From: В6 Jones, Jennifer L To: 9/25/2018 9:21:52 PM Sent: В6 for Patient: **B6** , Client: В6 Subject: Documents from **B6** 246950.pdf Attachments: 800.267-FDA Case Investigation for B6 В6 (EON-361371)

**B6** From: Jones, Jennifer L To: 9/25/2018 9:24:04 PM Sent: for Patient: B6 , Client: В6 **B6** Subject: Documents from **B6** -246950.pdf Attachments: 800.267-FDA Case Investigation for **B6** В6 (EON-361371)

From:	B6
To:	Jones, Jennifer L
Sent:	10/6/2018 1:18:00 AM
Subject:	RE: 800.267-FDA Case Investigation for B6 (EON-361371)
Attachments:	B6 taurine 9-18.pdf; B6 echo 9-11-18.pdf; Taurine B6 pdf
Hi Jennifer	
	cardiologist office and they state they have sent you <b>B6</b> files last
	me know if you didn't get them. Attached is his most recent taurine results
· ·	ve his echo as well.
	spoke you stated you wanted any testing on my other dog as well, <b>B6</b> So
	s echo and taurine results. Speak with you on the 10th. Thanks
<b>B6</b>	
Ovininal Mana	
Original Messa	ge
From: Jones, Jennife	
Date: 10/3/2018 3:04	
<b>Subject:</b> RE: 800.26	37-FDA Case Investigation for <b>B6</b> (EON-361371)
•	e happy to add those additional documents to our files. I'll call you next
Wednesday (10/10	) at ∠pm eastern.
Jennifer Jones, DVM	
Veterinary Medical Offi	icer
Tel: 240-402-5421	
FDA U.S. FOOD & DRUG ADMINISTRATION	The last state of the state of
From:	B6
L	ptember 25, 2018 3:20 PM
<b>To:</b> Jones. Jennife	r L <jennifer.jones@fda.hhs.gov></jennifer.jones@fda.hhs.gov>
Subject: RE: 800.2	267-FDA Case Investigation for <b>B6</b> (EON-361371)

Hi Jennifer,

If you need test results, I have copies of them. Also, I re-did <b>B6</b> taurine results sent to UC Davis and have that as well. Let me know. I have some projects scheduled but don't know the times yet, but as of now I am available.
10-9 11am
10-10 2pm
10- 11 11am or any time before 4pm.
Thanks
Original Message
From: Jones, Jennifer L
Date: 9/25/2018 2:54:26 PM
To: B6
Subject: RE: 800.267-FDA Case Investigation for B6 (EON-361371)
Good afternoon B6
Thank you for sending the records. After reviewing them, we'd like to request an interview. Please send me 3 dates with times you'd be available the week of October 9-11.
As an FYI, I'm still waiting on the records from your cardiologist. I rerequested them today (9/25) and hopefully will have them before our interview.
Thank you kindly,
Dr. Jones
Jennifer Jones, DVM
Veterinary Medical Officer
Tel: 240-402-5421
U.S. FOOD & DRUG

From: B6 Sent: Thursday, August 09, 2018 9:05 AM To: Jones, Jennifer L < Jennifer.Jones@fda.hhs.gov> Subject: Re: 800.267-FDA Case Investigation for B6 (EON-361371)
Hi Dr. Jones
It was nice speaking with you and hoping you guys can figure out with is going on with all these cases of DCM. Anyway, I contacted my primary vet and told them you would be contacting them for the info on <b>B6</b> . The vet's office info is:
B6 , VMD (PLEASE ASK FOR B6 & SHE WILL HANDLE IT)
B6
I have also contacted the Cardiologist office and spoke with the cardiology nurse, B6 She said you can contact her or email the department to request the records.
B6 I am attaching the taurine results on both dogs for your records. Let me know if you need anything else.
Thanks again
B6

Original Message
From: Jones, Jennifer L
Date: 8/7/2018 4:20:07 PM
<i>To:</i> B6
Subject: 800.267-FDA Case Investigation for B6 (EON-361371)
Good afternoon B6
Thank you for submitting your consumer complaint to FDA. I'm sorry to hear about <b>B6</b> illness.
As part of our investigation, we'd like to request:
• Full Medical Records
<ul> <li>Please contact <u>your veterinarian (primary veterinarian and cardiologist/specialist)</u> and ask them to email (preferred) or fax (301-210-4685) a copy of </li> <li>B6 entire medical history (not just this event).</li> </ul>
After we review the records, we may request a Phone interview about B6 diet and environmental exposures
<ul> <li>The interview will help us better understand the details in your case.</li> </ul>
We would like to collect the leftover food. How much is available?
I attached a copy of our Vet-LIRN network procedures. The procedures describe how Vet-LIRN operates and how owners help with our case investigations.
Please respond to this email so that we can initiate our investigation.
Thank you kindly,
Dr. Jones

## Jennifer L. A. Jones, DVM

Veterinary Medical Officer
U.S. Food & Drug Administration
Center for Veterinary Medicine
Office of Research
Veterinary Laboratory Investigation and Response Network (Vet-LIRN)
8401 Muirkirk Road, G704

Laurel, Maryland 20708 new tel: 240-402-5421

fax: 301-210-4685

e-mail: jennifer.jones@fda.hhs.gov

 $Web: \underline{http://www.fda.gov/AnimalVeterinary/ScienceResearch/ucm247334.htm}$ 





From: Jones, Jennifer L </o=ExchangeLabs/ou=Exchange Administrative Group

(FYDIBOHF23SPDLT)/cn=Recipients/cn=0f6ca12eaa9348959a4cbb1e829af244-Jennifer.Jo>

To: Rotstein, David; Palmer, Lee Anne; Carey, Lauren; Queen, Jackie L

CC: Peloquin, Sarah

**Sent:** 11/29/2018 3:58:00 PM

Subject: RE: 800.267-EON-361371 B6 Acana Pork and Squash Attachments: B6 Updated MRx.pdf B6 echo 9-11-18.pdf; Taurine B6 pdf

Updated MRx.

·-----

B <u>6</u> -4 yr MC Golden Retriever	
Hx- B6	begin
long term SP Cardiac Support K9-100g; cryptorchid	
4/12/2016-Eats Acana kibble, Echo-DCM, VSD-restrictive à rec pimo	
4/19/2016-2 <sup>nd</sup> opinion on if to start pimo, on Fish oil, Cardiac support supp,	
PE-Gr IV murmur coarse holosys L, Gr IV/VVI holo R, <b>B6</b> ppm	
Tx-start B6	
4/27/2016: panting, drinking more-weather warmer now	
x-rad: card <u>iom</u> ęg (VH钅 <b>B6</b> ), normal in dogs is <b>B6</b> -mild LA enl, very D bronchointerst patt	
Labs-Chol <b>B6</b> rest wnl	
5/2016 possible Tau supplement-begin SP Cardiotrophin, L-carnitine;	
9/19/2016-eat Acana, Orijen freeze dried; x-rad: prog enl RH, VHS 12, globoid prim RH, BUN/Ct/K wn	I, Chol
326	
Echo-stable LV/LA size, no flow changes of VSD	
4/13/2017-labs BUN/K/Ct wnl. proteinuria +1 4/19/2017-T	
4/19/2017-T <b>B6</b>	
B6	
B6	
j <b>B6</b> ;	
E.L. DOM (LLL )/OD	
ECHO-DOWI-Stable, VOD	
11/2017 <b>B6</b>	
11/2017 B6 12/27/2017-on Acana/Orijen, freeze dried SP treats; Labs: wnl, x-rads: static	
11/2017 B6  12/27/2017-on Acana/Orijen, freeze dried SP treats; Labs: wnl, x-rads: static 4/18/2018-WB Tau- B6 Plasma B6 (not on supplementation)à started Tau 1.75g BID	
11/2017 B6  12/27/2017-on Acana/Orijen, freeze dried SP treats; Labs: wnl, x-rads: static 4/18/2018-WB Tau- B6 Plasma B6 (not on supplementation)à started Tau 1.75g BID	
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11/2017 B6  12/27/2017-on Acana/Orijen, freeze dried SP treats; Labs: wnl, x-rads: static 4/18/2018-WB Tau- B6, Plasma B6 (not on supplementation)à started Tau 1.75g BID 5/10/2018- B6  5/14: diet change, melena 8/16/2018-possible B6  8/22/2018-diet-Real Meat Company 90% beef air dried, no legumes, IS grain free, no potatoes; Gr IV	murmur
11/2017 B6  12/27/2017-on Acana/Orijen, freeze dried SP treats; Labs: wnl, x-rads: static 4/18/2018-WB Tau- B6 Plasma B6 (not on supplementation)à started Tau 1.75g BID 5/10/2018- B6  5/14: diet change, melena 8/16/2018-possible B6  8/22/2018-diet-Real Meat Company 90% beef air dried, no legumes, IS grain free, no potatoes; Gr IV L, Gr V right, HR 150 bpm;	' murmur
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11/2017 B6  12/27/2017-on Acana/Orijen, freeze dried SP treats; Labs: wnl, x-rads: static 4/18/2018-WB Tau- B6, Plasma B6 (not on supplementation)à started Tau 1.75g BID 5/10/2018- B6  5/14: diet change, melena 8/16/2018-possible B6  8/22/2018-diet-Real Meat Company 90% beef air dried, no legumes, IS grain free, no potatoes; Gr IV L, Gr V right, HR 150 bpm; x-rad: cardiomeg VHS B6 // LA enl, RH enl w/ prom main pulm a Echo: marked improvement LV, improved LVIDS, ESV, EPSS; LA enl, annual dil w/ MR; uncoor panting, anxious-not assess VSD	
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11/2017 B6  12/27/2017-on Acana/Orijen, freeze dried SP treats; Labs: wnl, x-rads: static 4/18/2018-WB Tau- B6 Plasma B6 (not on supplementation)à started Tau 1.75g BID 5/10/2018- B6  5/14: diet change, melena 8/16/2018-possible B6  8/22/2018-diet-Real Meat Company 90% beef air dried, no legumes, IS grain free, no potatoes; Gr IV L, Gr V right, HR 150 bpm; x-rad: cardiomeg VHS B6 // LA enl, RH enl w/ prom main pulm a Echo: marked improvement LV, improved LVIDS, ESV, EPSS; LA enl, annual dil w/ MR; uncooppanting, anxious-not assess VSD 9/10/2018-Davis-plasma B6 WB B6	
11/2017 B6  12/27/2017-on Acana/Orijen, freeze dried SP treats; Labs: wnl, x-rads: static 4/18/2018-WB Tau-[ B6], Plasma B6] (not on supplementation)à started Tau 1.75g BID 5/10/2018- B6  5/14: diet change, melena 8/16/2018-possible B6 8/22/2018-diet-Real Meat Company 90% beef air dried, no legumes, IS grain free, no potatoes; Gr IV L, Gr V right, HR 150 bpm; x-rad: cardiomeg VHS B6 // LA enl, RH enl w/ prom main pulm a Echo: marked improvement LV, improved LVIDS, ESV, EPSS; LA enl, annual dil w/ MR; uncoopanting, anxious-not assess VSD 9/10/2018-Davis-plasma B6 WB B6	
11/2017 B6  12/27/2017-on Acana/Orijen, freeze dried SP treats; Labs: wnl, x-rads: static 4/18/2018-WB Tau-B6_ Plasma B6 (not on supplementation)à started Tau 1.75g BID 5/10/2018-B6 5/14: diet change, melena 8/16/2018-possible B6 8/22/2018-diet-Real Meat Company 90% beef air dried, no legumes, IS grain free, no potatoes; Gr IV L, Gr V right, HR 150 bpm; x-rad: cardiomeg VHS B6_// LA enl, RH enl w/ prom main pulm a Echo: marked improvement LV, improved LVIDS, ESV, EPSS; LA enl, annual dil w/ MR; uncoopanting, anxious-not assess VSD 9/10/2018-Davis-plasma B6_WB B6  B6_7 yr MI Golden Retriever Tau WB B6_Plasma B6_@ Davis	
11/2017 B6  12/27/2017-on Acana/Orijen, freeze dried SP treats; Labs: wnl, x-rads: static 4/18/2018-WB Tau-[ B6], Plasma B6] (not on supplementation)à started Tau 1.75g BID 5/10/2018- B6  5/14: diet change, melena 8/16/2018-possible B6 8/22/2018-diet-Real Meat Company 90% beef air dried, no legumes, IS grain free, no potatoes; Gr IV L, Gr V right, HR 150 bpm; x-rad: cardiomeg VHS B6 // LA enl, RH enl w/ prom main pulm a Echo: marked improvement LV, improved LVIDS, ESV, EPSS; LA enl, annual dil w/ MR; uncoopanting, anxious-not assess VSD 9/10/2018-Davis-plasma B6 WB B6	

From: Jones, Jennifer L

Jennifer Jones, DVM Veterinary Medical Officer

Tel: 240-402-5421

FDA U.S. FOOD & DRUG

Sent: Wednesday, October 10, 2018 2:47 PM To: Rotstein, David <David.Rotstein@fda.hhs.gov>; Palmer, Lee Anne <LeeAnne.Palmer@fda.hhs.gov>; Carey, Lauren <Lauren.Carey@fda.hhs.gov>; Queen, Jackie L <Jackie.Queen@fda.hhs.gov> Cc: Ceric, Olgica <Olgica.Ceric@fda.hhs.gov>; Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov> Subject: RE: 800.267-EON-361371 B6 Acana Pork and Squash Jennifer Jones, DVM Veterinary Medical Officer Tel: 240-402-5421 DA U.S. FOOD & DRUG From: Jones, Jennifer L Sent: Tuesday, September 25, 2018 2:52 PM To: Rotstein, David < David.Rotstein@fda.hhs.gov >; Palmer, Lee Anne < LeeAnne.Palmer@fda.hhs.gov >; Carey, Lauren < Lauren. Carey@fda.hhs.gov>; Queen, Jackie L < Jackie. Queen@fda.hhs.gov> Cc: Ceric, Olgica < Olgica. Ceric@fda.hhs.gov >; Peloquin, Sarah < Sarah. Peloquin@fda.hhs.gov > Subject: RE: 800.267-EON-361371 B6 Acana Pork and Squash Cardio MRx still pending-2<sup>nd</sup> request today **B6** -4 yr MC Golden Retriever Hx-3/2015-cvtology, begin long term ; 5/2016 possible Tau supplement-begin SP **B6** L-carnitine 4/2017-T 11/2017 4/18/2018-WB Tau- **B6** Plasma **B6** 5/10/2018-Gr IV/VI Left murmur 5/14: diet change, melena 8/16/2018 B6 -dog-Tau WB B6 Plasma B6 Jennifer Jones, DVM Veterinary Medical Officer Tel: 240-402-5421 PA U.S. FOOD & DRUG From: Jones. Jennifer L Sent: Wednesday, August 08, 2018 2:16 PM To: Rotstein, David <David.Rotstein@fda.hhs.gov>; Palmer, Lee Anne <LeeAnne.Palmer@fda.hhs.gov>; Carey, Lauren <Lauren.Carey@fda.hhs.gov>; Queen, Jackie L <Jackie.Queen@fda.hhs.gov> Cc: 'Reimschuessel, Renate (Renate.Reimschuessel@fda.hhs.gov)' < Renate.Reimschuessel@fda.hhs.gov>; Ceric, Olgica <Olgica.Ceric@fda.hhs.gov>; Nemser, Sarah <Sarah.Nemser@fda.hhs.gov>; Peloguin, Sarah <Sarah.Peloguin@fda.hhs.gov> Subject: RE: 800.267-EON-361371 B6 Acana Pork and Squash MRx pending + Interview, no food FYI-Joshua Stern encouraged her to submit the report to FDA. I'm assuming that's also why we've gotten more golden retrievers. 2 dogs in this home-both low Tau **B6** born w/ VSD but apparently L-sided DCM 2<sup>nd</sup> dog-low Tau, no ECHO done

Jennifer Jones, DVM Veterinary Medical Officer

Tel: 240-402-5421





From: PFR Event [mailto:pfreventcreation@fda.hhs.gov]

Sent: Saturday, August 04, 2018 9:32 PM

To: Cleary, Michael \* < Michael. Cleary@fda.hhs.gov>; HQ Pet Food Report Notification

< HQPetFoodReportNotification@fda.hhs.gov>; B6

Subject: Acana Pork and Squash: B6 - EON-361371

A PFR Report has been received and PFR Event [EON-361371] has been created in the EON System.

A "PDF" report by name "2053236-report.pdf" is attached to this email notification for your reference.

Below is the summary of the report:

**EON Key:** EON-361371

ICSR #: 2053236

EON Title: PFR Event created for Acana Pork and Squash; 2053236

AE Date	04/12/2016	Number Fed/Exposed	2
Best By Date		Number Reacted	1
<b>Animal Species</b>	Dog	Outcome to Date	Unknown
Breed	Retriever - Golden		
Age	4 Years		
District Involved	PFR <b>B6</b> DO		

## **Product information**

**Individual Case Safety Report Number: 2053236** 

Product Group: Pet Food

**Product Name:** Acana Pork and Squash

**Description:** This is not an event that suddenly occurred. My dog was diagnosed with dilated cardiomyopathy at 2 years old. I enrolled him in the taurine deficient study done by Dr. Joshua Stern at UC Davis. He was eating Acana Pork & Squash since he was a puppy. His taurine was tested (4-18) and his whole blood is **B6** and plasma **B6** Since his taurine level is low, I was told to supplement him with taurine and take him off the current dog food. I was told his food could cause taurine deficient dilated cardiomyopathy. He will be re-tested in the upcoming months. It is not know at this time if the dog food contributed to his disease or caused it. The study is still on going.

**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: Unknown

Number of Animals Treated With Product: 2 Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Acana Pork and Squash		

Sender in	formation	
	<b>B6</b>	
USA		_

To view this PFR Event, please click the link below: https://eon.fda.gov/eon//browse/EON-361371

To view the PFR Event Report, please click the link below: <a href="https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=12&issueId=378105">https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=12&issueId=378105</a>

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(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0A3B17EBFCF14A6CB8E94F322906BADD-

Rotstein, David </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

DROTSTEI>

To: Glover, Mark; Jones, Jennifer L; Ceric, Olgica; Nemser, Sarah; Queen, Jackie L; Palmer, Lee

Anne; Carey, Lauren

CC: Rotstein, David

From:

**Sent:** 4/20/2018 7:55:22 PM

Subject: should be a PFR--DCM case-FW: EON-351747 RFR Event: Unclear if this is info on Blue

Buffalo or something else

DCM case. This should be a PFR.

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: RFR Event [mailto:rfreventcreation@fda.hhs.gov]

**Sent:** Friday, April 20, 2018 3:53 PM

**To:** Lambkin, Sonya <Sonya.Lambkin@fda.hhs.gov>; orahqreportablefoodnotificationtriagegroup@fda.hhs.gov; Bataller, Neal <Neal.Bataller@fda.hhs.gov>; Johnston, Ying F <Ying.Johnston@fda.hhs.gov>; Edwards, Elizabeth <Elizabeth.Edwards@fda.hhs.gov>; Rotstein, David <David.Rotstein@fda.hhs.gov>; Yowell, Ruth <Ruth.Yowell@fda.hhs.gov>; ORA HAF EAST1 Reportable Food Notification

<orahafeast1reportablefoodnotification@fda.hhs.gov>; Krieger, Darlene <Darlene.Krieger@fda.hhs.gov>;

CFSAN Reportable Food Registry < CFSANReportableFoodRegistry@fda.hhs.gov>; FDA Emergency Operations < emergency.operations@fda.hhs.gov>; Cleary, Michael \* < Michael.Cleary@fda.hhs.gov>; Weems, Shellie \* < Shellie.Weems@fda.hhs.gov>; Hodges, April < April.Hodges@fda.hhs.gov>; ORA OEIO RECALLS

Branch <oraoeiorecallsbranch@fda.hhs.gov>; Nelson, Eric <Eric.Nelson@fda.hhs.gov>; McCoig, Amber

<Amber.McCoig@fda.hhs.gov>; Glover, Mark <Mark.Glover@fda.hhs.gov>; Palmer, Lee Anne

<LeeAnne.Palmer@fda.hhs.gov>; Carey, Lauren <Lauren.Carey@fda.hhs.gov>; Queen, Jackie L <Jackie.Queen@fda.hhs.gov>; B6

Subject: EON-351747 RFR Event: Unclear if this is info on Blue Buffalo or something else

A RFR Report has been received and RFR Event [EON-351747] has been created in the EON System under ICSR # 2046176.

**Reason this food is reportable:** Other

Please describe Other: Taurine deficiency or other diet-related DCM

Product Name: Blue Buffalo Basics salmon and potato dry food - regular and grain-fr...

Type of Site:	Sender	Food Facility Site
FDA Districts Impacted:	NWE	NWE
Organization Name:	Tufts Cummings School of Veterinary Medicine	Unclear if this is info on Blue Buffalo or something else
Address:	200 Westboro Rd North Grafton, MA 01536 United States	? ?, MA ? United States

**Discovery Date: 2018-04-19** Product Group: Pet Food **Description:** 7 year old castrated male Doberman pinscher with DCM. Has been eating Blue Buffalo Basics salmon and potato dry food since 2012 (rotates between regular and grain free version of this diet). Recently, diagnosed with DCM and whole blood taurine was B6 nmol/ml. Started on cardiac medications by RDVM and just started B6 e and B6 oil (may also start B6 ). Unclear if taurine deficiencyrelated DCM or related to current concerns with "grain free" diets. **Product Recall:** No **Human Symptoms Present:** No **Animal Symptoms Present: Yes** Animal Symptoms Description: DCM and taurine deficiency Owner has bag of food that she's keeping until we hear from you. RDVM is **B6** Product Distribution Type: Retail Root Cause: Unknown **Discovery Code:** Other **Submission Type:** Initial **Reporting Type:** Voluntary Attachment Name: B6 records.pdf, B6 DCM 4-19-18.pdf **EON Key:** EON-351747 **EON Title:** RFR Event created for Blue Buffalo Basics salmon and potato dry food - regular and grain-free; 2046176 To view this RFR Event, please click the link below: https://eon.fda.gov/eon//browse/EON-351747

\_\_\_\_\_

This email and attached document are being provided to you in your capacity as a Commissioned Official with

https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=9&

To view the RFR Report, please click the link below:

issueId=368135

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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(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F0226BD682844FA2B71EA3750D4FCB82-

Carey, Lauren </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

LAUREN.CARE>

To: Rotstein, David; Glover, Mark; Jones, Jennifer L; Ceric, Olgica; Nemser, Sarah; Queen, Jackie L;

Palmer, Lee Anne

Sent: 4/23/2018 10:02:04 AM

Subject: RE: should be a PFR--DCM case-FW: EON-351747 RFR Event: Unclear if this is info on Blue

Buffalo or something else

Do I need to transition this into a PFR or are we expecting a follow-up PFR report for it?

From: Rotstein, David

From:

**Sent:** Friday, April 20, 2018 3:55 PM

To: Glover, Mark <Mark.Glover@fda.hhs.gov>; Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>; Ceric, Olgica

<Olgica.Ceric@fda.hhs.gov>; Nemser, Sarah <Sarah.Nemser@fda.hhs.gov>; Queen, Jackie L <Jackie.Queen@fda.hhs.gov>; Palmer, Lee Anne <LeeAnne.Palmer@fda.hhs.gov>; Carey, Lauren

<Lauren.Carey@fda.hhs.gov>

Cc: Rotstein, David < David. Rotstein@fda.hhs.gov>

Subject: should be a PFR--DCM case-FW: EON-351747 RFR Event: Unclear if this is info on Blue Buffalo or

something else

DCM case. This should be a PFR.

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: RFR Event [mailto:rfreventcreation@fda.hhs.gov]

Sent: Friday, April 20, 2018 3:53 PM

To: Lambkin, Sonya < Sonya.Lambkin@fda.hhs.gov>; orahqreportablefoodnotificationtriagegroup@fda.hhs.gov; Bataller, Neal < Neal.Bataller@fda.hhs.gov>; Johnston, Ying F < Ying.Johnston@fda.hhs.gov>; Edwards, Elizabeth < Elizabeth. Edwards@fda.hhs.gov >; Rotstein, David < David.Rotstein@fda.hhs.gov >; Yowell, Ruth <Ruth.Yowell@fda.hhs.gov>; ORA HAF EAST1 Reportable Food Notification

<orahafeast1reportablefoodnotification@fda.hhs.gov>; Krieger, Darlene <<u>Darlene.Krieger@fda.hhs.gov</u>>; CFSAN Reportable Food Registry < CFSANReportableFoodRegistry@fda.hhs.gov >; FDA Emergency Operations < <a href="mailto:emergency.operations@fda.hhs.gov">emergency.operations@fda.hhs.gov</a>; Cleary, Michael \* < <a href="mailto:Michael.Cleary@fda.hhs.gov">Michael \* < <a href="mailto:emergency.operations@fda.hhs.gov">emergency.operations@fda.hhs.gov</a>; Weems, Shellie \* <Shellie.Weems@fda.hhs.gov>; Hodges, April <April.Hodges@fda.hhs.gov>; ORA OEIO RECALLS Branch <oraoeiorecallsbranch@fda.hhs.gov>; Nelson, Eric <Eric.Nelson@fda.hhs.gov>; McCoig, Amber

<a href="mailto:</a> <a href="mailto:Amber.McCoig@fda.hhs.gov"><a href="mailto:Amber.McCoig.gov"><a href="mailto:Amber.McCoig.gov"><

<LeeAnne.Palmer@fda.hhs.gov>; Carey, Lauren <Lauren.Carey@fda.hhs.gov>; Queen, Jackie L

<pre><jackie.queen@fda.hhs.gov></jackie.queen@fda.hhs.gov></pre>	-∮ B6

Subject: EON-351747 RFR Event: Unclear if this is info on Blue Buffalo or something else

A RFR Report has been received and RFR Event [EON-351747] has been created in the EON System under ICSR # 2046176.

Reason this food is reportable: Other

Please describe Other: Taurine deficiency or other diet-related DCM

Product Name: Blue Buffalo Basics salmon and potato dry food - regular and grain-fr...

Type of Site:	Sender	Food Facility Site
FDA Districts Impacted:	NWE	NWE
Organization Name:	Tufts Cummings School of Veterinary Medicine	Unclear if this is info on Blue Buffalo or something else
Address:	200 Westboro Rd North Grafton, MA 01536 United States	? ?, MA ? United States

**Discovery Date:** 2018-04-19 **Product Group:** Pet Food

**Description:** 7 year old castrated male Doberman pinscher with DCM. Has been eating Blue Buffalo Basics salmon and potato dry food since 2012 (rotates between regular and grain free version of this diet). Recently, diagnosed with DCM and whole blood taurine was Be nmol/ml. Started on cardiac medications by RDVM and just started taurine and fish oil (may also start BCM and lateral property and lateral property).

related DCM or related to current concerns with "grain free" diets.

**Product Recall: No** 

**Human Symptoms Present:** No **Animal Symptoms Present:** Yes

Animal Symptoms Description: DCM and taurine deficiency Owner has bag of food that she's keeping until we

hear from you. RDVM is **B6** 

**Product Distribution Type:** Retail

Root Cause: Unknown

Discovery Code: Other

**Submission Type:** Initial

Reporting Type: Voluntary

Attachment Name: B6 records.pdf, B6 DCM 4-19-18.pd

**EON Key:** EON-351747

**EON Title:** RFR Event created for Blue Buffalo Basics salmon and potato dry food - regular and grain-free;

2046176

To view this RFR Event, please click the link below:

https://eon.fda.gov/eon//browse/EON-351747

To view the RFR Report, please click the link below: <a href="https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=9&issueId=368135">https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=9&issueId=368135</a>

\_\_\_\_\_\_

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From: Jones, Jennifer L </o=ExchangeLabs/ou=Exchange Administrative Group

(FYDIBOHF23SPDLT)/cn=Recipients/cn=0f6ca12eaa9348959a4cbb1e829af244-Jennifer.Jo>

Rotstein, David; Carey, Lauren; Glover, Mark; Ceric, Olgica; Nemser, Sarah; Queen, Jackie L; To:

Palmer, Lee Anne

4/23/2018 12:53:40 PM Sent:

Subject: RE: should be a PFR--DCM case-FW: EON-351747 RFR Event: Unclear if this is info on Blue

Buffalo or something else

I was not expecting this report.

Jennifer Jones, DVM Veterinary Medical Officer

Tel: 240-402-5421





From: Rotstein, David

Sent: Monday, April 23, 2018 7:05 AM

To: Carey, Lauren <Lauren.Carey@fda.hhs.gov>; Glover, Mark <Mark.Glover@fda.hhs.gov>; Jones, Jennifer L

<Jennifer.Jones@fda.hhs.gov>; Ceric, Olgica <Olgica.Ceric@fda.hhs.gov>; Nemser, Sarah

<Sarah.Nemser@fda.hhs.gov>; Queen, Jackie L <Jackie.Queen@fda.hhs.gov>; Palmer, Lee Anne

<LeeAnne.Palmer@fda.hhs.gov>

Subject: RE: should be a PFR--DCM case-FW: EON-351747 RFR Event: Unclear if this is info on Blue Buffalo

or something else

Lauren,

I am not aware of any follow-up. Jen-were you expecting this one? If not, creating PFR would be great.

dave

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: Carey, Lauren

Sent: Monday, April 23, 2018 6:02 AM

To: Rotstein, David < David.Rotstein@fda.hhs.gov>; Glover, Mark < Mark.Glover@fda.hhs.gov>; Jones, Jennifer

L < <u>Jennifer.Jones@fda.hhs.gov</u>>; Ceric, Olgica < <u>Olgica.Ceric@fda.hhs.gov</u>>; Nemser, Sarah <<u>Sarah.Nemser@fda.hhs.gov</u>>; Queen, Jackie L <<u>Jackie.Queen@fda.hhs.gov</u>>; Palmer, Lee Anne <LeeAnne.Palmer@fda.hhs.gov>

**Subject:** RE: should be a PFR--DCM case-FW: EON-351747 RFR Event: Unclear if this is info on Blue Buffalo or something else

Do I need to transition this into a PFR or are we expecting a follow-up PFR report for it?

From: Rotstein, David

Sent: Friday, April 20, 2018 3:55 PM

To: Glover, Mark < Mark.Glover@fda.hhs.gov>; Jones, Jennifer L < Jennifer.Jones@fda.hhs.gov>; Ceric, Olgica

< <u>Olgica.Ceric@fda.hhs.gov</u>>; Nemser, Sarah < <u>Sarah.Nemser@fda.hhs.gov</u>>; Queen, Jackie L

<<u>Jackie.Queen@fda.hhs.gov</u>>; Palmer, Lee Anne <<u>LeeAnne.Palmer@fda.hhs.gov</u>>; Carey, Lauren

<Lauren.Carey@fda.hhs.gov>

Cc: Rotstein, David < David.Rotstein@fda.hhs.gov >

Subject: should be a PFR--DCM case-FW: EON-351747 RFR Event: Unclear if this is info on Blue Buffalo or

something else

DCM case. This should be a PFR.

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: RFR Event [mailto:rfreventcreation@fda.hhs.gov]

Sent: Friday, April 20, 2018 3:53 PM

 $\textbf{To:} \ Lambkin, \ Sonya < \underline{Sonya.Lambkin@fda.hhs.gov} >; \ \underline{orahqreportablefoodnotificationtriagegroup@fda.hhs.gov}; \ \underline{orahqreportablefoodnotificationtriagegroup.gov}; \$ 

Bataller, Neal <<u>Neal.Bataller@fda.hhs.gov</u>>; Johnston, Ying F <<u>Ying.Johnston@fda.hhs.gov</u>>; Edwards, Elizabeth <Elizabeth.Edwards@fda.hhs.gov>; Rotstein, David <David.Rotstein@fda.hhs.gov>; Yowell, Ruth

< Ruth. Yowell@fda.hhs.gov >; ORA HAF EAST1 Reportable Food Notification

<orahafeast1reportablefoodnotification@fda.hhs.gov>; Krieger, Darlene <Darlene.Krieger@fda.hhs.gov>;

CFSAN Reportable Food Registry < CFSANReportableFoodRegistry@fda.hhs.gov>; FDA Emergency

Operations < <a href="mailto:emergency.operations@fda.hhs.gov">emergency.operations@fda.hhs.gov</a>; Cleary, Michael \* < <a href="mailto:michael.cleary@fda.hhs.gov">Michael \* < <a href="mailto:michael.cleary@fda.hhs.gov">michael.cleary@fda.hhs.gov</a>; Weems,

Shellie \* <Shellie.Weems@fda.hhs.gov>; Hodges, April <April.Hodges@fda.hhs.gov>; ORA OEIO RECALLS

Branch < orangeiorecallsbranch@fda.hhs.gov >; Nelson, Eric < Eric.Nelson@fda.hhs.gov >; McCoig, Amber

<Amber.McCoig@fda.hhs.gov>; Glover, Mark <Mark.Glover@fda.hhs.gov>; Palmer, Lee Anne

<LeeAnne.Palmer@fda.hhs.gov>; Carey, Lauren <Lauren.Carey@fda.hhs.gov>; Queen, Jackie L

<<u>Jackie.Queen@fda.hhs.gov</u>>;
B6

Subject: EON-351747 RFR Event: Unclear if this is info on Blue Buffalo or something else

A RFR Report has been received and RFR Event [EON-351747] has been created in the EON System under ICSR # 2046176.

Reason this food is reportable: Other

Please describe Other: Taurine deficiency or other diet-related DCM

Product Name: Blue Buffalo Basics salmon and potato dry food - regular and grain-fr...

Type of Site:	Sender	Food Facility Site
FDA Districts Impacted:	NWE	NWE
Organization Name:	Tufts Cummings School of Veterinary Medicine	Unclear if this is info on Blue Buffalo or something else
Address:	200 Westboro Rd North Grafton, MA 01536 United States	? ?, MA ? United States

**Discovery Date:** 2018-04-19 Product Group: Pet Food **Description:** 7 year old castrated male Doberman pinscher with DCM. Has been eating Blue Buffalo Basics salmon and potato dry food since 2012 (rotates between regular and grain free version of this diet). Recently, diagnosed with DCM and whole blood taurine was B6 nmol/ml. Started on cardiac medications by RDVM and just started taurine and fish oil (may also start B6 Unclear if taurine deficiencyrelated DCM or related to current concerns with "grain free" diets. **Product Recall: No Human Symptoms Present:** No **Animal Symptoms Present: Yes** Animal Symptoms Description: DCM and taurine deficiency Owner has bag of food that she's keeping until we hear from you. RDVM is **B6 Product Distribution Type:** Retail Root Cause: Unknown **Discovery Code:** Other **Reporting Type:** Voluntary

**Submission Type:** Initial

Attachment Name: B6 records.pdf, DCM 4-19-18.pdf

**EON Key:** EON-351747

**EON Title:** RFR Event created for Blue Buffalo Basics salmon and potato dry food - regular and grain-free;

2046176

To view this RFR Event, please click the link below:

https://eon.fda.gov/eon//browse/EON-351747

To view the RFR Report, please click the link below:

https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=9& issueId=368135

\_\_\_\_\_

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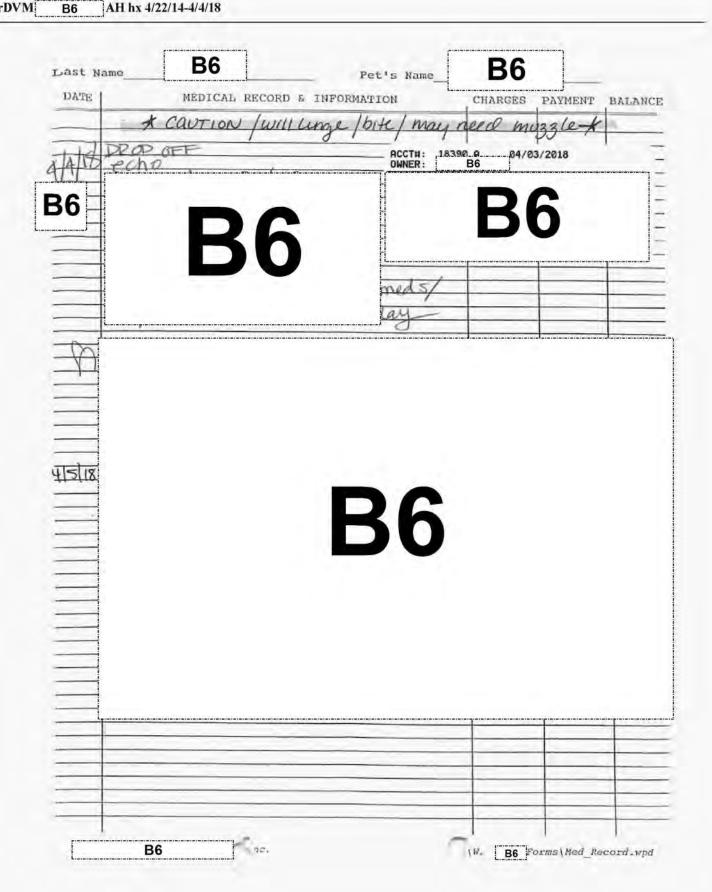
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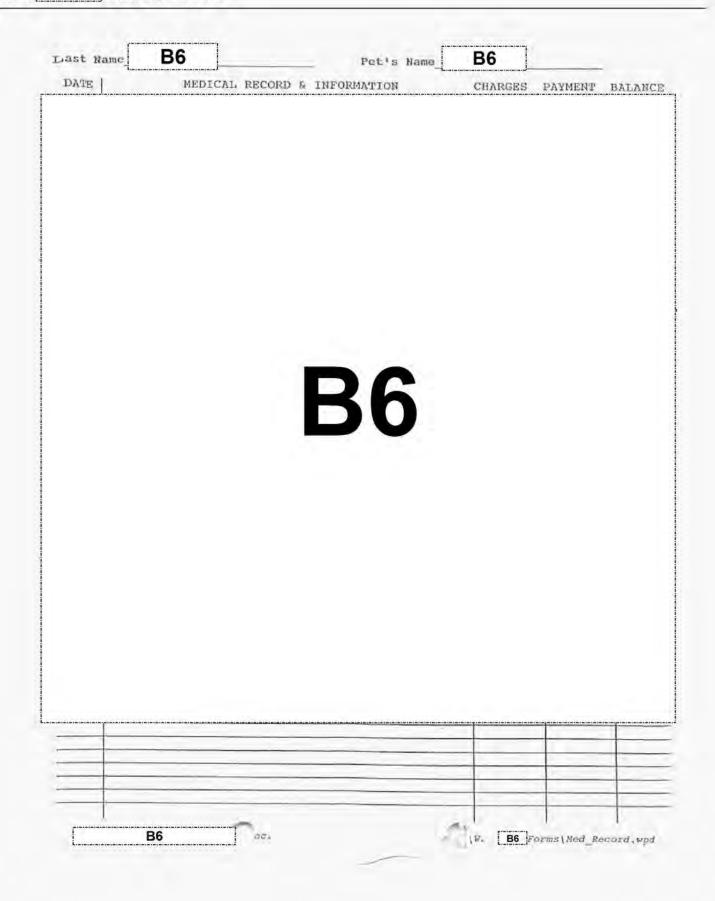
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Report Details - EON-	351879					
ICSR:	2046277					
Type Of Submission:	Initial					
Report Version:	FPSR.FDA.PETF.V.V1					
Type Of Report:	Adverse Event (a symptom,	reaction or disease	associated with the product)			
Reporting Type:	Voluntary					
Report Submission Date:	2018-04-23 10:33:06 EDT					
Reported Problem:	Problem Description:	castrated male Dobe Basics salmon and p free version of this d was B6 nmol/ml. Sta and fish oil (may als deficiency-related D	CON-351747). FDA CVM resubmitting as PFR. 7 year old erman pinscher with DCM. Has been eating Blue Buffalo cotato dry food since 2012 (rotates between regular and grain liet). Recently, diagnosed with DCM and whole blood taurine inted on cardiac medications by RDVM and just started taurine o start.  B6 Unclear if taurine CM or related to current concerns with "grain free" diets. DCM by Owner has bag of food that she's keeping until we hear B6			
	Date Problem Started:	04/03/2018				
	Concurrent Medical Problem:					
	Outcome to Date:	Unknown				
Product Information:	Product Name: Product Type: Lot Number:					
	Package Type:					
	Possess Unopened Product:	Unknown				
	Possess Opened Product:					
	Product Use Information:	Description:	rotates between regular and grain free version of this diet (since 2012)			
		Product Use Stopped After the Onset of the Adverse Event:				
		Adverse Event Abate After Product Stop:				
		Product Use Started Again:				
		Perceived Relatedness to Adverse Event:	Possibly related			
		Other Foods or Products Given to the Animal During This Time Period:				
	Manufacturer /Distributor Information:					
	Purchase Location Information:					
Animal Information:	Name:	B6				
	Type Of Species:	Dog				
		Doberman Pinscher				
	Gender:					
	Reproductive Status:	Neutered				

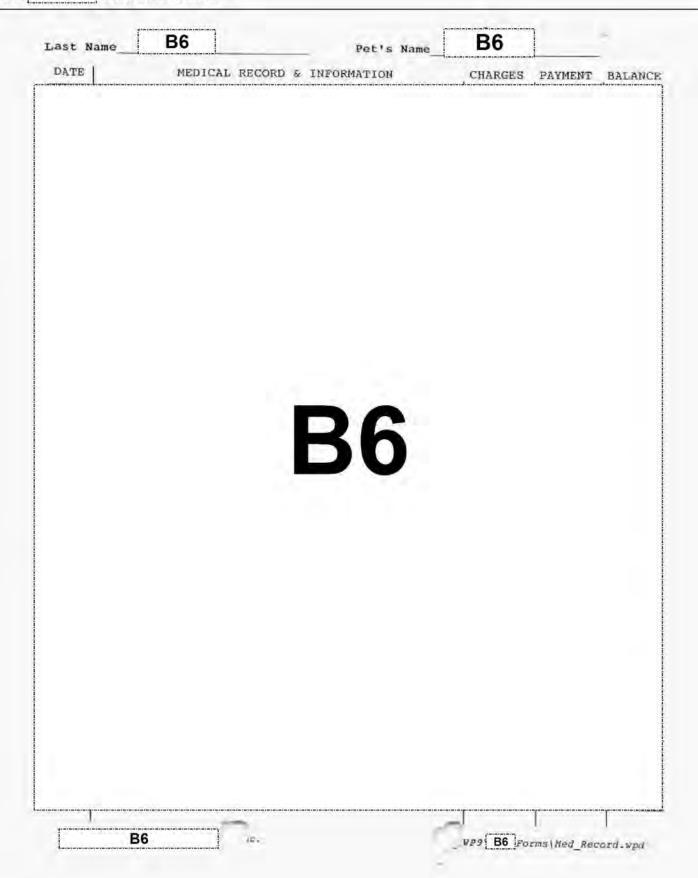
	Age:	7 Years			
	Assessment of Prior Unknown Health:				
	Number of Animals Given the Product:	1			
	Number of Animals Reacted:	1			
	Owner Information:	Owner Information provided:	No		
	Healthcare Professional	Practice Name:	ctice Name: Tufts Cummings School of Veterinary Medicine		
	Information:	Contact:	Name: Lisa	Freeman	
			Phone: (508) 887-4523		
			Email: lisa.	freeman@tufts.edu	
		Address:	200 Westboro Rd North Grafton Massachusetts 01536 United States		
		Type of Veterinarian:	Referred veterinaria	in .	
		Date First Seen:	04/19/2018		
		Practice Name:	B6		
		Contact:	Name:	B6 nown	
		Type of Primary/regular veterinarian  Veterinarian:			
		Date First Seen:	04/03/2018		
Sender Information:	Name:	Lisa Freeman			
	Address:	200 Westboro Rd North Grafton Massachusetts 01536 United States			
	Contact:	Phone:	5088874523		
		The state of the s	lisa.freeman@tufts.	edu	
	Reporter Wants to Remain Anonymous:	No			
	Permission To Contact Sender:	Yes			
	Preferred Method Of Contact:	Email			
	Reported to Other Parties:	Unknown			
Additional Documents:					
	Attachment:	B6 record	pdf		
	The second secon	Medical records			
	Type:	Record			
	Attachment:	B6 DCM 4	-19-18.pdf		
	Description:	n: Nutrition report (Tufts)			
	Type: Record				

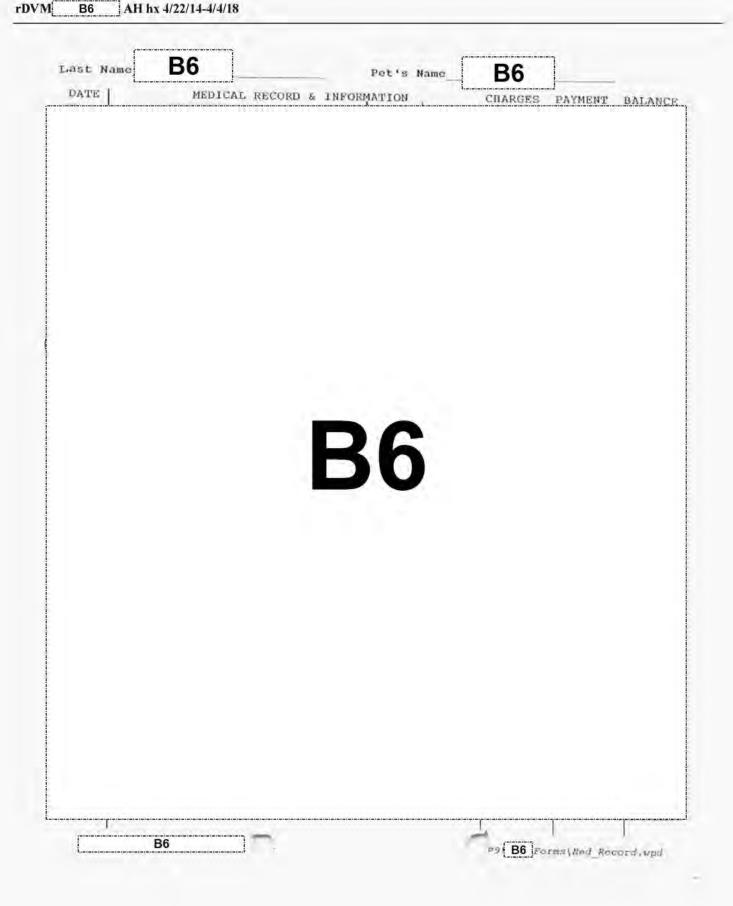


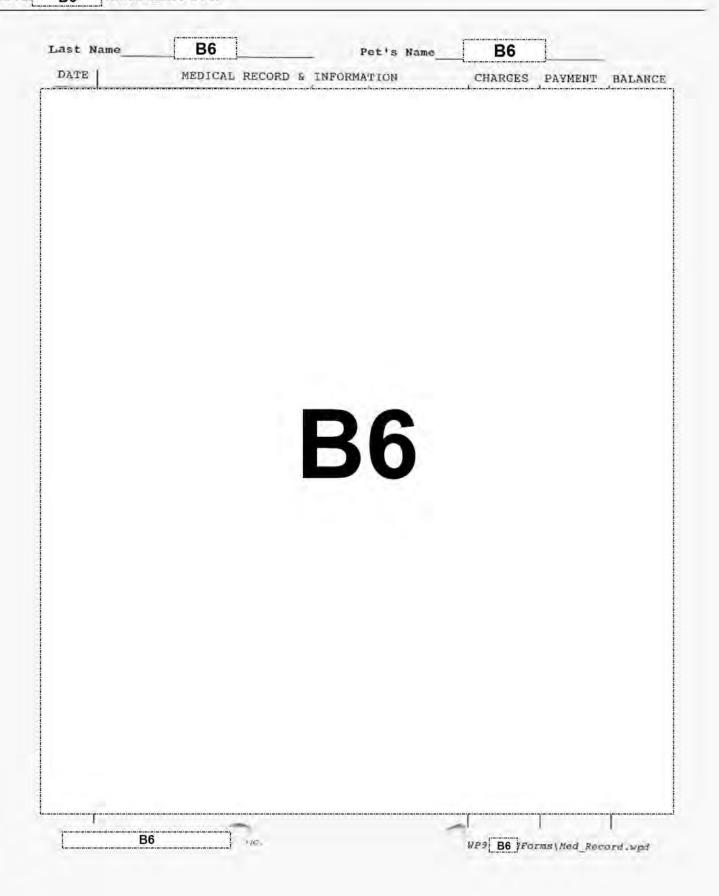
rDVM

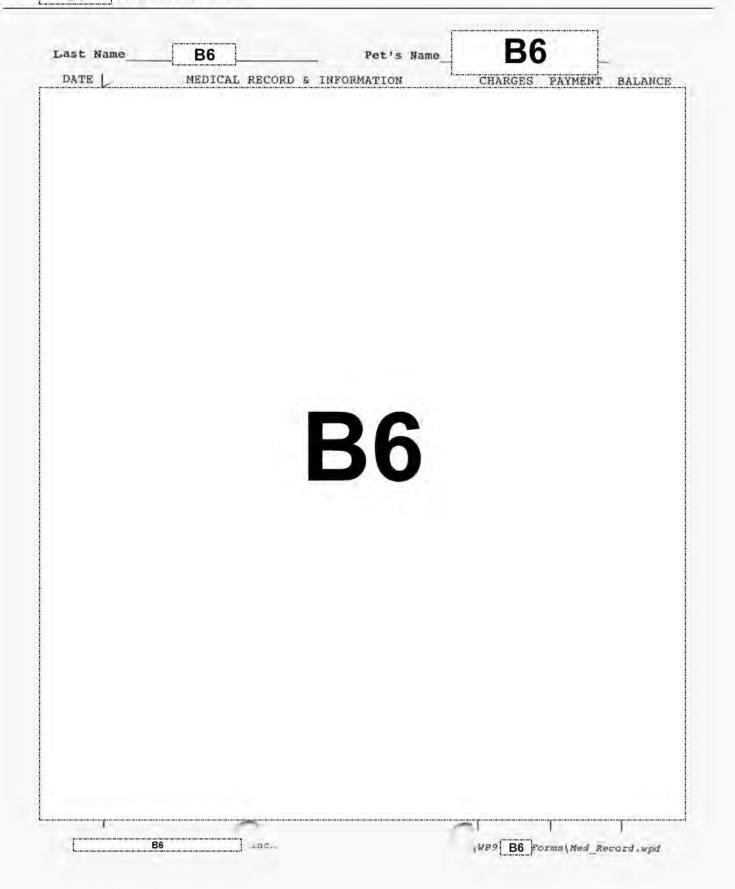


		Pet's Name	B6		
AST Name	B6   MEDICAL RECORD	Pet's Name	B6 CHARGES	PAYMENT	RALAMO
		<b>B6</b>			
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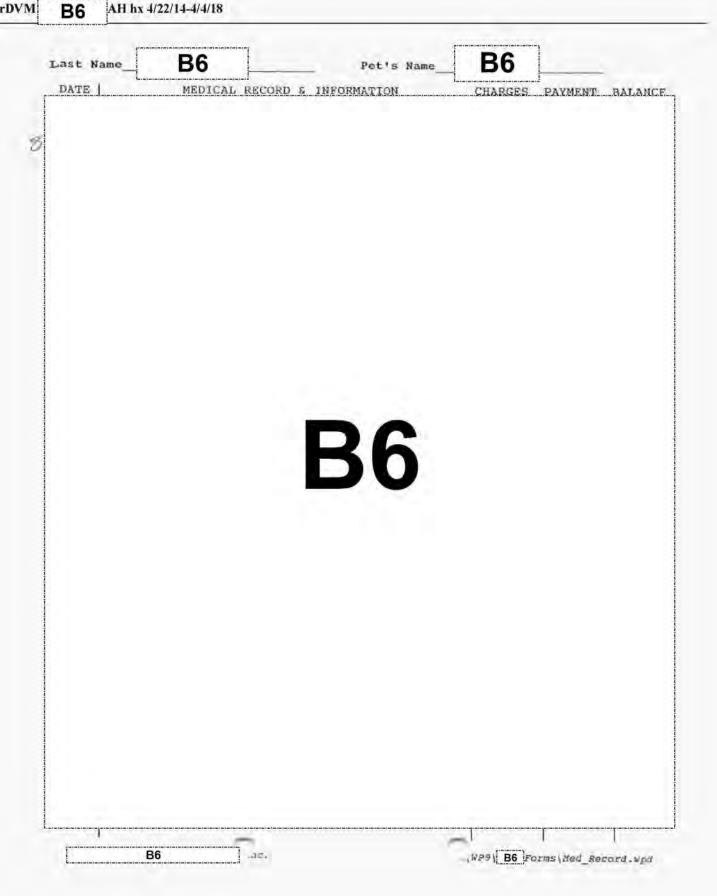


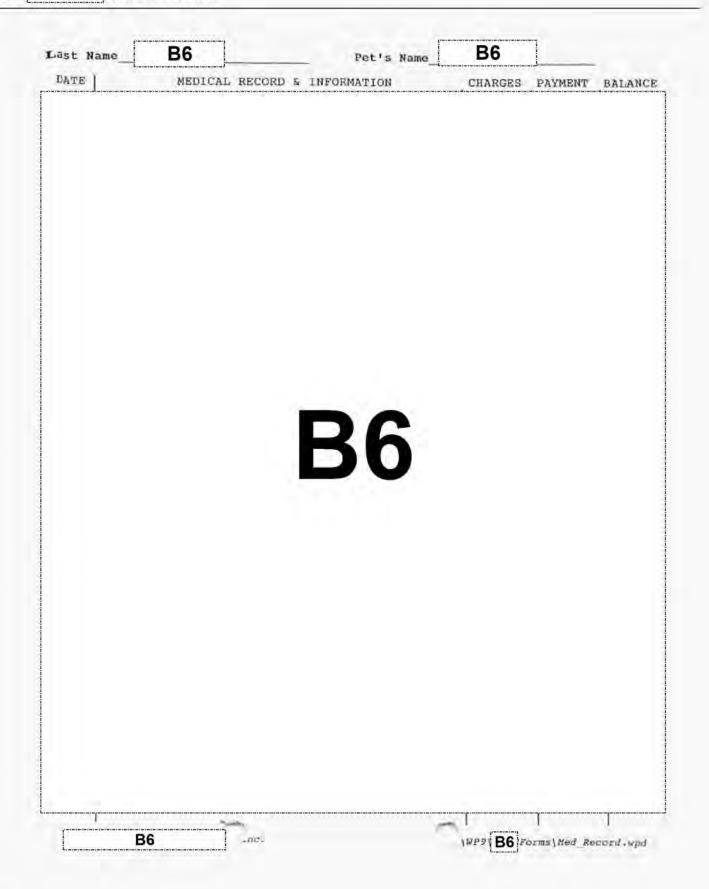
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Action 1 to 10 to	MEDICAL RECO	B6	CHARGES	PAYMENT	BALANCE
B6	12, inc.		\WP9\\\\ B6\\F6		

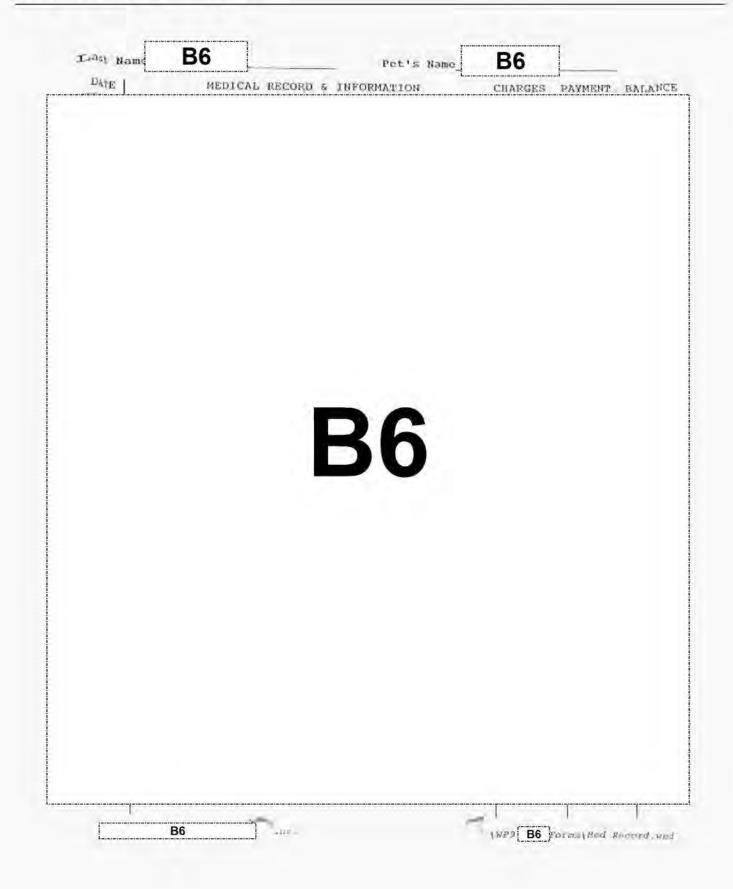
Last Name	B6	Pet's Name	B6	1	
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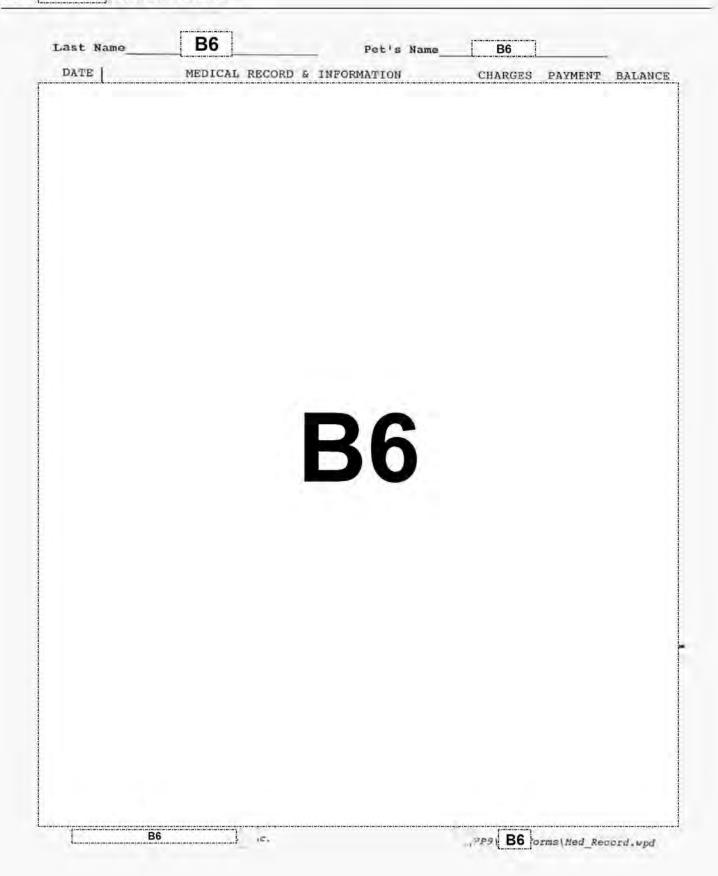
Last Name	B6	Pet's Name_	B6		
DATE	MEDICAL RECORD &	INFORMATION	CHARGES	PAYMENT	BALANC
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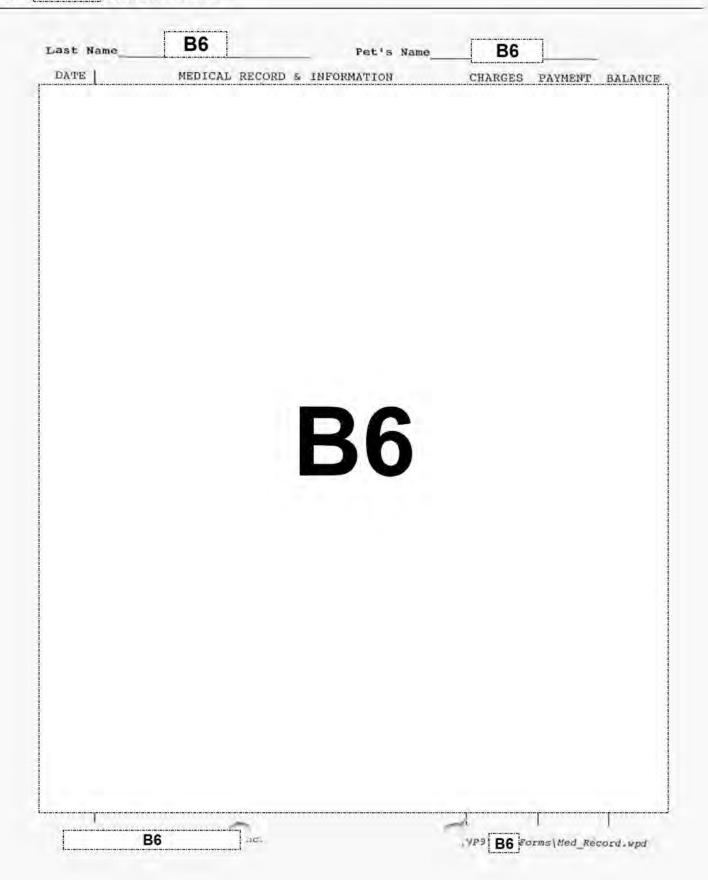
rDVM

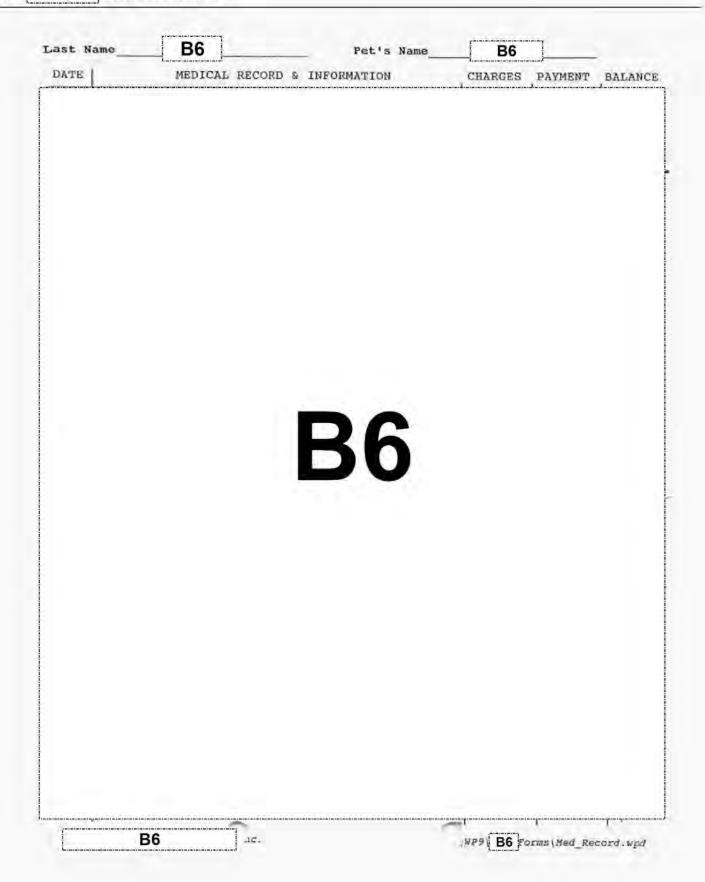


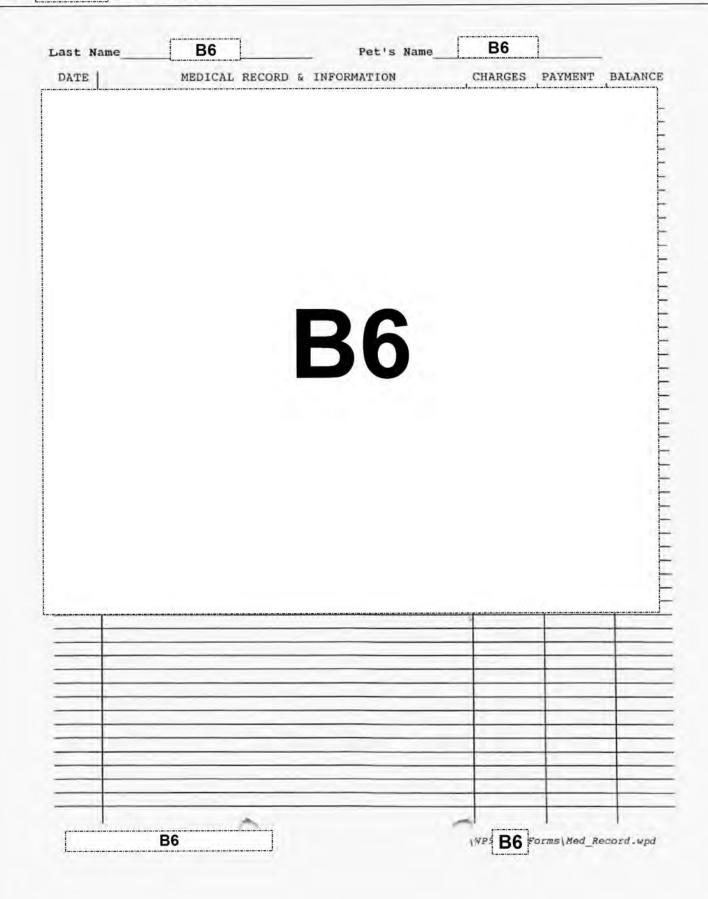


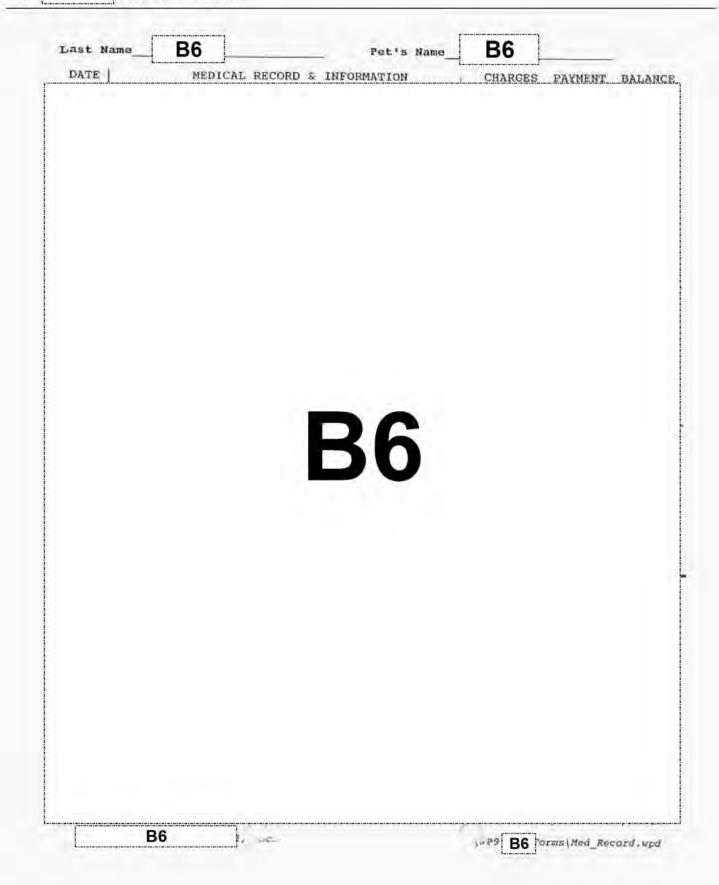






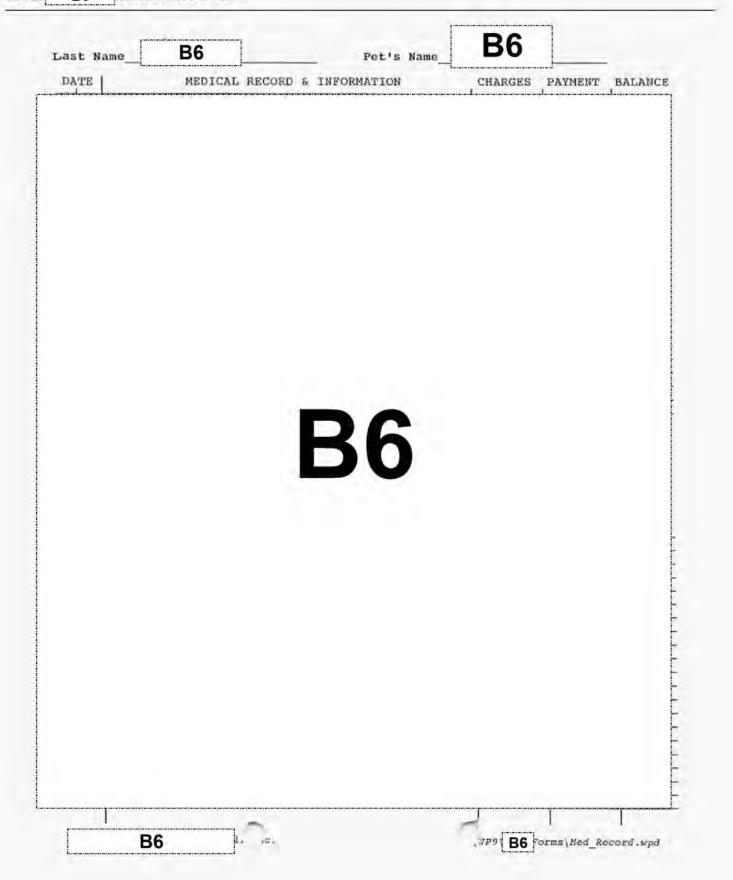






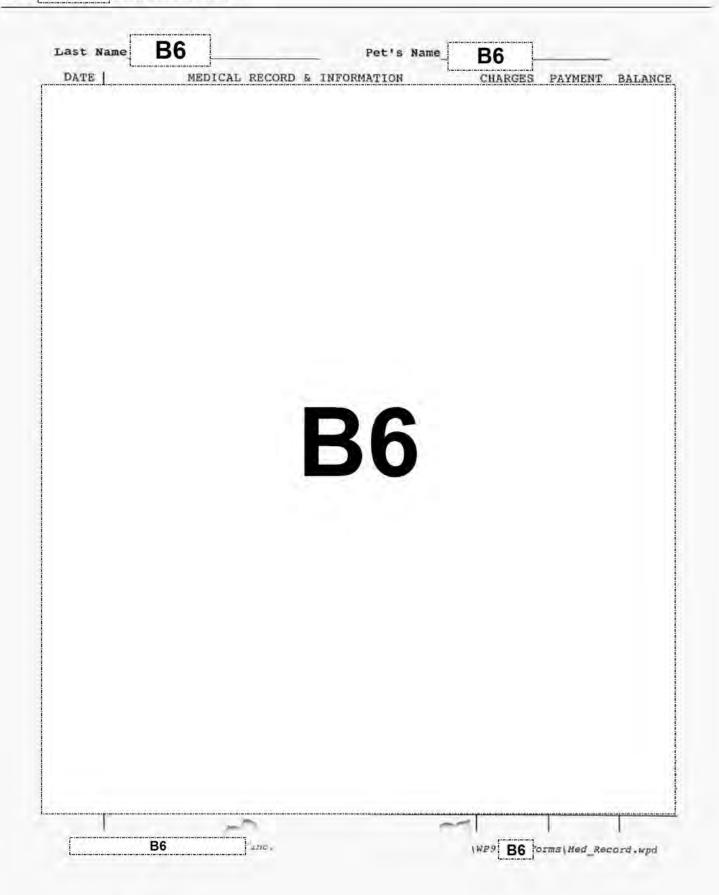
**B6 B6** Last Name Pet's Name DATE | MEDICAL RECORD & INFORMATION CHARGES PAYMENT BALANCE **B6 B6** P9 B6 orms\Med\_Record.wpd

Last Name	B6		Pet's Name	B6		
DATE	MEDICAL E	RECORD & INFO	RMATION	L	PAYMENT	BALANC
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			36			
			T (-) TO (-) TO SECURE AND A SECURE OF THE S	DATE: 1000 000 1000 1000 1000 1000 1000 100		(40.00.00.00.00.00.00.00.00.00.00.00.00.0



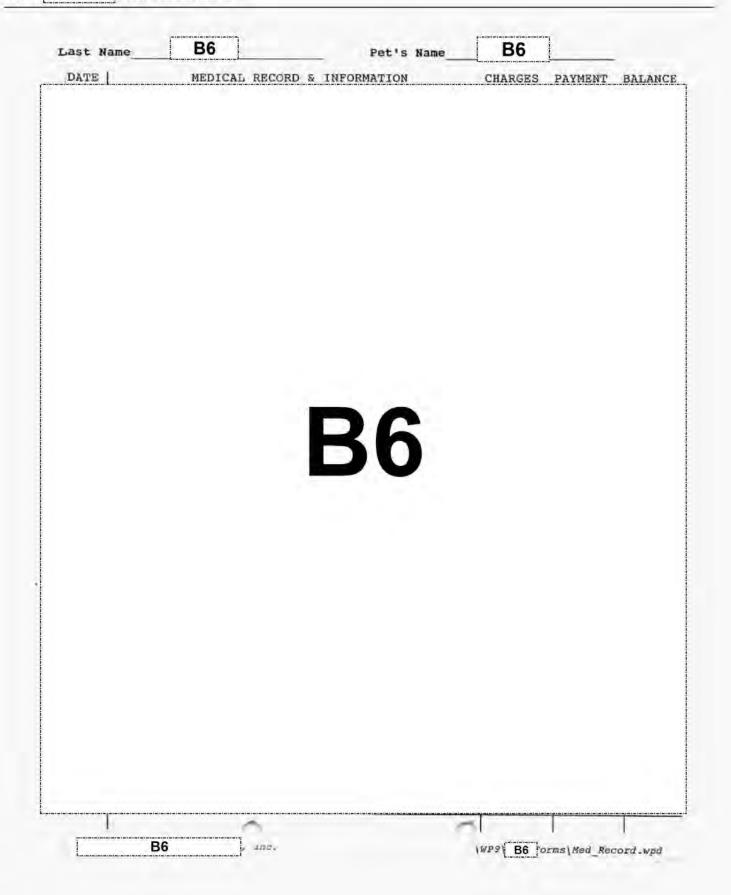
**B6 B6** Last Name Pet's Name DATE MEDICAL RECORD & INFORMATION CHARGES PAYMENT BALANCE **B6 B6** r nc. NP9 B6 Forms | Med\_Record.wpd

**B6 B6** Last Name Pet's Name DATE MEDICAL RECORD & INFORMATION **B6 B6** 1P9 B6 Forms | Hed Record wpd

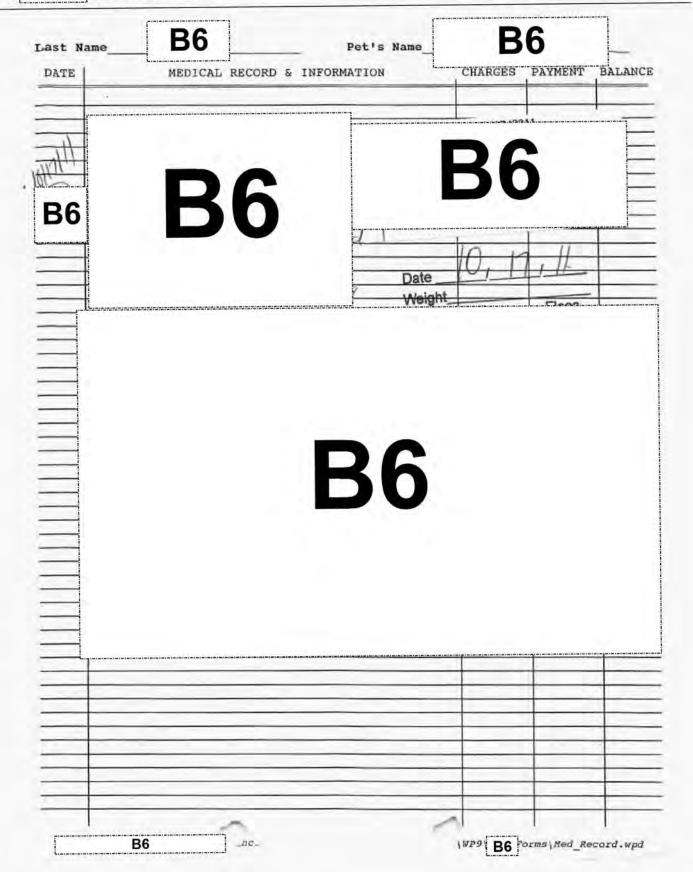


**B6 B6** Last Name Pet's Name DATE MEDICAL RECORD & INFORMATION CHARGES PAYMENT BALANCE **B6 B6** inc. WP9 B6 Forms\Med\_Record.wpd

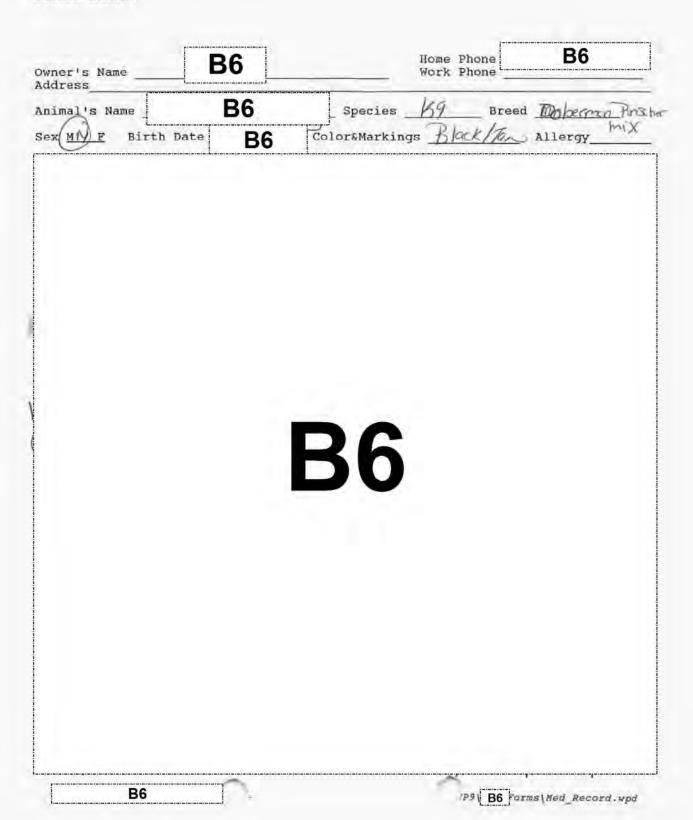
**B6** Last Name Pet's Name **B6** DATE MEDICAL RECORD & INFORMATION CHARGES PAYMENT BALANCE **B6** B6 inc. | WP9 | B6 Forms | Hed\_Record , wpd



**B6 B6** Last Name Pet's Name MEDICAL RECORD & INFORMATION DATE | CHARGES PAYMENT BALANCE **B6 B6** WP9 B6 prms | Med\_Record.wpd nc.



Client Label:



**B6** 

Echocardiogram Report

**B6** Page 2 of 3 **B6** Cardiac Measurements: Doppler M-Mode 2-D Ao Diam **IVSd** mm MV E Vel m/s LVIDd MR Vmax m/s LA Diam mm **B6** LVPWd MR maxPG mmHg LA/Ao mm LVOT Vmax Ao/LA **IVSs** m/s mm В6 mmHg LVIDs LVOT maxPG mm В6 LVPWs RVOT Vmax m/s mm mmHg EDV(Teich) **RVOT maxPG** m TR Vmax ESV(Teich) ml m/s TR maxPG EF(Teich) 1% mmHg 1% %FS SV(Teich) ml

Physical exam:

HR: 170, irregularly irregular rhythm, II/VI left apical pansystolic heart murmur, moderate and synchronous pulses, -clear and eupnic lungs

### ECG:

 Atrial fibrillation with an uncontrolled ventricular response rate is present throughout the exam. No significant ventricular ectopy is appreciated.

## 2D and M-Mode:

- The left ventricular internal dimensions are moderately increased at end diastole and moderately to severely increased at end systole.
- There is no hypertrophy of the interventricular septum, the left ventricular posterior wall or papillary muscles.
- The mitral valve leaflets are normal.
- The tricuspid valve leaflets are normal.
- The indices of left ventricular contractility (fractional shortening, ejection fraction and end systolic volume index - ESV indexed to body surface area) are all abnormal suggesting decreased systolic performace.
- The left atrium is moderately dilated.
- There is mild dilation of the right ventricle.

# Color and Spectral Doppler:

- The aortic spectral Doppler velocity and profile are normal.
- The pulmonic spectral Doppler velocity and profile are normal.
- There is mild mitral regurgitation with a normal spectral Doppler profile and velocity.
- The mitral regurgitation is directed throughout the center of the left atrium.
- There is mild tricuspid regurgitation with a normal spectral Doppler profile, but A MILDLY increased spectral Doppler velocity.
- The tricuspid regurgitation is directed away from the inter-atrial septum.
- Due to the presence of the atrial fibrillation, there are no trans mitral A waves. The E wave velocity is increased.

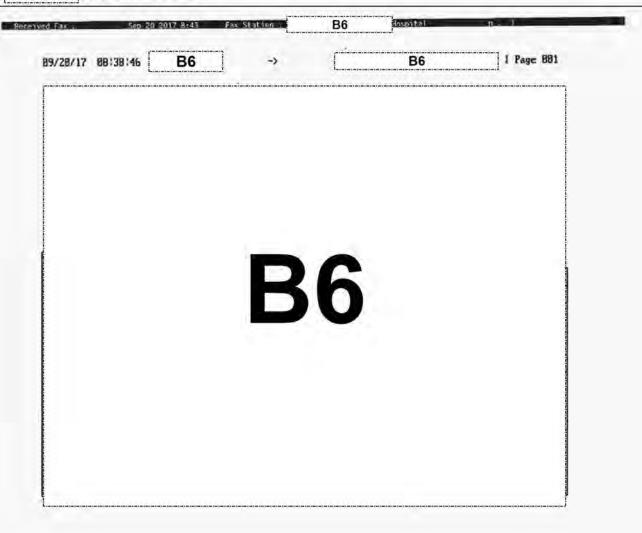
Diagnosis: Dilated cardiomyopathy - Moderate Atrial fibrillation

		,	
Treatment: -		B6	
1	B6		

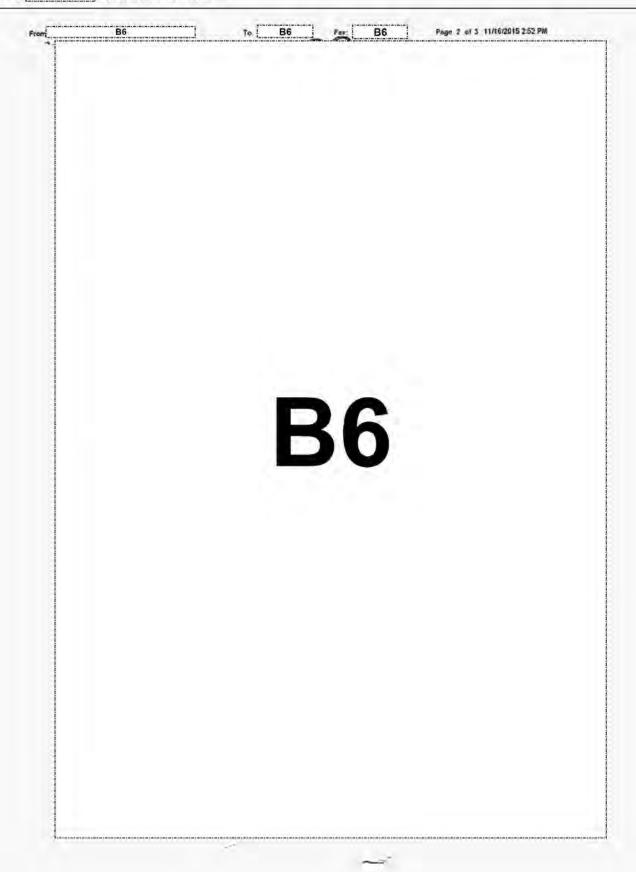
2

rDVM





B6 FINAL REPORT PAGE 1 OF 1



B6

rDVN

**B6** 

Client: B6
Patient Name: B6
Species: Canine
Breed:

Gender: Weight: Age: 4 Years Doctor:

**B6** 

Test	Results	Reference Interval	LOW	NORMAL	HIGH	
B6	(October 24, 20	15 12:17 PM)				
B6	B6	0-11		B6	]	

Printed: October 24, 2015 12:17 PM

Page 1 of 1

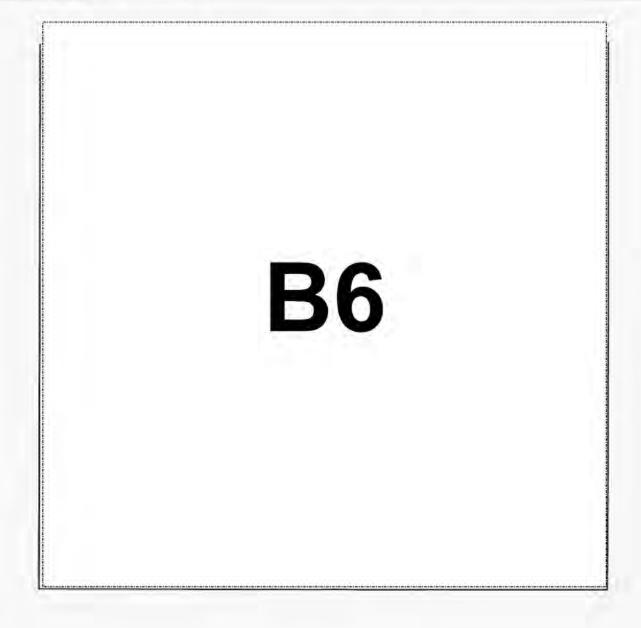
rDVM

**B6** 

**B6** 04/22/2014

FINAL REPORT - CONTINUED ON NEXT PAGE 1

rDVM



B6 FINAL REPORT PAGE 2 OF 2

Report Details - EON-	354251					
ICSR:	2048125					
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:	.9 					
Reported Problem:	Problem Description:  Reported as RFR EON-354199. 2 year old Great Dane with DCM and CHF. Has eaten 4Health dog food (large breed dry) since 6/2016. Taurine levels pending.  Owner has switched to another food and has saved the 4Health food					
	Date Problem Started:	05/18/2018				
	Concurrent Medical Unknown Problem:					
	Outcome to Date:	Unknown				
Product Information:	Product Name:	4Health large breed	dry food			
	Product Type:	,				
	Lot Number:					
	Package Type:	BAG				
	Possess Unopened Product:	<del>-</del>				
	Possess Opened Product:	Yes				
	Product Use	Description:	Has eaten 4Health dog food (large breed dry) since 6/2016			
	Information:	First Exposure				
		Product Use Stopped After the Onset of the Adverse Event:	Yes			
		Adverse Event Abate After Product Stop:				
		Product Use Started Again:	, · · -			
	Manufacturer /Distributor Information:					
	Purchase Location Information:					
Animal Information:	Name:					
	Type Of Species:	: Dog				
	Type Of Breed:					
	3	Unknown				
	Reproductive Status:					
	3	: 2 Years				
	Assessment of Prior Health:	Unknown				
	Number of Animals Given the Product:	1				
	Number of Animals Reacted:	s 1				
	Owner Information:	Owner Information	Yes			
		provided:				
		Contact:	Name: B6			

			Phone: B6
		Address:	Unknown
			Unknown
			<b>B6</b>
			United States
	Healthcare Professional Information:		
Sender Information:	Name:	Lisa Freeman	
	Address:	200 Westboro Rd	
		North Grafton Massachusetts 01536 United States	
	Contact:	Phone:	5088874523
			lisa.freeman@tufts.edu
	Reporter Wants to Remain Anonymous:		
	Permission To Contact Sender:	Yes	
	Preferred Method Of Contact:	Email	
	Reported to Other Parties:	Unknown	
Additional Documents:			

# Cummings Veterinary Medical Center

Cardiology Liaison: 508-887-4696

Cardiovascular History:

<b>B6</b>	
Patient D: B6  B6 Canine  B6 Years Old Male	(Neutered) Great Dank

# **Cardiology Appointment Report**

Date: 5/25/2018
Attending Cardiologist:  John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC
<b>B6</b>
Cardiology Resident:
B6
Cardiology Technician:
B6
Student: B6 V19
Presenting Complaint:  Recheck DCM - CHF on B6  Concurrent Diseases:  None
General Medical History:  Almost back to his baseline since last discharge on B6 great appetite and no v/d/s. Occasional cough after he eats/drinks fast  Goes for 1.5"2mile walk daily  Respiratory rate had been between 18-24, was at 35 once so gave a dose of B6 and it helped
B6 may be having trouble gaining weight
Diet and Supplements:
Purina proplan high performance dog food 3 cups BID
Purina proplan 1 can SID
High calory syrup covered medication
Also planning to start him on L-Carnitine, Mg, and Coq10 supplements tomorrow

Prior CHF diagnosis? Yes
Prior ATE? No
Prior arrhythmia? Yes occasional VPCs
Cough? Yes after drinking/eating
Shortness of breath or difficulty breathing? no
Syncope or collapse? no
Sudden onset lameness? no
Exercise intolerance? No
Prior heart murmur? yes grade II left apical systolic murmur

Current Medications Pertinent to CV System:

# Prior heart murmur? yes grade II left apical systolic murmur **B6** Cardiac Physical Examination: **B6** Muscle condition: Mormal Normal Moderate cachecia Mildmustlelos Cardiovascular Physical Exam: Murmur Grade: □ rv/vi □ v/vi ☑ None Ū ι∕vi ☑ vvvi 🖬 iyvi 🔟 III/VI

Murmur location/description: Left apical systolic murmur

Jugular vein:

Bottom 1/3 of neck	Top 2/3 <sup>rd</sup> of neck
Middle 1/3 of neck	
Arterial pulses:	- ·
Weak	<b>Bounding</b>
Fair	Pulse deficits
Good	Pulsus paradoxus Other:
Strong	™ Other:
Arrhythmia:	
None	<b>☑</b> Bradycardia
Sinus arrhythmia	☑ Tachycardia
■ Premature beats	
Gallop:	
₩ Yes	Pronounced
Mo No	Other:
<b>Intermittent</b>	
Pulmonary assessments:	17
Eupneic	Pulmonary crackles
Mild dyspnea	Wheezes
<ul> <li>Marked dyspnea</li> <li>Normal BV sounds</li> </ul>	Upper airway stridor
Normal BV Sounds	
Abdominal exam:	
Mormal Normal	Mild ascites
Hepatomegaly	Marked ascites
Abdominal distension	
Problems:	
DCM and hx of HCF	
Grade II/VI left systolic murmur	
VPC's	
Not gaining weight	
Differential Diagnoses:	
DCM	
benign VPC, splenic mass, pain, car	diomyonathy
insufficient caloric intake, hyperthy	
insuriore carone interact, riperary	
Diagnostic plan:	
☐ Echocardiogram	Dialysis profile
Chemistry profile	Thoracic radiographs
ECG	MT-proBNP
Renal profile	Troponin I
☑ Blood pressure	Other tests: T4
•	
Echocardiogram Findings:	
General/2-D findings:	
Not performed	
•	
FOG findings:	

NSR.

Assessment and recommendations:			··
The patient is clinically doing well, although th	he owner had to give an extra dose of	B6	since
discharge. If renal values are normal today, t	hen I would recommend a small increas	e in his	В6
dose ( B6 extra EOO). We have also recomi			
Na intake. Recheck echocardiogram, renal va	lues, and ECG in 3-4 months.		
Final Diagnosis:			
DCM with history of LCHF			
Heart Failure Classification Score:			
ISACHC Classification:			
🖬 la	🖬 IIIa		
🖬 ib	☑ IIIb		
<b>™</b> II			
ACVIM Classification:			
□ A	<b>⊠</b> c		
☑ B1	⊠D		
<b>☑</b> B2			

# Cummings Veterinary Medical Center AT TUFTS UNIVERSITY Cardiology Liaison: 508-887-4696

**B6** 

Patient D: B6 B6 Canine

B6 Years Old Male (Neutered) Great

Dame

Blue BW: Weight(lbs) 0.00

## **Cardiology Inpatient**

Date: B6 Weight: Weight(lbs) 0.00
Attending Cardiologist  John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC
<b>B6</b>
Cardiology Resident:
B6
Thoracic radiographs available for review?  Yes - in ER email Yes - in PACS No
Presenting complaint and important concurrent diseases: suspect CHF with enlarged heart, suspect DCM
Current medications and doses:  B6 2mg/kg IV once
<b>Key indication for consultation:</b> (murmur, arrhythmia, needs fluids, etc.): murmur, tachycardia, enlarged heart on rads wth B-lines and pulmonary edema on rads
Questions to be answered from the Consult: medication recommendations
Is your consult time-sensitive? (e.g., anesthesia today, owner waiting, trying to get biopsy today)  ☑ Yes (explain) ☑ No
*STOP - remainder of form to be filled out by Cardiology*
Physical Examination
<b>B6</b>

Muscle condition:		
✓ Normal	Moderate cachexia	
Mild muscle loss	Marked cachexia	
Cardiovascular Physical Exam		
Murmur Grade:	_	
None	<b>☑</b> IV/VI	
<b>☑</b> I <b>/V</b> I	<b>□ v/v</b> i	
II/VI	☑ vi/vi	
□ III/VI		
Murmur location/description: left a	apical sytolic	
Jugular vein:		
Bottom 1/3 of neck	☑ Top 2/3 of neck	
Middle 1/3 of neck		
Arterial pulses:		
<b>™</b> Weak	■ Bounding	
Fair	Pulse deficits	
Good	Pulsus paradoxus	
Strong	Other (describe):	
Arrhythmia:		
None	☐ Bradycardia	
Sinus arrhythmia	■ Tachycardia	
Premature beats		
Gallop:		
Yes	☐ Pronounced	
<b>™</b> No	Other:	
Intermittent		
Pulmonary assessments:		
Eupneic	Pulmonary Crackles	
Mild dyspnea	Wheezes	
Marked dyspnea	Upper airway stridor	
Normal BV sounds	Other auscultatory findings:	
Abdominal exam:		
■ Normal	Abdominal distension	
☐ Hepatomegaly	Mild ascites	
Echocardiogram Findings:		
General/2-D findings:		
	<b>B6</b>	
	_ •	

CTURETS

Doppler findings:				
	36			
Radiographic findings: rDVM radiographs: severe generalized c are distented. There is a diffuse interstit		_	ment. The pulm	onary vessels
Assessment and recommendations:				
Echocardiogram reveals DCM with a ma	rkedly enlarg	·		_
B6		:	patient was mo	
dyspneic during the examination with di				B6
mg/kg IV overnight. Once the patient is I PO SID-BID should be started as well. Th			- L	B6
obtained. The patient has a history of earemains a possibility since the patient is continuing with a more "typical" comme could be started as well. Recheck renal vectors are commended in 3 months or sooner if the cough, exercise intolerance, or syncope.	relatively you rcial diet tha values prior to the patient d	ung. Taurine level will t is not grain free and o discharge. A recheck	be submitted. R taurine suppleme echocardiogram	tecommend entation n is
Final Diagnosis: - Advanced DCM with severe LA enlarge	ment and act	ive CHF r/o genetic vs	. nutritional	
Heart Failure Classification Score:				
ISACHC Classification:	F3			
⊠la ⊠lb	🖾 IIIa 🖼 IIIb			
-	IIID			
<u>   </u>				
ACVIM CHF Classification:				
□ A	⊠c			
☑ B1	□D			
<b>⊿</b> B2				
<u>M-Mode</u> IVSd LVIDd			om om	
LVPWd			am	
IVSs			om	
LVIDs			om	
LVPWs		B6	om	
%FS			%	
Ao Diam			cm	
LA Diam LA/Ao			om	
EPSS			om	
<del></del>		ii		

M-Mode Normalized

IVSdN LVIDdN LVPWdN IVSsN LVIDsN LVPWsN Ao Diam N LA Diam N	<b>B6</b>	(0.29 - 0.52) (1.35 - 1.73)! (0.33 - 0.53) (0.43 - 0.71)! (0.79 - 1.14)! (0.53 - 0.78)! (0.68 - 0.89)! (0.64 - 0.90)!
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 A4C LVEDV MOD A4C LVESV MOD A4C LVESV MOD A4C LVESV MOD A4C SV MOD A4C	<b>B6</b>	om o
Doppler MR Vmax MR maxPG MV E Vel MV DecT MV A Vel MV E/A Ratio E' A' E/E' PV Vmax PV maxPG TR Vmax TR maxPG	<b>B6</b>	m/s mmHg m/s ms m/s m/s m/s mmHg m/s mmHg

Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Fax (508) 839-7951 http://wetmed.turks.edu/

## Discharge Instructions

Patient	Owner	
Name: B6	Maine: B6	Patient ID: B6
Species: Carnine	Address B6	
Blue Male (Neutered) Great Dane	D0	
Birthdate: B6		
Attending Cardiologist:    lobn E. Rush DVM. MS. DACVII   B6	И (Cardiology), DACVEOC	
Cardiology Resident:		
Be	j	
Student: B6 V19		
Cardiology Technician:	minimum minimum mag	
B6		
<u> Lamenta de la companya de la compa</u>		
Admit Date: B6		
Discharge Date: B6		
Diagnoses: Dilated cardiomyopathy (Di	OM) with congestive heart failure	
Diagnostic test results and findings:	her divini in the barrier	
	gs:The heart is enlarged and there is fit	
	nambers of the heart are enlarged and	T. P. T. L. B.
	frequent ventricular premature contra	ctions (VPC) with few couplets (2 VPCs
occuring side by side)		
Labwork findings:		
		nough to continue the current medication.  all you as soon as that becomes available.
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Case summary:	grammananany parametay	¿A (MONTHON) MONTHS
		uills ERon 86 through referral from you
primary veterinarian who found enlarge	adheart and fluid in his lungs on chest x	erays.
At Tults, with further diagnostic tests,	B6 has been diagnosed with a prima	ry heart musde disease called dilated
cardiomyopathy (DOM). This disease is	more common in large and giant bread	dogs and is characterized by thirming of the
		per chambers of the heart. Many dogs with
	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	so require medical management. The heart
The state of the s	and the control of th	ning that fluid is backing up into the lungs or
		anges to the heart muscle, however we can

use cardiac medications and some changes to the diet to make B6 comfortable and have him breathing easier.
His ECG revealed that B6 had some abnormal contraction of his heart called ventricular premature contractions (VPC). Many of the VPCs were isolated, but we did find couple incidences where two of the VPCs were closely associated with one another (a couplet). Since the heart failure is known to cause arrhythmias, and the medication we would use is not benign either, we would like to monitor his ECG at his next recheck in 1-2 weeks to see if he continue to have abnormal rhythms.
We have hospitalized B6 overnight with aggressive medical management (bloodwork, EOG monitoring, medication), and B6 recovered throughout the night. The recheck x-ray of his chest showed that there are no more fluid in his lungs, so we are comfortable sending him home with you today.
Monitoring at home:
O We would like you to monitor B6 breathing rate and effort at home, ideally during sleep or at a time of rest. The doses of drugs will be adjusted based on the breathing rate and effort.
O in general, most dogs with heart failure that is well controlled have a breathing rate at rest of less than 35 to 48 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 close of B6 iff
difficulty breathing is not improved by within 30-60 minutes after giving extra B6 then we recommend
<ul> <li>There are instructions for monitoring breathing, and a form to help keep track of breathing rate and drug doses, on the Turits HeartSmart web site (http://wet.turits.edu/heartsmart/at-home-monitoring/).</li> <li>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.</li> <li>If you have any concerns, please call or have B6 evaluated by a veterinarian. Our emergency clinic is open 24 hours/day.</li> </ul> Recommended Medications:
<b>B6</b>

Diet suggestions:
Dogs with heart failure accumulate more fluid in their body if they eat large amounts of sodium (salt). Sodium can be foun
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://vel.tuits.edu/heartsmart/diet/)
Because B6 had been fed a diet that is potentially deficient in taurine (amino acids that plays a role in building heart
muscles) levels, we recommend supplementing B6 with taurine for at least another 6 months.
B6 may also benefit from getting L-carnitine supplement. The recommended close of L-carnitine for B6 is 2000 ang
(50 mg/kg) by mouth twice a day. You can find over-the-counterproduct for L-carnitine supplements, and there is no nee
to obtain prescription for it.
Exercise Recommendations:
For the first 7 to 10 days after starting medications for heart failure we recommend very limited activity. Leash walking or
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 wal
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 visit is recommended in 1-2 weeks. At this visit we will check your dog's breathing effort and heart function, do
blood test to recheck kidney values, and reched B6 LECG readings. If we continue to find VPC's that concerns us, we
may prescribe an anti-arrythmitic medication for him.
A recheck echocardiogram is recommended in 3-4 months.
Thank you for entrusting us with B6 care. Please contact our Cardiology liaison, B6 at (508)-887-4696 or
email us at cardiovet@tults.edu for scheduling and non-emergent questions or concerns.
Sincerely,
B6
Any material production of the state of the
Please visit our HeartSmart website for more information
http://wet.tulits.edu/heartsmart/
Prescription Refill Discloiner:
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 Triuls:
Clinical trials are studies in which our veterinary dactors 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/olinical-studies
Case: B6 Owner: B6 Discharge Instructions
harmonia and the second second and the second secon

B6

B6

3:41:18 PM

Tufts University Tufts Cummings School of Vet Med Cardiology

**B6** 

В6

B6 3:41:46 PM

Tufts University
Tufts Cummings School of Vet Med
Cardiology

**B6** 

Foster Hospital for Small Animals

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

Client: Veterinarian:	B6	
Patient ID:		
Visit ID:	2475622	

Patient:	B6
Species:	Canine
Breed:	Great Dane
Sex:	Male (Neutered)
Age:	<b>B6</b> Years Old

# **Lab Results Report**

Chemistry 21 (Cobas)	<b>B6</b> 3:57:20 PM	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
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	B6	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

T4 Add On/Clin Path	<b>B6</b> 3:57:00 PM	Accession ID: B6	
Test	Results	Reference Range	Units
T4/TOSOH	B6	1 - 4.1	ug/dl

stringsoft

1/1

B6

Printed Friday, August 03, 2018

Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Fax (508) 839-7951 http://vetmed.tufts.edu/

## Radiology Request & Report

Partient Name B6	Owner Name	B6	Patient ID: B6
Species: Canine Blue Male (Neutered) Great Dane Birthdate: B6	Address	В6	Date of request: B6
Attending Cirician: B6		DVM (Resident, C	ardiology) Student:
Date of exam: 5/18/18			
Patient Location: Ward/Cage:	ICU run 2	2	Weight (kg) 46.10
Inpatient Outpatient Time: Waiting Emergency Examination Desired: IA 1 view Presenting Complaint and Clini **Active heart failure** Great I Want to know if there is any sig	/ lateral ical Question Dane, so ple	Anesthesia  ns you wish to a ase use large an	r/Butorphanol to sedate/anesthetize
2yo MN great dane with histro	of 2 week l	ong cough and p	anting. Dx with DCM and CHF yesterday
		B6	

	$\mathbf{D}$	C		
		n		
		•		

## Condusions:

- Resolution of pulmonary edema with persistence of pulmonary veinous distention.
- Mildly improved moderate cardiomegaly consistent with reported DCM.

Radiologist	s	
Primary:	В6	, DVM
Reviewing:		
Dates		
Reported:	В6	
Finalized:	***********	

Cardiology Liaison: 508-887-4696

Cardiovascular History:

		2		
	С	V		
-(0)-(0)	-1-1-1-1-1			
	ient I			
Permies	B6 eas	Canine SOld N	 eutere	l) Great Dans
Blu	e			

# **Cardiology Appointment Report**

Attending Cardiologist:		
John E. Rush DVM, MS, DACVIM (Cardiology)	, DAC	VECC
B6		
Cardiology Resident:		
B6		
Cardiology Technician:		
<b>B6</b>		
Sudent: B6		
Presenting Complaint		
Recheck DCM - CHF on B6		
Concurrent Diseases:		
None		
General Medical History:		
Almost back to his baseline since last discharge on	В6	great appetite and no v/d/s. Occasional
Almost back to his baseline since last discharge on cough after he eats/drinks fast	В6	great appetite and no v/d/s. Occasional
Almost back to his baseline since last discharge on cough after he eats/drinks fast Goes for 1.5"2mile walk daily	A (A) - (A) - (A) - (A)	
Almost back to his baseline since last discharge on cough after he eats/drinks fast Goes for 1.5°2mile walk daily Respiratory rate had been between 18-24, was at 35°	A (A) - (A) - (A) - (A)	
Almost back to his baseline since last discharge on cough after he eats/drinks fast Goes for 1.5"2mile walk daily	A (A) - (A) - (A) - (A)	
Almost back to his baseline since last discharge on cough after he eats/drinks fast Goes for 1.5°2mile walk daily Respiratory rate had been between 18-24, was at 35°2.	A (A) - (A) - (A) - (A)	
Almost back to his baseline since last discharge on cough after he eats/drinks fast Goes for 1.5°2mile walk daily Respiratory rate had been between 18-24, was at 35 B6 hay be having trouble gaining weight  Diet and Supplements: Purina proplan high performance dog food 3 cups Bl	once	
Almost back to his baseline since last discharge on cough after he eats/drinks fast Goes for 1.5~2mile walk daily Respiratory rate had been between 18-24, was at 35 B6 pay be having trouble gaining weight  Diet and Supplements:	once	
Almost back to his baseline since last discharge on cough after he eats/drinks fast Goes for 1.5°2mile walk daily Respiratory rate had been between 18-24, was at 35 B6 hay be having trouble gaining weight  Diet and Supplements: Purina proplan high performance dog food 3 cups Bl	5 once	so gave a dose of furosemide and it helped.

Prior CHF diagnosis? Yes
Prior ATE? No
Prior arrhythmia? Yes occasional VPCs
Cough? Yes after drinking/eating
Shortness of breath or difficulty breathing? no
Syncope or collapse? no
Sudden onset lameness? no
Exercise into lerance? No
Prior heart murmur? yes grade II left apical systolic murmur

B6

Murmur location/description: Left apical systolic murmur

Jugular vein:

Cordine Physical Examination:		он (ж) и (ж)
	<b>B6</b>	
Muscle condition:		
Mormal Normal	Moderate cachexia	
Mild muscle loss	Marked cachexia	
Cardiovascular Physical Exam:		
Murmur Grade:	400	
■ None	□ v/vi	
<u></u>	<u></u> <b>₩ V/V</b> I	
₩ iy/vi	□ vyvı	
III/VI		

Bottom 1/3 of neck     Middle 1/4 of	Top 2/3 <sup>rd</sup> of neck
Arterial pulses;  Weak  Rair	Bounding Pulse delicits
☐ Strong	Pulsus paradoxus  Other:
Arrhythmia:	Bradycardia
<ul><li>Sinus arrhythmia</li><li>Premature beats</li></ul>	☐ Tachycardia
Gallop:	Pronounced
No Intermittent	Other:
Pulmonary assessments:	Pulmonary crackles
Mild dyspnea	Wheeves
Marked dyspnea	Upper airway stridor
Monmal BV sounds	22.00.00.00.00.00.00.00.00.00.00.00.00.0
Abdominal exam:	7 = 200.00
Mormal Normal	Mild ascites
☐ Hepatomegaly ☐ Abdominal distension	Marked ascites
Problems:	
DCM and hx of HCF	
Grade II/VI left systolic murmur VPC's	
Not gaining weight	
Differential Diagnoses: DCM	
benign VPC, splenic mass, pain, cardio	myopathy
insufficient caloric intake, hyperthyroid	
Diagnostie plan:	Marie e e
Echocardiogram	Dialysis profile  Thoracic radiographs
☐ Chemistry profile ☐ EGG	MT-proBNP
Renal profile	Troponini
☐ Blood pressure	Other tests: T4
Echocardiogram Findings: General/2-D findings:	
Not performed	
ECG findings:	

Assessment and rec	ommendations:
The patient is clinical	illy doing well, although the owner had to give an extra dose of 86 since
discharge.	B6
B6	We have also recommended a food change to help with weight gain and for low
Na intake. Recheck	echocardiogram, renal values, and ECG in 3-4 months.
Final Diagnosis:	
DCM with history of	LCHF
Heart Failure Classif	ication Score:
ISACHC Classification	n:
□ la	Illa
□ lb	□ 111b
<b>■</b> ji	
ACVIM Classification	
■ A	<b>™</b> c
■ B1	□ D
■ B2	

Report Details - EON-	355703		
ICSR:	2049063		
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		
	2018-06-06 07:53:32 EDT		
Reported Problem:	Problem Description:	possible diet-associated DCM 4health Grain-Free Large Breed Formula Adult Dog Food. Owner was asked to save food. Plasma taurine B6 (ref range 60-120), WB taurine B6 (ref range 200-350) DCM diagnosed by echocardiography	
	Date Problem Started:	MATERIAL DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR	
	Concurrent Medical	Unknown	
	Problem:		
	Outcome to Date:	Unknown	
Product Information:	Product Name:	4health Grain-Free Large Breed Formula Adult Dog Food	
	Product Type:	Pet Food	
	Lot Number:		
	Package Type:	BAG	
	Possess Unopened Product:		
	Possess Opened Product:	Yes	
	Product Use Information:	Product Use Stopped After the Onset of the Adverse Event:	
	Manufacturer /Distributor Information:		
	Purchase Location Information:		
Animal Information:	Name:		
, mindi midimation.	Type Of Species:	Dog	
	Type Of Breed:	M	
		Unknown	
	Reproductive Status: Assessment of Prior Health:	Unknown	
	Number of Animals Given the Product:	1	
	Number of Animals Reacted:		
	Owner Information:	Owner Yes Information provided:	
		Contact: Name: Phone:	
		Address: <b>B6</b>	
		United States	
	Healthcare Professional Information:		

Sender Information:		Lisa Freeman
	Address:	200 Westboro Road North Grafton Massachusetts 01536
	Contact:	United States
	Comact.	Phone: 5088874523  Email: lisa.freeman@tufts.edu
	Reporter Wants to Remain Anonymous:	No
	Permission To Contact Sender:	Yes
	Preferred Method Of Contact:	Email
	Reported to Other Parties:	Unknown
Additional Documents:		

Report Details - EON-	355703			
ICSR:	2049063			
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			
	2018-06-06 07:53:32 EDT			
Reported Problem:	Problem Description:	Food. Owner was as	ted DCM 4health Grain-Free Laro ked to save food. Plasma taurin <u>.</u> e 200-350) DCM diagnosed by ec	<b>36</b> (ref range 60-120), WB
	Date Problem Started:	05/29/2018		
	Concurrent Medical	Unknown		
	Problem:			
	Outcome to Date:	Unknown		
Product Information:	Product Name:	4health Grain-Free L	arge Breed Formula Adult Dog Fo	ood
	Product Type:	Pet Food		
	Lot Number:			
	Package Type:	BAG		
	Possess Unopened Product:	Unknown		
	Possess Opened Product:	Yes		
	Product Use Information:	Product Use Stopped After the Onset of the Adverse Event:	Unknown	
	Manufacturer /Distributor Information:			
	Purchase Location Information:	3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-		
Animal Information:	Name:			
, illiniai illioi illialioili	Type Of Species:	Dog		
		ł		
	Type Of Breed:	<del></del>		
		Unknown		
	Reproductive Status: Assessment of Prior Health:	<u> </u>		
	Number of Animals Given the Product:	1		
	Number of Animals Reacted:	1		
	Owner Information:	Owner Information provided:	Yes	
		Contact:	Name:	
			Phone:	
			Email:	
		Address:		
		Address:	<b>B6</b>	
			United States	
	Healthcare Professional		ту поточно под под мето под под под под под под под под под по	
	Information:			

Sender Information:	Name:	Lisa Freeman
	Address:	200 Westboro Road
		North Grafton Massachusetts
		01536
		United States
	Contact:	Phone: 5088874523
		Email: lisa.freeman@tufts.edu
	Reporter Wants to	No
	Remain Anonymous: Permission To Contact	\$
	Sender:	
	Preferred Method Of Contact:	
	Reported to Other	Unknown
	Parties:	
Additional Documents:		

Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Fax (508) 839-7951 http://vetmed.tufts.edu/

## Radiology Request & Report

Name: 86 Species: Canine Gray/Black Male (Neutereci) Caucasian Shepherd Dog Birthdale: 86 #	Name Addre	B6	Patient II B6  Date of request: 5/29/2018
Attending (linician:	B6		Student:
Date of exam: 05/29/2018			
Patient Location: Ward/Cage:	ICU R1		Weight (kg) 62.00
Inpatient Outpatient Time: Waiting Emergency	Sed		AG /Butorphanol o sedate/anesthetize
Examination Desired: DV and I	RIAT		
Presenting Complaint and Clin Emergency	ical Questions	you wish to ar	swe:
Pertinent History: 6yo MC K9 presenting for 2wk presumptive DCM on ER US	hx of ough, pre	esented for incr	eased RR/RE. Poss dilated LV on flash,
Findings			
		36	

### Conclusions:

 Moderate left-sided cardiomegaly with left atrial enlargement, venous distension and cardiogenic pulmonary edema consistent with left-sided heart failure. Echocardiogram is recommended for further evaluation. Follow up radiographs are recommended to monitor response to treatment.

Radiologists	
Primary:	B6
Reviewing:	a bad dawn had daigh bad dawn had daigh bad dawn had daigh bad dawn had daigh bad dawn had g
Dates	
Reported: 5/2	29/18
Finalized:	

Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Fax (508) 839-7951 http://wetmed.turks.edu/

## Discharge Instructions

Manne B6	Mame	B6	Patient ID: B6
Species: Canine	Address	DC	Terremonia
Black Male (Neutered) Great Dane		B6	
Birthdate: B6			
Attending Cardiologist:  John E. Rush DVM, MS, DACVIM	(Cardiology), DA	-MEOC	
B6			
Cardiology Resident:			of the same of the
I I	36		
Cardioloev Technician:		(a) é	one-specific
B6	1		
	أندست		
Student: B6 V19			
Admit Date: B6 11:24:19 AM Discharge Date: B6			
Discharge Date B6			
Diagnoses:			
Dilated cardiomyopathy (DCM) with con-	gestive heart failu	re.	
B6			
Case summary:	e terrotement of hi	hout dicasco D	6 has been diagnosed with a primary heart
muscle disease called dilated cardiomyo			
characterized by thinning of the walls of			
되는 것이 하나 되는 것이 어떻게 되었습니까? 그렇게 하는 것이 하는데			mias which can be life threatening and also
require medical management. B6 h	s two abnormal l	weart rhythms right	now that he is receiving medication for-atrial
			essed to the point of congestive heart failure,
			progressive disease and we cannot reverse
		liac medications an	d some changes to the diet to make your dog
comfortable and have him breathing eas	ier.		

## Diagnostic test results and findings:

Echocardiogram findings: All chambers of the heart are enlarged. There is severe dysfunction of the heart's ability to contract. The mitral valve leaflets are not dosing together well due to the dilation of the heart (they are being pulled apart as the heart increases in size). Moderate amount of pleural effusion (fluid around the lungs) and ascites (fluid in the abdomen).

ECG findings: The ECG showed atrial fibrillation with occasional ventricular arrhythmia. Atrial fibrillation is an abnormal heart rhythm. Once dogs develop atrial fibrillation it is extremely rare for them to regain their normal

heart rhythm. Our main goal now is to decrease the heart rate as much as possible since right now his heart rate is too high. The ventricular arrhythmia that he is having is malignant, meaning it can potentially lead to collapsing episodes and unfortunately even death. The amiodarone medication he is on will hopefully further control this ventricular rhythm as i further saturates the heart tissue as we keep dosing it.

Labwork findings: His kidneys are tolerating the medications well right now. We will want to recheck these values soon.

### 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.
- O Ingeneral, most dogs with heart failure that is well controlled have a breathing rate at rest of less than 35 breaths per initiate. In addition, the breathing effort, noted by the amount of bely 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 entro dose o B6
  If difficulty breathing is not improved by within 30-60 minutes after givin B6
  In we recummend that a recheck exam be scheduled and/or that your dog be evaluated by an emergency direct
- 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/).
- We also want you to watch for weakness or collapse, a reduction in appetite, worsening cough, or distention of the belly as these findings indicate that we should do a recheck examination.
- If you have any concerns, please call or have your dog evaluated by a veterinarian. Our emergency clinic is open 24
  hours/day.

Recommended Medications:		
	<b>B</b> 6	
4		

Diet suggestions:

Dogs with heart failure accumulate more fluid in their body if they eat large amounts of sodium (salt). Sodium can be found in all foods, but some foods are lower in sodium than others. Many pet treats, people foods, and supplements used to give pills often have more sodium than is desirable- a sheet that has suggestions for low sodium treats can be found on the HeartSmart web site (http://vet.tufts.edu/heartsmart/diet/) Your dog's usual diet may also have more sodium than recommended - we want him/her to continue to eat his/her normal diet for the first 7 to 14 days so we can make sure he is tolerating medications well, but after that time we would recommend slowly introducing one of the lower sodium diets on the HeartSmart list (25% of the new diet and 75% old diet for 2-3 days, then 50:50, etc.). We also want | B6 | to eat a main stream, non grain-free diet from now on. Exercise Recommendations: For the first 7 to 10 days after starting medications for heart failure we recommend very limited activity. 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 visit is recommended in 1-2 weeks after any medication adjustments are made. At this visit we will check your dog's breathing effort and heart function, check his ECG, and check for fluid around the lungs and in the belly. Please call or email to schedule this appointment with us. A rechedk echocardiogram is recommended in 3-4 months. Thank you for entrusting us with B6 care. He is such a sweet boy! Please contact our Cardiology liaison at (508)-887-4696 or email us at cardioved@bulbs.edu for scheduling and non-emergent questions or concerns. Please visit our HeartSmart website for more information http://vet.tufts.edu/heartsmart/ Prescription Refill Dischoiner: 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  $\det(s)$ . If you wish to purchase your food from us, online retailers with a prescription/veterinary approval.

please coll 7-10 days in advance (508-887-4629) to ensure the food is in stock. Alternatively, veterinary diets can be ordered from

### Clinical Triols:

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/avmc/dinical-studies

Case: B6 Owner	B6	Discharge Instructions

Cardiology Liaison: 508-887-4696

Afib on EKG

Decreased contractility on TFAST

Patient IX B6

B6 Canine

B6 Years Old Male (Neutered) Great Dane
Black BW: Weight (kg) 71.60

Cardiology Consultation

2		
Attending Cardiologist:	t I I paggee	
John E. Rush DVM, MS, DACVIM (C	ardiology), DACVECC	
B6	10	
Cardiology Resident:		
B6		
Thoracic radiographs available for review	2	
Yes - in SS Ses - in PACS		
No - CD in ER and ER email		
M No - CD in Ek and Ek email		
Patient location: ER		
Presenting complaint and important conc	aurent diseases:	
1 mo history of resp distress, worse in past		
no coughing		
decreased energy level and appetite, incre	eased thirst	
litter mate diagnosed with DCM		D6
CBC, chem, taurine done at rDVM - haven'	t gotten records yet (Taurine	was: 130 done at UCD)
Current medications and doses:		
	36	
At-home diet: Was on Taste of the Wild gr	ran tree diet	

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

Yes (explain):	
□ No	and the second second
*STOP - remain	der of form to be filled out by Cardiology*
Physical Examination	
Be	
Muscle condition:	
Normal	■ Moderate cachexia
Mild muscle loss	☐ Marked cachexia
Cardiovascular Physical Exam	
Murmur Grade:	
None	□ IV/VI
□ INI	□ v/vi
□ I/VI	□ vi/vi
III/VI	- <b>4</b> (/ <b>4</b> )
Murmur location/description: Left apid	cal murmur
Jugular vein:	
Bottom 1/3 of the neck to	■ Top 2/3 of the neck
Middle 1/3 of the neck	1/2 way up the neck
Arterial pulses:	Harrison .
Weak	Bounding
Fair; variable	Pulse deficits
Good	Pulsus paradoxus
☐ Strong	Other (describe):
Arrhythmia:	
None	☐ Bradycardia
Sinusarrhythmia	☐ Tachycardia
Premature beats	
Gallop:	
yes Yes	Pronounced
No	Other:
Intermittent	
Pulmonary assessments:	
Eupneic	Pulmonary Crackles
Mild dyspnea	Wheezes
Marked dyspnea	Upper airway stridor
Normal BV sounds	Other auscultatory findings:
Abdominal exam:	
Abdomnal exam:	Abdominal distension
Herstomersk	Mild agrites
TILDER ALLEGE AND	MATTER TAKEN TO AND

Echocardiogram Findings:	<b>B6</b>	
	DU	
Mitual inflow:  E waves only - atrial fit  Normal  Delayed relaxation	Pseudonormal Restrictive	
		-
ECG findings:	B6	M(10)
Assessment and recomme	ndations: Findings consistent with advance	d DCM with active CHF. Severe L'
dilation with systolic dysfu		B6 are
ectopy. As systemic arteria	eatment; likely add ir B6 since the I pressure was estimated at 90mmHg in the ck kidney levels in daily basis during hospita	dog is having some ventricular echo, recommend check blood
to evaluate response to tre ectopy. As systemic arteria pressure. Recommend che	eatment; likely add in B6 since the I pressure was estimated at 90mmHg in the	dog is having some ventricular echo, recommend check blood alization. As patient has hx of gra
to evaluate response to tre ectopy. As systemic arteria pressure. Recommend che free diet, Taurine supplem	eatment; likely add ir B6 since the I pressure was estimated at 90mmHg in the ck kidney levels in daily basis during hospita	dog is having some ventricular echo, recommend check blood alization. As patient has hx of gra
to evaluate response to tre ectopy. As systemic arteria pressure. Recommend che free diet, Taurine suppleme Treatment plan:  Final Diagnosis: Advanced DCM with active	eatment; likely add ir B6 since the I pressure was estimated at 90mmHg in the ck kidney levels in daily basis during hospita	dog is having some ventricular echo, recommend check blood alization. As patient has hx of gra normal taurine level.
to evaluate response to tre ectopy. As systemic arteria pressure. Recommend che free diet, Taurine suppleme Treatment plan:  Final Diagnosis: Advanced DCM with active VPCs.	eatment; likely add in B6 since the all pressure was estimated at 90mmHg in the ck kidney levels in daily basis during hospital entation may be worthwhile, despite prior notes at the ck kidney levels in daily basis during hospital entation may be worthwhile, despite prior notes at the ck kidney levels in daily basis during hospital entation with rapid with rapi	dog is having some ventricular echo, recommend check blood alization. As patient has hx of gra normal taurine level.
to evaluate response to tre ectopy. As systemic arteria pressure. Recommend che free diet, Taurine suppleme  Treatment plan:  Final Diagnosis:  Advanced DCM with active VPCs.  Moderate pleural effusion	eatment; likely add in B6 since the all pressure was estimated at 90mmHg in the ck kidney levels in daily basis during hospital entation may be worthwhile, despite prior notes and ascites.	dog is having some ventricular echo, recommend check blood alization. As patient has hx of gra normal taurine level.
to evaluate response to tre ectopy. As systemic arteria pressure. Recommend che free diet, Taurine suppleme Treatment plan:  Final Diagnosis: Advanced DCM with active VPCs. Moderate pleural effusion Heart Failure Classification	eatment; likely add in B6 since the all pressure was estimated at 90mmHg in the ck kidney levels in daily basis during hospital entation may be worthwhile, despite prior notes and ascites.	dog is having some ventricular echo, recommend check blood alization. As patient has hx of gra normal taurine level.
to evaluate response to tre ectopy. As systemic arteria pressure. Recommend che free diet, Taurine suppleme  Treatment plan:  Final Diagnosis:  Advanced DCM with active VPCs.  Moderate pleural effusion	eatment; likely add in B6 since the all pressure was estimated at 90mmHg in the ck kidney levels in daily basis during hospital entation may be worthwhile, despite prior notes and ascites.	dog is having some ventricular echo, recommend check blood alization. As patient has hx of gra normal taurine level.
to evaluate response to tre ectopy. As systemic arteria pressure. Recommend che free diet, Taurine suppleme  Treatment plan:  Final Diagnosis:  Advanced DCM with active VPCs.  Moderate pleural effusion  Heart Failure Classification:	eatment; likely add in B6 since the all pressure was estimated at 90mmHg in the ck kidney levels in daily basis during hospital entation may be worthwhile, despite prior numbers and ascites.  Score:	dog is having some ventricular echo, recommend check blood alization. As patient has hx of gra normal taurine level.
to evaluate response to tre ectopy. As systemic arteria pressure. Recommend che free diet, Taurine suppleme Treatment plan:  Final Diagnosis: Advanced DCM with active VPCs. Moderate pleural effusion Heart Failure Classification:	eatment; likely add in B6 since the all pressure was estimated at 90mmHg in the ck kidney levels in daily basis during hospital entation may be worthwhile, despite prior notes and ascites.  B6  Heart failure; atrial fibrillation with rapid was and ascites.	dog is having some ventricular echo, recommend check blood alization. As patient has hx of gra normal taurine level.
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M-Mode	y at the last that the distribution,	
IVSd		cm
LVIDd		om
LVPWd		om
IVSs		(371)
LVIDs		cm
LVPWs	DC	am
%FS	B6	%
Ao Diam		um
LA Diam		cm
IA/Ao		
EPSS		om
Max LA		cm
	Landerstand	
2D	(months and months and	
Ao Diam		cm
IVSd	1	om
LVIDd		om
LVPWd		cm
IVSs	B6	am
LVIDs	100	om
LVPWs	1	am
EF(Cube)	1	%
%FS		%
SA LA		om
	landar contractation are	
Doppler	get time that it will describe that clearly ap-	
MR Vmax		m/s
MR maxPG		mmHg
AV Vmax	DC	m/s
AV maxPG	B6	mmHg
TR Vmax		m/s
TR maxPG		mmHg

Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Fax (508) 839-7951 http://wetmed.turks.edu/

## Discharge Instructions

Patient	Owner		***************************************
Names B6	Hame	B6	Patient ID: B6
Species: Canine	Address	В6	
Black Male (Neutered) Great Dane	L.,	DU	
Bithdate: B6			
Attending Cardiologist:		navestach	
John E. Rush DVM, MS, DACVIM	(Cardiology), D/	CVECC	
R6			
DO		1	
Cardiology Resident:	(eletele( <b>eletele</b> (e)elete(e)elete		
1	36	6 (A) 6 (A) 6 (A) 8 (B)	**************************************
Cardiology Technician:		erene (e) erene (e) erene (e) erene (e) eren	
B6			
Б	1		
parameter and a resident			
Student: B6 , V19			
Admit Date: 9/12/2018 11:24:19 AM			
Discharge Date: 9/14/2018			
Diagnoses:			
Dilated cardiomyopathy (DCM) with con	The state of the s	ure.	
Atrial fibrillation with ventricular arrhyth	mia		
Case summary:			
- International	or transferencest of h	ir havet dicerce	B6 has been diagnosed with a primary heart
			mmon in large and giant breed dogs and is
characterized by thirning of the walls of			
			timias which can be life threatening and also
(manufacture)			t now that he is receiving medication for-atrial
			rnow that he is receiving medication for-attail gressed to the point of congestive heart failure.
	and the contract of the contract of the contract of		상태는 그 경우 아이들 아내는 그리지 않는 것 같은 얼마를 가입니다. 그리는 그는 것은 사이트를 다 되었다.
			a progressive disease and we cannot reverse
comfortable and have him breathing each		CHARLES III CHARLES A	nd some changes to the diet to make your dog
CALLED NEWS OF LINES AND PROPERTY OF THE PARTY OF THE PAR			

### Diagnostic test results and findings:

Echocardiogram findings: All chambers of the heart are enlarged. There is severe dysfunction of the heart's ability to contract. The mitral valve leaflets are not do sing together well due to the dilation of the heart (they are being pulled apart as the heart increases in size). Moderate amount of pleural effusion (fluid around the lungs) and ascites (fluid in the abdomen).

EOG findings: The EOG showed atrial fibrillation with occasional ventricular arrhythmia. Atrial fibrillation is an abnormal heart rhythm. Once dogs develop atrial fibrillation it is extremely rare for them to regain their normal

heart rhythm. Our main goal now is to decrease the heart rate as much as possible since right now his heart rate is too high. The ventricular arrhythmia that he is having is malignant, meaning it can potentially lead to collapsing episodes and unfortunately even death. The 86 medication he is on will hopefully further control this ventricular rhythm as i further saturates the heart tissue as we keep dosing it. Labwork findings: His kidneys are tolerating the medications well right now. We will want to recheck these values soon.

### Monitoring at home:

Recommended Medications:

- 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.
- O In general, most dogs with heart failure that is well controlled have a breathing rate at rest of less than 35 breaths per unimute. 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 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 dinic.
- 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.
- If you have any concerns, please call or have your dog evaluated by a veterinarian. Our emergency clinic is open 24
  hours/day.

		-
		6

Diet suggestions:

Dogs with heart failure accumulatemore 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/)

Your dog's usual diet may also have more sodium than recommended - we want him/her to continue to eat his/her normal diet for the first 7 to 14 days so we can make sure he is tolerating medications well, but after that time we would recommend slowly introducing one of the lower sodium diets on the HeartSmart list (25% of the new diet and 75% old diet for 2-3 days, then 50:50, etc.). We also want:

B6 to eat a main stream, non grain-free diet from now on.

### Exercise Recommendations:

For the first 7 to 10 days after starting medications for heart failure we recommend very limited activity. 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:

Arecheck visit is recommended in 1-2 weeks after any medication adjustments are made. At this visit we will check your dog's breathing effort and heart function, check his ECG, and check for fluid around the lungs and in the belly. Please call or email to schedule this appointment with us. A recheck echocardiogram is recommended in 3-4 months.

Thank you for entrusting us with B6 care. He is such a sweet boy! Please contact our Cardiology liaison at (508)-887-4696 or email us at cardiovet@tulbs.edu for scheduling and non-emergent questions or concerns.

Please visit our HeartSmart website for more information http://vet.tuits.edu/heartsmart/

### Prescription Refill Discloimer:

For the safety and well-being of our patients, your pet must have had an examination by one of our veterinarions 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 Triok:

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/dinical-studies

Case: B6 Owner B6 Discharge Instructions



Healing Animals. Helping Humans. Transforming Global Health.

Cardiology Liaison: 508-887-4696

B6	
Patient D: B6 B6 Canin	, E
B6 Years Old M	ale (Neutered) Beag
Cross White/Brown I	3W: Weight (kg) 20.4

### **Cardiology Consultation**

- I - 144 - I - O longs		
eight: Weight (kg) 20.40		
	DME (Emoranay and Critical Caro Paridont)	
Bolies and Caracter Do	DVF (Emergency and Critical Care Resident)	
ttending Cardiologist:		
John E. Rush DVM, MS, DA	CVIM (Cardiology), DACVECC	
В	6	
ardiology Resident:		
B6		
horacic radiographs available fo	r review?	
Yes - in SS		
Yes - in PACS		
E IE-III LVC3		
No Tesenting complaint and import	ant concurrent diseases: Cough, cardiomegaly and pulmo	mar
No resenting complaint and import dema on rDVM rads turrent medications and doses:	В6	mar
No resenting complaint and import dema on rDVM rads urrent medications and doses:		onar
No Presenting complaint and import dema on rDVM rads Current medications and doses:  *STOP - ren	В6	onar
No resenting complaint and import dema on rDVM rads urrent medications and doses: *STOP - ren	B6 nainder of form to be filled out by Cardiology*	onar
No resenting complaint and import dema on rDVM rads turrent medications and doses: *STOP - ren thysical Examination  B	B6 nainder of form to be filled out by Cardiology*	onar
No resenting complaint and import dema on rDVM rads urrent medications and doses: *STOP - ren hysical Examination  B  uscle condition:	B6  nainder of form to be filled out by Cardiology*  6  Moderate cachexia	onar
No  Tresenting complaint and import dema on rDVM rads  Turrent medications and doses:  *STOP - ren  Thysical Examination  B(	B6  nainder of form to be filled out by Cardiology*	onar
No resenting complaint and import dema on rDVM rads urrent medications and doses: *STOP - ren hysical Examination  B  uscle condition:  Normal Mild muscle loss	B6  nainder of form to be filled out by Cardiology*  6  Moderate cachexia	onar
Tesenting complaint and import dema on rDVM rads  turrent medications and doses:  *STOP - ren  hysical Examination  B  fuscle condition:  Normal  Mild muscle loss  ardiovascular Physical Exam  furnur Grade:	B6  nainder of form to be filled out by Cardiology*  6  Moderate cachexia	onar
Tresenting complaint and imports dema on rDVM rads  Aurrent medications and doses:  *STOP - ren  Trysical Examination  B  Auscle condition:  Normal  Mild muscle loss  Ardiovascular Physical Exam	B6  nainder of form to be filled out by Cardiology*  6  Moderate cachexia Marked cachexia	onar
Tresenting complaint and imports dema on rDVM rads  Aurrent medications and doses:  *STOP - ren  Thysical Examination  B  Auscle condition:  Normal  Mild muscle loss  Cardiovascular Physical Exam  Aurmur Grade:	B6  nainder of form to be filled out by Cardiology*  6  Moderate cachexia Marked cachexia	onar

III,∕VI	
Murmur location/description:	systolic left apical
Jugular vein:	
■ Bottom 1/3 of neck	☑ Top 2/3 of neck
Middle 1/3 of neck	
Arterial pulses:	
Weak	■ Bounding
Fair	Pulse deficits
■ Good	Pulsus paradoxus
	Other (describe):
Arrhythmia:	
<b>™</b> None	☑ Bradycardia
Sinusarrhythmia	☐ Tachycardia
Premature beats	
Gallop:	
Yes	☐ Pronounced
Mo No	Other:
Intermittent	
Pulmonary assessments:	
Eupneic	Pulmonary Crackles
Mild dyspnea	☑ Wheezes
Marked dyspnea	Upper airway stridor
Normal BV sounds	Other auscultatory findings:
Abdominal exam:	
Mormal Normal	Abdominal distension
Hepatomegaly	Mild ascites
Echocardiogram Findings:	
	<b>B6</b>
	Rh
Mittal inflow:	
Summated	Pseudonormal
Normal	Restrictive
Delayed relaxation	

ECG findings:
<b>B6</b>
Assessment and recommendations:
Echocardiogram reveals dilated LV cavity with decrease contractile function and LAE, with DCM-like
changes and secondary CHF, although the LV walls are not thinner than normal. This may be a early
DCM or cardiomyopathy secondary to myocarditis vs primary cardiomyopathy. Aortic velocity is slightly
increased, which is not typical of DCM, but no other defects are visible that would <u>result in increased</u>
stroke volume. Recommend submitting CBC and chemistry. Recommend continuing
B6 If patient is eating well and not azotemic. Given the somewhat
unusual appearance of pulmonary edema could consider recheck thoracic radiographs afte B6
treatment. However, patient has had a positive response to B6 and radiographs may not be essential at this time. Given the young age, atypical breed, and non-traditional diet (kangaroo and lentil)
recommend submitting taurine levels (serum and whole blood) or supplementing with taurine. If there is
a travel history outside of New England could consider testing for Chagas disease. Recheck exam and
renal values in 10-14 days. Recheck echo in 3-4 months.
Recheck appointment scheduled with cardiology on Tuesday August 2nd at 11AM. Please call 508
887 4696 if need to reschedule.
Treatment plan:
<b>B6</b>
Final Diagnosis:
DCM vs. cardiomyopathy (primary vs. secondary to myocarditis) with secondary CHF
Mild PHT
Heart Failure Classification Score:
ISACHC Classification:
ia i
·— n
ACVIM CHF Classification:
□ A □ C
<u> </u>
□ B2

M-Mode		
IVSd	[	cm
LVIDd		
LVPWd		om Om
		cm 
IVSs		<b>cm</b>
LVIDs		cm
LVPWs	<b>B6</b>	om ~
%FS		<b>%</b> 
Ao Diam		cm 
LA Diam		cm
LA/Ao		
Max LA		cm
EPSS	<u> </u>	cm
M-Mode Normalized	[ <del></del> ]	(n no. n ra)
IVSdN		(0.29 - 0.52)
LVIDdN		(1.35 - 1.73) !
LVPWdN		(0.33 - 0.53)
IVSsN	<b>B6</b>	(0.43 - 0.71)
LVIDsN	20	(0.79 - 1.14) !
LVPWsN		(0.53 - 0.78) !
Ao Diam N		(0.68 - 0.89)
LA Diam N	<u>[</u> ]	(0.64 - 0.90)
80		
<u>2D</u>	[]	
SA LA		cm .
Ao Diam		om
SA LA / Ao Diam		
IVSd		cm
LVIDd		cm
LVPWd		om
EDV(Teich)	<b>B6</b>	ml
IVSs		om
LVIDs		om
LVPWs		cm
ESV(Teich)		ml
EF(Teich)		%
%FS		%
SV(Teich)		ml
<u>Doppler</u>	<del>[</del>	
MR Vmax		m/s
MR maxPG		mmHg
MV E Vel		m/s
MV DecT	<b>B6</b>	ms
MV A Vel	<b>D</b> 0	m/s
MV E/A Ratio		
E.		m/s
A'		m/s
- <del></del>	i	

E/E'		
PV Vmax		m/s
PV maxPG		mmHg
AV Vmax	<b>B6</b>	m/s
AV maxPG		mmHg
TR Vmax		m/s
TR maxPG	<u> </u>	mm Hg

AT TUFTS UNIVERSITY

Cardiology Liaison: 508-887-4696

Cardiovascular History:

**B6** 

Patient D: B6
B6 Canine
B6 Years Old Male (Neutered) Beagle Cross
White/Brown

Date B6
Attending Cardiologist:
☐ John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC
<b>B6</b>
Cardiology Resident:
B6
<u> </u>
Cardiology Technician:
<b>B6</b>
t
Student: B6 V18
Presenting Complaint: Recheck of historical DCM (diagnosed 7/22/16)
Concurrent Diseases: None
General Medical History:
Dx with DCM-like changes, secondary CHF, mild PHT 7/22/16. Taurine levels sent out
due to concern for taurine deficiency as the cause, but levels were elevated.
······································
B6 has been doing well since his last visit, however, he started coughing at night
a few weeks ago. Lasted for around 10 days. Coincided with when owner went out of
a few weeks ago. Lasted for around 10 days. Coincided with when owner went out of town and her husband was giving B6 his meds- concerned that he may have
a few weeks ago. Lasted for around 10 days. Coincided with when owner went out of
a few weeks ago. Lasted for around 10 days. Coincided with when owner went out of town and her husband was giving B6 his meds-concerned that he may have been giving the wrong amounts. Additional B6 were not given when he was
a few weeks ago. Lasted for around 10 days. Coincided with when owner went out of town and her husband was giving $\begin{array}{ccc} B6 & \text{his meds-concerned that he may have} \\ \text{been giving the wrong amounts. Additional} & B6 & \text{were not given when he was coughing. Since owner has returned and} & B6 & \text{is definitely on his regular schedule,} \\ \text{coughing has subsided and he is doing well. No exercise intolerance. Good appetite.} \\ \end{array}$
a few weeks ago. Lasted for around 10 days. Coincided with when owner went out of town and her husband was giving $\begin{array}{ccc} B6 & \text{his meds-concerned that he may have} \\ \text{been giving the wrong amounts. Additional} & B6 & \text{were not given when he was coughing. Since owner has returned and} & B6 & \text{is definitely on his regular schedule,} \\ \end{array}$

Prior CHF diagnosis? yes
Prior ATE? no
Prior arrhythmia? no
Cough? occasional when possibly not getting all of his meds
Shortness of breath or difficulty breathing? no
Syncope or collapse? no
Sudden onset lameness? no
Exercise intolerance? no
Prior heart murmur? yes, intermittent I/VI holosystolic left basilar on last PE

Jugular vein:

Bottom 1/3 of neck

Middle 1/3 of neck

## **Current Medications Pertinent to CV System: B6** Cardiac Physical Examination: **B6** Muscle condition: Moderate cachecia Mormal | Mild muscle loss Marked cachesia Cardiovascular Physical Exam: Murmur Grade: 🗾 None 🗾 IV/VI **ℤ** i/vi ☑ v/vi **Ⅲ** II/VI ☑ VI/VI **I**III/VI Murmur location/description: L systolic basilar

Top 2/3rd of neck

Arterial pulses:	
Weak	Bounding
Fair	Pulse delicits
Good	Pulsus paradosus
■ Strong	Other:
Arrhythmia:	
Mone None	■ Bradycardia
Sirus arrhythmia	■ Tachycardia
Premature beats	
Gallop:	
Yes	Pronounced
No	Other:
Intermittent	w one.
Pulmonary assessments:	
Eupneic	Pulmonary crackles
Mild dyspnea	Wheezes
Marked dyspnea	Upper airway stridor
Mormal BV sounds	
Abdominal exam:	
■ Normal /tense	Mild ascites
Hepatomegaly	Marked ascites
Abdominal distension	
GE PERENTHINI GOSCIENCE	
Problems:	
(1) Hx DCM (primary vs secondary to n	nyocarditis) with secondary CHF
(2) Hx mild PHT	
Diagnostic plan:	
Echocardiogram	Dialysis profile
Chemistry profile	Thoracic radiographs
ECG	MT-proBNP
Renal profile	Troponin I
Blood pressure	Other tests:
Echocardiogram Findings:	
General/2-D findings:	
<del>-</del>	Do not put on table. Does not like abdomen
touched*	
	educed contractile function (better side to side
	n. The IA is normal to at most mildly dilated.

### Doppler findings:

Elevated aortic velocity.

#### Assessment and recommendations:

Echocardiogram reveals continued improvement in contractile function and reduced LV and LA chamber dimensions. Patient is doing well at home, so recommend

MV is mildly thickened. The RH is mildly dilated. No pericardial or pleural effusion.

## **B6**

radiographs and echo. Otherwise recheck echo in 6 months, or sooner if clinical signs occur such as increased RR/RE, cough, collapse, or exercise intolerance.

#### Final Diagnosis:

DCM (primary vs. secondary to myocarditis) with history of secondary CHF - improved echocardiographic measurements today.

Heart Failure Classification Score:			
ISACHC Classification:			
🗖 la	🗷 IIIa		
🔽 ib	□ IIIb		
M-Mode		i	
IVSd			cm .
ACVIN Classification:			cm .
<b>©</b> ∕XWd	<b>⊑</b> c		om
DY 561	□D	B6	om
(C)		DO	om .
LVPWs			om
%FS			%
Max LA			am
M-Mode Normalized		,	
IVSdN			(0.29 - 0.52) !
LVIDdN			(1.35 - 1.73) !
LVPWdN		D6	(0.33 - 0.53)
IVSsN		B6	(0.43 - 0.71) !
LVIDsN			(0.79 - 1.14)
LVPWsN			<b>(</b> 0_53 - <b>0.78</b> )
<u>2D</u>		,	
SA LA			am
Ao Diam			om .
SA LA / Ao Diam			
IVSd			om .
LVIDd			om
LVPWd			om
EDV(Teich)		B6	ml
I <b>VS</b> s		БО	om
LVIDs			om
LVPWs			om
ESV(Teich)			ml
EF(Teich)			%
%FS			%
SV(Teich)			ml
<u>Doppler</u>			

Cardiology Liaison: 508-887-4696

**B6** 

Date:

D6
БО
Patient D: B6
B6   Canine     B6   Years Old Male (Neutered) Beagle Cross
Dolleason were literacted benefit and

#### **Cardiology Appointment Report**

Attending Cardiologist:    John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC
B6
Cardiology Resident:
B6
Cardiology Technician:
B6
Student: B6
Presenting Complaint: History of DCM (7/22/2016) - 6 month recheck
Concurrent Diseases: None
General Medical History:
Diagnosed with DCM and secondary CHF July 2016. Contractility and left ventricular size were improved at the last recheck in December.

No incidents of any breathing difficulties since last visit. Owner has been walking him early in the day, but one incident where he didn't want to walk as far when it was hot in the middle of the day. He sleeps most of the day but is happy to go outside and seems comfortable. Has a great appetite. Owner is monitoring respiratory rate at least every day with no increased rate or effort.  $\begin{bmatrix} B6 \\ \end{bmatrix}$  also has allergies that are managed by the rDVM.

#### Diet and Supplements:

Hill's Chicken and Rice ideal balance kibble (on Heartsmart website) - 1 cups BID (decreased as activity decreased)

Frozen peas and fresh carrots occasionally as treats

#### Gets medications in peanut butter

### Cardiovascular History. Prior CHF diagnosis? yes Prior ATE? no Prior arrhythmia? no Cough? not since last time Shortness of breath or difficulty breathing? not since last time Syncope or collapse? no Sudden onset lameness? no Exercise intolerance? when warm outside Prior heart murmur? Yes, intermittent I/VI holosystolic left basilar progressed to Grade II on last PE Current Medications Pertinent to CV System: **B6** Cardiac Physical Examination: **B6** Muscle condition: Mormal Normal Moderate cachexia Mild muscle loss Marked cachexia Cardiovascular Physical Exam: Murmur Grade: IV/VI None ■ v/vi I/VI ■ II/VI ■ vv/vi | III/VI

Murmur location/description: Left systolic at the base

Jugular vein:

■ Bottom 1/3 of neck
■ Middle 1/3 of neck

Arterial pulses:	And the second s	
Weak	Bounding	
Fair Fair	Pulse deficits	
Good	Pulsus paradoxus	
Strong	Other:	
Arrhythmia:		
None	☐ Bradycardia	
Sirus arrhythmia	Tachycardia	
Premature beats	— талусаца	
<b>□</b> непашевых		
Gallop:		
Yes	Pronounced	
Mo No	Other:	
intermittent		
Pulmonary assessments:		
Eupneic .	Pulmonary craddes	
Mild dyspnea	Wheres	
Marked dyspnea	Upper airway stridor	
Normal BV sounds	- After an and to use	
Abdominal exam:	The second second	
Mormal	Mild ascites	
Hepatomegaly	Marked astites	
Abdominal distension		
Problems:		
History of DCM with CHF - resolving		
Diagnostic plan:  Echocardiogram	☐ Dialysis profile	
Chemistry profile	Thoracicradiographs	
EGG EGG		
Renal profile	NT-proBNP Troponin I	
Blood pressure	Other tests:	
- bicopicouc	- one less	
Echocardiogram Findings:	ininininininininininininininininininin	
	<b>B6</b>	
	100 N A	
Mitral inflow:		**************************************
Summated	Pseudonormal	
Normal	Restrictive	
Delayed relaxation	THE PLANTAGE THE PARTY OF THE P	
Assessment and recommendations:		

Today's echocardiogram shows a heart w patient first presented for CHF 2 years ag			
acute insult (infection, toxin, diet). Giver		t seen, we wil	
medication doses slowly. \	B6	B6	
Le contribution de la final de la contribution de l			Recheck echocardiogram
6 months to see if the cardiac structure r	emains normal.		incurcor control of the
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Final Diagnosis:			
Normal cardiac structure, history of DCM	with LCHF		
Heart Failure Classification Score:			
ISACHC Classification:			
<b>■</b> la	IIIa IIIa		
□ lb	III IIIb		
ACVIM Classification:	Шc		
■ B1	■ D		
□ B2			
M-Mode		g-manifestation of	
iVSd			om
LVIDd			am
LVPWd			cm
IVSs LVIDs			om om
LVPWs		B6	om
%FS			%
Ao Diam			om
LA Diam			om
IA/Ao			
Max LA		LI	am
<u>20</u>		11	0
Ao Diam IVSd			om om
LVIDd		B6	cm cm
LVPWd			am

	photographic territories	
IVSs		cm
LVIDs		cm
LVPWs	B6	an
EF(Cube)	Во	%
%FS	i i	%
SA LA	<u> </u>	com
Doppler	2-1-1-1	
MV E Vel		m/s
MV DecT		ms
MV Dec Slope		m/s
MV A Vel		m/s
MV E/A Ratio	B6	
PV Vmax		m/s
PV maxPG		mmHg
AV Vmax		m/s
AV maxPG	Free final between control of	mmHg

Cardiology Liaison: 508-887-4696

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Patien	deres Commenced	36		
B6		nine	eutered) Be	anda Crare
DO I	CORS UNU	Mac fin	edicted) be	agic Li us

Attending Cordiologist  John E. Rush DVM. MS. DACVIM (Cardiology).	DACVECC	
B6		
Cardiology Resident:		
B6		
Cardiology Technician:		
B6		
Student: B6 V18		
Presenting Complaint:		
Recheck of historical DCM (diagnosed 7/22/16)		
Control Discourse		
Concurrent Diseases:		
B6		
B6		
B6  General Medical History:	e. shallow breatl	ning couching enlarged heart, and
B6  General Medical History:  Presented to Tufts ER B6 for exercise intolerance		ning, coughing, enlarged heart, and res. secondary CHF. mild PHT.
B6  General Medical History:		
B6  General Medical History:  Presented to Tufts ER B6 for exercise intolerance pulmonary edema on rDVM chest rads. Echo revealed		es, secondary CHF, mild PHT.
B6  General Medical History:  Presented to Tufts ER B6 for exercise intolerance pulmonary edema on rDVM chest rads. Echo revealed Patient began B6 out and were found to be elevated.	l DCM-like chang	res, secondary CHF, mild PHT.  Taurine levels were sent
B6  General Medical History:  Presented to Tufts ER B6 for exercise intolerance pulmonary edema on rDVM chest rads. Echo revealed Patient began B6	DCM-like chang oughing, Howeve	es, secondary CHF, mild PHT. Taurine levels were sent er, still some exercise intolerance. O
B6  General Medical History:  Presented to Tufts ER B6 for exercise intolerance pulmonary edema on rDVM chest rads. Echo revealed Patient began B6 out and were found to be elevated.  Recheck on B6 improved respiratory effort, no cod/c taurine supplementation. Echo findings similar to	DCM-like chang oughing. Howeve before, visible e	es, secondary CHF, mild PHT.  Taurine levels were senter, still some exercise intolerance. Onlargement of all heart chambers.
General Medical History:  Presented to Tufts ER  B6  for exercise intolerance pulmonary edema on rDVM chest rads. Echo revealed Patient began	DCM-like chang oughing. Howeve before, visible e	es, secondary CHF, mild PHT. Taurine levels were sent er, still some exercise intolerance. O nlargement of all heart chambers. ild progression of LV and LA dilation
General Medical History:  Presented to Tufts ER B6 for exercise intolerance pulmonary edema on rDVM chest rads. Echo revealed Patient began B6 out and were found to be elevated.  Recheck on B6 improved respiratory effort, no conditional description of the decheck on B6 improved respiratory effort on echo, slightly increased contractile function.	DCM-like chang oughing. Howeve before, visible e it with cough. M	es, secondary CHF, mild PHT.  Taurine levels were senter, still some exercise intolerance. Onlargement of all heart chambers.
General Medical History:  Presented to Tufts ER B6 for exercise intolerance pulmonary edema on rDVM chest rads. Echo revealed Patient began B6 out and were found to be elevated.  Recheck on B6 improved respiratory effort, no cond/c taurine supplementation. Echo findings similar to Recheck on B6 , some increased respiratory effort on echo, slightly increased contractile function.  anaplasma positive. Treated with B6	DCM-like chang oughing. Howeve before, visible e It with cough. M B6	res, secondary CHF, mild PHT.  Taurine levels were senter, still some exercise intolerance. On all heart chambers. The progression of LV and LA dilation ue to vague painfulness was
General Medical History:  Presented to Tufts ER B6 for exercise intolerance pulmonary edema on rDVM chest rads. Echo revealed Patient began B6 out and were found to be elevated.  Recheck on B6 improved respiratory effort, no cond/c taurine supplementation. Echo findings similar to Recheck on B6 in some increased respiratory effort on echo, slightly increased contractile function.  anaplasma positive. Treated with B6  Communication B6 with Tufts, inc rr in the night services.	DCM-like chang oughing. Howeve before, visible e It with cough. M B6	res, secondary CHF, mild PHT.  Taurine levels were senter, still some exercise intolerance. Onlargement of all heart chambers.  Taurine levels were senter, still some exercise intolerance. Onlargement of all heart chambers.  Taurine levels were senter.  Taurine levels were senter.
General Medical History:  Presented to Tufts ER B6 for exercise intolerance pulmonary edema on rDVM chest rads. Echo revealed Patient began B6 out and were found to be elevated.  Recheck on B6 improved respiratory effort, no cond/c taurine supplementation. Echo findings similar to Recheck on B6 , some increased respiratory effort on echo, slightly increased contractile function.  anaplasma positive. Treated with B6	DCM-like chang oughing. Howeve before, visible e It with cough. M B6	res, secondary CHF, mild PHT.  Taurine levels were senter, still some exercise intolerance. On all the senters of all heart chambers. The second ideas are t

## Diet and Supplements: Hill's Chicken and Rice ideal balance kibble (on Heartsmart website) - 1.5cups BID Gets frozen carrots and other veggies as treats Cardiovascular History: Prior CHF diagnosis? yes Prior ATE? no Prior arrhythmia? no Cough? no Shortness of breath or difficulty breathing? occasional, resolves with extra dose of furosemide Syncope or collapse? no Sudden onset lameness? no Exercise intolerance? no Prior heart murmur? yes, II/VI holosystolic left apex Current Medications Pertinent to CV System: **B6**

Cardiac Physical Examination:	
	DC
	<b>B6</b>
Muscle condition:	
Mormal	Moderate cachexia
Mild muscle loss	Marked cachesia
Cardiovascular Physical Exam:	
Murmur Grade:	
None	□ IV/VI
I I/VI	□ v/vi
□ iy/vi	□ vyvi
□ mAn	

Murmur location/description: systol	lic left basilar, intermittent
Jugular vein:	
Bottom 1/3 of neck	Top 2/3rd of neck
Middle 1/3 of neck	
Arterial pulses:	
■ Weak	■ Bounding
Fair	Pulse delicits
<b>☑</b> Good	Pulsus paradoxus
Strong	Other:
Arrhythmia:	
None.	☐ Bradycardia
Sinus arrhythmia	☐ Tachycardia
Premature beats	
Gallop:	
Yes	Pronounced
₩ No	Other:
☐ Intermittent	
Pulmonary assessments:	
Eupneic	Pulmonary crackles
Mild dyspnea	Wheezes
Marked dyspnea	Upper airway stridor
Mormal BV sounds	
Abdominal exam:	
☐ Normal	Mild ascites
Hepatomegaly	Marked ascites
Abdominal distension	
Problems and differential diagnose	s:
Hx DCM (primary vs secondary to m	
Hx mild PHT	B6
Diagnostic plan:	The second by
Echocardiogram	La Dialysis profile
M Chemistry profile	Thoracicradiographs
ECG	NT-proBNP
Renal profile	Troponin I
☐ Blood pressure	Other tests:
Echocardiogram Findings:	
General/2-D findings:	
LV cavity is mildly dilated with mildly	y reduced contractile function (better side to side motion). The IA is
mildly dilated. MV is mildly thickene	ed. The RH is mildly dilated. No pericardial or pleural effusion.
Doppler findings:	
Trace MR	
AV Vmax 1.8 m/s	
The state of the s	

Mitral inflow:  Summated Normal Delayed relaxation	Pseudonomal Restrictive	
ECG findings:		
B6		
Assessment and recommendations:	PENERGE (400-1000 PENERGE 1000-1000 PENERGE	
Echocardiogram reveals improvement The cause for improvement is unclear made prior to previous exams. The or and B6 Patient is doing we	; owner change diet from kangaro	o to chicken, but this change was xam were an increase in B6
	B6	
rechecking radiographs and echo. Oth such as increased RR/RE, cough, colla		or sooner if clinical signs occur
Final Diagnosis:		
DCM (primary vs. secondary to myoca	arditis) with history of secondary C	HF (pulmonary edema, suspected
ascites) - improved echocardiographic		
Heart Failure Classification Score:		
ISACHC Classification:		
□ la	lila	
□ lb	IIIb	
₩ II		
ACVIM Classification:		
<b>□</b> A	<u>■</u> c	
■ B1	D D	
□ B2		
M-Mode		
IVSd	1	am
LVIDd		om
LVPWd		om
IVSs		on
LVIDs		on
LVPWs	B6	om
%FS		%
Ao Diam		om
LA Diam		om
IA/Ao		
Max LA	<u> </u>	an
M-Mode Normalized	phinton many.	
IVSdN		(0.29 - 0.52) !
LVIDdN	B6	(1.35 - 1.73) !
LVPWdN	da and and and and and and and and and a	(0.33 - 0.53)

an hard bas law line from	(0.43 - 0.71) !
	(0.79 - 1.14)!
B6	(0.53 - 0.78)
	(0.68 - 0.89) !
Land (Mark Street)	(0.64 - 0.90)
<u>Enterprise de la constante de</u>	
	om
	om
	an
	cm.
	om
B6	ml
	cm
	cm
	cm
1	ml
	%
	%
Leconomic	ml
	m/s
	ms
	m/s
	m/s
B6	m/s
in the same of the	m/s
	mmHg
Sales Cale	m/s
	B6

AV maxPG

mmHg



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Cardiology Liaison: 508-887-4696

	66	
karateratara	erena a rena a rena de la composition della comp	
Patient D	B6	
- Caranatacaracara	Innumerous memorial	
B6	Canine	
B6 Years	s Old Male (Neutered) Beagle Cros	J
White/Bro	OWN	

☐ John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC		
<b>B6</b>		
Cardiology Resident:		
B6	<u></u>	
Cardiology Technician:  B6 , CVT, VTS(Cardiology)  Student: B6 V17		
Presenting Complaint: Recheck generalized cardiomegaly with DCM failure	-like changes, congest	ive heart
a 247 - 5 - 248		
General Medical History:		
n June 2016 B6 began coughing. rDVM thought possibly relate		
In June 2016 B6 began coughing. rDVM thought possibly relate  B6 at this time. B6 developed progres	sive lethargy and inapp	petence as well
In June 2016 B6 began coughing, rDVM thought possibly relate B6 at this time B6 developed progres as exercise intolerance and shallow breathing pattern. Went backto	sive lethargy and inapp rDVM where chest rac	petence as well Is were
In June 2016 B6 began coughing. rDVM thought possibly relate  B6 at this time. B6 developed progres	sive lethargy and inapp rDVM where chest rac atient was referred to	petence as well Is were Tufts ER and
In June 2016 B6 began coughing, rDVM thought possibly relate B6 at this time B6 developed progres as exercise intolerance and shallow breathing pattern. Went back to performed. Enlarged heart and pulmonary edema were visualized. P placed in O2. Echo was performed that demonstrated a dilated LV c with DCM like changes, and CHF. Rule outs considered included ear	sive lethargy and inapp rDVM where chest ran atient was referred to avity with decreased or y DCM and cardiomyop	petence as well Is were Tufts ER and Ontractility, LAE oathy
In June 2016 B6 began coughing, rDVM thought possibly relate B6 at this time. B6 developed progres as exercise intolerance and shallow breathing pattern. Went back to performed. Enlarged heart and pulmonary edema were visualized. P placed in O2. Echo was performed that demonstrated a dilated LV c with DCM like changes, and CHF. Rule outs considered included earl secondary to myocarditis. Due to patient age and atypical breed-rec	sive lethargy and inapport of the control of the co	petence as well ds were Fufts ER and outractility, LAE pathy wels be
In June 2016 B6 began coughing, rDVM thought possibly relate B6 at this time B6 developed progres as exercise intolerance and shallow breathing pattern. Went back to performed. Enlarged heart and pulmonary edema were visualized. Polaced in O2. Echo was performed that demonstrated a dilated LV co with DCM like changes, and CHF. Rule outs considered included earl secondary to myocarditis. Due to patient age and atypical breed-rec measured. Taurine levels both elevated. CBC/Chem showed a mildly	sive lethargy and inapport of the control of the co	petence as well ds were Tufts ER and outractility, LAE pathy wels be
In June 2016 B6 began coughing, rDVM thought possibly relate B6 at this time. B6 developed progres as exercise intolerance and shallow breathing pattern. Went back to performed. Enlarged heart and pulmonary edema were visualized. P placed in O2. Echo was performed that demonstrated a dilated LV c with DCM like changes, and CHF. Rule outs considered included earl secondary to myocarditis. Due to patient age and atypical breed-rec	sive lethargy and inapport of the control of the co	petence as well ds were Fufts ER and outractility, LAE pathy wels be
In June 2016 B6 began coughing, rDVM thought possibly relate B6 developed progres as exercise intolerance and shallow breathing pattern. Went back to performed. Enlarged heart and pulmonary edema were visualized. Polaced in O2. Echo was performed that demonstrated a dilated LV cought by the changes, and CHF. Rule outs considered included early secondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Patient currently being managed on supplement.	sive lethargy and inapp rDVM where chest ran atient was referred to avity with decreased or y DCM and cardiomyop commended taurine lev elevated Ca but was o B6	petence as well ds were Tufts ER and portractility, LAE pathy vels be otherwise
In June 2016 B6 began coughing, rDVM thought possibly relate B6 developed progres as exercise intolerance and shallow breathing pattern. Went back to performed. Enlarged heart and pulmonary edema were visualized. Polaced in O2. Echo was performed that demonstrated a dilated LV country by like changes, and CHF. Rule outs considered included early secondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Patient currently being managed on supplement.  At home patient initially would not eat. Patient started all meds but	sive lethargy and inapport of the policy of	petence as well ds were Tufts ER and potractility, LAE pathy vels be therwise
In June 2016 B6 began coughing, rDVM thought possibly relate B6 at this time. B6 developed progres as exercise intolerance and shallow breathing pattern. Went back to performed. Enlarged heart and pulmonary edema were visualized. Poplaced in O2. Echo was performed that demonstrated a dilated LV country in the changes, and CHF. Rule outs considered included earliesecondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Patient currently being managed on supplement.  At home patient initially would not eat. Patient started all meds but womiting. Discontinued B6 Vomiting stopped but diarrhea per	sive lethargy and inapport of the policy of	petence as well ds were Tufts ER and ontractility, LAE pathy rels be otherwise There and DVM and got a
In June 2016 B6 began coughing, rDVM thought possibly relate B6 at this time. B6 developed progres as exercise intolerance and shallow breathing pattern. Went back to performed. Enlarged heart and pulmonary edema were visualized. Poplaced in O2. Echo was performed that demonstrated a dilated LV country to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis.	sive lethargy and inapport of the policy of	petence as well ds were Tufts ER and potractility, LAE pathy sels be otherwise Thea and DVM and got a B6 for 7
In June 2016 B6 began coughing, rDVM thought possibly relate B6 at this time. B6 developed progres as exercise intolerance and shallow breathing pattern. Went back to performed. Enlarged heart and pulmonary edema were visualized. Poplaced in O2. Echo was performed that demonstrated a dilated LV country to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis. Due to patient age and atypical breed-recondary to myocarditis.	sive lethargy and inapport of the policy of	petence as well ds were Tufts ER and potractility, LAE pathy vels be otherwise  Thea and DVM and got a B6 for 7 v. Now L B6

Owner has	B6	but has not been giving
t.		
California Naturals (kangaro	o and red lentil)- 2 cups 3x a day	
	a management a separation	
Cardiovascular History:		
Prior CHF diagnosis? Yes		
Prior ATE? No		
Prior arrhythmia? No County? No countries since o	rior visit, but there is a history of coup	1
	rior visit, but there is a history of coop ulty breathing? No residual shortness	
Syncope or collapse? No	uny oreanning: No residual silorniess	or or earn to towning oreset or meas
Sudden onset lameness? No		
Exercise intolerance? Yes		
Prior heart murmur? Yes II/\	/I holosystolic left apex	
Current Medications Pertin	ent to CV System:	
		1
	DC	
	R6	
	<b>B6</b>	
Cardia: Physical Francischia		
Cardiac Physical Examinatio		
Cardiac Physical Examination		
Muscle condition:		

Cardiovascular Physical Exam:	
Murmur Grade:	
None	□ rv/vı
□ I/M	□ v/vi
₩ II/VI	□ vvvi
	w vy vi
□ III/VI	
Murmur location/description: Holosystolic,	PMI left apex
Jugular vein:	
Bottom 1/3 of neck	Top 2/3 <sup>rd</sup> of neck
☐ Middle 1/3 of neck	
Arterial pulses:	
Weak	The second secon
	Bounding
☐ Fair	Pulse delicits
₩ Good	Pulsus paradoxus
☐ Strong	Other:
Arrhythmia:	
None	■ Bradycardia
Sinus arrhythmia	☐ Tachycardia
Premature beats	
Gallop:	
∐ Yes	Pronounced
M No.	Other:
	uner:
Intermittent	
Pulmonary assessments:	= transmit
Eupneic .	Pulmonary craddes
Mild dyspnea	Wheeres
Marked dyspnea	Upper airway stridor
Normal BV sounds	
Abdominal exam: Normal	
Hepatomegaly	Mild ascites
Abdominal distension	Marked ascites
Problems:	
	e out DCM or cardiomyopathy secondary to myocarditis)
Diagnostic plan:	Marine Marine
Echocardiogram (brief exam to view	☐ Dialysis profile
changes)	
Chemistry profile	Thoracicradiographs
□ EOG	MT-proBNP
Renal profile	Troponin I
☐ Blood pressure	Other tests:
Echocardiogram Findings:	
General/2-D findings:	
Brief fluid check: No changes from previous	5 exam.

Patient is now doing well at home, in	nproving every da	y with both appetite	and en	ergy. Renal values
submitted today. Despite the young			4. A.	Control of the contro
DCM. Recommend continuing	В6	Recommend to		
B6 after recheck renal values}to	o see if it is better		B6	Taurine levels are
normal,		B6		
Recommend recheck renal values at	rDVM in 2-3 weel	ks. Recheck echo and	exam î	in 3-4 months, or soon
if clinical signs develop such as increa	se RR/RE, cough,	collapse, or exercise	intoler	ance.
Final Diagnosis:				
DCM vs. cardiomyopathy (primary vs	. secondary to my	ocarditis) with secon	dary Ci	IF:
Mild PHT				
Heart Failure Classification Score:				
ISACHC Classification:	m			
□ la	III III III III III III III III III II			
□ lb	III mb			
M II				
ACVIM Classification:				
ACVIM Classification:	<b> □ c</b>			
■ B1	ΞD			
□ B2	- U			
шы				
William St.				
M-Mode		F		
MSd L∀IDd				an an
IVPWd				on
MSs				an
LVIDs		50		cm
LVPWs 92FS		B6		cm %
Ao Diam				on
LA Diam				on
IA/Ao				
MaxLA		L		an
M-Mode Normalized		Placetories		
MSdN				(0.29 - 0.52)
LVIDdN				(1.35 - 1.73) !
LVPWdN NSsN				(0.33 - 0.53) (0.43 - 0.71) !
LVIDSN		B6		(0.79 - 1.14)!
LVPWsN				(0.53 - 0.78) !
Ao Dian N				(0.68 - 0.89)
LA Diam N		l		(0.64 - 0.90)
<u>20</u>		parameter reconstruction.		
SALA				an
Ao Diam				on
SA LA / Ao Diam NSd				on
LVIDd		B6		on
LVPWd				an
EDV(Teich)				mi
MCc		1 1		ATT

LVIDs		an
LVPWs		cm
ESV(Teich)	B6	ml
EF(Teich)	DO	*
%FS		*
SV(Teich)		ml
Doppler	7	
MV E Vel		m/s
MV DecT		ins
MV A Vel		m/s
MV E/A Ratio	50	
E,	B6	m/s
A"		m/s
E/E'		
AV Vinax		m/s
AV maxPG	<u>[j</u>	mmHg

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	36		
Lambland		J	
Patient II	B6 Canine		
Indiameters.		(Neutered)	Beagle Cross

Attending Cardidogist:    John E. Rush DVM, MS, DACVIM (Cardidogist)   B6	rdiology), DA	CVEC	<u>c</u>			
Cardiology Resident:						
B6						
Cardiology Technician: B6 CVT, VTS(Cardiology	)					
Student: B6 ,V17						
Presenting Complaint: Recheck for historic	alkenatori DC	M one	d CHE			
TELEVISION NO. 115 CO. 125 CO.	any noteu De	AAL COL	u can			
Concurrent Diseases: History of DCM and C	HF					
	HF					
Concurrent Diseases: History of DCM and Concurrent Diseases: History of DCM and Concurrent Medical History: Was doing "really, really well" until 2 weeks respiratory effort with a cough; he had been	ago at which	- MINIM	recorder to the same of the sa			
General Medical History: Was doing "really, really well" until 2 weeks respiratory effort with a cough; he had bee (had only had to do this once in the past 4 r	ago at which n given an ex nonths previ	tra B	6 dose o	n two ever	its during that we	ek
General Medical History: Was doing "really, really well" until 2 weeks respiratory effort with a cough; he had bee (had only had to do this once in the past 4 r recommended increasing	ago at which n given an ex nonths previ B6	tra E ously)	6 dose o ; 1 week a and t	n two ever go he wen hat seems	its during that wo t to his rDVM wh to have resolved	ek )
General Medical History: Was doing "really, really well" until 2 weeks respiratory effort with a cough; he had beek (had only had to do this once in the past 4 recommended increasing breathing issue and cough for the most part	ago at which n given an ex nonths previo B6 t; he only had	tra B ously) d a ve	6 dose o ; 1 week a and t ry slight c	n two ever go he wen hat seems ough since	nts during that we t to his rDVM wh to have resolved increasing his	ek the
General Medical History:  Was doing "really, really well" until 2 weeks respiratory effort with a cough; he had been (had only had to do this once in the past 4 recommended increasing breathing issue and cough for the most part furosemide. Owner reports rDVM said there	ago at which n given an ex nonths previ B6 t; he only had e seemed to	tra B ously) d a ve be "fl	36 dose o ; 1 week a and t ry slight co luid aroun	n two ever go he wen hat seems ough since d kidneys a	nts during that we t to his rDVM wh to have resolved increasing his and liver" last we	ek he kvia
General Medical History: Was doing "really, really well" until 2 weeks respiratory effort with a cough; he had beek (had only had to do this once in the past 4 recommended increasing breathing issue and cough for the most part furosemide. Owner reports rDVM said ther palpation (no US performed) and he weight	ago at which n given an ex nonths previo B6 t; he only had e seemed to ed 5 more po	tra B ously) d a ve be "fl unds	36 dose o ; 1 week a and t ry slight o luid aroun last week	n two ever go he wen hat seems ough since d kidneys a at rDVM. (	its during that we to his rDVM who to have resolved increasing his and liver" last we Dwner is concern	ek he kvia
General Medical History:  Was doing "really, really well" until 2 weeks respiratory effort with a cough; he had been (had only had to do this once in the past 4 recommended increasing breathing issue and cough for the most part furosemide. Owner reports rDVM said there	ago at which n given an ex nonths previo B6 t; he only had e seemed to ed 5 more po	tra B ously) d a ve be "fl unds	36 dose o ; 1 week a and t ry slight o luid aroun last week	n two ever go he wen hat seems ough since d kidneys a at rDVM. (	its during that we to his rDVM who to have resolved increasing his and liver" last we Dwner is concern	ek he kvia
General Medical History: Was doing "really, really well" until 2 weeks respiratory effort with a cough; he had beek (had only had to do this once in the past 4 recommended increasing breathing issue and cough for the most part furosemide. Owner reports rDVM said ther palpation (no US performed) and he weight	ago at which n given an ex nonths previo B6 t; he only had te seemed to ed 5 more po B6	ously d a ve be "fl unds B6	36 dose o ; 1 week a and t ry slight o luid aroun last week a abdome	n two ever go he wen hat seems ough since d kidneys a at rDVM. O en looked i	its during that we to his rDVM who to have resolved increasing his and liver" last we Dwner is concerna distended.	ek the kvia d it
General Medical History:  Was doing "really, really well" until 2 weeks respiratory effort with a cough; he had beek (had only had to do this once in the past 4 recommended increasing breathing issue and cough for the most partfurosemide. Owner reports rDVM said ther palpation (no US performed) and he weight was ascites; she reports before increasing.  Activity has been decreased for the past we	ago at which n given an ex nonths previo B6 t; he only had e seemed to ed 5 more po B6	tra B ously) d a ve be "fl unds B6	dose o ; 1 week a and t ry slight co luid aroun last week a abdome	n two ever go he wen hat seems ough since d kidneys a at rDVM. ( en looked ( l. He is sle	its during that we to his rDVM who to have resolved increasing his and liver" last we Dwner is concerna distended.	ek the kvia d it

#### Diet and Supplements:

Hill's Chicken and Rice ideal balance kibbles (on Heartsmart website); gets about 1.5 cups Q12 Treats are frozen peas and frozen green peas

Cardiovascular History: Prior CHF diagnosis? Yes Prior ATE? No Prior arrhythmia? No Cough? Yes, intermittent and then res Shortness of breath or difficulty breat Syncope or collapse? No Sudden onset lameness? No Exercise intolerance? Yes, decreased of Prior heart murmur? Yes II/VI holosyst	hing? Yes, intermittent, resolved with increase exercise when in the yard	B6
Current Medications Pertinent to CV		) = ( m   = ( m ) = ( m ) = ( m ) = ( m   = ( m ) = (
	<b>B6</b>	
Cardiac Physical Examination:		
	<b>B6</b>	
Muscle condition:  Normal Mildmuscleloss	Moderate cachexia  Marked cachexia	
Cardiovascular Physical Exam:  Murmur Grade:  None  I/VI  II/VI  III/VI	IV/VI   V/VI   V/VI	

Murmur location/description: Left basilar systolic

Jugular vein:	
Bottom 1/3 of neck	Top 2/3rd of neck
Middle 1/3 of neck	
= made 43 or resk	
According to the contract of t	
Arterial pulses:	m
Wesk	Bounding
☐ Fair	Pulse deficits
Good	Pulsus paradious
Strung	Other:
Arrhythmia:	
None	■ Bradycardia
Sinus arrhythmia	Tachycardia
Premature beats	
Gallop:	
Yes	Proposed
M No	Other:
	uner:
☐ Intermittent	
2.2	
Pulmonary assessments:	
Eupneic .	Pulmonary craddes
Mild dyspnea	Wheeres
Marked dyspnea	Upper airway stridor
Normal BV sounds-maybe somew	
Abdominal exam: Very sensitive to co	ranial abdominal palpation once, but not repeatable; tense
Hepatomegaly	Mid ascites
Abdominal distension	Marked ascites
- Automia uscasiai	in mancu oxus
Problems:	
<del></del>	
DCM, CHF	
Increased respiratory effort and potential	ential ascites over the last week with lethargy
Diagnostie plan:	
M Echocardiogram	Dialysis profile
Chemistry profile	Thoracic radiographs
EGG FOG	MT-proBNP
Renal profile	Troponin (
	Other tests:
Blood pressure	Unertests:
Echocardiogram Findings:	
	<b>B6</b>

Mittral inflow:  Summated Normal		Pseudonormal Restrictive	
Delayed relaxation			
ECG findings:			
1	B6		
Assessment and recommen	lations:		
Echocardiogram reveals mild			
increased contractile function			he had developed ascites +/-
pulmonary edema, recomme	and continuing current	B6 ia	is long as renal values are
stable. Patient has gained we	eight and B6	dose is now a bit low, so	recommend also increasing
B6			we some vague discomfort
that was difficult to localize,	and has a history of m	ultiple ticks this fall, 4dx 1	was also submitted. Recheck
echo and exam in 3-4 month	s, or sooner if clinical s	igns develop such as incr	ease RR/RE, cough, collapse,
or exercise intolerance.		Agric A day and place of the control	
Final Diagnosis:			
DCM (primary vs. secondary	to munearditic with a	erondary CHE Inchange	redoma graported scrited
Mild PHT	to myotal altay with a	some yem gormana y	cuana, superior armsy
Heart Failure Classification S	core:		
ISACHC Classification:	-		
■ la		Illa	
■ lb		IIIb	
II II			
ACVIM Classification:			
□ A		c	
□ B1		2.	
□ B2	_	U	
<b>□ α</b> Ζ			
444			
<u>M-Mode</u> IVSd		The second second	-
LVIDd			om
LVPWd			cm
			om
IVSs			om
LVIDs		DC	cm
LVPWs		B6	om .
%FS			%
Ao Diam			sam .
LA Diam		in the second se	om
LA/Ao			
Max LA		1	cm
M-Mode Normalized			
IVSdN			(0.29 - 0.52) !
LVIDdN		B6	(1.35 - 1.73)!
		harasad .	frame, 111.01.

LVPWdN	To the fact that the fact that	(0.33 - 0.53)
IVSsN		(0.43 - 0.71)
LVIDsN	11	(0.79 - 1.14) !
LVPWsN	B6	(0.53 - 0.78)
Ao Diam N		(0.68 - 0.89)
LA Diam N		(0.64 - 0.90) !
	1	
<u>2D</u>	y hand work has drawn hand we may	
SA LA		om
An Diam		om
SA LA / Ao Diam		
IVSd		cm
LVIDd		om
LVPWd		om
EDV(Teich)	B6	ml
IVSs	20	om
LVIDs		cm
LVPWs		om
ESV(Teich)		ml
EF(Teich)		%
%FS		%
SV(Teich)	L	ml
Doppler	A CONTROL OF THE CONT	
MV E Vel		m/s
MV DecT		ms
MV A Vel		m/s
MV E/A Ratio		
F .		m/s
A'		m/s
E/E'	B6	
PV Vmax		m/s
PV maxPG		mmHg
AV Vmax		m/s
AV maxPG		mmHg
TR Vmax		m/s
TR maxPG	las minima mini	mmHg



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Bo	
Patient D: B	
B6 Car	
the state of the s	Maie (Neutered) Beagl
Cross	
White/Brown	BW: Weight (kg) 20.40

#### **Cardiology Consultation**

Date Bo	
Weight: Weight (kg) 20.40	
Patient location: KU 02	
Requesting Clinician:	B6 DVF (Emergency and Critical Care Resident)
Attending Cardiologist:	
John F. Rush DVM.	AS. DACVIM (Cardiology). DACVECC.,
	B6
Cardioloev Resident:	
B6	
Thoracic radiographs avail	ble for review?
Yes - in SS	
Yes - in PACS	
No	
■ No	
No  Presenting complaint and	mportant concurrent diseases: Cough, cardiomegaly and pulmonar
No  Presenting complaint and	mportant concurrent diseases: Cough, cardiomegaly and pulmonar
No  Presenting complaint and it edema on rDVM rads	
No  Presenting complaint and i edema on rDVM rads  Current medications and d	B6
No Presenting complaint and i edema on rDVM rads Current medications and d	
No Presenting complaint and i edema on rDVM rads Current medications and d	B6
No Presenting complaint and it edema on rDVM rads  Current medications and d  *STO	P-remainder of form to be filled out by Cardiology*
No Presenting complaint and it edema on rDVM rads Current medications and d *STO	B6
No Presenting complaint and i edema on rDVM rads Current medications and d *STO Physical Examination	P-remainder of form to be filled out by Cardiology*  B6
No  Presenting complaint and it edema on rDVM rads  Current medications and d  *STO  Physical Examination  Muscle condition:  Normal	P-remainder of form to be filled out by Cardiology*  B6  Moderate cachexia
No  Presenting complaint and it edema on rDVM rads  Current medications and d  *STO  Physical Examination  Muscle condition:	P-remainder of form to be filled out by Cardiology*  B6
No  Presenting complaint and itedema on rDVM rads  Current medications and d  *STO  Physical Examination  Muscle condition:  Normal  Mild muscle loss	B6 P-remainder of form to be filled out by Cardiology*  B6  Moderate cachexia Marked cachexia
No Presenting complaint and it edema on rDVM rads Current medications and d *STO Physical Examination  Muscle condition:  Normal Mild muscle loss Cardiovascular Physical Ex	B6 P-remainder of form to be filled out by Cardiology*  B6  Moderate cachexia Marked cachexia
Presenting complaint and it edema on rDVM rads  Current medications and d  *STO  Physical Examination  Muscle condition:  Normal  Mild muscle loss  Cardiovascular Physical Ex	B6 P-remainder of form to be filled out by Cardiology*  B6  Moderate cachexia Marked cachexia
Presenting complaint and it edema on rDVM rads  Current medications and d *STO  Physical Examination  Muscle condition:  Normal  Mild muscle loss  Cardiovascular Physical Ext Murmur Grade:	B6 P-remainder of form to be filled out by Cardiology*  B6  Moderate cachexia Marked cachexia

III/VI	
Murmur location/description: sy	stolic left apical
Jugular vein:  Bottom 1/3 of neck  Middle 1/3 of neck	☐ Top 2/3 of neck
Arterial pulses:  Weak Fair Good Strong  Arrhythmia: None	Bounding Pulse deficits Pulsus paradoxus Other (describe):  Bradycardia Tachycardia
☐ Premature beats Gallop: ☐ Yes ☑ No ☐ Intermittent	Pronounced  Other:
Pulmonary assessments:  Eupneic  Mild dyspnea  Marked dyspnea  Normal BV sounds	Pulmonary Crackles  Wheezes  Upper airway stridor  Other auscultatory findings:
Abdominal exam:  Normal Hepatomegaly	Abdominal distension  Mild ascites
Echocardiogram Findings:	
	<b>B6</b>
Posseler findings:	6
Mitual inflow:  Summated Normal Delayed relaxation	Pseudonomal  Restrictive

ECG findings:						
В6						
Radiographic findings:						
rDVM radiographs- Moderate ge Pattern most likely consistent wi than typical.						
Assessment and recommendation						nia stali
Echocardiogram reveals dilated I changes and secondary CHF, alth					A Company of the Comp	
DCM or cardiomyopathy second increased, which is not typical of stroke volume. Recommend sub-	ary to myocarditis vs prim DCM, but no other defer mittine CBC and chemistry	ary cardiom ts are visible . Recomme	yopati e that nd con	ny. Aort would n tinuing	ic velocit esult in in B6	y is slightly icreased
B6 unusual appearance of pulmona	if patient is eat					e somewha B6
treatment. However, patient has essential at this time. Given the p recommend submitting taurine I a travel history outside of New E renal values in 10-14 days. Recho	young age, atypical breed levels (serum and whole b ingland could consider te	, and non tr lood) or sup	adition pleme	nal diet ( nting wi	kangaro th taurin	o and lentil e. If there is
Recheck appointment schedule: 887 4696 if need to reschedule.	d with cardiology on Tue	cky August	2nd s	: 31AM.	. Please c	all 508
Recheck appointment schedule: 887 4696 if need to reschedule. <u>Treatment plan</u> :	d with cardiology on Tue	day August	2nd s	± 31AM.	. Please c	all 508
Recheck appointment schedule: 187 4696 if need to reschedule. Treatment plan: Final Diagnosis: DCM vs. cardiomyopathy (prima	B6					all 500
Recheck appointment schedule: 187 4696 if need to reschedule. Treatment plan: Final Diagnosis: DCM vs. cardiomyopathy (prima Mild PHT	d with cardiology on Tues  B6  ry vs. secondary to myoca					all 508
Recheck appointment schedule:  187 4696 if need to reschedule.  Treatment plan:  Final Diagnosis:  DCM vs. cardiomyopathy (primal Mild PHT)  Heart Failure Classification Score  ISACHC Classification:	d with emiliology on Tues  B6  ry vs. secondary to myoca					sii 500
Recheck appointment schedule:  187 4696 if need to reschedule.  Treatment plan:  Final Diagnosis:  DCM vs. cardiomyopathy (primal Mild PHT)  Heart Failure Classification Score ISACHC Classification:	d with cardiology on Tues  B6  ry vs. secondary to myoca					all 500
Recheck appointment schedule:  187 4696 if need to reschedule.  Treatment plan:  Final Diagnosis:  DCM vs. cardiomyopathy (primal Mild PHT)  Heart Failure Classification Score  ISACHC Classification:	d with emiliology on Tues  B6  ry vs. secondary to myoca					sil 502
Recheck appointment schedule:  187 4696 if need to reschedule.  Treatment plan:  Final Diagnosis:  DCM vs. cardiomyopathy (primal Mild PHT)  Heart Failure Classification Score  ISACHC Classification:	d with cardiology on Tues  B6  ry vs. secondary to myoca					sii 50%
Recheck appointment schedule:  167 4696 if need to reschedule.  Irestment plan:  Final Diagnosis:  DCM vs. cardiomyopathy (prima: Mild PHT  Heart Failure Classification Score  SACHC Classification:	B6  ry vs. secondary to myoca					all 503
Recheck appointment schedule:  887 4696 if need to reschedule.  Treatment plan:  Final Diagnosis:  DCM vs. cardiomyopathy (primal Mild PHT)  Heart Failure Classification Scort ISACHC Classification:	d with cardiology on Tues  B6  ry vs. secondary to myoca					<b>509</b>

M-Mode	position of	
IVSd	1	om
LVIDd		am
LVPWd		om
IVSs		om
LVIDs	1	om
LVPWs	B6	om
%FS	В	%
Ao Diam		om
LA Diam	1	om
LA/Ao		
Max LA		cm.
EPSS		om
Maria Managara		
M-Mode Normalized IVSdN	<u> </u>	(0.29 - 0.52)
LVIDdN		(1.35 - 1.73)!
LVPWdN		The same of the sa
IVSsN		(0.33 - 0.53)
	B6	(0.43 - 0.71)
LVIDsN	en e	(0.79 - 1.14) !
LVPWsN		(0.53 - 0.78) !
Ao Diam N		(0.68 - 0.89)
LA Diam N	<u> </u>	(0.64 - 0.90)
20		
SALA	The state of the state of	om
Ao Diam		cm
SA LA / Ao Diam		
IVSd		cm
LVIDd		cm
LVPWd		cm
EDV(Teich)	B6	mi
IVSs	В	om
LVIDs		am
LVPWs		om
ESV(Teich)		ml
EF(Teich)		%
%FS		%
SV(Teich)	<u>L</u>	mi
Downlor		
<u>Doppler</u> MR Vmax	[	m/s
MR maxPG		
MV E Vel		mmHg
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MV A Vel	B6	ms en/e
		m/s
MV E/A Ratio		-1-
E A'		m/s
Α'	1	m/s

E/E'
PV Vmax
PV maxPG
AV Vmax
AV maxPG
TR Vmax
TR maxPG

TR maxPG

Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Far (508) 839-7951 http://vetmed.tufts.edu/

Patient Name: B6	Owner B6	Patient ID: B6
Species: Canine		(m-18(m-18(m-18(m)))
White/Brown Male (Neutered) Beagle	B6	
Cross	1	
Rithdate: B6		
Attending Cardiologist:    John F. Rush D.M. MS. DACKIM.    B6	Cardinined, DACMECC	
Cardiology Resident:		
B6		
Student: B6 V19 Cardiology Technician:		
B6		
Admit Date: 6/13/2018 2:23:44 PM		
Discharge Date: 6/13/2018		
Diagnoses: Dilated cardiomyopathy (DOV	l) with history of congestive heart fail	ure-improving
Clinical Findings:		
Thank you for entrusting us with B6	continued care. B6 looked great	on physical exam today. We performed an
echocardiogram, and as with the last visit,	there continues to be improvement.	B6 heart chambers have reduced to a
normal size, and his contractility is that of	a normal heart at this time.	
As B6 is doing well, we would like to	decrease the amount of B6	he is on. Instead of receiving 86
B6		structions below. We aregoing to slowly
reduce his other medication as well. Pleas	e refer to the schedule listed below.	
Monitoring at Home:	Section Section Section (Section Section Secti	
You have been doing a wonderful job taki	Name and Association of the Contract of the Co	
able to monitor his respiratory rate and el		
Terenene renerence renerence	"List is held was also, he also were list, it has believed by the list of the list of the list of the list of the list."	reart medications, please record B6
- interpretation and interpretation		night. Around June 28th, please contact our
Manuferential enterent description of the second se	elemental element	ilts.edu to let us know how B6 is doing.
It is likely most helpful if you can email us	your recordings. At that point, we will	discuss further reductions in his
		justing doses) until we have reached a level
where B6 is recieving the minimum n	nedications necessary to allow him to	continue to do well.

An increase in breathing rate or effort will usually mean that you should give an extra dose of B6 if diffice breathing is not improved by within 30-60 minutes after giving extra B6 it then we recommend that a recheck ex
be scheduled and/or that your dog be evaluated by an emergency clinic.
We also want you to watch for weakness or collapse, a reduction in appetite, worsening cough, or distention of the bell these findings indicate that we should do a recheck examination.
If you have any concerns, please call or have your dog evaluated by a veterinarian. Our emergency clinic is open 24 hours/day.
Diet Suggestions: B6 should continue to eat his current diet. Vegetables are a great treat for trying to lose weight Your regular veterinarian can help manage the amount he eats to ensure he is at a healthy weight. Losing weight may make B6 more energetic and will help him to stay healthy and happy longer.
Exercise Recommendations: Please continue to allow B6 to set his limitations for exercise, as you have been doing seems as thought the morning walks you have been taking with him area good level for him, but if he becomes more exercise intolerant, the length may need to be reduced.
Recommended Medications:
<b>B6</b>
Recheck Visits: Since B6 is doing so well, we would like to start reducing his heart medications. Please return in 6 months for a recheck echocardiogram
Thank you for entrusting us with B6 care. He is a very sweet boy, and we are very happy that he has been doing s
well! Please contact our Cardiology liaison, B6 at (B6 premail us at cardiology liaison, both school and non-emergent questions or concerns.
Please visit our HeartSmart website for more information http://web.tufts.edu/heartsmart/
Prescription Infill Discloimer:  For the safety and well-being of our patients, your pet must have had an examination by one of our veterinarians within the page of the 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 journerer trailers with a prescription/veterinary approval.
Clinical Trink:

Clinical triols are studies in whi promising new test or treatmen				and your pet to investigate a specific disease process or a 'evrac/clinical studies
Case	В6	Owner	B6	Discharge Instructions

Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Te lephone (508) 839-5395 Fax (508) 839-8739 http://vetmed.tufts.edu/

Patient	Owner	
Name B6	Marge: B6	Patient ID: B6
Species: Canine	Address	None and the contract of
White/Brown Male (Neutered) Beagle	B6	
Cross		
Rirthdate B6		
Attending Cardiologist:  John E. Rush DVM, MS, DACVIM (	Combined Diction	
SATTE RUBIDUM, MS, DACVIM	Catabogy, Da. ve.c	
<b>B6</b>		
Cardioloev Resident:	6	WE AND AS A STATE OF THE STATE
Student: B6 V18		
Cardiclogy Technician:		
B6	The state of the s	
Date: 6/22/2017	anagana).	
max. ujzzjzuri		
Diagnoses: Dilated cardiomyopathy (DOM	) with history of congestive heart fa	iture
(Seinal Circlines: Thorse you for bringing	B6 intoday for his surbork with	Tufts Cardiology. B6 was looking great on
examination today. No murmur was hear		
	110000000000000000000000000000000000000	now B6 is tolerating his medications. We
will call you later today or tomorrow with		L. L
Monitoring at Home:		
<ul> <li>Wewould like you to manitor you</li> </ul>		home, ideally during sleep or at a time of rest.
	od based on the breathing rate and e failure that is well controlled have a	breathing rate at rest of less than 35 to 40
		nount of bely wal motion used for each
breath, is fairly minimal if heart fa		
O An increase in breathing rate or e		uldgive an extra dosed B6 if
	ed by within 30-60 minutes after givi	
	d and/or that your dog be evaluated	
	ealmess or collapse, a reduction in a at we should do a redheck examinati	ppetite, worsening cough, or distention of the ion.
		veterinarian. Our emergency clinic is open 24
nousyday.		
Diet Suggestions: B6 should continue	e to eat his current diet.	

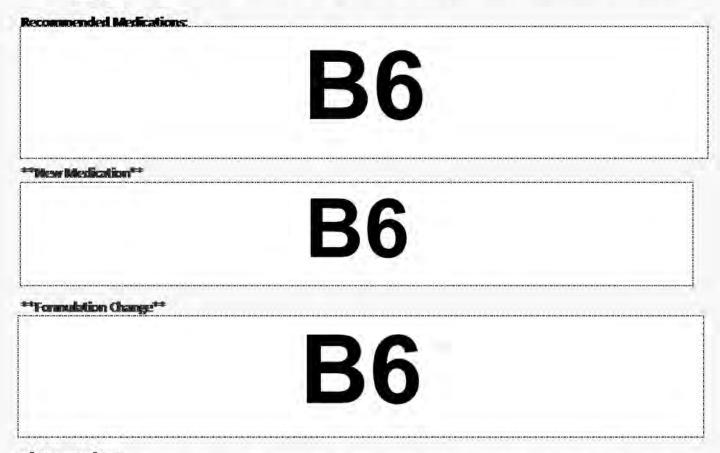
Recommended Medications:	**No changes at this time**
	<b>B6</b>
Recheck Visits: We recommend a reched let us know as he may need to be seen so	k in about 6 months. However, if you have any concerns in the meantime, please oner.
Thank you for allowing us to participate i	n B6 care. He is such a sweet boy and we are so glad he is doing so well!
Please visit our HeartSmart website for m http://web.tufts.edu/heartsmart/	rore information
Prescription Refill Discloimer: For the safety and well-being of our patient year in order to obtain prescription medicati	ts, your pet must have had an examination by one of our veterinarians within the past ions.
	to purchase the recommended diet(s). If you wish to purchase your food from us, 1629) to ensure the food is in stock. Alternatively, veterinary diets can be ordered from ry approval.
	nory doctors work with you and your pet to investigate a specific disease process or a cour website: <u>vet.tufts.edu/cvmc/clinical-studies</u>
case B6	Owner B6 Discharge Instructions



Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Fax (508) 839-8739 http://wetmed.tuiks.edu/

Palient	Owner		, Alle (mile) mile i mile i mi
Plane B6 [	Maine B6	-1	Patient ID: B6
Species: Canine White/Brown Male (Neutered) Beagle	Address:	B6	
Oros	L		
Birthdate B6			
Attending Cardiologist:			
John E. Rush DVM, MS, DACVIM	(Cardiology), DACVEO	<u>x</u> ,	
В6			
Cardiology Resident:			
B6			
Student: B6 V17			
Cardiology Technician: B6	:VT, VTS(Cardiology)		
Date: 8/2/2016			
Diagnoses: Dilated cardiomyopathy (DOV	<ol><li>with history of con</li></ol>	gestive heart failure	
Clinical Findings		والمستقدم السخواط والمسالم	- the MOSA This discussion was
B6 has been diagnosed with a prima common in large and giant breed dogs an		r fancialism and a facility and an arrangement of the facility	to Direct Control of the Control of
function, and enlargement of the upper of			
somewhat atypical for this disease. Signifi		the contract of the contract of	기계 경영 이 공급 이 경이 시계 시간 하는 하시네가 만든데 기계 경험 전략을 하게 되는데 살이 되었다. 점점 먹는데 되었다.
at this stage B6 has not been having	at contract A contract of the last Acres A	and the fact the discountry in a	S range of the same of the sam
6 tapanananananananananananananananananana			
Today we rechecked B6 blood world	k to determine if he i	stolerating his medication	s. We will call you with these
results. Because B6 is not the typical	breed or age of dog	to develop DCM, weako t	ookanotherquick lookat B6
heart via echocardiogram today. The ech	ocardiogram findings	were very similar to his pr	evious examination, with visible
enlargement of all heart chambers. Low t		en associated with DVM, I	but B6 taurine levels came
back yesterday, and are within normal lin	nits.		
Monitoring at home:			
<ul> <li>Wewould like you to monitor yo</li> <li>The doses of drugs will be adjust</li> </ul>			ally during sleep or at a time of rest.
O in general, most dogs with hear			ing rate at rest of less than 25 to
			f bely wall motion used for each
breath, is fairly minimal if heart f		NI, NORTH BY SECREBURE	TODAY WAITIERATION CHEST
o An increase in breathing rate or a		an that you should give an	extra dose of B6 if
difficulty breathing is not improve		71000	B6 then we recommend
that a recheck exam be schedule		Lance Lance	agency dinic.

- O There are instructions for monitoring breathing, and a form to help keep track of breathing rate and drug closes, on the Tufts HeartSmart web site (http://vet.tufts.edu/hearismart/).
- We also want you to watch for weakness or collapse, a reduction in appetite, worsening cough, or distention of the belly as these findings indicate that we should do a recheck examination.
- If you have any concerns, please call or have your dog evaluated by a veterinarian. Our emergency clinic is open 24hours/day.



### Diet suggestions:

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

Your dog's usual diet may also have more sodium than recommended - we want him to continue to eat his normal diet until we are sure he is tolerating medications well, but after that time we would recommend slowly introducing one of the lower sodium diets on the HeartSmart list (25% of the new diet and 75% old diet for 2-3 days, then 50:50, etc.). Hopefully you can find a diet on the list that your dog likes to eat. Alternatively, if you are attached to the current diet you can research the amount of sodium in the diet to ensure that the sodium content is similar to those on the list.

The HeartSmart web site also has some information on supplements such as fish oil, taurine, and other supplements that you might have questions about.

### Exercise Recommendations:

Now that B6 heart failure is better controlled, 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 visit with your primary care veterinarian is recommended in 1-2 weeks to recheck kidney values. If his blood work

	am is re	commended in 3-4	months.	twice daily.  We have scheduled a recheck for Thursday December 8th at intrinsit or if you have any concerns.
Please visit our HeartSn http://vet.tulfs.edu/he			mation	
Case	B6	Owner	B6	Discharge Instructions

Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Far (508) 839-8739 http://vetmed.tufts.edu/

### Discharge Instructions

Patient	OWENET			paramata anatay.
Name B6	Mames Bo	3	and a	Patient ID: B6
Species: Canine	Address:	B6		
White/Brown Male (Neutered) Beagle		DO		
Cross			225	
Birthdate: B6				
Attending Cardiologist:  John E. Rush DVM, MS, DACVIM (	Cardiology), DAC	MECC		
B6				
Cardiology Resident:				
Another state and a second state of the second	36			
Student: B6 V17				
United and the second s	VT, VTS(Cardiolog	sy)		
Date: 12/8/2016				
222 22, 4, 2020				
Diagnoses: Dilated cardiomyopathy (DOM Clinical Findings: Thank you for bringing been doing well until two weeks ago when	B6 intoday fo	r his recheck wit	h Tults Cardiology	
B6 was increased to B6				
B6 respiratory difficulty. His activity				
good appetite. You report that B6 ha		Format plantary person per	Contractor of the Contractor of the Contractor	tmayhavebeena B6
B6 ; he remained standing		and the same of th		h-tautantautan
chambers of his heart are very mildly more stable. We did not identify any pieural effi	e dilated than the usion (fluid in the	y were previous duest) or ascites (	ly, but his heart's c (free fluid in the ab	
We also submitted his blood for a test call seemed potentially painful during his educ				
abdomen when he is sleeping for about a				
	B6			to a construction of the second
	(P)ata(ata)ata(ata)ata(ata)ata(at	riale (e) Piale (e) Piale (e) Piale (e		

### Monitoring at Home:

- O 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.
- o 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 86 )
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 dinic.
O There are instructions for monitoring breathing and a form to help keep track of breathing rate and drug closes, of the Tufts HeartSmart web site (http://vet.tufts.edu/heartsmart/).
<ul> <li>We also want you to watch for weakness or collapse, a reduction in appetite, worsening cough, or distention of th</li> </ul>
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 2- hours/day.
o Please continue to monitor B6 for any repeated episodes of facial twitching or seizures. If this occurs again
B6 should be evaluated by a veterinarian.
The latest the second s
Diet Suggestions: Please continue to feed B6 his current diet. You can also continue to feed B6 frozen peas as a
treat.
Exercise Recommendations: Try to limit B6 activity to short leashed walks until he is feeling better. 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, but we do want B6 to enjoy life and have fun.
Recommended Medications:
<b>B6</b>
Recheck Visits: A recheck appointment and echocardiogram is recommended in 3-4 months as long as B6 is doing we You can reach the cardiology liaison B6 at B6 to schedule this appointment.  Thank you for entrusting us with the care of B6 he is a great dog and it was nice to see you both today.
manyunu enusungus wurtuetaeur bo nesa gentunganu kwasinten seryunuurinuay.
Prescription Refill Discloimer:  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:
To ensure your get food is in stock, please call 7-10 days in advance at 508-887-4629. Alternatively, foods can be ordered
through www.chewy.com or www.petfocddirect.com
Clinical Triols:  Clinical triols are studies in which our veterinary dactors work with you and your pet to investigate a specific disease process or a
promising new test or treatment. Please see our website: <u>vet.tufts.edu/cvmc/dinical-studies</u>
Case: B6 Owner: B6 Distharge Instructions
COST CONTRACTOR OF TAXABLE SCHOOL OF TAXABLE SCH

Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Far (508) 839-7951 http://wetmed.tufts.edu/

Lancia Control	and the	
Patient Name B6	Owner	Patient ID: B6
Species Canine	Maine B6	
White/Brown Male (Neutered) Beagle	B6	1
Cross	T	.i
B6		
Attending Cardiologist:  John E. Rush DVM, MS, DACVIM	(Cardiology), DACVECC	
B6		
Cardiology Resident:		
B6		
Student: B6 V18		
- Indiana de la companya de la comp		
Cardiology Technician:		
B6		
Dake 12/8/2017		
124 oy 2013		
Diagnoses: Dilated cardiomyopathy (DOM	) with history of congestive heart f	ailure
Clinical Findings: Thank you for bringing	B6 in today for his recheck with	Tufts Cardiology B6 sooked great on
examination today, and his echocardiogra		
the past, and his heart's contractile functi		An annual
		ting his current medications and no changes
are required. His heart looks good enough blood work looks great and he is feeling g		Company of the compan
montwork nows great and ness recently g	carno una go are nomy novos	yatus uns
Monitoring at Home:		
and the second control of the second control of the second	Angel Contract of the Contract	t home, ideally during sleep or at a time of rest.
	ed based on the breathing rate and	enor. a breathing rate at rest of less than 35 to 40
		mount of belly wal motion used for each
breath, is fairly minimal if heart fa		
O An increase in breathing rate or e		the state of the s
	ed by within 30-60 minutes after gi	harman and a second
	d and/or that your dog be evaluated	
	[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	appetite, worsening cough, or distention of the
the state of the state of the last and the state of the s	at we should do a recheck examina call on hours on a characterized by:	CATA. O sentencio curiose. Os un consenuence delimie ie custom 24.

Recommended Medication	5:				
		B	6		
Recheck Visits: We recomme et us know as he may need appointment.					
Thank you for allowing us to	participate in	B6 care.He	is such a goo	nd boy and we are so	glad he is doing so well!
Please visit our HeartSmart v	vebsite for mon		is such a god	id boy and we are so g	glad he is doing so well!
Please visit our HeartSmart v http://wet.tuits.edu/heartsn Prescription Refill Discloimer: For the safety and well-being	vebsite for more rart/ of our putients, )	e information your pet must ho			
Please visit our HeartSmart v http://wet.tufts.edu/heartsm Prescription Refil Discloimer: For the safety and well-being year in order to obtain prescrip Ordering Food: Please check with your primar please call 7-10 days in advan	velosite for mon vart/ of our putients, y tion medication y veterinarian to ce (508-887-462	e information  your pet must have  purchase the rect  9) to ensure the j	e had on exa mmended die	nination by one of our et(s). If you wish to pur	veterinarians within the par chase your food from us,
Thank you for allowing us to Please visit our HeartSmart visitips//wet.tufts.edu/heartsm Prescription Refill Discloimer: For the safety and well-being year in order to obtain prescrip Ordering Food: Please check with your primor please call 7-10 days in advant please call 7-10 days in advant please the continuity of prescrip Clinical Trials: Clinical trials:	velosite for mon vart/ of our putients, y dion medication y veterinarian to ce (508-887-462 tion/veterinary o	e information your pet must have purchase the reci purchase the reci purchase the second purchase the second purchase the second purchase the second	e had an exa on mended dic lood is in stool	nination by one of our et(s). If you wish to put k. Alternatively, veterin ur pet to investigate o	veterinarians within the particular veterinarians within the particular veterinarians within the particular veterinary diets can be ordered from us,

Emergency & Critical Care Liaison: (508) 887-4745

interstitial to alveolar patterm.

Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Fax (508) 839-8739 http://wetmed.tufts.edu/

Patient	[	Owner	
Name	B6	Name:	DC
Signalment:	B6 Years Old White/Brown Male (Neutered) Beagle Cross	Address:	DO
Patient ID:	B6		
Primary Clinicians	B6 DWF (Emergency an	d Critical Care Res	ident)
Consulting Clinician:	i kanan manan m		
Attending Clinician:			
(MTRO) (minimina/minimina/minimina/minimina/minimina/minimina/minimina/minimina/minimina/minimina/minimina/min	B6		в се у в се и в се и се и се и се и се и се и
	ь		1
Case summary  B6 has been dia more common in larg pump function, and a arrhythmias which ca signs of arrythmia. The heart enlargeme into the lungs or bell	1:44:13 PM B6 gnosed with a primary heart muscle dise ge and giant breed dogs and is character enlargement of the upper chambers of the an be life-threatening and also require m onthas now progressed to the point of co y. Unfortunately this is a progressive dise can use cardiac medications and some c	ized by thirming of he heart. Many do; edical managemer ingestive heart fail isse and we canno	the walls of the heart, reduced cardiac gs with DOM will also have significant nt, although B6 did not showed any ure, meaning that fluid is backing up treverse the changes to the heart
DOM can be the cons	sequence of taurine deficiency. Given the		
	of taurine has been sent and we are exce eliciency, the treatment is harmless.	true me result i	TO TO TO THE WASHINGTON ON WILL
Diagnosis:			
1. Dilated cardiomyo	pathy (DCM)		
2. Taurine deficiency	:Results pending		
Diagnostic test resu	its and findings:		
Chestradiog	gaph (x-ray) findings: Moderate generali	zed cardiomegaly,	left atrial enlargement, diffuse

Echocardiogram findings: All chambers of the heart are enlarged and there is a leak at the mitral valve

120 and 130 b	part.	
	36	
the first about the first on the state of the same	ring sleep	orata time of
reathing rate a		
deivean estra :	dose of	B6
minimizes.	B6	henwe
Tarrest and		
ation.	700.70	
	nome, ideally di and effort. preathing rate a amount of belly digive an extra after giving e evaluated by ep track of bres art/). petite, worseni action.	iome, ideally during sleep and effort. ireathing rate at rest of le amount of belly wall motio digive an extra dose of after giving B6 is evaluated by an emerge ep track of breathing rate petite, worsening cough, o

### Diet suggestions:

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

Your dog's usual diet may also have more sodium than recommended - we want him/her to continue to eat his/her normal diet for the first 7 to 14 days so we can make sure he is tolerating medications well, but after that time we would recommend slowly introducing one of the lower sodium diets on the HeartSmart list (25% of the new diet and 75% old diet for 2-3 days, then 50-50, etc.). Hopefully you can find a diet on the list that your dog likes to eat.

Alternatively, if you are attached to the current diet you can research the amount of sodium in the diet to ensure that the sodium content is similar to those on the list.

The HeartSmart web site also has some information on supplements such as fish oil, taurine, and other supplements that you might have questions about.	
Exercise Recommendations:  For the first 7 to 10 days after starting medications for heart failure we recommend very limited activity. Leash wall 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 awand 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:	
Recheck appointment scheduled with cardiology on Tuesday August 2nd at 11AM. Please call 50	8
887 4696 if need to reschedule.	
At this visit we will check your dog's breathing effort and heart function, do a blood test to recheck kidney values, as probably recheck a blood pressure. A recheck echocardiogram is recommended in 3-4 months.	nd
Please visit our HeartSmart website for more information http://vei.tuits.edu/heartsmart/	
Thank you for bringing us B6 he is a very cute dog. If you have any questions or concern, please e-mail me (	
B6 pults.edu) or feel free to contact our emergency service 24/7 : 508-839-5395.	
- Production of Personal Production of Produ	
Case B6 Owner B6 Discharge Instructions	

Cardiology Liaison: 508-887-4696

Cardiovascular History:

Patient D: B6

B6 Canine

B6 Years Old Male (Neutered) Beagle Cross
White/Brown

### **Cardiology Appointment Report**

Date: 12/8/2017
Attending Cardiologist:
John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC
<b>B6</b>
Cardiology Resident:
B6
Cardiology Technician:
B6
Student: B6 V18
Presenting Complaint: Recheck of historical DCM (diagnosed B6
Concurrent Diseases: None
General Medical History:
Dx with DCM-like changes, secondary CHF, mild PHT B6 Taurine levels sent out
due to concern for taurine deficiency as the cause, but levels were elevated.
B6 has been doing well since his last visit, however, he started coughing at night a few weeks ago. Lasted for around 10 days. Coincided with when owner went out of
town and her husband was giving B6 his meds- concerned that he may have
been giving the wrong amounts. Additional B6 were not given when he was
coughing. Since owner has returned and B6 is definitely on his regular schedule,
coughing has subsided and he is doing well. No exercise intolerance. Good appetite.
Diet and Supplements:
Hill's Chicken and Rice ideal balance kibble (on Heartsmart website) - 1.5cups BID
Gets frozen carrots and other veggies as treats is

Prior CHF diagnosis? yes

Prior ATE? no

Prior arrhythmia? no

Cough? occasional when possibly not getting all of his meds

Shortness of breath or difficulty breathing? no

Syncope or collapse? no

Sudden onset lameness? no

Exercise intolerance? no

Prior heart murmur? yes, intermittent I/VI holosystolic left basilar on last PE

Current Medications Pertinent to CV System:

# **B**6

Cardiac Physical Examination:	
	36
Muscle condition:	
Normal	Moderate cachesia
Mild muscle loss	Marked cachecia
Cardiovascular Physical Exam:	
Murmur Grade:	TH coase
None III	□ v/vi
I I/VI	■ vi/vi
III/VI	= 10.5%
Murmur location/description: L sys	tolic basilar
lugular vein:	E
Bottom 1/3 of neck	Top 2/3 <sup>rd</sup> of neck
Middle 1/2 of node	

Arterial pulses:		
Weak	Bounding	
☐ Fair	Pulse delicits	
Good	Pulsus paradonus	
■ Strong	Other:	
Arrhythmia:		
M None	Bradycardia	
Sinus arrhythmia Premature beats	☐ Tachycardia	
Gallop:	E CONTRACTOR OF THE CONTRACTOR	
Yes	Pronounced	
₩ No	Other:	
Intermittent		
Pulmonary assessments:		
Eupneic	Pulmonary crackles	
Mild dyspnea	Wherzes	
Marked dyspnea	Upper airway stridor	
Normal BV sounds		
Abdominal exam:		
Normal /tense	Mild ascites	
Hepatomegaly	Marked ascites	
Abdominal distension		
Problems:		
(1) Hx DCM (primary vs secondary to	myocarditis) with secondary CHF	
(2) Hx mild PHT		
Diagnostic plant		
M Echocardiogram	Dialysis profile	
Chemistry profile	Thoracic radiographs	
ECG	NT-proBNP	
Renal profile	☐ Troponin I	
Blood pressure	Other tests:	
Echocardiogram Findings:		
		***********************
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10 A	<b>B6</b>	
i (1)		
Lacron	(a) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(#)#1#1#(#)#1#1#(#)#1#1#(#)#1#1#(#)#

### Assessment and recommendations:

Echocardiogram reveals continued improvement in contractile function and reduced LV and LA chamber dimensions. Patient is doing well at home, so recommend

LVIDdN (1.35 - 1.73)! LVPWdN R6 (0.33 - 0.53)	which case the mid day dose o	ss blood work indicates need for redu  B6 could be removed. The size of	LPULAPEAL NO
Concerns regarding need for B6 then recommend rechecking and echo. Otherwise recheck echo in 6 months, or sooner if clinical signs occur such as increased RR/RE, cough, collapse, or exercise intolerance.  Final Diagnosis:  DCM (primary vs. secondary to myocarditis) with history of secondary CHF - improved echocardiographic measurements today.  Heart Failure Classification:	does not suggest that B6	should be required, so if owner ha	s frequent
DCM (primary vs. secondary to myocarditis) with history of secondary CHF - improved echocardiographic measurements today.  Heart Failure Classification:	concerns regarding need for	B6 then recommend recheckin	g
Final Diagnosis:  DCM (primary vs. secondary to myocarditis) with history of secondary CHF - improved echocardiographic measurements today.  Heart Failure Classification:	radiographs and echo. Otherwise re	check echo in 6 months, or sooner if d	linical signs
DCM (primary vs. secondary to myocarditis) with history of secondary CHF - improved echocardiographic measurements today.  Heart Failure Classification:	occur such as increased RR/RE, coug	h, collapse, or exercise intolerance.	
Heart Failure Classification:    Italian   Ita	Final Diagnosis:		
SACHC Classification:   Illa			- improved
SACHC Classification:	echocardiographic measurements to	oday.	
Ita			
	ISACHC Classification:		
Marcole   North	■ la		
IVSd		□ 111b	
ACVIWED Sification:  IMANU		produced actions and continue and	
LYRWd	IVSd		cm .
No.	ACVIM Classification:		cm
IVPWs	LVRWd	■c	om
Lypws   Cm   Cm   Cm   Cm   Cm   Cm   Cm   C	IVSM	■D B6	cm
#FS Max LA	10000	DU	om
Max LA			
M-Mode Normalized			%
IVSdN   (0.29 - 0.52) !   IVIDdN   (1.35 - 1.73) !   IVPWdN   B6   (0.33 - 0.53)   IVSsN   (0.43 - 0.71) !   IVIDSN   (0.79 - 1.14)   (0.79 - 1.14)   (0.53 - 0.78)     IVPWsN   (0.53 - 0.78)     IVIDd     IVSd   IVIDd   IVPWd   IVIDd   IVPWd   IVPWd   IVPWd   IVIDs   IVPWs	Max LA	E CONTROL DE LA	an
LVIDdN   (1.35 - 1.73)   LVPWdN   (0.33 - 0.53)   VSsN   (0.43 - 0.71)   LVIDsN   (0.79 - 1.14)   (0.79 - 1.14)   (0.53 - 0.78)   (0.53 - 0.	M-Mode Normalized	Action 1	
LVPWdN   B6   (0.33 - 0.53)   (0.43 - 0.71)!   (0.79 - 1.14)   (0.79 - 1.14)   (0.79 - 1.14)   (0.53 - 0.78)	IVSdN		(0.29 - 0.52) !
IVSSN   B6	LVIDdN		(1.35 - 1.73) !
IVIDSN   (0.43 - 0.71)   (0.79 - 1.14)   (0.79 - 1.14)   (0.79 - 1.14)   (0.53 - 0.78)	LVPWdN	DC	(0.33 - 0.53)
LVPWsN	IVSsN	В	(0.43 - 0.71) !
2D   SA IA   om   Ao Diam   om   SA IA / Ao Diam   om   SA IA / Ao Diam   IVSd   om   IVIDd   om   IVPWd   om   EDV(Teich)   IVSs   om   IVIDs   om   IVPWs   om   ESV(Teich)   EF(Teich)   EF(Teich)   %   %FS   %   SV(Teich)   mi   EF(Teich)   %   %FS   %   SV(Teich)   mi   EF(Teich)   %   %FS   %   SV(Teich)   mi   EF(Teich)   %   %   SV(Teich)   %   %   SV(Teich)   %	LVIDsN		(0.79 - 1.14)
SA LA Ao Diam SA LA / Ao Diam IVSd LVIDd LVPWd EDV(Teich) IVSs LVIDs LVPWs ESV(Teich) EF(Teich) ### B6  ### B6	LVPWsN	I with the last	(0.53 - 0.78)
SA LA Ao Diam SA LA / Ao Diam IVSd LVIDd LVPWd EDV(Teich) IVSs LVIDs LVPWs ESV(Teich) EF(Teich) ### B6  ### B6	20		
Ao Diam SA LA / Ao Diam IVSd LVIDd Com LVPWd EDV(Teich) IVSs LVIDs Com LVPWs ESV(Teich) EF(Teich) EF(Teich) SFS SV(Teich) MI		1	om.
SA LA / Ao Diam  IVSd  LVIDd  LVPWd  EDV(Teich)  IVSs  LVIDs  LVPWs  ESV(Teich)  EF(Teich)  FF(SS)  SV(Teich)  MI  MI  MI  MI  MI  MI  MI  MI  MI  M	Ao Diam		
IVSd LVIDd LVPWd EDV(Teich) IVSs LVIDs LVPWs ESV(Teich) EF(Teich) EF(Teich) % SV(Teich) ml			
LVIDd LVPWd EDV(Teich) IVSs LVIDs LVPWs ESV(Teich) EF(Teich) SFS SV(Teich) MI			cm
LVPWd EDV(Teich) IVSs LVIDs LVPWs ESV(Teich) EF(Teich) % SSV(Teich) ml			cm
IVSs LVIDs LVPWs ESV(Teich) EF(Teich) % SV(Teich) ml			
IVSs LVIDs LVPWs ESV(Teich) EF(Teich) % SV(Teich) ml	EDV(Teich)	BC	ml
IVPWs ESV(Teich) EF(Teich) % %FS SV(Teich) ml		B6	
LVPWs ESV(Teich) EF(Teich) % %FS SV(Teich) ml	LVIDs		
ESV(Teich) EF(Teich) %FS SV(Teich) ml	LVPWs		
EF(Teich) % %FS % SV(Teich) ml	ESV(Teich)		
%FS SV(Teich) % ml			%
SV(Teich) ml			
	D		

# Cummings Veterinary Medical Center AT TUFTS UNIVERSITY Cardiology Liaison: 508-887-4696

Cardiovascular History:

Patient D: B6
B6 Canine
B6 Years Old Male (Neutered) Beagle Cross

### **Cardiology Appointment Report**

B6  Cardiclogy Resident:  B6  Student:  Studen	Date: 12/8/2017
Cardiology Resident:  B6  Cardiology Technician:  B6  Student:  B6  V18  Presenting Complaint: Recheck of historical DCM (diagnosed B6  Concurrent Diseases: None  General Medical History:  Dx with DCM-like changes, secondary CHF, mild PHT B6 faurine levels sent out due to concern for taurine deficiency as the cause, but levels were elevated.  B6 has been doing well since his last visit, however, he started coughing at night a few weeks ago. Lasted for around 10 days. Coincided with when owner went out of town and her husband was giving B6 his meds- concerned that he may have been giving the wrong amounts. Additiona(B6) were not given when he was coughing. Since owner has returned and B6 is definitely on his regular schedule, coughing has subsided and he is doing well. No exercise intolerance. Good appetite.  Diet and Supplements:  Hill's Chicken and Rice ideal balance kibble (on Heartsmart website) - 1.5cups 8ID	Attending Cardiologist:  John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC
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Hill's Chicken and Rice ideal balance kibble (on Heartsmart website) - 1.5cups BID	Diet and Supplements:
Gets frozen carrots and other veggies as treats is	
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Prior CHF diagnosis? yes
Prior ATE? no
Prior arrhythmia? no
Cough? occasional when possibly not getting all of his meds
Shortness of breath or difficulty breathing? no
Syncope or collapse? no
Sudden onset lameness? no
Exercise intolerance? no
Prior heart murmur? yes, intermittent I/VI holosystolic left basilar on last PE

Current Medications Pertinent to CV System:

**B6** 

Cardiac Physical Examination:	
	<b>B6</b>
Muscle condition:  Normal  Mild muscle loss	Moderate cachesia Marked cachesia
Cardiovaseular Physical Exam: Murmur Grade:  None II I/VI II III/VI	IV/VI    V/VI    VI/VI
Murmur location/description: L sys	tolic basilar
lugular vein:  Bottom 1/3 of neck  Middle 1/3 of neck	■ Top 2/3 <sup>rd</sup> of neck

Arterial pulses:		
Weak	☐ Bounding	
☐ Fair	Pulse deficits	
Good	Pulsus paradoxus	
■ Strong	Other:	
= 300g	E WIS.	
Arrhythmia:		
<b>■</b> None	☐ Bradycardia	
Sirus arrhythmia	■ Tachycardia	
Premature beats		
Gallop:		
☐ Yes	Pronounced	
No.	Other:	
	with the state of	
Intermitient		
Pulmonary assessments:		
Eupneic .	Pulmonary crackles	
Mild dyspnea	Wheres	
Marked dyspnea	Upper airway stridor	
Normal BV sounds	and the state of t	
Abdominal exam:		
Charles and the contract of th	Mild assites	
Normal /tense		
Hepatomegaly	Marked ascites	
Abdominal distension		
Problems:		
(1) Hx DCM (primary vs secondary to	myocarditis) with secondary CHF	
(2) Hx mild PHT		
Diagnostic plan:	A CONTRACTOR OF THE PARTY OF TH	
M Echocardiogram	Dialysis profile	
Chemistry profile	Thoracic radiographs	
ECG ECG	NT-proBNP	
Renal profile	Troponin I	
Blood pressure	Other tests:	
Echocardiogram Findings:		
The second secon		
The second secon		
1.00	<b>B6</b>	
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and the second s		
4		

### Assessment and recommendations:

Echocardiogram reveals continued improvement in contractile function and reduced LV and LA chamber dimensions. Patient is doing well at home, so recommend

continuing current medications un which case the mid day dose		es need for reduction established in the size of the control of t	
does not suggest that B6	particular particular production of the care	d, so if owner has fi	
concerns regarding need for	ACAD ACAD ACAD CONTRACTOR CONTRAC	mend rechecking	Equan
radiographs and echo. Otherwise re	versions consistents.		ral cione
occur such as increased RR/RE, cou		The second secon	.a. 3815
Final Diagnosis:			
DCM (primary vs. secondary to my	severditic) with hictory o	f meandary CHE to	morecod
echocardiographic measurements t		n securios y Crin - n	приочен
Heart Failure Classification Score:			
ISACHC Classification:			
☐ la	III III III III III III III III III II		
□ lb	■ 111b		
M-Mode		- properties and the contract of	
IVSd			cm
ACVIM Classification:			om
LVRWd	<b>■</b> c		om
IVSM.	■ D	DC	om
IV De		B6	om
LVPWs			om
%FS			%
Max LA			an
		Personal Services	
M-Mode Normalized		processors.	
IVSdN			(0.29 - 0.52) !
LVIDdN			(1.35 - 1.73)!
LVPWdN		B6	(0.33 - 0.53)
IVSsN		100	(0.43 - 0.71)!
LVIDsN			(0.79 - 1.14)
LVPWsN		la tano mangan tand	(0_53 - 0.78)
20		_materioral antiquated constants	
SAIA			cm
Ao Diam			om
SA LA / Ao Diam			
IVSd			om
LVIDd			om
LVPWd			om
EDV(Teich)		B6	ml
IVSs		DO	om
LVIDs			am
LVPWs			om
ESV(Teich)			ml
EF(Teich)			%
%FS			%
SV(Teich)		Lamostatoria de la constanta d	ml
Doppler			

Cardiology Liaison: 508-887-4696

Date: 6/13/2018

Patient D: B6
B6 Canine
B6/cars Old Male (Neutered) Beagle Cross

White/Brown

### **Cardiology Appointment Report**

Attending Ca	Rush DVM, MS, DACVIM (Cardiology), DACVECC  B6
Cardiology R	*(#(#(#(#)#)#)#)#(#)#(#)#)#(#)#(#)#(#)#(
1	B6
Cardiology To	efericism:
	B6
Presenting C	M B6 - 6 month recheck
Concurrent D	is eases:
None	
General Med	ical History:
	th DCM and secondary CHF July 2016. Contractility and left ventricular size were improved heck in December.
but one incid	of any breathing difficulties since last visit. Owner has been walking him early in the day, ent where he didn't want to walk as far when it was hot in the middle of the day. He sleeps ay but is happy to go outside and seems comfortable. Has a great appetite. Owner is

### Diet and Supplements:

that are managed by the rDVM.

Hill's Chicken and Rice ideal balance kibble (on Heartsmart website) - 1 cups BID (decreased as activity decreased)

Frozen peas and fresh carrots occasionally as treats

### Gets medications in peanut butter

Middle 1/3 of neck

# Cardiovascular History: Prior CHF diagnosis? yes Prior ATE? no Prior arrhythmia? no Cough? not since last time Shortness of breath or difficulty breathing? not since last time Syncope or collapse? no Sudden onset lameness? no Exercise intolerance? when warm outside Prior heart murmur? Yes, intermittent I/VI holosystolic left basilar progressed to Grade II on last PE Current Medications Pertinent to CV System:

ardiac Physical Examination:	=1818(8)=1818(8)=1818(9)=1818(9)=1818(8
	36
Auscle condition:  Normal	Moderate cachesia
Mild muscle loss	Marked cachexa
ardiovascular Physical Exam:	
Aurmur Grade:	2
None	IV/VI   V/VI   V/VI
M I∕M	<u></u> ∨/vı
□ I/M	<b>□ V</b> <sub>1</sub> <b>V</b> <sub>1</sub>
□ iii/vi	

Arterial pulses:  Weak Fair Scood Strong	Bounding Pulse delicits Pulsus paradoxus Other:	
Arrhythmia:  None Sinus arrhythmia Premature beats	Bradycardia Tachycardia	
Gallop:  Yes No Intermittent	Pronounced  Other:	
Pulmonary assessments:  Eupneic  Mild dyspnea  Marked dyspnea  Normal BV sounds	Pulmonary crackles  Wheezes  Upper airway stridor	
Abdominal exam:  Normal Hepatomegaly Abdominal distension	Mild ascites Marked ascites	
Problems: History of DCM with CHF - resolving		
Diagnostic plan:  Echocardiogram Chemistry profile ECG Renal profile Blood pressure	Dialysis profile Thoracicradiographs NT-proBNP Troponin I Other tests:	
Echocardiogram Findings:		
The rest of the first of the fi	<b>B6</b>	
Mitral inflow:  Summated Normal Delayed relaxation	Pseudonormal  Restrictive	
Assessment and recommendations:		

	eart with normal structures, which is v ears ago. This suggests that the initial o	
acute insult (infection, toxin, diet).	Given the improvement seen, we will	try to decrease B6
medication doses slowly. We will f	Prst decrease his B6 B6	and if he continues to
do well, decrease the		and eventually stopping
the B6 , if he continues to 6 months to see if the cardiac stru	do well with each decrease in medicat ture remains normal.	ion. Recheck echocardiogram in
o mainte to see il die talona. so ta	core residues notifica.	
Final Diagnosis:		
Normal cardiac structure, history o	f DCM with LCHF	
Heart Failure Classification Score:		
SACHC Classification:		
■ la	IIIa	
□ lb	□ mb	
ACVIM Classification:		
ACVINI Classification:	□c	
■ B1	■ D	
■ B2		
M-Mode	- Constitution of the Cons	
IVSd		cm
LVIDd		am
LVPWd		cm
IVSs		cm
LVIDs		cm
LVPWs	<b>B6</b>	cm
%FS	1	%
Ao Diam		cm
LA Diam		CTT
IA/Ao		
Max LA	Anad as de laterar a	cm
<u>2D</u>	y-months and	
Ao Diam		cm
IVSd	В6	cm
LVIDd		cm
LVPWd	Į. į	am

	Leaventered	
IVSs		cm
LVIDs		cm
LVPWs	B6	OTI
EF(Cube)	ь	%
%FS	1	%
SA LA	The country (prince)	om
Doppler	pt strange in the str	
MV E Vel		m/s
MV DecT		ms
MV Dec Slope		m/s
MV A Vel	i i	m/s
MV E/A Ratio	B6	
PV Vmax	1 - 1	m/s
PV maxPG		mmHg
AV Vmax		m/s
AV maxPG		mmHg
	Employment paragraphs I	

Cardiology Liaison: 508-887-4696

**B6** 

Patient D: B6
B6 Canine
B6 rears Old Male (Neutered) Beagle Cross White/Brown

### **Cardiology Appointment Report**

Date: 6/22/2017						
Attending Cardiolog	THE PARTY OF THE P	CVIM (Cardiology), DACVE	:CC			
	В	6				
Cardiology Resident	<b>:</b>	1820137818261378182813181818181818181818181818181818181		arasatatatatatata		
		B6		<u></u> ]		
Cardiology Technicis	B6	1(1)-1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				
Lieuneinieuneinieuneinieuneinie		M (M) M (M) M (M) M (M) M (M) M (M)				
Student: B6	V18					
biacarararararararararararararararararara						
Presenting Complain	mt=					
Recheck of historical	DCM (diagno	sed B6				
_						
Concurrent Diseases	<b>⊑.</b> B6	40 m 140 m 140 m 140 m 140 m 1				
General Medical His	tory:					
Presented to Tufts E	C.O.A.C.C.A.C.C.A.C.C.A.C.C.	exercise intolerance, shall				nd
	n rDVM chest	rads. Echo revealed DCM-	like change	Chopped and and and and and and and and and an		
Patient begar		B6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Taurin	e levels were s	ent
out and were found			a managara	401		
	The state of the s	oiratory effort, no coughin				
	The second secon	ofindings similar to before ted respiratory effort with				
10 - Par Olavia Alabaria artificia (Tris Albaria)		tile function. Increased	B6	HIDELED STATE	e painfulness (	
anaplasma positive.		ture.		dos to vago	e partiumess i	ras
		, inc min the night sometin	noc with mr	re cauching We	recommende	d
increasing	B6	The state of the s		ar confinie are		
procure account to the terretainment of the contract of the co	Ataraterata/ateraterateratarate	medication doses. In the	last 2 mont	hs. had extra	B6 3tim	pç
laserate and a second		effort. No exemise intoler:				

### Diet and Supplements: Hill's Chicken and Rice ideal balance kibble (on Heartsmart website) - 1.5cups BID Gets frozen carrots and other veggies as treats Cardiovascular History: Prior CHF diagnosis? yes Prior ATE? no Prior arrhythmia? no Cough? no Shortness of breath or difficulty breathing? occasional, resolves with extra dose of furosemide Syncope or collapse? no Sudden onset lameness? no Exercise intolerance? no Prior heart murmur? yes, II/VI holosystolic left apex Current Medications Pertinent to CV System: **B6**

Cardiae Physical Examination:	
	36
Nuscle condition:	Moderate cachesia
Mildmuscleloss	Marked cachesia
ardiovascular Physical Exam:	
furmur Grade:  None	III n/An
₩ I/M	IV/VI
II/VI	□ v <sub>V</sub> vı

Murmur location/description: systolic	c left basilar, intermittent
Jugular vein:	
Bottom 1/3 of neck	Top 2/3rd of neck
Middle 1/3 of nedk	
Arterial pulses:	
Weak	■ Bounding
☐ Fair	Pulse delicits
Good Good	Pulsus paradiosus
☐ Strong	Other:
Arrhythmia:	
None	Bradycardia
Sinus arrhythmia	☐ Tachycardia
Premature beats	
Gallop:	
Yes	Pronounced
■ No	Other:
☐ Intermittent	
Pulmonary assessments:	
Eupneic	Pulmonary crackies
Mild dyspnea	Wheezes
Marked dyspnea	Upper airway stridor
Normal BV sounds	
Abdominal exam:	
■ Normal	Mild ascites
Hepatomegaly	Marked ascites
Abdominal distension	
Problems and differential diagnoses	
Hx DCM (primary vs secondary to my	ocarditis) with secondary CHF
Hx mild PHT	
Moderate ceruminous discharge AS,	erythematous pinnae AU r/o otitis externa
Diagnostic plan:	
Echocardiogram	Dialysis profile
Chemistry profile	Thoracicradiographs
EGG FOR	MT-proBNP
Renal profile	Troponin I
☐ Blood pressure	Other tests:
Echocardiogram Findings:	
	<b>B6</b>

and the second second		
Mitral inflow:		
Surrenated	Pseudonormal	
Mormal	Restrictive	
Delayed relaxation		
ECG findings:		
HR - 128; sinus rhythm during echocard	iogram	
Assessment and recommendations:		
Echocardiogram reveals improvement i	n contractile function and reduce	d LV and LA chamber dimensions.
The cause for improvement is unclear;	owner change diet from kangaroo	to chicken, but this change was
made prior to previous exams. The only	changes made since previous ex	am were an increase in B6
and B6 Patient is doing well:	at home, so recommend continuir	ng current medications unless
blood work indicates need for reduction	and the African Artifact College of the control of	- June Control of the
be required, so if owner has frequent or		Threshold the second se
rechecking radiographs and echo. Othe		
such as increased RR/RE, cough, collaps		n soules it clinical signs occur
such as increased myrit, cough, compa	e, or exercise intolerance.	
Final Diagnosis:		
	title) with history of moundow Ct	
DCM (primary vs. secondary to myocare		(pumonary eventa, suspected
ascites) - improved echocardiographic r	neasurements today.	
Heart Failure Classification Score:		
ISACHC Classification:		
The state of the s	TH man	
la la	IIIa	
□ lb	IIIb	
₩ II		
APSILE PL -P		
ACVIM Classification:	THE A	
A		
■ B1	□ D	
■ B2		
100000		
M-Mode		
IVSd	100	am
LVIDd		om
LVPWd	Entrarial Control of C	om
IVSs		om
LVIDs	150	om
LVPWs	B6	om
%FS		%
Ao Diam		om
LA Diam	Particular de la constitución de	cm
LA/Ao		
Max LA	APPROXIMENT OF THE PROPERTY OF	am
M-Mode Normalized		
IVSdN	and in the contract on the contract of the con	(0.29 - 0.52) !
LVIDdN	B6	(1.35 - 1.73)!
IVPWAN	50	(0.33 - 0.53)

war side	1	
IVSsN		(0.43 - 0.71)
LVIDsN	Do.	(0.79 - 1.14)
LVPWsN	B6	(0.53 - 0.78)
Ao Diam N		(0.68 - 0.89)
LA Diam N	l.	(0.64 - 0.90)
2D	(Academical)	
SA IA		am
Ao Diam		om
SA LA / Ao Diam		
IVSd		an
LVIDd	Link Town	om
LVPWd		om
EDV(Teich)	B6	ml
IVSs	В	am
LVIDs		om
LVPWs		om
ESV(Teich)		ml
EF(Teich)		%
%FS		%
SV(Teich)	As an extraction of the contract of	ml
Doppler		
MV E Vel	e tales and tales are	m/s
MV DecT		ms
MV A Vel		m/s
MV E/A Ratio		
E'		m/s
A'	B6	m/s
E/E	=7	77.0
PV Vmax		m/s
PV maxPG		mmHg
AV Vmax		m/s
AV maxPG		mmHg



Healing Animals. Helping Humans. Transforming Global Health.

Cardiology Liaison: 508-887-4696

<b>B6</b>	Î	
DU		
Patient ID: B6 B6 Camine		
B6 Years Old Mak	e (Neutered)	Beagle Cros
White/Brown		

# **Cardiology Appointment Report**

Date: 8/2/2016	
Attending Cardiologist:    John E. Rush DVM, MS, DACVIM (Cardiology), DACVE	ecc .
B6 °	
Cardiology Resident:	
B6	
Condiciony Technician:  B6 , CVT, VTS(Cardiology)  Student: B6 V17	
Presenting Complaint: Recheck generalized cardiomegaly w failure	ith DCM-like changes, congestive heart
B6 with B6 at this time. B6 developed as exercise intolerance and shallow breathing pattern. Were performed. Enlarged heart and pulmonary edema were visu placed in O2. Echo was performed that demonstrated a dilawith DCM like changes, and CHF. Rule outs considered inclusecondary to myocarditis. Due to patient age and atypical be measured. Taurine levels both elevated. CBC/Chem showed within normal limits. Patient currently being managed on supplement.	ralized. Patient was referred to Tufts ER and sted LV cavity with decreased contractility, LAE ded early DCM and cardiomyopathy reed-recommended taurine levels be la mildly elevated Ca but was otherwise B6
At home patient initially would not eat. Patient started all momiting. Discontinued B6 Vomiting stopped but diar B6 injection on 7/28/16. rDVM prescribed days. O began feeding chicken thighs on 7/28/16 and patient is eating dry food very well. His activity level has improved that not had any additional episodes of diarrhea while on	rhea persisted. O returned to rDVM and got a B6 for 7 its appetite improved markedly. Now B6
hand. O reports no more coughing or increased respiratory intolerance. No syncope or collapse.	+=====================================

Owner has	B6	) but has not been givin
it.		
California Naturals (kangaro	o and red lentil}-2 cups 3x a day	
Cardiovascular History:		
Prior CHF diagnosis? Yes		
Prior ATE? No		
Prior arrhythmia? No	rior visit, but there is a history of coughing	
	ulty breathing? No residual shortness of bre	ath following apart of made
Syncope or collapse? No	ary meaning. No resource storties of the	an lowing tick to meas
Sudden onset lameness? No		
Exercise intolerance? Yes		
Prior heart murmur? Yes II/	VI holosystolic left apex	
Current Medications Pertin	ent to CV Suctions	
	<b>B6</b>	
Cardiac Physical Examinatio		
Cardiac Physical Examinatio		
Cardiac Physical Examination  Muscle condition:  Normal  Mild muscle loss		

Cardiovascular Physical Exam:	
Murmur Grade:	
None	□ rv/vı
□ I/M	□ v/vi
₩ II/VI	□ vvvi
	w vy vi
□ III/VI	
Murmur location/description: Holosystolic,	PMI left apex
Jugular vein:	
Bottom 1/3 of neck	Top 2/3 <sup>rd</sup> of neck
☐ Middle 1/3 of neck	
Arterial pulses:	
Weak	The second secon
	Bounding
☐ Fair	Pulse delicits
₩ Good	Pulsus paradoxus
☐ Strong	Other:
Arrhythmia:	
None	■ Bradycardia
Sinus arrhythmia	☐ Tachycardia
Premature beats	
Gallop:	
∐ Yes	Pronounced
M No.	Other:
	uner:
Intermittent	
Pulmonary assessments:	= transmit
Eupneic .	Pulmonary craddes
Mild dyspnea	Wheeres
Marked dyspnea	Upper airway stridor
Normal BV sounds	
Abdominal exam: Normal	
Hepatomegaly	Mild ascites
Abdominal distension	Marked ascites
Problems:	
	e out DCM or cardiomyopathy secondary to myocarditis)
Diagnostic plan:	Marine Marine
Echocardiogram (brief exam to view	☐ Dialysis profile
changes)	
Chemistry profile	Thoracicradiographs
□ EOG	MT-proBNP
Renal profile	Troponin I
☐ Blood pressure	Other tests:
Echocardiogram Findings:	
General/2-D findings:	
Brief fluid check: No changes from previous	5 exam.

Assessment and recommendations: Patient is now doing well at home, imp	amaine armer day with both amount	to and appear Donal value
submitted today. Despite the young a		
DCM. Recommend continuing		d trying to add B6
a manufacturary		providence and the second
B6 after recheck renal values) to		A particular production is projection to project projection (a. 1997).
normal, but may consider switching do		
Recommend recheck renal values at ri		구입하다. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
if clinical signs develop such as increas	e RR/RE, cough, collapse, or exerc	ise intolerance.
Final Diagnosis:		
		and a contract of
DCM vs. cardiomyopathy (primary vs.	secondary to myocarditis) with sec	Ondary Chr
Mild PHT		
Heart Failure Classification Score:		
ISACHC Classification:		
a la	□ Illa	
□ ib	□ mb	
<b>⊠</b> II		
ACVIM Classification:		
ACVIVI Classificación.	<b>⊠</b> c	
	□ D	
□ B1	<b>W</b> D	
□ B2		
M-Mode	3 to 100 to	
Msd		cin
LVIDd		an an
MSs		an
LVIDs		an
LVPWs	B6	cm
%FS		*
Ao Diam		an
LA Diam LA/Ao		on
MaxLA.	de la companya de la	an
M-Mode Normalized	Expression received	
MSdN	( m (m) = ( m) = ( m)	(0.29 - 0.52)
LVIDAN		(1.35 - 1.73)!
LVPWdN		(0.33 - 0.53)
MSsN	B6	(0.43 - 0.71) !
LVIDSN		(0.79 - 1.14)!
LVPWSN		(0.53 - 0.78) !
Ao Diam N		(0.68 - 0.89)
LA Diam N	havene	(0.64 - 0.90) !
<u>2D</u>	y and compared and compared and pro-	
SALA		an
Ao Diam	The state of the s	an
SA LA / Ao Diam		
t/Sd t/IDd	B6	on on
IVPWd		an an
EDV(Teich)		mi
MCc	1 1	OTT.

	_ addition to the contract of	
LVDs		cm
LVPWs		on
ESV(Teich)	B6	mi
EF(Teich)	БО	*
%PS		*
SV(Teich)	Linear	ml
Doppler	4	
MV E Vel		m/s
MV DecT	1 1	ins
MV A Vel		m/s
MV E/A Ratio	1_2	- 24
f	B6	m/s
A*		m/s
E/E'		
AV Vinax		m/s
AV maxIPG	L	mmilig

# Cummings Veterinary Medical Center

Cardiology Liaison: 508-887-4696

**B6** Paltient ID: B6
B6 Canine
B6 rears Old Male (Neutered) Beagle Cross White/Brown

### **Cardiology Appointment Report**

Attending Cardial		DACHEA (C.			· ·		
	a DVM, M	B6	raiology	LACVEC			
Cardiology Reside		В(	3	(e(e)e1016(e)e1016(e	)erangen)erangen)erangen		
Lancian and a second control of			(*)*)***(*)*)***(*)*)				
Cardiology Techni	minimum in the second						
B6	CV1,1	/TS(Cardiology	<b>(</b> )				
Student B6	V17						
Landidate	aterial establishment						
Presenting Compl	aint: Reche	ck for historic	ally note:	DCM an	d CHF		
Concurrent Diseas	es: History	of DCM and (	CHF				
General Medical I Was doing "really, respiratory effort (had only had to d	<b>listory:</b> really well with a coug o this once	" until 2 week h; he had bee in the past 4	s ago at w en given a months p	n extra reviously	B6 dose o ); 1 week a	n two even go he went	tsduring that we to his rDVM who
General Medical I Was doing 'really, respiratory effort (had only had to d recommended inc	<b>fistory:</b> really well with a coug o this once reasing	until 2 week h; he had bee in the past 4 B6 from	s ago at w en given a months p	n extra reviously B6	B6 dose o ); 1 week a and t	n two even go he went hat seems t	ts during that we to his rDVM who to have resolved t
General Medical I Was doing "really, respiratory effort (had only had to d recommended inc breathing issue an	fistory: really well with a coug o this once reasing d cough fo	until 2 week h; he had bee in the past 4 B6 from the most par	s ago at w en given a months p et; he only	n extra reviously B6 had a ve	B6 dose o ); 1 week a and t ery slight co	n two even go he went hat seems t ough since '	ts during that we to his rDVM who to have resolved t increasing his
General Medical I Was doing "really, respiratory effort (had only had to d recommended inc breathing issue an	fistory: really well' with a coug this once reasing d cough for	until 2 week h; he had bee in the past 4 B6 from the most par DVM said the	s ago at w en given a months p rt; he only re seeme	n extra reviously B6 / had a ve d to be "	B6 dose o ); 1 week a and t ery slight co fluid aroun	n two even go he went hat seems t ough since i d kidneys a	ts during that we to his rDVM who to have resolved t increasing his nd liver" last wee
General Medical I Was doing "really, respiratory effort (had only had to d recommended inc breathing issue an	Estory: really well with a coug o this once reasing d cough for er reports re	until 2 week h; he had bee in the past 4 B6 from the most par DVM said the and he weigh	s ago at w en given a months p nt; he only re seeme ed 5 mon	n extra reviously B6 / had a ve d to be " e pounds	B6 dose o ); 1 week a and t ery slight co fluid aroun last week a	n two even go he went hat seems t ough since d kidneys a at rDVM. O	ts during that we to his rDVM who to have resolved t increasing his nd liver" last wee Iwner is concerne
General Medical I Was doing "really, respiratory effort (had only had to d recommended inc breathing issue an B6  Own palpation (no US p	fistory: really well with a coug this once reasing d cough for er reports r erformed) eports before	until 2 week th; he had bee in the past 4 B6 from the most par DVM said the and he weigh re increasing	s ago at wen given a months p nt; he only re seeme ed 5 mon B6	n extra reviously B6 / had a ve d to be " e pounds B6	B6 dose o ); 1 week a and t ery slight co fluid aroun last week a abdome	n two even go he went hat seems t ough since d kidneys a at rDVM. O en looked d	ts during that we to his rDVM who to have resolved t increasing his nd liver" last wee wher is concerne listended.
General Medical I Was doing "really, respiratory effort (had only had to d recommended inc breathing issue an B6 . Own palpation (no US p was ascites; she re	fistory: really well with a coug o this once reasing d cough for er reports re erformed) eports before decreased f	until 2 week th; he had bee in the past 4 B6 from the most par DVM said the and he weigh re increasing	s ago at w en given a months p nt; he only re seeme ed 5 mon B6 eek; less r	n extra reviously B6 had a ve d to be " e pounds B6 unning t	B6 dose o ); 1 week a and the ery slight co fluid aroun last week a abdome	n two even go he went hat seems t ough since i d kidneys a at rDVML O en looked d	ts during that we to his rDVM who to have resolved t increasing his nd liver" last wee wher is concerne listended.
General Medical I Was doing "really, respiratory effort (had only had to d recommended inc breathing issue an B6 Own palpation (no US p was ascites; she re Activity has been o	fistory: really well with a coug to this once reasing d cough for er reports r erformed) eports before decreased f st 2 weeks.  B6 ha	until 2 week th; he had bee in the past 4 B6 from the most par DVM said the and he weigh re increasing	s ago at w en given a months p rt; he only re seeme ed 5 mon B6 eek; lessr y maniac	n extra reviously B6 had a ve d to be e pounds B6 unning t	B6 dose o ); 1 week a and the ery slight co fluid aroun last week a abdome	n two even go he went hat seems t ough since i d kidneys a at rDVML O en looked d	ts during that we to his rDVM who to have resolved t increasing his nd liver" last wee wher is concerne listended.

# Diet and Supplements:

Hill's Chicken and Rice ideal balance kibbles (on Heartsmart website); gets about 1.5 cups Q12. Treats are frozen peas and frozen green peas

#### Cardiovascular History:

Prior CHF diagnosis? Yes

Prior ATE? No

Prior arrhythmia? No

Cough? Yes, intermittent and then resolved with an increase in his furosemide

Shortness of breath or difficulty breathing? Yes, intermittent, resolved with increase in furosemide

Syncope or collapse? No

Sudden onset lameness? No

Exercise intolerance? Yes, decreased exercise when in the yard

Prior heart murmur? Yes II/VI holosystolic left apex

Current Medications Pertinent to CV System:

**B6** 

Cardiac Physical Examination:

**B6** 

viusule	CUMUILIUM:	
100		

Mormal Normal

Mildrussleios

Moderate cachexia

Marked cachesia

Cardiovascular Physical Exam:

Murmur Grade:

None

- 18.81

**■** I/VI

II/VI

| rv/vi

■ VI/VI

Murmur location/description: Left basilar systolic

Jugular vein:  Bottom 1/3 of neck	
Bottom 1/3 of neck	
	Top 2/3rd of neck
Middle 1/3 of neck	= iop45 ones
■ Middle 1/3 Or NEX	
Arterial pulses:	
	Manager 1
Wesak	Bounding
Fair	Pulse deficits
Good	Pulsus paradiosus
Strong	Other:
Arrhythmia:	
None	☐ Brackcardia
Sirus arrhythmia	☐ Tachycardia
Premature beats	ш талуканоа — — — — — — — — — — — — — — — — — — —
= NGIMACKED	
Sallop:	E 2
Yes	Pronounced
M No	Other:
☐ Intermittent	
Julmonary assessments:	
Eupneic .	Pulmonary craddes
Mild dyspnea	Wheezes
Marked dyspnea	Upper airway stridor
Normal BV sounds-maybe somew	
Abdominal exam: Very sensitive to co	ranial abdominal palpation once, but not repeatable; tense
Hepatomegaly	Mild ascites
	Mild ascites  Marked ascites
Hepatomegaly Abdominal distension	
Hepatomegaly Abdominal distension Problems:	
Hepatomegaly Abdominal distension Problems: DCM, CHF	Marked ascites
Hepatomegaly Abdominal distension  Problems: DCM, CHF	
Hepatomegaly Abdominal distension Toblems:  COM, CHF ncreased respiratory effort and pote	Marked ascites
Hepatomegaly Abdominal distension  Toblems:  DCM, CHF ncreased respiratory effort and potential pot	Marked ascites  ential ascites over the last week with lethargy
Hepatomegaly Abdominal distension  Troblems:  DCM, CHF Increased respiratory effort and potential potentia	Marked ascites  ential ascites over the last week with lethargy  Dialysis profile
Hepatomegaly Abdominal distension  Troblems:  DCM, CHF Increased respiratory effort and pote  Siagnostic plan:  Chemistry profile	Marked ascites  ential ascites over the last week with lethargy  Dialysis profile  Thoracic radiographs
Hepatomegaly Abdominal distension  Coblems:  CM, CHF Increased respiratory effort and pote  Siagnostic plan:  Chemistry profile  ECG	Marked ascites  ential ascites over the last week with lethargy  Dialysis profile Thoracic radiographs NT-proBNP
Hepatomegaly Abdominal distension  Troblems:  CM, CHF Increased respiratory effort and pote  Siagnostic plan:  Chemistry profile  Renal profile	Marked ascites  ential ascites over the last week with lethargy  Dialysis profile Thoracic radiographs NT-proBNP Troponin (
Hepatomegaly Abdominal distension  Coblems:  CM, CHF Increased respiratory effort and pote  Siagnostic plan:  Chemistry profile  ECG	Marked ascites  ential ascites over the last week with lethargy  Dialysis profile Thoracic radiographs NT-proBNP
Hepatomegaly Abdominal distension  Problems:  DCM, CHF Increased respiratory effort and pote Diagnostic plan: Echocardiogram Chemistry profile ECG Renal profile	Marked ascites  ential ascites over the last week with lethargy  Dialysis profile Thoracic radiographs NT-proBNP Troponin (

Mitral inflow:  Summated	m	Pseudonormal	
Normal		Restrictive	
Delayed relaxation			
ECG findings:			
NSR during edho, HR 110-13	0 bpm		
Assessment and recommen	dations:		
[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]			tively and numerically slightly
			e he had developed ascites +/-
pulmonary edema, recomm	houseman agreement and an arrangement and	Linear members and members and an arrangement of the second and arrangements	as long as renal values are
stable. Patient has gained w	manufacture of the same of the		o recommend also increasing
B6	1 Lancountering	and a second	have some vague discomfort
			was also submitted. Recheck
echo and exam in 3-4 month or exercise intolerance.	is, or sooner it clinical s	igns develop such as in	crease RR/RE, cough, collapse,
or exercise intolerance.			
Final Diagnosis:			
DCM (primary vs. secondary	to myocarditis) with se	condary CHF (pulmona	ry edema, suspected ascites)
Mild PHT	- 14-1-0-10-11-		Section 1997
Heart Failure Classification	Conso		
ISACHC Classification:			
□ la	100	Illa	
□ lb		IIIb	
M II			
ACVIM Classification:			
□ A		c	
<b>□</b> B1		D	
□ B2			
M-Mode			
IVSd			om
LVIDd			cm
LVPWd			cm
IVSs			om
LVIDs			cm
LVPWs		B6	cm
%FS			%
Ao Diam			om
LA Diam			an
LA/Ao			
Max LA			om
M-Mode Normalized			
IVSdN		DC.	(0.29 - 0.52) !
LVIDdN		B6	(1.35 - 1.73)!

LVPWdN		(0.33 - 0.53)
IVSsN		(0.43 - 0.71)
LVIDSN		(0.79 - 1.14)!
LVPWsN	B6	(0.53 - 0.78)
Ao Diam N		(0.68 - 0.89)
LA Diam N		{0.64 - 0.90} !
140.00	Newspaper 2	
2D		
SALA	1	om
Ao Diam		OTT
SA LA / Ao Diam		
IVSd		om
LVIDd		om
LVPWd		an
EDV(Teich)	B6	ml
IVSs	БО	on
LVIDs		cm
LVPWs		om
ESV(Teich)		mi
EF(Teich)		%
%FS		%
SV(Teich)	L	ml
Doppler		
MV E Vel		m/s
MV DecT		ms
MV A Vel		m/s
MV E/A Ratio		
F		m/s
A'	D.C.	m/s
E/E'	B6	
PV Vmax		m/s
PV maxPG		mmHg
AV Vmax		m/s
AV maxPG		mmHg
TR Vmax	1	m/s
TR maxPG	1	mmHg



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Cardiology Liaison: 508-887-4696

B6	
L	received.
Patient Dt B	ine
B6 Years Old Cross	Male (Neutered) Beagle
White/Brown	BW: Weight (kg) 20.40

## **Cardiology Consultation**

Weight: Weight (kg) 20.40		
Patient location: KU 02	(*)*(*)*(*)*(*)*	nacalatary.
Requesting Clinician:	B6	DVF (Emergency and Critical Care Resident)
Attending Cardiologist:  John F. Rush DVM. N	as Dacvii B6	M.(Cardioloev). DACVECC
Cardiology Resident:		
B6		
D0		<u> </u>
Thoracic radiographs availa  2 Yes - in SS	Dec Tor rev	(NC)W:
Yes-in PACS		
No		
140		
	b, anarana, an	B6
	b, anarana, an	B6  der of form to be filled out by Cardiology*
Current medications and de *STO Physical Examination	b, anarana, an	
*\$10	b, anarana, an	
*STO	b, anarana, an	
*STO	b, anarana, an	
*STO Thysical Examination Muscle condition:	b, anarana, an	der of form to be filled out by Cardiology*
*STOR Thysical Examination  Muscle condition:  Normal Mild muscle loss	P-remain	der of form to be filled out by Cardiology*  6  Moderate cachexia
*STO Thysical Examination  Muscle condition:  Normal  Mild muscle loss  ardiovascular Physical Exa	P-remain	der of form to be filled out by Cardiology*  6  Moderate cachexia
*STO Physical Examination Muscle condition: Mormal Mild muscle loss Cardiovascular Physical Exa Murmur Grade:	P-remain	der of form to be filled out by Cardiology*    6
Physical Examination  Muscle condition:  Normal  Mild muscle loss  Cardiovascular Physical Examur Grade:  None	P-remain	der of form to be filled out by Cardiology*  6  Moderate cachexia Marked cachexia
*STO Physical Examination Muscle condition: Mormal Mild muscle loss Cardiovascular Physical Exa Murmur Grade:	P-remain	der of form to be filled out by Cardiology*    6

□ III∕vi	
Murmur location/description: syst	olic left apical
Jugular vein:	
■ Bottom 1/3 of neck ■ Middle 1/3 of neck	☐ Top 2/3 of neck
Arterial pulses:	
☐ Weak	Bounding
Fair	Pulse deficits
Good	Pulsus paradoxus
Strong	Other (describe):
Arrhythmia:	
None	☐ Bradycardia
Sinusarrhythmia	☐ Tachycardia
Premature beats	
Sallop:	
Yes	Pronounced
■ No	Other:
☐ Intermittent	
Pulmonary assessments:	
Eupneic	Pulmonary Crackles
Mild dyspnea	Wheezes
Marked dyspnea	Upper airway stridor
Normal BV sounds	Other auscultatory findings:
Abdominal exam:	
Normal	Abdominal distension
☐ Hepatomegaly	Mild ascites
Echocardiogram Findings:	
	<b>B6</b>
B6	
Mittel inflow:	
Surmated	Pseudonormal
Normal	Restrictive
Delayed relocation	

ECG findings:	
B6	
	eneralized cardiomegaly, LAE, diffuse interstitial to alveolar pattern. vith cardiogenic pulmonary edema, but has a more milliary structure to it
Assessment and recommendati	
Echocardiogram reveals dilated changes and secondary CHF, although or cardiomyopathy second increased, which is not typical ostroke volume. Recommend sub B6 and adding and unusual appearance of pulmona treatment. However, patient has essential at this time. Given the recommend submitting taurine a travel history outside of New I renal values in 10-14 days. Recheck appointment schedule.	LV cavity with decrease contractile function and LAE, with DCM-like hough the LV walls are not thinner than normal. This may be a early dary to myocarditis vs primary cardiomyopathy. Aortic velocity is slightly of DCM, but no other defects are visible that would result in increased emitting CBC and chemistry. Recommend continuing B6  B6 if patient is eating well and not azotemic. Given the somewhat ary edema could consider recheck thoracic radiographs after B6 is had a positive response to B6 and radiographs may not be a young age, atypical breed, and non-traditional diet (kangaroo and lentil) levels (serum and whole blood) or supplementing with taurine. If there is England could consider testing for Chagas disease. Recheck exam and neck echo in 3-4 months.
887 4696 if need to reschedule.  Treatment plan:	
	<b>B6</b>
Final Diagnosis: DCM vs. cardiomyopathy (prima Mild PHT	ary vs. secondary to myocarditis) with secondary CHF
Heart Failure Classification Sco	re;
ISACHC Classification:	■ illa
□ lb □ 11	□ ntb

M-Mode	(consessor)	
IVSd		om
LVIDd		on
LVPWd		om
IVSs	į į	cm
LVIDs		om
LVPWs	B6	om
%FS	100	%
Ao Diam		om
LA Diam	i i	om
LA/Ao		
Max LA		cm.
EPSS	E CONTROL DE CONTROL D	om
M-Mode Normalized		
IVSdN	1 1	(0.29 - 0.52)
LVIDAN		(1.35 - 1.73)!
LVPWdN		(0.33 - 0.53)
IVSsN		(0.43 - 0.71)
LVIDSN	B6	(0.79 - 1.14) !
LVPWsN		(0.53 - 0.78) !
Ao Diam N		(0.68 - 0.89)
LA Diam N		(0.64 - 0.90)
LA Dam N	The particular to	(0.04 - 0.50)
<u>20</u>	умочностиона,	
SAIA		om
Ao Diam		cm
SA LA / Ao Diam		
IVSd		cm
LVIDd		om
LVPWd		cm
EDV(Teich)	D6	ml
IVSs	B6	cm
LVIDs		om
LVPWs		om
ESV(Teich)		ml
EF(Teich)		%
%FS		%
SV(Teich)		ml
Doppler		
MR Vmax	1	m/s
MR maxPG		mmHg
MV E Vel		
MV DecT		m/s
MV A Vel	B6	ms m/s
		m/s
MV E/A Ratio		
E .		m/s
Α'	L.	m/s

E/E'
PV Vmax
PV maxPG
AV Vmax
AV maxPG
TR Vmax
TR maxPG

B6

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



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Cardiology Liaison: 508-887-4696

B6	
Patient D: B	6
B6 Can	
B6 Years Old	Male (Neutered) Beag
Cross	
White/Brown	BW: Weight (kg) 20.4

## **Cardiology Consultation**

Weight: Weight (kg) 20.40		
Patient location: KU 02		
Requesting Clinician:	В6	DVF (Emergency and Critical Care Resident)
Attending Cardiologist:		
John E. Rush DVM, I	MS, DACVI	M (Cardiology), DACVECC
	<b>B6</b>	
Cardiology Resident:		
l-and-angle-		HANK
B6		min e sai
Theracic radiographs avails	able for re	niew?
Yes - in SS		
Yes - in PACS		
No.		
CIESCHER CHIEFER SHOW		CENTER COSCOSES: LINDILIS DICTORDAY MAD CONTINUES V
	anpor cant	econourrent diseases: Cough, cardiomegaly and pulmonary
edema on rDVM rads	parameter	B6
edema on rDVM rads Current medications and d	be:	
edema on rDVM rads Current medications and d	be:	<b>B6</b>
edema on rDVM rads Current medications and d	be:	<b>B6</b>
edema on rDVM rads  Current medications and d  *STO  Physical Examination	be:	<b>B6</b>
edema on rDVM rads  Current medications and d  *STO  Physical Examination  Muscle condition:	be:	<b>B6</b>
edema on rDVM rads  Current medications and d  *STO  Physical Examination	be:	B6  der of form to be filled out by Cardiology*
edema on rDVM rads  Current medications and d  *STO  Physical Examination  Muscle condition:  Normal  Mild muscle loss	loses: P-remain	B6  Ider of form to be filled out by Cardiology*  Moderate cachexia
edema on rDVM rads  Current medications and d  *STO  Physical Examination  Muscle condition:  Normal Mild muscle loss  Cardiovascular Physical Ex	loses: P-remain	B6  Ider of form to be filled out by Cardiology*  Moderate cachexia
edema on rDVM rads  Current medications and d  *STO  Physical Examination  Muscle condition:  Normal Mild muscle loss  Cardiovascular Physical Ex	loses: P-remain	B6  Ider of form to be filled out by Cardiology*  Moderate cachexia
edema on rDVM rads  Current medications and d  *STO  Physical Examination  Muscle condition:  Normal  Mild muscle loss  Cardiovascular Physical Ext  Murmur Grade:	loses: P-remain	B6  Ider of form to be filled out by Cardiology*  Moderate cachexia  Marked cachexia

□ III <b>/V</b> I	
Murmur location/description:	systolic left apical
Jugular vein:  Bottom 1/3 of neck  Middle 1/3 of neck	☐ Top 2/3 of neck
Arterial pulses:  Weak Fair Good Strong  Arrhythmia: None Sinus arrhythmia	Bounding Pulse deficits Pulsus paradoxus Other (describe):  Bradycardia Tachycardia
☐ Premature beats Gallop: ☐ Yes ☐ No ☐ Intermittent	Pronounced  Other:
Pulmonary assessments:  Eupneic  Mild dyspnea  Marked dyspnea  Normal BV sounds	Pulmonary Crackles Wheezes Upper airway stridor Other auscultatory findings:
Abdominal exam:  Normal Hepatomegaly	Abdominal distension  Mild ascites
Echocardiogram Findings:	
<b>B6</b>	<b>B6</b>
Mitual inflow:  Surrmated  Normal  Delayed relaxation	Psaudonomal  Restrictive

ECG findings:	
B6	
Radiographic findings:	encontract of T
	neralized cardiomegaly, LAE, diffuse interstitial to alveolar pattern. th cardiogenic pulmonary edema, but has a more milliary structure to it
Assessment and recommendation	MIS:
Echocardiogram reveals dilated I	V cavity with decrease contractile function and LAE, with DCM-like
	ough the LV walls are not thinner than normal. This may be a early ary to myocarditis vs primary cardiomyopathy. Aortic velocity is slightly
stroke volume. Recommend sub- B6 and adding and unusual appearance of pulmona treatment. However, patient has essential at this time. Given the	ry edema could consider recheck thoracic radiographs after B6 had a positive response to B6 and radiographs may not be young age, atypical breed, and non traditional diet (kangaroo and lentil) evels (serum and whole blood) or supplementing with taurine. If there is
a travel history outside of New E renal values in 10-14 days. Reche	ngland could consider testing for Chagas disease. Recheck exam and ack echo in 3-4 months. I with cardiology on Tuesday August 2nd at 11AM. Please call 508
a travel history outside of New E renal values in 10-14 days. Reche Recheck appointment schedules	eck echo in 3-4 months.
a travel history outside of New E renal values in 10-14 days. Reche Recheck appointment schedules 887 4696 if need to reschedule.	eck echo in 3-4 months.
a travel history outside of New E renal values in 10-14 days. Reche Recheck appointment schedules 887 4696 if need to reschedule.	ck echo in 3-4 months. I with cardiology on Tuesday August 2nd at 11AM. Please call 508
a travel history outside of New Erenal values in 10-14 days. Reche Recheck appointment schedules 887 4696 if need to reschedule. Treatment plan:	ck echo in 3-4 months. I with cardiology on Tuesday August 2nd at 11AM. Please call 508
a travel history outside of New Erenal values in 10-14 days. Reche Recheck appointment schedules 887 4696 if need to reschedule.  Treatment plan:  Final Diagnosis:  DCM vs. cardiomyopathy (prima: Mild PHT	B6  y vs. secondary to myocardit is) with secondary CHF
a travel history outside of New Erenal values in 10-14 days. Reche Recheck appointment schedules 887 4696 if need to reschedule.  Treatment plan:  Final Diagnosis:  DCM vs. cardiomyopathy (prima	B6  Ty vs. secondary to myocarditis) with secondary CHF
a travel history outside of New Erenal values in 10-14 days. Reche Recheck appointment schedules 887 4696 if need to reschedule.  Treatment plan:  Final Diagnosis:  DCM vs. cardiomyopathy (primal Mild PHT)  Heart Failure Classification Score ISACHC Classification:	B6  Ty vs. secondary to myocarditis) with secondary CHF
a travel history outside of New Erenal values in 10-14 days. Reche Recheck appointment schedules 887 4696 if need to reschedule.  Treatment plan:  Final Diagnosis:  DCM vs. cardiomyopathy (primal Mild PHT  Heart Failure Classification Scort ISACHC Classification:	B6  Ty vs. secondary to myocarditis) with secondary CHF
a travel history outside of New Erenal values in 10-14 days. Reche Recheck appointment schedules 887 4696 if need to reschedule.  Treatment plan:  Final Diagnosis:  DCM vs. cardiomyopathy (prima: Mild PHT  Heart Failure Classification Score ISACHC Classification:	B6  Ty vs. secondary to myocarditis) with secondary CHF
a travel history outside of New Erenal values in 10-14 days. Recheck appointment schedules 267 4696 if need to reschedule.  Treatment plan:  Final Disgnosis:  DCM vs. cardiomyopathy (primal Mild PHT  Heart Failure Classification Second Sache Classification:	B6  With cardiology on Tuesday August 2nd at 11AML Please call 508  B6  Ty vs. secondary to myocardit is) with secondary CHF
a travel history outside of New Erenal values in 10-14 days. Reche Recheck appointment schedule.  Treatment plan:  Final Diagnosis:  DCM vs. cardiomyopathy (prima: Mild PHT  Heart Failure Classification:	B6  Ty vs. secondary to myocarditis) with secondary CHF

M-Mode		
IVSd		om
LVIDd		om
LVPWd		om
IVSs		cm
LVIDs		om
LVPWs	B6	cm
%FS	150	%
Ao Diam		om
LA Diam		OTT
LA/Ao		
Max LA		cm
EPSS		cm
M-Mode Normalized	particular and the conference of the	Jan 18 18 18 18 18 18 18 18 18 18 18 18 18
IVSdN		(0.29 - 0.52)
LVIDdN	The state of the s	(1.35 - 1.73)!
LVPWdN		(0.33 - 0.53)
IVSsN	B6	(0.43 - 0.71)
LVIDsN	1201	(0.79 - 1.14) !
LVPWsN		(0.53 - 0.78) !
Ao Diam N		(0.68 - 0.89)
LA Diam N	I manual management	(0.64 - 0.90)
2D		
SAIA	[	
Ao Diam		om
SA LA / Ao Diam		cm
IVSd		
LVIDd		cm
LVPWd		cm
		om 
EDV(Teich)	<b>B6</b>	ml
IVSs		cm
LVIDs		on
LVPWs		cm
ESV(Teich)		ml
EF(Teich)		%
%FS		%
SV(Teich)	1	ml
Doppler		
MRVmax	100000000000000000000000000000000000000	m/s
MR maxPG		mmHg
MV E Vel		m/s
MV DecT	DC	ms
MV A Vel	B6	m/s
MV E/A Ratio	1	
E		m/s
A'		m/s
	1	nys

E/E'
PV Vmax
PV maxPG
AV Vmax
AV maxPG
TR Vmax
TR maxPG

B6

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

# Cummings Veterinary Medical Center

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	Owner	De 1
Name: B6 Species: Canine	Marne: B6	Patient III; B6
White/Brown Male (Neutered) Beagle	B6	
Cross	Language	COLUMN DE COLUMN
Rirthdate: B6		
Attending Cardiologist:	(Cardiology), DACVECC	
D.C.	Auriniarana in in 1866 Mana in iarana in iarana	
B6		
Cardiology Resident:	(	
B6	$(m) \in (m) \in (m) \oplus (m) $	
The state of the s		
Student: B6 V19 Cardiology Technician:		
B6		
<u> P</u> V	1	
Admit Date: 6/13/2018 2:23:44 PM		
Discharge Date: 6/13/2018		
Diagnoses: Dilated cardiomyopathy (DO	VI) with history of congestive h	eart failure - improving
Clinical Findings:		
**************************************	motivuedcare, B6 look	ed great on physical exam today. We performed an
		vernent. B6 heart chambers have reduced to a
normal size, and his contractility is that of	f a normal heart at this time.	A contraction (sequences) of
percentage	and the second	production and the second seco
As B6 is doing well, we would like to		B6 he is on. Instead of receiving B6 withe instructions below. We are going to slowly
reduce his other medication as well. Ples		
		417.72
Monitoring at Home:	promonent	
	processing the second section of the section of the second section of the section of the second section of the section of	nd we are very happy to hear that you have been
The state of the s	-	is as you have been doing, especially as we have  B6 heart medications, please record. B6
Lateral and the second second	harana	once at night. Around June 28th, please contact our
Printerial and a second and a s		ovet@tults.edu to let us know how B6 is doing.
It is likely most helpful if you can email us		Later control and the control
medications. We will likely continue this;	pattern (monitoring for 2 week	is and adjusting doses) until we have reached a level
where B6 is recieving the minimum	medications necessary to allow	vhim to continue to do well.

		25. 55. 5	The state of the s		
An increase in breathing rate or effort	will usually mean that you sho	uld give a	n estra dose o	В6	If difficulty
breathing is not improved by within 30	1001		hen we recom	mend that ar	etheck exam
be scheduled and/orthat your dog be	evaluated by an emergency cli	nic.			
Uto also used see to undeb for used	orr or anilanon a makestim in a	mandida u			of the both or
We also want you to watch for wealing		hhenre, w	roiseand cordit	ur us cenoun	or unederly as
these findings indicate that we should	do a redneck examination.				
if you have any concerns, please call o	r have your dog evaluated by a	verterinar	ian Ourememen	ev elinie is one	n 24
hours/day.	, and the same and the			-1	
incom ay cany.					
Diet Suggestions: B6 should con	tinue to eat his current diet. W	eretables:	are a great treat (	ior trying to k	rse weight.
Your regular veterinarian can help mai		-			
make B6 more energetic and will					
ha canana a canal		111 15			
Exercise Recommendations: Please co	ontinue to allow B6 to set	his limitat	ions for exercise,	as you have	een doing, It
seems as thought the morning walks y	ou have been taking with him:	area good	level for him, but	ifhebecome	smore
exercise intolerant, the length may ne		1200000	describer of the second		DA VINE
Recommended Medications:	akorinis finkorinis finkorinis finkorinis finkorinis finkorinis finkorinis finkorinis	Incint-incint-inc			(*)HO)#*)HO)#*(HO)#
		A .			
	<b>B6</b>				
/	***************************************				deleterateterateterateterateterateterateterateterateterateterateterateterateterateterateterateterateteratetera
Recheck Visits: Since B6 is doing:	round un unude like to chet e	ruhurina h	ic hovet excelients	war Oleman en	ham in 6
months for a recheck echocardiogram		CONTINUE II	DINGS LINEMAN	us receie	MAII
nuns in alexes estra origina					
Thank you for entrusting us with B	care. He is a very sweet bo	w. and we	are very horne ti	at he has he	an doine so
well! Please contact our Cardiology lia	procedure and a second	- CONTRACTOR	email us at cardi		the state of the s
The state of the Control of the Cont	Antonia in a terra in		esilalius at tarun	nusiemus 6	100 8.0
scheduling and non-emergent question	is or concerns.				
Please visit our HeartSmart website fo	r more information				
http://vet.tufts.edu/heartsmart/	A STATE OF THE STA				
7. 7					
Prescription Refill Discloiner:			erane et a	3.3.0	
For the safety and well-being of our put	ients, your pet must have had an	examinati	ion by one of our v	eterinarians w	ithin the post
year in order to obtain prescription medi			and the second		A 1.10
Ordering Food: Ologo akade with www.crimonrustoring	the to suppleme the second second	nel alicet -1	Managarith &	hora come 6	l from the
Please check with your primary veterinar please call 7-10 days in advance 1508,98					
olease call 7-10 days in advance (508-86		MIXIX. ARC	rinanciy, veterino	ry meis can be	: oruered from
online retailers with a prescription/veteri	пану орргома.				
Clinical Trinks					

Clinical trials are studies in which our veterin	ory doctors work with you or	nd your pet to investigate a specific disease process or a
promising new test or treatment. Please see	our website: vet.tufts.edu/o	mic/clinical-studies
C/	Demo-	Niederson betweeting

Report Details - EON-	388244					
ICSR:	2067171					
Type Of Submission:	Initial					
Report Version:	FPSR.FDA.PETF.V.V1					
Type Of Report:	Adverse Event (a symptom,	reaction or disease a	associated with the product)			
Reporting Type:	Voluntary					
Report Submission Date:	2019-05-20 10:49:42 EDT					
Reported Problem:	Problem Description:	B6 r presented to UF Cardiology for evaluation of a heart murmur and arrhythmia discovered by his primary care veterinarian. B6 had a recent history of a progressively worsening cough. On ECG, B6 had intermittent ventricular premature complexes (right bundle branch block). B6 was diagnosed with mitral regurgitation with systolic dysfunction.				
	Date Problem Started:	03/19/2019				
	Concurrent Medical Problem:					
	Pre Existing Conditions:		B6			
	Outcome to Date:	Stable				
Product Information:	Product Name:	Nudges Chicken Jer	key			
	Product Type:	Pet Food				
	Lot Number:					
	Product Use	Description:	2-3 slices fed 2-3 times per day as a treat			
	Information:	First Exposure Date:	02/01/2019			
	Manufacturer /Distributor Information:		· · · · · · · · · · · · · · · · · · ·			
	Purchase Location Information:					
	Product Name:	Nubs Chicken Treats	5			
	Product Type:	Pet Food				
	Lot Number:					
	Product Use Information:	Description: First Exposure Date:	one bone once per day as a treat 10/01/2017			
	Manufacturer /Distributor Information:		5.			
	Purchase Location Information:					
	Product Name:	Sam's Club Chicken	Jerky			
	Product Type:					
	Lot Number:					
	Product Use Information:	Description: First Exposure Date:	fed as treats 2-3 slices, 2-3 times per day 01/01/2018			
	Manufacturer /Distributor Information:	5				
	Purchase Location Information:					
	Product Name: Product Type:	Red Barn Bully sticks Pet Food	s and slices			
	Lot Number: Product Use	Description:	treats - 1 stick per day			
	Information:	First Exposure	08/01/2018			

		Date:			
	Manufacturer				
	/Distributor Information:				
	Purchase Location Information:				
	Product Name:	Taste of the Wild Pa	cific Salmon Grain Free		
	Product Type:	Pet Food			
	Lot Number:				
	Product Use Information:	Description: First Exposure Date:			
		Last Exposure Date:			
		Time Interval between Product Use and Adverse Event:			
		Product Use Stopped After the Onset of the Adverse Event:			
		Adverse Event Abate After Product Stop:			
		Product Use Started Again:			
		Perceived Relatedness to Adverse Event:	Possibly related		
		Other Foods or Products Given to the Animal During This Time Period:	Yes		
	Manufacturer				
	/Distributor Information:				
	Purchase Location Information:				
Animal Information:	Name:	В6			
	Type Of Species:	Dog			
		1: American Pit Bull Terrier			
	Gender:	1 2			
	Reproductive Status:	s: Neutered t: 35.9 Kilogram			
		<b>B6</b> Years			
	Assessment of Prior	\$ <b>~~~~</b>			
	Health:				
	Number of Animals Given the Product:				
	Number of Animals Reacted:				
	Owner Information:	Owner Information provided:			
	Healthcare Professional Information:	Practice Name: Contact:	University of Florida  Name: Darcy Adin		

Other Phone: 3522948606   Email: adind@ufl.edu				Phone:	(614) 582-9798
Address: 2015 SW 16th Ave 2015 SW 16th Avenue Gainesville Florida 32608 United States  Name: Darcy Adin  Address: 2015 SW 16th Ave 2015 SW 16th Ave 2015 SW 16th Avenue Gainesville Florida 32608 United States  Contact: Phone: 6145829798 Other Phone: 3522948606 Email: adind@ufl.edu  Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties: None				(	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Sender Information:  Name:  Darcy Adin  Address:  2015 SW 16th Avenue Gainesville Florida 32608 United States  2015 SW 16th Ave 2015 SW 16th Ave 2015 SW 16th Ave 2015 SW 16th Ave 2015 SW 16th Avenue Gainesville Florida 32608 United States  Contact: Phone: 6145829798 Other Phone: 3522948606 Email: adind@ufl.edu  Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties:				Email:	adind@ufl.edu
Address:  2015 SW 16th Ave 2015 SW 16th Avenue Gainesville Florida 32608 United States  Contact: Phone: 6145829798 Other Phone: 3522948606 Email: adind@ufl.edu  Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties:			Address:	2015 SW 16th A Gainesville Florida 32608	Ave Avenue
2015 SW 16th Avenue   Gainesville   Florida   32608   United States	Sender Information:	Name:	Darcy Adin		
Other Phone: 3522948606  Email: adind@ufl.edu  Permission To Contact Sender:  Preferred Method Of Contact: Reported to Other Parties:  None		Address:	2015 SW 16th Aver Gainesville Florida 32608	ue	
Permission To Contact Sender:  Preferred Method Of Contact:  Reported to Other Parties:		Contact:	Phone:	6145829798	
Permission To Contact Sender:  Preferred Method Of Contact:  Reported to Other Parties:  Permission To Contact Sender:  Yes Sender:  None			Other Phone:	3522948606	
Sender: Preferred Method Of Contact: Reported to Other Parties:			Email:	adind@ufl.edu	
Contact:  Reported to Other Parties:			Yes		
Reported to Other Parties:			Email		
Additional Documents:			None		
Additional Documents.			TVOITE		
	Additional Documents:		TVOIC		

Report Details - EON-	388245					
ICSR:	2067168					
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:	2019-05-20 10:45:10 EDT					
Reported Problem:	Problem Description:	A few days before B6 was seen by UF Cardiology, he presented to a specialty clinic for a minor orthopedic complaint, at which time an ECG revealed an abnormal rhythm. On B6 became inappetant and vomited twice. Of B6 patient presented to primary care veterinarian, and of B6 patient presented to an emergency clinic where thoracic radiographs revealed mild to moderate cardiomegaly. He was referred to cardiology on B6 where he was diagnosed with Dilated Cardiomyopathy. Anorexia resolved after 2 weeks.				
	Date Problem Started:					
	Concurrent Medical Problem:					
	Pre Existing Conditions:	Patient received flax	coil <b>B6</b>			
	Outcome to Date:	j				
Product Information:	Product Name:	Taste of the Wild Pr	ey (Angus, Beef, and Lentils)			
	Product Type:		-, vg.s.s, 2001, and Eshino)			
	Lot Number:					
	Product Use	Description:	3/4 cup fed twice per day			
	Information:	First Exposure				
		Date:				
		Last Exposure Date:	M •			
		Time Interval between Product Use and Adverse Event:				
		Product Use Stopped After the Onset of the Adverse Event:				
		Adverse Event Abate After Product Stop:				
		Product Use Started Again:				
		Relatedness to Adverse Event:				
		Other Foods or Products Given to the Animal During This Time Period:				
	Manufacturer /Distributor Information:					
	Purchase Location Information:					
	Product Name:	N and D Venison an	d Quinoa dry			
	Product Type:	Pet Food				
	Lot Number:					
	Product Use	Description:	1 3/4 cup fed twice per day			

Information:	First Exposure Date:	12/13/2018		
	Last Exposure Date:	B6		
	Time Interval between Product Use and Adverse Event:			
	Product Use Stopped After the Onset of the Adverse Event:	Yes		
	Adverse Event Abate After Product Stop:			
	Product Use Started Again:			
	Perceived Relatedness to Adverse Event:	Possibly related		
	Other Foods or Products Given to the Animal During This Time Period:			
Manufacturer /Distributor Information:				
Purchase Location Information:				
Product Name:	Name: Honest Kitchen Turkey dehydrated			
Product Type:	Pet Food			
Lot Number:				
Product Use Information:	Description:	1/4 cup fed once per day Patient also receives lung pieces and beef and duck jerky as treats.		
	First Exposure Date:	01/01/2015		
	Last Exposure Date:	<b>B6</b>		
	Time Interval between Product Use and Adverse Event:	4 Years		
	Product Use Stopped After the Onset of the Adverse Event:	Yes		
	Adverse Event Abate After Product Stop:			
	Product Use Started Again:			
	Perceived Relatedness to Adverse Event:	Possibly related		
	Other Foods or Products Given to the Animal During This Time Period:			
Manufacturer				

	/Distributor Information:	7777				
	Purchase Location Information:					
Animal Information:	Name:	В6				
	Type Of Species:	Dog	***************************************			
	Type Of Breed:	Great Dane				
	Gender:	Male				
	Reproductive Status:	Neutered				
	Weight:	86.1 Kilogram				
	Age:	B6 Years				
	Assessment of Prior Health:					
	Number of Animals Given the Product:	1				
	Number of Animals Reacted:	1				
	Owner Information:	Owner Information provided:	No			
	Healthcare Professional	Practice Name:	University of Flo	rida		
	Information:	Contact:		Darcy Adin		
			;	(614) 582-9798		
			Other Phone: 3			
				adind@ufl.edu		
		Address:	2015 SW 16th A 2015 SW 16th A Gainesville Florida 32608 United States			
Sender Information:	Name:	Darcy Adin				
	Address:					
	Contact:	Phone:	6145829798			
		Other Phone:				
		<u> </u>	adind@ufl.edu			
	Permission To Contact Sender:		<u> </u>			
	Preferred Method Of Contact:	1				
	Reported to Other Parties:					
Additional Documents:						

Report Details - EON-	388246				
ICSR:	2067170				
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:	2019-05-20 10:48:05 EDT				
Reported Problem:	Problem Description:	B6 ws referred to UF Cardiology after her primary care veterinarian noted a Grade 2/6 left systolic murmur. She has been slowing down some over the past year, but still runs and plays regularly. B6 has a sinus arrhythmia. Patient was diagnosed with primary mitral regurgitation with systolic dysfunction.			
	Date Problem Started:				
	Concurrent Medical Problem:				
	Pre Existing Conditions:	DC			
		<b>B6</b>			
	Outcome to Date:	Stable			
Product Information:	Product Name:	Cosequin DS			
	Product Type:	Other			
	Lot Number:				
	Product Use Information:	Description: 1/2 tablet once daily as joint supplement			
	Manufacturer /Distributor Information:				
	Purchase Location Information:				
	Product Name:	Smart Bones Smart Sticks (peanut butter)			
	Product Type:	Pet Food			
	Lot Number:				
	Product Use Information:	Description: 5 inch treat given once per week First Exposure Date: 01/01/2016			
	Manufacturer /Distributor Information:				
	Purchase Location Information:				
	Product Name:	Dr. Lyon's dental treat (mint)			
	Product Type:				
	Lot Number:				
	Product Use Information:	Description: 3 inch treat fed once per week First Exposure Date: 01/01/2018			
	Manufacturer /Distributor Information:				
	Purchase Location Information:				
	Product Name:	Pedigree chicken and rice			
	Product Type:	Pet Food			
	Lot Number:				
	Product Use Information:	Description: 1/4 cup fed once per day  First Exposure 01/01/2012  Date:			

	Number of Animals Given the Product:		
	Assessment of Prior Health:	Good	
		10 Years	
		11.5 Kilogram	
	Reproductive Status:	Neutered	
	Gender:	}	
		Sheepdog - Shetlan	d
	Type Of Species:	<i>.</i>	
Animal Information:	Information:	В6	
	/Distributor Information: Purchase Location		
	Manufacturer		
		Other Foods or Products Given to the Animal During This Time Period:	I es
		Relatedness to Adverse Event:	Possibly related
		Product Use Stopped After the Onset of the Adverse Event:	
		between Product Use and Adverse Event:	J I Edio
		First Exposure Date: Time Interval	
	Product Use Information:	Description:	1/2 cup dry fed twice per day Patient also receives 2TBSP 100% pure pumpkin once daily and 1/2 hard boiled egg white once per week.
	Lot Number:		
	Product Type:		
	Information: Product Name:	Natural Balance Ver	nison, Sweet Potatoes
	Manufacturer /Distributor Information: Purchase Location		
		Other Foods or Products Given to the Animal During This Time Period:	Yes
		Relatedness to Adverse Event:	Possibly related
		Product Use Stopped After the Onset of the Adverse Event:	No
		Time Interval between Product Use and Adverse Event:	7 Years

	Number of Animals Reacted:	1		
	Owner Information:	Owner Information provided:	No	
	Healthcare Professional	Practice Name:	University of FI	orida
	Information:	Contact:	Name:	Darcy Adin
			Phone:	(614) 582-9798
			Other Phone:	3522948606
			Email:	adind@ufl.edu
			2015 SW 16th 2015 SW 16th Gainesville Florida 32608 United States	
Sender Information:	Name:	Darcy Adin		
	Address:	2015 SW 16th Ave 2015 SW 16th Aver Gainesville Florida 32608 United States	iue	
	Contact:	Phone:	6145829798	
		Other Phone:	3522948606	
		Email:	adind@ufl.edu	
	Permission To Contact Sender:	4		
	Preferred Method Of Contact:	Email		
Reported to Other Parties		None		
				ивна при в при

Report Details - EON-	388253			
ICSR:	2067174			
Type Of Submission:	Initial			
Report Version:	FPSR.FDA.PETF.V.V1			
Type Of Report:	Adverse Event (a symptom,	reaction or disease a	associated with the product)	
Reporting Type:	Voluntary			
Report Submission Date:				
Reported Problem:	Problem Description:	presentation, he was presentation, an EKO ventricular arrythmia suddenly and was in converted to sinus to	able on B6 or dilated cardiomyopathy for the past esentation at UF Cardiology. A few weeks prior to started on B6 for coughing episodes. The day of G performed at the primary care veterinarian showed a configuration to UF Cardiology, patient had collapsed cardiopulmonary arrest. After CPR and a B6 he achycardia. Patient was diagnosed with dilated was euthanized two days later due to gastric dilation	
	Date Problem Started:			
	Concurrent Medical			
	Problem:			
	Pre Existing Conditions:	B6 was diagnose at UF Cardiology an years.	d with dilated cardiomyopathy two years prior to presentation d had been previously stable on B6 for the past two B6	
	0.45 4- 0.45-			
	Outcome to Date:			
	Date of Death:	B0		
Product Information:	Product Name: Product Type:	Spring Hill Fish Oil Other		
	Lot Number:			
	Product Use Information:	Description:	1 pill daily as supplement	
	Manufacturer /Distributor Information:			
	Purchase Location Information:			
	Product Name:	Paul Newman Dog E	Biscuits, various	
	Product Type:	Pet Food		
	Lot Number:	m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Product Use Information:	Description:  First Exposure Date:	used as treats patient also received fat free greek yogurt once per day since 2015 and raw carrots as treats 01/01/2010	
	Manufacturer /Distributor Information:		<u>,                                      </u>	
	Purchase Location Information:			
	Product Name:	Blue Buffalo Large B	Breed Adult	
	Product Type:	Pet Food		
	Lot Number:			
	Product Use Information:	Description: First Exposure	2 cups dry fed twice per day 12/31/2007	
		Date: Last Exposure	B6	
		Date: Time Interval	9 Years	

		between Product Use and Adverse	777777		
		Event:	17.17.17.17.17.17.17.17.17.17.17.17.17.1		
		Product Use Stopped After the Onset of the Adverse Event:	No		
		Perceived Relatedness to Adverse Event:	Possibly relate	d	
		Other Foods or Products Given to the Animal During This Time Period:	Yes		
	Manufacturer /Distributor Information:				
	Purchase Location Information:				
Animal Information:	Name:	В6			
	Type Of Species:	Dog			
	Type Of Breed:	Doberman Pinscher			
	Gender:	Male			
	Reproductive Status:	Neutered			
		38 Kilogram			
	Age:	11 Years			
	Assessment of Prior Health:				
	Number of Animals Given the Product:	1			
	Number of Animals Reacted:	1			
	Owner Information:	Owner Information provided:	No.		
	Healthcare Professional	Practice Name:	University of FI	orida	
	Information:	Contact:	<u> </u>	Darcy Adin	
			7. [	(614) 582-9798	
			Other Phone:	1	
			56	adind@ufl.edu	
		Address:	2015 SW 16th 2015 SW 16th Gainesville Florida 32608 United States	Ave	
Sender Information:	Name:	Darcy Adin			
	Address:	2015 SW 16th Ave 2015 SW 16th Aver Gainesville Florida 32608 United States	nue		
	Contact:	Phone:	6145829798		
		Other Phone:	7		
			adind@ufl.edu		
			3		

	Permission To Contact Sender:	Yes
	Preferred Method Of Contact:	Email
	Reported to Other	None
	Parties:	
Additional Documents:		

Report Details - EON-	388254		
ICSR:	2067175		
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:	2019-05-20 10:56:29 EDT		
Reported Problem:	Problem Description:	Patient presented to the UF Cardiology Service after roughly two weeks of coughing. When coughing initially started, patient was seen by primary care veterinarian and was treated with:  B6	
	Date Problem Started:	veterinarian again. He had B6 an enlarged heart, and pulmonary edema. Patient was referred to UF and was diagnosed with Dilated Cardiomyopathy.	
	Concurrent Medical Problem:	Yes	
	Pre Existing Conditions:		
	. To Existing Conditions.		<b>B6</b>
	Outcome to Date:	Stable	
Product Information:	Product Name:	Good Morning Healthy Joints	
	Product Type:	Other	
	Lot Number:		
	Product Use Information:	Description: supplement given twice daily	
	Manufacturer /Distributor Information:		
	Purchase Location Information:	Spring Valley Fish, Flax, and Borage Oil	
	Product Name:		
	Product Type:	Other	
	Lot Number:		
	Product Use Information:	Description:	supplement given once daily
	Manufacturer /Distributor Information:		
	Purchase Location Information:		
	Product Name:	Milkbone peanut flavor dry mini treats	
	Product Type:	Pet Food	
	Lot Number:		
	Product Use Information:		used as treats
	mormaton	First Exposure Date:	01/01/2012
		Other Foods or Products Given to the Animal During This Time Period:	Yes
	Manufacturer /Distributor Information: Purchase Location Information:		
	Product Name:	4Health Salmon and	Potato canned

Product Type:	Pet Food	And of the second secon
Lot Number:	7 	
Product Use	Description:	1 TPSP fed twice per day
Information:	First Exposure Date:	01/01/2016
	Last Exposure Date:	02/20/2019
	Time Interval between Product Use and Adverse Event:	3 Years
	Product Use Stopped After the Onset of the Adverse Event:	Yes
	Adverse Event Abate After Product Stop:	Unknown
	Product Use Started Again:	3
	Perceived Relatedness to Adverse Event:	Possibly related
	Other Foods or Products Given to the Animal During This Time Period:	Yes
Manufacturer /Distributor Information:		
Purchase Location Information:		
Product Name:	Pure Balance Salmo	n and Potato dry
Product Type:	Pet Food	
Lot Number:	: 9 !	
Product Use	Description:	1 cup dry food fed twice per day
Information:	Pirst Exposure Date:	
	Last Exposure Date:	
	Time Interval between Product Use and Adverse Event:	3 Years
	Product Use Stopped After the Onset of the Adverse Event:	Yes
	Adverse Event Abate After Product Stop:	
	Product Use Started Again:	
	Perceived Relatedness to Adverse Event:	Possibly related
	Other Foods or Products Given	Yes
		120 C

Manufacture   Distributor information:   Purchase Location information:   Purchase Location information:   Animal Information:   Name:			to the Animal During This Time			
### Application of Information:   Purchase Location Information:   B6				77		
Animal Information:  Name:  Type Of Species: Type Of Species: Type Of Species: Type Of Species: Gender: Male Reproductive Status: Neutreed Assessment of Prof: Health: Number of Animals: Reaceded: Owner Information:  Practice Name: Onlard: Name:  Address: 2015 SW 16th Ave 2015 S						
Animal Information: Type Of Species: Type Of Species: Type Of Species: Cattle Dog - Australian (blue heeler, red heeler, Queensland cattledog) Gender: Male Reproductive Status: Weight: 24 Klogram Age: 10 Years Assessment of Prior Health: Number of Animals: Given the Product: Number of Animals: Reproductive Status: Owner Information: Product: Number of Animals: Reproductive Status: None Notice Status: None Notice Status: National (blue heeler, red heeler, Queensland cattledog) Reductional (blue heeler, red heeler, red heeler, Queensland (blue heeler, red heeler, Queensland (blue heeler, red heeler, Queensland (blue heeler, red heeler, Red heeler, Queensland (blue heeler, red heeler, Red heeler, Reduction Alexates  Productional (blue All Colors) None Noutered None Noutered None None None None None None None None						
Type Of Breed: Gender: Male Reproductive Status: Neight: Age: 10 Years Assessment of Prior Health: Number of Animals Given the Product: Number of Animals Reacted: Owner Information: Owner Information: Healthicare Professional Information: Address: 2015 W1 8th Avenue Gainesville Florida 32608 United States  Sender Information:  Name:  Darcy Adin Address: 2015 SW 18th Ave 2015 SW 18th Avenue Gainesville Florida 32608 United States  Contact: Phone: 6145629798 Other Phone: 352248606 Email: adind@ufl.edu  Permission To Contact Sender: Perferred Method Of Email: adind@ufl.edu  Permission To Contact Sender: Perferred Method Of Email  Reported to Other Phone: 8522948606 Email: adind@ufl.edu	Animal Information:	Name:				
Reproductive Status:   Neutered		Type Of Species:	Dog			
Reproductive Status: Neutered Weight: 24 Kilogram Age: 10 Years  Assessment of Prior Far Health: Number of Animals: Given the Product: Number of Animals: Reacted: Owner Information: Practice Name: University of Florida Information: Contact: Name: Datry Adin Phone: 614) 582-9798 Other Phone: 3522048606 Email: adind@ufl edu  Address: 2015 SW 16th Ave Gainesville Florida 32608 United States  Contact: Phone: 6145829798 Other Phone: 3522048606 Email: adind@ufl edu  Address: 2015 SW 16th Ave Gainesville Florida 32608 United States  Contact: Phone: 6145829798 Other Phone: 3522048606 Email: adind@ufl edu  Address: 2015 SW 16th Ave Gainesville Florida 32608 United States  Contact: Phone: 6145829798 Other Phone: 3522048606 Email: adind@ufl edu  Permission To Contact Yes Sender: Preferred Method Of Email Contact: Reported to Other Parties:		Type Of Breed:	Cattle Dog - Australi	an (blue heeler,	red heeler, Queensland cattledog)	
Age: 10 Years  Assessment of Prior Fair Health: Number of Animals 1 Given the Product: Number of Animals 1 Reacted:  Owner Information:  Owner Information:  Practice Name: University of Florida Contact: Name: Darcy Adin Phone: (814) 582-9798 Other Phone: 3522048066 Email: adind@ufl.edu  Address: 2015 SW 16th Ave 2015 SW 16th Avenue Gainesville Florida 32808 United States  Contact: Phone: Address: 2015 SW 16th Avenue Gainesville Florida 32808 United States  Contact: Phone: 6145829798 Other Phone: 352248066 Email: adind@ufl.edu		Gender:	Male			
Assessment of Prior Health: Number of Animals Given the Product: Number of Animals Reacted: Owner Information: Information: Information: Information:  Address: Outer Phone: Gainesville Florida 3200 United States  Contact: Gainesville Florida 32208 United States  Contact: Gainesville Florida 32208 United States  Contact: Ferefred Method Of Contact: Reported to Other Parties:  Number of Animals Given the Product: Number of Animals Cowner Information Downer Information Owner Information Information Owner Information Information Owner Information Owner Information Owner Information Owner Information Information Owner Information Owner Information Information Owner Information Owner Information Owner Information Information Information Owner Information Information Owner Information Information Information Information Owner Information Informati		Reproductive Status:	Neutered			
Assessment of Prior Health:    Number of Animals Given the Product:     Number of Animals Reacted:     Owner Information:   Owner Information:     Healthcare Professional Information:   Practice Name:   University of Florida     Contact:   Name:   Darcy Adin     Phone: (614) 582-9798     Other Phone: 3522948006     Email: adind@ufl.edu     Address:   2015 SW 16th Ave ue Gainesville Florida     32608		Weight:				
Health: Number of Animals Given the Product: Number of Animals Reacted: Owner Information: Owner Information		Age:	10 Years			
Given the Product:  Number of Animals Reacted:  Owner Information Information Information:  Healthcare Professional Information:  Contact:  Address:  Address:  Address:  Darcy Adin Phone:  (614) 582-9798 Other Phone: 3522948606 Email: adind@ufl.edu  Address: 2015 SW 16th Avenue Gainesville Florida 32608 United States  Contact:  Phone: 6145829798 Other Phone: 3522948606 Email: adind@ufl.edu  Address: 2015 W 16th Avenue Gainesville Florida 32608 United States  Contact: Phone: 6145829798 Other Phone: 3522948606 Email: adind@ufl.edu  Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties:			Fair			
Reacted: Owner Information: Information provided:  Healthcare Professional Information:  Practice Name: Other Phone: G144, 582-9798 Other Phone: Gainesville Florida 32608 United States  Contact: Swn 16th Avenue Gainesville Florida 32608 United States  Contact: Florida 32608 United States  Contact: Gainesville Florida 32608 United States  Contact: Florida 32608 United States		Given the Product:				
Healthcare Professional Information:   Practice Name: University of Florida		Reacted:	1	3		
Information:    Contact:   Name:   Darcy Adin   Phone:   (614) 582-9798   Other Phone:   3522948606   Email:   adind@ufl.edu		Owner Information:	Information	ion		
Information:   Contact:   Name:   Darcy Adin   Phone: (614) 582-9798   Other Phone: 3522948606   Email: adind@ufl.edu		Healthcare Professional	Practice Name:	University of FI	orida	
Phone: (614) 582-9798   Other Phone: 3522948606   Email: adind@ufl.edu		Information:				
Contact   Permission To Contact Sender:   Permission To Contact Sender:   Permission To Contact Sender:   Preferred Method Of Contact:   Reported to Other Patries:   Phone:   Contact:   Reported to Other Patries:   Contact:   Reported to Other Patries:   Contact:   Contact:   Reported to Other Patries:   Contact:				1	4	
Address:   2015 SW 16th Ave   2015 SW 16th Avenue   Gainesville   Florida   32608   United States				2¢	Ţ.·.	
Address: 2015 SW 16th Ave 2015 SW 16th Avenue Gainesville Florida 32608 United States  Name: Darcy Adin  Address: 2015 SW 16th Ave 2015 SW 16th Avenue Gainesville Florida 32608 United States  Contact: Phone: 6145829798 Other Phone: 522948606 Email: Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties: None				3	7	
Sender Information:  Name:  Darcy Adin  Address: 2015 SW 16th Avenue Gainesville Florida 32608 United States  2015 SW 16th Ave 2015 SW 16th Ave 2015 SW 16th Avenue Gainesville Florida 32608 United States  Contact: Phone: 6145829798 Other Phone: 3522948606 Email: adind@ufl.edu  Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties:			Address	75	7	
Address:    2015 SW 16th Ave			Addless.	2015 SW 16th Gainesville Florida 32608		
2015 SW 16th Avenue Gainesville Florida 32608 United States  Contact: Phone: 6145829798 Other Phone: 3522948606 Email: adind@ufl.edu  Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties: None	Sender Information:	Name:	Darcy Adin			
Other Phone: 3522948606  Email: adind@ufl.edu  Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties:  None		Address:	2015 SW 16th Aver Gainesville Florida 32608	nue		
Other Phone: 3522948606  Email: adind@ufl.edu  Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties:  None		Contact:	Phone:	6145829798		
Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties:			; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	ş		
Permission To Contact Sender:  Preferred Method Of Contact:  Reported to Other Parties:  Permission To Contact Sender:  Preferred Method Of Contact:  None				; ;		
Preferred Method Of Contact:  Reported to Other Parties:			<u></u>	3		
Parties:		Preferred Method Of	of Email			
Additional Documents:						
	Additional Documents:					

Report Details - EON-	388255			
ICSR:	2067176			
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:	2019-05-20 10:58:30 EDT			
Reported Problem:		exercise intolerance diagnosed with Dilat clinically stable but r results were discord	e UF Cardiology Service for a 5 month history of progressive and increased respiratory rate and effort. Patient was ed Cardiomyopathy. She has been rechecked once 5/15/19 - to improvement noted on echocardiogram. Her blood taurine ant so she has been on supplementation	
	Date Problem Started:			
	Concurrent Medical Problem:	Yes		
	Pre Existing Conditions:		<b>B6</b>	
	Outcome to Date:	Stable		
Product Information:	Product Name:	Acana Heritage Pou	ltry dry	
	Product Type:	Pet Food		
	Lot Number:			
	Product Use Information:	Description:	2 cups dry food fed twice per day Patient also has been receiving deer antlers once per week since Aug 2015 as treats/chews.	
		First Exposure Date:		
		Last Exposure Date:	02/14/2019	
		Time Interval between Product Use and Adverse Event:	3 Years	
		Product Use Stopped After the Onset of the Adverse Event:	Yes	
		Adverse Event Abate After Product Stop:	Unknown	
		Product Use Started Again:	No	
		Perceived Relatedness to Adverse Event:	Possibly related	
		Other Foods or Products Given to the Animal During This Time Period:	Yes	
	Manufacturer			
	/Distributor Information:  Purchase Location Information:			
Animal Information:	Name:	В6		
	Type Of Species:	j		

	Type Of Breed:	Shepherd Dog - Ger	man	
	Gender:			
	Reproductive Status:			
	Pregnancy Status:			
	Lactation Status:			
	<u>}</u>	36 Kilogram		
		4 Years		
	Assessment of Prior			
	Health:			
	Number of Animals Given the Product:	1		
	Number of Animals Reacted:	1		
	Owner Information:	Owner Information provided:		
	Healthcare Professional Information:	Practice Name: Contact:	University of Florida	
		Contact.	1	
			Phone: (614) 582-9798	
			Other Phone: 3522948606  Email: adind@ufl.edu	
		0.44		
		Address.	2015 SW 16th Ave 2015 SW 16th Avenue Gainesville Florida 32608 United States	
Sender Information:	Name:	Darcy Adin		
	Address:	2015 SW 16th Ave 2015 SW 16th Aver Gainesville Florida 32608 United States	nue	
	Contact:	Phone:	6145829798	
		64 BI	0500040000	
		Other Phone:	3522948606	
		Other Phone: Email:		
	Permission To Contact Sender:	Email:	adind@ufl.edu	
		Email: Yes		
	Sender: Preferred Method Of	<b>Email:</b> Yes Email		

Report Details - EON-	388256				
ICSR:	2067173				
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:	2019-05-20 10:51:47 EDT				
Reported Problem:	Problem Description:	2-3 months which achieve hacking. Patient was	UF Cardiology with a history of persistent cough for the past cutely became more frequent with episodes of wheezing and s diagnosed with atrial fibrillation and dilated cardiomyopathy.		
	Date Problem Started: Concurrent Medical Problem:	Yes			
	Pre Existing Conditions:		B6		
	Outcome to Date:	Stable			
Product Information:	Product Name:	Dasuquin (Nutrama)	k) Glucosamine, MSM, Chonroitan, ASU		
	Product Type:	;			
	Lot Number:				
	Product Use Information:	Description: joint supplement daily			
	Manufacturer /Distributor Information: Purchase Location Information:				
	Product Name:	Origins 6 Fish Grain	Free dry		
	Product Type:	, <del></del>	Tree will		
	Lot Number:				
	Product Use Information:	Description: First Exposure Date:			
		Last Exposure Date:			
		Time Interval between Product Use and Adverse Event:			
		Product Use Stopped After the Onset of the Adverse Event:			
		Adverse Event Abate After Product Stop:			
		Product Use Started Again:			
		Perceived Relatedness to Adverse Event:	Possibly related		
		Other Foods or Products Given to the Animal During This Time Period:			
	Manufacturer				

	Great Dane Male Intact 65 Kilogram 7 Years Good 1 0 Owner Information	No	
Gender: Gender: Iuctive Status: Weight: Age: sment of Prior Health: per of Animals n the Product: per of Animals Reacted: er Information:	Dog Great Dane Male Intact 65 Kilogram 7 Years Good 1 Owner Information	No	
Gender: Gender: Iuctive Status: Weight: Age: sment of Prior Health: per of Animals n the Product: per of Animals Reacted: er Information:	Great Dane Male Intact 65 Kilogram 7 Years Good 1 0 Owner Information	No	
Gender: luctive Status: Weight: Age: sment of Prior Health: per of Animals n the Product: per of Animals Reacted: er Information:	Male Intact 65 Kilogram 7 Years Good 1 Owner Information	No	
Weight: Age: sment of Prior Health: per of Animals in the Product: per of Animals Reacted: er Information:	Intact 65 Kilogram 7 Years Good 1 Owner Information	No	
Weight: Age: sment of Prior Health: per of Animals n the Product: per of Animals Reacted: er Information:	65 Kilogram 7 Years Good 1 Owner Information	No	
Age: sment of Prior Health: per of Animals n the Product: per of Animals Reacted: er Information:	7 Years Good  1 Owner Information	No	
ement of Prior Health: Der of Animals In the Product: Der of Animals Reacted: Per Information:	Good  1  Owner Information	No	
Health: per of Animals in the Product: per of Animals Reacted: per Information:	1 Owner Information	No	
n the Product: per of Animals Reacted: per Information: per Professional	1 Owner Information	No	
Reacted: er Information: e Professional	Owner Information	No	
Professional	Information	No	
	provided:	THE PROPERTY OF THE PROPERTY O	
Information	Practice Name:	University of FI	orida
miormanon.	Contact:		Darcy Adin
		7	(614) 582-9798
		Other Phone:	4
		20	adind@ufl.edu
	Address:	2015 SW 16th 2015 SW 16th Gainesville Florida 32608 United States	
	Darcy Adin		
Address:	2010 000 10017	nue	
Contact:	Phone:	6145829798	
	Other Phone:	3522948606	
	Email:	adind@ufl.edu	
on To Contact Sender:	Yes	2.	
red Method Of Contact:	Email		
	Contact: on To Contact Sender: red Method Of Contact: orted to Other	Darcy Adin  Address:  2015 SW 16th Aver 2015 SW 16th Aver Gainesville Florida 32608 United States  Contact: Phone: Other Phone: Email: on To Contact Sender: red Method Of Email	Address: 2015 SW 16th 2015 SW 16th Gainesville Florida 32608 United States  Darcy Adin  Address: 2015 SW 16th Ave 2015 SW 16th Avenue Gainesville Florida 32608 United States  Contact: Phone: 6145829798 Other Phone: 3522948606 Email: adind@ufl.edu  on To Contact Sender: red Method Of Contact: orted to Other None

Report Details - EON-	351034			
ICSR:	2045680			
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:	3 g			
Reported Problem:	Problem Description:	heart failure by the of Her disease has been on grain free diets, a cardiology service. V	sed with dilated cardiomyopathy and left sided congestive cardiology service at B6 sen stable. Due to reports of DCM related to taurine deficiency whole blood taurine level was submitted on 3/2/2018 by the Whole blood taurine was B6 (ref range 200-350, critical <150). To stop current diet and start taurine supplementation.	
	Date Problem Started	B6		
	Concurrent Medical Problem:	Yes		
	Pre Existing Conditions:	Heart murmur first d	ocumented 4/3/2016 - 2/6 left basilar systolic	
	Outcome to Date:	Stable		
Product Information:	Product Name:	Kirkland Signature N	lature's Domain Turkey Meal and Sweet Potato Dog Food	
	Product Type:	Pet Food		
	Lot Number:			
	Product Use Information:	Description:	Owner has been feeding daily for several years. Briefly switched diets for 3 months over 1 year prior but switched back as the Kirkland was better tolerated by the dog's GI tract.	
		Last Exposure Date:		
		Product Use Stopped After the Onset of the Adverse Event:	Unknown	
		Perceived Relatedness to Adverse Event:	Possibly related	
		Other Foods or Products Given to the Animal During This Time Period:		
	Manufacturer /Distributor Information:			
	Purchase Location Information:	Name:	Costco Wholesale	
Animal Information:	Name:	B6		
	Type Of Species:	: :		
	Type Of Breed:	Retriever - Golden		
	Gender:	<u> </u>		
	Reproductive Status:	<u> </u>		
	\$ { <del></del>	31.1 Kilogram		
	3 5	11 Years		
	Assessment of Prior Health:			
	Number of Animals Given the Product:			
	Number of Animals Reacted:	I		

Contact: Name: Phone B6  Address: B6 United States  Healthcare Professional Information:  Contact: Name: B6 United States  Address: B6 United States  Type of Veterinarian: Date First Seen: 08/04/2016  Sender Information:  Name: Address: B6 United States  Type of Veterinarian: Date First Seen: 08/04/2016  Sender Information: Name: B6  Reporter Wants to Remain Anonymous: Permission To Contact: Ves Sender: Preferred Method Of Preferred Method Of Contact: Reported to Other Parties: Additional Documents:		Owner Information:	Owner Information provided:	Yes		
Address: B6 United States  Healthcare Professional Information:  Practice Name: Contact: Name: B6 United States  Healthcare Professional Information: Contact: Name: B6 United States  Type of Veterinarian: Date First Seen: 08/04/2016  Sender Information: Address: B6 United States  Type of Referred veterinarian Date First Seen: 08/04/2016  Sender Information: Address: B6 United States  Femail: Femail: Femail: Femail: Femail Fem			Contact:	7	B6	
Healthcare Professional Information:  Healthcare Professional Information:  Practice Name: B6  Contact: Phone: B6  United States  Type of Veterinarian: Date First Seen: Date Fi			Address:			
Healthcare Professional Information:  Practice Name: Contact: Name: B6  Address: B6  United States  Referred veterinarian Date First Seen: OB/04/2016  Sender Information:  Name: Address: B6  United States  Contact: Phone: Email: Permission To Contact: Sender: Preferred Wethod Of Contact: Sender: Preferred Method Of Contact: Reported to Other Parties:  Practice Name: B6  United States  Referred veterinarian OB/04/2016  B6  United States  Phone: B6  United States  Contact: Phone: Email: Permission To Contact: Sender: Preferred Method Of Contact: Sender: Preferred Method Of Contact: Sender: Preferred Method Of Email Contact: None Parties:				BO		
Information: Contact: Name: Phone: B6  Address: B6  United States  Object First Seen: Obj				20		1
Address: B6 United States  Phone: B0 United States  Referred veterinarian  Date First Seen: 08/04/2016  Sender Information:  Name: Address: B6 United States  United States  Phone: B8  Referred veterinarian  Date First Seen: 08/04/2016  Sender Information:  Name: Address: B6 United States  Phone: B8  Phone:				% <u>t</u>	unununununununununununun	<u> </u>
Sender Information:  Name:  Address: B6 United States  Type of Veterinarian: Date First Seen: 08/04/2016  Sender Information:  Address: B6 United States  Contact: Phone: Email: B6  Reporter Wants to Remain Anonymous: Permission To Contact: Sender: Preferred Method Of Contact: Reported to Other Parties:  None					<b>B</b> 6	
Type of Veterinarian: Date First Seen: 08/04/2016  Sender Information:  Name:  Address: B6  United States  Contact: Phone: Email: Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties:  Reported to Other Parties:  None  Type of Veterinarian Referred veter			Address:	<b>B6</b>		
Sender Information:  Name:  Address:  B6  United States  Contact: Phone: Email:  Reporter Wants to Remain Anonymous: Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties:  None			Type of	48	i rian	
Sender Information:  Name:  Address: B6  United States  Contact: Phone: Email: B6  Reporter Wants to Remain Anonymous: Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties:  None  Reported Wants to Remain Anonymous: Preferred Method Of Contact: Reported to Other Parties:			Veterinarian:			
Address: B6 United States  Contact: Phone: B6  Reporter Wants to Remain Anonymous: Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties: None	Sandan Información o		Date First Seen:	08/04/2016		
Contact: Phone: B6  Reporter Wants to Remain Anonymous: Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties: None	Sender information.		<b>B6</b>			
Reporter Wants to Remain Anonymous: Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties:  No  Email:  Bb  Bo  Bab  Bab  Bab  Bab  Bab  Bab			United States	<u>j</u>		
Remain Anonymous: Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties: None		Contact:		B6		
Sender: Preferred Method Of Contact: Reported to Other Parties:		Reporter Wants to Remain Anonymous:	No			
Contact: Reported to Other Parties:			Yes			
Parties:		Preferred Method Of Contact:	Email			
Additional Documents:		Reported to Other Parties:	None			
	Additional Documents:					

Report Details - EON-	358518		
ICSR:	2051554		
Type Of Submission:	Initial		
Report Version:	FPSR.FDA.PETF.V.V1		
Type Of Report:	Adverse Event (a symptom,	, reaction or disease ε	associated with the product)
Reporting Type:	Voluntary		
Report Submission Date:	2018-07-09 08:35:47 EDT		
Reported Problem:	Problem Description:	Routine echo during thickness with reduce	treatment fo B6 Normal left ventricular wall ed contractile function
	Date Problem Started:	06/21/2018	
	Concurrent Medical Problem:		
	Pre Existing Conditions:	B6	
	Outcome to Date:	Stable	
Product Information:	Product Name:	Merrick grain free sa	lmon and sweet potato dry
	Product Type:	Pet Food	
	Lot Number:		
	Package Type:	BAG	
	Product Use Information:		
	Manufacturer /Distributor Information:	)	
	Purchase Location Information:	1	
Animal Information:	Name:	B6	
	Type Of Species:		
	Type Of Breed:		
	Gender:		
	Reproductive Status:	::4 :::4 :::4	
		20.5 Kilogram	
	()	B6 Years	
	Assessment of Prior Health:		
	Number of Animals Reacted:		
	Owner Information:	Information provided:	
		Contact:	Name: B6
		Address:	B6
			United States
	Healthcare Professional		Tufts Cummings School of Veterinary Medicine
	Information:	Contact:	Name: Lisa Freeman
			Phone: (508) 887-4523
		1	Email: lisa.freeman@tufts.edu
		Address:	200 Westboro Rd North Grafton Massachusetts

	01536 United States
Name:	Lisa Freeman
Address:	
Contact:	Phone: 5088874523  Email: lisa.freeman@tufts.edu
Permission To Contact Sender:	Yes
Preferred Method Of Contact:	Email
Reported to Other Parties:	None

Report Details - EON-	358518		
ICSR:	2051554		
Type Of Submission:	Initial		
Report Version:	FPSR.FDA.PETF.V.V1		
Type Of Report:	Adverse Event (a symptom,	reaction or disease a	associated with the product)
Reporting Type:	Voluntary		
	2018-07-09 08:35:47 EDT		
Reported Problem:	Problem Description:	Routine echo during thickness with reduc	treatment for B6 Normal left ventricular wall
	Date Problem Started:		
	Concurrent Medical Problem:	2	
	Pre Existing Conditions	В6	
	Outcome to Date:	,i	
Product Information:	Product Name:	Merrick grain free sa	lmon and sweet potato dry
	Product Name.  Product Type:	<u> </u>	mion and sweet potato dry
	Lot Number:	31 JET JJU	
	Package Type:	BAG	
	Product Use Information:		
	Manufacturer /Distributor Information:	7	
	Purchase Location Information:		
Animal Information:	Name:	В6	
	Type Of Species:	Dog	
	Type Of Breed:	<del>-</del>	
	Gender:	\$	
	Reproductive Status:	Neutered	
	Weight:	20.5 Kilogram	
	Age:	B6 Years	
	Assessment of Prior Health:	Unknown	
	Number of Animals Reacted:	1	
	Owner Information:	Owner Information provided:	
		Contact:	Name: B6
		Address:	R6
			United States
	1110 5.5		
	Healthcare Professional Information:	Practice Name: Contact:	Tufts Cummings School of Veterinary Medicine  Name: Lisa Freeman
			Phone: (508) 887-4523  Email: lisa.freeman@tufts.edu
		Address:	200 Westboro Rd North Grafton Massachusetts

		01536 United States
Sandau lufa 4!		<u> </u>
Sender Information:		Lisa Freeman
	Addiess.	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:		

Report Details - EON-	381040				
ICSR:	2063286				
Type Of Submission:	Initial				
Report Version:	FPSR.FDA.PETF.V.V1				
Type Of Report:	Adverse Event (a symptom,	reaction or disease a	associated with t	he product)	
Reporting Type:	Voluntary				
Report Submission Date	<b>B6</b> 13:49:14 EST				
Reported Problem:	Problem Description:		I change diet on	B6 and reasses	ner dogs in household s in 3 months. Just being
	Date Problem Started: Concurrent Medical	<b>B6</b> Yes			
	Problem:	7			
	Pre Existing Conditions:	, <del></del>			
	Outcome to Date:	Stable			
Product Information:	Product Name: Product Type:	FOOD	E STAGES CHI	CKEN MEAL & RICE	FORMULA DRY DOG
	Lot Number:				
	Product Use Information:	Description:	Fed this diet mo	ost of his life	
	Manufacturer /Distributor Information:				маленалиналиналиналиналиналиналиналиналинали
	Purchase Location Information:				
Animal Information:	Name:	_B6			
	Type Of Species:	<u> </u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Doberman Pinscher			
	Gender:	<u> </u>			
	Reproductive Status:	<sup>7</sup> 2			
	51	60 Kilogram			
		B6 Years			
	Assessment of Prior Health:	9			
	Number of Animals Given the Product:	3			
	Number of Animals Reacted:	1			
	Owner Information:	Owner Information provided:	Yes		
		Contact:	Name:		
			Phone:	<b>B6</b>	
			Email:		
		Address:	DC		
			<b>B6</b>		
			United States	<u> </u>	
	Healthcare Professional	Practice Name:	2 9	s School of Veterina	rv Medicine
	Information:	Contact:	,		ry Medicinie
		Comagi.	1	Lisa Freeman	
			1	(508) 887-4523 lisa.freeman@tufts.	***************************************

		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 records		
	Type:	Medical Records		

# Cummings Veterinary Medical Center

Client:

Address:

### Foster Hospital for Small Animals

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

#### All Medical Records

В6

Patient: B6
Breed: Doberman Pinscher
DOB: B6

d: Doberman Pinscher Species: Canine
B: B6 Sex: Male

Home Phone Work Phone: Cell Phone:

**B6** 

Client: B6	
Language and the second	
Initial Complaint:	
Emergency	
SOAP Text B6 9:28PM - B6	
Subjective	
NEW VISIT (ER)	
Postor: P6	
Doctor: B6 Presenting complaint: B6	
HISTORY:	
<b>B6</b>	
Bh	

Page 1/50

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

#### **Initial Complaint:**

Emergency

SOAP Text **B6** 4:46PM - **B6** 

## Subjective

NEW VISIT (ER)

Doctor: **B6**Student: **B6** 

Client:	DC
Patient:	DO

Presenting complaint: Suspect CHF

Referral visit? Yes

Diagnostics completed prior to visit: 3 view CXR (in e-mail)

**HISTORY:** 

Signalment: 3yo MI Doberman Pinscher

Current history: Presenting today for suspect CHF after visiting rDVM earlier today - according to O, 3 view CXR's showed evidence of pleural effusion. They were referred to Tufts at this time. O reports that **B6** began coughing last Thursday (2/21). The owners contacted their rDVM, who was supicious of URI and prescribed antibiotics (O was unsure of name/dose of abx). The last dose of antibiotics was given yesterday **B6** This morning **B6** was having increased respiratory effort as well as difficulty getting comfortable while laying down.

Prior medical history: Suspect B6

Current medications: N/A

Diet: Canidae All Life Stages dry food (grain free) - has been eating this for 1.5 - 2 years.

Vaccination status/flea & tick preventative use: UTD (O brought records), HWP monthly, F/T seasonally

Travel history: N/A

EXAM:

**B6** 

C/V: Difficult to ascult (heart sounds muffled), NMA, tachycardic, weak femoral pulses

**B6** 

ASSESSMENT:

A1: Increased respiratory rate and effort r/o: congestive heart failure (DCM vs other) vs pneumonia

A2: Tachycardic r/o: CHF vs stress

A3: **B6** 

PLAN:

**B6** 

Client: DC
Patient: B6
<b>B6</b>
taurine tablets
new diet
Diagnostics completed:  NOVA:  DG
TFAST: B6
Diagnostics pending: CBC/Chem associated with DCM diet trial study
Client communication: strongly suspect heart failure secondary to DCM. discussed hospitalization in O2 to get under control. discussed diet study with them. lifelong medications, asked about cardiology consultation.
Deposit & estimate status B6
Resuscitation code (if admitting to ICU): B6
SOAP approved (DVM to sign): B6 dvm
Addendum:
<b>B6</b>
B6
SOAP Text B6 7:18AM - B6
History:  4 y/o IM Doberman Pinscher presented yesterday to the Tufts ER for suspect CHF after visiting rDVM-3 view CXR's showed evidence of pulmonary edema/pleural effusion. O reports that B6 began coughing last Thursday (2/21). The owners contacted their rDVM, who was supicious of URI and prescribed antibiotics (O was unsure of name/dose of abx). The last dose of antibiotics was given B6 was having increased respiratory effort as well as difficulty getting comfortable while laying down.
<b>B6</b>
Subjective
Subjective:
B6
Page 4/50

Client: B6	
B6	
Mentation: QAR, woke up from sleeping Hydration: Overhydrated	
Overall impression since arrival or since last exam: Stable to improve since presentation. The RR and RE overnight and B6 appears more comfortable this morning. He had new onset atrial fibrillation and cost or sinus rhythm which is quite unusual but is still in sinus rhythm this morning.	
Appetite: No interest in food since arrival Diet History: Canidae All Life Stages dry food (grain free) - has been eating this for 1.5 - 2 years.	
<u>Objective:</u>	
DC	
<b>B6</b>	
Heart: difficult to auscult, muffled heart sounds, no murmur, no obvious arrhythmia during auscultation bulses with no pulse deficits, jugular veins botton 1/3 of his neck.	, fair femoral
B6	
Diagnostics:	
<b>B6</b>	
Echocardgiogram: DCM with active CHF EKG: Sinus rhythm during the echocardiogram and 6-lead ECG. The patient has been having atrial fibrillation.	intermitten
Assessments A1: CHF secondary to DCM r/o diet related vs. genetic	

<u>Plan</u>

В6

Client:	В6														
Patient:		j 													
			5												
			3(												
Resuscitation	 n code (if a	admitting t	o ICU): R	6				!							
SOAP comple	<b></b>			<u>4.</u> j											
SOAP review	ed by:	B6													
Addendum: a				В6	В	6									
SOAP Text History:	B6	7:48AM	· <del>-</del> [	B6		j									-
The owners of abx). The last getting comfo	t dose of a	ntibiotics	was given [												
					B	6									
B6 (ove						d to sinus	rhythm	າ ~11F	PM. No	o inte	rest ir	n food	overni	ight,	
Subjective:															1
						C									
					3	6									
Diet History:	Canidae A	All Life Stag	es dry foo	d (grain fre	ee) - ha	is been e	ating thi	s for 1	1.5 - 2	years	).				
Objective:															
						B6					=- <b></b>				
				Page 6/50	)										

Client: Patient: <b>B6</b>	
<b>B6</b>	
Heart: no murmur, no obvious arrhythmia during auscultation, fair femoral pulses with no pulse deficits, jugular vein botton 1/3 of his neck.	i S
<b>B6</b>	
Diagnostics:	
<b>B6</b>	
Echocardgiogram: DCM with active CHF EKG: Sinus rhythm during the echocardiogram and 6-lead ECG. The patient has been having intermitten atrial fibrillation. PCV: B6	nt
Assessments A1: CHF secondary to DCM r/o diet related vs. genetic	
A2: Atrial fibrillation secondary A1  B6	
<u>Plan</u>	
<b>B6</b>	
Resuscitation code (if admitting to ICU): red	
SOAP completed by: <b>B6</b> V19 SOAP reviewed by:	

Page 7/50

Client:
Patient

**B6** 

#### Disposition/Recommendations

# Cummings Veterinary Medical Center

Lab Results Report

AT TUFTS UNIVERSITY

Client:	B6	
Veterinarian	1:	
Patient ID:	B6	
Visit ID:		

# Foster Hospital for Small Animals

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

Patient:	B6	
Species:	Canîne	
Breed:	Doberman Pinscher	
Sex:	Male	
Age:	B6 Years Old	

None	B6 12:19:34 AM	Accession ID: B6	1
Test	Results		
Anaplasma (4dx)	negative	0 - 0	
Ehrlichia (4dx)	negative	0 - 0	
Heartworm (4DX) - FHSA	negative	0 - 0	
Lyme (4dx)*	negative	0 - 0	

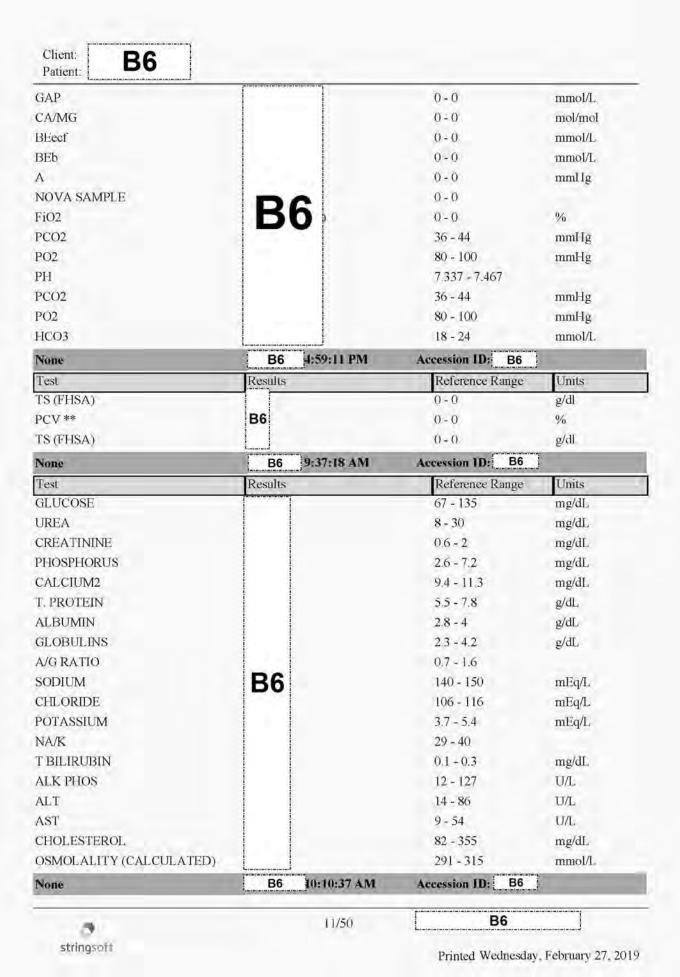
None	B6 4:52:25 PM	Accession ID: B6	
Test	Results	Reference Range	Units
SO2%		94 - 100	%
HCT (POC)	E. Carrier	38 - 48	%
HB (POC)		12.6 - 16	g/dL
NA (POC)		140 - 154	mmol/L
K (POC)		3.6 - 4.8	mmol/L
CL(POC)	141	109 - 120	mmol/L
CA (ionized)		1.17 - 1.38	mmol/L
MG (POC)	B6	0.1 - 0.4	mmol/L
GLUCOSE (POC)	E ANDREAS CONTRACTOR C	80 - 120	mg/dL
LACTATE	in the second se	0 - 2	mmol/L
BUN (POC)	-	12 - 28	mg/dL
CREAT (POC)	and the same of th	0.2 - 2.1	mg/dL
TCO2 (POC)	the state of the s	0 - 0	mmol/L
nCA		0 - 0	mmol/L
nMG		0 - 0	mmol/L

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Printed Wednesday, February 27, 2019

**B6** 

10/50



Page 11/50

Client: **B6** Patient: Units Test Results Reference Range 0 - 0TS (FHSA) g/dl 0-0 PCV \*\* **B6** % 0-0 TS (FHSA) g/dl **B6** None 10:46:18 AM Accession ID: Results Reference Range Units Test GLUCOSE 67 - 135 mg/dL UREA 8 - 30 mg/dL CREATININE 0.6 - 2mg/dL PHOSPHORUS 2.6 - 7.2 mg/dL CALCIUM2 9.4 - 11.3 mg/dL **B6** T. PROTEIN 5.5 - 7.8 g/dL 2.8 - 4 ALBUMIN g/dL GLOBULINS 2.3 - 4.2 g/dL 0.7 - 1.6A/G RATIO 140 - 150 SODIUM mEq/L CHLORIDE 106 - 116 mEq/L 86 Result(s) verified POTASSIUM 3.7 - 5.4mEq/L NA/K 29 - 40T BILIRUBIN 0.1 - 0.3mg/dL ALK PHOS 12 - 127U/L **B6** ALT 14 - 86 U/L AST 9-54 U/L CHOLESTEROL 82 - 355 mg/dL OSMOLALITY (CALCULATED) 291 - 315 mmol/L **B6** 10:46:09 AM Accession ID: None Results Reference Range Units Test TS (FHSA) 0-0 g/dl PCV \*\* 0-0 % **B6** TS (FHSA) 0-0 g/dl 11:17:25 AM **B6** Accession ID: **B6** None Test Results Reference Range Units GLUCOSE 67 - 135 mg/dL UREA 8 - 30 mg/dL CREATININE 0.6 - 2 mg/dL **B6 PHOSPHORUS** 2.6 - 7.2 mg/dL 9.4 - 11.3CALCIUM2 mg/dL MAGNESIUM 2+ 1.8 - 3 mEq/L T. PROTEIN 5.5 - 7.8g/dL **B6** 12/50

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ALBUMIN		2.8 - 4	g/dL
GLOBULINS	B6	2.3 - 4.2	g/dL
A/G RATIO	БО	0.7 - 1.6	
SODIUM		140 - 150	mEq/L
CHLORIDE		106 - 116	mEq/L
87 Result(s) verified			
POTASSIUM		3.7 - 5.4	mEq/L
tCO2 (BICARB)		14 - 28	mEq/L
AGAP		8 - 19	
NA/K		29 - 40	
T BILIRUBIN		0.1 - 0.3	mg/dL
ALK PHOS		12 - 127	U/L
GGT	B6	0 - 10	U/L
ALT	Do	14 - 86	U/L
AST		9 - 54	U/L
CK		22 - 422	U/L
CHOLESTEROL		82 - 355	mg/dL
TRIGLYCERIDES		30 - 338	mg/dl
AMYLASE		409 - 1250	U/L
OSMOLALITY (CALCULATE	D)	291 - 315	mmol/L

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Printed Wednesday, February 27, 2019

CBC/Chem

**B6** 



#### Tufts Cummings School Of Veterinary Medicine

200 Westboro Road North Grafton, MA 01536

#### DUPLICATE

Name/DOB: Patient ID:	В6	Sex: M	Provider. B6 Order Location: V320559: Investigation into
Phone number	are rates	Age: 3	Sample ID: 1902250140
Collection Date Approval date	6 13 PM	Species: Canine Breed: Doberman Pinscher	

#### CBC, Comprehensive, Sm Animal (Research) SMACHUNSKI Ref. Range/Males WBC (ADVIA) 4.40-15.10 K/uL RBC (Advia) L 5.80-8.50 M/uL Hemoglobin (ADVIA) L 13.3-20.5 g/dL L 39-55% Hematocrit (Advia) 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 6:51 PM 02/25/19 Mean Platelet Volume 8.29-13.20 fl (Advia) 02/25/19 6:28 PM Platelet Crit H 0.129-0.403 % 02/25/19 6:28 PM PDW. 0.20-1.60% Reticulocyte Count (Advia) H Absolute Reticulocyte 14.7-113.7 K/uL Count (Advia) CHr MCVr Microscopic Exam of Blood Smear (Advia) SMACHUNSKI Ref. Range/Males Seg Neuts (%) 43-86% Lymphocytes (%) L 7-47% Monocytes (%) 1-15% Nucleated RBC H 0-1 /100 WBC 02/25/19 6:28 PM Seg Neutrophils (Abs) H 2.800-11.500 K/ul Advia 1.00-4.80 K/uL Lymphs (Abs) Advia Mono (Abs) Advia 0.10-1.50 K/uL WBC Morphology Polychromasia Research Chemistry Profile - Small Animal (Cobas) Sample ID: 1902250140/1 Reviewedby

This report continues... (Final)

CBC/Chem

**B6** 



Alkaline Phosphatase

Osmolality (calculated)

Creatine Kinase

Cholesterol

Amylase

Triglycerides

GGT

ALT

AST

#### Tufts Cummings School Of Veterinary Medicine

200 Westboro Road North Graffon, MA 01536

#### DUPLICATE

Name/DOB Patient ID	B6	Sex: M	Provider B6 Order Location: V320539: Investigation into
Phone number:		Age: 3	Sample ID: 1902250140
Collection Date: DG 6:	09 PM	Species: Canine	CONTRACTOR OF THE PARTY OF THE
Approval date: DO 7:	13 PM	Breed: Doberman Pinscher	

Research Chemistry Profile - Small Animal (Cobas) (cont'd)

#### SMACHUNSKI Ref. Range/Males Glucose 67-135 mg/dL Urea 8-30 mg/dL 0.6-2.0 mg/dL Creatinine Phosphorus 2.6-7.2 mg/dL 9.4-11.3 mg/dL 1.8-3.0 mEq/L Calcium 2 Magnesium 2+ L Total Protein 5.5-7.8 g/dL Albumin 2.8-4.0 g/dL Globulins 23-4.2 g/dL A/G Ratio 0.7-1.6 140-150 mEq/L Sodium Chloride 106-116 mEq/L L 3.7-5.4 mEq/L Potassium **B6** tCO2(Bicarb) 14-28 mEq/L 8.0-19.0 AGAP NA/K L 29-40 0.10-0.30 mg/dL Total Bilirubin

Sample ID: 1902250140/2 REPRINT: On g. printing on 2/25/2019 (Final)

H

Reviewed by: \_\_\_\_\_\_ Page 2

12-127 U/L

0-10 U/L

14-86 U/L

9-54 U/L

22-422 U/L

82-355 mg/dL

30-338 mg/dl 409-1250 U/L

291-315 mmol/L

Client: **B6** Patient: IDEXX BNP B6 Client B6 Farient B6 B6 IDEXX VetConnect 1-888-433-9987 Client: B6
Patients B6
Species CANINE
Breed: DOBERMAN\_PINSCH
Gender: MALE Date: 02/25/2019 TUFTS UNIVERSITY 200 WES TBORO RD NORTH GRAFTON, Massachusetts 01536 Requisition#: 1A Accession# B6 Ordered by B6 508-839-5395 Age: 3Y Account #88933 CARDIOPET proBNP - CANINE CARDIOPET PROBNE HIGH **B6** B6 0-900pmot/L - CANINE Comments

> Please note: Complete interpretive comments for all concentrations of Cardiopet proSNF are svailable in the soline director; of services. Secum specimens received at room temperature may have decreased NT-proSNF concentrations.

> > Page t of 1

#### Vitals Results

Vitals Re	esults		
	10:00:27 PM	Heart Rate (/min)	
	10:00:29 PM	Temperature (F)	
	10:00:30 PM	Weight (kg)	
	4:46:45 PM	Heart Rate (/min)	
	4:46:46 PM	Temperature (F)	
	4:46:47 PM	Respiratory Rate	
	4:58:34 PM	Lasix treatment note	
	5:23:00 PM	Lasix treatment note	
	6:19:31 PM	FiO2 (%)	
	6:19:38 PM	Respiratory Rate	
	7:34:46 PM	Amount eaten	
	8:11:13 PM	FiO2 (%)	
	8:11:35 PM	Cardiac rhythm	
	8:11:36 PM	Heart Rate (/min)	
	8:11:47 PM	Respiratory Rate	
	8:36:39 PM	FiO2 (%)	
	8:36:47 PM	Respiratory Rate	
	9:31:47 PM	FiO2 (%)	
<b>D</b> 0	9:32:00 PM	Eliminations	DE
Be	9:32:13 PM	Cardiac rhythm	<b>B6</b>
	9:32:14 PM	Heart Rate (/min)	
	9:32:36 PM	Respiratory Rate	
	9:40:39 PM	Lasix treatment note	
	9:40:47 PM	Catheter Assessment	
	10:49:51 PM	Cardiac rhythm	
	10:49:52 PM	Heart Rate (/min)	
	10:50:28 PM	Respiratory Rate	
	10:50:37 PM	FiO2 (%)	
	10:50:47 PM	Eliminations	
	11:37:53 PM	Cardiac rhythm	
	11:37:54 PM	Heart Rate (/min)	
	11:38:31 PM	FiO2 (%)	
	11:38:38 PM	Respiratory Rate	
	12:48:55 AM	FiO2 (%)	
	12:49:03 AM	Respiratory Rate	
	12:49:20 AM	Cardiac rhythm	
	12:49:21 AM	Heart Rate (/min)	
	1:04:45 AM	Lasix treatment note	
	1:04:55 AM	Catheter Assessment	<u> </u>

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Vitals	Results
V ILALIS	IXCOULTS

_			
ſ	1:21:13 AM	Eliminations	[
	1:21:57 AM	Eliminations	
	1:22:08 AM	Cardiac rhythm	
	1:22:09 AM	Heart Rate (/min)	
	1:23:39 AM	FiO2 (%)	
-	1:23:48 AM	Respiratory Rate	
	2:19:46 AM	Cardiac rhythm	
	2:19:47 AM	Heart Rate (/min)	
	2:21:02 AM	FiO2 (%)	
	2:21:09 AM	Respiratory Rate	
į	3:27:16 AM	Respiratory Rate	
	3:27:34 AM	Cardiac rhythm	
	3:27:35 AM	Heart Rate (/min)	
į	3:27:56 AM	FiO2 (%)	
	3:52:05 AM	Eliminations	
	4:34:17 AM	FiO2 (%)	
į	4:34:34 AM	Cardiac rhythm	
	4:34:35 AM	Heart Rate (/min)	
	4:34:54 AM	Respiratory Rate	
	5:23:41 AM	Lasix treatment note	DO
-	<b>B6</b> 5:25:58 AM	Amount eaten	<b>B6</b>
	5:26:39 AM	FiO2 (%)	
	5:26:47 AM	Catheter Assessment	
-	5:27:00 AM	Eliminations	
į	5:27:30 AM	Respiratory Rate	
	5:28:36 AM	Cardiac rhythm	
	5:28:37 AM	Heart Rate (/min)	
	6:33:22 AM	FiO2 (%)	
	6:33:31 AM	Cardiac rhythm	
	6:33:32 AM	Heart Rate (/min)	
	6:33:44 AM	Respiratory Rate	
	6:58:26 AM	FiO2 (%)	
	6:58:41 AM	Respiratory Rate	
	7:05:37 AM	Heart Rate (/min)	
	7:06:38 AM	Cardiac rhythm	
į	7:06:39 AM	Heart Rate (/min)	
	7:10:40 AM	Temperature (F)	
	9:07:00 AM	Cardiac rhythm	
	9:07:01 AM	Heart Rate (/min)	
	9:07:59 AM	Respiratory Rate	
Ĺ.	9:08:42 AM	FiO2 (%)	<u>[</u>
		- 10/50	

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Client: Patient:

**B6** 

#### Vitals Results

	9:35:51 AM	Lasix treatment note	
	9:36:07 AM	Catheter Assessment	
	9:36:23 AM	Respiratory Rate	
	9:36:40 AM	FiO2 (%)	
	10:08:22 AM	Cardiac rhythm	
	10:08:23 AM	Heart Rate (/min)	
	10:36:31 AM	Cardiac rhythm	
	10:36:58 AM	Heart Rate (/min)	
	11:09:05 AM	Cardiac rhythm	
	11:09:06 AM	Heart Rate (/min)	
	11:09:54 AM	FiO2 (%)	
	11:10:13 AM	FiO2 (%)	
	12:19:00 PM	Cardiac rhythm	
	12:19:01 PM	Heart Rate (/min)	
	12:19:17 PM	FiO2 (%)	
	1:05:19 PM	Cardiac rhythm	
	1:05:20 PM	Heart Rate (/min)	
	1:05:29 PM	FiO2 (%)	
<b>B6</b>	1:15:27 PM	Respiratory Rate	<b>B6</b>
DU	1:41:39 PM	FiO2 (%)	
	1:41:52 PM	Catheter Assessment	
	1:42:48 PM	Respiratory Rate	
	1:56:11 PM	Cardiac rhythm	
	1:56:12 PM	Heart Rate (/min)	
	1:56:29 PM	Eliminations	
	2:47:23 PM	FiO2 (%)	
	2:47:35 PM	Cardiac rhythm	
	2:47:36 PM	Heart Rate (/min)	
	2:47:58 PM	Respiratory Rate	
	3:38:55 PM	FiO2 (%)	
	3:39:03 PM	Cardiac rhythm	
	3:39:04 PM	Heart Rate (/min)	
	3:40:32 PM	Respiratory Rate	
	4:08:34 PM	Lasix treatment note	
	4:56:17 PM	Cardiac rhythm	
	4:56:18 PM	Heart Rate (/min)	
	4:56:29 PM	Respiratory Rate	
	5:07:18 PM	Catheter Assessment	

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Client: Patient:

**B6** 

Vitals	Results
--------	---------

	5:28:28 PM	Cardiac rhythm	
	5:28:29 PM	Heart Rate (/min)	
	5:28:53 PM	Amount eaten	
	5:29:10 PM	Respiratory Rate	
	5:36:02 PM	Eliminations	
	7:03:18 PM	Cardiac rhythm	
	7:03:19 PM	Heart Rate (/min)	
	7:03:59 PM	Respiratory Rate	
	7:28:32 PM	Cardiac rhythm	
	7:28:33 PM	Heart Rate (/min)	
	7:28:47 PM	Respiratory Rate	
	8:40:39 PM	Cardiac rhythm	
	8:40:40 PM	Heart Rate (/min)	
	8:41:22 PM	Respiratory Rate	
	9:25:13 PM	Cardiac rhythm	
	9:25:14 PM	Heart Rate (/min)	
	9:25:24 PM	Catheter Assessment	
	9:25:35 PM	Respiratory Rate	
	10:54:11 PM	Cardiac rhythm	<b>B6</b>
<b>B6</b>	10:54:12 PM	Heart Rate (/min)	
	10:55:00 PM	Respiratory Rate	
	11:37:22 PM	Cardiac rhythm	
	11:37:23 PM	Heart Rate (/min)	
	11:37:58 PM	Respiratory Rate	
	11:52:29 PM	Lasix treatment note	
	12:36:51 AM	Cardiac rhythm	
	12:36:52 AM	Heart Rate (/min)	
	12:37:38 AM	Respiratory Rate	
	1:11:31 AM	Catheter Assessment	
	1:16:20 AM	Eliminations	
	1:16:29 AM	Respiratory Rate	
	1:35:41 AM	Cardiac rhythm	
	1:35:42 AM	Heart Rate (/min)	
	2:57:22 AM	Respiratory Rate	
	2:58:12 AM	Cardiac rhythm	
	2:58:13 AM	Heart Rate (/min)	
	3:52:42 AM	Cardiac rhythm	
	3:52:43 AM	Heart Rate (/min)	
	3:52:55 AM	Respiratory Rate	
	4:50:20 AM	Cardiac rhythm	L

Page 20/50

Vitals Results			
	4:50:21 AM	Heart Rate (/min)	
	4:50:35 AM	Respiratory Rate	
	5:48:38 AM	Catheter Assessment	
	5:48:57 AM	Amount eaten	
	5:49:04 AM	Eliminations	
	5:49:11 AM	Cardiac rhythm	
	5:49:12 AM	Heart Rate (/min)	
	5:49:50 AM	Respiratory Rate	
	6:32:36 AM	Cardiac rhythm	
	6:32:37 AM	Heart Rate (/min)	
	6:32:47 AM	Respiratory Rate	
	6:33:46 AM	Eliminations	
	7:17:14 AM	Cardiac rhythm	
	7:17:15 AM	Heart Rate (/min)	
	7:18:38 AM	Respiratory Rate	
	7:40:44 AM	Lasix treatment note	
	9:08:24 AM	Cardiac rhythm	<b>B6</b>
<b>B6</b>	9:08:25 AM	Heart Rate (/min)	Bh
	9:08:38 AM	Eliminations	
	9:09:00 AM	Catheter Assessment	
	9:19:53 AM	Respiratory Rate	
	10:15:37 AM	Cardiac rhythm	
	10:15:38 AM	Heart Rate (/min)	
	10:16:40 AM	Respiratory Rate	
	11:06:38 AM	Cardiac rhythm	
	11:06:39 AM	Heart Rate (/min)	
	11:24:58 AM	Respiratory Rate	
	11:51:00 AM	Cardiac rhythm	
	11:51:01 AM	Heart Rate (/min)	
	11:51:54 AM	Respiratory Rate	
	12:30:30 PM	Eliminations	
	1:18:22 PM	Cardiac rhythm	
	1:18:23 PM	Heart Rate (/min)	
	1:18:32 PM	Respiratory Rate	
	1:22:54 PM	Eliminations	
	1:23:50 PM	Catheter Assessment	

Client: Patient: **B6** 

**Telemetry ECG** 

**B6** 

**B6** 

**Telemetry ECG** 

**B6** 

**Telemetry ECG** 



**B6** 

**Telemetry ECG** 

**B6** 

12 Lead: Standard Placement

**ECG** from Cardio

B6

B6

Page 1 of 2

10:22:22 AM Page 1 o Tufts University Tufts Cummings School of Vet Med Cardiology

**B6** 

**ECG** from Cardio

B6

В6 10:22:22 АМ

Page 2 of 2

Tufts University Tufts Cummings School of Vet Med Cardiology

12 Lead: Standard Placement.

**ECG** from Cardio

B6

В6 10:25:49 АМ

Tufts University Tufts Cummings School of Vet Med Cardiology

**B6** 

**ECG** from Cardio

B6

B6 10:26:06 AM

Tufts University Tufts Cummings School of Vet Med Cardiology

Client: **B6** 

rDVM CXR B6

Client: Patient: B6

rDVM CXR B6

# **Patient History**

	•		
<u>!</u>	09:01 PM	UserForm	
	10:00 PM	Vitals	
	10:00 PM	Vitals	
	10:00 PM	Vitals	
	10:35 PM	UserForm	
	i i i		
	10:44 PM	Treatment	
1	11:39 PM	Purchase	
	11:59 PM	Treatment	
	12:04 AM	Treatment	
	12:41 AM	Prescription	
	12:41 AM	Prescription	
i	12:53 AM	Purchase	
i	01:00 AM	Treatment	
i	06:06 AM	UserForm	
	06:15 AM	Email	
	11:30 AM	Deleted Reason	
	01:39 PM	Appointment	
	07:47 AM	Appointment	
	O / .T / ÆIVI	трропинен	
<b>B6</b>	04:46 PM	Vitals	<b>FSN</b>
	04:46 PM	Vitals	<b>B6</b>
!	04:46 PM	Vitals	
:	04:46 PM	Vitals	
	04:49 PM	UserForm	
	04:51 PM	Purchase	
	04:56 PM	Purchase	
	04:56 PM	Purchase	
	04:56 PM	Purchase	
	04:58 PM	Vitals	
:	04:58 PM	Purchase	
:	04:59 PM	Labwork	
	05:11 PM	Treatment	
<u>I</u>	05:19 PM	Vitals	
!	05:19 PM	Vitals	
i	05:23 PM	Vitals	
i	05:23 PM	Vitals	
i	05:23 PM	Purchase	
	05:47 PM	UserForm	
	OC.01 DM	T	
	06:01 PM	Treatment	
	06:13 PM	Prescription	
L	i.	i resempuon	i

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i aucii ilistoi y	Patient I	<b>History</b>
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Patient History			
06:19	——— PM	Purchase	
06:19		Purchase	
06:19		Treatment	
00.19		1. Carlinoin	
06:19	PM	Vitals	
06:19		Treatment	
06:19		Vitals	
06:33		Purchase	
06:33		Purchase	
07:34		Treatment	
07:34	- PM	Vitals	
07:34	- PM	Vitals	
07:35	5 PM	Treatment	
08:11	PM	Treatment	
08:11		Vitals	
08:11	PM	Treatment	
08:11	DM	Vitals	
08:11		Vitals Vitals	
08:11		Treatment	
08:11		Vitals	
		Treatment	
<b>B6</b> 08:36	0 1 101	Treatment	Bh
08:36	5 PM	Vitals	<b>B6</b>
08:36		Treatment	
08:36		Vitals	
09:31		Treatment	
09:31	PM	Vitals	
09:32	2 PM	Treatment	
09:32	2 PM	Vitals	
09:32	2 PM	Treatment	
09:32	2 PM	Vitals	
	. D	***. •	
09:32		Vitals	
09:32		Treatment	
09:32		Vitals	
09:33		Treatment	
09:40	rM	Treatment	
09:40	) PM	Vitals	
09:40		Treatment	
09:40		Vitals	
10:49		Treatment	
13.12			
10:49	PM	Vitals	
10:49		Vitals	
i			<u> </u>

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Client:
Patient

**B6** 

10.50 DM	Tuo at ma anat	
10:50 PM	Treatment	
10:50 PM	Vitals	
10:50 PM	Treatment	
10:50 PM	Vitals	
10:50 PM	Vitals	
11:37 PM	Treatment	
11:37 PM	Vitals	
11:37 PM	Vitals	
11:38 PM	Treatment	
11:38 PM	Vitals	
11:38 PM	Treatment	
11:38 PM	Vitals	
12:48 AM	Treatment	
12.70 / 11/1	Tradition	
12:48 AM	Vitals	
12:49 AM	Treatment	
12:49 AM	Vitals	
12:49 AM	Treatment	
12:49 AM	Vitals	
12:49 AM	Vitals	
01:00 AM	Treatment	
<b>B6</b> 01:04 AM	Treatment	RA
	Treatment	<b>B6</b>
01:04 AM	Treatment	
01:04 AM	Vitals	
01:04 AM	Treatment	
01:04 AM	Vitals	
01:21 AM	Vitals	
01:21 AM	Treatment	
01:21 AM	Vitals	
01:22 AM	Treatment	
V1.22 / UVI	Tradition	
01:22 AM	Vitals	
01:22 AM	Vitals	
01:23 AM	Treatment	
01.22 434	Vitala	
01:23 AM	Vitals Treatment	
01:23 AM		
01:23 AM 02:19 AM	Vitals Treatment	
02.19 AIVI	Heatment	
02:19 AM	Vitals	
02:19 AM	Vitals	
02:21 AM	Treatment	
02:21 ANG	Vitala	
02:21 AM	Vitals	

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**B6** 

1 attent History		
02:21 AM	Treatment	
02:21 AM	Vitals	
03:27 AM	Treatment	
03:27 AM	Vitals	
03:27 AM	Treatment	
03.27 THVI	Treatment	
03:27 AM	Vitals	
03:27 AM	Vitals	
03:27 AM	Treatment	
00.27.12.1		
03:27 AM	Vitals	
03:52 AM	Vitals	
03:58 AM	Prescription	
04:04 AM	Treatment	
04:34 AM	Treatment	
04:34 AM	Vitals	
04:34 AM	Treatment	
04:34 AM	Vitals	
04:34 AM	Vitals	
04:34 AM	Treatment	
04:34 AM	Vitals	
05:18 AM	Treatment	
05:23 AM	Treatment	
<b>B6</b> 05:23 AM		<b>B6</b>
05:23 AM	Vitals	
05:25 AM	Treatment	
0.5.0.5.13.6	T. 71 4	
05:25 AM	Vitals	
05:26 AM	Treatment	
05:26 AM	Vitals	
05:26 AM 05:26 AM		
05:26 AM 05:26 AM	Treatment Vitals	
05:27 AM	Treatment	
05:27 AM 05:27 AM	Vitals	
05:27 AM 05:27 AM	Treatment	
05:27 AM	Vitals	
05:27 AM 05:28 AM	Treatment	
03.20 AIVI	Heatinent	
05:28 AM	Vitals	
05:28 AM	Vitals	
06:01 AM	Purchase	
06:33 AM	Treatment	
3.33 7 1147	11000110111	
06:33 AM	Vitals	
06:33 AM	Treatment	
06:33 AM	Vitals	
06:33 AM	Vitals	
ti		L

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**B6** 

# **Patient History**

	owiy		
	06:33 AM	Treatment	
1	06:33 AM	Vitals	
ì	06:58 AM	Treatment	
		> >	
	06:58 AM	Vitals	
	06:58 AM	Treatment	
:	06:58 AM	Vitals	
	07:05 AM	Vitals	
:	07:06 AM	Treatment	
	07:06 AM	Vitals	
	07:06 AM	Vitals	
	07:10 AM	Vitals	
	07:1 <b>3</b> AM	Treatment	
	08:26 AM	UserForm	
	00.07.43.5	Tr	
	09:07 AM	Treatment	
	09:07 AM	Vitals	
:	09:07 AM 09:07 AM	Vitals	
	09:07 AM 09:07 AM	Treatment	
:	09:07 AM	Vitals	
:	09:07 AM 09:08 AM	Treatment	
1	05.06 AW	Heatment	
<b>B6</b>	09:08 AM	Vitals	<b>B6</b>
	09:08 AM	Treatment	LJU
i	09:35 AM	Treatment	
	09:35 AM	Vitals	
1	09:36 AM	Treatment	
	09:36 AM	Vitals	
	00.26.43.6	TD	
1	09:36 AM	Treatment	
•	09:36 AM	Vitals	
	09:36 AM	Treatment	
	09:36 AM	Vitals	
1	09:37 AM	Purchase	
į	10:05 AM	Treatment	
	TO.OJ AIVI	Treatment	
	10:08 AM	Treatment	
		-·· <del></del>	
	10:08 AM	Vitals	
<u>!</u>	10:08 AM	Vitals	
	10:14 AM	Labwork	
1	10:27 AM	Purchase	
1	10:36 AM	Vitals	
	10:36 AM	Vitals	

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**B6** 

### **Patient History**

Patient H	istory		
[	11:01 AM	Prescription	
	11:09 AM	Treatment	
	11.05 11.1		
	11:09 AM	Vitals	
	11:09 AM	Vitals	
	11:09 AM	Treatment	
	11:09 AM	Vitals	
	11:10 AM	Treatment	
	11:10 AM	Vitals	
	11:31 AM	Purchase	
	11:31 AM	Purchase	
	11:35 AM	Treatment	
	12:19 PM	Treatment	
	12.17 1 171	Hoatmont	
	12:19 PM	Vitals	
	12:19 PM	Vitals	
	12:19 PM	Treatment	
	12:19 PM	Vitals	
	01:05 PM	Treatment	
	0.4.05.70.6	***. *	<b>B6</b>
DC	01:05 PM	Vitals	
<b>B6</b>	01:05 PM	Vitals	
	01:05 PM	Treatment	
	01:05 PM	Vitals	
	01:15 PM	Vitals	
	01:41 PM	Treatment	
	01:41 PM	Vitals	
	01:41 PM	Treatment	
	01:41 PM	Treatment	
	01:41 PM	Vitals	
	01:42 PM	Treatment	
	01:42 PM	Vitals	
	01:56 PM	Treatment	
	01.56 DM	Vitala	
	01:56 PM	Vitals Vitals	
	01:56 PM 01:56 PM	Vitais Treatment	
	01:56 PM	Vitals	
	01:36 FM 02:47 PM	Treatment	
	02.T/ 1 WI	Heatment	
	02:47 PM	Vitals	
	02:47 PM	Treatment	
	02:47 PM	Vitals	
	_02:47 PM	Vitals	

Page 37/50

<b>Patient</b>	History

02:47 PM	Treatment	
02:47 PM	Vitals	
03:38 PM	Treatment	
102,20 DM	\$7!4 × 1 ×	
03:38 PM	Vitals	
03:39 PM	Treatment	
03:39 PM	Vitals	
03:39 PM	Vitals	
03:40 PM	Treatment	
03:40 PM	Vitals	
04:08 PM	Treatment	
0.4.00 PM	37. 1	
04:08 PM	Vitals	
04:56 PM	Treatment	
04:56 PM	Vitals	
04:56 PM	Vitals	
04:56 PM	Treatment	
04:56 PM	Vitals	
05:07 PM	Treatment	
05:07 PM	Vitals	
05:07 PM	Treatment	
<b>B6</b> 05:28 PM	Treatment	
05:28 PM	Treatment	<b>B6</b>
05:28 PM	Treatment	
05:28 PM	Vitals	
05:28 PM	Vitals	
05.281 W	vitais	
05:28 PM	Treatment	
05:28 PM	Vitals	
05:29 PM	Treatment	
05:29 PM	Vitals	
05:36 PM	Treatment	
05:36 PM	Vitals	
06:03 PM	Purchase	
06:03 PM	Purchase	
06:39 PM	Prescription	
07:03 PM	Treatment	
07.02 PM	77'4 1	
07:03 PM	Vitals	
07:03 PM	Vitals	
07:03 PM	Treatment	
07:03 PM	Vitals	
07:28 PM	Treatment	

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**B6** 

# **Patient History**

Patient History		
07:28 PM	Vitals	
07:28 PM	Vitals	
07:28 PM	Treatment	
07:28 PM	Vitals	
07:50 PM	Treatment	
08:40 PM	Treatment	
08:40 PM	Vitals	
08:40 PM	Vitals	
08:41 PM	Treatment	
08:41 PM	Vitals	
09:25 PM	Treatment	
09:25 PM	Vitals	
09:25 PM	Vitals	
09: <b>25</b> PM	Treatment	
09: <b>25</b> PM	Vitals	
09: <b>25</b> PM	Treatment	
09: <b>2</b> 5 PM	Treatment	
09:25 PM	Vitals	
09: <b>28</b> PM	Treatment	
10:54 PM	Treatment	<b>B6</b>
<b>B6</b> <sub>10:54 PM</sub>	Vitals	
10:54 PM	Vitals	
10:55 PM	Treatment	
10:55 PM	Vitals	
11:37 PM	Treatment	
11:37 PM	Vitals	
11:37 PM	Vitals	
11:37 PM	Treatment	
11:37 PM	Vitals	
11:52 PM	Treatment	
11:52 PM	Vitals	
12:36 AM	Treatment	
12.50 1111		
12:36 AM	Vitals	
12:36 AM	Vitals	
12:37 AM	Treatment	
12:37 AM	Vitals	
01:11 AM	Treatment	
01:11 AM	Vitals	
01:11 AM	Treatment	
01:16 AM	Treatment	
01:16 AM	Treatment	

**B6** 

# **Patient History**

Patient History		
01:16 AM	Vitals	
01:16 AM	Treatment	
01:16 AM	Vitals	
01:35 AM	Treatment	
01:35 AM	Vitals	
01:35 AM	Vitals	
02:57 AM	Treatment	
02:57 AM	Vitals	
02:58 AM	Treatment	
02:58 AM	Vitals	
02:58 AM	Vitals	
03:52 AM	Treatment	
03:52 AM	Vitals	
03:52 AM	Vitals	
03:52 AM	Treatment	
03:52 AM	Vitals	
04:50 AM	Treatment	
04:50 AM	Vitals	
04:50 AM	Vitals	
04:50 AM	Treatment	
<b>B6</b> 04:50 AM 05:48 AM	Vitals	
<b>DU</b> 05:48 AM	Treatment	<b>B6</b>
05:48 AM	Treatment	
05:48 AM	Treatment	
05:48 AM	Vitals	
05:48 AM	Treatment	
05:48 AM	Vitals	
05:49 AM	Treatment	
05:49 AM	Vitals	
05:49 AM	Treatment	
25.40.43.5	***	
05:49 AM	Vitals	
05:49 AM	Vitals	
05:49 AM	Treatment	
05:49 AM 06:01 AM	Vitals Purchase	
06:32 AM	Purchase Treatment	
00.32 AIVI	rreatment	
06:32 AM	Vitals	
06:32 AM	Vitals	
06:32 AM	Treatment	
06:32 AM	Vitals	
06:33 AM	Vitals	
07:17 AM	Treatment	
<u> </u>		

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**B6** 

atient History		
07:17 AM	Vitals	
97:17 AM 97:17 AM	Vitals	
97:17 AM 97:18 AM	Treatment	
97:18 AM	Vitals	
97:40 AM	Treatment	
07:40 AM	Treatment	
)7:40 AM	Vitals	
97:41 AM	Treatment	
09:08 AM	Treatment	
09:08 AM	Vitals	
99:0 <b>8</b> AM	Vitals	
09:0 <b>8</b> AM	Treatment	
09:08 AM	Vitals	
99:09 AM	Treatment	
09:09 AM	Vitals	
99:19 AM	Treatment	
09:19 AM	Vitals	
09:49 AM	Purchase	
10:1 <b>2</b> AM	UserForm	
<b>B6</b> 10:15 AM	Treatment	<b>B6</b>
10:15 AM	Vitals	
10:15 AM	Vitals	
10:16 AM	Treatment	
10:16 AM	Vitals	
10:26 AM	Purchase	
10:26 AM	Treatment	
10:46 AM	Purchase	
10:46 AM	Labwork	
10:51 AM	Treatment	
11:06 AM	Treatment	
11:06 AM	Vitals	
11:06 AM	Vitals	
11:17 AM	Purchase	
11:17 AM	Treatment	
11:24 AM	Treatment	
11:24 AM	Vitals	
11:51 AM	Treatment	
11:51 AM	Vitals	
11:51 AM	Vitals	
11:51 AM	Treatment	

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Client:	D6
Patient:	DU

### **Patient History**

В6	11:51 AM 12:30 PM 01:18 PM 01:18 PM 01:18 PM 01:18 PM 01:18 PM 01:22 PM 01:22 PM 01:23 PM 01:23 PM	Vitals Vitals Treatment  Vitals Vitals Vitals Treatment Vitals Treatment Vitals Treatment Vitals Treatment Vitals	<b>B6</b>
i	01:23 PM 01:23 PM	Vitals	

# Cummings Veterinary Medical Center

**B6** 

Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Fax (508) 839-7951 http://wetmed.tufts.edu/

B6	Male
Canine	Doberman Pinscher Black
B6	]

B6			
Dear B6	]		
B6 was see	n at Tufts' E	В6	Please see attached discharge instructions for more
If you have any	questions, or con	cerns, please o	contact us at 508-887-4988.
Thank you,			
B6	DVM (Intern -	SAM)	

# Cummings Veterinary Medical Center

Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Fax (508) 839-7951 http://wetmed.turks.edu/ Referring Vet Direct Line 508-887-4988

# **Notice of Patient Admit**

Date: B6 :21:36 PM	Case To: B6
Referring Doctor: B6	Name of the second of
Client lane 86	
Patient Lame: B6	
Dear B6	
Your patient presented to our Emergency service.	Please make note of the following information to facilitate
communication with our team.	
The attending doctor is: 86	
The reason for admission to the FHSA is: DO	M, CHF
If you have any questions regarding this particula	ar case, please call 508-887-4988 to reach the Cardiology Service
Information is updated daily, by noon.	The first contract of the second seco
Thank you for your referral to our Emernency Sec	n.iro

# Cummings Veterinary Medical Center



Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Fax (508) 839-7951 http://wetmed.tufts.edu/ B6

B6 Male Canine Doberman Pinscher Black

### Daily Update From the Cardiology Service

Today's date:	B6		
Dear Drs at	В6	Hospital	
Thank you for refe University.	ering pa	atients to the Fo	oster Hospital for Small Animals at the Cummings School of Tufi
Your patient	В6	vas adn	mitted and is being cared for by the Cardiology Service.
Today, B6			
is in stable		2000	
星 is still in th		en cage	
is critically			
might be a	lischarg	ed from the hos	spital today
Today's treatment	s includ	e:	
■ bloodwork	planne	d/pending	
echocardi	ography	-	
- DCM with	active	CHF r/o breed-r	related vs. diet related.
ardiac ca	theter p	rocedure planne	ed
ongoing tr	eatmen	t for CHF	
ongoing tr	eatmen	t for thrombosis	s
ongoing tr	eatmen	t for arrhythmia	1
Additional plans:			
Please allow 3-5 b	usiness	days for reports	s to be finalized upon patient discharge.
Please call (508) 8 Thank you!	87-4696	i before 5pm or	r email us at <b>cardiovet@tufts.edu</b> if you have any questions.
Attending Clinicia	15	В6	DVM (Resident, Cardiology)
Faculty Clinician:	harvarararara	B6 D	DVM,DACVIM

Senior student:

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:	B6 was asympto reduced contractile	omatic but eating same di function. Owner change	previously reported). et (Acana) so was screened 8/20/18 d diet to Pro Plan Weight 18 echo. Will recheck in 3 months		
	Date Problem Started:	08/20/2018				
	Concurrent Medical Problem:	Yes				
	Pre Existing Conditions:		В6			
	Outcome to Date:	Stable				
Product Information:	Product Name:	Acana Free Run Poi	ultry dry			
	Product Type:					
	Lot Number:					
	Package Type:	BAG				
	Product Use Information:	Description:		/ 9/2016 (see diet history form) eight Management Aug 2018		
	Manufacturer /Distributor Information:					
	Purchase Location Information:					
Animal Information:	Name:	В6				
	Type Of Species:	· · · · · · · · · · · · · · · · · · ·				
		Doberman Pinscher				
	Gender:		vica a contra de contra e entra entra entra entra entra entra e			
	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:	<b>D</b>		
			Phone:	<b>B</b> 6		
			Email:			
		Address:	<b>B6</b>			
			United States			
	Haalthaara Draferries 1		United States			
	Healthcare Professional Information:	Practice Name: Contact:	Tufts Cummings School	of Veterinary Medicine		

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 Yes
Name:  Lisa Freeman  Address: 200 Westboro Rd North Grafton Massachusetts 01536 United States  Name: 200 Westboro Rd North Grafton Massachusetts 01536 United States  Contact: Phone: 5088874523 Email: lisa freeman@tufts.edu  Permission To Contact Yes
Address: 200 Westboro Rd North Grafton Massachusetts 01536 United States  Contact: Phone: 5088874523 Email: lisa.freeman@tufts.edu  Permission To Contact Yes
North Grafton Massachusetts 01536 United States  Contact: Phone: 5088874523 Email: lisa.freeman@tufts.edu  Permission To Contact Yes
Email: lisa.freeman@tufts.edu  Permission To Contact Yes
Permission To Contact Yes
Sender:
Preferred Method Of Email Contact:
Additional Documents:
Attachment: B6 medical records.pdf
Description: Medical records
Type: Medical Records

From:	PFR Event <pfreventcreation@fda.hhs.gov></pfreventcreation@fda.hhs.gov>
То:	Cleary, Michael *; HQ Pet Food Report Notification; B6
Sent:	3/26/2019 2:00:39 PM
Subject:	Taste of the Wild Venison & Legume diet: <b>B6</b> EON-383371
Attachments:	2064630-report.pdf

A PFR Report has been received and PFR Event [EON-383371] has been created in the EON System.

A "PDF" report by name "2064630-report.pdf" is attached to this email notification for your reference.

Below is the summary of the report:

**EON Key:** EON-383371

ICSR #: 2064630

**EON Title:** PFR Event created for Taste of the Wild Venison & Legume diet; 2064630

AE Date	03/06/2019	Number Fed/Exposed	
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Unknown
Breed	Unknown		
Age			
District Involved	PFR- <b>B6</b> DO		

#### **Product information**

**Individual Case Safety Report Number: 2064630** 

Product Group: Pet Food

**Product Name:** Taste of the Wild Venison & Legume diet

**Description:** Originally submitted as RFR EON-383367. CVM resubmitting as PFR. The patient has been eating a grain free diet, specifically the Taste of the Wild Venison & Legume diet for years. He presented on 3/6/19 and the owner reported a mild cough but he felt it was resolving and declined a work up at that time. He presented again on 3/12/19 since the cough had not resolved and we started a work up of the patient that included thoracic radiographs. The patient was/is in congestive heart failure with an enlarged heart. The pet's breed is not a common breed for DCM and with the dietary history of a high legume grain free diet I feel that this is dietary induced.

**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: Unknown

Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Taste of the Wild Venison & Legume diet		

Sender information

B6

Owner information

USA

B6 USA

To view this PFR Event, please click the link below: <a href="https://eon.fda.gov/eon//browse/EON-383371">https://eon.fda.gov/eon//browse/EON-383371</a>

To view the PFR Event Report, please click the link below: <a href="https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=12&issueId=400469">https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=12&issueId=400469</a>

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The information is provided as part of the Federal-State Integration initiative. As a Commissioned Official and state government official, you are reminded of your obligation to protect non-public information, including trade secret and confidential commercial information that you receive from the U.S. Food and Drug Administration from further disclosure. The information in the report is intended for situational awareness and should not be shared or acted upon independently. Any and all actions regarding this information should be coordinated through your local district FDA office.

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-	383371			
ICSR:	2064630			
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:	2019-03-26 09:52:47 EDT	· · · · · · · · · · · · · · · · · · ·		
Reported Problem:	Problem Description:	Originally submitted as RFR EON-383367. CVM resubmitting as PFR. The patient		
		has been eating a grain free diet, specifically the Taste of the Wild Venison & Legume diet for years. He presented on 3/6/19 and the owner reported a mild cough but he felt it was resolving and declined a work up at that time. He presented again on 3/12/19 since the cough had not resolved and we started a work up of the patient that included thoracic radiographs. The patient was/is in congestive heart failure with an enlarged heart. The pet's breed is not a common breed for DCM and with the dietary history of a high legume grain free diet I feel that this is dietary induced.		
	Date Problem Started:	03/06/2019		
	Concurrent Medical Problem:			
	Outcome to Date:	Unknown		
Product Information:	Product Name:	Taste of the Wild Ver	nison & Legume diet	
	Product Type:	Pet Food		
	Lot Number:			
	Product Use Information:			
	Manufacturer /Distributor Information:	1		
	Purchase Location Information:			
Animal Information:	Name:			
	Type Of Species:	Dog		
	Type Of Breed:	Unknown		
	Gender:	Male		
	Reproductive Status:	Unknown		
	Assessment of Prior Health:			
	Number of Animals Reacted:	1		
	Owner Information:	Owner Information provided: Contact:		
		oomac.	Phone: B6	
		Address:		
		Addisos	Linkpown.  B6  Unknown	
		jl e	United States	
	Healthcare Professional Information:			
Sender Information:	Name: Address:	Be	5	

		B6		
		United States		
	Contact:	Phone: Email:	В6	
	Reporter Wants to Remain Anonymous:	(440144101441014401440144014401440144014		
	Permission To Contact Sender:			
	Preferred Method Of Contact:			
dditional Documents:				

From:	PFR Event <pfreventcreation@fda.hhs.gov></pfreventcreation@fda.hhs.gov>
То:	Cleary, Michael *; HQ Pet Food Report Notification; B6
Sent:	8/20/2018 8:44:25 PM
Subject:	Acana Free Run Poultry dry: Lisa Freeman - EON-362878
Attachments:	2053969-report.pdf; 2053969-attachments.zip

A PFR Report has been received and PFR Event [EON-362878] has been created in the EON System.

A "PDF" report by name "2053969-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 "2053969-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

**EON Key:** EON-362878

ICSR #: 2053969

EON Title: PFR Event created for Acana Free Run Poultry dry; 2053969

AE Date	08/06/2018	Number Fed/Exposed	2
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Doberman Pinscher		
Age	<b>B6</b> Years		
District Involved	PFR-New England DO		

best by Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Doberman Pinscher		
Age	<b>B6</b> Years		
District Involved	PFR-New England DO		

Product information			
Individual Case Safety Report	<b>Number:</b> 2053969		
Product Group: Pet Food			
Product Name: Acana Free Run	1 Poultry dry		
<b>Description:</b> Taken to RDVM for	or lameness. Dilated c	cardiomyopathy	and CHF diagnosed 8/6/18. Started on
meds <b>B6</b>	We saw at	Tufts 8/16/18.	Clinically improved but still has significant
DCM and CHF plus arrhythmia.	We added <b>B6</b>	(instead of	<b>B6</b> ), fish oil, and taurine. WB taurine
			e same food but was echoed today and has
no signs of DCM.			
<b>Submission Type:</b> 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
Acana Free Run Poultry 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-362878

To view the PFR Event Report, please click the link below: <a href="https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=12&issueId=379612">https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=12&issueId=379612</a>

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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.

Animal Information:	Information:	B6			
	Manufacturer /Distributor Information: Purchase Location				
		Other Foods or Products Given to the Animal During This Time Period:			
		Relatedness to Adverse Event:			
		Product Use Started Again:			
		Adverse Event Abate After Product Stop:			
		Product Use Stopped After the Onset of the Adverse Event:			
		Last Exposure Date:	08/16/2018		
	Information:	First Exposure Date:	09/01/2016		
	Product: Product Use				
	Product: Possess Opened				
	Package Size: Possess Unopened				
	Package Type:	1000 A			
		: 6499250125			
	Lot Number:				
Product Information:	Product Name: Product Type:	Acana Free Run Po	ultry dry		
	Outcome to Date:	Stable			
	Pre Existing Conditions:	? 	B6		
	Concurrent Medical Problem:				
	Date Problem Started:	added B6 (instead of B6), fish oil, and taurine. WB taurine pending. Another dog in household (also a Doberman) was eating the same food but was echoed today and has no signs of DCM.  08/06/2018			
Reported Problem:	Problem Description:	Taken to RDVM for lameness. <u>Dilated cardiomyopathy</u> and CHF diagnosed 8/6 /18. Started on meds ( <u>B6</u> ). We saw at Tufts 8/16 /18. Clinically improved but still has significant DCM and CHF plus arrhythmia. We			
Report Submission Date:					
Reporting Type:	Voluntary				
Type Of Report:	Adverse Event (a symptom, reaction or disease associated with the product)				
Report Version:	FPSR.FDA.PETF.V.V1				
Type Of Submission:	Initial				
CSR:	2053969				

	Type Of Species:	Dog			
	Type Of Breed:	Doberman Pinscher			
	Gender:	Male			
	Reproductive Status:	Neutered			
	Weight:	45 Kilogram			
	Age:	B6 Years			
	Assessment of Prior Health:	Service and the service and th			
	Number of Animals Given the Product:	2			
	Number of Animals Reacted;	1			
	Owner Information:	Owner Information provided:	Yes		
		Contact:	Name:		1
			Phone:	B6	İ
			Email:	20	
		Address:	Everage de les centes de la constant	······	ereceret.
		Address.	B6		
			United States	event.	
	Healthcare Professional	Practice Name:	Tufts Cummings	School of Veterinary	Medicine
	Information:	Contact:	Name:	Lisa Freeman	
			Phone:	(508) 887-4523	*
			Email:	lisa.freeman@tufts.ed	ú
		Address:	200 Westboro F North Grafton Massachusetts 01536 United States	₹d	
Sender Information:	Name:	Lisa Freeman			
	Address:	200 Westboro Rd North Grafton Massachusetts 01536 United States			
	Contact:	Phone:	5088874523		
		Control of the Contro	lisa.freeman@tu	ıfts.edu	
	Permission To Contact Sender:	Yes			
	Preferred Method Of Contact:	Email			
	Reported to Other Parties:				
Additional Documents:					
	Attachment:	B6 cardio re	port B6 pr	x.pdf	
	Description:	Cardio report	Erananan anasas S		
	The second secon	Sonogram			
H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Attachment:	0.0000000000000000000000000000000000000	e B6 pdf		
	F-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Discharge report	, T. T. J. Pui,		
		Other			
	турс	L=W-Si			

Attachment:	B6 cxr rdvn B6 rnx pdf
	: Chest rads from rdvm
	: Radiographs
Attachment:	B6 profile B6 prnx.pdf
	: Chemistry profile
	; Laboratory Report

# Cummings Veterinary Medical Center

Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Fax (508) 839-7951 http://wetmed.tufts.edu/

# Discharge Instructions

Patient	Owner		ранниционня
Mainer B6	Mane: B6		Patient D: B6
Species: Canine	Address: B6		
Black/Tan Male (Neutered) Doberman Birthdate: B6			
Attending Cardiologist:  John E. Rush DVM, MS, DACVIM  B6	(Cardiology), DACVEOC		
Cardiology Resident:			
В	6		
Cardiology Technician:	00 M(m) 00 M m m		
B6	1 1 1		
Admit Date: B6 11:40:18 AM			
Discharge Date: B6			
common in large and giant breed dogs an function, and enlargement of the upper of which can be life-threatening and also res (VPCs) seen today, but not enough right of the heart enlargement has now progress the lungs and belly. Unfortunately this is a however we can use cardiac medications.	heart muscle disease called dilated cardiom nd is characterized by thirming of the walls of hambers of the heart. Many dogs with DON quire medical management. B6 had occas now to warrant adictional therapy. We do he ed to the point of congestive heart failure, a progressive disease and we cannot revers and some changes to the diet to make you	if the hear I will also ional vent owever, v meaning t e the char	t, reduced cardiac pump have significant arrhythmias ricular premature beats vant to keep monitoring this. hat fluid is backing up into iges to the heart muscle,
Personal Francia Concust			
breathing easier.			
Monitoring at homes			
Monitoring at home:  O Wewould like you to monitor yo The doses of drugs will be adjust	or dog's breathing rate and effort at home, ed based on the breathing rate and effort.		
Monitoring at home:  O Wewould like you to monitor yo The doses of drugs will be adjust O In general, most dogs with heart per minute. In addition, the brea	ed based on the breathing rate and effort. failure that is well controlled have a breath thing effort, noted by the amount of belly v	ing rate a	rest of less than 35 breaths
Monitoring at home:  O Wewould like you to monitor yo The doses of drugs will be adjust O In general, most dogs with heart per minute. In addition, the brea fairly minimal if heart failure is or	ed based on the breathing rate and effort. failure that is well controlled have a breath thing effort, noted by the amount of belly v	ing rate a vall motio	rest of less than 35 breaths nused for each breath, is
Monitoring at home:  O Wewould like you to monitor yo The doses of drugs will be adjust O In general, most dogs with heart per minute. In addition, the brea fairly minimal if heart failure is or O An increase in breathing rate or o difficulty breathing is not improve	ed based on the breathing rate and effort. failure that is well controlled have a breath thing effort, noted by the amount of belly v ontrolled.	ing rate a vall motio e an extra B6	t rest of less than 35 breaths nused for each breath, is dose d B6 If hen we recommend

- 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://vei.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.
- o If you have any concerns, please call or have your dog evaluated by a veterinarian. Our emergency clinic is open 24-hours/day.

Medications:		
HEW MEDICATION B	6	
MEW MEDICATION		
	B6	
MOTE DOSE DECREASE		
	DC	
	<b>B6</b>	

Diet suggestions:

We would like to change B6 diet to a low sodium diet. A few diet options would be:

Dry Food:

Royal Canin Early Cardiac diet

Purina proplan bright mind small breed formula

Purina proplan adult weight management (this does not have low calories in spite of the name of the food).

Canned Food:

Hills Science diet adult beef and barley entree

#### Exercise Recommendations:

For the first 7 to 10 days after starting medications for heart failure we recommend very limited activity. 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.

year in order to ob	pin prescription medications.
	well-being of our patients, your pet must have had on examination by one of our veterinarians within the past
http://vet.tufts.e	u/heartsmart/
Please visit our H	artSmart website for more information
cardiovet@tuits.	du for scheduling and non-emergent questions or concerns.
Thank you for en	usting us with B6 care. Please contact our Cardiology liaison at (508)-887-4696 or email us at
	Tuesday, Morember 20, 2018 at 11:00am with B6
A recheck has be	scheduled for B6 on
A rachark vicit ic	commended in 1-2 weeks for bloodwork which can be done at your primary careveterinarian.

To: Cleary, Michael \*; HQ Pet Food Report Notification; usha.gulati@doveltech.com

**Sent:** 10/25/2018 11:52:42 AM

Subject: Taste of the Wild High Prairie: Lisa Freeman - EON-369325

Attachments: 2057945-report.pdf; 2057945-attachments.zip

A PFR Report has been received and PFR Event [EON-369325] has been created in the EON System.

A "PDF" report by name "2057945-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 "2057945-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

**EON Key:** EON-369325

ICSR #: 2057945

**EON Title:** PFR Event created for Taste of the Wild High Prairie; 2057945

AE Date	02/20/2018	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Died Naturally
Breed	Great Dane		
Age	9 Years		
District Involved	PFR-New England DO		

## **Product information**

**Individual Case Safety Report Number: 2057945** 

**Product Group:** Pet Food

**Product Name:** Taste of the Wild High Prairie

**Description:** DCM, CHF, atrial fibrillation WB taurine = **B6** Dog's diet previously submitted to FDA Note: this

may be a duplicate submission

**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: Died Naturally

**Number of Animals Treated With Product: 1** 

#### **Number of Animals Reacted With Product: 1**

Product Name	Lot Number or ID	Best By Date
Taste of the Wild High Prairie		

## **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-369325

To view the PFR Event Report, please click the link below:

 $\underline{https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none\&e=0\&issueType=12\&issueId=386247$ 

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Report Details - EON-	369325		
ICSR:	2057945		
Type Of Submission:	Initial		
Report Version:	FPSR.FDA.PETF.V.V1		
Type Of Report:	Adverse Event (a symptom, reaction or disease associated with the product)		
Reporting Type:	Voluntary		
Report Submission Date:	2018-10-25 07:45:50 EDT		
Reported Problem:	Problem Description:		rillation WB taurine = <u>B6</u> Dog's diet previously submitted to be a duplicate submission
	Date Problem Started:	02/20/2018	
	Concurrent Medical Problem:	No	
	Outcome to Date:	Died Naturally	
	Date of Death:	В6	
Product Information:	Product Name:	Taste of the Wild Hig	ah Prairie
	Product Type:		
	Lot Number:		
	Package Type:	BAG	
	Product Use Information:		
	Manufacturer /Distributor Information:		
	Purchase Location Information:		
Animal Information:	Name:	B6	
	Type Of Species:	A.a	
	Type Of Breed:	<del>-</del>	
	Gender:	<del>-</del>	
	Reproductive Status:	<u></u>	
		74 Kilogram	
		9 Years	
	Assessment of Prior Health:	j	
	Number of Animals Given the Product:	1	
	Number of Animals Reacted:	1	
	Owner Information:	Owner Information provided:	
		Contact:	
			Phone: B6
			Email:
		Address:	
			<b>B6</b>
			United States
	Healthcare Professional	Practice Name:	Tufts Cummings School of Veterinary Medicine
	Information:	Contact:	7
		Contact.	<u> </u>
			Phone: (508) 887-4523
			Email: lisa.freeman@tufts.edu

		Address:	200 Westboro Rd North Grafton Massachusetts 01536 United States	
Sender Information:	Name:	Lisa Freeman		
	Address:	200 Westboro Rd North Grafton Massachusetts 01536 United States		
	Contact:	Phone:	5088874523	
		Email:	lisa,freeman@tufts.edu	
	Permission To Contact Sender:	Yes		
	Preferred Method Of Contact:	Email		
Additional Documents:				
	Attachment:	B6 compiled reco	ds.pdf	
	Description: Records  Type: Medical Records			

To: Cleary, Michael \*; HQ Pet Food Report Notification B6

**Sent:** 5/20/2019 3:05:29 PM

Subject: Acana Heritage Poultry dry: Darcy Adin - EON-388255

Attachments: 2067176-report.pdf

A PFR Report has been received and PFR Event [EON-388255] has been created in the EON System.

A "PDF" report by name "2067176-report.pdf" is attached to this email notification for your reference.

Below is the summary of the report:

**EON Key:** EON-388255

ICSR #: 2067176

**EON Title:** PFR Event created for Acana Heritage Poultry dry; 2067176

AE Date	02/14/2019	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Shepherd Dog - German		
Age	4 Years		
District Involved	PFR-Florida DO		

#### **Product information**

**Individual Case Safety Report Number: 2067176** 

Product Group: Pet Food

**Product Name:** Acana Heritage Poultry dry

**Description:** B6 presented to the UF Cardiology Service for a 5 month history of progressive exercise intolerance and increased respiratory rate and effort. Patient was diagnosed with Dilated Cardiomyopathy. She has been rechecked once 5/15/19 - clinically stable but no improvement noted on echocardiogram. Her blood taurine results were discordant so she has been on supplementation

**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 Heritage Poultry dry		

## **Sender information**

Darcy Adin 2015 SW 16th Ave 2015 SW 16th Avenue Gainesville, FL 32608 USA

To view this PFR Event, please click the link below: https://eon.fda.gov/eon//browse/EON-388255

To view the PFR Event Report, please click the link below: <a href="https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=12&issueId=405432">https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=12&issueId=405432</a>

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Report Details - EON-	388255			
ICSR:	2067176			
Type Of Submission:	Initial			
Report Version:	FPSR.FDA.PETF.V.V1			
Type Of Report:	Adverse Event (a symptom,	reaction or disease a	associated with the product)	
Reporting Type:	Voluntary			
Report Submission Date:	5			
Reported Problem:	·	B6 presented to the UF Cardiology Service for a 5 month history of progressi exercise intolerance and increased respiratory rate and effort. Patient was diagnosed with Dilated Cardiomyopathy. She has been rechecked once 5/15/1 clinically stable but no improvement noted on echocardiogram. Her blood taurir results were discordant so she has been on supplementation		
	Date Problem Started:			
	Concurrent Medical Problem:	Yes		
	Pre Existing Conditions:		<b>B6</b>	
	Outcome to Date:	Stable		
Product Information:	Product Name:	Acana Heritage Pou	ltry dry	
	Product Type:	Pet Food		
	Lot Number:			
	Product Use Information:	Description:	2 cups dry food fed twice per day Patient also has been receiving deer antiers once per week since Aug 2015 as treats/chews.	
		First Exposure Date:		
		Last Exposure Date:		
		Time Interval between Product Use and Adverse Event:		
		Product Use Stopped After the Onset of the Adverse Event:	Yes	
		Adverse Event Abate After Product Stop:	Unknown	
		Product Use Started Again:		
		Perceived Relatedness to Adverse Event:	Possibly related	
		Other Foods or Products Given to the Animal During This Time Period:	Yes	
	Manufacturer			
	/Distributor Information:  Purchase Location Information:			
Animal Information:	Name:	Pe		
	Type Of Species:	<b>B6</b> Dog		

	Time Of Dec. 4	Shepherd Dog - Ger	man		
	Gender:		IIIdII		
	Reproductive Status:				
	Pregnancy Status:				
	Lactation Status:				
	<u> 1 </u>	: 36 Kilogram : 4 Years			
	†				
	Assessment of Prior Health:				
	Number of Animals Given the Product:	1			
	Number of Animals Reacted:	1			
	Owner Information:	Owner Information provided:	No		
	Healthcare Professional Information:		University of Florida		
		Contact:	E CONTRACTOR CONTRACTO		
			Phone: (614) 582-9798		
			Other Phone: 3522948606		
			Email: adind@ufl.edu		
		Address:	2015 SW 16th Ave 2015 SW 16th Avenue Gainesville Florida 32608 United States		
Sender Information:	Name: Darcy Adin				
	Address:	2015 SW 16th Ave 2015 SW 16th Avenue Gainesville Florida 32608 United States			
	Contact:	Phone:	6145829798		
		Other Phone:			
	Permission To Contact				
	Sender: Preferred Method Of	Email			
	Preferred Method Of Contact: Reported to Other				
Additional Documents:	Preferred Method Of Contact:				

From:	PFR Event <pfreventcreation@fda.hhs.gov></pfreventcreation@fda.hhs.gov>	
То:	Cleary, Michael *; HQ Pet Food Report Notification; B6	
Sent:	5/20/2019 3:04:47 PM	
Subject:	Blue Buffalo Large Breed Adult: Darcy Adin - EON-388253	
Attachments:	2067174-report.pdf	

A PFR Report has been received and PFR Event [EON-388253] has been created in the EON System.

A "PDF" report by name "2067174-report.pdf" is attached to this email notification for your reference.

Below is the summary of the report:

**EON Key:** EON-388253

ICSR #: 2067174

EON Title: PFR Event created for Blue Buffalo Large Breed Adult, Paul Newman Dog Biscuits various, Spring

Hill Fish Oil; 2067174

AE Date	В6	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Died Euthanized
Breed	Doberman Pinscher		
Age	11 Years		
District Involved	PFR-Florida DO		

## **Product information**

Individual Case Safety Report Number: 2067174
Product Group: Pet Food, Other
<b>Product Name:</b> Blue Buffalo Large Breed Adult, Paul Newman Dog Biscuits, vario

Product Name: Blue Buffalo Large Breed Adult, Paul Newman Dog Biscuits, various, Spring Hill Fish Oil
<b>Description:</b> Patient had been stable or <b>B6</b> for dilated cardiomyopathy for the past two years prior to
presentation at UF Cardiology. A few weeks prior to presentation, he was started on <b>B6</b> for coughing
episodes. The day of presentation, an EKG performed at the primary care veterinarian showed a ventricular
arrythmia. On presentation to UF Cardiology, patient had collapsed suddenly and was in cardiopulmonary arrest
After CPR and a B6 he converted to sinus tachycardia. Patient was diagnosed with dilated
cardiomyonathy i pe iwas euthanized two days later due to gastric dilation volvulus (GDV)

**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: Died Euthanized

Number of Animals Treated With Product: 1 Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Blue Buffalo Large Breed Adult		
Paul Newman Dog Biscuits, various		
Spring Hill Fish Oil		

## **Sender information**

Darcy Adin 2015 SW 16th Ave 2015 SW 16th Avenue Gainesville, FL 32608 USA

To view this PFR Event, please click the link below: https://eon.fda.gov/eon//browse/EON-388253

To view the PFR Event Report, please click the link below:

 $\underline{https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none\&e=0\&issueType=12\&issueId=405430$ 

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Report Details - EON-	388253					
ICSR:	2067174					
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:	2019-05-20 10:54:51 EDT					
Reported Problem:	Problem Description:	two years prior to prepresentation, he was presentation, an EK ventricular arrythmia suddenly and was in converted to sinus ta	Patient had been stable on B6 for dilated cardiomyopathy for the past two years prior to presentation at UF Cardiology. A few weeks prior to presentation, he was started on B6 for coughing episodes. The day of presentation, an EKG performed at the primary care veterinarian showed a ventricular arrythmia. On presentation to UF Cardiology, patient had collapsed suddenly and was in cardiopulmonary arrest. After CPR and B6 he converted to sinus tachycardia. Patient was diagnosed with dilated cardiomyopathy. B6 was euthanized two days later due to gastric dilation volvellus (GDV).			
	Date Problem Started:	В6				
	Concurrent Medical Problem:	Yes				
	Pre Existing Conditions: Outcome to Date: Date of Death:	at UF Cardiology anyears B6 also ur B6 The impla on B6 of unkr day.  Died Euthanized	d had been previo nderwent <b>B6</b> su nt has since been	liomyopathy t <u>wo years prior</u> to presentation usly stable on B6 for the past two rgery in the past for £ B6 removed due to infection B6 was also quency and Spring Hill Fish Oil 1 pill per		
Product Information:	Product Name:	Spring Hill Fish Oil				
r roddot imormanon.	Product Name.  Product Type:	: :				
	Lot Number:	Ottlei		***************************************		
	[					
	Product Use Information:	Description:	1 pill daily as sup	plement		
	Manufacturer					
	/Distributor Information:					
	Purchase Location Information:					
	Product Name:	Paul Newman Dog B	Biscuits, various			
	Product Type:	: Pet Food				
	Lot Number:					
	Product Use Information:	Description:  First Exposure Date:		tient also received fat free greek yogurt ce 2015 and raw carrots as treats		
	Manufacturer /Distributor Information:					
	Purchase Location Information:		111 A TOTAL I DE LA COLOR DE L			
	Product Name:	Blue Buffalo Large Breed Adult				
	Product Type:	Pet Food				
	Lot Number:					
	Product Use	Description:	2 cups dry fed tw	ice per day		
	Information:	First Exposure Date:				
		Last Exposure Date:	B6			
		Time Interval	9 Years			

		between Product Use and Adverse Event:				
		Product Use Stopped After the Onset of the Adverse Event:	No			
		Perceived Relatedness to Adverse Event:	Possibly related			
		Other Foods or Products Given to the Animal During This Time Period:	Yes			
	Manufacturer /Distributor Information:					
	Purchase Location Information:					
Animal Information:	Name:	В6				
	Type Of Species:					
		Doberman Pinscher				
	Gender:	2 1				
	Reproductive Status:	<u> </u>				
		38 Kilogram				
		11 Years				
	Assessment of Prior					
	Health:					
	Number of Animals Given the Product:					
	Number of Animals Reacted:	1				
	Owner Information:	Owner Information provided:	No			
	Healthcare Professional	Practice Name:	University of Florida			
	Information:	Contact:	<u> </u>			
		Address:	2015 SW 16th Ave 2015 SW 16th Avenue Gainesville Florida 32608 United States			
Sender Information:	Name:	Darcy Adin				
	Address:	2015 SW 16th Ave 2015 SW 16th Aver Gainesville Florida 32608 United States	nue			
	Contact:	Phone:	6145829798			
		Other Phone:	3522948606			
		3	adind@ufl.edu			
	1	3	<u> </u>			

	Permission To Contact Sender:	Yes
	Preferred Method Of Contact:	Email
	Reported to Other	None
Additional Documents:	Parties:	
damonal bootinents.	<u> </u>	

From:	PFR Event <pre><pre>creation@fda.hhs.gov&gt;</pre></pre>					
То:	Cleary, Michael *; HQ Pet Food Report Notification;	B6				
Sent:	5/20/2019 2:57:01 PM					
Subject:	Honest Kitchen Turkey dehydrated: Darcy Adin - EON-388245					
Attachments:	2067168-report.pdf					

A PFR Report has been received and PFR Event [EON-388245] has been created in the EON System.

A "PDF" report by name "2067168-report.pdf" is attached to this email notification for your reference.

Below is the summary of the report:

**EON Key:** EON-388245

ICSR #: 2067168

EON Title: PFR Event created for Honest Kitchen Turkey dehydrated, N and D Venison and Quinoa dry, Taste

of the Wild Prey (Angus Beef and Lentils); 2067168

AE Date	03/13/2019	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Great Dane		
Age	4.5 Years		
District Involved	PFR-Florida DO		

## **Product information**

**Individual Case Safety Report Number: 2067168** 

**Product Group:** Pet Food

**Product Name:** Honest Kitchen Turkey dehydrated, N and D Venison and Quinoa dry, Taste of the Wild Prey

(Angus, Beef, and Lentils)

**Description:** A few days before **B6** was seen by UF Cardiology, he presented to a specialty clinic for a minor orthopedic complaint, at which time an ECG revealed an abnormal rhythm. On **B6** became inappetant and vomited twice. On **B6** patient presented to primary care veterinarian, and on **B6** patient presented to an emergency clinic where thoracic radiographs revealed mild to moderate cardiomegaly. He was referred to cardiology on **B6** where he was diagnosed with Dilated Cardiomyopathy. Anorexia resolved after 2 weeks.

**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
N and D Venison and Quinoa dry		
Honest Kitchen Turkey dehydrated		
Taste of the Wild Prey (Angus, Beef, and Lentils)		

## **Sender information**

Darcy Adin 2015 SW 16th Ave 2015 SW 16th Avenue Gainesville, FL 32608 USA

To view this PFR Event, please click the link below: https://eon.fda.gov/eon//browse/EON-388245

To view the PFR Event Report, please click the link below:

 $\underline{https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none\&e=0\&issueType=12\&issueId=405422$ 

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Report Details - EON	B6			
ICSR:	2067168			
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		Г	
Report Submission Date:	:3 			
Reported Problem:	Problem Description:	A few days before <b>B6</b> was seen by UF Cardiology, he presented to a specialty		
	Date Problem Started:	clinic for a minor orth abnormal rhythm. O patient presented to an emergency clinic cardiomegaly. He wa with Dilated Cardion	nopedic complaint, at which time an ECG revealed an	
	3			
	Concurrent Medical Problem:	T es		
	1	Patient received flax	oil. Patient had a recent history of right hindlimb lameness.	
	Outcome to Date:	? 	, , , , , , , , , , , , , , , , , , , ,	
Product Information:			/A Davis and Landia	
r roduot mnormation.	Product Name:		ey (Angus, Beef, and Lentils)	
	Product Type:	Pet Food		
	Lot Number:			
	Product Use Information:	Description:	3/4 cup fed twice per day	
	mo macon.	First Exposure Date:		
		Last Exposure Date:	03/13/2019	
		Time Interval between Product Use and Adverse Event:		
		Product Use Stopped After the Onset of the Adverse Event:	Yes	
		Adverse Event Abate After Product Stop:		
		Product Use Started Again:		
		Perceived Relatedness to Adverse Event:	Possibly related	
		Other Foods or Products Given to the Animal During This Time Period:		
	Manufacturer /Distributor Information:			
	Purchase Location Information:			
	Product Name:	N and D Venison an	d Quinoa dry	
	Product Type:	Pet Food		
	Lot Number:			
	Product Use	Description:	1 3/4 cup fed twice per day	
	1	•		

	Information:	First Exposure	
		Date: Last Exposure	72 B
		Last Exposure Date:	
		Time Interval between Product Use and Adverse Event:	
		Product Use Stopped After the Onset of the Adverse Event:	
		Adverse Event Abate After Product Stop:	Unknown
		Product Use Started Again:	N2
		Perceived Relatedness to Adverse Event:	
		Other Foods or Products Given to the Animal During This Time Period:	
	Manufacturer /Distributor Information:		
	Purchase Location Information:		
	Product Name:	Honest Kitchen Turk	key dehydrated
	Product Type:	Pet Food	
	Lot Number:		
	Product Use Information:	Description:	1/4 cup fed once per day Patient also receives lung pieces and beef and duck jerky as treats.
		First Exposure Date:	
		Last Exposure Date:	
		Time Interval between Product Use and Adverse Event:	
		Product Use Stopped After the Onset of the Adverse Event:	
		Adverse Event Abate After Product Stop:	
		Product Use Started Again:	
		Relatedness to Adverse Event:	V4
		Other Foods or Products Given to the Animal During This Time Period:	
	Manufacturer		
I 3	II.		

Distributor Information:			
Purchase Location Information:			
ame:	B6		
Type Of Species:	Dog		
Type Of Breed:	Great Dane		
Gender:	Male		
Reproductive Status:	Neutered		
Weight:	86.1 Kilogram		
Age:	B6 Years		
Assessment of Prior Health:			
Number of Animals Given the Product:	1		
Number of Animals Reacted:	1		
Owner Information:	Owner Information provided:	No	
lealthcare Professional	Practice Name:	University of FI	lorida
Information:			Darcy Adin
		7	(614) 582-9798
		1	4
		20	adind@ufl.edu
	Address:	2015 SW 16th 2015 SW 16th Gainesville Florida 32608 United States	
ame:	Darcy Adin		
Address:	2010 000 10017 100	nue	
Contact:	Phone:	6145829798	
	Other Phone:	3522948606	
	Email:	adind@ufl.edu	
Permission To Contact Sender:	Yes	2.	
Preferred Method Of Contact:	Email		
Reported to Other Parties:			
	Type Of Species: Type Of Breed: Gender: Reproductive Status: Weight: Age: Assessment of Prior Health: Number of Animals Given the Product: Number of Animals Reacted: Owner Information:  Healthcare Professional Information:  Address:  Contact: Permission To Contact Sender: Preferred Method Of Contact: Reported to Other	Type Of Species: Dog Type Of Breed: Great Dane Gender: Male Reproductive Status: Neutered Weight: 86.1 Kilogram Age: B6 Years Assessment of Prior Health: Number of Animals Given the Product: Number of Animals Reacted: Owner Information: Owner Information Provided: Practice Name: Contact:  Address:  Address:  Address:  Address:  Contact:  Phone: Other Phone: Email: Permission To Contact Sender:  Preferred Method Of Contact:  Reported to Other Residua Great Dane Geneta Da	Type Of Species: Dog Type Of Breed: Great Dane Gender: Male Reproductive Status: Neutered Weight: 86.1 Kilogram Age: B6 Years  Assessment of Prior Health: Number of Animals Given the Product: Number of Animals Reacted: Owner Information: Owner Information provided: Practice Name: University of F Name: Phone: Other Phone: Email: Address: Address: 2015 SW 16th Ave 2015 SW 16th Av

From: PFR Event <pfreventcreation@fda.hhs.gov>

Cleary, Michael \*; HQ Pet Food Report Notification; To:

Sent: 5/20/2019 2:57:23 PM

Subject: Natural Balance Venison: Darcy Adin - EON-388246

Attachments: 2067170-report.pdf

A PFR Report has been received and PFR Event [EON-388246] has been created in the EON System.

A "PDF" report by name "2067170-report.pdf" is attached to this email notification for your reference.

Below is the summary of the report:

**EON Key:** EON-388246

ICSR #: 2067170

**EON Title:** PFR Event created for Natural Balance Venison Sweet Potatoes, Pedigree chicken and rice, Dr.

Lyon's dental treat (mint), Smart Bones Smart Sticks (peanut butter), Cosequin DS; 2067170

AE Date	04/03/2019	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Sheepdog - Shetland		
Age	10 Years		
District Involved	PFR-Florida DO		

#### **Product information**

**Individual Case Safety Report Number: 2067170** 

Product Group: Pet Food, Other

**Product Name:** Natural Balance Venison, Sweet Potatoes, Pedigree chicken and rice, Dr. Lyon's dental treat

(mint), Smart Bones Smart Sticks (peanut butter), Cosequin DS

**Description:** B6 ws referred to UF Cardiology after her primary care veterinarian noted a Grade 2/6 left systolic murmur. She has been slowing down some over the past year, but still runs and plays regularly. B6 has

a sinus arrhythmia. Patient was diagnosed with primary mitral regurgitation with systolic dysfunction.

**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
Natural Balance Venison, Sweet Potatoes		
Dr. Lyon's dental treat (mint)		
Pedigree chicken and rice		
Cosequin DS		

#### **Sender information**

Darcy Adin 2015 SW 16th Ave 2015 SW 16th Avenue Gainesville, FL 32608 USA

To view this PFR Event, please click the link below: <a href="https://eon.fda.gov/eon//browse/EON-388246">https://eon.fda.gov/eon//browse/EON-388246</a>

To view the PFR Event Report, please click the link below: <a href="https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=12&issueId=405423">https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=12&issueId=405423</a>

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Report Details - EON-	B6			
ICSR:	2067170			
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:	3			
Reported Problem:	Problem Description:	B6 ws referred to UF Cardiology after her primary care veterinarian noted a Grade 2/6 left systolic murmur. She has been slowing down some over the past year, but still runs and plays regularly. B6 has a sinus arrhythmia. Patient was diagnosed with primary mitral regurgitation with systolic dysfunction.		
	Date Problem Started:			
	Concurrent Medical Problem:	Yes		
	Pre Existing Conditions:	B6     has a history of old. She is not currently clinical for her B6     B6     B6     B6     receives     B6		
	Outcome to Date:	Stable		
Product Information:	Product Name:	Cosequin DS		
	Product Type:	<u> </u>		
	Lot Number:			
	Product Use Information:	Description: 1/2 tablet once daily as joint supplement		
	Manufacturer /Distributor Information:			
	Purchase Location Information:			
	Product Name:	Smart Bones Smart Sticks (peanut butter)		
	Product Type:			
	Lot Number:			
	Product Use Information:	Description: 5 inch treat given once per week First Exposure Date: 01/01/2016		
	Manufacturer /Distributor Information:			
	Purchase Location Information:			
	Product Name:	Dr. Lyon's dental treat (mint)		
	Product Type:			
	Lot Number:			
	Product Use Information:	Description: 3 inch treat fed once per week  First Exposure Date: 01/01/2018		
	Manufacturer /Distributor Information: Purchase Location Information:			
	Product Name:	Pedigree chicken and rice		
	Product Type:	<del></del>		
	Lot Number:			
	Product Use Information:	Description: 1/4 cup fed once per day  First Exposure Date: 01/01/2012		

	Number of Animals Given the Product:		
	Assessment of Prior Health:	Good	
		10 Years	
		11.5 Kilogram	
	Reproductive Status:		
	Gender:	}	
		Sheepdog - Shetlan	d
	Type Of Species:	L	
Animal Information:	Information:	В6	
	/Distributor Information:  Purchase Location		
	Manufacturer		
		Other Foods or Products Given to the Animal During This Time Period:	res
		Relatedness to Adverse Event:	Possibly related
		Product Use Stopped After the Onset of the Adverse Event:	
		between Product Use and Adverse Event:	J I Calò
		First Exposure Date: Time Interval	
	Product Use Information:	Description:	1/2 cup dry fed twice per day Patient also receives 2TBSP 100% pure pumpkin once daily and 1/2 hard boiled egg white once per week.
	Lot Number:		
	Product Type:		
	Information: Product Name:	Natural Balance Ver	nison, Sweet Potatoes
	Manufacturer /Distributor Information: Purchase Location		
		Other Foods or Products Given to the Animal During This Time Period:	Yes
		Relatedness to Adverse Event:	Possibly related
		Product Use Stopped After the Onset of the Adverse Event:	No
		Time Interval between Product Use and Adverse Event:	7 Years

	Number of Animals Reacted:	1		
	Owner Information:	Owner Information provided:	No	
	Healthcare Professional	Practice Name:	University of FI	orida
	Information:	Contact:	Name:	Darcy Adin
			Phone:	(614) 582-9798
			Other Phone:	3522948606
			Email:	adind@ufl.edu
		Address:	2015 SW 16th 2015 SW 16th Gainesville Florida 32608 United States	Ave Avenue
Sender Information:	Name:	Darcy Adin		
	Address:	2015 SW 16th Ave 2015 SW 16th Aver Gainesville Florida 32608 United States	nue	
	Contact:	Phone:	6145829798	
		Other Phone:	3522948606	
		Email:	adind@ufl.edu	
	Permission To Contact Sender:	Yes		
	Preferred Method Of Contact:			
	Reported to Other Parties:	None		
				terra a tra a la rora e como e color a contra e tra a tra a tra a como e contra e como e colora e como e tra a

From: PFR Event <pfreventcreation@fda.hhs.gov>

To: Cleary, Michael \*; HQ Pet Food Report Notificatid B6

Sent: 5/20/2019 3:05:50 PM

Origins 6 Fish Grain Free dry: Darcy Adin - EON-388256

Attachments: 2067173-report.pdf

A PFR Report has been received and PFR Event [EON-388256] has been created in the EON System.

A "PDF" report by name "2067173-report.pdf" is attached to this email notification for your reference.

Below is the summary of the report:

**EON Key:** EON-388256

Subject:

ICSR #: 2067173

EON Title: PFR Event created for Origins 6 Fish Grain Free dry, Dasuquin (Nutramax) Glucosamine MSM

Chonroitan ASU; 2067173

AE Date	03/19/2019	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Great Dane		
Age 7 Years			
District Involved PFR-Florida DO			

## **Product information**

**Individual Case Safety Report Number: 2067173** 

Product Group: Pet Food, Other

**Product Name:** Origins 6 Fish Grain Free dry, Dasuquin (Nutramax) Glucosamine, MSM, Chonroitan, ASU **Description:** B6 presented to UF Cardiology with a history of persistent cough for the past 2-3 months which acutely became more frequent with episodes of wheezing and hacking. Patient was diagnosed with atrial fibrillation and dilated cardiomyopathy.

**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
Dasuquin (Nutramax) Glucosamine, MSM, Chonroitan, ASU		
Origins 6 Fish Grain Free dry		

# **Sender information**

Darcy Adin 2015 SW 16th Ave 2015 SW 16th Avenue Gainesville, FL 32608 USA

To view this PFR Event, please click the link below: https://eon.fda.gov/eon//browse/EON-388256

To view the PFR Event Report, please click the link below:

 $\underline{https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none\&e=0\&issueType=12\&issueId=405433$ 

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Report Details - EON-	388256			
ICSR:	2067173			
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:	2019-05-20 10:51:47 EDT			
Reported Problem:	Problem Description:	2-3 months which ad	UF Cardiology with a history of persistent cough for the past cutely became more frequent with episodes of wheezing and a diagnosed with atrial fibrillation and dilated cardiomyopathy.	
	Date Problem Started:	03/19/2019		
	Concurrent Medical	Yes		
	Problem: Pre Existing Conditions:	Patient receives Glu	d with B6 2012, but is not currently clinical. cosamine nutramax 800mg daily, MSM nutramax 700mg tramax 300mg daily, and ASU nutramax 75mg daily.	
	Outcome to Date:		traniax sooning daily, and Association ax 7 oning daily.	
Product Information:	4	1	() Cluggeoming MSM Changitan ACU	
Product information:	Product Name:	;	() Glucosamine, MSM, Chonroitan, ASU	
	Product Type: Lot Number:			
	Product Use	Description:	joint supplement daily	
	Information: Manufacturer			
	/Distributor Information:			
	Information: Product Name:	Origins 6 Fish Grain	Eroo dni	
	Product Name.  Product Type:			
	Lot Number:	r et r oou		
	Product Use	D	2 over forthising more day	
	Information:	Description: First Exposure	2 cups fed twice per day	
		Date:	03/01/2013	
		Last Exposure Date:		
		Time Interval between Product Use and Adverse Event:		
		Product Use Stopped After the Onset of the Adverse Event:	Yes	
		Adverse Event Abate After Product Stop:		
		Product Use Started Again:		
		Perceived Relatedness to Adverse Event:	Possibly related	
		Other Foods or Products Given to the Animal During This Time Period:		
	Manufacturer			

	/Distributor Information:	77777	
	Purchase Location Information:		
Animal Information:	Name:	B6	
	Type Of Species:	(Lanarananananananananananananananananana	
	Type Of Breed:		
	Gender:		
	Reproductive Status:		
		; 65 Kilogram	
		7 Years	
	Assessment of Prior Health:	1	
	Number of Animals	1	
	Given the Product:		
	Number of Animals Reacted:	1	
	Owner Information:	Owner Information provided:	No
	Healthcare Professional Information:	Practice Name:	University of Florida
		Contact:	
			Phone: (614) 582-9798
			Other Phone: 3522948606
			Email: adind@ufl.edu
		Address:	2015 SW 16th Ave 2015 SW 16th Avenue Gainesville Florida 32608 United States
Sender Information:	Name: Darcy Adin		
	Address:	2015 SW 16th Ave 2015 SW 16th Avenue Gainesville Florida 32608 United States	
	Contact:	Phone:	6145829798
		Other Phone:	3522948606
		Email:	adind@ufl.edu
	Permission To Contact Sender:	Yes	
	Preferred Method Of Contact:		
	Reported to Other Parties:		
Additional Documents:			
Additional Documents:			

To: Cleary, Michael \*; HQ Pet Food Report Notification B6

**Sent:** 5/20/2019 3:05:09 PM

Subject: Pure Balance Salmon and Potato dry: Darcy Adin - EON-388254

Attachments: 2067175-report.pdf

A PFR Report has been received and PFR Event [EON-388254] has been created in the EON System.

A "PDF" report by name "2067175-report.pdf" is attached to this email notification for your reference.

Below is the summary of the report:

**EON Key:** EON-388254

ICSR #: 2067175

**EON Title:** PFR Event created for Pure Balance Salmon and Potato dry, 4Health Salmon and Potato canned, Milkbone peanut flavor dry mini treats, Spring Valley Fish Flax and Borage Oil, Good Morning Healthy Joints; 2067175

AE Date	02/20/2019	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Cattle Dog - Australian (blue heeler, red heeler, Queensland cattledog)		
Age	10 Years		
District Involved	PFR-Florida DO		

### **Product information**

**Individual Case Safety Report Number: 2067175** 

Product Group: Pet Food, Other

**Product Name:** Pure Balance Salmon and Potato dry, 4Health Salmon and Potato canned, Milkbone peanut

flavor dry mini treats, Spring Valley Fish, Flax, and Borage Oil, Good Morning Healthy Joints

**Description:** Patient presented to the UF Cardiology Service after roughly two weeks of coughing. When

coughing initially started, patient was seen by primary care veterinarian and was treated with <b>B6</b>
On 2/19/19 <b>B6</b> presented to his primary care veterinarian
again. He had cyanotic mucous membranes, an enlarged heart, and pulmonary edema. Patient was referred to UF
and was diagnosed with Dilated Cardiomyopathy.
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
Spring Valley Fish, Flax, and Borage Oil		
Milkbone peanut flavor dry mini treats		
Pure Balance Salmon and Potato dry		
Good Morning Healthy Joints		

### **Sender information**

Darcy Adin 2015 SW 16th Ave 2015 SW 16th Avenue Gainesville, FL 32608 USA

To view this PFR Event, please click the link below: <a href="https://eon.fda.gov/eon//browse/EON-388254">https://eon.fda.gov/eon//browse/EON-388254</a>

To view the PFR Event Report, please click the link below:

 $\underline{https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none\&e=0\&issueType=12\&issueId=405431$ 

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Report Details - EON-	388254		
ICSR:	2067175		
Type Of Submission:	Initial		
Report Version:	FPSR.FDA.PETF.V.V1		
Type Of Report:	Adverse Event (a symptom,	reaction or disease as	ssociated with the product)
Reporting Type:	Voluntary		
Report Submission Date:	.:)		
Reported Problem:	Problem Description:		the UF Cardiology Service after roughly two weeks of phing initially started, patient was seen by primary care treated with
	Date Problem Started:	B6 veterinarian again. He pulmonary edema. Pa Cardiomyopathy.	On § B6 presented to his primary care a had cyanotic mucous membranes, an enlarged heart, and atient was referred to UF and was diagnosed with Dilated
	Concurrent Medical Problem:	1	
	Pre Existing Conditions:		
			B6
	Outcome to Date:	Stable	
Product Information:	Product Name:	Good Morning Health	y Joints
	Product Type:	Other	
	Lot Number:		
	Product Use Information:	Description:	supplement given twice daily
	Manufacturer /Distributor Information:		
	Purchase Location Information:		
	Product Name:	Spring Valley Fish, Fl	ax, and Borage Oil
	Product Type:	Other	
	Lot Number:		
	Product Use Information:	Description:	supplement given once daily
	Manufacturer /Distributor Information:		
	Purchase Location Information:		
	Product Name:	Milkbone peanut flavo	or ary mini treats
	Product Type: Lot Number:	Pet Food	
	3 [		
	Product Use Information:	Description: First Exposure Date:	used as treats 01/01/2012
		Other Foods or Products Given to the Animal During This Time Period:	Yes
	Manufacturer /Distributor Information: Purchase Location Information:		
	Product Name:	4Health Salmon and I	Potato canned

Product Type:	Pet Food	And of the second secon
Lot Number:	7	
Product Use	Description:	1 TPSP fed twice per day
Information:	First Exposure Date:	01/01/2016
	Last Exposure Date:	02/20/2019
	Time Interval between Product Use and Adverse Event:	3 Years
	Product Use Stopped After the Onset of the Adverse Event:	Yes
	Adverse Event Abate After Product Stop:	Unknown
	Product Use Started Again:	3
	Perceived Relatedness to Adverse Event:	Possibly related
	Other Foods or Products Given to the Animal During This Time Period:	Yes
Manufacturer /Distributor Information:		
Purchase Location Information:		
Product Name:	Pure Balance Salmo	n and Potato dry
Product Type:	Pet Food	
Lot Number:	: 9 !	
Product Use	Description:	1 cup dry food fed twice per day
Information:	First Exposure Date:	
	Last Exposure Date:	
	Time Interval between Product Use and Adverse Event:	3 Years
	Product Use Stopped After the Onset of the Adverse Event:	Yes
	Adverse Event Abate After Product Stop:	
	Product Use Started Again:	
	Perceived Relatedness to Adverse Event:	Possibly related
	Other Foods or Products Given	Yes
		120 C

Period:  Manufacturer /Distributor Information:  Purchase Location Information:			to the Animal During This Time		
Animal Information: Purchase Location Information: Purchase Location Information:  Name:  Type Of Species: Gender: Male Reproductive Status: Neutred Weight: Age: 10 Years Assessment of Prior Far Health: Number of Animals Given the Product: Number of Animals Given the Product Give				7 7 9 9 1 1 1 1 1 1	
Animal Information:  Name:  Type Of Species:  Type Of Species:  Gender:  Male  Reproductive Status:  Number of Animals  Given the Profuct:  Number of Animals  Reacted:  Owner Information:  Practice Name:  Contact:  Name:  Address:  Other Phone:  Gainesville Florida 32808 United States  Contact:  Permission To Contact:  Sender:  Perforered Method of Email:  Address:  Contact:  Phone:  Address:  Contact:  Address:  Contact:  Phone:  Address:  Contact:  Address:  Contact:  Phone:  Address:  Contact:  Address:  Contact:  Phone:  Address:  Contact:  Address:					
Name					
Type Of Breed: Cattle Dog - Australian (blue heeler, red heeler, Queensland cattledog) Gender: Male Reproductive Status: Neutered Weight: 24 Kilogram Age: 10 Years Assessment of Prior Fair Health: Number of Animals 1 Given the Product: Number of Animals 1 Govern Information: Owner Information: Own	Animal Information:	Name:			
Reproductive Status:   Neutered		Type Of Species:	Dog		
Reproductive Status: Weight: 24 Kilogram  Age: 10 Years  Assessment of Prior Health: Number of Animals of Given the Product: Number of Animals of Reacted: Owner Information: Provided: Healthcare Professional Information: Information: Other Phone: 3522948606 Email: adind@ufl.edu  Address: 2015 SW 16th Ave Gallesville Florida 32608 United States  Contact: Phone: 6145829798 United States  Address: 2015 SW 16th Ave Gallesville Florida 32608 United States  Contact: Phone: 6145829798 United States  Contact: Phone: 3522948606 Email: adind@ufl.edu  Address: 2015 SW 16th Ave Gallesville Florida 32608 United States  Contact: Phone: 6145829798 Other Phone: 3522948606 Email: adind@ufl.edu  Address: 2015 SW 16th Ave Gallesville Florida 32608 United States  Contact: Phone: 6145829798 Other Phone: 3522948606 Email: adind@ufl.edu  Permission To Contact: Yes Sender: Preferred Method Of Email Contact: Reported to Other Parties:		Type Of Breed:	Cattle Dog - Australi	an (blue heeler,	red heeler, Queensland cattledog)
Meight   24 Kilogram		Gender:	Male		
Age: 10 Years  Assessment of Prior   Fair   Health:   Number of Animals   Given the Product:   Number of Animals   Reacted:   Owner Information:   Owner Information		Reproductive Status:	Neutered		
Assessment of Prior Health: Number of Animals Given the Product: Number of Animals Reacted: Owner Information:  Healthcare Professional Information: Contact: Address: Other Phone: Given the Address: Ad		Weight:	24 Kilogram		
Health: Number of Animals Given the Product.  Number of Animals Reacted: Owner Information: Owner Information:  Healthcare Professional Information: Information: Other Phone:		Age:	10 Years		
Given the Product:  Number of Animals Reacted:  Owner Information:  Healthcare Professional Information:  Address:  Sender Information:  Name:  Darcy Adin  Phone: (614) 582-9798 Other Phone: 3522948606 Email: adind@ufl.edu  Address: 2015 SW 16th Avenue Gainesville Florida 32608 United States  Contact:  Phone: 6145829798 Other Phone: 3522948606 Email: adind@ufl.edu  Address: 2015 SW 16th Avenue Gainesville Florida 32608 United States  Contact: Phone: 6145829798 Other Phone: 3522948606 Email: adind@ufl.edu  Permission To Contact: Perferred Method Of Contact: Reported to Other Parties:			Fair		
Reacted: Owner Information: Owner Information provided:  Healthcare Professional Information: Practice Name: Contact: Other Phone: Contact: Address: Cainesville Florida 32608 United States  Contact: Co		Given the Product:	4		
Healthcare Professional Information:   Practice Name:   University of Florida		Reacted:		····	
Information:    Contact:   Name:   Darcy Adin   Phone:   (614) 582-9798   Other Phone:   3522948606   Email:   adind@ufl.edu		Owner Information:	Information		
Information:   Contact:   Name:   Darcy Adin   Phone:   (614) 582-9798   Other Phone:   3522948606   Email:   adind@ufl.edu		Healthcare Professional	Practice Name:	University of FI	orida
Phone   (614) 582-9798   Other Phone   3522948606   Email:   adind@ufl.edu		Information:	Contact:		
Contact   Phone:   3522948606   Email:   adind@ufl.edu				1	4
Address: 2015 SW 16th Ave 2015 SW 16th Avenue Gainesville Florida 32608 United States  Contact: Phone: 6145829798 Other Phone: Email: dind@ufl.edu  Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties: None				38	7
Address: 2015 SW 16th Ave 2015 SW 16th Avenue Gainesville Florida 32608 United States  Name: Darcy Adin  Address: 2015 SW 16th Ave 2015 SW 16th Ave 2015 SW 16th Avenue Gainesville Florida 32608 United States  Contact: Phone: 6145829798 Other Phone: 3522948606 Email: adind@ufl.edu  Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties: None				1	7
Sender Information:  Name:  Darcy Adin  Address: 2015 SW 16th Avenue Gainesville Florida 32608 United States  2015 SW 16th Avenue Gainesville Florida 32608 United States  Contact: Phone: 6145829798 Other Phone: 9522948606 Email: adind@ufl.edu  Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties: None			Address:	79	7
Address:  Address:  2015 SW 16th Ave 2015 SW 16th Avenue Gainesville Florida 32608 United States  Contact: Phone: 6145829798 Other Phone: 3522948606 Email: adind@ufl.edu  Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties:  None Parties:			Addiess.	2015 SW 16th Gainesville Florida 32608	
Address:    2015 SW 16th Ave   2015 SW 16th Ave   2015 SW 16th Avenue   Gainesville   Florida   32608   United States   Contact:   Phone:   6145829798   Other Phone:   3522948606   Email:   adind@ufl.edu   Permission To Contact   Sender:   Preferred Method Of Contact:   Reported to Other Parties:   None   Parties:   Pone:   6145829798   Preferred Method Of Contact:   Pr	Sender Information:	Name:	Darcy Adin		
Other Phone: 3522948606 Email: adind@ufl.edu  Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Phone: 3522948606 Email: adind@ufl.edu  Email: Mone		Address:	2015 SW 16th Ave 2015 SW 16th Aver Gainesville Florida 32608	nue	
Other Phone: 3522948606 Email: adind@ufl.edu  Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Phone: 3522948606 Email: adind@ufl.edu  Email: Mone		Contact:	Phone:	6145829798	
Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties: Permission To Contact Sender:  Yes  Email None			7	<i></i>	
Permission To Contact Sender: Preferred Method Of Contact: Reported to Other Parties: Permission To Contact Sender:  Yes  Email None			Email:	adind@ufl.edu	
Preferred Method Of Contact:  Reported to Other Parties:			<u> </u>	3	
Parties:		Preferred Method Of	Email		
Additional Documents:					
	Additional Documents:				
		2			

From:	PFR Event <pfreventcreation@fda.hhs.gov></pfreventcreation@fda.hhs.gov>
То:	Cleary, Michael *; HQ Pet Food Report Notification; B6
Sent:	5/20/2019 2:56:40 PM
Subject:	Taste of the Wild Pacific Salmon Grain Free: Darcy Adin - EON-388244
Attachments:	2067171-report.pdf

A PFR Report has been received and PFR Event [EON-388244] has been created in the EON System.

A "PDF" report by name "2067171-report.pdf" is attached to this email notification for your reference.

Below is the summary of the report:

**EON Key:** EON-388244

ICSR #: 2067171

EON Title: PFR Event created for Taste of the Wild Pacific Salmon Grain Free, Red Barn Bully sticks and

slices, Sam's Club Chicken Jerky, Nubs Chicken Treats, Nudges Chicken Jerkey; 2067171

AE Date	03/19/2019	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	American Pit Bull Terrier		
Age	<b>B6</b> Years		
District Involved	PFR-Florida DO		

### **Product information**

**Individual Case Safety Report Number: 2067171** 

**Product Group:** Pet Food

**Product Name:** Taste of the Wild Pacific Salmon Grain Free, Red Barn Bully sticks and slices, Sam's Club

Chicken Jerky, Nubs Chicken Treats, Nudges Chicken Jerkey

**Description:** B6 presented to UF Cardiology for evaluation of a heart murmur and arrhythmia discovered by his primary care veterinarian B6 had a recent history of a progressively worsening cough. On ECG, B6 had intermittent ventricular premature complexes (right bundle branch block B6 was diagnosed with mitral regurgitation with systolic dysfunction.

**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
Sam's Club Chicken Jerky		
Nudges Chicken Jerkey		
Red Barn Bully sticks and slices		
Nubs Chicken Treats		

### Sender information

Darcy Adin 2015 SW 16th Ave 2015 SW 16th Avenue Gainesville, FL 32608 USA

To view this PFR Event, please click the link below: <a href="https://eon.fda.gov/eon//browse/EON-388244">https://eon.fda.gov/eon//browse/EON-388244</a>

To view the PFR Event Report, please click the link below:

 $\underline{https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none\&e=0\&issueType=12\&issueId=405421$ 

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Report Details - EON-	388244	
ICSR:	2067171	
Type Of Submission:	Initial	
Report Version:	FPSR.FDA.PETF.V.V1	
Type Of Report:		reaction or disease associated with the product)
Reporting Type:	Voluntary	
Report Submission Date:		
Reported Problem:	Problem Description:	B6 presented to UF Cardiology for evaluation of a heart murmur and arrhythmia discovered by his primary care veterinarian. B6 had a recent history of a progressively worsening cough. On ECG B6 had intermittent ventricular premature complexes (right bundle branch block). B6 was diagnosed with mitral regurgitation with systolic dysfunction.
	Date Problem Started:	03/19/2019
	Concurrent Medical Problem:	Yes
	Pre Existing Conditions:	History of dermatologic skin issues, but no other relevant medical history. Patient is on Heartgard and Seresto collar as preventatives.
	Outcome to Date:	Stable
Product Information:	Product Name:	Nudges Chicken Jerkey
	Product Type:	
	Lot Number:	
	Product Use Information:	Description: 2-3 slices fed 2-3 times per day as a treat  First Exposure Date: 02/01/2019
	Manufacturer /Distributor Information:	
	Purchase Location Information:	
	Product Name:	Nubs Chicken Treats
	Product Type:	Pet Food
	Lot Number:	
	Product Use Information:	Description: one bone once per day as a treat  First Exposure Date: 10/01/2017
	Manufacturer /Distributor Information:	
	Purchase Location Information:	
	Product Name:	Sam's Club Chicken Jerky
	Product Type:	Pet Food
	Lot Number:	
	Product Use Information:	Description: fed as treats 2-3 slices, 2-3 times per day  First Exposure Date: 01/01/2018
	Manufacturer /Distributor Information: Purchase Location	
	Information:	
	Product Name:	Red Barn Bully sticks and slices
	Product Type:	Pet F000
	Lot Number: Product Use Information:	Description: treats - 1 stick per day  First Exposure 08/01/2018

		Date:	
	Manufacturer		
	/Distributor Information:		
	Purchase Location		
	Information:	T	aifia Calman Coria Erra
	Product Name:		cific Salmon Grain Free
	Product Type: Lot Number:	Pet Food	
	Product Use	•	O for the same and same
	Information:	Description:	2 cups fed once per day
		First Exposure Date:	
		Last Exposure	03/19/2019
		Date:	
		Time Interval between Product	2 Years
		Use and Adverse	
		Event:	
		Product Use	Yes
		Stopped After the Onset of the	
		Adverse Event:	
		Adverse Event	Unknown
		Abate After Product Stop:	
		Product Use	<u></u>
		Started Again:	
			Possibly related
		Relatedness to Adverse Event:	
		Other Foods or	55
		Products Given	
		to the Animal During This Time	
		Period:	
	Manufacturer		
	/Distributor Information:		
	Purchase Location Information:		
Animal Information:	Name:	В6	
	Type Of Species:	Dog	
	Type Of Breed:	American Pit Bull Te	rrier
	Gender:	Male	
	Reproductive Status:	}	
		35.9 Kilogram	
		<b>B6</b> Years	
	Assessment of Prior Health:	Good	
	Number of Animals	1	
	Given the Product:	*	
	Number of Animals Reacted:	1	
	Owner Information:	Owner	No
		Information provided:	75
	Healthcare Professional	Practice Name:	University of Florida
	Information:	Contact:	

			£	(614) 582-9798
			Other Phone:	
			Ş	adind@ufl.edu
		Address:	2015 SW 16th 2015 SW 16th Gainesville Florida 32608 United States	Ave Avenue
Sender Information:	Name:	Darcy Adin		
	Address:	2015 SW 16th Ave 2015 SW 16th Aven Gainesville Florida 32608 United States	ue	
	Contact:	Phone:	6145829798	
		Other Phone:	3522948606	
		Email:	adind@ufl.edu	
	Permission To Contact Sender:			
	Preferred Method Of Contact:			
	Reported to Other Parties:	None		

# Withheld in Full as B5, B6

### 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:** 9/21/2018 6:02:40 PM

Subject: Boxer with cardiac disease FW: Blue Wilderness Senior Dog Food

EON-366404

Attachments: 2055205-report.pdf; 2055205-attachments.zip

**B6** 

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 cpreventcreation@fda.hhs.gov>

Sent: Friday, September 21, 2018 2:01 PM

To: Cleary, Michael \* <Michael.Cleary@fda.hhs.gov>; HQ Pet Food Report Notification

<hQPetFoodReportNotification@fda.hhs.gov>; B6

Subject: Blue Wilderness Senior Dog Food: Steven Rosenthal - EON-366404

A PFR Report has been received and PFR Event [EON-366404] has been created in the EON System.

A "PDF" report by name "2055205-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 "2055205-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

**EON Key:** EON-366404

ICSR #: 2055205

EON Title: PFR Event created for Blue Wilderness Senior Dog Food; 2055205

AE Date	08/28/2018	Number Fed/Exposed	
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Unknown

Breed	Boxer (German Boxer)
Age	9 Years
District Involved	PFR <b>B6</b> DO

**Product information** 

Individual Case Safety Report Number: 2055205

Product Group: Pet Food

Product Name: Blue Wilderness Senior Dog Food

**Description:** Presented as an after hours consultation due to tachypnea and cough, previous diagnosis of prostate enlargement, cough and tachypnea over the past few weeks, eating a grain free diet, had some GI issues as a puppy, seems active and no collapse episodes, no episodes of collapse or weakness, no known

family history of heart disease . T fast scan at PCDVM mild pericardial effusion

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: Unknown

Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Blue Wilderness Senior Dog Food		

Sender information	
<b>B6</b>	
USA	

### Owner information

**B6** 

To view this PFR Event, please click the link below: https://eon.fda.gov/eon//browse/EON-366404

To view the PFR Event Report, please click the link below: <a href="https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=12&issueId=383318">https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none&e=0&issueType=12&issueId=383318</a>

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Rotstein, David </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP From:

(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

8/20/2018 8:46:23 PM Sent:

Subject: Case from Tufts -FW: Acana Free Run Poultry dry: Lisa Freeman - EON-362878

Attachments: 2053969-report.pdf; 2053969-attachments.zip

### Tufts case

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 [mailto:pfreventcreation@fda.hhs.gov]

Sent: Monday, August 20, 2018 4:44 PM

To: Cleary, Michael \* < Michael. Cleary@fda.hhs.gov>; HQ Pet Food Report Notification

<HQPetFoodReportNotification@fda.hhs.gov>,

Subject: Acana Free Run Poultry dry: Lisa Freeman - EON-362878

A PFR Report has been received and PFR Event [EON-362878] has been created in the EON System.

A "PDF" report by name "2053969-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 "2053969-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

**EON Key:** EON-362878

ICSR #: 2053969

**EON Title:** PFR Event created for Acana Free Run Poultry dry; 2053969

AE Date	08/06/2018	Number Fed/Exposed	2
Best By Date		Number Reacted	1

Animal Species	Dog	Outcome to Date	Stable
Breed	Doberman Pinscher		
Age	<b>B6</b> Years		
District Involved	PFR-New England DO		

**Product information** 

**Individual Case Safety Report Number: 2053969** 

**Product Group:** Pet Food

**Product Name:** Acana Free Run Poultry dry

<b>Description:</b> Taken to RDVM for lameness.	Dilated cardiomyopathy and Cl	HF diagnosed 8/6/18. Sta	ırted on
med∮ <b>B5</b> Ņ	We saw at Tufts 8/16/18. Clinica	lly improved but still has	s significant
DCM and CHF plus arrhythmia. We added	В5	fish oil, and taurine. WB	taurine
pending. Another dog in household (also a D	oberman) was eating the same t	food but was echoed toda	ay and has
no signs of DCM.			

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
Acana Free Run Poultry dry		

### **Sender information**

Lisa Freeman 200 Westboro Rd North Grafton, MA 01536 USA

### Owner information

**B6** 

TIC

To view this PFR Event, please click the link below: https://eon.fda.gov/eon//browse/EON-362878

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Report Details - EON-	5			
ICSR:	2053969			
Type Of Submission:	Initial			
Report Version:	FPSR.FDA.PETF.V.V1			
Type Of Report:	776	reaction or disease	associated with the product)	
Reporting Type:	Voluntary			
	2018-08-20 16:33:06 EDT			
Reported Problem:	Problem Description:  Date Problem Started:  Concurrent Medical	/18. Started on med /18. Clinically improvadded Another dog in hous echoed today and he 08/06/2018	ved but still has significant DCM and CHF plus arrhythmia. We B5 fish oil, and taurine. WB taurine pending. ehold (also a Doberman) was eating the same food but was	
	Problem:	<u> </u>	DC	
	Pre Existing Conditions: Outcome to Date:	L		
5 1 41 7 6		2		
Product Information:		Acana Free Run Po	ultry dry	
	Product Type:			
	Lot Number:			
	\$	6499250125 BAC		
	Package Type:			
	Package Size: Possess Unopened			
	Product: Possess Opened			
	Product:			
	Product Use	Description:	Fed to 2 Dobermans in household.	
	Information:	First Exposure Date:		
		Last Exposure Date:		
		Product Use Stopped After the Onset of the Adverse Event:		
		Adverse Event Abate After Product Stop:		
		Product Use Started Again:		
		Perceived Relatedness to Adverse Event:	Probably related	
	Other Foods or Products Given to the Animal During This Time Period:			
	Manufacturer			
	/Distributor Information: Purchase Location			
	Information:			
Animal Information:	Name:	B6		

	Type Of Species:	Dog		
	Type Of Breed:	Doberman Pinscher		
	Gender:	Male		
	Reproductive Status:	Neutered		
		45 Kilogram		
		B6 Years		
	Assessment of Prior Health:			
	Number of Animals Given the Product:	2		
	Number of Animals Reacted: Owner Information:	1		
		Owner Information provided:	Yes	
		Contact:	Name:	
			Phone: B6	
			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	
	140.000	Control of the contro	lisa.freeman@tufts.edu	
	Permission To Contact Sender:	Yes		
	Preferred Method Of Contact:	Email		
	Reported to Other Parties:			
Additional Documents:			, Colores Colore	
	Attachment:	B6 cardio re	port B6 pmx.pdf	
	Description:	Cardio report	Минисори и почений (	
	Type:	Sonogram		
	Attachment:	B6 discharg	e B6 pdf	
	Commence of the commence of th	Discharge report	bentumberium 1	
		De: Other		
	туре.	20101		

Attachment:	B6 ext rdvm B6 prnx.pdf
	Chest rads from rdvm
Туре:	Radiographs
Attachment:	B6 profile B6 prnx.pdf
	Chemistry profile
	Laboratory Report

## Cummings Veterinary Medical Center

Cardiology Liaison: 508-887-4696

breathing?

**B6** 

Patient ID B6 B6 Camine
Cears Old Male (Neutered) Doberman
Black/Tan

### **Cardiology Appointment Report**

2	
Date: 8/16/2018	
Attending Cordiologist:  John E. Rush DVM, MS, DACVIM	(Cardiology), DACVECC
B5	
Cardiology Resident:	
	86 (1)
Salar Salar	
Cardiology Technician:	and an extended of the second
B6	
	and the property of the second
Presenting Complaint:	
Work up of DCM/CHF	
Concurrent Diseases:	
<b>B6</b>	
General Medical History:	
[17] [18] [18] [18] [19] [19] [19] [19] [19] [19] [19] [19	se and behavioral issues. Owner has worked well with the
	he used to be energtic and play a lot, and now he is not,
however, after starting medications, is s	lighlty better.
Diet and Supplements:	
Acana	
Cardiovascular History:	
Prior CHF diagnosis?	YES
Prior heart murmur?	YES
Prior ATE?	NO
Prior arrhythmia?	NO
Monitoring respiratory rate and effort	YES
at home?	
Cough?	YES (hacking, throat clearing)
Chartman of broath or difficultie	VCC-

Syncope or collapse? NO Sudden onset lameness? YES (LFL) Exercise intolerance? Current Medications Pertinent to CV System: **B6** Cardiae Physical Examination: **B5** Muscle condition: Normal Normal Moderate cachexia Mild muscle loss Marked cachexia Cardiovascular Physical Exam: Murmur Grade: None N/VI ■ 1/VI ■ v/vı II/VI VI/VI III/VI Murmur location/description: systolic; left apical systolic Jugular vein: Bottom 1/3 of the neck 1/2 way up the neck Middle 1/3 of the neck Top 2/3 of the neck Arterial pulses: Weak Bounding Fair Pulse deficits Good Good Pulsus paradoxus Strung Other: Arrhythmia: None Bradycardia Sinus arrhythmia ■ Tachycardia

Premature beats	
Gallop:	
¥ Yes	Pronounced
No	Other:
☐ Intermittent	
Pulmonary assessments:	Accountable
Eupneic .	Pulmonary crackles
Mild dyspnea	Wheezes
Marked dyspnea	Upper airway stridor
Normal BV sounds	
Abdominal exam:	
Mormal Normal	Mild ascites
Hepatomegaly	Marked ascites
Abdominal distension	
Problems:	
nurmur, shortness of breath, lamen	ness, historical ascites and pleural effusion)
Differential Diagnoses:	
DCM, DMVD, CHF secondary to DCN	
Diagnostic plan:	
Echocardiogram	☐ Dialysis profile
dhemistry profile	Thoracicradiographs
<b>■</b> FOG	NT-proBNP
Renal profile Blood pressure	☐ Troponin   ☐ Other tests: Taurine level
Edhocardiogram Findings:	
General/2-D findings:	
	ad IV amituring. Decembered contractile function. Madeentaly
	ed LV cavity size. Decreased contractile function. Moderately all effusion. Mild thickening of the MV and TV. No ascites.
	<b>B6</b>
Assessment and recommendations.  XM with signs of active CHF, althou	: ugh he is better than prior to starting medication (no more ascites).
[27] [11] [27] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	me pleural effusion, the diuretic dose that the patient is on right no
s not sufficient.	<b>B6</b>
	B6
n 2 weeks. Recheck echocardigram	ыналырына жылы жылыны жарыны жары к in 3-4 months.
inal Diagnosis:	- 4

### DCM with CHF

Heart Failure Classification Score:		
ISACHC Classification:		
■ la	Illa	
<u> </u>	□ mb	
□ n		
ACVIM Classification:		
□A	<b>■</b> c	
■ B1	□ D	
<b>□ B</b> 2		
2D		
SAIA		am
Ao Diam	71	om
SA LA / Ao Diam		1.44
IVSd		om
LVIDd		am
LVPWd		om
EDV(Teich)		ml
IVSs		om
LVIDs		om
LVPWs	DC	om
ESV(Teich)	B6	ml
EF(Teich)		%
%FS		%
SV(Teich)		ml
LVId A4C		om
LVEDV MOD A4C		ml
LVLs A4C		om
LVESV MOD A4C		mi
LVEF MOD A4C		%
SV MOD A4C	Lauren	ml
M-Mode		
IVSd		om
LVIDd		om
LVPWd		am
IVSs		om
LVIDs		om
LVPWs	B6	an
%FS	100	%
Ao Diam		am
LA Diam		am
LA/Ao		
Max LA		om
EPSS	Lateranteen	om
Donneler		

MV E Vel MV DecT MV A Vel MV E/A Ratio PV Vmax PV maxPG AV Vmax AV maxPG

**B6** 

m/s ms m/s

m/s mmHg m/s mmHg

### Cummings Veterinary Medical Center

**Patient** 

Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Fax (508) 839-7951 http://wetmed.turks.edu/

### Discharge Instructions

OWNET

Species: Canine Address Black/Tan Male (Neutered) Doberman Birthdake: B6  Attending Cardiologist:  John E. Rush DVM, MS, DACVIM (Cardiol B6	logy), DACVECC
Birthdate: B6  Attending Cardiologist:  John E. Rush DVM, MS, DACVIM (Cardiol	
Attending Cardiologist:  John E. Rush DVM, MS, DACVIM (Cardiol	logy), DACVECC
John E. Rush DVM, MS, DACVIM (Cardio)	logy), DACVECC
John E. Rush DVM, MS, DACVIM (Cardio)	logy), DACVECC
Parameter of the control of the cont	THE STATE OF THE S
B6	
Cardiology Resident:	
B6	6.65 6.64 6.64 6.64 6.64 6.64 6.64 6.64
Cardiology Technician:	
B6	
Admit Date B6 11:40:18 AM	
Discharge Date: B6	
Diagnoses: Biventricular congestive heart failure	
	secondary to dilated cardiomyopathy (DOM)
	secondary to dilated cardiomyopathy (DCM)
Case summanc	secondary to dilated cardiomyopathy (DOM)
B6 has been diagnosed with a primary heart m	uscle disease called dilated cardiomyopathy (DOM). This disease is more
B6 has been diagnosed with a primary heart mu common in large and giant breed dogs and is cha	uscle disease called dilated cardiomyopathy (DOM). This disease is more racterized by thirming of the walls of the heart, reduced cardiac pump
B6 has been diagnosed with a primary heart mu common in large and giant breed dogs and is cha function, and enlargement of the upper chamber	uscle disease called dilated cardiomyopathy (DOM). This disease is more tracterized by thirming of the walls of the heart, reduced cardiac pump is of the heart. Many dogs with DOM will also have significant arrhythmias
B6 has been diagnosed with a primary heart mu common in large and giant breed dogs and is cha function, and enlargement of the upper chamber which can be life-threatening and also require ma	uscle disease called dilated cardiomyopathy (DOM). This disease is more tracterized by thirming of the walls of the heart, reduced cardiac pump rs of the heart. Many dogs with DOM will also have significant amythmias edical management. B6 had occasional ventricular premature beats
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B6 has been diagnosed with a primary heart mu common in large and giant breed dogs and is cha function, and enlargement of the upper chamber which can be life-threatening and also require ma (VPCs) seen today, but not enough right now to v	uscle disease called dilated cardiomyopathy (DOM). This disease is more racterized by thirming of the walls of the heart, reduced cardiac pump is of the heart. Many dogs with DOM will also have significant armythmias edical management. B6 had occasional ventricular premature beats warrant adictional therapy. We do however, want to keep monitoring this
B6 has been diagnosed with a primary heart mu common in large and giant breed dogs and is cha function, and enlargement of the upper chamber which can be life-threatening and also require mo (VPCs) seen today, but not enough right now to v The heart enlargement has now progressed to th	uscle disease called dilated cardiomyopathy (DOM). This disease is more tracterized by thirming of the walls of the heart, reduced cardiac pump is of the heart. Many dogs with DOM will also have significant armythmias edical management. B6 thad occasional ventricular premature beats warrant adictional therapy. We do however, want to keep monitoring this be point of congestive heart failure, meaning that fluid is backing up into
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common in large and giant breed dogs and is cha function, and enlargement of the upper chamber which can be life-threatening and also require ma (VPCs) seen today, but not enough right now to v The heart enlargement has now progressed to the the lungs and belly. Unfortunately this is a progre however we can use cardiac medications and son breathing easier.	uscle disease called dilated cardiomyopathy (DOM). This disease is more tracterized by thirming of the walls of the heart, reduced cardiac pump is of the heart. Many dogs with DOM will also have significant anthythmias edical management. B6 had occasional ventricular premature beats warrant adictional therapy. We do however, want to keep monitoring this see point of congestive heart failure, meaning that fluid is backing up into essive disease and we cannot reverse the changes to the heart muscle,
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B6 has been diagnosed with a primary heart mucommon in large and giant breed dogs and is challunction, and enlargement of the upper chamber which can be life-threatening and also require ma (VPCs) seen today, but not enough right now to verthe heart enlargement has now progressed to the largest and belly. Unfortunately this is a progreshowever we can use cardiac medications and sombreathing easier.  Monitoring at homes  O Wewould like you to monitor your dog's	uscle disease called dilated cardiomyopathy (DOM). This disease is more racterized by thirming of the walls of the heart, reduced cardiac pump is of the heart. Many dogs with DOM will also have significant anhythmias edical management. B6 had occasional ventricular premature beats warrant adictional therapy. We do however, want to keep monitoring this warrant of congestive heart failure, meaning that fluid is backing up into essive disease and we cannot reverse the changes to the heart muscle, me changes to the diet to make your dog comfortable and have him as breathing rate and effort at home, ideally during sleep or at a time of res
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B6 has been diagnosed with a primary heart mucommon in large and giant breed dogs and is challunction, and enlargement of the upper chamber which can be life-threatening and also require mo (VPCs) seen today, but not enough right now to vote heart enlargement has now progressed to the larges and belly. Unfortunately this is a progreshowever we can use cardiac medications and son breathing easier.  Monitoring at home:  O Wewould like you to monitor your dog's the doses of drugs will be adjusted base.  O In general, most dogs with heart failure to the doses.	uscle disease called dilated cardiomyopathy (DOM). This disease is more tracterized by thirming of the walls of the heart, reduced cardiac pump is of the heart. Many dogs with DOM will also have significant arrhythmias edical management. B6 had occasional ventricular premature beats warrant adictional therapy. We do however, want to keep monitoring this are point of congestive heart failure, meaning that fluid is backing up into essive disease and we cannot reverse the changes to the heart muscle, me changes to the diet to make your dog comfortable and have him is breathing rate and effort at home, ideally during sleep or at a time of resident is well controlled have a breathing rate at rest of less than 35 breath
B6 has been diagnosed with a primary heart mucommon in large and giant breed dogs and is challunction, and enlargement of the upper chamber which can be life-threatening and also require ma (VPCs) seen today, but not enough right now to verthe largement has now progressed to the larges and belly. Unfortunately this is a progreshowever we can use cardiac medications and son breathing easier.  Monitoring at home:  O Wewould like you to monitor your dog's The doses of drugs will be adjusted base of in general, most dogs with heart failure to per minute. In addition, the breathing efficiency in the doses of drugs will be adjusted base of the doses of drugs will be adjusted base of the doses of drugs will be adjusted base of the doses of drugs will be adjusted base of the doses of drugs will be adjusted base of the doses of drugs will be adjusted base of the doses of drugs will be adjusted base of the doses of drugs will be adjusted base of the doses of drugs will be adjusted base of the doses of drugs will be adjusted base of the doses of drugs will be adjusted base of the doses of drugs will be adjusted base of the doses of drugs will be adjusted base of the doses of drugs will be adjusted base of the doses of drugs will be adjusted base of the doses of drugs will be adjusted base of the doses of drugs will be adjusted base of the doses of drugs will be adjusted base of the doses of drugs will be adjusted by the doses of drugs will be adjus	uscle disease called dilated cardiomyopathy (DOM). This disease is more tracterized by thirming of the walls of the heart, reduced cardiac pump is of the heart. Many dogs with DOM will also have significant arrhythmias edical management. B6 thad occasional ventricular premature beats warrant adictional therapy. We do however, want to keep monitoring this are point of congestive heart failure, meaning that fluid is backing up into essive disease and we cannot reverse the changes to the heart muscle, me changes to the diet to make your dog comfortable and have him is breathing rate and effort at home, ideally during sleep or at a time of resident to the breathing rate and effort. That is well controlled have a breathing rate at rest of less than 35 breath flort, noted by the amount of belly wall motion used for each breath, is
B6 has been diagnosed with a primary heart mucommon in large and giant breed dogs and is challunction, and enlargement of the upper chamber which can be life-threatening and also require ma (VPCs) seen today, but not enough right now to verthe largement has now progressed to the larges and belly. Unfortunately this is a progreshowever we can use cardiac medications and sombreathing easier.  Monitoring at homes  O Wewould like you to monitor your dog's The doses of drugs will be adjusted base of in general, most dogs with heart failure to per minute. In addition, the breathing elifairly minimal if heart failure is controlled.	uscle disease called dilated cardiomyopathy (DOM). This disease is more racterized by thirming of the walls of the heart, reduced cardiac pump is of the heart. Many dogs with DOM will also have significant arrhythmias edical management. B6 had occasional ventricular premature beats warrant adictional therapy. We do however, want to keep monitoring this se point of congestive heart failure, meaning that fluid is backing up into essive disease and we cannot reverse the changes to the heart muscle, me changes to the diet to make your dog comfortable and have him is breathing rate and effort at home, ideally during sleep or at a time of rest don the breathing rate and effort. that is well controlled have a breathing rate at rest of less than 35 breath fiort, noted by the amount of belly wall motion used for each breath, is d.
B6 has been diagnosed with a primary heart mucommon in large and giant breed dogs and is challunction, and enlargement of the upper chamber which can be life-threatening and also require ma (VPCs) seen today, but not enough right now to verthe heart enlargement has now progressed to the large and belly. Unfortunately this is a progreshwever we can use cardiac medications and some breathing easier.  Monitoring at home:  O We would like you to monitor your dog's the doses of drugs will be adjusted base of in general, most dogs with heart failure to per minute. In addition, the breathing elifairly minimal if heart failure is controlled.  O An increase in breathing rate or effort with the progress of the search of the progress of the search of the permitted in the search of the search of the permitted in the search of the	uscle disease called dilated cardiomyopathy (DOM). This disease is more racterized by thirming of the walls of the heart, reduced cardiac pump is of the heart. Many dogs with DOM will also have significant arrhythmias edical management. B6 had occasional ventricular premature beats warrant adictional therapy. We do however, want to keep monitoring this e point of congestive heart failure, meaning that fluid is backing up into essive disease and we cannot reverse the changes to the heart muscle, me changes to the diet to make your dog comfortable and have him is breathing rate and effort at home, ideally during sleep or at a time of rest don the breathing rate and effort. That is well controlled have a breathing rate at rest of less than 35 breathing, noted by the amount of bely wall motion used for each breath, is d.
B6 has been diagnosed with a primary heart mucommon in large and giant breed dogs and is challunction, and enlargement of the upper chamber which can be life-threatening and also require mo (VPCs) seen today, but not enough right now to vote the largement has now progressed to the larges and belly. Unfortunately this is a progreshowever we can use cardiac medications and son breathing easier.  Monitoring at home:  O We would like you to monitor your dog's the doses of drugs will be adjusted base.  O In general, most dogs with heart failure to per minute. In addition, the breathing elifairly minimal if heart failure is controlled.  O An increase in breathing rate or effort will difficulty breathing is not improved by we	uscle disease called dilated cardiomyopathy (DOM). This disease is more racterized by thirming of the walls of the heart, reduced cardiac pump is of the heart. Many dogs with DOM will also have significant arrhythmias edical management. B6 had occasional ventricular premature beats warrant adictional therapy. We do however, want to keep monitoring this e point of congestive heart failure, meaning that fluid is backing up into essive disease and we cannot reverse the changes to the heart muscle, me changes to the diet to make your dog comfortable and have him is breathing rate and effort at home, ideally during sleep or at a time of rest don the breathing rate and effort. That is well controlled have a breathing rate at rest of less than 35 breathing, noted by the amount of bely wall motion used for each breath, is d.

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



**B6** 

Diet suggestions:

We would like to change B6 diet to a low sodium diet. A few diet options would be:

Dry Food:

Royal Canin Early Cardiac diet

Purina proplan bright mind small breed formula

Purina proplan adult weight management (this does not have low calories in spite of the name of the food).

Canned Food:

Hills Science diet adult beef and barley entree

### Exercise Recommendations:

For the first 7 to 10 days after starting medications for heart failure we recommend very limited activity. 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 visit is	recommended in 1-2	weeks for blo	odwark which a	an bedonea	t your prim	ary careveternarian.
A recheck has be	een scheduled for B6	on				
	Tuesday, N	lovember 20,	2018 at 11:00au	n with	B6	CONTRACTOR OF THE PROPERTY OF
	ntrusting us with: B6 sedu for scheduling a				rat <b>(508)-8</b>	87-4696 or email us at
Please visit our l	HeartSmart website fo	r more inform	ation			
http://vet.tufis.	edu/heartsmart/					
			must have had o	n examination	by one of o	our veterinarions within the past
Ordering Fund: Please check with	h your primory veterina	rian to purchas	e the recommend	led diet(s). If y	ou wish to	purchase your food from us,
please call 7-10 a		87-4629) to ens				erinary diets can be ordered from
Clinical Triols:						
	studies in which our ve st or treatment. Please					a specific disease process or a
	Case B6	Chanes	B6 ]	Dischar	ge Instruction	16

### Cummings Veterinary Medical Center

Foster Hospital for Small Animals

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

Client:	pa,a,a,a,a,a,a,a,a,a,a,a,a,a,a,a,a,a,a,
Veterinarian:	D6
Patient ID:	DU
Visit ID:	

Patient:	B6
Species:	Canine
Breed:	Doberman
Sex;	Male (Neutered)
Age:	B6 Years Old

### Lab Results Report

Chemistry 21 (Cobas) B6		M Accession ID: B6	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	
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	<b>B6</b>	106 - 116	mEq/L	
POTASSIUM	DU	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		

stringsoft

1/1

**B6** 

Printed Monday, August 20, 2018

### Cummings Veterinary Medical Center

Cardiology Liaison: 508-887-4696

Cough? None

**B6** 

Patient Dr. B6 B6 Canine
B6 Years Old Male (Neutered) Caucasian Shepherd Dog Gray/Black

	Cardiology Appointment Report
Date: 6/12/2018	
Attending Cardiologist:	IS, DACVIM (Cardiology), DACVECC
	B6
Cardiology Resident:	
	B6
B6 B	
Cardiology Technician:	6 (************************************
Sudent: [ B6	
Presenting Complaint:	
Recheck DCM and CHF from .	5/29/18
Concurrent Diseases: None	
General Medical History:	
Dx with murmur at approxim	iately 2 years of age
Diet and Supplements:	
Royal Canin large breed Taurine (250 mg tablets) - 4 t	tolklate /1000 med 00 SID
ram ne (zaving tablets) - 4 i	ranica from tilk to 310
Cardiovascular History:	
Prior CHF diagnosis? Yes	
Prior ATE? None	
Prior arrhythmia? None	

Shortness of breath or difficulty breathing? None Syncope or collapse? None Sudden onset lameness? None Exercise intolerance? Normal per owner Prior heart murmur? Yes  Current Medications Pertinent to CV System:			
	36		
Muscle condition:  Mormal  Mild muscle loss	Moderate cacheda  Marked cacheda		
Cardiovascular Physical Exam:			
Murmur Grade:	□ IV/VI		
□ I/VI	□ v/vi		
	□ vi⁄vi		
Murmur location/description: No n	numur asculted despite Hx, difficult auscultation due to panting		
Jugular vein:			
Bottom 1/3 of neck Middle 1/3 of neck	☐ Top 2/3 <sup>rd</sup> of neck		
Arterial pulses			

Weak     Fair	☐ Bounding ☐ Pulse deficits
Good	Pulsus paradoxus
■ Strong	Other:
Arrhythmia:	
None	Bradycardia
Sinus arrhythmia Premature beats	☐ Tachycardia
Gallop:	
Yes	☐ Pronounced
No	Other:
Intermitient	
Pulmonary assessments:	
Eupneic - panting	Pulmonary craddes
Mild dyspnea	Wheezes
Marked dyspnea Normal BV sounds	Upper airway stridor
Abdominal exam:	
Mormal Normal	Mild ascites
☐ Hepatomegaly	Marked ascites
Abdominal distension	
Problems:	
DCM	
CHF - controlled with medications	
Diagnostic plan:	
■ Echocardiogram	Dialysis profile
Chemistry profile	Thoracic radiographs
ECG	■ NT-proBNP
Renal profile	Troponin I
Blood pressure	Other tests:
Blood Pressure (mmHg):	
	B6
Assessment and recommendations:	revealed DCM with L-CHF. Serum taurine level was borderline or
	Constant and a second a second and a second
The characteristic form the community of	today for submission to FDA. Patient currently receiving taurine
[[[하다] [[[하다] [[[[[] [[[] [[] [[] [[] [[] [[] [[] [	inued if tolerated by B6 c. Clinically appears stable on current
medications. Patient has been switch examination but no apparent increas	ed to Royal Canin Large Breed diet. Patient pariting during edrespiratory effort. Recommend B6
ासामा माना सामा व्योगा नामा प्रत्ये सामा अविभाग साम्या नामा नामा नामा व्योगा व्यापा वर्गा सामा वर्गा सामा वर्ग	
	Bo
Final Diagnosis:	

# Heart Faikare Classification Score: ISACHC Classification: Ita IIIIa IIIIb III IIIIb ACVIM Classification: A C D B1 B2

DCM with CHF (currently controlled on medications)

AT TUFTS UNIVERSITY Cardiology Liaison: 508-887-4696 **B6** 

Patient D: 55 Canine

B6 Canine

B6 Years Old Male (Neutered)

Caucasian Shepherd Dog

Gray/Black BW: Weight (kg) 62.00

### **Cardiology Inpatient**

Weight: Weight (kg) 60.30	
Variation of the Control of the Cont	
Requesting Clinician:	B6 mergency & Critical Care Resident)
Attending Cardiologist:	
John E. Rush DVM, MS,	DACVIM (Cardiology), DACVECC
	B6
Constitution and in the	ortant concurrent diseases: Increased respiratory rate and effort fo
	"2 wks). No exercise intolerance noted.
Current medications and dose	
В	6
Key indication for consultation	n:Increased respiratory rate/effort + dilated LV noted on TFAST.
Differentiate cardiac vs respira	
Assess cardiac structure and fu *STOP - I	remainder of form to be filled out by Cardiology*
	remainder of form to be filled out by Cardiology*
*STOP - 1	remainder of form to be filled out by Cardiology*  B6
*STOP - 1	
*STOP - i Physical Examination  Muscle condition:	B6
*STOP - i Physical Examination  Muscle condition:  Normal	B6
*STOP - i Physical Examination  Muscle condition:	B6
*STOP - i Physical Examination  Muscle condition:  Normal	B6
*STOP - I Physical Examination  Muscle condition:  Normal Mild muscle loss	B6
*STOP - I Physical Examination  Muscle condition:  Normal Mild muscle loss  Cardiovascular Physical Exam	B6
Physical Examination  Muscle condition:  Normal Mild muscle loss  Cardiovascular Physical Exam  Murmur Grade:	B6  Moderate cachexia Marked cachexia
Physical Examination  Muscle condition:  Normal Mild muscle loss  Cardiovascular Physical Exam  Murmur Grade: None	B6  Moderate cachexia Marked cachexia

Jugular vein:  Bottom 1/3 of neck  Middle 1/3 of neck	■ Top 2/3 of neck
Arterial pulses:  Weak Fair Good Strong	Bounding Pulse deficits Pulsus paradoxus Other (describe):
Arrhythmia:  None Sinus arrhythmia Premature beats	☐ Bradycardia ☐ Tachycardia
Gallop:  Yes No Intermittent \$3	Pronounced Other:
Pulmonary assessments:  Eupneic  Mild dyspnea  Marked dyspnea  Normal BV sounds	Pulmonary Crackles  Wheezes  Upper airway stridor  Other auscultatory findings:
Abdominal exam:  Normal Hepatomegaly	Abdominal distension  Mild ascites
Echocardiogram Findings:	
	<b>B6</b>

### Assessment and recommendations:

Echocardiogram reveals DCM with L-CHF. Patient is on a grain-free diet. Submitted taurine levels. Will

submit diet and label to FDA. There also may or may not have a high VSD- may have covered over and no longer be patent; does not appear to be problematic at this time.

Treatment plan:			
	<b>B6</b>		
Final Diagnosis: DCM with CHF			
Heart Failure Classification Score:			
ISACHC Classification:	□ Ula		
□ la □ lb	■ ora		
W ()	SEC IND		
ACVIM CHF Classification:			
ACVIM CHE Classification:	₽c		
□ A □ B1	■ C		
□ B1 □ B2	=0		
M-Mode		gon (econom) econom (econom)	
IVSd			om
LVIDd		1	om
LVPWd			cm
IVSs		-	cm
LVIDs			on
LVPWs			om
%FS			%
Ao Diam			om
LA Diam			am
LA/Ao Max LA			
EPSS EPSS			on.
LF33		DC	am
M-Mode Normalized		<b>B6</b>	
IVSdN			(0.29 - 0.52)
LVIDdN		The state of the s	(1.35 - 1.73)
LVPWdN		1	(0.33 - 0.53)
IVSsN			(0.43 - 0.71)
LVIDsN			(0.79 - 1.14)
LVPWsN		-	(0.53 - 0.78)
Ao Diam N		100	(0.68 - 0.89)
LA Diam N			(0.64 - 0.90)
<u>2D</u>			
SA LA			cm
Ao Diam			om

SA LA / Ao Diam IVSd LVIDd LVPWd EDV(Teich) IVSs LVIDs LVPWs ESV(Teich) EF(Teich)

SV(Teich)



changes to the diet to make

Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Fax (508) 839-7951 http://vetmed.turks.edu/

### Discharge Instructions

Patient	OWNER			
Maine: B6	Maine:	В6	Patient ID:	B6
Species: Canine	Address:	В6	7	manuscona di
Gray/Black Male (Neutered) Caucasian	L.	DU		
Shepherd Dog				
Birthdate: B6				
A CONTRACTOR OF THE STATE OF TH				
Attending Cardiologist:	15			
John E. Rush DVM, MS, DACVIM	(Cardiology), DAG	CVEOC		
-DC		İ		
DO		Ī		
Cardiology Resident:		() M (M 1 M (M 1 M ) M		
B6	(4)-(-(-)-(-)-(-)-(-)-(-)-(-)-(-)-(-)-(-	(=)=(=(=)=(=(=)=(=(=)=(=(=)=(=)=(=)=(=)		
Learning and the angle in an article and a control and a co	(4)41413(4)4(4)4(4)4(4)4(4)4(4)			
Resident: B	6	(R)=1816(R)=1816(R)=1816(R)=1		
Student: B6				
Cardiology Technician:				
B6	1			
Admit Date 86 55:16 PM				
Discharge Date B6				
Diagnoses:				
1. Dilated cardiomyopathy (DCM)				
2. Congestive Heart Failure (CHF)				
z cagementational (and				
Diagnostic test results and findings:				
Chest radiograph (x-ray) findings	The heart is ent	arged and there is flu	id in the lungs	
Echocardiogram findings: The lef		arrived that the first the state of the stat	And the state of t	ve
ECG findings: Occasional abnorm	the state of the s			
Bloodwork urremarkable blood	STATE OF THE PARTY		kidney values	
		ALL STATE OF		
Case summary:				
B6 has been diagnosed with a pri	mary heart musc	de disease called dilat	ed cardiomyopathy (DOM). This	disease is
morecummon in large and gant breed d				
pump function, and enlargement of the u	pper chambers o	of the heart. Many do	ogs with DCM will also have signi	<b>E</b> cant
anhythmias which can be life threatening	g and requireme	dical management. T	he heart enlargement has now	progresse
to the point of congestive heart failure, m				
disease and we cannot reverse the chang				
changes to the diet to make B6 to				

comfortable and have him breathing easier. As we discussed, this disease carries a

remain	sis of 3-6 months given that it has progressed to the point of causing congestive heart failure B6 will need to on cardiac medications for the rest of his life. As long as we can control his congestive heart failure with tions, he can have a good quality of life for his remaining time.
0	We would like you to manitor your dog's breathing rate and effort at home, ideally during sleep or at a time of rest. We will use breathing rate and effort to make adjustments to drug doses. In general, most dogs with heart failure that is well controlled have a breathing rate at rest of less than 35 to 48 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
<b>Tecom</b>	mended Medications
	<b>B6</b>
Ne sug	ggestions: gest that you begin feeding 86 heart-safe food that is not grain-free, as a link has been found between rain-free diets and the development of DOM. For that reason, a Taurine level has been submitted for 86 and

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

suggest selecting a food made by Hill's, Purina, or Royal Canin, as these are trusted brands.

you have permitted us to submit his food to the FDA for further testing. While B6 hould be switched to a diet that is also appropriate for heart disease, we would recommend switching your other dogs at home to a different diet as well. We

pills often have more sodium than is de HeartSmart web site (http://vel.tufts.e		ons for low sodium treat	s can be found on	the
While it is generally advisable to switch immediately, as we are concerned that				d
Facroise Recommendations.  For the first 7 to 10 days after starting r is ideal, and short walks to start. Once if you find that	the heart failure is better controll nind or needs to stop on a walk th nuous high energy activities (repe	ed, slightly longer walks ven this was too long a w	are acceptable. H alk and shorter wa	lowever, ils are
Recheck Visits: A recheck visit is recommended in 1-2 If this appointment does not work for y visit we will check your dog's breathing recheck a blood pressure. A recheck ed	ou please call or email our liason; effort and heart function, do a bl	B6 as soon as poss lood test to recheck kidn	ible to reschedule.	Atthis
Thank you for entrusting us with Been ail us at cardiovel@fulls.edu for sch		- Automotive and a second	B6	}a
Please visit our HeartSmart website for http://vei.tulits.edu/heartsmart/	more information			
Prescription Refill Discloimer: For the safety and well-being of our patie year in order to obtain prescription media	The Control of the co	unination by one of our w	eterinorios wilhin	the past
Ordering Food: Please check with your primary veterinari please call 7-10 days in advance (508-88) online retailers with a prescription/veterin	7-4629) to ensure the food is in stor			
Clinical Trials: Clinical trials are studies in which our vete promising new test or treatment. Please s			ecific disease proa	ess or a
Case B6	Change B6	Distharge Instructions		

Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Te lephone (508) 839-5395 Fax (508) 839-7951 http://vetmed.tufts.edu/

### Discharge Instructions

Terminal content of	Owner		
Name: B6	Names B6	onemagness d	Patient Dc B6
Species: Canine	Address:		
Gray/Black Male (Neutered) Caucasian		36	
Shepherd Dog	<b>Б</b> ом в поставления (в поставления)	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	
Firthdate: 86			
Attending Cardiologist:  John E. Rush DVM, MS, DACVIM	(Cardiology), DACVECC		
<b>B6</b>			
Cardiology Resident:			
B6		m) monomorphism (m) m(m)	
Small Animal Medicine Intern: 8	6		
Student: B6			
Cardiology Technician:	managaranani,		
B6			
	1		
	44.004.004.004.004.004		
Admit Date: 6/12/2018 10:50:31 AM			
Admit Date: 6/12/2018 10:50:31 AM Discharge Date: 6/12/2018			
	HF while at Tults Veterina ch his breathing. We also	ary Hospital on 5/28/ retested his blood p	18. Today we performed a physi ressure and bloodwork today to
Discharge Date: 6/12/2018  Thank you for bringing 85 in toda (OHF). He was diagnosed with DOM and O examination to listen to his heart and wal evaluate how he is tolerating the current	HF while at Tults Veterina ch his breathing. We also	ary Hospital on 5/28/ retested his blood p	18. Today we performed a physi ressure and bloodwork today to
Discharge Date: 6/12/2018  Thank you for bringing	HF while at Tults Veterina oh his breathing. We also doses of medications and	ary Hospital on 5/28/ retested his blood p make any necessary	18. Today we performed a physi ressure and bloodwork today to adjustments.
Discharge Date: 6/12/2018  Thank you for bringing 85 in toda (OHF). He was diagnosed with DOM and C examination to listen to his heart and wal evaluate how he is tolerating the current Clinical Findings:  86 recheck of blood pressure sh	HF while at Tults Veterina th his breathing. We also doses of medications and owed that his blood press	ary Hospital on 5/28/ retested his blood p I make any necessary ure was mildly decres	1.8. Today we performed a physi ressure and bloodwork today to adjustments. ised. His bloodwork showed that
Discharge Date: 6/12/2018  Thank you for bringing 85 in toda (CHF). He was diagnosed with DOM and C examination to listen to his heart and wal evaluate how he is tolerating the current Clinical Findings: 86 recheck of blood pressuresh kidney values have increased slightly since	HF while at Tults Veterina ch his breathing. We also doses of medications and owed that his blood presson e his previous visit; these were e his previous visit; these were entering the second	ary Hospital on 5/28/ retested his blood p I make any necessary ure was mildly decres values are currently a	18. Today we performed a physi ressure and bloodwork today to adjustments. ised. His bloodwork showed that it the high end of normal. We dic
Discharge Date: 6/12/2018  Thank you for bringing 85 in toda (OHF). He was diagnosed with DOM and C examination to listen to his heart and wal evaluate how he is tolerating the current Clinical Findings:  86 recheck of blood pressure sh	HF while at Tufts Veterina tch his breathing. We also doses of medications and owed that his blood presso e his previous visit; these t murmurs. He was pantin	ary Hospital on 5/28/ retested his blood p make any necessary ure was mildly decres values are currently a g throughout his ea	18. Today we performed a physi ressure and bloodwork today to adjustments. ised. His bloodwork showed that it the high end of normal. We dic
Discharge Date: 6/12/2018  Thank you for bringing 86 in toda (OFF). He was diagnosed with DOM and O examination to listen to his heart and wal evaluate how he is tolerating the current  Clinical Findings:  86 irecheck of blood pressuresh kidney values have increased slightly sino hear any arrhythmias today nor any heart assess his respiratory effort. He did not a	HF while at Tufts Veterina tch his breathing. We also doses of medications and owed that his blood presso e his previous visit; these t murmurs. He was pantin	ary Hospital on 5/28/ retested his blood p make any necessary ure was mildly decres values are currently a g throughout his ea	18. Today we performed a physi ressure and bloodwork today to adjustments. ised. His bloodwork showed that it the high end of normal. We dic
Discharge Date: 6/12/2018  Thank you for bringing 86 in toda (CHF). He was diagnosed with DOM and C examination to listen to his heart and wal evaluate how he is tolerating the current  Clinical Findings:  86 irecheck of blood pressure shidney values have increased slightly sino hear any arrhythmias today nor any heart assess his respiratory effort. He did not a Monitoring at home:	HF while at Tults Veterina ch his breathing. We also doses of medications and owed that his blood press e his previous visit; these t murmurs. He was pantin spear to be in any respirat	ary Hospital on 5/28/ retested his blood p make any necessary ure was mildly decres values are currently a g throughout his esa tory distress today.	18. Today we performed a physicessure and bloodwork today to adjustments.  Issed. His bloodwork showed that it the high end of normal. We did amination thus making it difficult
Discharge Date: 6/12/2018  Thank you for bringing 85 in toda (O-F). He was diagnosed with DOM and O examination to listen to his heart and wal evaluate how he is tolerating the current Clinical Findings:  86 recheck of blood pressure shidney values have increased slightly since hear any arrhythmias today nor any heart assess his respiratory effort. He did not a Monitoring at home:  O Wewould like you to monitor	HF while at Tufts Veterina ch his breathing. We also doses of medications and owed that his blood press e his previous visit; these t murmurs. He was pantin spear to be in any respirat	ary Hospital on 5/28/ retested his blood p make any necessary ure was mildly decres values are currently a g throughout his exa tory distress today.	18. Today we performed a physicessure and bloodwork today to adjustments.  Issed. His bloodwork showed that it the high end of normal. We did amination thus making it difficult
Discharge Date: 6/12/2018  Thank you for bringing	HF while at Tults Veterina th his breathing. We also doses of medications and owed that his blood press this previous visit; these timurmurs. He was pantinopear to be in any respirated and effort to make adjusting rate and effort to make adjusting rate.	ary Hospital on 5/28/ retested his blood p make any necessary ure was mildly decres values are currently a ng throughout his esa tory distress today. and effort at home, i nents to drug doses.	18. Today we performed a physicessure and bloodwork today to adjustments.  Issed. His bloodwork showed that it the high end of normal. We did amination thus making it difficult ideally during sleep or at a time of
Discharge Date: 6/12/2018  Thank you for bringing 86 in toda (OHF). He was diagnosed with DOM and O examination to listen to his heart and wal evaluate how he is tolerating the current.  Clinical Findings:  86 recheck of blood pressuresh kidney values have increased slightly since hear any arrhythmias today nor any heart assess his respiratory effort. He did not appears his respiratory effort. He did not appears to the would like you to monitor rest. We will use breathing rate at the general, most dogs with heart or in general, most dogs with heart process.	HF while at Tults Veterina to his breathing. We also doses of medications and owed that his blood press ehis previous visit; these to murmurs. He was pantinopear to be in any respirate and effort to make adjusting failure that is well controls.	ary Hospital on 5/28/ retested his blood p make any necessary ure was mildly decres values are currently a g throughout his ea tory distress today. and effort at home, i nents to drug doses. alled have a breathin	18. Today we performed a physicessure and bloodwork today to adjustments.  Is ed. His bloodwork showed that it the high end of normal. We did amination thus making it difficult ideally during sleep or at a time of grate at rest of less than 35 to 4
Discharge Date: 6/12/2018  Thank you for bringing	HF while at Tults Veterina the his breathing. We also doses of medications and owed that his blood press this previous visit; these this previous his previous visit; these this previous. He was panting pear to be in any respirated by the breathing rate and effort to make adjusting failure that is well controt the breathing effort, note	ary Hospital on 5/28/ retested his blood p make any necessary ure was mildly decres values are currently a g throughout his ea tory distress today. and effort at home, i nents to drug doses. alled have a breathin	18. Today we performed a physicessure and bloodwork today to adjustments.  Is ed. His bloodwork showed that it the high end of normal. We did amination thus making it difficult ideally during sleep or at a time of grate at rest of less than 35 to 4
Discharge Date: 6/12/2018  Thank you for bringing 86 in toda (OHF). He was diagnosed with DOM and O examination to listen to his heart and wal evaluate how he is tolerating the current.  Clinical Findings:  86 recheck of blood pressuresh kidney values have increased slightly since hear any arrhythmias today nor any heart assess his respiratory effort. He did not appears to the would like you to monitor rest. We will use breathing rate at the general, most dogs with heart or in general, most dogs with heart or in general, most dogs with heart or in general, most dogs with heart or in general in the second	HF while at Tults Veterina th his breathing. We also doses of medications and owed that his blood press e his previous visit; these at murmurs. He was panting pear to be in any respirated before the breathing effort, note a lure is controlled.	ary Hospital on 5/28/ retested his blood pool make any necessary ure was mildly decreated as a return this example of the return of the second	18. Today we performed a physicessure and bloodwork today to adjustments.  Is ed. His bloodwork showed that it the high end of normal. We dicamination thus making it difficult ideally during sleep or at a time of grate at rest of less than 35 to a belly wall motion used for each
Discharge Date: 6/12/2018  Thank you for bringing	HF while at Tults Veterina th his breathing. We also doses of medications and owed that his blood pressue his previous visit; these to murmurs. He was panting part to be in any respirate and effort to make adjusting failure that is well control the breathing effort, note at lure is controlled.	ary Hospital on 5/28/ retested his blood pool make any necessary ure was mildly decreated as a mildly decreated as are currently a large throughout his eastery distress today. I and effort at home, it ments to drug doses, alled have a breathin of by the amount of large that you should give the amount of large that you should give that you should give the amount of large that you should give that you should give the amount of large that you should give that you should give the amount of large that you should give that you should	18. Today we performed a physicessure and bloodwork today to adjustments.  Is ed. His bloodwork showed that it the high end of normal. We dicamination thus making it difficult ideally during sleep or at a time of grate at rest of less than 35 to a belly wall motion used for each

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 Wealso 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 redheck examination.
<ul> <li>If you have any concerns, please call or have your dog evaluated by a veterinarian. Our emergency clinic is open 24 hours/day.</li> </ul>
Dief Suggestions:
Continue to transition B6 over to the Royal Canin giant breed dog food. We also recommend switching your other dogs to a different diet as well (not grain free).
We have recommended that: 95 be fed a heart-sale food that is not grain-free as a link has been found between
some grain free diets and the development of DOM. We previously submitted a Taurine level for B6 his plasma level
of Taurine was slightly below normal level. Today you provided a bag of his dog food such that we can submit his food to the FDA for further testing. Although his current diet has taurine, you may continue to supplement the taurine at this time.
Dogs with heart failure accumulate more fluid in their body if they eat large amounts of sodium (salt). Sodium can be found in all floods, but some foods are lower in sodium than others. Many pet treats, people floods, 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
pais oreamawe more subtain trains destrable- as reas traches suggestons for low social meass can be round on the HeartSmart web site (http://vet.tuits.edu/heartsmart/diet/).
Exercise Recommendations:  As it appears that 86 heart failure is better controlled, slightly longer walks on a leash are acceptable. However, if
you find that : 66 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 <u>not advised</u> at this stage of heart failure.
<b>Nefaline</b>
<b>B6</b>

Recheck Visits:

		els as a Tufts Cardiology ter y profile performed. This is t		nt or with your primary care is tolerating the increased
2. We have scheduled a ru this appointment, please o	ontact Tults Card and recheck an ex		ble. At this visit we v	If you need to reschedule will want to check breathing ease schedule an appointment
		sed respiratory rate and eff ent, please schedule an app		uhave concerns with his exercise
Tufts Emergency Service is have concerns that he is h		The manufacture of the contract of the contrac	ver show increased	weakness or lethargy, or if you
Thank you for entrusting u	s with B6	care. He is such a sweet o	log and pleasure to v	work with! Please contact our
Cardiology liaison,	B6			scheduling and non-emergent
questions or concerns.				
Please visit our HeartSmar http://web.tufts.edu/hearts		re information		
Prescription Refill Discloimer For the safety and well-bein year in order to obtain prescr	g of our patients,		numination by one of	our veterinarions within the post
Ordering Food:				
	ary veterinarian ba	purchase the recommended	diet(s). If you wish to	purchase your food from us,
			ock. Alternatively, vel	terinary diets can be ordered from
online retailers with a prescr	iption/veterinary a	арргомаї.		
Clinical Triple:				
Clinical trials are studies in v	vhich our veterina	ry doctors work with you and	your pet to investigat	e o specific disease process or o
promising new test or treatm	nent. Please see o	ur website: <u>vet.tufts.edu/cvm</u>	c/clinical studies	
Cass	B6	Owner B6	Discharge Instru	ations

### Foster Hospital for Small Animals

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

Client:	E. B6	
Veterinar	an:[ <b>B6</b> ]	
Patient II	De	
Visit ID:	DO	

Patient:	B6
Species:	Canine
Breed:	Caucasian Shepherd Dog
Sex;	Male (Neutered)
Age:	B6 Years Old

### Lab Results Report

Chemistry 21 (Cobas) 6/12/2018 12:05:2		Accession ID: B6		
Test	Results	Reference Range	Units	
GLUCOSE	and the second s	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	B6	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)	Lancarana	0 - 0		
Moderate hemolysis; Slight lipemia				

-	1/1	B6
200	777	lenare en acere en a

Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Fax (508) 839-7951 http://vetmed.tufts.edu/

### Radiology Request & Report

Patient Name B6	Owner Name:	B6	Patient ID: B6
Species: Canine Gray/Black Male (Neutereci) Caucasian Shepherd Dog Birthdate: B6	Address	B6	Date of request: 5/29/2018
Attending Clinician: B6	(Energen	cy & Critical CareRe	sident) Student:
Date of exam: 05/29/2018			
Patient Location: Ward/Cage	: ICU R1	8	Weight (kg) 62.00
	s	edation	
Inpatient	7	BAG	
Outpatient Time:		OBAG	
<b>■</b> Waiting		■ 1/2 dose Of	IAG .
■ Emergency		■ DexDomitor	/Butorphanol
		Anesthesia 1	to sedate/anesthetize
Examination Desired: DV and	RLAT		
Presenting Complaint and Cli Emergency	nical Question	ns you wish to a	swer:
Pertinent History:			
6yo MC K9 presenting for 2wl	chx of ough, r	resented for inc	reased RR/RE. B6
B6		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	( minima la injunita ja injunita ja injunita ja injunita ja injunita ja injunita j
Findings			
		<b>B6</b>	
		Kr	
		13-5-16	

### Conclusions:

Moderate left-sided cardiomegaly with left atrial enlargement, venous distension and cardiogenic
pulmonary edema consistent with left-sided heart failure. Echocardiogram is recommended for further
evaluation. Follow up radiographs are recommended to monitor response to treatment.

Radiologist	
Primary	B6
Reviewing:	

Dates

Reported: 5/29/18

Finalized:

Jones, Jennifer L </O=FDA/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=JENNIFER.JONESAA8>

To: 'Reimschuessel, Renate (Renate.Reimschuessel@fda.hhs.gov)'

Sent: 11/1/2017 5:25:22 PM Subject: Final reports for signature

800.211-FinalReport Attachments: odf; 800.216-FinalRepor pdf; 800.<u>217-FinalR</u>eport-**B6 B6** 

bdf; 800.218-FinalReport pdf; 800.220-FinalReport **B6** 

### Jennifer L. A. Jones, DVM

Veterinary Medical Officer U.S. Food & Drug Administration Center for Veterinary Medicine Office of Research

Veterinary Laboratory Investigation and Response Network (Vet-LIRN)

8401 Muirkirk Road, G704 Laurel, Maryland 20708 new tel: 240-402-5421 fax: 301-210-4685

From:

e-mail: <u>jennifer.jones@fda.hhs.gov</u>

Web: http://www.fda.gov/AnimalVeterinary/ScienceResearch/ucm247334.htm



bdf

Carey, Lauren </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=F0226BD682844FA2B71EA3750D4FCB82-

LAUREN.CARE>

To: Rotstein, David; Norris, Anne; Hartogensis, Martine; Jones, Jennifer L; Burkholder, William;

Reimschuessel, Renate

CC: DeLancey, Siobhan 8/13/2018 7:04:20 PM Sent:

Subject: RE: Food Safety News Query: DCM follow-up

I think that's very good, Anne. I support your approach. J

From: Rotstein, David

Sent: Monday, August 13, 2018 3:02 PM

To: Norris, Anne <Anne.Norris@fda.hhs.gov>; Hartogensis, Martine <Martine.Hartogensis@fda.hhs.gov>; Carey, Lauren <Lauren.Carey@fda.hhs.gov>; Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>; Burkholder, William < William Burkholder@fda.hhs.gov>; Reimschuessel, Renate < Reimschuessel@fda.hhs.gov>

Cc: DeLancey, Siobhan <Siobhan.Delancey@fda.hhs.gov> Subject: RE: Food Safety News Query: DCM follow-up

That will work!

From:

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: Norris, Anne

Sent: Monday, August 13, 2018 3:01 PM

**To:** Hartogensis, Martine < <u>Martine.Hartogensis@fda.hhs.gov</u>>; Carey, Lauren < <u>Lauren.Carey@fda.hhs.gov</u>>; Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>; Burkholder, William <William.Burkholder@fda.hhs.gov>;

Reimschuessel, Renate <Renate.Reimschuessel@fda.hhs.gov>; Rotstein, David

<David.Rotstein@fda.hhs.gov>

Cc: DeLancey, Siobhan <Siobhan.Delancey@fda.hhs.gov> Subject: RE: Food Safety News Query: DCM follow-up

Went with a less is more approach. Please advise if you see anything you'd recommend changing.

Thanks. Anne

> 1. Approximately how many additional reports of possible canine (or feline) DCM has FDA received since the initial investigation notice of July 12, 2018



From: Palmer, Lee Anne

**Sent:** Monday, August 13, 2018 10:55 AM

**To:** Hartogensis, Martine < Martine. Hartogensis@fda.hhs.gov>; Carey, Lauren < Lauren. Carey@fda.hhs.gov>; Jones, Jennifer L < Jennifer. Jones@fda.hhs.gov>; Norris, Anne < Anne. Norris@fda.hhs.gov>; Burkholder, William < William. Burkholder@fda.hhs.gov>; Reimschuessel, Renate < Reimschuessel@fda.hhs.gov>;

Rotstein, David < David.Rotstein@fda.hhs.gov >

**Cc:** DeLancey, Siobhan <<u>Siobhan.Delancey@fda.hhs.gov</u>> **Subject:** RE: Food Safety News Query: DCM follow-up

Hi – just a few additional comments.

From: Hartogensis, Martine

**Sent:** Monday, August 13, 2018 10:51 AM

**To:** Carey, Lauren < <u>Lauren.Carey@fda.hhs.gov</u>>; Jones, Jennifer L < <u>Jennifer.Jones@fda.hhs.gov</u>>; Norris, Anne < <u>Anne.Norris@fda.hhs.gov</u>>; Burkholder, William < <u>William.Burkholder@fda.hhs.gov</u>>; Reimschuessel, Renate < <u>Renate.Reimschuessel@fda.hhs.gov</u>>; Rotstein, David < <u>David.Rotstein@fda.hhs.gov</u>>; Palmer, Lee Anne < <u>LeeAnne.Palmer@fda.hhs.gov</u>>

Cc: DeLancey, Siobhan < Siobhan.Delancey@fda.hhs.gov > Subject: RE: Food Safety News Query: DCM follow-up

Added to #3.

From: Carey, Lauren

Sent: Monday, August 13, 2018 10:28 AM

To: Jones, Jennifer L < Jennifer.Jones@fda.hhs.gov>; Norris, Anne < Anne.Norris@fda.hhs.gov>; Hartogensis,

Martine <Martine.Hartogensis@fda.hhs.gov>; Burkholder, William <William.Burkholder@fda.hhs.gov>;

Reimschuessel, Renate <<u>Renate.Reimschuessel@fda.hhs.gov</u>>; Rotstein, David <David.Rotstein@fda.hhs.gov>; Palmer, Lee Anne <LeeAnne.Palmer@fda.hhs.gov>

<a href="Costaling:color: blue;">Costaling:color: blue; Costaling:color: blue; Costaling:co

Subject: RE: Food Safety News Query: DCM follow-up

My comments below.

From: Jones, Jennifer L

Sent: Monday, August 13, 2018 9:45 AM

To: Norris, Anne <Anne.Norris@fda.hhs.gov>; Hartogensis, Martine <Martine.Hartogensis@fda.hhs.gov>;

Burkholder, William < William. Burkholder@fda.hhs.gov>; Reimschuessel, Renate

<Renate.Reimschuessel@fda.hhs.gov>; Rotstein, David <David.Rotstein@fda.hhs.gov>; Palmer, Lee Anne

<LeeAnne.Palmer@fda.hhs.gov>; Carey, Lauren <Lauren.Carey@fda.hhs.gov>

Cc: DeLancey, Siobhan <Siobhan.Delancey@fda.hhs.gov> Subject: RE: Food Safety News Query: DCM follow-up

My comments below.

Jennifer Jones, DVM Veterinary Medical Officer Tel: 240-402-5421





From: Norris, Anne

**Sent:** Monday, August 13, 2018 9:34 AM

To: Hartogensis, Martine < Martine. Hartogensis@fda.hhs.gov>; Jones, Jennifer L

<Jennifer.Jones@fda.hhs.gov>; Burkholder, William <William.Burkholder@fda.hhs.gov>; Reimschuessel, Renate < Renate . Reimschuessel@fda.hhs.gov >; Rotstein, David < David.Rotstein@fda.hhs.gov >; Palmer, Lee

Anne < Lee Anne. Palmer@fda.hhs.gov >; Carey, Lauren < Lauren. Carey@fda.hhs.gov >

Cc: DeLancey, Siobhan <Siobhan.Delancey@fda.hhs.gov>

Subject: Food Safety News Query: DCM follow-up

Good morning!



### **B5**

Thanks, Anne

**Anne Norris** 

Strategic Initiatives

Office of the Director **Center for Veterinary Medicine** U.S. Food & Drug Administration O: 240-402-0132 M: 240-704-0579 Anne.Norris@fda.hhs.gov













To: Cleary, Michael \*; HQ Pet Food Report Notification

**B6** 

Sent: 2/24/2019 9:32:37 PM

Subject: Poulin Pro Form Lamb and Rice Adult Maintenance Dry: Lisa Freeman -

EON-380706

Attachments: 2063113-report.pdf; 2063113-attachments.zip

A PFR Report has been received and PFR Event [EON-380706] has been created in the EON System.

A "PDF" report by name "2063113-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 "2063113-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

**EON Key:** EON-380706

ICSR #: 2063113

EON Title: PFR Event created for Poulin Pro Form Lamb and Rice Adult Maintenance Dry; 2063113

AE Date	12/22/2018	Number Fed/Exposed	1
Best By Date		Number Reacted	j)
Animal Species	Dog	Outcome to Date	Stable
Breed	Irish Wolfhound		
Age	6 Years		
District Involved	PFR-New England DO		

### Product information

Individual Case Safety Report Number: 2063113

Product Group: Pet Food

**Product Name:** Poulin Pro Form Lamb and Rice Adult Maintenance Dry

**Description:** Had pneumonia in September 2018; re-presented in December 2018 when arrhythmias were noted. Cardiology consult identified arrhythmias and reduced contractile function (and eating BEG diet). Unclear whether this was primary problem or secondary to systemic illness. Rechecked by cardiology 2/5/19 and still had arrhythmia and reduced contractility. NT-proBNP and cTnI elevated. Owner already changed diet in January to

Purina Pro Plan Chicken and Rice so will continue on this diet 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: 1 Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Poulin Pro Form Lamb and Rice Adult Maintenance 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-380706

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=397715

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CCD.	2063113					
CSR:	Initial					
Type Of Submission:	FPSR.FDA.PETF.V.V1					
Report Version:				0		
Type Of Report:	Adverse Event (a symptom,	reaction or disease a	associated with the prod	uct)		
Reporting Type:	Voluntary					
Report Submission Date: Reported Problem:						
	Problem Description:	arrhythmias were no contractile function ( problem or secondal still had arrhythmia a Owner already chan will continue on this	ted. Cardiology consult and eating BEG diet). U y to systemic illness. Re and reduced contractility	ented in December 2018 when identified arrhythmias and reduced notear whether this was primary echecked by cardiology 2/5/19 and . NT-proBNP and cTnI elevated. urina Pro Plan Chicken and Rice so 3 months.		
	Date Problem Started:	12/22/2018				
	Concurrent Medical Problem:	Yes				
	Pre Existing Conditions:		d Dec 2018			
	Outcome to Date:	Stable				
Product Information:	Product Name:	Poulin Pro Form Lan	nb and Rice Adult Maint	enance Dry		
	Product Type:	Pet Food				
	Lot Number:					
	Package Type:	BAG				
	Product Use Information:	Description:	Please see diet history	form for more details		
	Manufacturer /Distributor Information:					
	Purchase Location Information:	77				
Animal Information:	Name:	B6				
	Type Of Species:	Dog				
	Type Of Breed:	Irish Wolfhound				
	2	; Female				
	Reproductive Status:	1				
	Pregnancy Status:	1				
	Lactation Status:	<del></del>				
		60.5 Kilogram				
	Assessment of Prior	6 Years Good				
	Health: Number of Animals Given the Product:	1				
	Number of Animals Reacted:					
	Owner Information:	Owner Information provided:	Yes			
		Contact:	Name:			
			Phone:	B6		
			Email:			
	<b>4</b>	1	1			

			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:	cbc and profile.pdf	
		Will send by email	
	type:	Medical Records	

From:	PFR Event <pre>creation@fda.hhs.gov&gt;</pre>
То:	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

A PFR Report has been received and PFR Event [EON-380848] has been created in the EON System.

2063189-report.pdf; 2063189-attachments.zip

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** 

Attachments:

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	B6 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 B6 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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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:  Date Problem Started: Concurrent Medical	1 week before admis 2/22/19 Was fed We (current diet). Taurin same diets - has not diet (although Boxer 02/22/2019	ssion. Diagnosed Ilness diet until ( e and troponin p been screened	d with DCM, CHF, ar 6/2018 then changed bending. Owner has Enrolled in DCM stu	) Started wheezing again and ventricular tachycardia is to Royal Canin Boxer another Boxer eating dy. Changing to different k in 7 days and 3 months.
	Problem:	04 - 1-1-		wa nota n nii wa n ta a n linta n na a linta n na a nii na a na a	Markona bona a bona a bina a bona
_ , ,,,	Outcome to Date:	1			
Product Information:	Product Name:	Wellness Complete	Health Fish and	Sweet Potato dry	
	Product Type:	Pet Food			
	Lot Number:	177			
	Product Use Information:	Description:	Fed this diet 20 Boxer See diet		rently, fed Royal Canin
	Manufacturer /Distributor Information:				
	Purchase Location Information:				
Animal Information:	Name:	B6			
	Type Of Species:	Dog			
	Type Of Breed:	Boxer (German Boxe	er)		
	Gender:	r: Male			
	Reproductive Status:	Neutered			
	Weight:	23.3 Kilogram	***************************************	***************************************	***************************************
	Age:	B6 Years			***************************************
	Number of Animals Given the Product:	2			
	Number of Animals Reacted:	1			
	Owner Information:	Owner Information provided:	Yes		
		Contact:	Name: Phone: Email:	<b>B6</b>	
		Address:	B6	3	<u>_</u>
			United States		
	Healthcare Professional	Practice Name:	Tufts Cummina	s School of Veterina	ry Medicine
	Information:	Contact:	<del></del>	Lisa Freeman	
			<u> </u>	(508) 887-4523	
			26	2	***************************************
		<b>1</b>		lisa.freeman@tufts.	edu

			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: I	isa,freeman@tufts.edu	
	Permission To Contact Sender:	Yes		
	Preferred Method Of Contact:			
Additional Documents:				
	Attachment:	rpt_medical_record_p	review small pdf	
	Description;	Med records		
	Type:	Medical Records		

From: PFR Event <pfreventcreation@fda.hhs.gov>

To: Cleary, Michael \*; HQ Pet Food Report Notification;

Sent: 9/7/2018 9:20:34 PM

Subject: Honest Kitchen Whole Grain Turkey: Lisa Freeman - EON-364577

Attachments: 2054750-report.pdf; 2054750-attachments.zip

A PFR Report has been received and PFR Event [EON-364577] has been created in the EON System.

A "PDF" report by name "2054750-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 "2054750-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

**EON Key: EON-364577** 

ICSR #: 2054750

EON Title: PFR Event created for Honest Kitchen Whole Grain Turkey Beef or CHicken, Ziwi Peak (recently

started); 2054750

AE Date	09/05/2018	Number Fed/Exposed	
Best By Date		Number Reacted	Ĩ
Animal Species	Dog	Outcome to Date	Stable
Breed	Retriever - Golden		
Age	<b>B6</b> ears	1	
District Involved	PFR-New England DO		

### Product information

Individual Case Safety Report Number: 2054750

Product Group: Pet Food

Product Name: Honest Kitchen Whole Grain Turkey, Beef, or CHicken, Ziwi Peak (recently started)

**Description:** Not true DCM but reduced contractility **B6** faurine (whole blood)

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

В6

### Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Ziwi Peak (recently started)		
Honest Kitchen Whole Grain Turkey, Beef, or CHicken		

### 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-364577

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=381311

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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.

ICSR: Type Of Submission: Report Version:	2054750			
	B			
Report Version:	Initial			
	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:		, <u>-</u>		
Reported Problem:	Problem Description:	Not true DCM but reduced contractility <b>B6</b> aurine (whole blood)		
	Date Problem Started:			
	Concurrent Medical Problem:	No		
	Outcome to Date:	Stable		
Product Information:	Product Name:	Ziwi Peak (recently started)		
	Product Type:	Pet Food		
	Lot Number:			
	Package Type:	BAG		
	Product Use Information:			
	Manufacturer /Distributor Information:			
	Purchase Location			
	Information:			
	Product Name:	Honest Kitchen Whole Grain Turkey, Beef, or CHicken		
	Product Type:	Pet Food		
	Lot Number:	DAC		
	Package Type: Product Use	BAG		
	Information:			
	Manufacturer /Distributor Information:			
	Purchase Location Information:			
Animal Information:	Name:	B6		
	Type Of Species:	<u> </u>		
		Retriever - Golden		
	Gender:			
	Reproductive Status:			
		31.5 Kilogram		
		B6 ears		
	Assessment of Prior Health:	<del></del>		
	Number of Animals Reacted:	.1		
	Owner Information:	Owner Yes		
		Information provided:		
		Contact: Name: <b>B6</b>		
		Address:		
		<b>B6</b>		

	Healthcare Professional	Practice Name:	Practice Name: Tufts Cummings School of Veterinary Medicine			
	Information:	Contact:	Name:	Lisa Freeman		
			Phone	: (508) 887-452	3	
			Email	: lisa.freeman@	tufts.edu	
		Address:	200 Westbord North Grafton Massachuset 01536 United States	ts		
		Practice Name:	miniminiminiminiminiminimini,			
		Contact:	Name: Phone	B6		
		Permission to Release Records to FDA:		1	3	
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:	cardio discharge 9-5	-18.pdf			
	Description:	Cardio discharge				
	Type:	Medical Records				
	Attachment:	t4.pdf				
	Description;	T4				
	Type:	Laboratory Report				
	Attachment:	rdvm records.pdf				
	The same of the sa	RDVM records				
	The second secon	Medical Records				
	Attachment:	cardio report 9-5-18.	pdf			
	The state of the s	Cardio report				
		Medical Records				

Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Far (508) 839-7951 http://vetmed.tu/ts.edu/

### Discharge Instructions

Palient	Owner	***************************************		
Name: B6	Name:	B6		Patient ID: B6
Species: Canine	Address	B6		
Gold Male (Neutered) Golden Retriever	i			
Bithdate: B6				
Attending Cardiologist:				
John E. Rush DVM, MS, DACVIM	(Cardiology), DAC	NEOC		
	B6		į.	
	DU		1	
Cardiology Resident:		(H) H (H) H (H) H (H (H) H (H) H (H) H (H (H) H (H) H (H)	-140-140-140-140	
1	B6			
Cardiology Technician:		*(#95)#04(#95)#04(#95)#04(#95)#04(#95)#04	respectable	
B6				
	i			
Date: 9/5/2018				-
Diagnoses:				
Mild reduced contractile function, norma	l cardiac size			
Low blood taurine levels				
contractile function is not quite as vigoro that it could be related to low taurine. We heart health. We also submitted a total To with these results within the next few day	e have submitted 4 to assess B6	an NiproBNP test to	gather more i	
Manitoring at Home: Please watch for a	ny exercise intole	rance, weakness, or o	ollapse.	
Diet Suggestions: We recommend a char	R6	test of company and there	h nga sa	is of homo cooking and some
kibble we recommend scheduling a Nutri				
cooked diet then please schedule an app		B6	in jour mount	
	A.	eraneranaran alian atenanaran ananan and		
Exercise Recommendations B6 ca	an have normal ex	ercise.		
Recommended Medications:				
Taurine supplement: Give 1000mg by mo	with twice daily			
We recommend Swanson, NOW, or GNC	A STATE OF THE RESERVE AND A STATE OF THE ST			
	-2		1.5	To be a construction
Recheck Visits: We will want to do a rech	eck echocardiogra	am in around 6-12 mo	withs, but we	will decide based on his
NTproBNP results.				
Thank you for entrusting us with B6	care He is guid	h a good boy! Please o	ontact our Ca	rdiology liaison at

Please visit our HeartSmart website for more information
http://web.tufits.edu/heartsmart/

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

Ordering Food:
Please check with your primary veterinarion 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/orms/dinical-studies

Discharge Instructions

(508)-887-4696 or email us at cardioxet@tufts.edu for scheduling and non-emergent questions or concerns.

Owner.

Case

B6

Cardiology Liaison: 508-887-4696

**B6** 

### **Cardiology Appointment Report**

John E. Rush DVM, MS, DAC	6
ardiology Resident:	
	B6
ardiology Technisian:	
B6	
etting an echo. Tested positive for oticed in the last year that he gets	level B6 On facebook page with UC Davis. Dr Stern recommende lyme but is not symptomatic. Has been treated in the past. Has out of the pool sooner than usual. Slowing down on hikes, but no May breathe faster than other dog (34 bpm).

### Diet and Supplements:

Concurrent Diseases:

ZiwePeak grain free, air dried; home cooked. Switched to honest kitchen about 3 years ago. Bravo canned rotates food, got treats will grains. Sardines.

**B6** 

**B6** 

### Cardiovascular History:

Prior CHF diagnosis? no
Prior heart murmur? no
Prior ATE? no
Prior arrhythmia? no
Monitoring respiratory rate and effort at home? no
Cough? after swimming

Shortness of breath or difficulty breathing? no
Syncope or collapse? no
Sudden onset lameness? no
Exercise intolerance? starting last year started leaving the pool sooner, coughs to clear throat

Current Medications Pertinent to CV S	<u>kertene</u>			
<b>B6</b>				
Muscle condition:  Normal  Mild muscle loss	Moderate cachesia Marked cachesia			
Cardiovascular Physical Exam:  Murmur Grade:  None  I I/VI  I II/VI				
Jugular vein:  Bottom 1/3 of the neck  Middle 1/3 of the neck	1/2 way up the neck Top 2/3 of the neck			
Arterial pulses:  Weak Fair  Good Strong	☐ Bounding ☐ Pulse deficits ☐ Pulsus paradosus ☐ Other:			
Arrhythmia:  None Sinus arrhythmia Premature beats	☐ Bradycardia ☐ Tachycardia			

	<b>B6</b>	
Diagnostic plan:  Echocardiogram Chemistry profile EGG Renal profile Blood pressure  Echocardiogram Findings:	Dialysis profile Thoracic radiographs NT-proBNP Troponin I Other tests:	
Abdominal exam: Normal Hepatomegaly Abdominal distension  Problems: Low who le blood taurine, on grain fre	Mild ascites Marked ascites  e diet	
Pulmonary assessments:  Eupreic  Mild dyspnea  Marked dyspnea  Normal BV sounds	Pulmonary crackles  Wheezes  Upper airway strictor	
Gallop:  Yes No Intermittent	Pronounced Other:	

Echocardiogram reveals mildly reduced contractile function with no evidence of chamber enlargement or wall thinning. It is possible that these mild changes are related to taurine deficiency/diet, but other mild cardiomyopathy, age related change, or variation for this individual cannot be ruled out. An NTproBNP level was submitted for additional information. Patient is receiving thyroid supplementation and T4 has not been checked recently, so T4 was also submitted today (6 hours post pill). Recommend taurine

supplementation and diet change. Owner will likely pursue nutrition consultation for diet options. Recheck echo in "6 months, or sooner if clinical signs occur such as increased RR/RE, cough, collapse, or exercise intolerance, or if NTproBNP is markedly elevated.

### Final Diagnosis:

Mildly reduced LV contractile function

M-Mode IVSd LVIDd LVPWd IVSs LVIDs LVPWs	<b>B6</b>	cm cm cm cm cm
%FS Ao Diam LA Diam LA/Ao		cm cm
Max LA		cm
M-Mode Normalized IVSdN LVIDdN LVPWdN IVSsN LVIDsN LVPWsN Ao Diam N LA Diam N		
2D SA LA Ao Diam SA LA / Ao Diam IVSd LVIDd	<b>B6</b>	cm cm cm

LVPWd cm EDV(Teich) m IVS5 CITI LVIDS cm LVPWs cm ESV(Teich) m EF(Teich) % %FS % SV(Teich) m LVLd A2C CITI LVEDV MOD A2C m LVIs A2C cm LVESV MOD A2C mi % LVEF MOD A2C **B6** SV MOD A2C m LVId LAX cm LVAd LAX cm LVEDV A-L IAX ml LVEDV MOD LAX m **LVIS LAX** cm LVASLAX cm LVESV A-L LAX ml LVESV MOD LAX ml HR **BPM** EFA-LLAX % LVEF MOD LAX % SV AL LAX m SV MOD LAX m CO A-L LAX I/min CO MOD IAX l/min Doppler MV EVel m/s MV DecT ms MV A Vel m/s MV E/A Ratio E m/s A' m/s **B6** E/E PV Vmax m/s PV maxPG mmHg **AV Vmax** m/s AV maxPG mmHg TR Vmax m/s TR maxPG mmHg

From:	PFR Event <pfreventcreation@fda.hhs.gov></pfreventcreation@fda.hhs.gov>		
То:	Cleary, Michael *; HQ Pet Food Report Notification;	B6	
Sent:	9/12/2018 12:08:39 PM		
Subject:	Nature's Variety Instinct Raw Boost Chicken dry: Lisa Freema	n - EON-365022	

Attachments: 2054861-report.pdf; 2054861-attachments.zip

A PFR Report has been received and PFR Event [EON-365022] has been created in the EON System.

A "PDF" report by name "2054861-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 "2054861-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

**EON Key:** EON-365022

ICSR #: 2054861

EON Title: PFR Event created for Nature's Variety Instinct Raw Boost Chicken dry, Rachel Ray Nutrish

Chicken and Veggie dry; 2054861

AE Date	02/20/2018	Number Fed/Exposed	Ĩ
Best By Date		Number Reacted	Ĩ.
Animal Species	Dog	Outcome to Date	Stable
Breed	Great Dane		
Age	6 Years		
District Involved	PFR-New England DO		

### Product information

Individual Case Safety Report Number: 2054861

Product Group: Pet Food

**Product Name:** Nature's Variety Instinct Raw Boost Chicken dry, Rachel Ray Nutrish Chicken and Veggie dry **Description:** DCM and CHF. Owner was feeding Natures Variety until ~1/8/18 then switched to Rachel Ray. Presented to ER for coughing **B6** DCM and CHF diagnosed (with atrial fibrillation). Taurine not measured and diet not changed. Re-evaluated 9/10/18 and no improvement. Whole blood taurine pending and owner is switching diet. Owner does not have the Nature's Variety but will hold onto the Rachel Ray. She is happy to

answer any additional questions

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
Nature's Variety Instinct Raw Boost Chicken dry		
Rachel Ray Nutrish Chicken and Veggie dry		

### Sender information

Lisa Freeman 200 Westboro Rd North Grafton, MA 01536 USA

### Owner information

USA

To view this PFR Event, please click the link below: https://eon.fda.gov/eon//browse/EON-365022

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=381781

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.

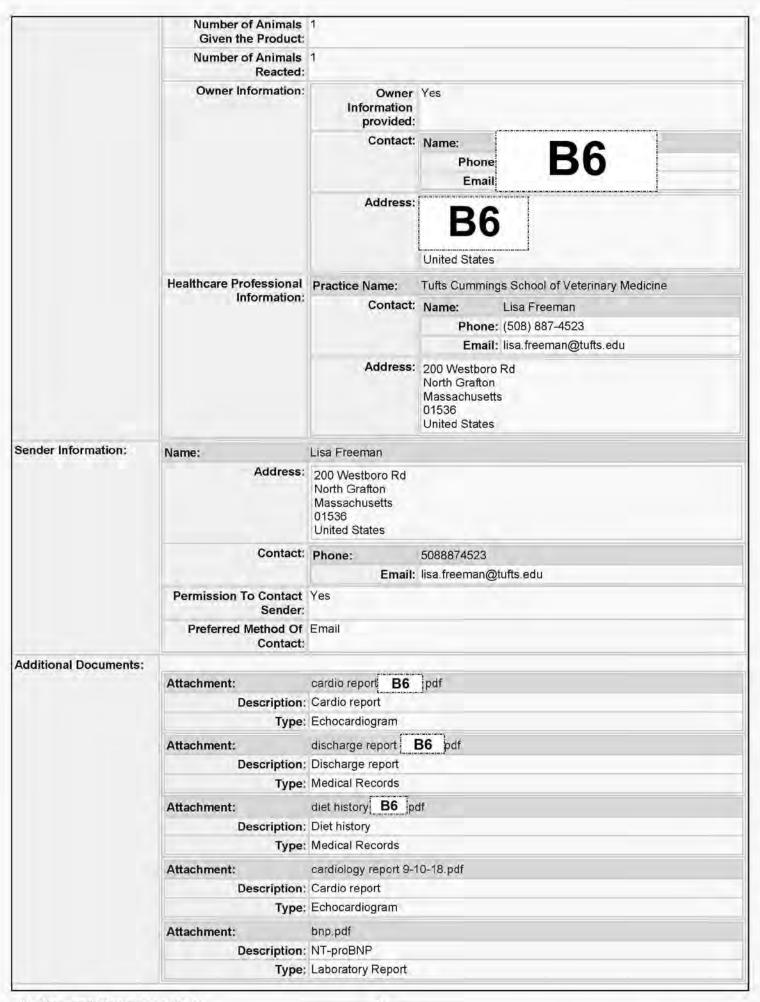
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The information is provided as part of the Federal-State Integration initiative. As a Commissioned Official and state government official, you are reminded of your obligation to protect non-public information, including trade secret and confidential 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-	365022					
ICSR:	2054861					
Type Of Submission:	Initial					
Report Version:	FPSR.FDA.PETF.V.V1					
Type Of Report:	Adverse Event (a symptom,	reaction or disease a	associated with the product)			
Reporting Type:	Voluntary					
Report Submission Date:	2018-09-12 08:00:29 EDT					
Reported Problem:	Problem Description:	DCM and CHF. Owner was feeding Natures Variety until ~1/8/18 then switched to Rachel Ray. Presented to ER for coughing B6 DCM and CHF diagnosed (with atrial fibrillation). Taurine not measured and diet not changed. Re-evaluated 9/10/18 and no improvement. Whole blood taurine pending and owner is switching diet. Owner does not have the Nature's Variety but will hold onto the Rachel Ray. She is happy to answer any additional questions				
	Date Problem Started:	B6 j				
	Concurrent Medical Problem:	No				
	Outcome to Date:	Stable				
Product Information:	Product Name: Product Type:	7 <del>.</del>	Chicken and Veggie dry			
	Lot Number:					
	Package Type:	BAG				
	Product Use	Description:	Fed from 1/8/18 to present.			
	Information:	First Exposure Date:				
		Last Exposure Date:	09/12/2018			
	Manufacturer /Distributor Information:					
	Purchase Location Information:					
	Product Name:	Nature's Variety Inst	inct Raw Boost Chicken dry			
	Product Type:	Pet Food				
	Lot Number:	<u></u>				
	Package Type:	<u> </u>				
	Possess Opened Product:					
	Product Use Information:	Description:	Fed from 14 months of age until ~1/8/`8			
		Perceived Relatedness to Adverse Event:	Possibly related			
	Manufacturer /Distributor Information:					
	Purchase Location Information:	1				
Animal Information:	Name:	B6				
	Type Of Species:	s: Dog				
	Type Of Breed:	J: Great Dane				
	Gender:	r: Male				
	Reproductive Status:	s: Neutered				
		nt: 71 Kilogram				
	3 (0.000,000,000,000,000,000,000,000,000,0	e: 6 Years				
	Assessment of Prior Health:	Excellent				



### Cummings Veterinary Medical Center AT TUFTS UNIVERSITY Cardiology Liabout 508-887-4696 Cardiology Liaison: 508-887-4696

**B6** 

Patient D: B6

B6 Canine B6 Years Old Male (Meutered) Great

Dane

Black BW: Weight(lbs) 0.00

	Cal dividgy a paucie.
Date	B6
Weigl	nt: Weight(lbs) 0.00
Atten	ding Cardiologist:
	John E. Rush DVM, MS, DACVIM (Cardiology), DACVECC
ale mare (e) e	
	B6
Cardio	ology Resident:
	B6
-	cic radiographs available for review?
	Yes - in SS Yes - in PACS
	No No
Histor	nting complaint and important concurrent diseases: y of gagging/coughing. Tachycardia and irregular heart rhythm appreciated at referring narian. No history of exercise intolerance or syncope.
Curre	nt medications and doses: Salmon oil
Key in	dication for consultation: Irregular heart rhythm, pulse deficits, tachycardia
Quest	tions to be answered from the Consult:
	nce of DCM vs other? Evidence of CHF?
le urus	r consult time-sensitive? (e.g., anesthesia today, owner waiting, trying to get biopsy today)
	Yes (explain)
	No
	*STOP - remainder of form to be filled out by Cardiology*
Physic	al Examination
	DC
	<b>B6</b>

Muco	le condition:	
WILLS.	Normal	Moderate cachexia
	Mild muscle loss	Marked cachexia
	ovascular Physical Exam	
	nur Grade:	THE WAR
	None	□ IV/VI
	I/VI	<b>■ v/v</b> i
	11 <b>/V</b> 1	□ VI/VI
	100	
Mum	nur location/description: syste	lic left apical
Juguk	ar vein:	
	Bottom 1/3 of neck	□ Top 2/3 of neck
	Middle 1/3 of neck	
Arteri	al pulses:	
	Weak	Bounding
	Fair	Pulse deficits
	Good	Pulsus paradoxus
	Strong	Other (describe):
	·	
Army	thmia: None	
100		Bradycardia
	Sinus arrhythmia Premature beats	Tachycardia, irregular
- 0		
Gallo		Pronounced
	Yes	
-	No	Other:
	Intermittent	
The second second	onary assessments:	
	Eupneic	Pulmonary Crackles
	Mild dyspnea	■ Wheezes
	Marked dyspnea	Upper airway stridor
	Normal BV sounds	Other auscultatory findings:
Abdo	minal exam:	
1	Normal	Abdominal distension
	Hepatomegaly	Mild ascites
Echoe	ardiogram Findings:	
		<b>B6</b>

	<b>B6</b>
	DU
Assessment and recommendations:	
	h moderate secondary LAE, and EKG reveals atrial fibrillation anges are consistent with CHF being the cause for reported and B6 , and consider addition of an ACE inhibitor
hen eating and <u>not azo</u> temic. Recomm	
nd low dose of B6 Recommend	
B6 Recheck renal values B6	
and the second s	r if clinical sign occur such as increased RR/RE, cough, collapse,
r exercise intolerance.	
ddendum: Overnight telemetry showed	d relateively frequent VPCs, couplets with Ron T morphology, an
ccasioanl non sustained ventricular tacl	hycardia. Recommend stopping B6 and adding B6
t 400 mg PO BID for 7 days, then SID.	
restment plan:	
7) = (	
	<b>B6</b>
	DU
inal Diagnosis:	
ICM, CHF strial fibrillation with rapid ventricular re	esnonse rate
leart Failure Classification Score:	
SACHC Classification:	□ Ula
la la	₩ IIIa ₩ IIIb
	am. 11.60
= 12	

### **ACVIM CHF Classification:** MC. A ■ D **B1 B2** 2D SALA on Ao Diam om SA LA / Ao Diam IVSd om LVIDd om LVPWd om EDV(Teich) ml **IVSs** on LVIDs on LVPWs m ESV(Teich) ml EF(Teich) % %FS % SV(Teich) mi M-Mode IVSd cm LVIDd an LVPWd on **B6 IVSs** OTT LVIDs m LVPWs om %FS % Ao Diam om LA Diam OTI LA/Ao Max LA om Doppler MR Vmax m/s MR maxPG mmHg MV E Vel m/s PV Vmax m/s PV maxPG mmHg **AV Vmax** m/s AV maxPG mmHg TR Vmax m/s

TR maxPG

mmHg

## Cummings Veterinary Medical Center

Cardiology Liaison: 508-887-4696

Cardiovascular History: Prior CHF diagnosis? yes Prior heart murmur? yes

Prior arrhythmia? yes

Prior ATE? no

1 1	h		
	U		
Laba (estama de communi			
	promotero more		
Patient I	≿ B6 ¦		
B6	Canine		
B6 Feet	SOLD Male	(Neutered)	Great Dane

Black

### **Cardiology Appointment Report**

Attending Cardiologist:  John E. Rush DVM, MS, D	CVIM (Cardiology), DACVECC	
Be		
Cardiology Resident: B6		
Cardiology Technician:		
В6		
Student: B6		
Presenting Complaint: Recheck for	r DCM & atrial fibrillation diagnosed Feb 2018	
Conquirent Diseases:		
None		
General Medical History:		
Diagnosed DCM feb 2018		AND AND AND
	y level, seems to have good tolerance for exercise. Eating w	ell, drinking
well. Some diarrhea in car on way		
dose of(maybe "once a mor	out coughs approximately once or twice a day. Rarely gives th)	an extra
Diet and Supplements:		
Rachel Ray Nutrish "Real Chicken		
1/3cup + 1/2cup chicken broth +/	chicken a day	

Monitoring respiratory rate and effort at home? yes Cough? yes Shortness of breath or difficulty breathing? Syncope or collapse? no Sudden onset lameness? no Exercise intolerance? mild

Murmur location/description: Holosystolic

Current Medications Pertinent to CV S	ystem:	
	<b>B6</b>	
Muscle condition:  Normal  Mild muscle loss	Moderate cacheda	
Cardiovascular Physical Exam:  Murmur Grade:  None  I/VI  II/VI	IV/VI   V/VI   VI/VI	

Jugular vein:	
Bottom 1/3 of the neck	1/2 way up the neck
Middle 1/3 of the neck	Top 2/3 of the neck
	- 104-40-11-11-11-11-11-11-11-11-11-11-11-11-11
Arterial pulses:	
Weak	■ Bounding
Fair	Pulse delicits
Good	
	Pulsus paradinus
Strong	Other:
Arrhythmia:	Harris and the second s
None	Bradycardia
Sinus arrhythmia	☐ Tachycardia
rregularly irregular	
Gallop:	
Yes	Pronounced
₩ No	Other:
☐ Intermittent	
Pulmonary assessments:	
Eupneic	Pulmonary craddes
Mild dysprea	Wheeves
Marked dyspnea	Upper airway stridor
Normal BV sounds	E Office on mol surviva
E RESIDENCE STATES	
Abdominal exam:	
Mormal Normal	Mild ascites
Abdominal distension	Marked ascites
ACCUMINATION OF SERVICE	
Problems:	
Prior diagnosis DCM, Atrial fibrillation	
Diagnostic plan:	
Echocardiogram	Dialysis profile
Chemistry profile	☐ Thoracicradiographs
<b>■</b> EOG	■ NT-proBNP
Renal profile	Troponin (
■ Blood pressure	Other tests:
Echocardiogram Findings:	
	<b>B6</b>
	BN
	L'A'\A'\-

### **B6**

### Assessment and recommendations:

Echocardiogram reveals DCM with similar LA size and progression in LV cavity size (r/o disease progression v contribution from slower heart rate today compared to last exam). Ventricular arrhythmia appears well controlled, but atrial fibrillation ventricular response rate was rapid today. Recommend

**B6** 

		0.61-1.9(-0.9(-0.61-1.9(-0.61-1.9(-0.61-1.9(-0.61-1.9(-0.61-1.9(-0.61-1.9(-0.
Final Diagnosis:		
DCM, history of CHF		
Atrial fibrillation with rapid ventricular re	esponse rate	
Heart Failure Classification Score:		
ISACHC Classification:		
☐ la	III IIIa	
■ ib	IIIb	
⊠π		
ACVIM Classification:		
□ A	⊠ c	
□ B1	□ <b>D</b>	
□ B2		
M-Mode		
IVSd		om
LVIDd		OTT
LVPWd		am
IVSs		om
LVIDs		cm
LVPWs		om
%FS		%
Ao Diam		cm
LA Diam		om
LA/Ao		
Max LA	B6	on
M-Mode Normalized		
IVSdN		(0.29 - 0.52)
LVIDdN		(1.35 - 1.73)!
LVPWdN		(0.33 - 0.53) !
IVSsN		(0.43 - 0.71) !
LVIDsN		(0.79 - 1.14) !
LVPWsN		(0.53 - 0.78) !
Ao Diam N		(0.68 - 0.89)

LA Diam N (0.64 - 0.90)! 2D SALA om Ao Diam OTT SA LA / Ao Diam **IVSd** am LVIDd an LVPWd m EDV(Teich) ml IVSs OTI LVIDs m LVPWs on ESV(Teich) mi EF(Teich) % %FS % SV(Teich) mi TAPI FYX om LVAd LAX an LVEDV A-L LAX **B6** m **LVEDV MOD LAX** mi LVL5 LAX an **LVAS LAX** OTT **LVESV A-L LAX** mi **LVESV MOD LAX** ml HR BPM % EF A-L LAX % **LVEF MOD LAX** SV A-L LAX ml SV MOD LAX ml CO A-L LAX **Vmin** CO MOD LAX **Vmin** Doppler MR Vmax m/s MR maxPG mmHg PV Vmax m/s PV maxPG mmHg **AV Vmax** m/s AV maxPG mmHg

## Cummings Veterinary Medical Center

Foster Hospital for Small Animals 55 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Fax (508) 839-7951 http://wetmed.turks.edu/

### Discharge Instructions

Palient	Owner	and the second
Name: B6	Rame B6	Patient D: B6
Species: Canine	Addres B6	•
Black Male (Neutered) Great Dane	Lacertain	i i
Sirthdate: B6		
Attending Cardiologist:  John E. Rush DVM, MS, DACVIN	I (Cardiology), DACVECC	
B6		
ardiokev Resident:		nany.
B6	B6	
president and an experience of the contract of	STORES AND IN THE STORE STORE STORE AND INCOME.	
Student: B6 Cardiology Technician:		
	=1M1=1M1=1M1=1M1=1	
~ B6		
Admit Dat B6 11:16:58 AM		
Discharge Date: B6		
Komponence on the second		
Diagnoses:		
Dilated cardiumyopathy (DCM) with oor Atrial fibrillation and ventricular arrhyth		
Case summary:		
Thank you for brining B6 to tults for		rregular heart rhythm <u>B6</u> has been diagnose:
		(). This disease is more common in large and giant
		uced cardiac pump function, and enlargement of
		nificant arrhythmias which can be life threatening progressed to the point of congestive heart failur
		progresses to the point of congestive risant failur furnately this is a progressive disease and we cannot
		edications and some changes to the diet to make
86 comfortable and have him brest		
Diagnostic test results and findings:		
	s:The heart was enlarged and th	ere was fluid in the langs
		and the contractile function is reduced.
		cular response rate. Additionally there were som

ventricular arrhythmias (ventricular premature beats and ventricular tachycardia).

Labwork findings: The kidney values and urinalysis are within normal limits. He has slightly elevated bilirubin, and

elevated AST but the rest of his liver values are normal and these values have decreased during his stay.

### 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.
- 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 entro B6
  If difficulty breathing is not improved by within 30-60 minutes after giving extr. 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 Wealso want you to watch for weakness or collapse, a reduction in appetite, worsening cough, or distention of the belly as these findings indicate that we should do a recheck examination.
- If you have any concerns, please call or have your dog evaluated by a veterinarian. Our emergency clinic is open 24hours/day.
- You may want to explore the option of purchasing an Alivecor/Kardia at home ECG monitoring device. This would allow you to get an ECG and send it to us via email.

Recommende	d Medications:
------------	----------------

**B6** 

Diet suggestions:

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

Your dog's usual diet may also have more sodium than recommended - we work him to continue to eat his normal diet for the first 7 to 14 days so we can make sure he is tolerating medications well, but after that time we would recommend slowly introducing one of the lower sodium diets on the HeartSmart list (25% of the new diet and 75% old diet for 2-3 days, then 50:50, etc.). Hopefully you can find a diet on the list that your dog likes to eat. Alternatively, you can research the amount of sodium in the diet in ensure that the sodium content is similar to those on the list.

Prescription Refill Discloimer: 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
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
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.
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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,
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:
For the safety and well-being of our patients, your pet must have had an examination by one of our veterinarians within the past
For the safety and well-being of our patients, your pet must have had an examination by one of our veterinarians within the past
Please visit our HeartSmart website for more information http://vet.tulits.edu/heartsmart/
a B6 or email us at cardiovet@tuits.edu for scheduling and non-emergent questions or concerns.
Thank you for entrusting us with 86 ; care. He is such a sweet boy. Please contact our Cardiology liaison, 86
schedule this appointment.
A recheck echocardiogram is recommended in 3-4 months, or sooner if you have any concerns. Please call or email to
in and acting normal months of the contract of
recommended at that time. This can be done with us or with your primary care veterinarian. If you have any concerns are how things are going then we would prefer for 186 to come here for that recheck.
A recheck visit is recommended in 1-2 weeks to check kidney values, electrolytes, and liver values. An ECG is also
Recheck Visits:
etc) are generally not advised.
walks are advised in the future. Repetitive or strenuous high energy activities (repetitive ball chasing numing fast off-leas
However, if you find the 86 is lagging behind or needs to stop on a walk then this was too long a walk and shorter
is ideal, and short walks to start. Once the heart failure is better controlled, then slightly longer walks are acceptable.
For the first 7 to 10 days after starting medications for heart failure we recommend very limited activity. Leash walking or
Exercise recommendations:
Exercise Recommendations:
then 50:50, etc.). Hopefully you can find a diet on the list that your dog likes to eat. Alternatively, you can research the amount of sodium in the diet to ensure that the sodium content is similar to those on the list.  Exercise Recommendations:

From: PFR Event <pfreventcreation@fda.hhs.gov>

To: Cleary, Michael \*; HQ Pet Food Report Notification; B6

Sent: 9/7/2018 8:32:24 PM

Subject: Rachel Ray Nutrish real beef and brown rice (barcode 7119000095); Lisa

Freeman - EON-364568

Attachments: 2054744-report.pdf; 2054744-attachments.zip

A PFR Report has been received and PFR Event [EON-364568] has been created in the EON System.

A "PDF" report by name "2054744-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 "2054744-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

**EON Key: EON-364568** 

ICSR #: 2054744

EON Title: PFR Event created for Rachel Ray Nutrish real beef and brown rice (barcode 7119000095); 2054744

AE Date	08/06/2018	Number Fed/Exposed	
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Mixed (Dog)		
Age	6 Years		
District Involved	PFR-New England DO		

### Product information

Individual Case Safety Report Number: 2054744

Product Group: Pet Food

Product Name: Rachel Ray Nutrish real beef and brown rice (barcode 7119000095)

Description: Diagnosed with DCM and CHF

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 Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Rachel Ray Nutrish real beef and brown rice (barcode 7119000095)		

### 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-364568

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=381302

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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Report Details - EON-				
ICSR:	2054744			
Type Of Submission:	Initial			
Report Version:	FPSR.FDA.PETF.V.V1			
Type Of Report:	Adverse Event (a symptom,	reaction or disease a	ssociated with the product)	
Reporting Type:	Voluntary			
Report Submission Date:	2018-09-07 16:24:16 EDT			
Reported Problem:	Problem Description:	Diagnosed with DCM	1 and CHF	
	Date Problem Started:	08/06/2018		
	Concurrent Medical Problem:	H		
	Outcome to Date:	Stable		
Product Information:	Product Name:	Rachel Ray Nutrish	real beef and brown rice (barcode 7119000095)	
	Product Type:	3	Λ	
	Lot Number:	i}		
	Package Type:	BAG		
	Product Use Information:	First Exposure Date:	01/02/2017	
	Manufacturer /Distributor Information:			
	Purchase Location Information:			
Animal Information:	Name:	В6		
	Type Of Species:	L		
	Type Of Breed:	·?		
		Female		
	Reproductive Status:	Neutered		
	· · · · · · · · · · · · · · · · · · ·	25.6 Kilogram		
	;; <u>;</u> ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	6 Years		
	Assessment of Prior Health:	Excellent		
	Number of Animals Reacted:	1		
	Owner Information:	Owner Information provided:	Yes	
		Contact:	Name: B6	
		Address:	<b>B6</b>	
			United States	
	Healthcare Professional Information:		Tufts Cummings School of Veterinary Medicine	
	miorinauon.	Contact:	Name: Lisa Freeman	
			Phone: (508) 887-4523	
			Email: lisa.freeman@tufts.edu	
		Address:	200 Westboro Rd North Grafton Massachusetts 01536	

der 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		
ditional Documents:		2000		
	Attachment:	cardio report B6 pdf		
	Description:	Cardio report		
	Type:	Record		
	Attachment:	B6 pdf		
	Description:	Aniannia (ni ni		
		Medical Records		
	Attachment:	discharge B6 pdf		
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		chem profile B6 pdf		
	Description:	The Control of the Co		
		Laboratory Report		
	Attachment:	taurine B6 pdf		
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	Description:	Laboratory Report		
	Type.	Laboratory Report		

# Withheld in Full as B5, B6

# Withheld in Full as B4, B5, B6

From: PFR Event <pfreventcreation@fda.hhs.gov>

To: Cleary, Michael \*; HQ Pet Food Report Notification; B6

Sent: 12/3/2018 7:48:38 PM

Subject: Blue Buffalo Wilderness Large Breed Grain free dry: Lisa Freeman - EON-372652

A PFR Report has been received and PFR Event [EON-372652] has been created in the EON System.

2059566-report.pdf; 2059566-attachments.zip

A "PDF" report by name "2059566-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 "2059566-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

**EON Key:** EON-372652

Attachments:

ICSR #: 2059566

EON Title: PFR Event created for Blue Buffalo Wilderness Large Breed Grain free dry; 2059566

AE Date	09/18/2018	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Great Dane		
Age	6 Years		
District Involved	PFR-New England DO		

### **Product information**

**Individual Case Safety Report Number: 2059566** 

**Product Group:** Pet Food

**Product Name:** Blue Buffalo Wilderness Large Breed Grain free dry

**Description:** Evaluated for exercise intolerance; identified ventricular arrhythmia and mildly reduced contractile function. Plasma taurine **B6** WB not evaluated). We will be rechecking dog in a 3-4 months. Was eating BEG diet (Blue Buffalo) at time of diagnosis then switched to Fromm Lg Breed after diagnosis but now transitioning

to Pro Plan Weight Management

**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
Blue Buffalo Wilderness Large Breed Grain free dry		

### **Sender information**

Lisa Freeman 200 Westboro Rd North Grafton, MA 01536 USA

### **Owner information**

**B6** 

US/

To view this PFR Event, please click the link below: https://eon.fda.gov/eon//browse/EON-372652

To view the PFR Event Report, please click the link below:

 $\underline{https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none\&e=0\&issueType=12\&issueId=389621$ 

\_\_\_\_\_

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372652			
2059566	***************************************		
Initial			
FPSR.FDA.PETF.V.V1			
Adverse Event (a symptom,	symptom, reaction or disease associated with the product)		
Voluntary			
2018-12-03 14:40:10 EST			
	reduced contractile for rechecking dog in a diagnosis then switch	se intolerance; identified ventricular arrhythmia and mildly function. Plasma taurine B6 (WB not evaluated). We will be 3-4 months. Was eating BEG diet (Blue Buffalo) at time of hed to Fromm Lg Breed after diagnosis but now transitioning Management	
Date Problem Started:	09/18/2018		
Concurrent Medical Problem:			
Outcome to Date:	Stable		
Product Name:	Blue Buffalo Wildern	ess Large Breed Grain free dry	
Product Type:	Pet Food		
Lot Number:	İ		
	BAG		
Product Use Information:	:::) 		
Manufacturer /Distributor Information:			
Purchase Location Information:	5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Name:	B6		
	::-{ :		
	###		
· ; [			
Assessment of Prior Health:			
Number of Animals Given the Product:			
Number of Animals Reacted:			
Owner Information:	Owner Information provided:	Yes	
	Contact:	Name: B6	
		Phone: B6	
		Email: B6	
	Address:	B6	
		United States	
Healthcare Professional	i ideae itame.	Tufts Cummings School of Veterinary Medicine	
imonnation.	Contact:	Name: Lisa Freeman Phone: (508) 887-4523	
	Initial FPSR.FDA.PETF.V.V1 Adverse Event (a symptom, Voluntary 2018-12-03 14:40:10 EST Problem Description:  Date Problem Started:     Concurrent Medical Problem:     Outcome to Date:  Product Name:     Product Type:     Lot Number:     Package Type:     Product Use Information:     Manufacturer //Distributor Information:     Purchase Location Information:     Name:         Type Of Species:         Type Of Breed:         Gender:     Reproductive Status:         Weight:         Age:     Assessment of Prior Health:     Number of Animals Given the Product:     Number of Animals Reacted:     Owner Information:	2059566   Initial   FPSR.FDA.PETF.V.V1   Adverse Event (a symptom, reaction or disease a Voluntary   2018-12-03 14:40:10 EST   Froblem Description:	

		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:	records B6 pdf		
	Description:	Spiriture for the basis down words were serviced.		
	Type:	Medical Records		

Report Details - EON-	372831						
ICSR:	2059622						
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:	2018-12-04 18:08:14 EST						
Reported Problem:	Problem Description:	Daughter diagnosed with reduced cardiac contractility B6 is mother of B6 and B6 Eating BEG diet (Earthborn) so screened all housemates Echo within normal limits but elevated NT-proBNP and cardiac troponin I Taurine pending Owner changing diet and will recheck in 3 months					
	Date Problem Started:	11/15/2018					
	Concurrent Medical Problem:						
	Outcome to Date:	Stable					
Product Information:	Product Name:	Earthborn Meadow Feast dry					
	Product Type:						
	Lot Number:						
	Package Type:						
	Product Use Information:	Description: See diet history in medical record for more info					
	Manufacturer /Distributor Information:						
	Purchase Location Information:						
Animal Information:	Name:	B6					
	Type Of Species:	Dog					
	Type Of Breed:	Boxer (German Boxer)					
	Gender:	Female					
	Reproductive Status:	Intact					
	Pregnancy Status:	Not pregnant					
	Lactation Status:	Not lactating					
	Weight:	29.1 Kilogram					
	Age:	3 Years					
	Assessment of Prior Health:	Excellent					
	Number of Animals Given the Product:						
	Number of Animals Reacted:	4					
	Owner Information:	Owner Information provided:	Yes				
		Contact:	Name:	B6			
			Phone:	B6			
			Email:	B6			
		Address:	<b>B6</b>				
			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:			= Paintiff = id to
	Attachment:	rpt_medical_record_	preview B6 pdf
	Description	Medical records	
	Type;	Medical Records	

# Cummings Veterinary Medical Center

Disposition/Recommendations

## Foster Hospital for Small Animals

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

CI.	[	All Medical Records		
Client: Address:	<b>B</b> 6	Patient: <b>B6</b> Breed: Golden Retriever Cross DOB: <b>B6</b>	Species: Sex:	Canine Male (Neutered)
	Home Phone: B6 Work Phone: ( ) - Cell Phone: B6			
Referring	Information			
		B6	(	
Client: Patient:	B6			
Initial Com	plaint:			
Initial Com New, DCM				
SOAP Text	B6 12:07PM	B6		

# Cummings Veterinary Medical Center

Client:	B6	
Veterinarian		
Patient ID:	B6	
Visit ID:		

# Lab Results Report

## Foster Hospital for Small Animals

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

Patient:	B6	
Species:	Canîne	
Breed:	Golden Retriever Cross	
Sex:	Male (Neutered)	
Age:	B6 Years Old	

of stringents

3/23 **B6** 

Printed Thursday, December 27, 2018

Client: Patient: **B6** 

rDVM

B6

labs, echo

Client: **B6** 

rDVM B6 ferral, labs, echo

B6 B6

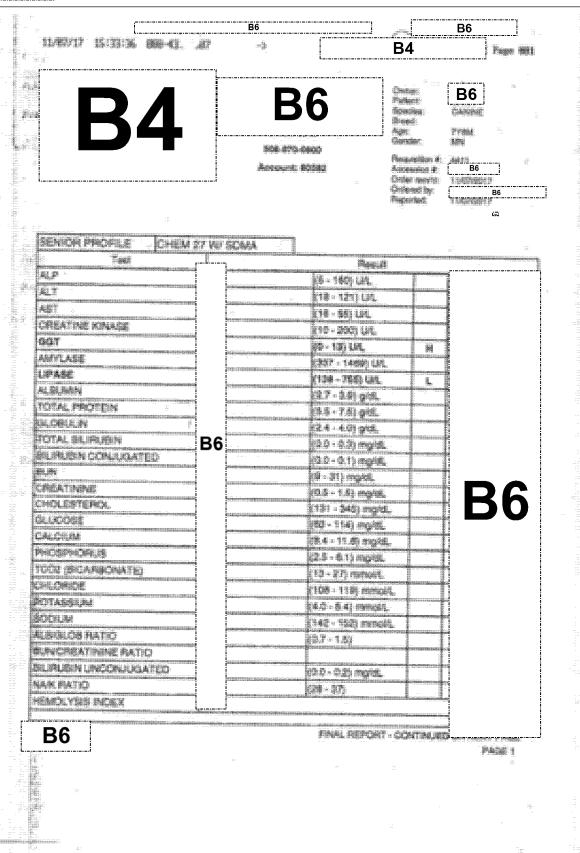
If you set it is a married or experience attend to committee out the

rDVM B6 eferral, labs, echo

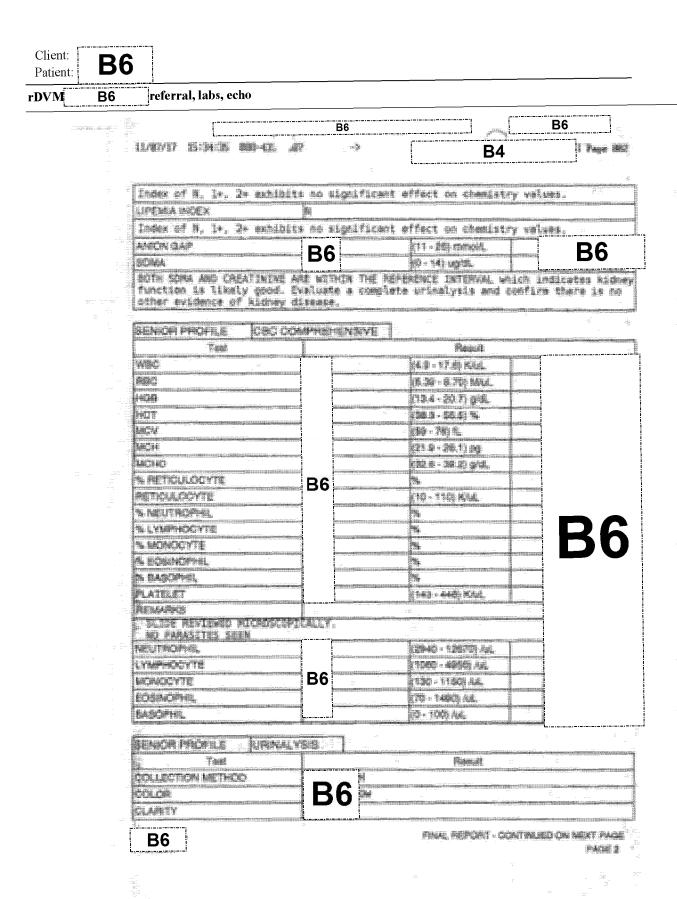
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<b>Tuf</b> i		Commings School o enry B. Lois Foster H 200 Westbor North Grafi	INIVERSITY of Veterinary Medicine iospital for Small Animals o Road, Route 30 ios, MA 01536 ish 5335	
Service to Which Ref	med Apr	e leterent Date	Tare	
O AND RECEIVATE	<b>***</b>	[		
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Registered Name/10:	B6			
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CASE HISTORY	71/7	1 / 10-110-010		
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Page 6/23

rDVM B6 referral, labs, echo

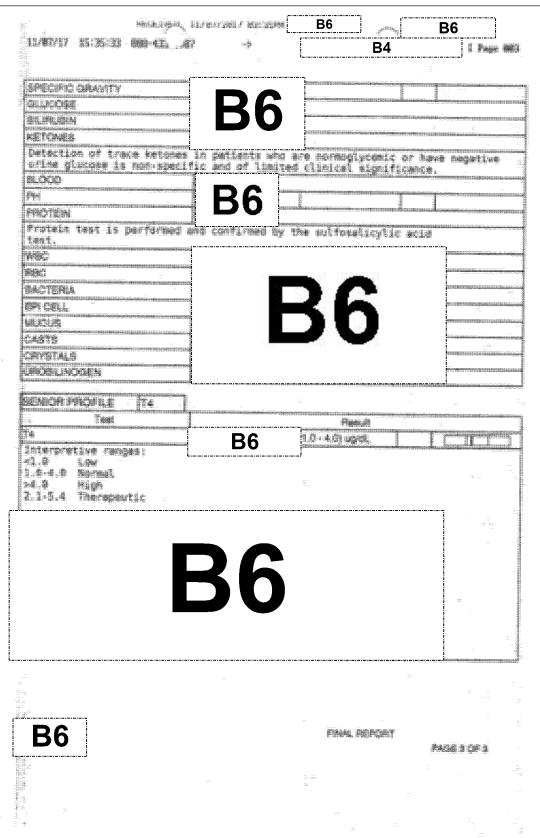


Page 7/23



Page 8/23

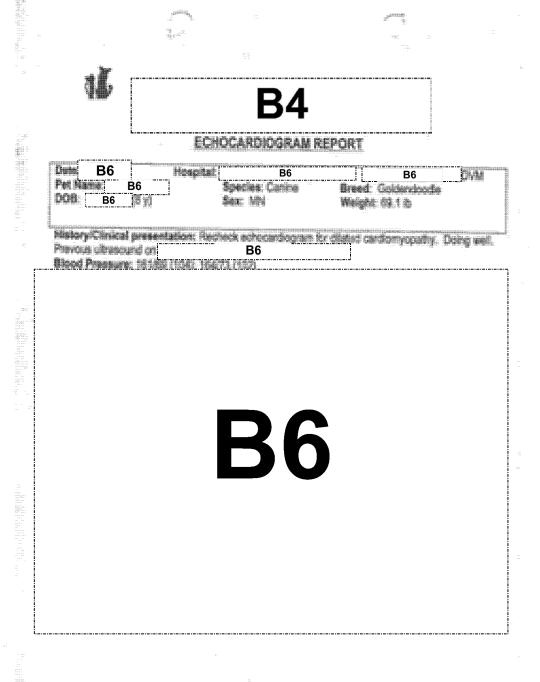
rDVM B6 referral, labs, echo



Page 9/23

Client: Patient: **B6** 

rDVM B6 referral, labs, echo



rDVM B6 referral, labs, echo

Page 2 B6 echoconfoquer report continued

ASSESSMENT:

1.) Dilated Cardomyopaniy – Moputhic

RECOMMENDATIONS: There is a degree of progression since the last study with progressive synthetic dysfunction and the development of mild anlargement of the last strium. These findings remain consistent with occurs Dilated Cardiomycpathy. This patient may continue to remain asymptomatic for an extended period of time, however he is at risk for exercise intolerance, weakness, lethargy, syncope, ventricular and strial arrhythmiss, development of congestive heart fallors, and even passing away audiductly.

**B6** 

Independed by: B6 ONLY (NOTHING Commons)

Performed by B6

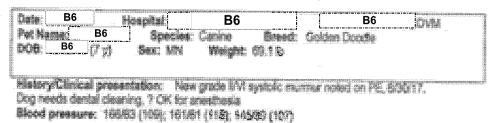
Client: **B6** 

rDVM B6 referral, labs, echo



# **B4**

#### ECHOCARDIOGRAM REPORT



**B6** 

Continued on page 2.

rDVM

**B6** 

referral, labs, echo

**B6** estrocardingram report, continued.

A CONTRACTOR OF THE

1. Contact Card on popular publications

RECOMMENDATIONS: Unfortunately, this patient's has myocardial failure of both the LV and RV entargement, These findings are consistent with occult Dilated Cardiomycpathy. This patient may continue to remain asymptometic for an extended period of time; however, he does have risk for exercise intolerance, weakness, lethergy, syndope, ventricular and strial amhytheries, despiopment of examplestive heart failure, and even presing every excitably.

**B6** 

**B6** e become by 

Performed by **B6** ROX 36

If you have any further questions or concerns regarding this case, please contact В6 \*\*\*\*\*

V. 21 (21 689)

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\$ 1000 

## IDEXX - BNP - 7/11/2018

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	B	6		

## Diet history 7/10/18

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Client: <b>B6</b>
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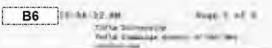
Vitals Results

**B6** 10:14:53 AM

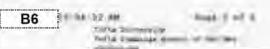
Weight (kg)

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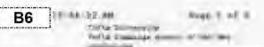
**B6** 



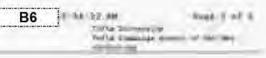
**B6** 



**B6** 



**B6** 



**B6** 



## **Patient History**

01:10 PM	Appointment	
04:29 PM	Appointment	
10:00 AM	UserForm	
10:14 AM	Vitals	
10:15 AM	Purchase	
<b>B6</b> 10:13 AM 10:49 AM	Treatment	<b>B6</b>
11:02 AM	Purchase	
11:11 AM	UserForm	
11:13 AM	UserForm	
11:31 AM	Purchase	
12:08 PM	Purchase	
03:13 PM	Email	

# Cummings Veterinary Medical Center

**B6** 

Forter Hospital for Small Anamab. SS Willard Street. North Grafton, MA 01516 Telephone (SCR) 839-5395 For (SCR) 839-7953 Hitp://wetmed.bufts.edu/

B6

State (Newtonid)

Control Solden Refrieses Gross.

Gold

B6

В6

Date B6

Thank you for referring B6 with their pet B6

Weld we be able to see the echo images for this patient? The images can be enailed to us at cardiovest@tests.eds

If you have my questions, or concerns, please contact us at 500-807-4988.

Thank you,

B6 DVM, DACVIM (Continuity)



#### **Foster Hospital for Small Animals**

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

Client: Address:	<b>B6</b>

4 11				
AII	Medi	cal K	eco	res

Patient: **B6** 

Breed: Doberman Pinscher DOB: **B6** 

Species: Canine
Sex: Male
(Neutered)

#### **Referring Information**

**B6** 

Tosnital

Client: Patient:

**B6** 

#### **Initial Complaint:**

New cruciate evaluation, possibly sx at rDVM

**SOAP Text** 

**B6** 

2:30PM -

**B6** 

<b>B6</b>	4:58:22	PM NEW	VISIT

History: 7 yo CM Dobie presenting for his right hind limb lameness. 2 weeks ago he became acutely lame on his RH after running around. He was taken to the DVM who suspected a B6 rupture. Hx of B6 for 6 years. rDVM did bloodwork, showed increase of ALT and started him on B6 ALT decreased after 2 weeks.

Exam:

Subjective Nervous. BAR-H. MM pink, moist. CRT<2s

Client: B6 n
<b>B6</b>
H/L: NMA_NSR_fPSS_Normal BVs bilaterally_Euppeic
<b>B6</b>
DU
Plan RH CCL repair with Lateral Suture <b>B6</b>
<b>B6</b> V'16
Initial Complaint:
Drop Off Chief Surgery, admit to B ward
SOAP Text B6 9:30PM - B6
Subjective
Objective
Assessment
<u>Plan</u>
<b>B6</b>
SOAP Text B6 7:20AM - B6
B6 7:21:04 AM EXAM, GENERAL
History:7 yo CM Dobie presenting for right hind limb lameness. He became acutely lame on his RH after running around 3-4 weeks ago. He was taken to the DVM who suspected a B6 rupture. Hx of B6 for 6 years. rDVM did bloodwork, showed increase of ALT and started him of B6 ALT decreased after 2 weeks of B6
bloodwork, showed increase of ALT and started him on ALT decreased after 2 weeks on B6
Subjective (S): BAR-H. Very anxious. MM pink, moist CRT<2s Patient did well over night. He ate prior to drop off. Drinking and urinating normally. No stool produced.
Objective (O)  B6
DV

Client: **B6** Patient: **B6** H/L: NMA. NSR. fPSS. Normal BVs bilaterally. Eupneic Assessment (A) A1: Torn Cranial cruciate ligament - RH Plan (P) SOAP completed by: SOAP reviewed by: Addendum: Patient vWF is 41%. Minimal risk of bleeding. **B6** explained vWF protocol with owner. She wants to proceed with B6 was blood typed, and given DDAVP 30 minutes prior to surgery and use the protocol. Patient received 2 units of surgery. 2:46:01 PM Anesthesia Notes - 0.00 Rough recovery - extubated fine then had loud vocalization with head thrashing. Gave 0.5mcg dexmeditomidine IV. Relaxed quickly- stopped panting and RR returned to 28/m. Recovering in ICU- likely to be moved to 2:44PM. T= 99F. Rounded with ICU technicians during tech rounds B ward overnight. Gave

Client: B6
Instructions - 3.8 mg IV q6 - Expires:   <b>B6</b>   No Refills <b>SOAP Text</b>   <b>B6</b>   <b>8:08AM</b> -   <b>B6</b>
B6 8:08:58 AM EXAM, GENERAL
History:7 yo CM Dobie presenting for right hind limb lameness. He became acutely lame on his RH after running around 3-4 week ago. He was taken to the DVM who suspected a upture. Hx of B6 for 6 years. rDVM did bloodwork, showed increase of ALT and started him on B6 ALT decreased after 2 weeks on B6
Subjective (S): BAR-H. Very anxious. MM pink, moist CRT<2s 1 day post op lateral suture. Patient did well over night. He ripped out his T-set. E collar was placed. He is eating and urinating. No stools noted overnight, but he produced a large stool during recovery.
Objective (O)
<b>B6</b>
H/L: NMA. NSR. fPSS. Normal BVs bilaterally. Eupneic.
<b>B6</b>
Assessment (A)
<b>B6</b>
Plan (P)
<b>B6</b>
SOAP completed by: <b>B6</b> SOAP reviewed by:
B6
SOAP Text B6 8:18AM - B6
B6 8:19:07 AM EXAM, GENERAL
History:7 yo CM Dobie who presented for right hind limb lameness. He became acutely lame on his RH after running around 3-4 weeks ago. He was taken to the DVM who suspected a B6 rupture. Hx of B6 for 6 years. rDVM did bloodwork, showed increase of ALT and started him on B6 ALT decreased after 2 weeks on B6

Client: B6	
Subjective (S): BAR-H. Very anxious. MM pink, moist CRT<2s 2 days post op lateral suture RH. Patient did well over night. Catheter intact as is his E collar. He is eating to defecate, but he produced a large stool during recovery. He was misbehaving re his catheter last night  86	
Bandage removed today, incision looks very well apposed with minimal discharge. Nonpainful on palpati today.	on. Ready to be discharged
Objective (O)	
<b>B6</b>	
H/L: NMA. NSR. fPSS. Normal BVs bilaterally. Eupneic. Catheter site palpates appropriately.	
<b>B6</b>	
Plan (P) P1: Discharge today  B6	
SOAP completed by: B6 V16 SOAP reviewed by:	
<b>B6</b>	
Initial Complaint: Chief Recheck No Xrays	
SOAP Text   B6   3:13PM   B6	
interest / / / / / / / / / / / / / / / / / / /	deficiency.

Recheck examination:

Client: Patient: B6
SOAP created by: B6 V'16 SOAP reviewed by: Initial Complaint: New   B6   DCM/arrhythmia (poss DCM study)
Initial Complaint: Emergency
Initial Complaint: Chief New Soft Tissue B6 on gums - CT on hold 12/11 @ 3PM Hx VW and heart disease (cardio appt 12/5)
Initial Complaint: Drop Off Chief Surgery, Admit to B, mandible mass
SOAP Text   B6 9:28AM - B6
Subjective EXAM, GENERAL
Subjective (S)
10 yo CM Doberman
B6 s presenting today B6 for B6 resection. Owner noticed an oral mass on right side of mouth around mid-May of this year. It reportably started as an abscess, and about a month ago the owner noticed the mass triple in size. B6 still has a good appetite and is on a home cooked soft food diet. The mass has been bleeding and has a significant odor. B6 was on a two week course of B6 which helped with the odor, and it has since discontinued and the odor has returned B6 has a history of B6 nd DCM which he is on medications to help manage.
Subective (S)
<b>B6</b>

Page 6/406

Objective (O)

**B6** 

H/L: NMA, NSR, FPSS. Normal BVS in all lung fields, no crackles or wheezes ausculted. Eupnic.

**B6** 

Diagnostics Completed:				
<b>B6</b> :				
vWF: 68%				
B6				
Big 4: PCV 47, TS 7.6, BG 88, Azo 0				
Assessment (A)				
A2: History of DCM		B6	 	
	B6			
Plan (P)			 '	
P1: Mandibular mass resection				

**Disposition/Recommendations** 

**B6** 

SOAP completed by:

SOAP reviewed by:

n.,	-			
LII	MIT	ШDO	18	
		Sept Services 19 has		onton
NEIG	rinary	Mich	LOI I	CINCI

stringsoft

Lab Re	sults Report	
Veterinarian Patient ID: Visit ID:	[B6]	
Client:	B6	

# Foster Hospital for Small Animals

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

Patient:	B6	
Species:	Canîne	
Breed:	Doberman Pinscher	
Sex:	Male (Neutered)	
Age:	B6 Years Old	

None	B6	10:03:39 PM	Accession ID:	36
Test	Results		Reference Rang	e Units
Blood Glucose - fee charged (TVETS)			0 - 0	mg/dl
PCV for PCV/TS/AZO/BG	В6		0 - 0	
TS (TVETS)	B0		0 - 0	g/dl
AZO			0 - 0	mg/dl
None	B6	9:11:00 AM	Accession IDi B	6
Test	Results		Reference Rang	e Units
VWF:AG	B6		0 - 0	%
None	B6	10:52:00 AM	Accession ID: B	6
Test	Results		Reference Rang	e Units
SALINE AGGLUTINATION	В	6	0 - 0	
BLOOD TYPE	D	O	0 - 0	
None	1 B6	1:54:00 PM	Accession ID:	16
Test	Results		Reference Rang	ge Units
VWF:AG	68		0 - 0	%
None	B6	9:22:02 AM	Accession ID:	6
Test	Results		Reference Rang	ge Units
PLT(ADVIA)			173 - 486	K/uL
PT	B6		6.2 - 9.3	seconds
PTT			8.9 - 16.3	seconds
None	B6	9:38:56 AM	Accession ID: B	6
		9/406	B6 [	B6

Printed Thursday, December 27, 2018

	-
Client:	DG
Patient:	B6
	Lacratecatecatecatecatecate

Margarit

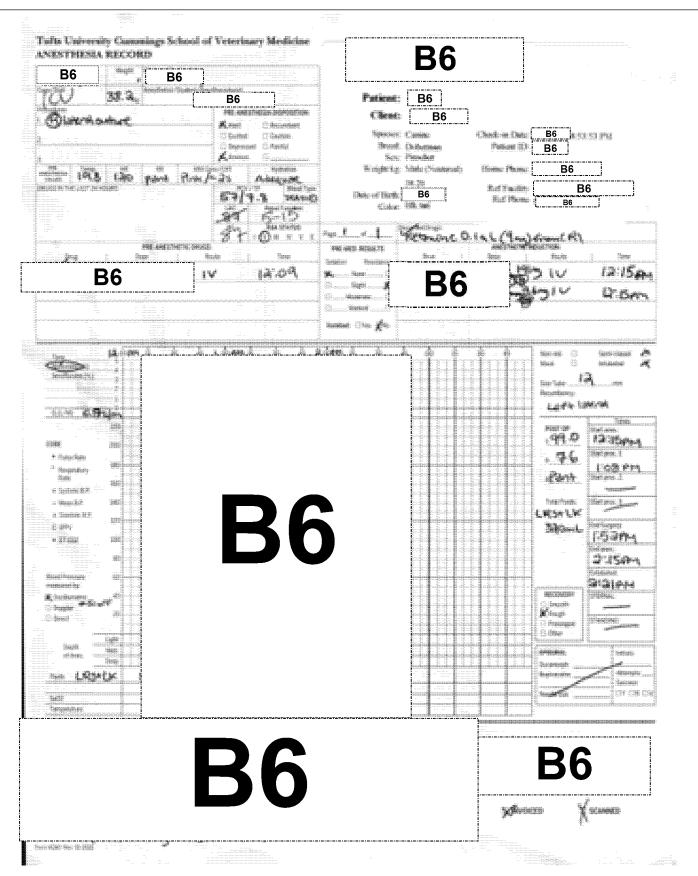
Test	Results	Reference Range	Units
TS (FHSA)		0 - 0	g/dL
AZO (FHSA)		0 - 0	
BG (FHSA)	B6	0 - 0	g/dL
TS (FHSA)		O - O	g/dL
PCV *	1_1	0 - 0	%

10/406

Printed Thursday, December 27, 2018

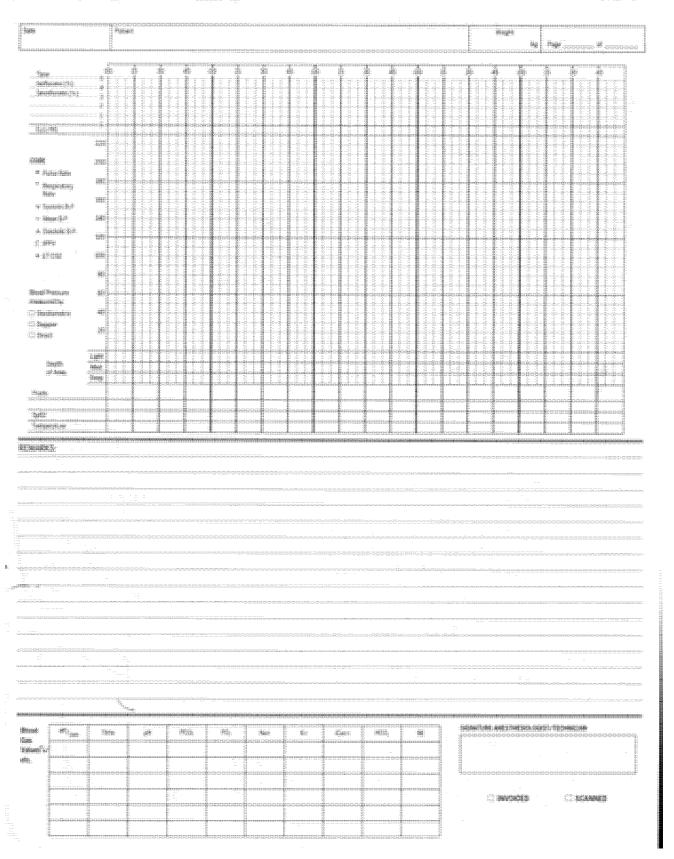
B6

#### Anesthesia Record& checklist



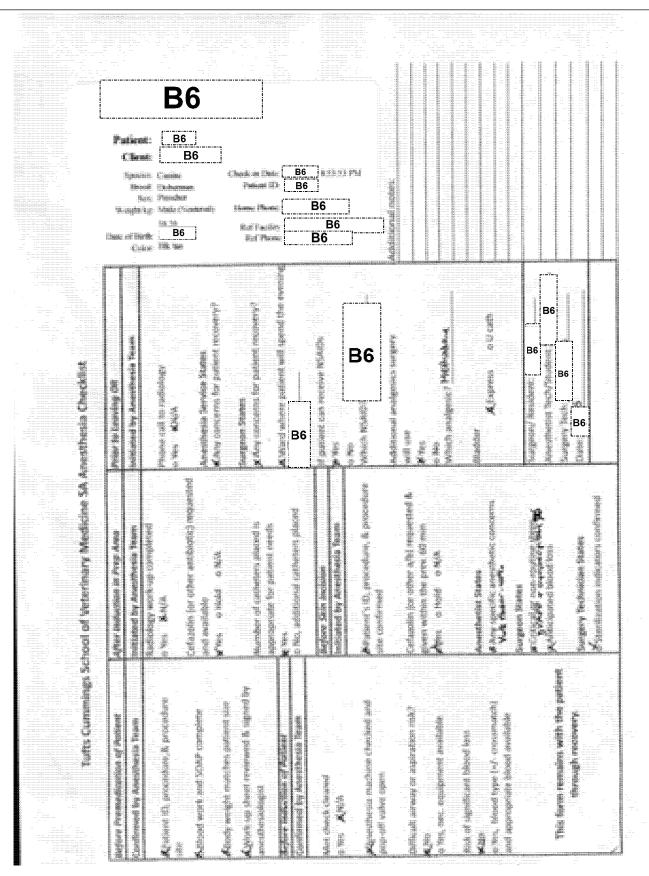
Page 11/406

#### Anesthesia Record& checklist



Page 12/406

#### Anesthesia Record& checklist



Page 13/406

Client:	D6
Patient:	DU

Anesthesia Record& checklist

transfusion request and monitoring form **B6 B6** TUFTS U TRANSFUSION REQUE **B6** Fatured DATE: Characte В6 **B6 B6** B6 (1.11.874 B6 B6 Newschille Claiming PATIENT WEIGHT: Proof Distress Sec. Proches **B6** Money Phone Barrier by "Africa Comments PATIENT BLOOD TYPE: B6 В6 B6 Camine: 1.1 Neg 1.1 Pos Sunkmount Code 188 ber BLOOD CHARGE CODE CONOR **CONATION DATE** BLOOD TYPE PRODUCT ゴバサ Crun > D (act) = 45  $t_{P}$ **B6** YOUNG First transfusion: Unknown 🗍 No 140 Unit Crossmatched Yes CHARGE CODES: CAN NE: oRBCs full unit: HITF Platelet Rich Plasma. цта pARCs % unit. Lyophilized Cryoprecipitate: HITE **IJ**Ţ₿≱ CRBCs % unit ITTP Frozen Cryoprecipitate: HITM Whole Blood HTI Aburren: ITM FFP full unit: HTD FFP to unit: BITA FELINE: FFIP W unit HTR pABCs: HTD Whole Blood: HTC FFP: HTJ REFER TO BACK OF SHEET FOR ANY POSSIBLE TRANSFUSION REACTION AND RECORD PRE-TRANSFUSION PCV/T5 (color of sensor): PIPS' Pulter THE PARTY Conser Recorder a Time Mentation Quality NE CRT Otranovations to it late. BASSLAN 0 mlm 15 min 30 min T Par 2 24 3 mr 4 hr N Par POST-TRANSFUSION (1-2hr) PCV/TS (color of serum):\_\_ PIPII Blue copy: Patient Record Yellow Coov: Blood Bank Pink Coor: Accounting

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:	/oluntary			
Report Submission Date:	2018-12-27 10:47:28 EST			
Reported Problem:		and diagnosed DCM WB taurine B6 plas supplementation). Or in 3 months	I at primary care vet on 11/15/18. Evaluated at Tufts B6 I with VPCs and APCs. Eating unbalanced homecooked diet. sma not measured because owner had started taurine wher was recommended to change diet and we will recheck	
	Date Problem Started:	11/15/2018		
	Concurrent Medical Problem:	35		
	Pre Existing Conditions:	B6		
	Outcome to Date:	Stable		
Product Information:	Product Name:	Homecooked diet - s	see diet history in medical record	
	Product Type:	Other		
	Lot Number:			
	Product Use Information:			
	Manufacturer /Distributor Information:	Maria de la companya de la companya de la companya de la companya de la companya de la companya de la companya		
	Purchase Location Information:			
Animal Information:	Name:	B6		
	Type Of Species:	Dog		
	Type Of Breed:	Doberman Pinscher		
	Gender:	Male		
	Reproductive Status:	Neutered		
	[ [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	: 40.9 Kilogram		
	3	B6 Years		
	Assessment of Prior Health:			
	Number of Animals Given the Product:			
	Number of Animals Reacted:			
	Owner Information:	Owner Information provided:		
		Contact:	Name: B6	
			Phone: B6	
			Email: B6	
		Address:	B6 United States	
	Healthcare Professional	Practice Name:	Tufts Cummings School of Veterinary Medicine	
	Information:	Contact:		
		Jonass	Name: Lisa Freeman Phone: (508) 887-4523	

		Address:	Email: lisa freeman@tufts.edu
			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:			
	The State Control of the Control of	rpt_medical_record_	
		B6 medical records	
	Type:	Medical Records	

Report Details - EON-	.5					
ICSR:	2061172			***************************************		
Type Of Submission:	Initial				***************************************	
Report Version:	FPSR.FDA.PETF.V.V1					
Type Of Report:	Adverse Event (a symptom	reaction or disease a	associated with	the product)		
Reporting Type:	Voluntary					
Report Submission Date:						
Reported Problem:	Problem Description:	Canin Early Cardiac	and dog has im	proved signi	/18 Owner changed of ficantly. Will recheck tact owner but sent a	again in 3
	Date Problem Started:	04/11/2018			***************************************	
	Concurrent Medical	No				
	Problem:	D - H // //D				
	3	Better/Improved/Red				
Product Information:	Product Name:	Zignature kangaroo	dry			
	Product Type:	e: Pet Food				
	Lot Number:					
	Package Type:	4				
	Product Use Information:	Description:	See diet history 2017 Acana Po	y for more de ork/Squash b	etails. Zignature Sept refore that	2017-April
	Manufacturer /Distributor Information:					
	Purchase Location Information:			10.000		
Animal Information:	Name:	B6				
	Type Of Species:	Dog				
	Type Of Breed:	d: Retriever - Golden				
	Gender:	r Female				
	Reproductive Status:	s: Neutered				
		26.3 Kilogram			***************************************	
	Age:	B6 /ears		***************************************		
	Assessment of Prior Health:	Excellent				
	Number of Animals Given the Product:	1				
	Number of Animals Reacted:	1				
	Owner Information:	Owner Information provided:	Yes			
		Contact:	Name:	В6		
			Phone:	B6		
			Email:		B6	]
		Address:	<u> </u>			
			RA			
			טט			
			United States			
	Healthcare Professional Information:	Practice Name: Contact:	Ţ		Veterinary Medicine	
		Gontact.		Lisa Freema		
			1	(508) 887-4		
			Email:	lisa.freemar	1@τuπs.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[B6pdf	
	Description;	Records Medical Records	

To: Carey, Lauren; Cleary, Michael \*; HQ Pet Food Report Notification;

**B6** 

**Sent:** 3/21/2019 3:41:24 PM

Subject: Homecooked diet - see diet history in medical record: Lisa Freeman -

EON-382947

Attachments: 2064359-report.pdf; 2064359-attachments.zip

A PFR Report has been received and Related PFR Event [EON-382947] has been created in the EON System.

A "PDF" report by name "2064359-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 "2064359-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

**EON Key:** EON-382947

ICSR #: 2064359

**EON Title:** Related PFR Event created for Homecooked diet - see diet history in medical record; 2064359

AE Date	11/15/2018	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Doberman Pinscher		
Age	<b>B6</b> Years		
District Involved	PFR-New England DO		

### **Product information**

**Individual Case Safety Report Number: 2064359** 

**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 12/5/18 and diagnosed DCM with VPCs and APCs. Eating unbalanced homecooked diet. WB tauring **B6** (plasma not measured because owner had started taurine supplementation). Owner was recommended to change diet and we will recheck in 3 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: Stable

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** 

JSA

To view this Related PFR Event, please click the link below: <a href="https://eon.fda.gov/eon//browse/EON-382947">https://eon.fda.gov/eon//browse/EON-382947</a>

To view the Related PFR Event Report, please click the link below:

 $\underline{https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none\&e=0\&issueType=10100\&issueId=400045\&parentIssueTypeId=12$ 

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through your local district FDA office.

{				
Report Details - EON-3	382947			
	2064359			
	Followup			
	FPSR.FDA.PETF.V.V1	a a norta a colonia a norta a la norta a norta la norta a norta la norta a norta a norta a norta a		
•	Adverse Event (a symptom,	reaction or disease a	ssociated with the	ne product)
Reporting Type:	Voluntary			
Report Submission Date:	;)			
Initial Report Date:	12/27/2018			
Parent ICSR:	2060600			
Follow-up Report to FDA Request:	Yes			
Reported Problem:	Problem Description:	and diagnosed DCM WB taurine <b>B6</b> plas supplementation). On in 3 months	with VPCs and a	vet on 11/15/18. Evaluated at Tufts 12/5/18 APCs. Eating unbalanced homecooked diet. ed because owner had started taurine mended to change diet and we will recheck
	Date Problem Started:	11/15/2018		
	Concurrent Medical Problem:	Yes		
	Pre Existing Conditions:			<b>B6</b>
	Outcome to Date:	Stable		
Product Information:	Product Name:	Homecooked diet - s	ee diet history in	medical record
	Product Type:	5 7	*	
	Lot Number:	7		
	Product Use			
	Information:	19 19 19 19 19 19 19 19 19 19 19 19 19 1		
	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:	<b>B6</b>	

			B6 United States	
	Healthcare Professional	Day of the Allegan	11 -2 42-1 2 2-26-2	
	Information:	radioc name.		gs School of Veterinary Medicine
		Contact:	FA. S. V. S. V. S. S. S. S. S. S. S. S. S. S. S. S. S.	Lisa Freeman
				: (508) 887-4523
				: lisa.freeman@tufts.edu
		Address:	200 Westboro North Grafton Massachusett 01536 United States	s
Sender Information:	Name:	Lisa Freeman		
		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:	Medical record 12-2	018-3-2019-cor	mpressed.pdf
	Description:	Medical record Dec	2018-March 20	19
	Туре:	Medical Records		
	Attachment:	Medical record 12-2	018-3-2019 2.p	df
	Description:	Medical record		
	Type:	Medical Records		

From: PFR Event <pfreventcreation@fda.hhs.gov>

To: Cleary, Michael \*; HQ Pet Food Report Notification; B6

Sent: 12/27/2018 3:56:41 PM

Subject: Homecooked diet - see diet history in medical record: Lisa Freeman - EON-374789

Attachments: 2060600-report.pdf; 2060600-attachments.zip

A PFR Report has been received and PFR Event [EON-374789] has been created in the EON System.

A "PDF" report by name "2060600-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 "2060600-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

**EON Key:** EON-374789

ICSR #: 2060600

**EON Title:** PFR Event created for Homecooked diet - see diet history in medical record; 2060600

AE Date	11/15/2018	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Doberman Pinscher		
Age	<b>B6</b> Years		
District Involved	PFR-New England DO		

### **Product information**

**Individual Case Safety Report Number: 2060600** 

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 **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
Homecooked diet - see diet history in medical record		

### **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-374789

To view the PFR Event Report, please click the link below:

 $\underline{https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none\&e=0\&issueType=12\&issueId=391798$ 

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To: Cleary, Michael \*; HQ Pet Food Report Notification B6

**Sent:** 1/14/2019 10:24:45 PM

Subject: Zignature kangaroo dry: Lisa Freeman - EON-376363

Attachments: 2061172-report.pdf; 2061172-attachments.zip

A PFR Report has been received and PFR Event [EON-376363] has been created in the EON System.

A "PDF" report by name "2061172-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 "2061172-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

**EON Key:** EON-376363

ICSR #: 2061172

EON Title: PFR Event created for Zignature kangaroo dry; 2061172

AE Date	04/11/2018	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Better/Improved/Recovering
Breed	Retriever - Golden		
Age	<b>B6</b> Years		
District Involved	PFR-New England DO		

### **Product information**

**Individual Case Safety Report Number: 2061172** 

Product Group: Pet Food

**Product Name:** Zignature kangaroo dry

**Description:** Eating BEG diet; developed DCM and CHF 4/11/18 Owner changed diet to Royal Canin Early Cardiac and dog has improved significantly. Will recheck again in 3 months. Have not gotten approval for you to

contact owner but sent an email today

**Submission Type:** Initial

**Report Type:** Adverse Event (a symptom, reaction or disease associated with the product) **Outcome of reaction/event at the time of last observation:** Better/Improved/Recovering

Number of Animals Treated With Product: 1 Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Zignature kangaroo 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-376363

To view the PFR Event Report, please click the link below:

 $\underline{https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none\&e=0\&issueType=12\&issueId=393372}$ 

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Report Details - EON-	376446					
ICSR:	2061214					
Type Of Submission:	Initial					
Report Version:	FPSR.FDA.PETF.V.V1					
Type Of Report:	Adverse Event (a symptom,	reaction or disease a	ssociated with th	ne product)		
Reporting Type:	Voluntary					
Report Submission Date:	2019-01-15 15:49:52 EST					
Reported Problem:	Problem Description:	identified Feeding Bl	EG diets all of he ig to Purina EN F	r life (Zignatu iber and we v	er 2018 and arrhythmia re) DCM and VPCs identified 1 will recheck in 3 months BNP	
	Date Problem Started:	01/09/2019				
	Concurrent Medical Problem:					
	Pre Existing Conditions:	Boxer <b>B6</b> as youn	g dog. Successfu	ully treated		
	Outcome to Date:	Stable				
Product Information:	Product Name:	Zignature - various fl	avors (venison o	ioat, kandaro	o, lamb, turkey, pork)	
	Product Type:	7 <del></del>		,,	,	
	Lot Number:					
	Product Use Information:	Description:	Rotated proteins	s/flavors of Zig	gnature for past 8-9 years	
	Manufacturer /Distributor Information:					
	Purchase Location Information:					
Animal Information:	Name:	В6				
	Type Of Species:	h				
		: Boxer (German Boxer)				
	Gender:	4				
	Reproductive Status:	Neutered				
	41	21 Kilogram				
	Age:	<b>B6</b> Years				
	Assessment of Prior Health:	ý				
	Number of Animals Given the Product:	1				
	Number of Animals Reacted:	1				
	Owner Information:	Owner Information provided:	Yes			
		Contact:	Name:	B6		
			Phone:	B6		
			Email:	E	36	
		Address:	<b>B6</b>			
			United States	j		
	Healthcare Professional Information:	Practice Name: Contact:	Name: I	School of Ve Lisa Freeman (508) 887-452		

			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:		
	Preferred Method Of Contact:		
Additional Documents:			
	Attachment:	rpt_medical_record_	preview B6 pdf
	Description:		
	Total	Medical Records	

From:	PFR Event <pfreventcreation@fda.hhs.gov></pfreventcreation@fda.hhs.gov>
То:	Cleary, Michael *; HQ Pet Food Report Notification B6
Sent:	2/24/2019 9:32:37 PM
Subject:	Poulin Pro Form Lamb and Rice Adult Maintenance Dry: Lisa Freeman - EON-380706
Attachments:	2063113-report.pdf; 2063113-attachments.zip

A PFR Report has been received and PFR Event [EON-380706] has been created in the EON System.

A "PDF" report by name "2063113-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 "2063113-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

**EON Key:** EON-380706

Product Group: Pet Food

ICSR #: 2063113

**EON Title:** PFR Event created for Poulin Pro Form Lamb and Rice Adult Maintenance Dry; 2063113

AE Date	12/22/2018	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Irish Wolfhound		
Age	6 Years		
District Involved	PFR-New England DO		

Product information	
Individual Case Safety	Report Number: 2063113

Product Name: Poulin Pro Form Lamb and Rice Adult Maintenance Dry

**Description:** Had In September 2018; re-presented in December 2018 when arrhythmias were noted. Cardiology consult identified arrhythmias and reduced contractile function (and eating BEG diet). Unclear whether this was primary problem or secondary to systemic illness. Rechecked by cardiology 2/5/19 and still had arrhythmia and reduced contractility. NT-proBNP and cTnI elevated. Owner already changed diet in January to Purina Pro Plan Chicken and Rice so will continue on this diet 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: 1 Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Poulin Pro Form Lamb and Rice Adult Maintenance Dry		

### **Sender information**

Lisa Freeman 200 Westboro Rd North Grafton, MA 01536 USA

### **Owner information**

В6

USA

To view this PFR Event, please click the link below: https://eon.fda.gov/eon//browse/EON-380706

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=397715

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Failure to adhere to the above provisions could result in removal from the approved distribution list. If you think



Report Details - EON-	380706				
ICSR:	2063113				
Type Of Submission:	Initial				
Report Version:	FPSR.FDA.PETF.V.V1				
Type Of Report:	Adverse Event (a symptom,	Adverse Event (a symptom, reaction or disease associated with the product)			
Reporting Type:	Voluntary				
Report Submission Date:	2019-02-24 16:24:11 EST				
Reported Problem:	Problem Description:	arrhythmias were no contractile function ( problem or secondar still had arrhythmia a Owner already chan	ptember 2018; re-presented in December. Cardiology consult identified arrhythmod eating BEG diet). Unclear whether this to systemic illness. Rechecked by carding reduced contractility. NT-proBNP and ed diet in January to Purina Pro Plan Chiet and will recheck in 3 months.	nias and reduced is was primary iology 2/5/19 and cTnl elevated.	
	Date Problem Started:	12/22/2018			
	Concurrent Medical Problem:	Yes			
	Pre Existing Conditions:	<b>B6</b> }ept and	Dec 2018		
	Outcome to Date:	Stable			
Product Information:	Product Name:	Poulin Pro Form Lan	b and Rice Adult Maintenance Dry		
	Product Type:	Pet Food			
	Lot Number:				
	Package Type:	BAG			
	Product Use Information:	Description:	Please see diet history form for more det	ails	
	Manufacturer // // // // // // // // // // // // //				
	Purchase Location Information:				
Animal Information:	Name:	B6			
	Type Of Species:	Dog			
	Type Of Breed:	Irish Wolfhound			
	Gender:	Female			
	Reproductive Status:	† ?			
	Pregnancy Status:	7			
	Lactation Status:	<u> </u>			
		60.5 Kilogram			
	Age: Assessment of Prior Health:	6 Years Good			
	Number of Animals Given the Product:	1			
	Number of Animals Reacted:	1			
	Owner Information:	Owner Information provided:	Yes		
		Contact:	Name: B6	15 15 15 15	
			Phone: B6		
			Email: B6		
		Address:	Ba I		
			<b>B</b> 6	80 CC12120202121212121212121212121212121212	

	Healthcare Professional	Practice Name:	Tufts Cummings School of Veterinary Medicine
	Information:	Contact:	Control of the Contro
			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:		
	Preferred Method Of Contact:	Email	
Additional Documents:			
	Attachment:	cbc and profile.pdf	
	Description:	Will send by email	
	Type:	Medical Records	

From: Related PFR Event <pfrsignificantactivitycreation@fda.hhs.gov>

To: Carey, Lauren; Cleary, Michael \*; HQ Pet Food Report Notification;

B6

Sent: 6/11/2019 3:08:57 PM

Subject: Poulin Pro Form Lamb and Rice Adult Maintenance Dry: Lisa Freeman - EON-390164

Attachments: 2068069-report.pdf; 2068069-attachments.zip

A PFR Report has been received and Related PFR Event [EON-390164] has been created in the EON System.

A "PDF" report by name "2068069-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 "2068069-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

**EON Key:** EON-390164

ICSR #: 2068069

EON Title: Related PFR Event created for Poulin Pro Form Lamb and Rice Adult Maintenance Dry; 2068069

AE Date	12/22/2018	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Irish Wolfhound		
Age	6 Years		
District Involved	PFR-New England DO		

### **Product information**

**Individual Case Safety Report Number: 2068069** 

Product Group: Pet Food

**Product Name:** Poulin Pro Form Lamb and Rice Adult Maintenance Dry

**Description:** Had B6 in September 2018; re-presented in December 2018 when arrhythmias were noted. Cardiology consult identified arrhythmias and reduced contractile function (and eating BEG diet). Unclear whether this was primary problem or secondary to systemic illness. Rechecked by cardiology 2/5/19 and still had arrhythmia and reduced contractility. NT-proBNP and cTnI elevated. Owner already changed diet in January to

Purina Pro Plan Chicken and Rice so will continue on this diet and will recheck in 3 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: Stable

Number of Animals Treated With Product: 1 Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Poulin Pro Form Lamb and Rice Adult Maintenance Dry		

This report is linked to:

**Initial EON Event Key: EON-380706** 

Initial ICSR: 2063113

### **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-390164

To view the Related PFR Event Report, please click the link below:

 $\underline{https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none\&e=0\&issueType=10100\&issueId=407436\&parentIssueTypeId=12$ 

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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.

{						
Report Details - EON-	390164					
ICSR:	2068069					
Type Of Submission:	Followup					
Report Version:	FPSR.FDA.PETF.V.V1	i a norta nomenta norta a lla corta a norta la norta a norta norta i a norta a norta i				
Type Of Report:	Adverse Event (a symptom,	reaction or disease a	ssociated with the product)			
Reporting Type:	Voluntary					
Report Submission Date:	)					
Initial Report Date:	02/24/2019					
Parent ICSR:	2063113					
Follow-up Report to FDA Request:	Yes					
Reported Problem:	Problem Description:	arrhythmias were no contractile function ( problem or secondar still had arrhythmia a Owner already chan will continue on this	eptember 2018; re-presented in December 2018 when led. Cardiology consult identified arrhythmias and reduced and eating BEG diet). Unclear whether this was primary by to systemic illness. Rechecked by cardiology 2/5/19 and not reduced contractility. NT-proBNP and cTnI elevated. By the diet in January to Purina Pro Plan Chicken and Rice so liet and will recheck in 3 months.			
	Date Problem Started:					
	Concurrent Medical Problem:					
	Pre Existing Conditions	s B6 sept and Dec 2018				
	Outcome to Date:	Stable				
Product Information:	Product Name:	Poulin Pro Form Lan	b and Rice Adult Maintenance Dry			
	Product Type:	Pet Food				
	Lot Number:					
	Package Type:	BAG				
	Product Use Information:					
	Manufacturer /Distributor Information:					
	Purchase Location Information:					
Animal Information:	Name:	В6				
	Type Of Species:	L				
	Type Of Breed:	}				
	Gender:	) 				
	Reproductive Status:	Intact				
	Pregnancy Status:	Not Pregnant				
	Lactation Status:					
	Weight:	60.5 Kilogram				
	Age:	6 Years				
	Assessment of Prior Health:	or Good				
	Number of Animals Given the Product:	1				
	Number of Animals Reacted:	1				
	Owner Information:	Owner Information provided:				
		Contact:	Name: B6 Phone: B6			

			Email: B6		
		Address:	<b>D</b>		
			B6		
			United States		
	Healthcare Professional	Practice Name:	Tufts Cummings School of Veterinary Medicine		
	Information:	Contact:			
		1000000	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 med reco	ds pt 2.pdf		
	Description:	Med Records			
	Type:	Medical Records			
	Attachment:	Follow-up med reco	ds pt 1 pdf		
	Description:	Med Records			
	Туре:	Medical Records			
	Attachment:	ECG 5-9-2019.pdf			
	Description:	A company of the way of the company			
		Medical Records			

12\_Lead: Standard Placement...

ECG from cardio

**B6** 

**B6** 

10:41:01 AM
Tufts University
Tufts Cummings School of Vet Med Cardiology

**B6** 

ECG from cardio

**B6** 

B6

Page 1 of 2

10:41:30 AM Page 1 o Tufts University Tufts Cummings School of Vet Med Cardiology

12 Lead: Standard Placement

**B6** 

ECG from cardio

**B6** 

Page 2 of 2

B6 10:41:30 AM Page 2 o Tufts University Tufts Cummings School of Vet Med Cardiology

**B6** 

# Cummings Veterinary Medical Center

Diet Suggestions:

Foster Hospital for Small Animals 95 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Fax (508) 839-7951 http://wetmed.tufts.edu/

### Discharge Instructions

Patient	Owner	
Maine B6	Mannes B6	<b>Patient III:</b> B6
Species: Canine	Address: D.C	
Gray Femaletrish Wolfhound	B6	
<b>Birthdate:</b> B6		
Attending Cardiologist:		
John E. Rush DVM, MS, DACVIM (Ca	rdiology), DACVECC	
<b>B6</b>		
Cardiology Resident:		·
B6		
Cardiology Technician:		
<b>B6</b>		
Student: B6		
Diagnoses: Slightly decreased cardiac contractility - stable History of single ventricular premature contractility - stable History of single ventricular premature contractility - stable Suspected geniatric-onset laryngeal paralysis  Clinical Findings: Thank you for bringing B6 to the Tufts Car  You report that B6 is doing much better a	actions (VPCs) - none seen today and paresis (GOLPP) with recum diology Service for a recheck tho thome, and her breathing has in	ught the DCM study. aproved since started B6 You did
note that she had a laceration of the foot par		
echocardiogram today demonstrated that the better than on her previous esam. The cham	bers in her heart are normal size	dand the walls of the chambers are normal
thickness. Her EOG (electrocardiogram) did r	not show any amhythmias (irregu	larheart beats).
B6 did not show any signs of worsening ca these tests, and will call or email you when w		day. We submitted blood today to recheck
Monitoring at Home: Please monitor B6 for changes in appetite lethargy, or any other changes. If you note ar possible		

Please continue f	eeding B6 the P	urina Proplan food.		
Bertise Recomm B6 does not no weterinarian.		striction at this time. If you	notice that she is not tolerating exercise, sto	opand contact a
Medications:	De	as previously directed.		
			ation and echo on August 12th at 11:30am.	
(508)-887-4696 o Please visit our H http://vet.tufts.e	r email us at cardi eartSmart website du/heartsmart/ Disdoiner:	wet@tuits.edu for schedul for more information	it patient! Please contact our Cardiology liaising and non-emergent questions or concern and on examination by one of our veterinarians	<b></b>
Ordering Food: Please check with please call 7-10 do		notion to purchase the recom- -887-4629) to ensure the foo	mended diet(s). If you wish to purchase your fo d is in stock. Alternatively, veterinary diets can	
		veterinary doctors work with ; se see our website: <u>vet.tufts.e</u>	you and your pet to investigate a specific disease du/comc/clinical-studies	se process or a
	Case B6	Owner B6	Discharge Instructions	

# Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY

Cardiology Liaison: 508-887-4696

Patient ID: B6

B6 Canine
B6 ears Old Female Irish Wolfhound

## Cardiology Appointment Report DCM STUDY

Date: B6			
Attending Cardiologist:			
B6			
Cardiology Resident:		-	
B6		<u>.</u>	
Cardiology Technician:			
<b>B6</b>			
Student: B6 V20			
Presenting Complaint: DCM study3m recheck			
Concurrent Diseases: Recurrent aspiration B6 hindlimb we General Medical History: 1st evaluated in 12/18 for acute resp distributed by decreasing the factor of the factor		B6	GOLPP) Echo showed
General Medical History: 1st evaluated in 12/18 for acute resp distr	ess B6	B6	- 
General Medical History: 1st evaluated in 12/18 for acute resp distr mildly deor contractile fxn, no cardiomegaly. Has occasional VPCs. Had bronchoscopy, TTW, chest rads and course of ABX in april for	ess B6	B6	- 
General Medical History: 1st evaluated in 12/18 for acute resp distr mildly deor contractile fxn, no cardiomegaly. Has occasional VPCs. Had bronchoscopy, TTW, chest rads and course of ABX in april for Resp fxn has improved since starting simplicef, breathing much bett	ess B6	B6	- 
General Medical History: 1st evaluated in 12/18 for acute resp distributed mildly decriporter contractile fxn, no cardiomegaly. Has occasional VPCs.  Had bronchoscopy, TTW, chest rads and course of ABX in april for Resp fxn has improved since starting simplicef, breathing much bett B6	ess B6	B6	- 
General Medical History: 1st evaluated in 12/18 for acute resp distributed decreption of the contractile fxn, no cardiomegaly. Has occasional VPCs. Had bronchoscopy, TTW, chest rads and course of ABX in april for Resp fxn has improved since starting simplicef, breathing much bett B6  Drags L foot  Diet and Supplements: Purina ProPlan - 2c BID	ess B6	B6	- 
General Medical History: 1st evaluated in 12/18 for acute resp distributed decreption of the contractile fxn, no cardiomegaly. Has occasional VPCs. Had bronchoscopy, TTW, chest rads and course of ABX in april for Resp fxn has improved since starting simplicef, breathing much bett B6  Drags L foot  Diet and Supplements: Purina ProPlan - 2c BID No supplements	ess B6	B6	- 
General Medical History: 1st evaluated in 12/18 for acute resp distriction mildly decricontractile fxn, no cardiomegaly. Has occasional VPCs. Had bronchoscopy, TTW, chest rads and course of ABX in april for Resp fxn has improved since starting simplicef, breathing much bett B6  Drags L foot  Diet and Supplements: Purina ProPlan - 2c BID No supplements  Cardiovascular History:	ess B6	B6	- 
General Medical History: 1st evaluated in 12/18 for acute resp distriction mildly deor contractile fxn, no cardiomegaly. Has occasional VPCs. Had bronchoscopy, TTW, chest rads and course of ABX in april for Resp fxn has improved since starting simplicef, breathing much bett B6  Drags L foot  Diet and Supplements: Purina ProPlan - 2c BID No supplements  Cardiovascular History: Prior CHF diagnosis? n	ess B6	B6	- 
General Medical History: 1st evaluated in 12/18 for acute resp distriction mildly deor contractile fxn, no cardiomegaly. Has occasional VPCs. Had bronchoscopy, TTW, chest rads and course of ABX in april for Resp fxn has improved since starting simplicef, breathing much bett B6  Drags L foot  Diet and Supplements: Purina ProPlan - 2c BID No supplements  Cardiovascular History: Prior CHF diagnosis? n Prior heart murmur? n	ess B6	B6	- 

Cough?no Shortness of breath or difficulty breathing? no Syncope or collapse? no Sudden onset lameness? no Exercise intolerance? no

		to CV System	=-	
	B	36		

Cardiac Physical Examination:		
	DC	
	<b>B6</b>	
Muscle condition:		
Normal Mild muscle loss	<ul><li>Moderate cacheda</li><li>Marked cacheda</li></ul>	
Cardiovascular Physical Exam:		
Murmur Grade:	<b>19</b>	
None // None	☑ rv/vi ☑ v/vi	
<u> </u>	☑ vi/vi	
□ III/VI	— • <b>, •</b> ,	
Jugular vein:		
Bottom 1/3 of the neck	1/2 way up theneck	
Middle 1/3 of the neck	✓ Top 2/3 of the neck	
Arterial pulses:		
Weak	Bounding	
Fair	Pulse delicits	
Good	Pulsus paradoxus  Other:	
✓ Strong	Ciner:	
Arrhythmia:	_	
Mone.	Bradycardia	
Sinus arrhythmia	✓ Tachycardia	
Premature beats - possible rare, on	ly heard by one person	
Gallop:		
Yes	Pronounced	

Pronounced
Other:

Intermittent		
Pulmonary assessments:  Eupneic  Mild dyspnea  Marked dyspnea  Normal BV sounds	<ul> <li>Pulmonary crackles</li> <li>Wheezes</li> <li>Upper airway stridor</li> </ul>	
Abdominal exam:  Normal  Hepatomegaly  Abdominal distension	Mild ascites Marked ascites	
<u>Problems</u> : DCM-like changes Arrhythmias		
Diagnostic plan:  Echocardiogram  Chemistry profile  ECG Renal profile  Blood pressure	☐ Dialysis profile ☐ Thoracic radiographs ☐ NT-proBNP ☐ Troponin I ☐ Other tests: DOM study	
	<b>B6</b>	
Mitral inflow:  Summated Normal  Delayed relaxation	Pseudonormal Restrictive	
ECG findings:  B6  Assessment and recommendations:		
ADELMINISTEM I CEMINISTEM INTE		

Echocardiogram reveals mildly reduced contractile function, but there may be slight improvement in vigor of contraction today. No arrhythmia was observed compared to relatively frequent VPCs last time. It is unclear whether these improvements are related to daily variation, better control of pneumonia, or actual improvement in cardiac status. Blood work submitted for DCM study. Recheck in 3 months for echo and blood work +/- EKG for study.

### **Final Diagnosis:**

Mild decreased of the contractile function r/o variant of normal vs. DCM (diet related vs. breed related)

**************************************		
M-Mode is est		
IVSd		cm
LVIDd		cm
LVPWd		cm
IVSs		cm
LVIDs		cm
LVPWs		cm <sub>.</sub>
EDV(Teich)		ml
ESV(Teich)	<b>B6</b>	ml
EF(Teich)		%
%FS		%
SV(Teich)		ml
Ao Diam		cm
LA Diam		cm
LA/Ao		
Max LA		cm
TAPSE		cm
M-Mode Normalized	,	
IVSdN		(0.290 - 0.520)
LVIDdN		(1.350 - 1.730)
LVPWdN		(0.330 - 0.530)
IVSsN	B6	(0.430 - 0.710)
LVIDsN	БО	(0.790 - 1.140)
LVPWsN		(0.530 - 0.780)
Ao Diam N		(0.680 - 0.890)
LA Diam N		(0.640 - 0.900) !
2D	,,	
SA LA		cm
Ao Diam		cm
SA LA / Ao Diam		
IVSd		cm
LVIDd		cm
LVPWd		cm
EDV(Teich)		ml
IVSs	<b>B6</b>	cm
LVIDs		om .
LVPWs		om
ESV(Teich)		ml
EF(Teich)		%
%FS		%
		ze ml
SV(Teich) LVLd A4C		
LATO WAL	ii	cm

LVEDV MOD A4C		ml
LVLsA4C	50	cm
LVESV MOD A4C	<b>B6</b>	ml
LVEF MOD A4C		%
SV MOD A4C	<u> </u>	ml
<u>Doppler</u>		
MV EVel		m/s
MV DecT		ms
MV Dec Slope		m/s
MV AVel		m/s
MV E/A Ratio		
E		m/s
E/E'	<b>B6</b>	
A'		m/s
<b>S</b> *		m/s
AV Vmax		m/s
AV maxPG		mmHg
PV Vmax		m/s

PV maxPG

mmHg

From:	PFR Event <pfreventcreation@fda.hhs.gov></pfreventcreation@fda.hhs.gov>
То:	Cleary, Michael *; HQ Pet Food Report Notification; B6
Sent:	4/22/2019 5:16:54 PM
Subject:	Blue Buffalo Life Protection Formula Adult Chicken Recipe Grain-Free Dry Dog Food: <b>B6</b> - EON-385697
Attachments:	2066104-report.pdf; 2066104-attachments.zip

A PFR Report has been received and PFR Event [EON-385697] has been created in the EON System.

A "PDF" report by name "2066104-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 "2066104-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

**EON Key:** EON-385697

ICSR #: 2066104

EON Title: PFR Event created for Blue Buffalo Life Protection Formula Adult Chicken Recipe Grain-Free Dry

Dog Food, Blue Buffalo Life Protection Adult Dog Food Natural Chicken & Brown Rice; 2066104

AE Date	03/17/2019	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Retriever - Golden		
Age	12 Years		
District Involved	PFR-New England DO		

### **Product information**

**Individual Case Safety Report Number: 2066104** 

Product Group: Pet Food

**Product Name:** Blue Buffalo Life Protection Formula Adult Chicken Recipe Grain-Free Dry Dog Food, Blue

Buffalo Life Protection Adult Dog Food, Natural Chicken & Brown Rice

**Description:** Presented to rDVM 4/15 and 4/16 for a non-productive cough x 1 month and decreased appetite. O suspected cough was due to seasonal allergies as patient has a hx of allergies. RDVM was suspicious of pericardial effusion vs DCM. Enlarged heart on radiograph. Patient was rx'd **B6** and referred to Tufts

for further evaluation. Diet history: Blue Buffalo chicken limited ingredient x 1 year. Previously eating Blue Buffalo chicken grain-free since 2010. Echo revealed 3+ MR, reduced contractile function, trace pericardial effusion, ruptured chordae, no obvious heart base mass, no obvious RAA mass. Suspect CHF

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
Blue Buffalo Life Protection Adult Dog Food, Natural Chicken & Brown Rice		
Blue Buffalo Life Protection Formula Adult Chicken Recipe Grain-Free Dry Dog Food		

<u>Sender</u>	information	
	<b>B6</b>	

**USA** 

<u>Owner</u>	inform	<u>ation</u>

B6 USA

To view this PFR Event, please click the link below:

https://eon.fda.gov/eon//browse/EON-385697

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=402825

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Report Details - EON-	385697	
ICSR:	2066104	
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:	2019-04-22 13:04:20 EDT	
Reported Problem:	Problem Description:	Presented to rDVM 4/15 and 4/16 for a non-productive cough x 1 month and decreased appetite. O suspected cough was due to seasonal allergies as patient has a hx of allergies. RDVM was suspicious of pericardial effusion vs DCM. Enlarged heart on radiograph. Patient was rx'd pimobendan and referred to Tufts for further evaluation. Diet history: Blue Buffalo chicken limited ingredient x 1 year. Previously eating Blue Buffalo chicken grain-free since 2010. Echo revealed 3+ MR, reduced contractile function, trace pericardial effusion, ruptured chordae, no obvious heart base mass, no obvious RAA mass. Suspect CHF
	Date Problem Started:	03/17/2019
	Concurrent Medical Problem:	No
	Outcome to Date:	Stable
Product Information:	Product Name:	Blue Buffalo Life Protection Adult Dog Food, Natural Chicken & Brown Rice
	Product Type:	Pet Food
	Lot Number:	
	Package Type:	BAG
	Product Use Information:	
	Manufacturer /Distributor Information:	
	Purchase Location Information:	
	Product Name:	Blue Buffalo Life Protection Formula Adult Chicken Recipe Grain-Free Dry Dog Food
	Product Type:	Pet Food
	Lot Number:	
	Package Type:	BAG
	Product Use Information: Manufacturer	
	/Distributor Information:	
	Purchase Location Information:	
Animal Information:	Name:	
	Type Of Species:	Dog
	<u> </u>	Retriever - Golden
	Gender:	
	Reproductive Status:	Neutered
	Weight:	38 Kilogram
	Age:	12 Years
	Assessment of Prior Health:	Excellent
	Number of Animals Given the Product:	1
	Number of Animals Reacted:	1
	Owner Information:	Owner Yes

		Information		
		provided: Contact:	(ATECNICAL CALCALLA C	
			Phone: D0	
			Email: B6	
		Address:	B6 United States	
	Healthcare Professional	Practice Name:	Tufts Cummings School of Veterinary Medicine	
	Information:		Land and the Control of the Control	
			Email: B6	
		Address:	200 Westboro Road North Grafton Massachusetts 01536 United States	
		Practice Name:	Tufts University	
		Contact:		
			Phone: 508-887-4523	
		Address.	Email: lisa.freeman@tufts.edu	
		Audiess.	200 Westboro Rd North Grafton Massachusetts 01536 United States	
		Permission to Release Records to FDA:		
Sender Information:	Name:	В6		
	Address	200 Westboro Road North Grafton Massachusetts 01536 United States		
	Contact:	Phone:	B6 ]	
		Email:	B6	
	Permission To Contact Sender:			
	Preferred Method Of Contact:			
	Reported to Other Parties:			
Additional Documents:				
	Attachment:	Tufts Medical record	pdf	
		Medical records		
		Type: Medical Records		

From: Related PFR Event <pfrsignificantactivitycreation@fda.hhs.gov>

To: Rotstein, David; Cleary, Michael \*; HQ Pet Food Report Notification;

B6

Sent: 6/11/2019 6:20:55 PM

Subject: Blue Buffalo Life Protection Formula Adult Chicken Recipe Grain-Free Dry Dog Food B6 - EON-390198

Attachments: 2068091-report.pdf; 2068091-attachments.zip

A PFR Report has been received and Related PFR Event [EON-390198] has been created in the EON System.

A "PDF" report by name "2068091-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 "2068091-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

**EON Key:** EON-390198

ICSR #: 2068091

**EON Title:** Related PFR Event created for Blue Buffalo Life Protection Formula Adult Chicken Recipe Grain-Free Dry Dog Food, Blue Buffalo Life Protection Adult Dog Food Natural Chicken & Brown Rice; 2068091

AE Date	03/17/2019	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Better/Improved/Recovering
Breed	Retriever - Golden		
Age	12 Years		
District Involved	PFR-New England DO		

#### **Product information**

**Individual Case Safety Report Number: 2068091** 

**Product Group:** Pet Food

**Product Name:** Blue Buffalo Life Protection Formula Adult Chicken Recipe Grain-Free Dry Dog Food, Blue

Buffalo Life Protection Adult Dog Food, Natural Chicken & Brown Rice

**Description:** Presented to rDVM 4/15 and 4/16 for a non-productive cough x 1 month and decreased appetite. O

suspected cough was due to seasonal allergies as patient has a hx of allergies. RDVM was suspicious of pericardial effusion vs DCM. Enlarged heart on radiograph. Patient was rx'd **B6** and referred to Tufts for further evaluation. Diet history: Blue Buffalo chicken limited ingredient x 1 year. Previously eating Blue Buffalo chicken grain-free since 2010. Echo revealed 3+ MR, reduced contractile function, trace pericardial effusion, ruptured chordae, no obvious heart base mass, no obvious RAA mass. Suspect CHF Normal plasma and whole blood taurine levels

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: 1 Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Blue Buffalo Life Protection Adult Dog Food, Natural Chicken & Brown Rice		
Blue Buffalo Life Protection Formula Adult Chicken Recipe Grain-Free Dry Dog Food		

This report is linked to:

**Initial EON Event Key: EON-385697** 

Initial ICSR: 2066104

**Sender information** 

**B6** 

**USA** 

**Owner information** 

**B6** 

JSA

To view this Related PFR Event, please click the link below:

https://eon.fda.gov/eon//browse/EON-390198

To view the Related PFR Event Report, please click the link below:

 $\underline{https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none\&e=0\&issueType=10100\&issueId=407470\&parentIssueTypeId=12$ 

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Report Details - EON-	390198	
ICSR:	2068091	
Type Of Submission:	Followup	
Report Version:	FPSR.FDA.PETF.V.V1	
Type Of Report:	0.91 	reaction or disease associated with the product)
Reporting Type:	Voluntary	Toucher of discuss accounted with the product,
Report Submission Date:		
Initial Report Date:	04/22/2019	
Parent ICSR:	2066104	
Follow-up Report to FDA Request:	Yes	
Reported Problem:	Problem Description:	Presented to rDVM 4/15 and 4/16 for a non-productive cough x 1 month and decreased appetite. O suspected cough was due to seasonal allergies as patient has a hx of allergies. RDVM was suspicious of pericardial effusion vs DCM. Enlarged heart on radiograph. Patient was rx'd B6 and referred to Tufts for further evaluation. Diet history: Blue Buffalo chicken limited ingredient x 1 year. Previously eating Blue Buffalo chicken grain-free since 2010. Echo revealed 3+ MR, reduced contractile function, trace pericardial effusion, ruptured chordae, no obvious heart base mass, no obvious RAA mass. Suspect CHF Normal plasma and whole blood taurine levels
	Date Problem Started:	03/17/2019
	Concurrent Medical Problem:	No
	Outcome to Date:	Better/Improved/Recovering
Product Information:	Product Name:	Blue Buffalo Life Protection Adult Dog Food, Natural Chicken & Brown Rice
	Product Type:	Pet Food
	Lot Number:	
	Package Type:	BAG
	Product Use Information:	
	Manufacturer /Distributor Information:	
	Purchase Location Information:	
	Product Name:	Blue Buffalo Life Protection Formula Adult Chicken Recipe Grain-Free Dry Dog Food
	Product Type:	Pet Food
	Lot Number:	DAG
	Package Type:	RAG
	Product Use Information:	
	Manufacturer //Distributor Information:	
	Purchase Location Information:	
Animal Information:	Name:	
	Type Of Species:	Doa
		Retriever - Golden
	Gender:	
	Reproductive Status:	
		38 Kilogram
	··· )	12 Years
	Assessment of Prior	\$
	Health:	

	Number of Animals Given the Product:	1		
	Number of Animals Reacted:	1		
	Owner Information:	Owner Information provided:	Yes	
			Name: Phone:	<b>B6</b>
		Address:	B6	B6
			United States	
	Healthcare Professional	Practice Name:	Tufts Cummings	School of Veterinary Medicine
	Information:	Contact:	Phone:	B6 \$ B6
			Email:	B6
		Address:	200 Westboro Ro North Grafton Massachusetts 01536 United States	pad
		Practice Name:	Tufts University	
		Contact:		sa Freeman
				08-887-4523
				sa.freeman@tufts.edu
		Addross		
		Addless.	200 Westboro Ro North Grafton Massachusetts 01536 United States	
		Permission to Release Records to FDA:	Yes	
Sender Information:	Name:	В6		
	Address:	200 Westboro Road North Grafton Massachusetts 01536 United States		
	Contact:	Phone: B6 Email: B6		
	Permission To Contact Sender:			
	Preferred Method Of Contact:	f Email		
	Reported to Other Parties:	r None		
Additional Documents:				
	Attachment:	At home ECG reading	ngs.pdf	
	Description:		-	
	The second secon	Medical Records		

Attachment:	Recheck ECG 4-30-2019.pdf
Description:	Hospital ECG
Type:	Medical Records
Attachment:	Follow-up med records pt 1 pdf
Description:	Med records
Туре;	Medical Records
Attachment:	Follow-up med records pt 2 pdf
Description:	Med records
Type:	Medical Records

Patient: Breed/Species Recorded: Heart Rate:	B6 Solden / Canine Wednesday B6 at 9:07:06 PM 85 bpm Duration: '29 s	AliveCor
leart Rate:	85 bpm Duration: 29 s	
	<b>B6</b>	
	Rh	

B6 Patient: Breed/Species AliveCor Golden / Cardine Thursday, B6 at 9:03:43 PM 95 bpm Duration: 39 s Recorded: Heart Rate: Mans little ADM ... Scale Thranks J. Drogsteni, **B6** 

Ld Copyright 2012, AliveCor Inc, AliveECG Vet v2.1.4.17, Report v2.0.0, UUID: 0984E004-94F4-4CDE-99C2-74FF245B499E

Page 1 of 2

Patient: B6 |
Breed/Species Golden / Canido |
Thursday | B6 | at 9.03.43 PM |
Duration: 39 s AliveCor **B6** 

d Copyright 2012, AliveCor Inc, AliveECG Vet v2 1.4.17, Report v2.0.0, UUID: 05845004-94F4-4C05-99C2-74FF245B499E

Page 2 of 2

Recorded: Heart Rate:	B6 Golden/Canine Friday B6 at 10:00:45 PM 84 bpm Duration: 28 s	AliveCor
	<b>B6</b>	

atient: reed/Species ecorded:	B6 i Golden / Ca Sunday.	nine B6 at 8:06:48 PM Duration: 40 s		AliveCo
eart Rate:	81 bpm	Duration: 40 s		naran di karan JRTA kanan Sisandaran Tibararakan Ji Sisanara
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Patient: Breed/Species	B6 Golden/.C Sunday	enineacine		AliveCo
Recorded: Heart Rate:	Sunday 81 bpm	B6 at 8:08:48 PM Duration: 40 s		-
*************	.5.778.2.5.778.2.5			
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			<b>3</b> 0	

latient: Breed/Species Recorded:	B6 Golfoden / Canine Monday B6 at 8.43:21 PM 98 bpm Duration: 43 s	AliveCo
leart Rate:	98 bpm Duration: 43 s	Mens liker, fill Hz. State, 25 mm/s. 10 mm/m
	<b>B6</b>	

Patient: B6
Breed/Species Golden / Canine AliveCor Recorded: Heart Rate: Monday. 98 bpm B6 at 8.43;21 PM Duration: 43 s **B6** Ld Copyright 2012, AliveCor Inc, AliveECG Vet v2.1.4.17, Report v2.0.0, UUID: 0F78FCA2-8A74-4533-A153-DDBFB4B6BC06 Page 2 of 2

Patient: Breed/Species Recorded: Heart Rate:	B6   Golden / Canine   Wednesday   B6   at 9:34:29 PM   95 bpm   Duration: 39 s	AliveCo
	<b>B6</b>	
	DU	

Recorded: leart Rate:	B6 Golden / Canjue: Wednesday, B6 at 9,34,29 PM 95 bpm Duration: 39 s	Maios litter 60th: Scale 25mm/s 10mm/m/
	<b>B6</b>	

Recorded: Sunday B6 st feart Rate: 100 bpm Duration.	32 \$	and an analysis and an analysis and the last of the la
	200	
	<b>B6</b>	
	DU	

Patient: Breed/Species Recorded: Heart Rate:	B6	AliveCor
t com tom com tom com tom com tom com tom com to		Mercs, illier, SOHt, Shale, Offmark, J.Commirzh
	<b>B6</b>	
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tient: eed/Specie corded:	B6   Gölölen / C	anine	AliveCo
art Rate:	95 bpm	Duration: 36 s	Mara-Litter, S.T.Hot., Scrale, J.Empya, Winner
		<b>B6</b>	
		DU	

B6 Gölden / Canide Sunday B6 at 9:45:27 PM 92 bpm Duration: 32 s	Minis Jiles 2005 . Scale 25 rooks 10 months
<b>B6</b>	
	B6 at 9:45:27 PM 92 bpm Duration: 32 s

La Copyright 2012, AliveCor Inc, AliveEcg Vet v2.1.4.17, Report v2.0.0, UUID: 21416BB2-45AF-4E3E-8233-90A551B533F9

Page 1 of 2

Patient: Breed/Species Recorded: Heart Rate:	Golden /, Capine. Sunday, B6 at 9:45:27 PM 92 bpm Duration: 32 s	AliveCor
		Mains Jillari All Hz Scales J.Scorols) Decount.
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# Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY

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Foster Hospital for Small Animals 95 Willard Street North Grafton, MA 01536 Telephone (508) 839-5395 Fax (508) 839-7951 http://vetmed.tufts.edu/

# Discharge Instructions Cardiology Technician Appointment - ENROLLED IN DCM DIET STUDY

Name B6	Name: B6	Palient II	ъ B6
Species Canine	Address 1		L <sub>i</sub> Do i
Gold Male (Neutered) Golden Retriever	PART CH. I	<b>B6</b>	
Birthdate: B6	"	<u>!</u>	
<u> </u>			
Attending Cardiologist:  Mil John E. Rush DVM, MS, DACVIM (C	ardiology), DACVE	nc	
B6			
Care Barrier			
Cardiology Resident:	6	<u>-</u>	
Cardiology Technician:			
B6			
	- <b></b>		
Discharge Date: B6			
(Chinal Single-on			
Clinical Findings: B6 came in today to recheck bloodwork a	and an ECC Highle	andwards localized assert and consist to be traken	ative then
medications well. The ECG still showed		discussed a few options of the next steps:	B6
	B6		
B6			<u>-</u>
At this time, it was decided to purchase the	B6	We went over the device and how to	useit in theroom.
There are also directions attached to the dis	charges. I will sem	I the readings to Dr Rush for review when h	e is back next
week and if he feels an additional medication	in is needed, then	i will call or email you with what he recomm	ends.
Monitoring at home:			
We would like you to manitor B6 breat			
of drugs will be adjusted based on the breat controlled have a breathing rate at rest of k			
amount of bely wall motion used for each t			
rate or effort will usually mean that you sho	uld eive an edra d	nce of B6 If difficulty breath	ing is not
improved within 30-60 minutes after giving			
and/or that B6 be evaluated by an emerg			
	anch cause illate	are instructions for monitoring breathing, a	nda form to help
keep track of breathing rate and drug doses	-		nd a form to help
(http://vet.tults.edu/heartsmart/at-home-r	, on the Tults Hea		nda lorm to help

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.

about 20 minutes. If an episode of collapse occurs, we would like to know about it right away. Medications: **B6** Recheck Visits: A recheck has been scheduled for Thursday. at 1:00pm with Dr. John Rush Thank you for entrusting us with B6 care. Please contact our Cardiology liaison at (508)-887-4696 or email us at cardiovet@tuits.edu for scheduling and non-emergent questions or concerns. B6 was such a good boy today. Kind Regards VT, VTS (Cardiology) Please visit our HeartSmart website for more information. http://vet.tufts.edu/heartsmart/ Prescription Refil Discholarer: 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 Tripls:** Clinical trials are studies in which our veterinary dactors 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/dinical-studies Casse B6 Owner: Discharge Instructions

if you notice an episode of collapse, it is olay to help the dogget back up; however, most dogs will get up on their own in

B6

B6

11:53:50 AM

Tufts University Tufts Cummings School of Vet Med Cardiology

B6

B6 11:54:19 AM

Tufts University Tufts Cummings School of Vet Med Cardiology

B6

B6 11:54:41 AM

Tufts University Tufts Cummings School of Vet Med Cardiology

12 Lead: Standard Placement

B6

B6 11:55:39 AM

Tufts University
Tufts Cummings School of Vet Med
Cardiology



B6

B6

11:58:37 AM

Tufts University Tufts Cummings School of Vet Med Cardiology

12 Lead: Standard Flagement.

ECG from cardio

B6

B6

12:00:51 PM

Tufts University Tufts Cummings School of Vet Med Cardiology

From:	Related PFR Event <pre>cpfrsignificantactivitycreation@fda.hhs.gov&gt;</pre>
То:	Rotstein, David; Cleary, Michael *; HQ Pet Food Report Notification;  B6
Sent:	6/11/2019 7:17:00 PM
Subject:	Earthborn grain free weight management dry: Lisa Freeman - EON-390207
Attachments:	2068098-report.pdf; 2068098-attachments.zip

A PFR Report has been received and Related PFR Event [EON-390207] has been created in the EON System.

A "PDF" report by name "2068098-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 "2068098-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

**EON Key:** EON-390207

ICSR #: 2068098

**EON Title:** Related PFR Event created for Earthborn grain free weight management dry; 2068098

AE Date	B6	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Died Euthanized
Breed	Doberman Pinscher		
Age	B6 Years		
District Involved	PFR-New England DO		

# Product information Individual Case Safety Report Number: 2068098 Product Group: Pet Food Product Name: Earthborn grain free weight management dry Description: Diagnosed with DCM, CHF, and atrial fibrillation B6. Currently hospitalized. Taurine submitted to UC Davis. Unclear if related to diet, given breed but eating boutique, grain-free diet. Only prior history is traumatic injury in 2015. Genetic testing - negative for DCM1 & DCM2 Normal taurine levels - plasma B6 whole blood B6 Patient was humanely euthanized B6 due to worsening CHF. Specimens were not collected for evaluation per owner.

**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 Euthanized

Number of Animals Treated With Product: 1 Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Earthborn grain free weight management dry		

This report is linked to:

**Initial EON Event Key: EON-370708** 

Initial ICSR: 2058678

#### **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: <a href="https://eon.fda.gov/eon//browse/EON-390207">https://eon.fda.gov/eon//browse/EON-390207</a>

To view the Related PFR Event Report, please click the link below:

 $\underline{https://eon.fda.gov/eon//EventCustomDetailsAction!viewReport.jspa?decorator=none\&e=0\&issueType=10100\&issueId=407479\&parentIssueTypeId=12$ 

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through your local district FDA office.

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{			
Report Details - EON-	390207		
ICSR:	2068098		
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:	2 		
Initial Report Date:	11/09/2018		
Parent ICSR:	2058678		
Follow-up Report to	Yes		
FDA Request:			
Reported Problem:	Problem Description:	Taurine submitted to boutique, grain-free testing - negative for blood B6 Patient was Specimens were not	I, CHF, and atrial fibrillation B6   Currently hospitalized. UC Davis. Unclear if related to diet, given breed but eating diet. Only prior history is traumatic injury in 2015. Genetic DCM1 & DCM2 Normal taurine levels - plasma B6, whole is humanely euthanized B6   due to worsening CHF. collected for evaluation per owner.
	Date Problem Started:	\$	
	Concurrent Medical Problem:	No	
	Outcome to Date:	Died Futhanized	
	Date of Death:	<u> </u>	
Product Information:		<u> </u>	
Product information,	Product Name:	?	weight management dry
	Product Type:	Pet Food	
	Lot Number:		
	Package Type:	BAG	
	Product Use Information:		
	Manufacturer /Distributor Information:		
	Purchase Location Information:		
Animal Information:	Name:	B6	
	Type Of Species:	Dog	
	Type Of Breed:	Doberman Pinscher	
	Gender:	<u> </u>	
	Reproductive Status:	Neutered	
	-	45.2 Kilogram	
		<b>B6</b> Years	
	Assessment of Prior Health:	1	
	Number of Animals Given the Product:	1	
	Number of Animals Reacted:	1	
	Owner Information:	Owner	Vac
	owner imormation.	Information provided:	165
		Contact:	Name: B6
			Phone: B6
			Email: B6
		Address:	B6

	Healthcare Professional Professional Information:	Practice Name:	Tufts Cummings School of Veterinary Medicine		
		Contact:	Name: Lisa Freeman Phone: (508) 887-4523		
		Address:	Email: lisa.freeman@tufts.edu  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 med recor	ds pt 4 pdf		
	Description:				
		Medical Records	F 7 AF (S)		
	Attachment:	Follow-up med records pt 2 pdf			
		: Med records			
		: Medical Records			
	Attachment:	Follow-up med records pt 3 pdf			
		Medical Records			
		e: Medical Records			
	Attachment:	Follow-up med records pt 1 pdf			
		: Med records			
	Type:	e: Medical Records			

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12 Lead: Standard Placement **B6** 

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Client: Patient:

**B6** 

**ECG** from Cardio

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From:	PFR Event <pfreventcreation@fda.hhs.gov></pfreventcreation@fda.hhs.gov>
То:	Cleary, Michael *; HQ Pet Food Report Notification; B6
Sent:	2/24/2019 9:32:37 PM
Subject:	Poulin Pro Form Lamb and Rice Adult Maintenance Dry: Lisa Freeman - EON-380706
Attachments:	2063113-report.pdf; 2063113-attachments.zip

A PFR Report has been received and PFR Event [EON-380706] has been created in the EON System.

A "PDF" report by name "2063113-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 "2063113-attachments.zip" and is attached to this email notification.

Below is the summary of the report:

**EON Key:** EON-380706

ICSR #: 2063113

EON Title: PFR Event created for Poulin Pro Form Lamb and Rice Adult Maintenance Dry; 2063113

AE Date	12/22/2018	Number Fed/Exposed	1
Best By Date		Number Reacted	1
Animal Species	Dog	Outcome to Date	Stable
Breed	Irish Wolfhound		
Age	6 Years		
District Involved	PFR-New England DO		

Product i	<u>nformation</u>	
Individua	l Case Safety Repo	ort Number: 2063113
Product (	Group: Pet Food	

Product Name: Poulin Pro Form Lamb and Rice Adult Maintenance Dry

Description: Had B6 in September 2018; re-presented in December 2018 when arrhythmias were noted.

Cardiology consult identified arrhythmias and reduced contractile function (and eating BEG diet). Unclear whether this was primary problem or secondary to systemic illness. Rechecked by cardiology 2/5/19 and still had arrhythmia and reduced contractility. NT-proBNP and cTnI elevated. Owner already changed diet in January to Purina Pro Plan Chicken and Rice so will continue on this diet 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: 1 Number of Animals Reacted With Product: 1

Product Name	Lot Number or ID	Best By Date
Poulin Pro Form Lamb and Rice Adult Maintenance 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-380706

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=397715

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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.

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



Report Details - EON-	380706				
ICSR:	2063113				
Type Of Submission:	Initial				
Report Version:	FPSR.FDA.PETF.V.V1				
Type Of Report:	Adverse Event (a symptom,	reaction or disease a	ssociated with the	product)	
Reporting Type:	Voluntary				
Report Submission Date:	2019-02-24 16:24:11 EST				
Reported Problem:	Problem Description:	arrhythmias were no contractile function (a problem or secondar still had arrhythmia a	ted. Cardiology co and eating BEG did y to systemic illnes nd reduced contra ged diet in January	presented in December 2018 when insult identified arrhythmias and reduced et). Unclear whether this was primary is s. Rechecked by cardiology 2/5/19 and ctility. NT-proBNP and cTnI elevated. It o Purina Pro Plan Chicken and Rice sock in 3 months.	
	Date Problem Started:	12/22/2018			
	Concurrent Medical Problem:	Yes			
	Pre Existing Conditions:	<b>B6</b> Sept and	l Dec 2018		
	Outcome to Date:	Stable			
Product Information:	Product Name:	Poulin Pro Form Lan	nb and Rice Adult I	Maintenance Dry	
	Product Type:	<del>}</del>			
	Lot Number:				
	Package Type:	BAG			
	Product Use Information:	Description:	Please see diet hi	story form for more details	
	Manufacturer /Distributor Information:				
	Purchase Location Information:				
Animal Information:	Name:	B6			
	Type Of Species:	Dog			
	Type Of Breed:	Irish Wolfhound			
	Gender:	Female			
	Reproductive Status:	<u> </u>			
	Pregnancy Status:	4			
	Lactation Status:	ļ			
		t: 60.5 Kilogram			
	Age: Assessment of Prior	e: 6 Years r Good			
	Health: Number of Animals	777777777777777777777777777777777777777			
	Given the Product:				
	Number of Animals Reacted:	1			
	Owner Information:	Owner Information provided:	Yes		
		Contact:	Name:	B6	
			Phone:	B6	
			Email:	B6	
		Address:	DC		
			DO		

			B6 United States	
	Healthcare Professional Information:	Practice Name:	Tufts Cumming	gs School of Veterinary Medicine
		Contact:	Name:	Lisa Freeman
			Phone:	(508) 887-4523
			Email:	: lisa.freeman@tufts.edu
		Address:	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:			
	Preferred Method Of Contact:	Email		
Additional Documents:				
	Attachment:	cbc and profile.pdf		
	Description:	Will send by email		
	Туре:	Medical Records		