of all of our cases with low taurine
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

Report Details - EON-376360

ICSR: 2061170
 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: 2019-01-14 16:46:57 EST

Reported Problem:
Problem Description: 2 other dogs in household affected previously Eating various BEG diets Early DCM with infrequent ventricular ectopy Have been following - owner agreed to change diet at December 2018 appointment so will follow Taurine normal
Date Problem Started: 12/21/2017
Concurrent Medical Problem: No
Outcome to Date: Worse/Declining/Deteriorating

Product Information:
Product Name: Annamaet chicken and rice dry + Honest kitchen beef, chicken, or turkey
Product Type: Pet Food
Lot Number:
Package Type: BAG
Product Use Information: **Description:** See diet history
Manufacturer /Distributor Information:
Purchase Location Information:

Animal Information:
Name: B6
Type Of Species: Dog
Type Of Breed: Doberman Pinscher
Gender: Female
Reproductive Status: Neutered
Weight: 34.6 Kilogram
Age: B6 years
Assessment of Prior Health: Excellent
Number of Animals Given the Product: 3
Number of Animals Reacted: 3
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 rpt_medical_record_preview.pdf
Description:	Records
Type:	Medical Records

From: PFR Event <pfpreventcreation@fda.hhs.gov>
To: Cleary, Michael *; HQ Pet Food Report Notification; B6
Sent: 1/14/2019 9:56:41 PM
Subject: Annamaet chicken and rice dry + Honest kitchen beef: Lisa Freeman - EON; B6
Attachments: 2061170-report.pdf; 2061170-attachments.zip

A PFR Report has been received and PFR Event [EON-376360] has been created in the EON System.

A "PDF" report by name "2061170-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 "2061170-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

EON Key: EON-376360

ICSR #: 2061170

EON Title: PFR Event created for Annamaet chicken and rice dry + Honest kitchen beef chicken or turkey; 2061170

AE Date	12/21/2017	Number Fed/Exposed	3
Best By Date		Number Reacted	3
Animal Species	Dog	Outcome to Date	Worse/Declining/Deteriorating
Breed	Doberman Pinscher		
Age	B6 Years		
District Involved	PFR-New England DO		

Product information

Individual Case Safety Report Number: 2061170

Product Group: Pet Food

Product Name: Annamaet chicken and rice dry + Honest kitchen beef, chicken, or turkey

Description: 2 other dogs in household affected previously Eating various BEG diets Early DCM with infrequent ventricular ectopy Have been following - owner agreed to change diet at December 2018 appointment so will follow Taurine normal

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: Worse/Declining/Deteriorating
Number of Animals Treated With Product: 3
Number of Animals Reacted With Product: 3

Product Name	Lot Number or ID	Best By Date
Annamaet chicken and rice dry + Honest kitchen beef, chicken, or turkey		

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-376360>

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=393369>

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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		B6		
ICSR:	2061170			
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:	2019-01-14 16:46:57 EST			
Reported Problem:	Problem Description:	2 other dogs in household affected previously Eating various BEG diets Early DCM with infrequent ventricular ectopy Have been following - owner agreed to change diet at December 2018 appointment so will follow Taurine normal		
	Date Problem Started:	12/21/2017		
	Concurrent Medical Problem:	No		
	Outcome to Date:	Worse/Declining/Deteriorating		
Product Information:	Product Name:	Annamaet chicken and rice dry + Honest kitchen beef, chicken, or turkey		
	Product Type:	Pet Food		
	Lot Number:			
	Package Type:	BAG		
	Product Use Information:	Description: See diet history		
	Manufacturer /Distributor Information:			
	Purchase Location Information:			
Animal Information:	Name:	B6		
	Type Of Species:	Dog		
	Type Of Breed:	Doberman Pinscher		
	Gender:	Female		
	Reproductive Status:	Neutered		
	Weight:	34.6 Kilogram		
	Age:	B6 years		
	Assessment of Prior Health:	Excellent		
	Number of Animals Given the Product:	3		
	Number of Animals Reacted:	3		
	Owner Information:	Owner Information provided:	Yes	
		Contact:	Name:	B6
			Phone:	
			Email:	
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 pt_medical_record_preview.pdf
Description:	Records
Type:	Medical Records

Client: **B6**
Patient:

Archived RDVM **B6** ref and labs 4/2014-5/2014

B6

Client:
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Archived RDVM

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f and labs 4/2014-5/2014

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Archived RDVN **B6** ref and labs 4/2014-5/2014

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Archived RDV: **B6** ref and labs 4/2014-5/2014

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Archived RDVN **B6** ref and labs 4/2014-5/2014

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Archived lab results notes 4/2014

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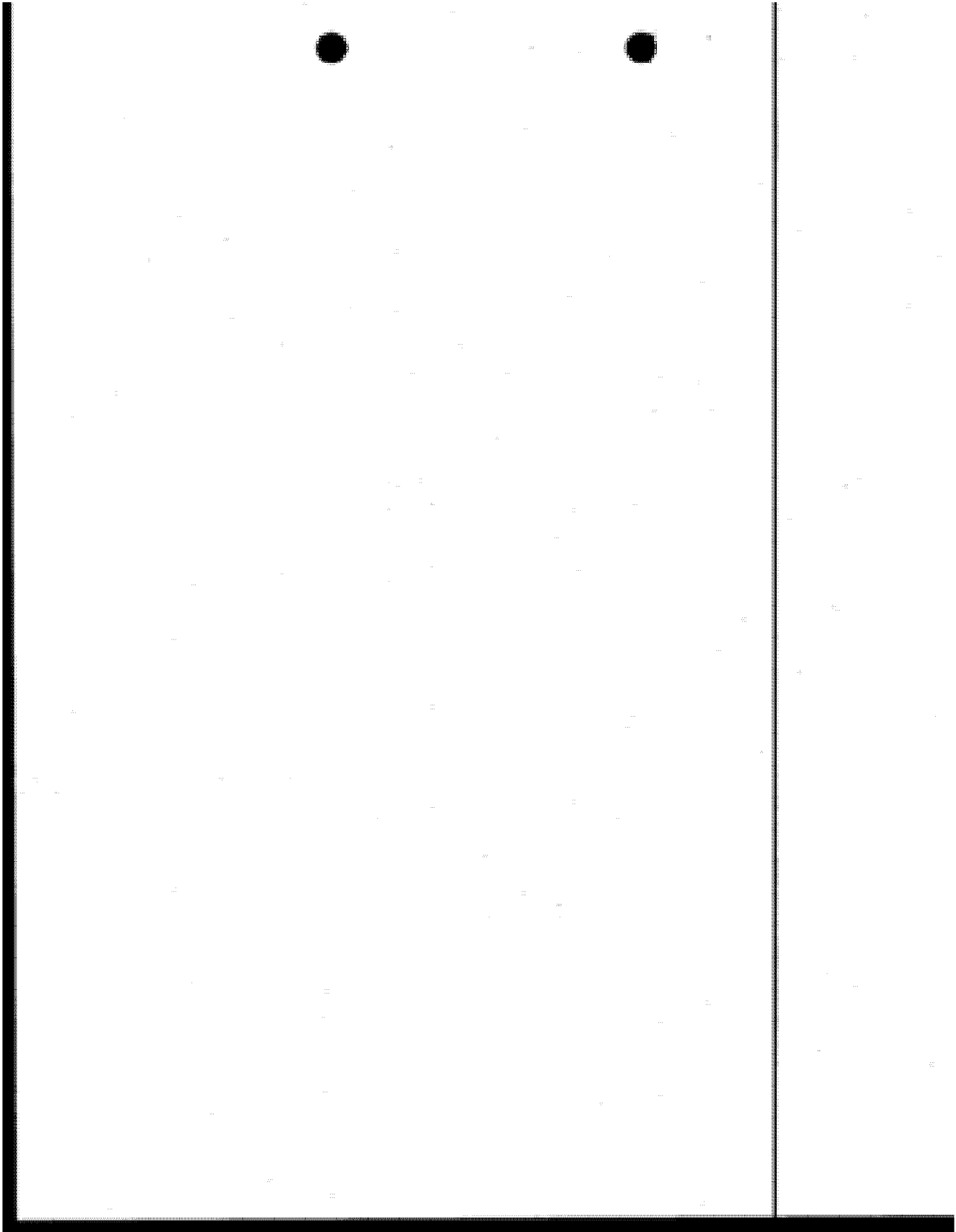
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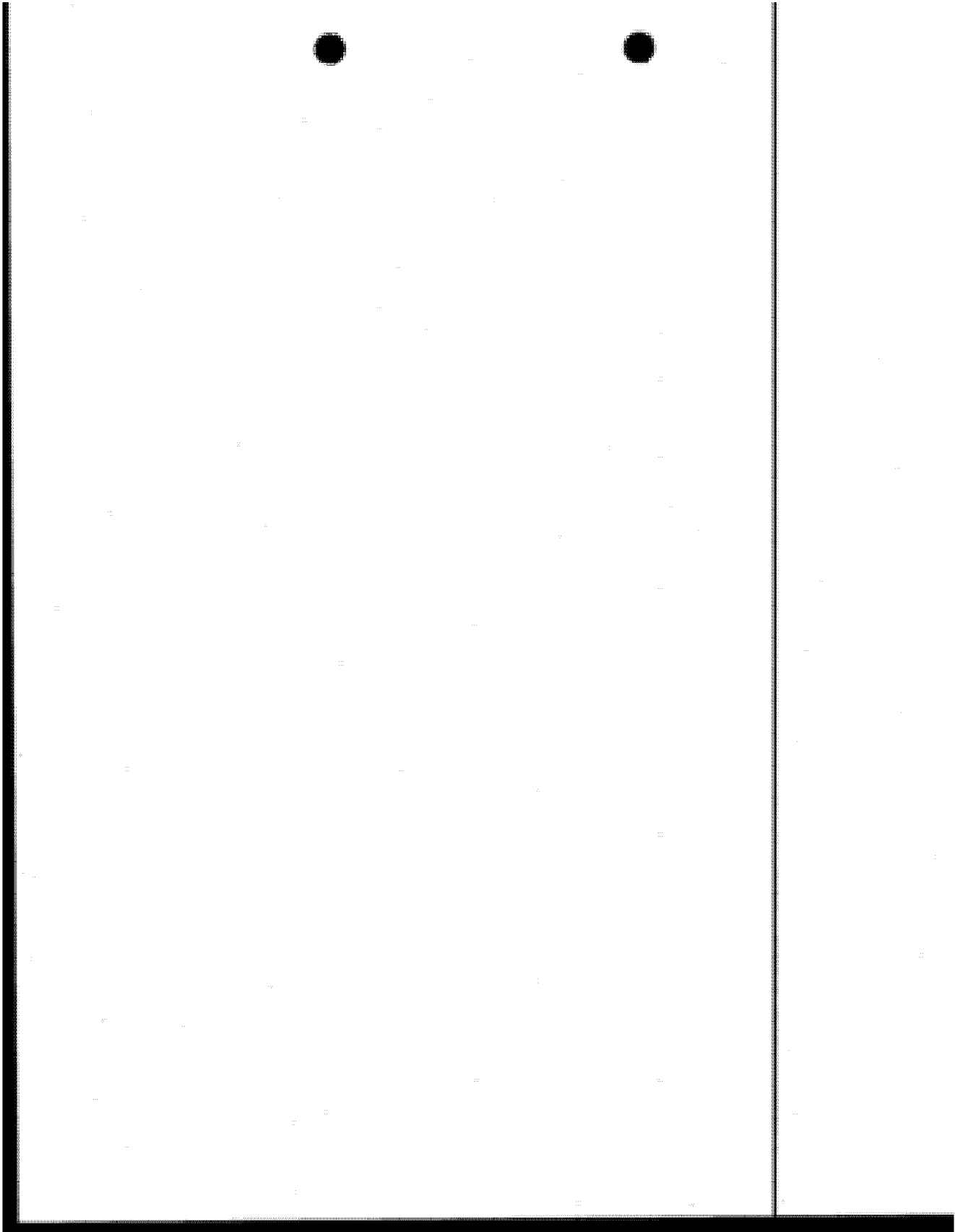
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The image shows a large, mostly empty table with a grid of horizontal and vertical lines. At the top of the page, there are two circular punch holes. The table's content is sparse, with only a few faint, illegible characters scattered across the grid. The table is bounded by a thick black border on the left and bottom sides.

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Patient:

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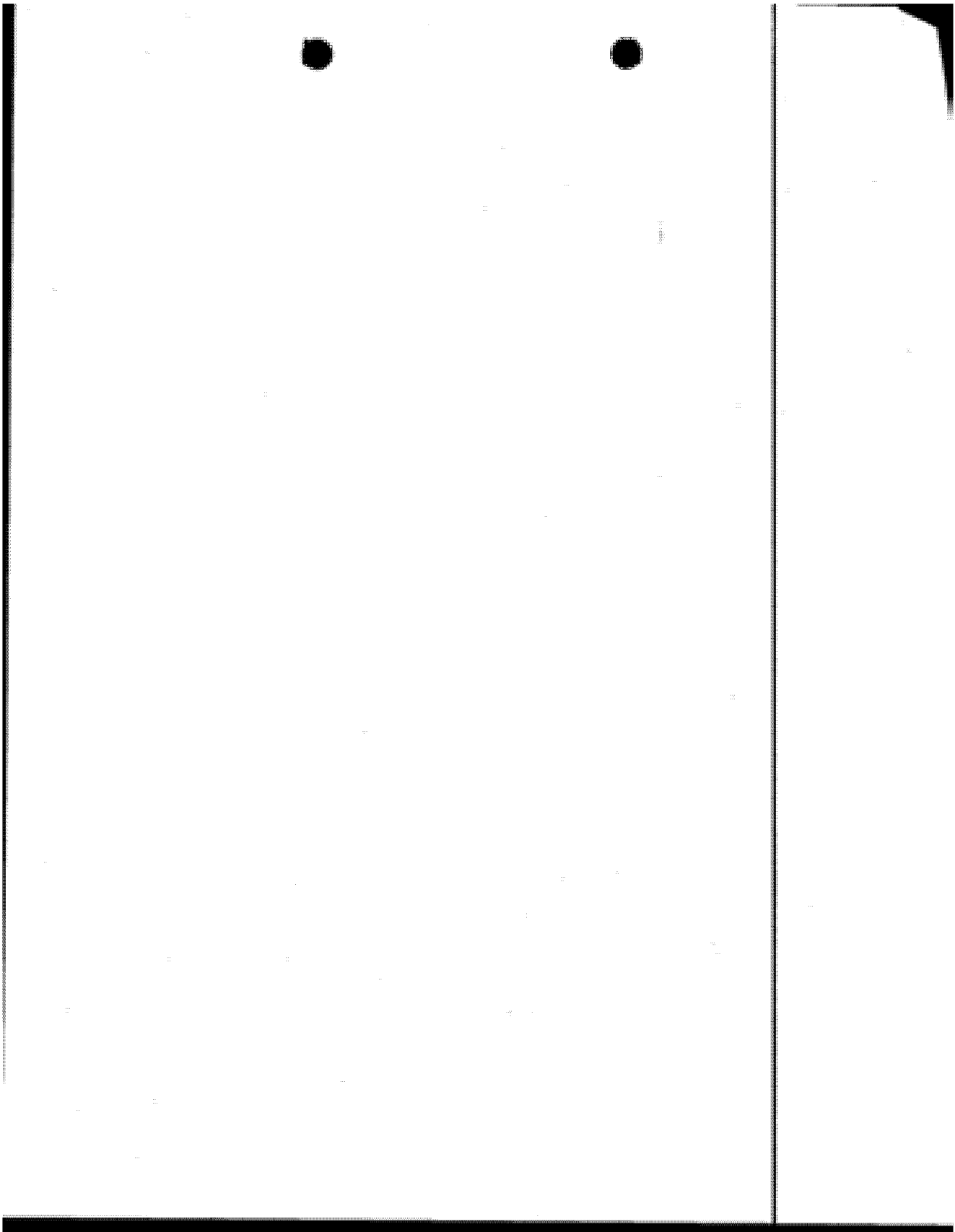
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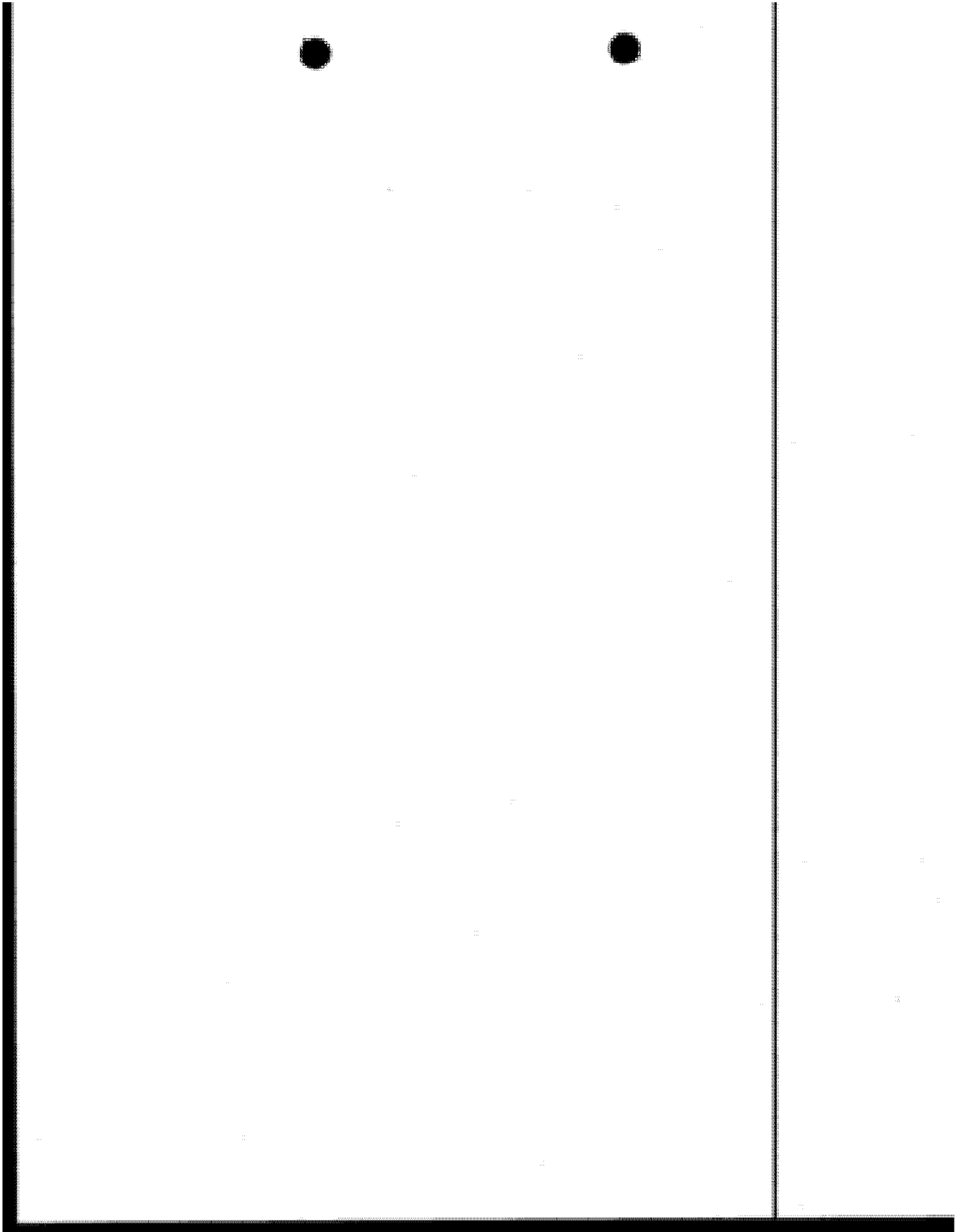
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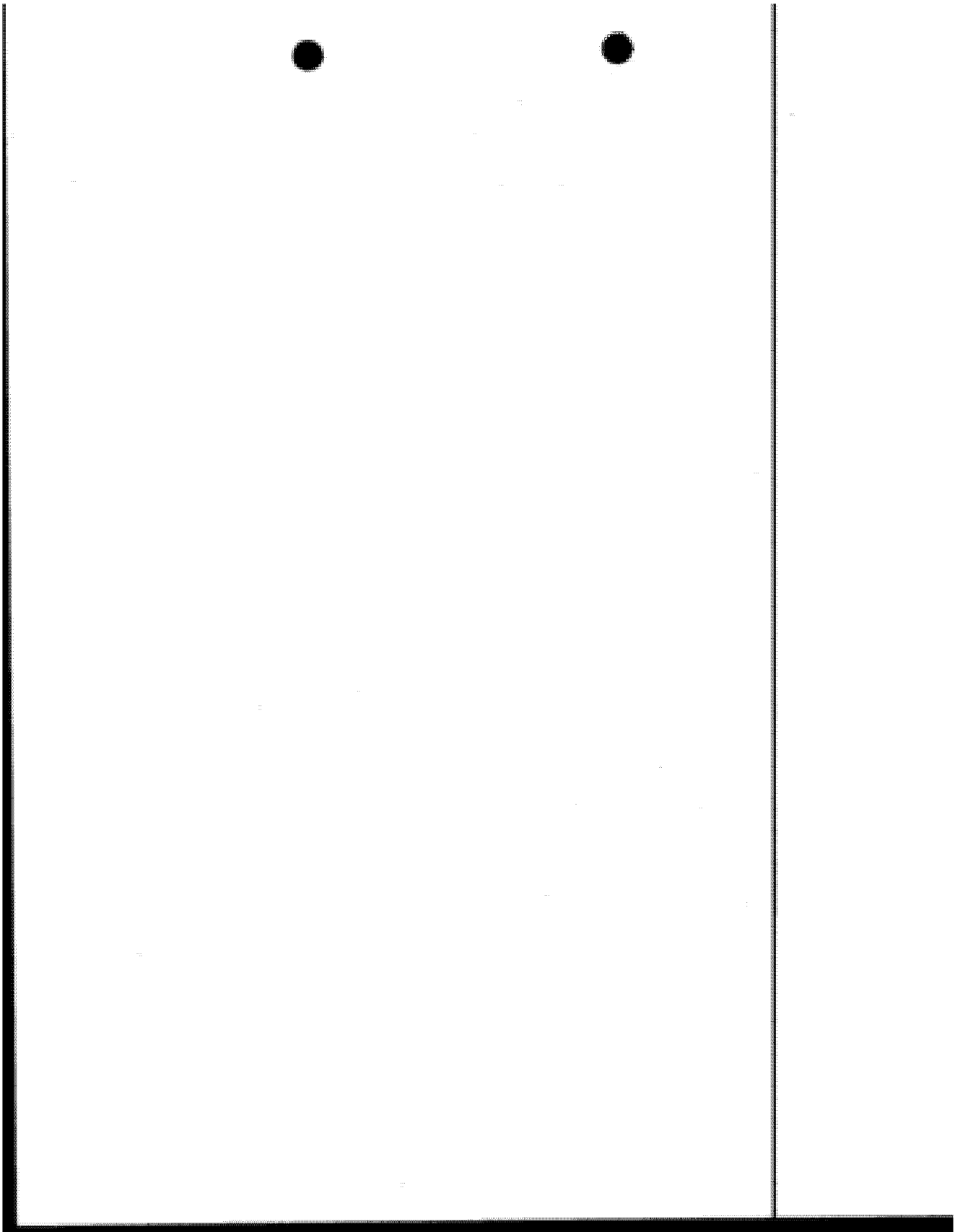
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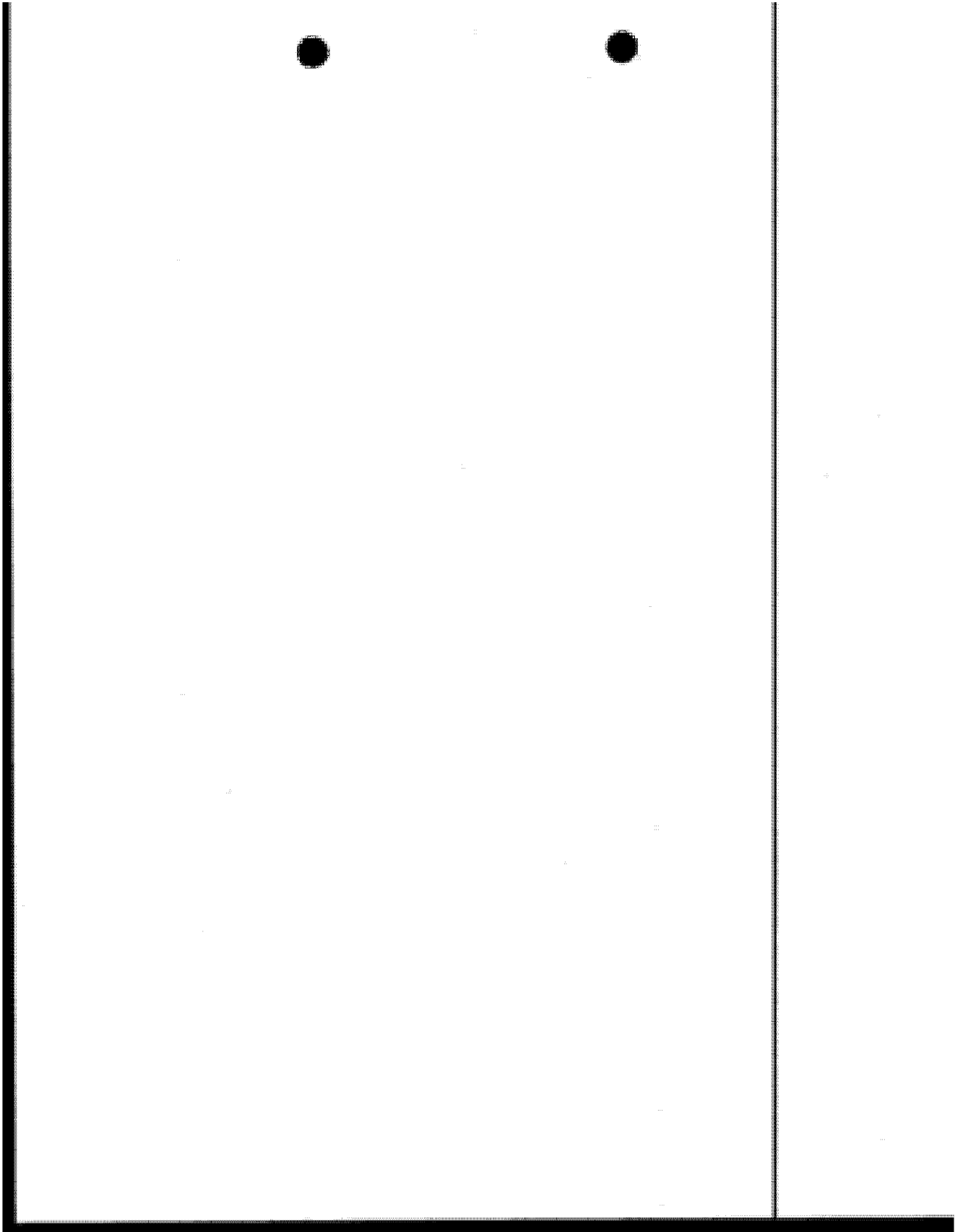
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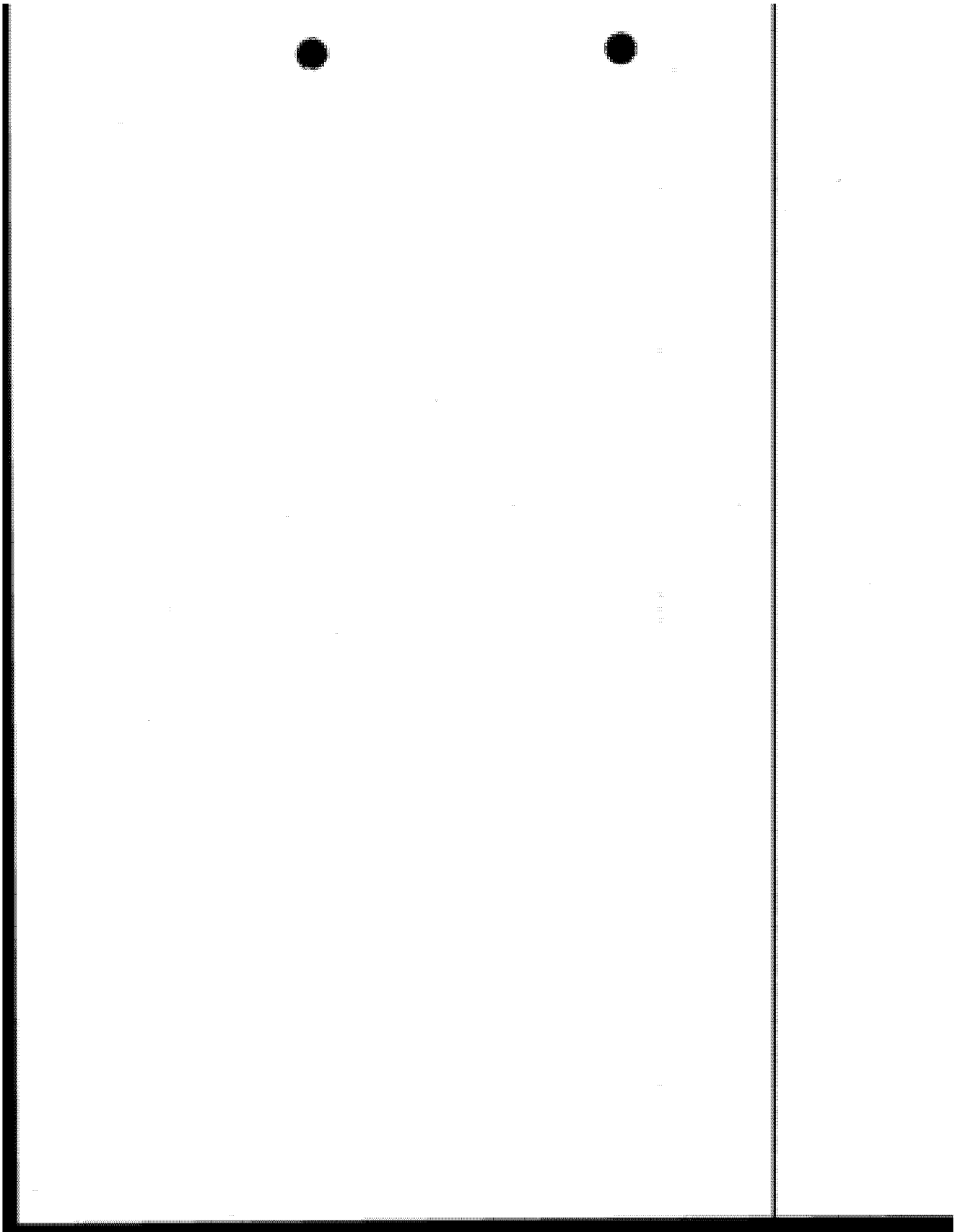
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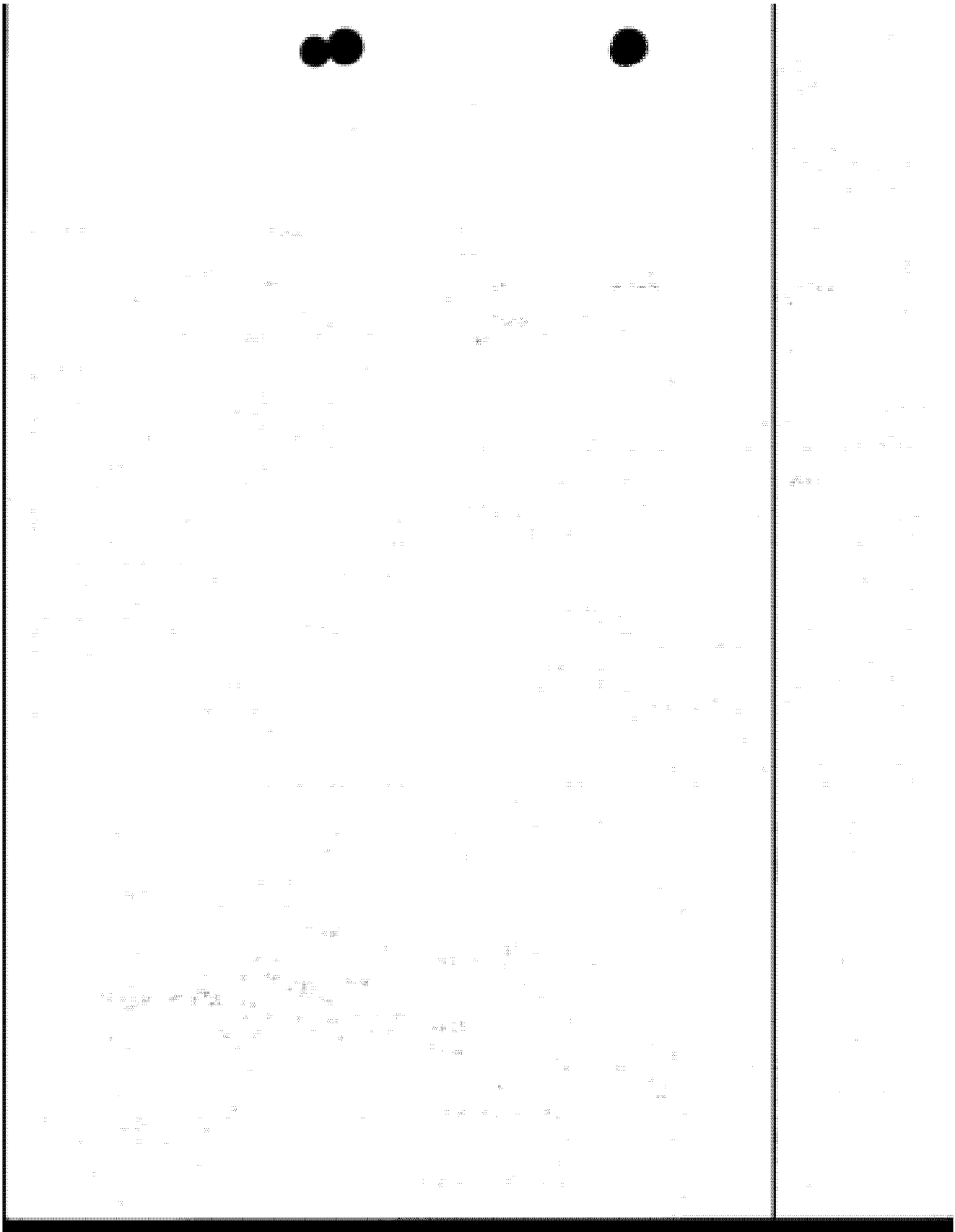
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Client: **B6**
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The image shows a large table with a grid of horizontal and vertical lines. The table is mostly empty, with some faint, illegible text visible in the lower half. There are two large black circles at the top of the page, likely representing punch holes. The table is framed by a thick black border.

Client:
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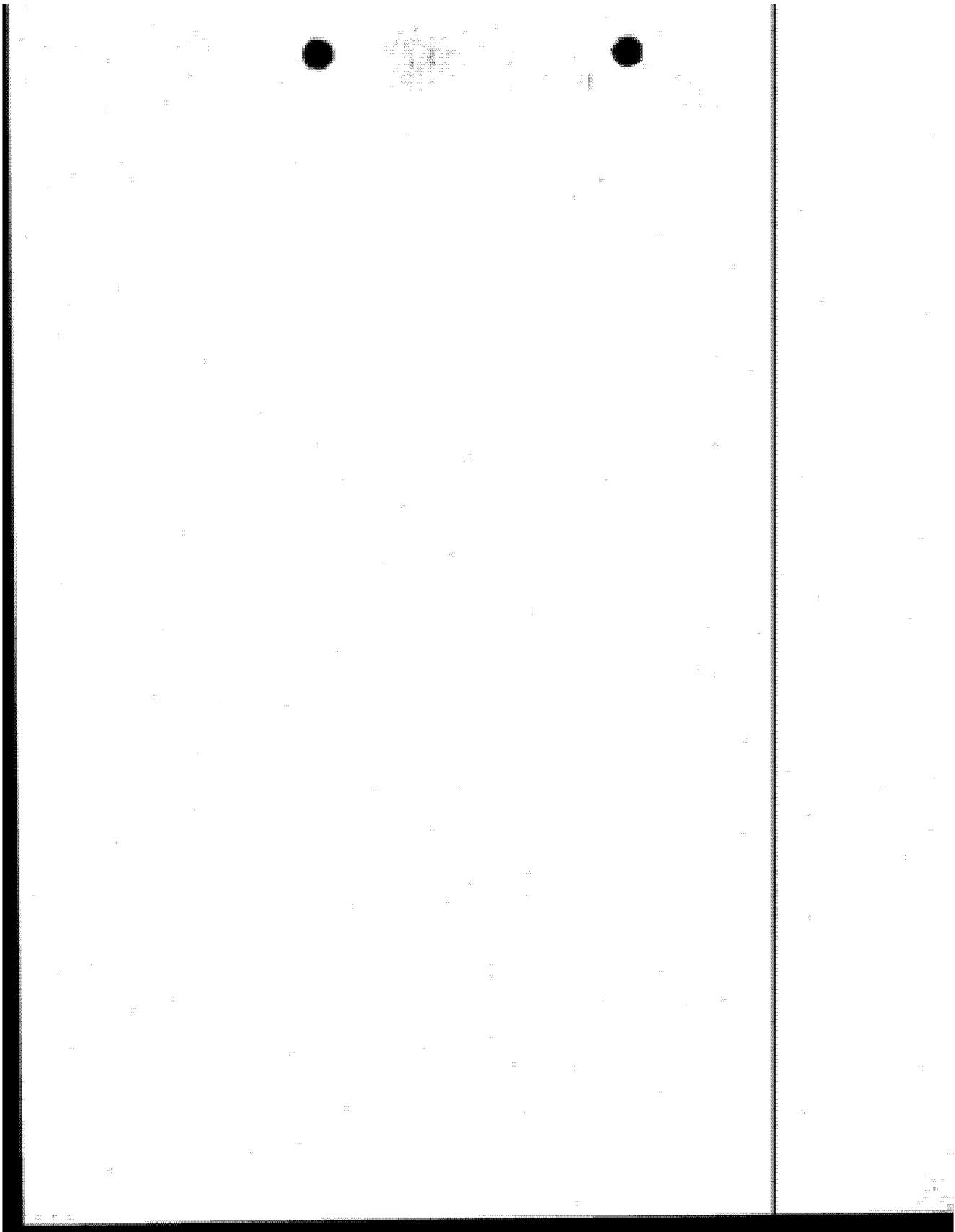
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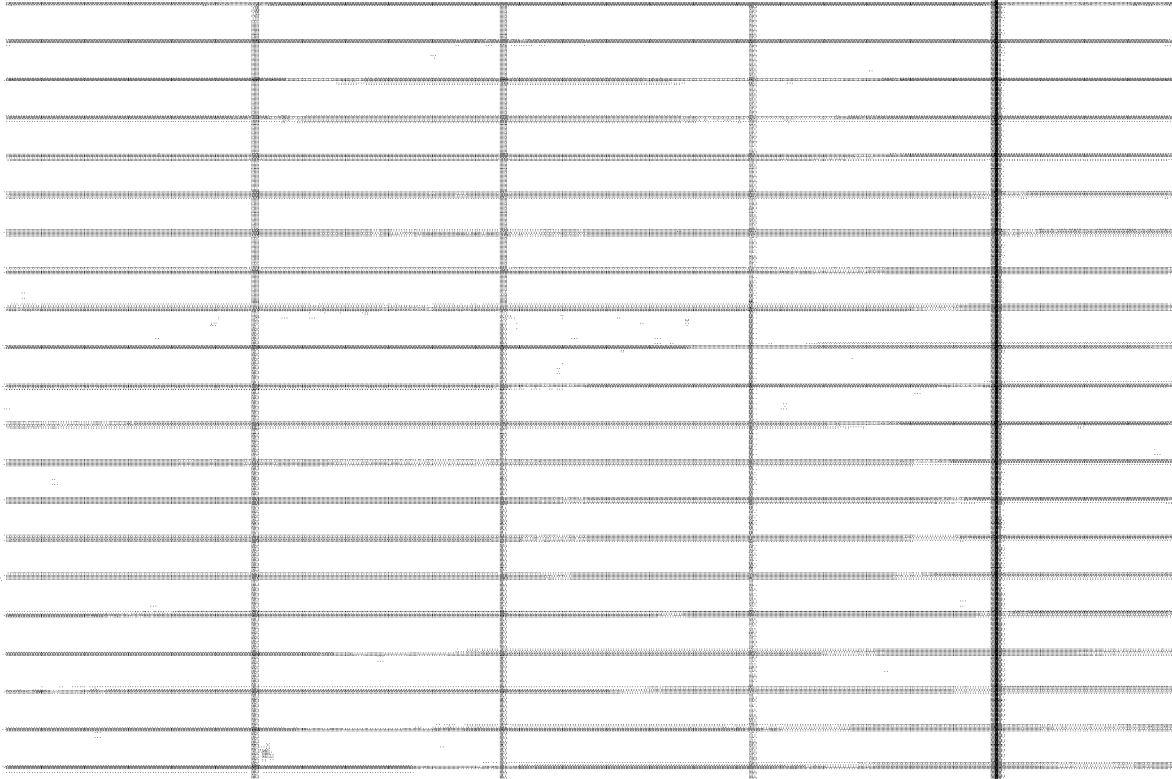
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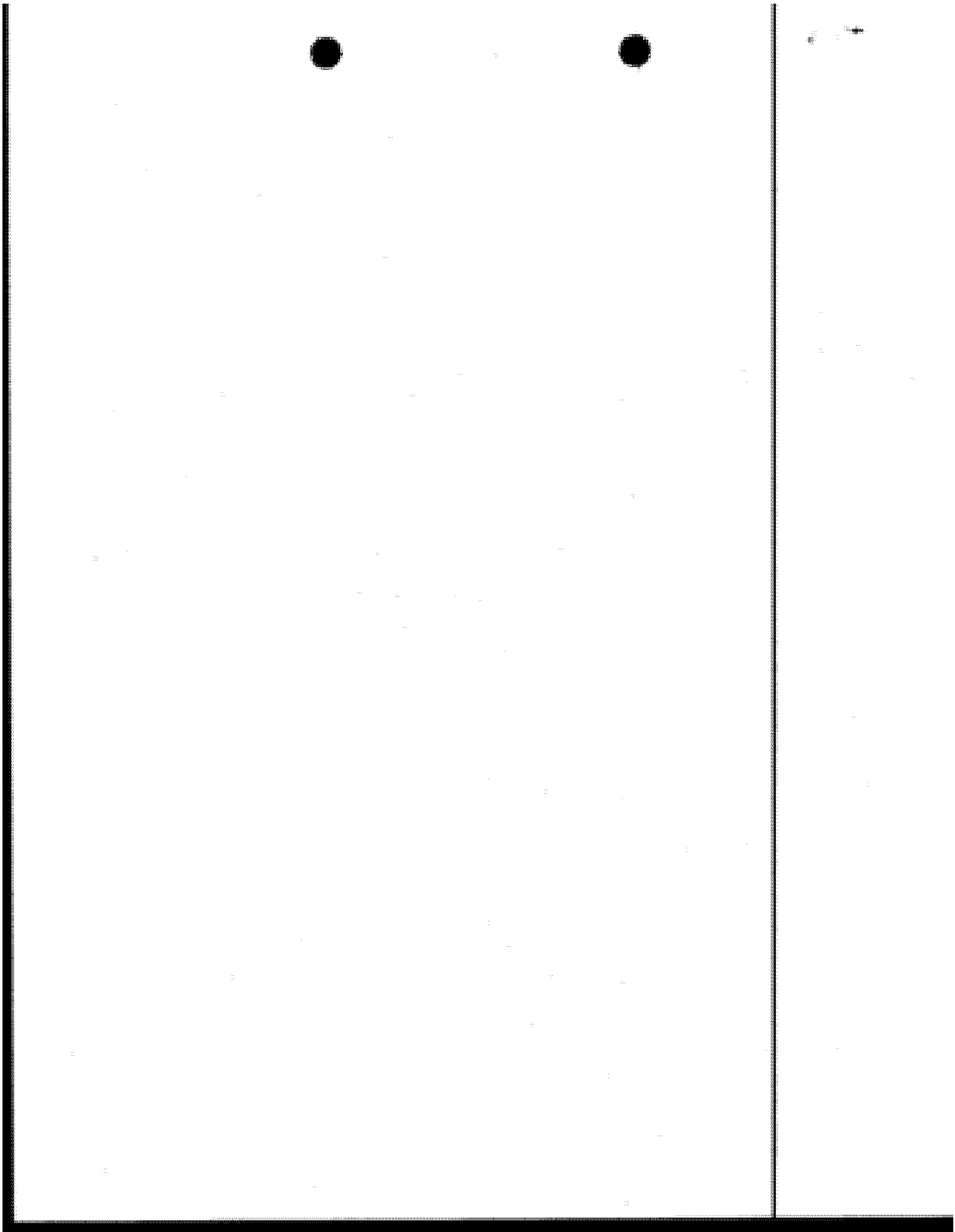
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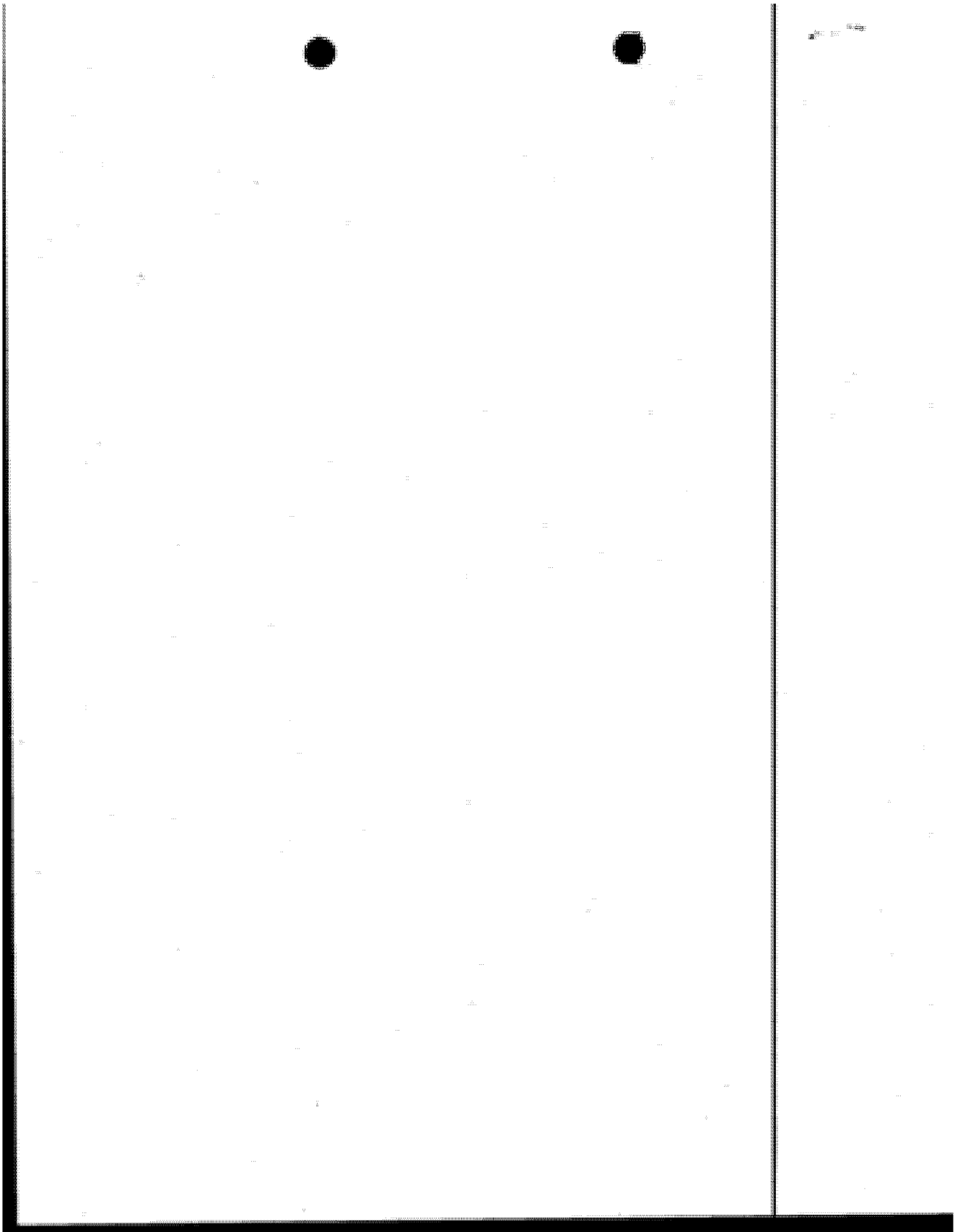
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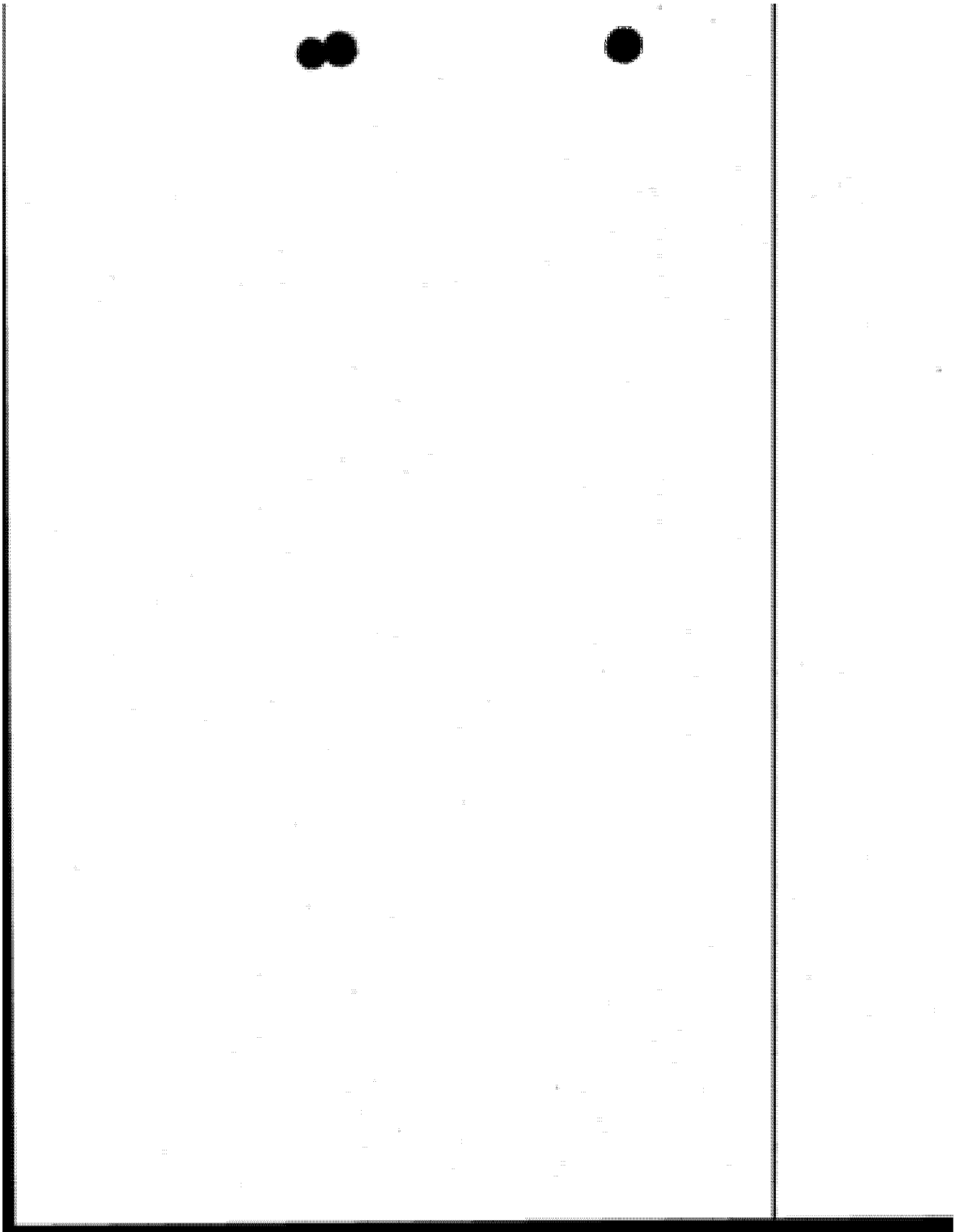
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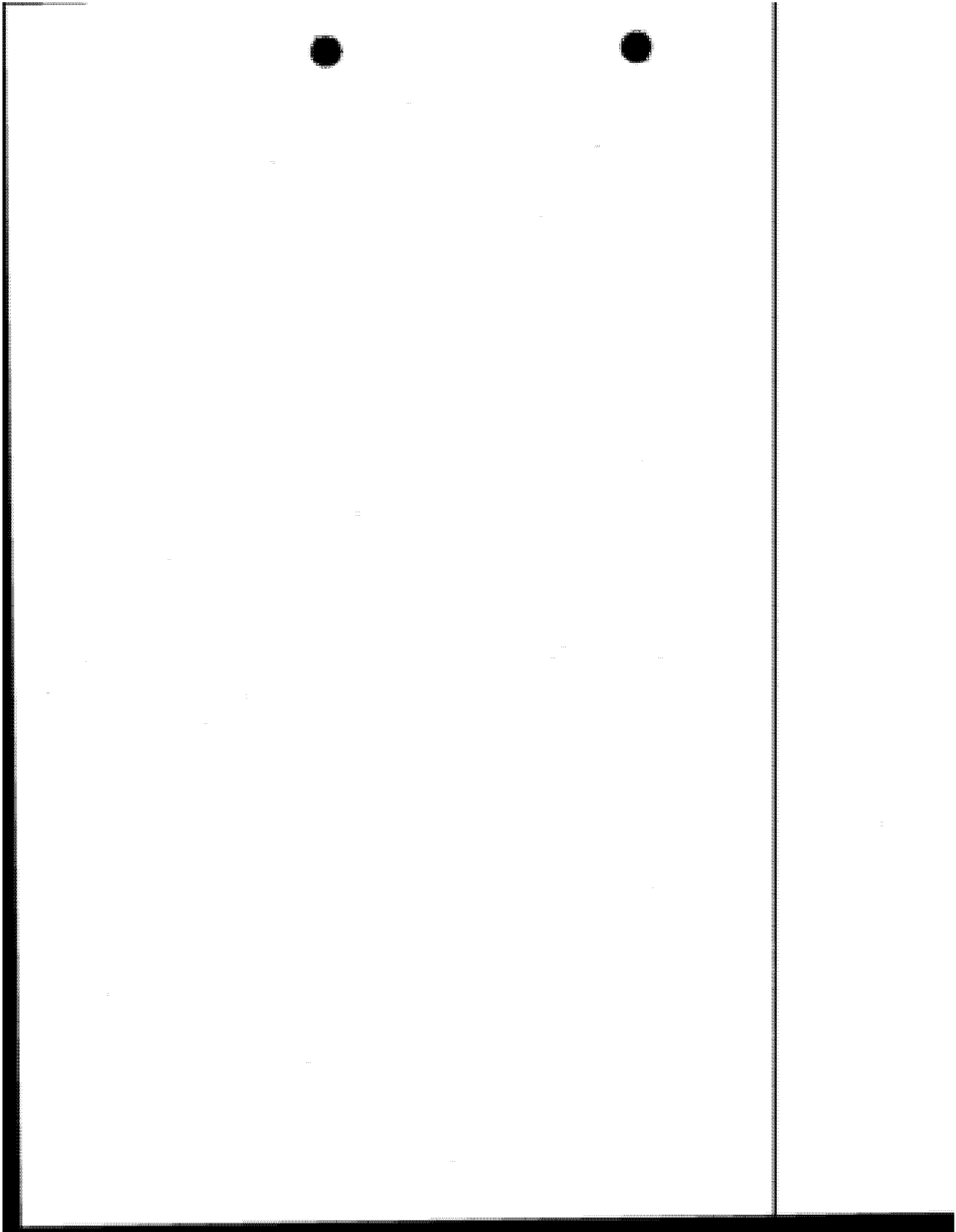
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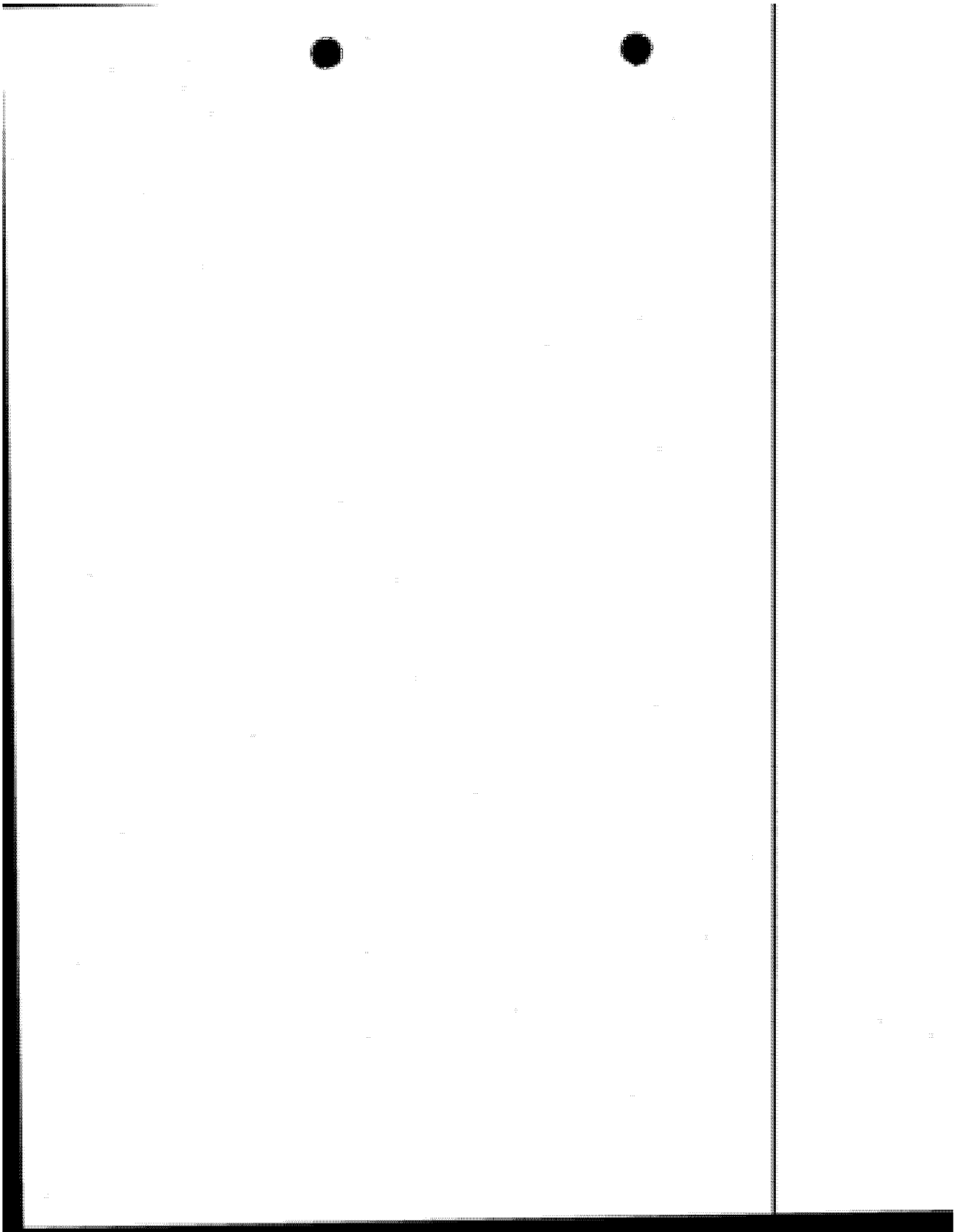
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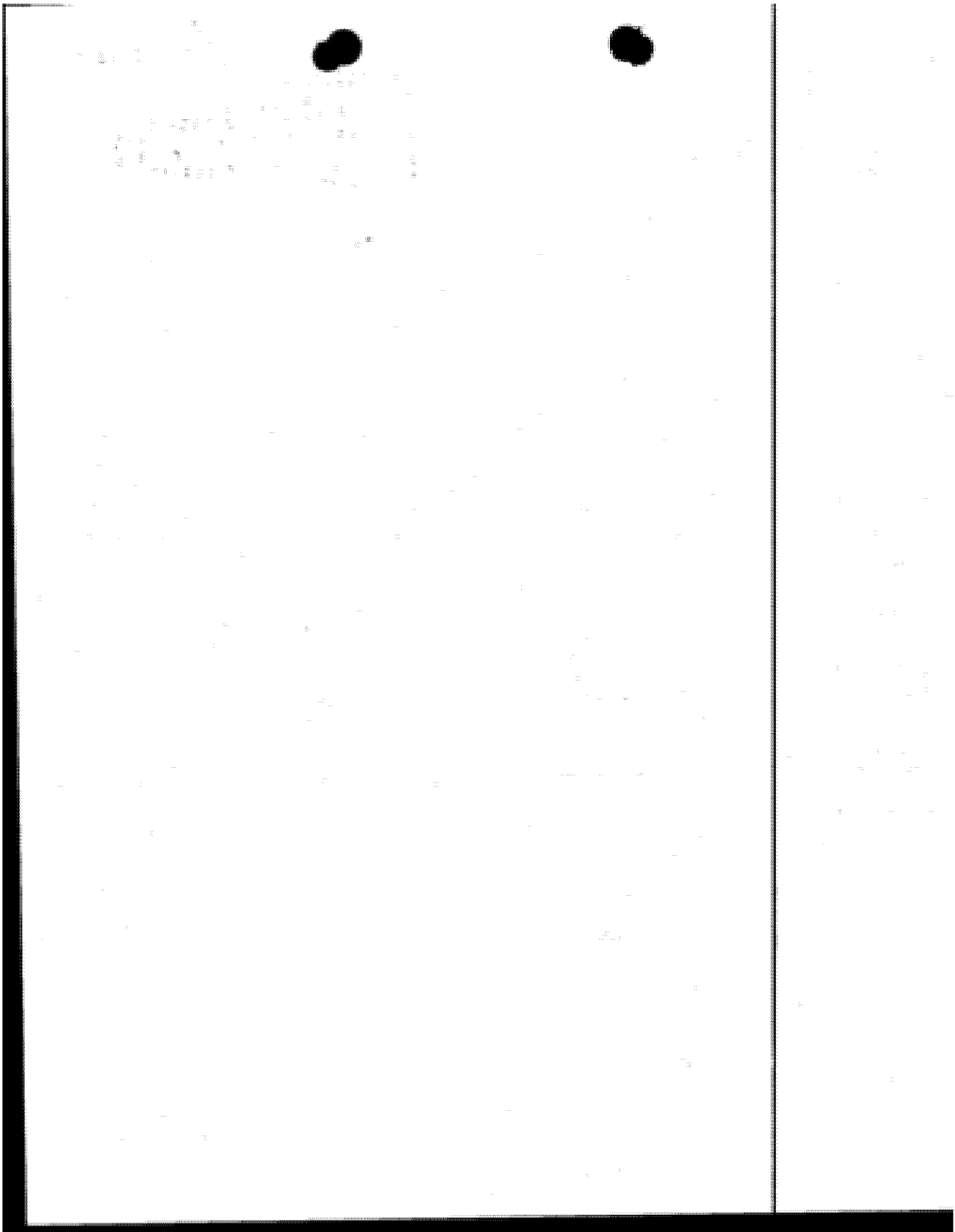


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Patient:

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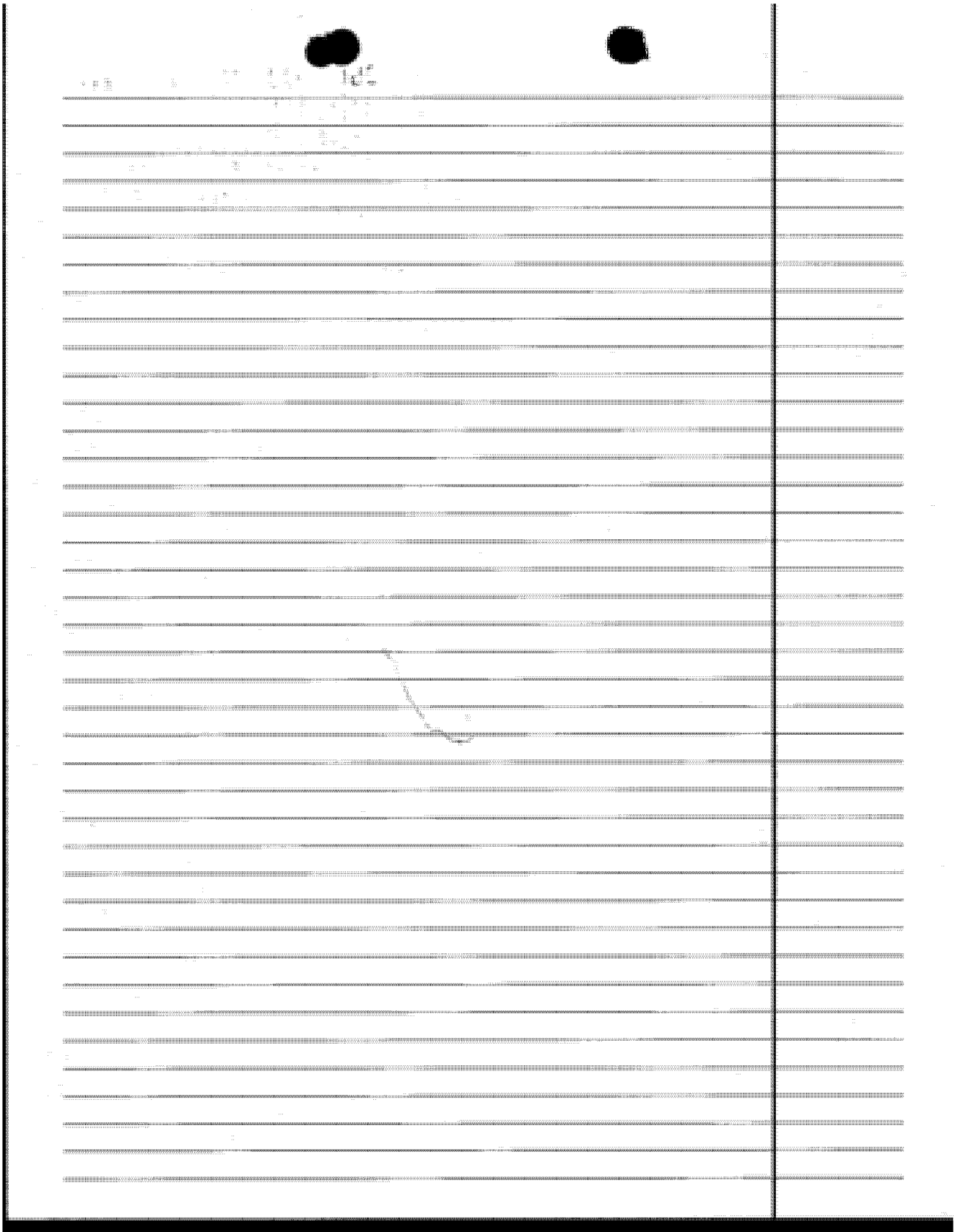
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Client:
Patient: **B6**

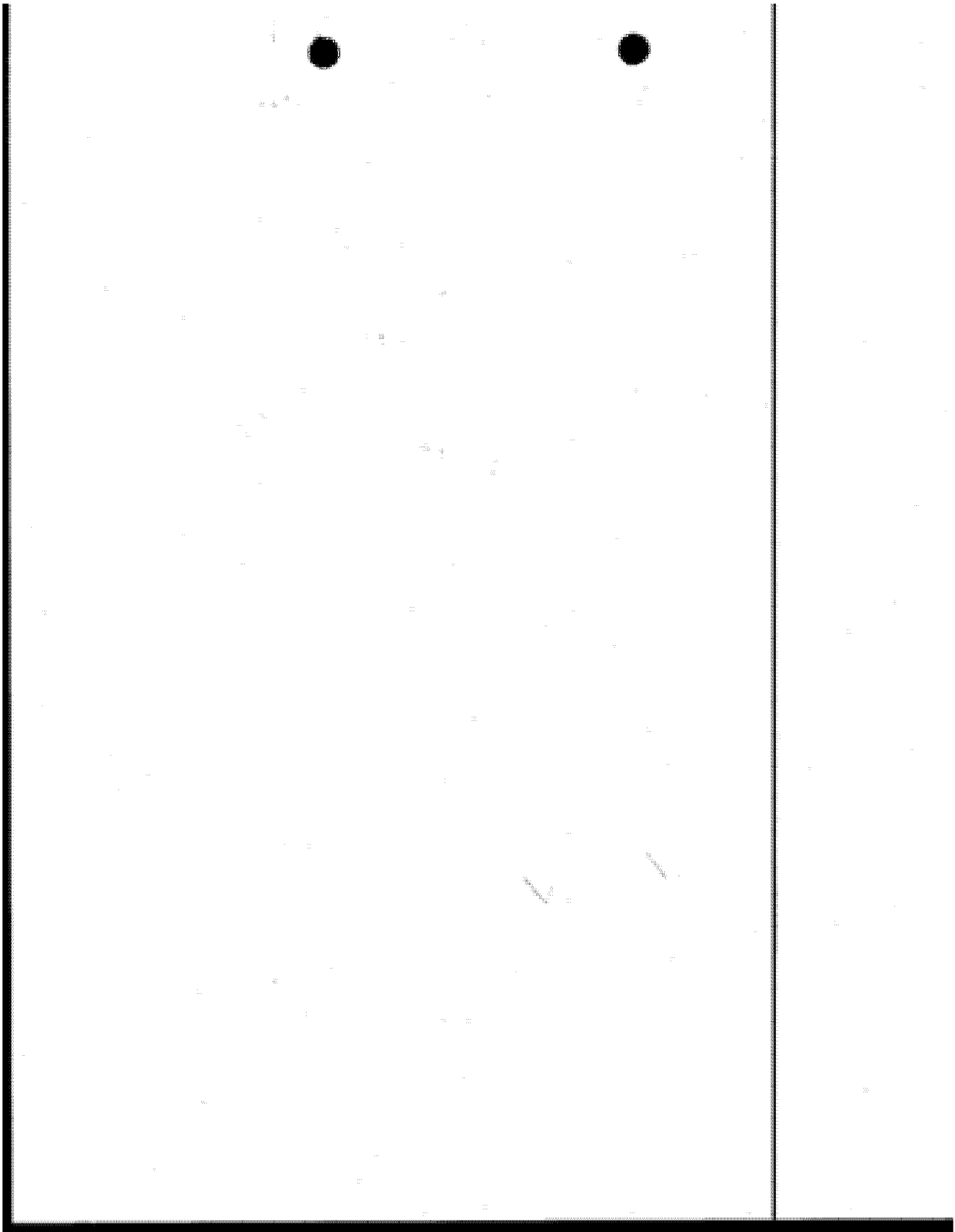
Archived 1/20/2014-5/5/2014

B6

Client:
Patient:

B6

Archived 1/20/2014-5/5/2014



Client:
Patient:

B6

Archived 1/20/2014-5/5/2014

B6

Client:
Patient:

B6

Archived 1/20/2014-5/5/2014

A large grid of approximately 20 columns and 25 rows, mostly empty, with two punch holes at the top center.

B6

Client: **B6**
Patient:

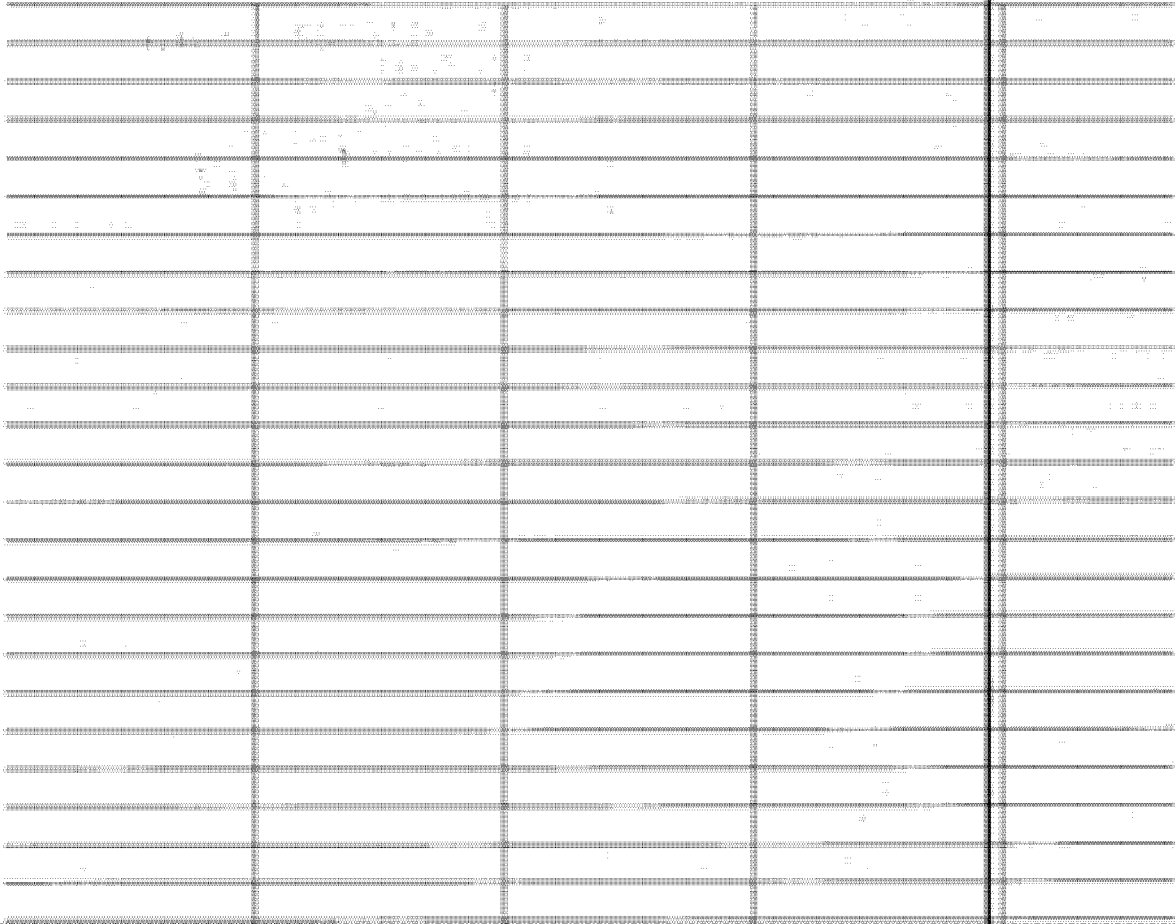
Archived 1/20/2014-5/5/2014

B6

Client:
Patient:

B6

Archived 1/20/2014-5/5/2014



B6

Client:
Patient:

B6

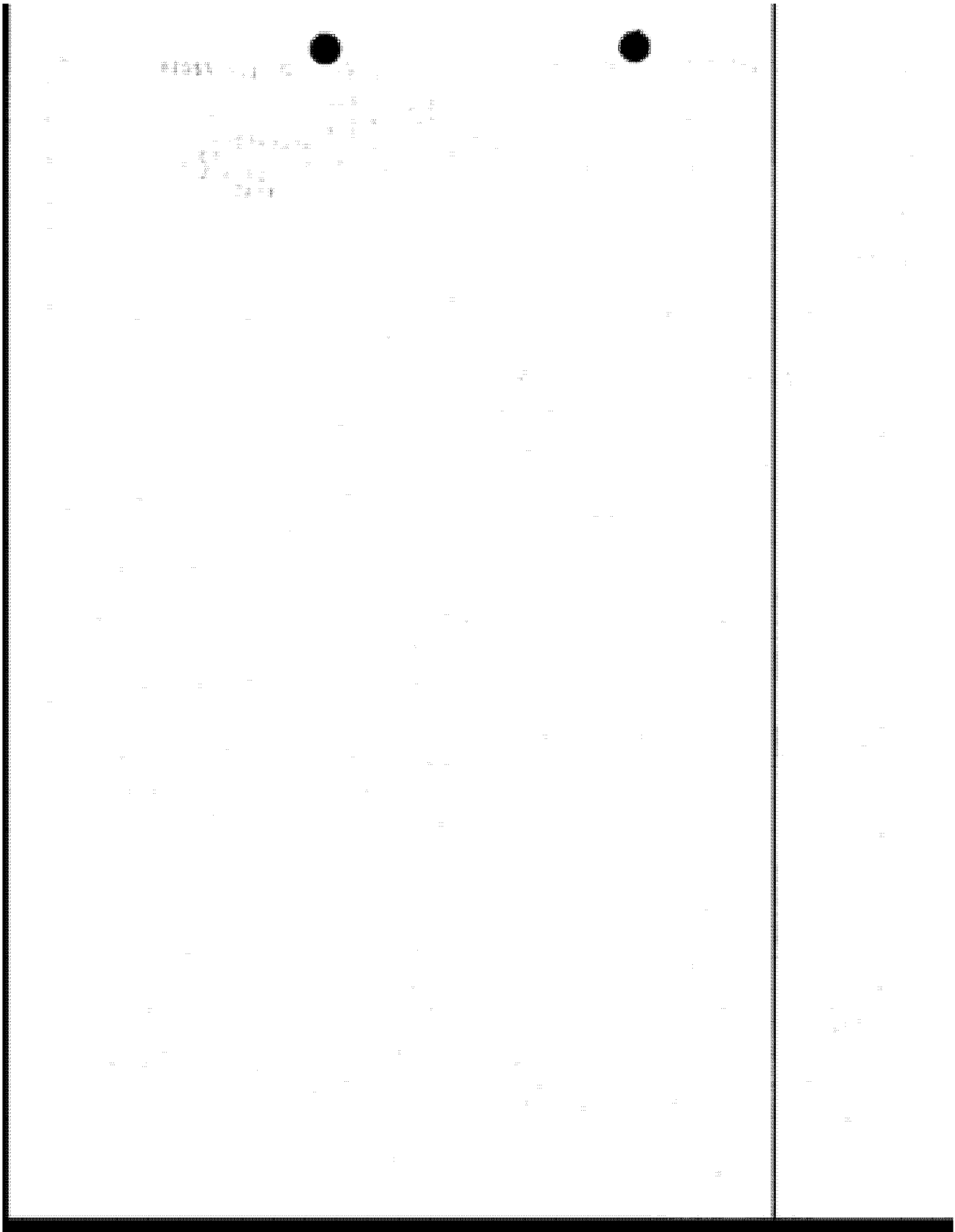
Archived 1/20/2014-5/5/2014

B6

Client:
Patient:

B6

Archived 1/20/2014-5/5/2014



Client:
Patient:

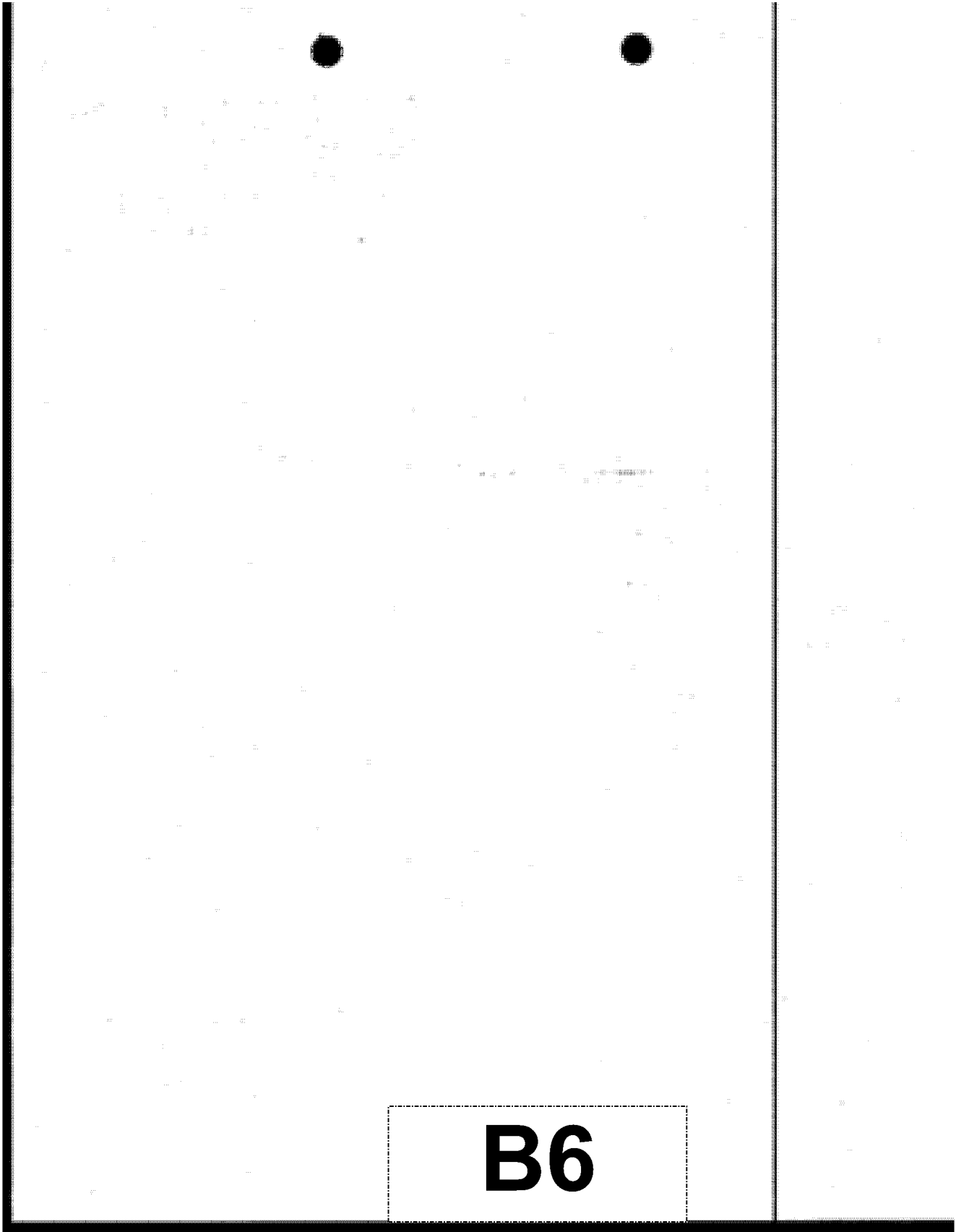
B6

Archived 1/20/2014-5/5/2014

B6

Client: **B6**
Patient:

Archived 1/20/2014-5/5/2014



Client:
Patient:

B6

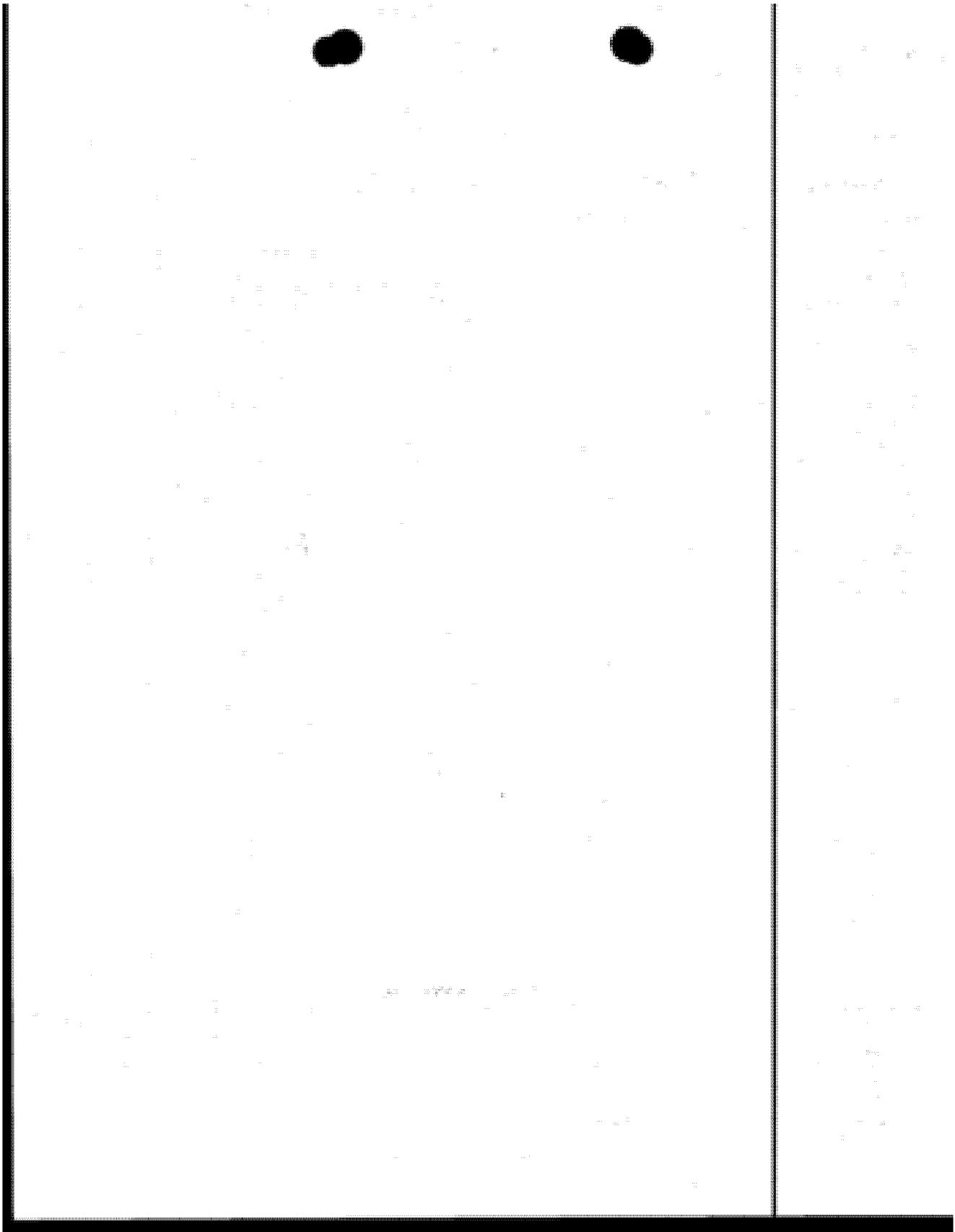
Archived 1/20/2014-5/5/2014

B6

Client:
Patient:

B6

Archived 1/20/2014-5/5/2014



Client:
Patient:

B6

Archived 1/20/2014-5/5/2014

B6

Client: **B6**
Patient:

Archived 1/20/2014-5/5/2014

B6

Client:
Patient:

B6

Inpatient notice

B6

11/14/2019 10:11:11 AM

Client:
Patient:

B6

Lab Results **B6** Vet Clinic 5/7/14 - 2/11/15

B6

Client:
Patient:

B6

Lab Results **B6** Vet Clinic 5/7/14 - 2/11/15

B6

Client: **B6**
Patient:

Lab Results **B6** Vet Clinic 5/7/14 - 2/11/15

B6

Client:
Patient:

B6

Cortisol 2/17/15

B6

Client:
Patient:

B6

Salmonella SP 2/20/15

B6

Client:
Patient:

B6

Administrative Adjustment Form **B6**

B6

Client:
Patient:

B6

Administrative Adjustment Form **B6**

B6

Client: **B6**
Patient:

Lab Image-IDEXX-CardioPet proBNP, 9/29/2016

B6

Client: **B6**
Patient:

B6 Request for Diagnosis (DOS: 9/28/16)

B6

Client: **B6**
Patient:

B6 Request for Diagnosis (DOS: **B6**)

B6

Client:
Patient:

B6

Lab Image: NT pro BNP - IDEXX - 12/21/2017

B6

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

Insurance: **B6** Request for Diagnosis (DOS: 12/21/17)

B6

Client:
Patient:

B6

Insurance

B6

Request for Diagnosis (DOS: 12/21/17)

B6

Client:
Patient:

B6

Anesthesia Record and checklist

B6

B6

Client: **B6**
Patient:

Anesthesia Record and checklist **B6**

B6

Client:
Patient:

B6

IDEXX BNP - 5/7/2018

B6

Client:
Patient:

B6

IDEXX BNP - 12/11/2018

B6

Client:
Patient:

B6

Lab Results; Gastrointestinal Lab, Texas A&M 12/11/18

B6

From: PFR Event <pfpreventcreation@fda.hhs.gov>
To: Cleary, Michael *; HQ Pet Food Report Notification; B6
Sent: 1/14/2019 10:08:36 PM
Subject: Taste of the Wild Sierra Mountain dry: Lisa Freeman - EON-376361
Attachments: 2061171-report.pdf; 2061171-attachments.zip

A PFR Report has been received and PFR Event [EON-376361] has been created in the EON System.

A "PDF" report by name "2061171-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 "2061171-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

EON Key: EON-376361

ICSR #: 2061171

EON Title: PFR Event created for Taste of the Wild Sierra Mountain dry; 2061171

AE Date	01/02/2019	Number Fed/Exposed	7
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Retriever - Golden		
Age	3 Years		
District Involved	PFR-New England DO		

Product information

Individual Case Safety Report Number: 2061171

Product Group: Pet Food

Product Name: Taste of the Wild Sierra Mountain dry

Description: Eating Taste of the Wild Sierra Mountain since June 2018 (Acana Heritage Poultry before that). This diet was fed to multiple dogs - have not screened other dogs yet so unknown whether they are also affected. Echo showed reduced contractility and mild left atrial enlargement. BNP and troponin mildly elevated, troponin = B6 Taurine WNL B6 Changing to Pro Plan Sensitive Skin/Stomach dry and will recheck in 3 months

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: 7

Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Taste of the Wild Sierra Mountain 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-376361>

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=393370>

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From: Related PFR Event <pfrsignificantactivitycreation@fda.hhs.gov>
To: Carey, Lauren; Cleary, Michael *; HQ Pet Food Report Notification;
[B6]
Sent: 6/11/2019 6:00:45 PM
Subject: Taste of the Wild Sierra Mountain Dry: Lisa Freeman - EON-390196
Attachments: 2068087-report.pdf; 2068087-attachments.zip

A PFR Report has been received and Related PFR Event [EON-390196] has been created in the EON System.

A "PDF" report by name "2068087-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 "2068087-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

EON Key: EON-390196

ICSR #: 2068087

EON Title: Related PFR Event created for Taste of the Wild Sierra Mountain Dry; 2068087

AE Date	01/14/2019	Number Fed/Exposed	7
Best By Date		Number Reacted	2
Animal Species	Dog	Outcome to Date	Better/Improved/Recovering
Breed	Retriever - Golden		
Age	5 Years		
District Involved	PFR-New England DO		

Product information

Individual Case Safety Report Number: 2068087

Product Group: Pet Food

Product Name: Taste of the Wild Sierra Mountain Dry

Description: BEG diet being fed to 7 dogs. We evaluated her other dog [B6] who had a murmur and elevated BNP, with reduced contractility and elevated troponin found on exam (see previous report - 2061171). Owner worried about this dog's breathing so we screened her and found reduced contractility, elevated troponin, but normal BNP. Changing diet on both dogs to Pro Plan Sensitive Skin/Stomach Salmon and will recheck in 3 months Other dogs we have not screened [B6] Labrador 5 years old [B6] Golden 3 1/2 years old [B6] Golden

3 years old [B6] Golden 3 years 5 months [B6] Golden 3 years 9 months

Submission Type: Followup

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: 7

Number of Animals Reacted With Product: 2

Product Name	Lot Number or ID	Best By Date
Taste of the Wild Sierra Mountain Dry		

This report is linked to:

Initial EON Event Key: EON-380714

Initial ICSR: 2063118

Sender information

Lisa Freeman
200 Westboro Rd
North Grafton, MA 01536
USA

Owner information

B6	USA
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To view this Related PFR Event, please click the link below:

<https://eon.fda.gov/eon//browse/EON-390196>

To view the Related PFR Event Report, please click the link below:

<https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jsps?decorator=none&e=0&issueType=10100&issueId=407468&parentIssueTypeId=12>

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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-390196

ICSR:	2068087
Type Of Submission:	Followup
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:	2019-06-11 13:56:24 EDT
Initial Report Date:	02/24/2019
Parent ICSR:	2063118
Follow-up Report to FDA Request:	Yes

Reported Problem:	Problem Description:	BEG diet being fed to 7 dogs. We evaluated her other dog [B6] who had a murmur and elevated BNP, with reduced contractility and elevated troponin found on exam (see previous report - 2061171). Owner worried about this dog's breathing so we screened her and found reduced contractility, elevated troponin, but normal BNP. Changing diet on both dogs to Pro Plan Sensitive Skin/Stomach Salmon and will recheck in 3 months Other dogs we have not screened. [B6] Labrador 5 years old [B6] Golden 3 1/2 years old [B6] Golden 3 years old [B6] Golden 3 years 5 months [B6] Golden 3 years 9 months
	Date Problem Started:	01/14/2019
	Concurrent Medical Problem:	No
	Outcome to Date:	Better/Improved/Recovering

Product Information:	Product Name:	Taste of the Wild Sierra Mountain Dry
	Product Type:	Pet Food
	Lot Number:	
	Package Type:	BAG
	Product Use Information:	Description: Please see diet history for additional information
	Manufacturer /Distributor Information:	
	Purchase Location Information:	

Animal Information:	Name:	[B6]
	Type Of Species:	Dog
	Type Of Breed:	Retriever - Golden
	Gender:	Female
	Reproductive Status:	Neutered
	Weight:	25.8 Kilogram
	Age:	5 Years
	Assessment of Prior Health:	Excellent
	Number of Animals Given the Product:	7
	Number of Animals Reacted:	2
	Owner Information:	Owner Information provided: Yes
		Contact: Name: [B6] Phone: [B6] Email: [B6]
	Address: [B6]	

B6

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: Follow-up medical records pt 2.pdf
	Description: Med records
	Type: Medical Records
	Attachment: Follow-up medical records pt 1.pdf
	Description: Med records
	Type: Medical Records

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY

Cardiology Liaison: 508-887-4696

B6

Patient ID:

Canine

Female (Spayed) Labrador

Retriever

Yellow

Cardiology Appointment Report DCM STUDY

Date: 5/3/2019

Attending Cardiologist:

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

B6

Cardiology Resident:

Cardiology Technician:

B6

Student:

Presenting Complaint: 3 month recheck - DCM study

General Medical History:

Initially presented in Jan. 2019 for heart screen; no murmur or arrhythmias ausculted, strong femoral pulses, no concerns at home but had been on BEG diet. Echo showed hypocontractility, VPCs, LAE, right heart enlargement. Marginally low taurine levels. Hx of

Doing well at home. Very active, no changes since last visit.

Diet and Supplements: Purina sensitive stomach

Cardiovascular History:

Prior CHF diagnosis? N

Prior heart murmur? N

Prior ATE? N

Prior arrhythmia? Y

Monitoring respiratory rate and effort at home? N

Cough? N

Shortness of breath or difficulty breathing? N

Syncope or collapse? N

Sudden onset lameness? N

Exercise intolerance? N

Current Medications Pertinent to CV System:

none

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

Murmur location/description:

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
- Mild ascites
- Marked ascites

Abdominal distension

Problems:

Hx of VPCs

Hypocontractility, LAE, right heart enlargement seen on previous echo

Differential Diagnoses:

Mildly reduced LV contractility - diet-associated vs. primary

Diagnostic plan:

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

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

B6

Doppler findings:

B6

Mitral inflow:

- Summated
- Normal
- Delayed relaxation

- Pseudonormal
- Restrictive

ECG findings:

B6

Assessment and recommendations:

Reduced contractile function and BNP levels are stable compared to last exam. Considering that LA is stable in size, recommend recheck echocardiogram in 3 months or sooner if patient develops clinical signs consistent with worsening of the disease.

Final Diagnosis:

Mildly reduced LV contractile function R/O diet related vs variation of normal.

Heart Failure Classification Score:

ISACHC Classification:

- Ia
- Ib
- II
- IIIa
- IIIb

ACVIM Classification:

- A
- C

B1
 B2

D

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
Time
HR
CO(Teich)
CI(Teich)
EPSS

cm
cm
cm
cm
cm
ml
ml
%
%
ml
cm
cm
cm
ms
BPM
l/min
l/minm
cm

M-Mode Normalized

IVSdN
LVIDdN
LVPWdN
IVSsN
LVIDsN
LVPWsN
Ao Diam N
LA Diam N

{0.290 - 0.520} !
{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} !

2D

SA LA
Ao Diam
SA LA / Ao Diam
IVSd
LVIDd
LVPWd
EDV(Teich)
IVSs
LVIDs

cm
cm
cm
cm
ml
cm
cm

B6

LVPWs
ESV(Teich)
EF(Teich)
%FS
SV(Teich)
LV Major
LV Minor
Sphericity Index
LVld AIC
LVEDV MOD AIC
LVLS AIC
LVESV MOD AIC
LVEF MOD AIC
SV MOD AIC

Doppler

MV E Vel
MV DecT
MV Dec Slope
MV A Vel
MV E/A Ratio
E'
E/E'
A'
IVRT
AV Vmax
AV maxPG
PV Vmax
PV maxPG
PR Vmax
PR maxPG
PRend Vmax
PRend PG
TR Vmax
TR maxPG

B6

cm
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