

Grain-free as defined by absence of corn, wheat, soy.

B4

Blue Buffalo Basics Salmon

B4, B5

Pea and Pumpkin, no corn, wheat, soy, dairy or eggs (LID GF says same info as other Salmon Basics)



Blue Basics LID Salmon & Potato: (no lentil)

Deboned Salmon, Oatmeal, Brown Rice, Peas, Salmon Meal (source of Omega 3 Fatty Acids and Glucosamine), Potatoes, Pea Fiber, Canola Oil (source of Omega 6 Fatty Acids), Natural Flavor, Pea Protein, Calcium Carbonate, Dicalcium Phosphate, Fish Oil (source of Omega 3 Fatty Acids), Dehydrated Alfalfa Meal, Pumpkin, Dried Chicory Root, Flaxseed (source of Omega 3 and 6 Fatty Acids), Potato Starch, Choline Chloride, Natural Flavor, Caramel Color, Salt, Potassium Chloride, Vitamin E Supplement, L-Ascorbyl-2-Polyphosphate (source of Vitamin C), Mixed Tocopherols (a natural preservative), DL-Methionine, Ferrous Sulfate, Parsley, Dried Kelp, Blueberries, Cranberries, Barley Grass, Yucca Schidigera Extract, Iron Amino Acid Chelate, Turmeric, Zinc Amino Acid Chelate, Zinc Sulfate, Oil of Rosemary, L-Carnitine, L-Lysine, Copper Sulfate, Copper Amino Acid Chelate, Nicotinic Acid (Vitamin B3), Calcium Pantothenate (Vitamin B5), Taurine, Biotin (Vitamin B7), Manganese Sulfate, Vitamin A Supplement, Manganese Amino Acid Chelate, Dried Yeast, Dried Enterococcus faecium fermentation product, Dried Lactobacillus acidophilus fermentation product, Dried Aspergillus niger fermentation extract, Dried Trichoderma longibrachiatum fermentation extract, Dried Bacillus subtilis fermentation extract, Thiamine Mononitrate (Vitamin B1), Riboflavin (Vitamin B2), Vitamin D3 Supplement, Vitamin B12 Supplement, Pyridoxine Hydrochloride (Vitamin B6), Folic Acid (Vitamin B9), Calcium Iodate, Sodium Selenite.

Blue Basics LID Salmon & Potato – Grain-free formula: (no lentil)

Deboned Salmon, Potatoes, Peas, Pea Starch, Salmon Meal (source of Omega 3 Fatty Acids and Glucosamine), Tapioca Starch, Pea Fiber, Canola Oil (source of Omega 6 Fatty Acids), Pea Protein, Natural Flavor, Dicalcium Phosphate, Calcium Carbonate, Fish Oil (source of Omega 3 Fatty

Acids), Dehydrated Alfalfa Meal, Pumpkin, Dried Chicory Root, Choline Chloride, Flaxseed (source of Omega 3 and 6 Fatty Acids), Potato Starch, Caramel Color, Salt, Vitamin E Supplement, DL-Methionine, Mixed Tocopherols (a natural preservative), L-Ascorbyl-2-Polyphosphate (source of Vitamin C), Ferrous Sulfate, Parsley, Dried Kelp, Blueberries, Cranberries, Barley Grass, Yucca Schidigera Extract, Iron Amino Acid Chelate, Turmeric, Zinc Amino Acid Chelate, Zinc Sulfate, Oil of Rosemary, L-Carnitine, L-Lysine, Copper Sulfate, Copper Amino Acid Chelate, Nicotinic Acid (Vitamin B3), Calcium Pantothenate (Vitamin B5), Taurine, Biotin (Vitamin B7), Manganese Sulfate, Vitamin A Supplement, Manganese Amino Acid Chelate, Dried Yeast, Dried Enterococcus faecium fermentation product, Dried Lactobacillus acidophilus fermentation product, Dried Aspergillus niger fermentation extract, Dried Trichoderma longibrachiatum fermentation extract, Dried Bacillus subtilis fermentation extract, Thiamine Mononitrate (Vitamin B1), Riboflavin (Vitamin B2), Vitamin D3 Supplement, Vitamin B12 Supplement, Pyridoxine Hydrochloride (Vitamin B6), Folic Acid (Vitamin B9), Calcium Iodate, Sodium Selenite.

B4

California Naturals Kangaroo and Lentil, Venison and Lentil – Grain free, Kangaroo, red and green lentils, Peas & pea fiber, sunflower oil, flaxseed (vit/min, rosemary extract). No Grains, white potatoes, corn, soy, dairy or eggs.

Ingredients: Kangaroo/Red Lentil:

Kangaroo, Red Lentils, Green Lentils, Peas, Sunflower Oil (Preserved with Mixed Tocopherols), Flaxseed, Pea Fiber, Dicalcium Phosphate, Natural Flavors, Calcium Carbonate, Salt, DL-Methionine, Minerals (Zinc Proteinate, Iron Proteinate, Copper Proteinate, Manganese Proteinate, Calcium Iodate, Vitamins (Betaine Hydrochloride, Vitamin A Supplement, Niacin Supplement, Calcium Pantothenate, Beta Carotene, Vitamin B12 Supplement, Vitamin D3 Supplement, Riboflavin Supplement, Pyridoxine Hydrochloride, Thiamine Mononitrate, Biotin, Folic Acid), Vitamin E Supplement, Rosemary Extract

Ingredients: Venison/Green Lentil:

Venison, Green Lentils, Red Lentils, Peas, Sunflower Oil (Preserved with Mixed Tocopherols), Flaxseed, Pea Fiber, Calcium Carbonate, Dicalcium Phosphate, Natural Flavors, Salt, Potassium Chloride, DL-Methionine, Taurine, Minerals (Zinc Proteinate, Iron Proteinate, Copper Proteinate, Manganese Proteinate, Calcium Iodate), Vitamin E Supplement, Vitamins (Betaine Hydrochloride, Vitamin A Supplement, Niacin Supplement, Calcium Pantothenate, Beta Carotene, Vitamin B12 Supplement, Vitamin D3 Supplement, Riboflavin Supplement, Pyridoxine Hydrochloride, Thiamine Mononitrate, Biotin, Folic Acid), Rosemary Extract



California Naturals Grain-free LID Kangaroo & Red Lentils nutritional analysis:

Crude Protein	B4	
Crude Fat		
Crude Fiber		
Ash		

California Naturals GR LID Venison and Green Lentils:

Crude Protein	B4	
Crude Fat		
Crude Fiber		
Ash		

B4 PetGuard Organic Vegan (only "Organic Vegan" is a canned food)



Organic Vegan Formula

INGREDIENTS:

Sufficient Water For Processing, **Organic Pea Protein**, Organic Oats, Organic Sunflower Oil, Organic Quinoa, Organic Barley, Organic Brown Rice, Deflourinated Tricalcium Phosphate, Organic Guar Gum, Organic Carrots, **Organic Peas**, Organic Potatoes, Organic Spinach, Potassium Chloride, Choline Chloride, **Organic Flaxseed**, Organic Apples, Organic Tomato Powder, Organic Dried Kelp, Zinc Amino Acid Chelate, Iron Amino Acid Chelate, Salt, Vitamin E Supplement, Copper Amino Acid Chelate, Manganese Amino Acid Chelate, Niacin, d-Calcium Pantothenate, Sodium Selenite, Vitamin A Supplement, Riboflavin Supplement (Vitamin B2), Biotin, Thiamine Mononitrate (Vitamin B1), Calcium Iodate, Pyridoxine Hydrochloride (Vitamin B6), Ergocalciferol (Source of Vitamin D2), Vitamin B12 Supplement, Cobalt Amino Acid Chelate, Folic Acid, Inositol.

Zignature Essentials:

Lamb (1), Salmon (3), Kangaroo (6)



Lamb: WHAT'S INSIDE (no lentils)

Lamb, Lamb Meal, **Peas, Chickpeas, Pea Flour**, Sunflower Oil (Preserved with Citric Acid), **Pea Protein, Flaxseed**, Natural Flavors, Dehydrated Alfalfa Meal, Dried Beet Pulp, Potassium Chloride, Salt, Minerals (Zinc Proteinate, Iron Proteinate, Copper Proteinate, Manganese Proteinate, Cobalt Proteinate, Selenium Yeast), Choline Chloride, Vitamins (Vitamin A Acetate, Vitamin D3 Supplement, Vitamin E Supplement, Niacin, d-Calcium Pantothenate, Thiamine Mononitrate, Pyridoxine Hydrochloride, Riboflavin Supplement, Folic Acid, Biotin, Vitamin B12 Supplement), Blueberries, Carrots, Cranberries, Lactic Acid, DL Methionine, Calcium Iodate, Preserved with Mixed Tocopherols. [Click here to explore what's inside our food.](#)

Kangaroo WHAT'S INSIDE (lentils)

Kangaroo, Kangaroo Meal, **Peas, Chickpeas, Pea Flour**, Sunflower Oil (preserved with Citric Acid), **Flaxseed, Red Lentils, Green Lentils**, Dehydrated Alfalfa Meal, **Pea Protein**, Natural Flavors, Salt, Minerals (Zinc Proteinate, Iron Proteinate, Copper Proteinate, Manganese Proteinate, Cobalt Proteinate, Selenium Yeast), Choline Chloride, Potassium Chloride, Calcium Carbonate, Vitamins (Vitamin A, Acetate, Vitamin D3 Supplement, Vitamin E Supplement, Niacin, d-Calcium Pantothenate, Thiamine Mononitrate, Pyridoxine Hydrochloride, Riboflavin Supplement, Folic Acid, Biotin, Vitamin B12 Supplement), Lactic Acid, Calcium Iodate, Preserved With Mixed Tocopherols. [Click here to explore what's inside our food.](#)

Zignature Essentials Kangaroo Guaranteed Analysis

Crude Protein	26
Crude Fat (min)	14
Crude Fiber (Max)	4.5
Moisture (Max)	10

Salmon WHAT'S INSIDE (no lentils)

Salmon, Salmon Meal, Pea Flour, Chickpeas, Peas, Sunflower Oil (Preserved With Mixed Tocopherols And Citric Acid), Flaxseed, Natural Flavors, Suncured Alfalfa Meal, Calcium Carbonate, Salt, Choline Chloride, Minerals (Zinc Proteinate, Iron Proteinate, Copper Proteinate, Manganese Proteinate, Cobalt Proteinate), Potassium Chloride, Vitamins (Vitamin A Acetate, Vitamin D3 Supplement, Vitamin E Supplement, Niacin, D-Calcium Pantothenate, Thiamine Mononitrate, Pyridoxine Hydrochloride, Riboflavin Supplement, Folic Acid, Biotin, Vitamin B12 Lactic Supplement), Lactic Acid, Calcium Iodate, Sodium Selenite. [Click here to explore what's inside our food.](#)

Physiologically Tuned™, limited ingredient premium food for dogs. Hypoallergenic meat first recipe, with no Corn, Wheat, Soy, Dairy, or Chicken, Chicken Eggs, or Chicken By-Products.

Nature's Recipe Salmon & Sweet Potato (2 separate cases): no lentils.



Ingredients

Salmon, garbanzo beans, peas, pea protein, salmon meal, poultry fat (preserved with mixed tocopherols), sweet potatoes, apples, pumpkin, natural flavor, dried tomato pomace, salt, potassium chloride, calcium carbonate, choline chloride, taurine, vitamins (vitamin E supplement, L-ascorbyl-2-polyphosphate (source of vitamin C), Inositol, niacin, d-calcium pantothenate, vitamin A supplement,

riboflavin supplement, thiamine mononitrate, beta-carotene, pyridoxine hydrochloride, vitamin B12 supplement, menadione sodium bisulfite complex, vitamin D3 supplement, folic acid, biotin), minerals (ferrous sulfate, iron proteinate, zinc proteinate, zinc oxide, copper sulfate, manganese proteinate, copper proteinate, manganous oxide, calcium iodate, sodium selenite), lactic acid, citric acid (used as a preservative), yucca schidigera extract, rosemary extract.

Kirkland Nature's Domain Turkey and Sweet Potato: (no lentils) 1 case, had a low blood taurine

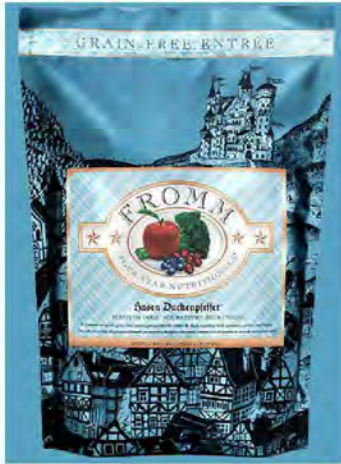


Ingredients:

Turkey meal, sweet potatoes, peas, potatoes, canola oil, tomato pomace, flaxseed, natural flavor, salmon oil (a source of DHA), salt, choline chloride, dried chicory root, tomatoes, blueberries, raspberries, yucca schidigera extract, dried Lactobacillus acidophilus fermentation product, dried Bifidobacterium animalis fermentation product, dried Lactobacillus reuteri fermentation product, vitamin E supplement, iron proteinate, zinc proteinate, copper proteinate, ferrous sulfate, zinc sulfate, copper sulfate, potassium iodide, thiamine mononitrate (vitamin B1), manganese proteinate, manganous oxide, ascorbic acid, vitamin A supplement, biotin, niacin, calcium pantothenate, manganese sulfate, sodium selenite, pyridoxine hydrochloride (vitamin B6), vitamin B12 supplement, riboflavin (vitamin B2), vitamin D supplement, folic acid.

B4, B5

B4, B5



INGREDIENTS:

Hasen Duckenpfeffer, Gamebird and Lamb/Lentil:

Rabbit, Duck, Pork Meat Meal, Peas, Potatoes, Lentils, Chickpeas, Pea Flour, Dried Tomato Pomace, Dried Whole Egg, Pork Fat, Rabbit Meal, Pork Liver, Pea Protein, Salmon Oil, Cheese, Flaxseed, Alfalfa Meal, Carrots, Celery, Lettuce, Watercress, Spinach, Potassium Chloride, Salt, Chicory Root Extract, Yucca Schidigera Extract, Sodium Selenite, Folic Acid, Taurine, Parsley, Sorbic Acid (Preservative), Vitamins, Minerals, Probiotics.

Lamb, Lamb Meal, Lentils, chickpeas, Dried Whole Egg, Peas, Dried Tomato Pomace, Pork Fat, Pea Flour, Pork Liver, Salmon oil, cheese, olive oil, yellow squash, zucchini, apples, flaxseed, pea fiber, tomatoes, carrots, broccoli, KCl, salt, chicory root extract, yucca schidigera extract, sodium selenite, folic acid, taurine, sorbic acid, vitamins, minerals, probiotics.

Duck, Duck meal, peas, turkey, potatoes, pea protein, dried tomato pomace, pea flour, dried whole egg, quail, chicken meal, chicken fat, salmon oil, sweet potatoes, chicken, pheasant, cheese, flaxseed, carrots, broccoli, cauliflower, apples, celery, parsley, lettuce, spinach, chicken cartilage, KCl, blueberries, cranberries, salt, chicory root extract, yucca schidigera extract, alfalfa sprouts, sodium selenite, folic acid, taurine, sorbic acid, vitamins, minerals, probiotics.

Earthborn Holistic Meadow Feast/Primitive Natural:



Meadow Feast:

Lamb Meal, Peas, Tapioca, Canola Oil (preserved with Mixed Tocopherols), Pea Protein, Pea Fiber, Flaxseed, Natural Flavors, Blueberries, Cranberries, Apples, Carrots, Spinach, Salt, Potassium Chloride, Choline Chloride, DL-Methionine, L-Lysine, Taurine, L-Carnitine, Beta-Carotene, Vitamin A Supplement, Vitamin D₃ Supplement, Vitamin E Supplement, Zinc Sulfate, L-Ascorbyl-2-Polyphosphate (source of Vitamin C), Ferrous Sulfate, Niacin, Calcium Pantothenate, Riboflavin Supplement, Copper Sulfate, Pyridoxine Hydrochloride, Thiamine Mononitrate, Beta-Carotene, Manganese Sulfate, Zinc Proteinate, Manganese Proteinate, Copper Proteinate, Calcium Iodate, Cobalt Carbonate, Folic Acid, Sodium Selenite, Biotin, Vitamin B12 Supplement, Yucca Schidigera Extract, Rosemary Extract, Dried Enterococcus Faecium Fermentation Product, Dried Lactobacillus Casei Fermentation Product, Dried Lactobacillus Acidophilus Fermentation Product.

Primitive Natural:

Turkey Meal, Chicken Meal, Peas, Dried Egg, Pea Starch, Chicken Fat (preserved with Mixed Tocopherols), Whitefish Meal, Flaxseed, Natural Flavors, Pea Fiber, Blueberries, Cranberries, Apples, Carrots, Spinach, Salt, Potassium Chloride, Choline Chloride, DL-Methionine, L-Lysine, Taurine, L-Carnitine, Beta-Carotene, Vitamin A Supplement, Vitamin D₃ Supplement, Vitamin E Supplement, Zinc Sulfate, Ferrous Sulfate, Niacin, Folic Aid, Biotin, Manganese Sulfate, Copper Sulfate, Calcium Pantothenate, Thiamine Mononitrate, Pyridoxine Hydrochloride, Riboflavin Supplement, L-Ascorbyl-2-Polyphosphate (source of Vitamin C), Zinc Proteinate, Manganese Proteinate, Copper Proteinate, Calcium Iodate, Sodium Selenite, Cobalt Carbonate, Vitamin B12 Supplement, Yucca Schidigera Extract, Rosemary Extract, Dried Enterococcus Faecium Fermentation Product, Dried Lactobacillus Casei Fermentation Product, Dried Lactobacillus Acidophilus Fermentation Product.

4Health Grain-free:

Free of grain, wheat, soy and corn; added omega fatty acids.

Flavor unknown, but a check of the 4Health Grain-Free Chicken & Vegetable dry shows:

Ingredients:

Chicken, Chicken Meal, Garbanzo Beans, Lentils, Peas, Potatoes, Chicken Fat (Preserved with Mixed Tocopherols), Tapioca, Egg Product, Tomato Pomace, Natural Flavor, Flaxseed, Ocean Fish Meal, Salt, Choline Chloride, Dried Chicory Root, Tomatoes, Blueberries, Raspberries, Glucosamine Hydrochloride, Yucca Schidigera Extract, Chondroitin Sulfate, Dried Lactobacillus Acidophilus Fermentation Product, Dried Bifidobacterium Animalis Fermentation Product, Dried Lactobacillus Reuteri Fermentation Product, Vitamin E Supplement, Beta Carotene, Iron Proteinate, Zinc Proteinate, Copper Proteinate, Ferrous Sulfate, Zinc Sulfate, Copper Sulfate, Potassium Iodide, Thiamine Mononitrate (Vitamin B1), Manganese Proteinate, Manganous Oxide, Ascorbic Acid, Vitamin A Supplement, Biotin, Niacin, Calcium Pantothenate, Manganese Sulfate, Sodium Selenite, Pyridoxine Hydrochloride (Vitamin B6), Vitamin B12 Supplement, Riboflavin (Vitamin B2), Vitamin D Supplement, Folic Acid.

4Health Grain-Free Large Breed:

Ingredients:

Turkey, Turkey Meal, Garbanzo Beans, Lentils, Peas, Potatoes, Tapioca, Chicken Fat (Preserved with Mixed Tocopherols), Egg Product, Tomato Pomace, Natural Flavor, Flaxseed, Ocean Fish Meal, Salt, Choline Chloride, Glucosamine Hydrochloride, Dried Chicory Root, Tomatoes, Blueberries, Raspberries, Chondroitin Sulfate, Yucca Schidigera Extract, Dried Lactobacillus Acidophilus Fermentation Product, Dried Bifidobacterium Animalis Fermentation Product, Dried Lactobacillus Reuteri Fermentation Product, Vitamin E Supplement, Beta Carotene, Iron Proteinate, Zinc Proteinate, Copper Proteinate, Ferrous Sulfate, Zinc Sulfate, Copper Sulfate, Potassium Iodide, Thiamine Mononitrate (Vitamin B1), Manganese Proteinate, Manganous Oxide, Ascorbic Acid, Vitamin A Supplement, Biotin, Niacin, Calcium Pantothenate, Manganese Sulfate, Sodium Selenite, Pyridoxine Hydrochloride (Vitamin B6), Vitamin B12 Supplement, Riboflavin (Vitamin B2), Vitamin D Supplement, Folic Acid.

Petcurean Now Fresh; LID unknown; Raw patties:

Example only: Petcurean Now Fresh Grain Free Adult dog food recipe

De-boned turkey, potato flour, peas, apples, whole dried egg, pea fibre, tomato, potatoes, flaxseed, canola oil (preserved with mixed tocopherols), natural flavour, salmon, de-boned duck, sundried alfalfa, coconut oil (preserved with mixed tocopherols), carrots, pumpkin, bananas, blueberries, cranberries, raspberries, blackberries, papayas, pineapple, grapefruit, lentil beans, broccoli, spinach, cottage cheese, alfalfa sprouts, calcium carbonate, dicalcium phosphate, lecithin, sodium chloride, potassium chloride, vitamins (vitamin E supplement, L-ascorbyl-2-polyphosphate (a source of vitamin C), niacin, inositol, vitamin A supplement, thiamine mononitrate, d-calcium pantothenate, pyridoxine hydrochloride, riboflavin, beta-carotene, vitamin D3 supplement, folic acid, biotin, vitamin B12 supplement), minerals (zinc proteinate, ferrous sulphate, zinc oxide, iron proteinate, copper sulphate, copper proteinate, manganese proteinate, manganous oxide, calcium iodate, selenium yeast), taurine, DL-methionine, L-lysine, dried chicory root, dried Lactobacillus acidophilus fermentation product, dried Enterococcus faecium fermentation product, yucca schidigera extract, dried rosemary.

Example 2: Petcurean Now Fresh Fish Recipe for Adult Dogs

De-boned trout, whole dried egg, potatoes, potato flour, peas, pea flour, apples, flaxseed, canola oil (preserved with mixed tocopherols), natural flavour, de-boned salmon, de-boned herring, calcium carbonate, dicalcium phosphate, coconut oil (preserved with mixed tocopherols), tomato, alfalfa, carrots, pumpkin, sweet potatoes, squash, bananas, blueberries, cranberries, blackberries, pomegranate, papayas, lentils, broccoli, dried chicory root, sodium chloride, potassium chloride, choline chloride, vitamins (vitamin A supplement, vitamin D3 supplement, vitamin E supplement, inositol, niacin, L-ascorbyl-2-polyphosphate (a source of vitamin C), d-calcium pantothenate, thiamine mononitrate, beta-carotene, riboflavin, pyridoxine hydrochloride, folic acid, biotin, vitamin B12 supplement), minerals (zinc proteinate, iron proteinate, copper proteinate, zinc oxide, manganese proteinate, copper sulphate, ferrous sulphate, calcium iodate, manganous oxide, selenium yeast), taurine, DL-methionine, L-lysine, dried Lactobacillus acidophilus fermentation product, dried Enterococcus faecium fermentation product, dried rosemary.

Example 3: LID version with venison:

De-boned venison, venison meal, tapioca, peas, pea flour, lentils, chickpeas, canola oil (preserved with mixed tocopherols), dried chicory root, sodium chloride, algae extract, potassium chloride, choline chloride, vitamins (vitamin A supplement, vitamin D3 supplement, vitamin E supplement, inositol, niacin, L-ascorbyl-2-polyphosphate (a source of vitamin C), d-calcium pantothenate, thiamine mononitrate, beta-carotene, riboflavin, pyridoxine hydrochloride, folic acid, biotin, vitamin B12 supplement), minerals (zinc proteinate, iron proteinate, copper proteinate, zinc oxide, manganese proteinate, copper sulphate, ferrous sulphate, calcium iodate, manganous oxide, selenium yeast), DL-methionine, L-lysine, dried rosemary.

Ingredient definitions:

Pea Fiber: An insoluble fibre source that helps to regulate glucose levels, and promotes digestive health

Pea Flour: A source of complex carbohydrates, soluble and insoluble fiber

Peas: A good source of beta-carotene, niacin, Vitamin B6, folate, phosphorus and copper, and a very good source of dietary fibre, Vitamin C, Vitamin K, thiamin and manganese

Lentils: A low glycemic carbohydrate that is also a good source of protein, iron, phosphorus and copper, and a very good source of dietary fibre, folate and manganese

Flaxseed: A source of Omega 3 and 6, naturally preserved, as well as fibre



Supreme Source Salmon Meal and Sweet Potato:



Salmon Meal, Peas, Lentils, Faba Beans, Sweet Potatoes, Poultry Fat (Preserved with Mixed Tocopherols), Chickpeas, Tomato Pomace, Dicalcium Phosphate, Natural Flavor, Salmon Oil (Preserved with Mixed Tocopherols), Salt, Dried Seaweed Meal (*Ascophyllum nodosum*), Calcium Carbonate, Betaine, Choline Chloride, Carrots, Blueberries, Cranberries, Spinach, Parsley, Pomegranates, Vitamin E Supplement, Zinc Oxide, Zinc Proteinate, Ferrous Sulfate, Vitamin A Supplement, d-Calcium Pantothenate, Manganous Oxide, Niacin Supplement, Riboflavin Supplement, Thiamine Mononitrate, Copper Sulfate, Pyridoxine Hydrochloride, Manganese Proteinate, Vitamin D3 Supplement, Calcium Iodate, Copper Proteinate, Folic Acid, Biotin, Sodium Selenite, Vitamin B12 Supplement, Cobalt Carbonate, Rosemary Extract.

Holistic Select GF Adult Health Duck Meal Recipe:



Duck Meal, Chickpeas, Peas, Lentils, Chicken Fat (preserved with Mixed Tocopherols), Dried Plain Beet Pulp, Flaxseed, Pumpkin, Cranberries, Apples, Brewers Dried Yeast, Papayas, Choline Chloride, Blueberries, Pomegranates, Vitamin E Supplement, Inulin, Dried Kelp, Zinc Proteinate, Mixed Tocopherols added to preserve freshness, Zinc Sulfate, Niacin, Ferrous Sulfate, Iron Proteinate, Vitamin A Supplement, Yucca Schidigera Extract, Glucosamine Hydrochloride, Ascorbic Acid (Vitamin C), Ground Cinnamon, Ground Fennel, Ground Peppermint, Copper Sulfate, Thiamine Mononitrate, Copper Proteinate, Manganese Proteinate, Manganese Sulfate, d-Calcium Pantothenate, Sodium Selenite, Dried Enterococcus faecium Fermentation Product, Pyridoxine Hydrochloride, Riboflavin, Vitamin D3 Supplement, Biotin, Dried Lactobacillus bulgaricus Fermentation Product, Dried Enterococcus thermophilus Fermentation Product, Calcium Iodate, Vitamin B12 Supplement, Folic Acid, Dried Bacillus licheniformis Fermentation Product, Dried Bacillus subtilis Fermentation Product, Dried Aspergillus oryzae Fermentation Product, Dried Trichoderma reesei Fermentation Product, Dried Rhizopus oryzae Fermentation Product, Dried Lactobacillus acidophilus Fermentation Product, Dried Lactobacillus casei Fermentation Product, Rosemary Extract, Green Tea Extract, Spearmint Extract.

Canidae LID Duck, Bison, Boar flavors:



Duck, duck meal, turkey meal, sweet potatoes, peas, chicken fat (preserved with mixed tocopherols), potatoes, suncured alfalfa, natural flavor, minerals (iron proteinate, zinc proteinate, copper proteinate,

ferrous sulfate, zinc sulfate, copper sulfate, potassium iodide, manganese proteinate, manganous oxide, manganese sulfate, sodium selenite), vitamins (vitamin E supplement, thiamine mononitrate, ascorbic acid, vitamin A supplement, biotin, niacin, calcium pantothenate, pyridoxine hydrochloride, vitamin B12 supplement, riboflavin, vitamin D3 supplement, folic acid), choline chloride, mixed tocopherols (a preservative), dried enterococcus faecium fermentation product, dried lactobacillus acidophilus fermentation product, dried lactobacillus casei fermentation product, dried lactobacillus plantarum fermentation product, dried trichoderma longibrachiatum fermentation extract

Bison, lamb meal, sweet potatoes, **peas**, chickpeas, canola oil, suncured alfalfa, natural flavor, minerals (iron proteinate, zinc proteinate, copper proteinate, ferrous sulfate, zinc sulfate, copper sulfate, potassium iodide, manganese proteinate, manganous oxide, manganese sulfate, sodium selenite), vitamins (vitamin E supplement, thiamine mononitrate, ascorbic acid, vitamin A supplement, biotin, niacin, calcium pantothenate, pyridoxine hydrochloride, vitamin B12 supplement, riboflavin, vitamin D3 supplement, folic acid), choline chloride, mixed tocopherols (a preservative), dried enterococcus faecium fermentation product, dried lactobacillus acidophilus fermentation product, dried lactobacillus casei fermentation product, dried lactobacillus plantarum fermentation product, dried trichoderma longibrachiatum fermentation extract

Wild boar, pork meal, sweet potatoes, **peas**, chickpeas, canola oil, suncured alfalfa, natural flavor, minerals (iron proteinate, zinc proteinate, copper proteinate, ferrous sulfate, zinc sulfate, copper sulfate, potassium iodide, manganese proteinate, manganous oxide, manganese sulfate, sodium selenite), vitamins (vitamin E supplement, thiamine mononitrate, ascorbic acid, vitamin A supplement, biotin, niacin, calcium pantothenate, pyridoxine hydrochloride, vitamin B12 supplement, riboflavin, vitamin D3 supplement, folic acid), choline chloride, mixed tocopherols (a preservative), dried enterococcus faecium fermentation product, dried lactobacillus acidophilus fermentation product, dried lactobacillus casei fermentation product, dried lactobacillus plantarum fermentation product, dried trichoderma longibrachiatum fermentation extract

Merrick GF Buffalo Sw P (same case as above):



Deboned Buffalo, Chicken Meal, Sweet Potatoes, Turkey Meal, Salmon Meal, Potatoes, **Peas**, Chicken Fat (preserved with mixed tocopherols), Natural Pork Flavor, Lamb Meal, **Pea Protein**, Deboned Beef, Natural Chicken Flavor, Deboned Salmon, Deboned Turkey, Deboned Chicken, **Flaxseed Oil**, Apples,

Blueberries, Organic Alfalfa, Salmon Oil, Salt, Minerals (Zinc Amino Acid Complex, Zinc Sulfate, Iron Amino Acid Complex, Manganese Amino Acid Complex, Copper Amino Acid Complex, Potassium Iodide, Cobalt Amino Acid Complex, Sodium Selenite), Vitamins (Vitamin E Supplement, Vitamin A Supplement, Vitamin B12 Supplement, d-Calcium Pantothenate, Vitamin D3 Supplement, Niacin, Riboflavin Supplement, Biotin, Pyridoxine Hydrochloride, Folic Acid, Thiamine Mononitrate), Choline Chloride, Yucca Schidigera Extract, Dried Lactobacillus plantarum Fermentation Product, Dried Lactobacillus casei Fermentation Product, Dried Enterococcus faecium Fermentation Product, Dried Lactobacillus acidophilus Fermentation Product, Rosemary Extract.

Purina ONE Lamb and Rice: 1 case, has corn, soy and wheat, NOT GF. No peas, but Lamb/Rice known in past as issue.



Lamb (source of glucosamine), brewer's rice, whole grain corn, whole grain wheat, poultry by-product meal (source of glucosamine), corn gluten meal, soybean meal, animal fat preserved with mixed-tocopherols, calcium phosphate, glycerin, animal digest, calcium carbonate, potassium chloride, salt, caramel color, Vitamin E supplement, choline chloride, zinc sulfate, L-Lysine monohydrochloride, ferrous sulfate, sulfur, manganese sulfate, niacin, Vitamin A supplement, calcium pantothenate, thiamine mononitrate, copper sulfate, riboflavin supplement, Vitamin B-12 supplement, pyridoxine hydrochloride, garlic oil, folic acid, Vitamin D-3 supplement, calcium iodate, biotin, menadione sodium bisulfite complex (source of Vitamin K activity), sodium selenite.

Taste of the Wild Pacific Stream Canine Formula:



Salmon, ocean fish meal, sweet potatoes, potatoes, peas, canola oil, lentils, salmon meal, smoked salmon, potato fiber, natural flavor, salt, choline chloride, dried chicory root, tomatoes, blueberries, raspberries, yucca schidigera extract, dried Lactobacillus plantarum fermentation product, dried Bacillus subtilis fermentation product, dried Lactobacillus acidophilus fermentation product, dried Enterococcus faecium fermentation product, dried Bifidobacterium animalis fermentation product, vitamin E supplement, iron proteinate, zinc proteinate, copper proteinate, ferrous sulfate, zinc sulfate, copper sulfate, potassium iodide, thiamine mononitrate (vitamin B1), manganese proteinate, manganous oxide, ascorbic acid, vitamin A supplement, biotin, niacin, calcium pantothenate, manganese sulfate, sodium selenite, pyridoxine hydrochloride (vitamin B6), vitamin B12 supplement, riboflavin (vitamin B2), vitamin D supplement, folic acid.

Acana Lamb & Apple Limited Ingredient:



Deboned lamb*, lamb meal, whole green peas, red lentils, lamb liver*, lamb fat, pinto beans, chickpeas, herring oil, green lentils, whole yellow peas, lentil fiber, apples*, natural lamb flavor, lamb tripe*, lamb kidney*, lamb cartilage*, dried kelp, whole pumpkin*, whole butternut squash*, kale*, spinach*, mustard greens*, collard greens*, turnip greens*, carrots*, pears*, freeze-dried lamb liver, freeze-dried lamb tripe, pumpkin seeds, sunflower seeds, zinc proteinate, mixed tocopherols (preservative), chicory root, turmeric, sarsaparilla root, althea root, rosehips, juniper berries, dried lactobacillus acidophilus fermentation product, dried bifidobacterium animalis fermentation product, dried lactobacillus casei fermentation product.

Nature's Variety Instinct Limited Ingredient Diet Lamb Meal and Peas:

Only Lamb LID now sold is Instinct LID GF Lamb.

Lamb Meal, Peas, Tapioca, Pea Protein, Canola Oil (preserved with Mixed Tocopherols and Citric Acid), Lamb, Natural Flavor, Montmorillonite Clay, Coconut Oil, Salt, Vitamins (Vitamin E Supplement, L-Ascorbyl-2-Polyphosphate, Niacin Supplement, Thiamine Mononitrate, d-Calcium Pantothenate, Vitamin A Supplement, Riboflavin Supplement, Pyridoxine Hydrochloride, Vitamin B12 Supplement, Folic Acid, Vitamin D3 Supplement, Biotin), Potassium Chloride, Choline Chloride, DL-Methionine, Minerals (Zinc Proteinate, Iron Proteinate, Copper Proteinate, Manganese Proteinate, Sodium Selenite, Ethylenediamine Dihydriodide), Freeze Dried Lamb, Pumpkinseeds, Freeze Dried Lamb Liver, Freeze Dried Lamb Spleen, Freeze Dried Lamb Heart, Freeze Dried Lamb Kidney, Rosemary Extract.



Roll over image to zoom in

Hill's U/D Urinary Care:



Ingredients - Dry

Brewers Rice, Corn Starch, Pork Fat, Egg Product, Powdered Cellulose, Chicken Liver Flavor, Flaxseed,

Lactic Acid, Potassium Citrate, Soybean Oil, Calcium Carbonate, L-Lysine, Iodized Salt, Choline Chloride, vitamins (Vitamin E Supplement, Niacin Supplement, Thiamine Mononitrate, Vitamin A Supplement, Calcium Pantothenate, Biotin, Vitamin B12 Supplement, Pyridoxine Hydrochloride, Riboflavin Supplement, Folic Acid, Vitamin D3 Supplement), Dried Beet Pulp, L-Threonine, Taurine, minerals (Ferrous Sulfate, Zinc Oxide, Manganous Oxide, Copper Sulfate, Calcium Iodate, Sodium Selenite), L-Carnitine, L-Tryptophan, Mixed Tocopherols for freshness, Natural Flavors, Beta-Carotene

Ingredients – Canned

Water, Corn Starch, Egg Product, Chicken Fat, Pork Liver, Sugar, Rice, Powdered Cellulose, Flaxseed, Potassium Citrate, Calcium Carbonate, Choline Chloride, Monosodium Phosphate, vitamins (Vitamin E Supplement, Thiamine Mononitrate, Niacin Supplement, Calcium Pantothenate, Vitamin B12 Supplement, Pyridoxine Hydrochloride, Biotin, Riboflavin Supplement, Vitamin D3 Supplement, Folic Acid), L-Lysine, Iodized Salt, Magnesium Oxide, minerals (Manganese Sulfate, Zinc Oxide, Ferrous Sulfate, Copper Sulfate, Calcium Iodate), Taurine, L-Carnitine, Beta-Carotene.

EVO Grain-Free Turkey and Chicken Formula Cat food:

Turkey, Chicken, Chicken Meal, Tapioca Starch, Chicken Fat (Preserved with Mixed Tocopherols, a Source of Vitamin E), Herring, Pea Fiber, Salmon Meal, Natural Flavors, Potassium Chloride, Apples, Eggs, Carrots, Menhaden Oil, Peas, Cranberries, Alfalfa Sprouts, Pumpkin, Tomatoes, Cottage Cheese, Dried Chicory Root Extract, Minerals (Zinc Proteininate, Iron Proteininate, Copper Proteininate, Manganese Proteininate, Calcium Iodate), DL-Methionine, Vitamins (Betaine Hydrochloride, Niacin Supplement, Vitamin A Supplement, Thiamine Mononitrate, Calcium Pantothenate, Riboflavin Supplement, Beta Carotene, Vitamin B12 Supplement, Vitamin D3 Supplement, Biotin, Pyridoxine Hydrochloride, Folic Acid), Taurine, Ascorbic Acid, Vitamin E Supplement Direct Fed Microbials (Dried Enterococcus faecium, Dried Lactobacillus acidophilus, Dried Lactobacillus casei) Rosemary Extract

Merrick Purrrfect Bistro Grain-free Real Chicken Recipe:



Deboned Chicken, Chicken Meal, Turkey Meal, Dried Potatoes, Peas, Natural Pork Flavor, Potato Protein, Powdered Cellulose, Chicken Fat (preserved with mixed tocopherols), Natural Chicken Flavor, Sweet Potatoes, Ground Flaxseed, Dried Egg Product, Chicken Liver, Dried Whey Protein Concentrate, Organic Alfalfa, Cranberries, Phosphoric Acid, Flaxseed Oil (source of Omega 3 fatty acids), Salt, Minerals (Zinc

Sulfate, Iron Amino Acid Complex, Zinc Amino Acid Complex, Manganese Amino Acid Complex, Copper Amino Acid Complex, Potassium Iodide, Cobalt Amino Acid Complex, Sodium Selenite), Vitamins (Vitamin E Supplement, Vitamin A Acetate, Vitamin B12 Supplement, d-Calcium Pantothenate, Vitamin D3 Supplement, Niacin, Riboflavin Supplement, Biotin, Pyridoxine Hydrochloride, Folic Acid, Thiamine Mononitrate), Choline Chloride, Taurine, Yucca Schidigera Extract, Dried Bacillus coagulans Fermentation Product, Rosemary Extract, Dried Lactobacillus plantarum Fermentation Product, Dried Lactobacillus casei Fermentation Product, Dried Enterococcus faecium Fermentation Product, Dried Lactobacillus acidophilus Fermentation Product.

Rachael Ray Nutrish: no flavor variety given, so try several. All qualify as GF – in that no corn, wheat or soy.



Ingredients – chicken and brown rice (Salmon & Brown Rice; Chicken w/ Lentils & Salmon; Chicken w/ chickpeas & Salmon; Turkey w Chickpeas & Salmon)

Nutrish Chicken & Brown Rice

Chicken, Chicken Meal, Corn Gluten Meal, Ground Rice, Brown Rice, Poultry Fat (Preserved with Mixed Tocopherols), Brewer's Dried Yeast, Natural Flavor, Dried Plain Beet Pulp, Potassium Chloride, Choline Chloride, Iron Oxide (color), Dried Ground Peas, Dried Carrots, Olive Oil, Taurine, Vitamin E Supplement, Zinc Sulfate, Salt, Ferrous Sulfate, Calcium Carbonate, Niacin, L-Ascorbyl-2-Polyphosphate (Source of Vitamin C), Manganese Sulfate, Copper Sulfate, Vitamin A Supplement, Thiamine Mononitrate, d-Calcium Pantothenate, Sodium Selenite, Riboflavin Supplement, Pyridoxine Hydrochloride (Source of Vitamin B6), Biotin, Menadione Sodium Bisulfite Complex (Source of Vitamin K Activity), Vitamin B12 Supplement, Folic Acid, Vitamin D3 Supplement, Cobalt Sulfate, Potassium Iodide.

Nutrish Salmon & Brown Rice:

Salmon, Ground Rice, Corn Gluten Meal, Fish Meal, Brown Rice, Poultry Fat (Preserved with Mixed Tocopherols), Brewer's Dried Yeast, Dried Ground Peas, Pea Protein, Natural Flavor, Salmon Meal, Dried Plain Beet Pulp, Calcium Carbonate, Choline Chloride, Iron Oxide (color), Dried Carrots, Olive Oil,

Taurine, Salt, Vitamin E Supplement, Zinc Sulfate, Ferrous Sulfate, Niacin, L-Ascorbyl-2-Polyphosphate (Source of Vitamin C), Manganese Sulfate, Copper Sulfate, Vitamin A Supplement, Thiamine Mononitrate, d-Calcium Pantothenate, Sodium Selenite, Riboflavin Supplement, Pyridoxine Hydrochloride (Source of Vitamin B6), Biotin, Menadione Sodium Bisulfite Complex (Source of Vitamin K Activity), Vitamin B12 Supplement, Folic Acid, Vitamin D3 Supplement, Cobalt Sulfate, Potassium Iodide.

Nutrish Chicken w/ Chickpeas & Salmon

Chicken, Chicken Meal, **Dried Peas**, Brewer's Rice, Corn Protein Concentrate, Dried Chickpeas, Chicken Fat (Preserved with Mixed Tocopherols), Salmon, Dried Plain Beet Pulp, Natural Flavor, Dicalcium Phosphate, Menhaden Fish Meal, Dried Cranberries, Salt, Menhaden Fish Oil (Preserved with Mixed Tocopherols), Potassium Chloride, Choline Chloride, Taurine, Iron Oxide (Color), Dried Blueberry, Dried Pumpkin, Vitamin E Supplement, L-Ascorbyl-2-Polyphosphate (Source of Vitamin C), Zinc Sulfate, Ferrous Sulfate, Calcium Carbonate, Niacin, Dried Dandelion, Manganese Sulfate, Copper Sulfate, Vitamin A Supplement, Thiamine Mononitrate, d-Calcium Pantothenate, Biotin, Sodium Selenite, Riboflavin Supplement, Pyridoxine Hydrochloride (Source of Vitamin B6), Menadione Sodium Bisulfite Complex (Source of Vitamin K Activity), Vitamin B12 Supplement, Folic Acid, Vitamin D3 Supplement, Potassium Iodide.

Nutrish Lentils and Salmon:

Chicken, Chicken Meal, Corn Gluten Meal, **Dried Ground Peas, Lentils, Pea Protein**, Poultry Fat (Preserved with Mixed Tocopherols), Dried Plain Beet Pulp, Powdered Cellulose, Salmon, Ground Rice, Natural Flavor, Salt, Choline Chloride, Iron Oxide (color), Taurine, Dried Cranberry, Dried Blueberry, Dried Pumpkin, Vitamin E Supplement, Zinc Sulfate, Ferrous Sulfate, Calcium Carbonate, Niacin, L-Ascorbyl-2-Polyphosphate (Source of Vitamin C), Dandelion, Manganese Sulfate, Copper Sulfate, Vitamin A Supplement, Thiamine Mononitrate, d-Calcium Pantothenate, Sodium Selenite, Riboflavin Supplement, Pyridoxine Hydrochloride (Source of Vitamin B6), Biotin, Menadione Sodium Bisulfite Complex (Source of Vitamin K Activity), Vitamin B12 Supplement, Folic Acid, Vitamin D3 Supplement, Cobalt Sulfate, Potassium Iodide.

Nutrish Zero Grain Chicken:

Chicken, Chicken Meal, **Dried Ground Peas**, Whole Dried Potato, **Pea Protein**, Chicken Fat (Preserved with Mixed Tocopherols), Tapioca, Natural Flavor, Dried Egg Product, Cranberries, **Whole Flaxseed**, Dried Plain Beet Pulp, Salt, Choline Chloride, Taurine, DL-Methionine, Vitamin E Supplement, Zinc Sulfate, Ferrous Sulfate, Calcium Carbonate, Niacin, L-Ascorbyl-2-Polyphosphate (Source of Vitamin C), Manganese Sulfate, Copper Sulfate, Vitamin A Supplement, Thiamine Mononitrate, d-Calcium Pantothenate, Sodium Selenite, Riboflavin Supplement, Pyridoxine Hydrochloride (Source of Vitamin B6), Biotin, Menadione Sodium Bisulfite Complex (Source of Vitamin K Activity), Vitamin B12 Supplement, Folic Acid, Vitamin D3 Supplement, Cobalt Sulfate, Potassium Iodide.

Nutrish Zero Grain Whitefish:

Whitefish, Salmon Meal, Fish Meal, Turkey Meal, **Dried Peas**, Tapioca, Poultry Fat (Preserved with Mixed Tocopherols), Whole Dried Potatoes, Dried Egg Product, **Pea Protein**, Turkey, Natural Fish Flavor, Salt, Dried Plain Beet Pulp, **Whole Flaxseed**, Dried Carrots, Choline Chloride, Potassium Chloride, Dried Cranberry, Taurine, Vitamin E Supplement, Zinc Sulfate, Ferrous Sulfate, Niacin, L-Ascorbyl-2-

Polyphosphate (Source of Vitamin C), Manganese Sulfate, Copper Sulfate, Vitamin A Supplement, Thiamine Mononitrate, d-Calcium Pantothenate, Sodium Selenite, Riboflavin Supplement, Pyridoxine Hydrochloride (Source of Vitamin B6), Biotin, Menadione Sodium Bisulfite Complex (Source of Vitamin K activity), Vitamin B12 Supplement, Folic Acid, Vitamin D3 Supplement, Cobalt Sulfate, Potassium Iodide.

Nutrish Woodland Recipe:

Chicken, Chicken Meal, Menhaden Fish Meal, **Dried Peas, Pea Protein**, Salmon Meal, Chicken Fat (Preserved with Mixed Tocopherols), Tapioca, Turkey Meal, Dried Egg Product, Dried Sweet Potato, Salmon, Trout, Natural Flavor, Salt, Dried Plain Beet Pulp, Choline Chloride, Vitamin E Supplement, Zinc Sulfate, Taurine, Calcium Carbonate, Ferrous Sulfate, Niacin, Dried Dandelion, L-Ascorbyl-2-Polyphosphate (Source of Vitamin C), Manganese Sulfate, Copper Sulfate, Vitamin A Supplement, Thiamine Mononitrate, d-Calcium Pantothenate, Biotin, Sodium Selenite, Riboflavin Supplement, Pyridoxine Hydrochloride (Source of Vitamin B6), Menadione Sodium Bisulfate Complex (Source of Vitamin K Activity), Vitamin B12 Supplement, Folic Acid, Potassium Iodide, Vitamin D3 Supplement.

FOR COMPARISON ONLY:

IAMS Proactive Health dry dog food:

Chicken, Chicken By-Product Meal, Ground Whole Grain Corn, Ground Whole Grain Sorghum, Chicken Fat (preserved with mixed Tocopherols), Dried Beet Pulp, Natural Flavor, Dried Egg Product, Potassium Chloride, Flaxseed, Caramel Color, L-Lysine Monohydrochloride, Salt, Sodium Hexametaphosphate, Choline Chloride, Carrots, Tomatoes, Fructooligosaccharides, Spinach, **Green Peas**, Minerals (Ferrous Sulfate, Zinc Oxide, Sodium Selenite, Manganese Sulfate, Copper Sulfate, Manganous Oxide, Potassium Iodide), Calcium Carbonate, Vitamins (Vitamin E Supplement, Ascorbic Acid, Calcium Pantothenate, Vitamin A Supplement, Biotin, Thiamine Mononitrate (source of Vitamin B1), Vitamin B12 supplement, Niacin, Riboflavin Supplement (source of Vitamin B2), Inositol, Pyridoxine Hydrochloride (source of Vitamin B6), Vitamin D3 Supplement, Folic Acid), Dried Brewers Yeast, DL-Methionine, Dried Apple Pomace, L-Carnitine , Dried Blueberry Pomace, Mixed Tocopherols, Rosemary Extract.

Crude Protein (min)	25
Crude Fat (Min)	14
Crude Fiber (Max)	4
Moisture (Max)	10

Purina Dog Chow Little Bites w/ Chicken and Beef:

Whole grain corn, corn gluten meal, meat and bone meal, soybean meal, beef fat naturally preserved with mixed-tocopherols, poultry by-product meal, whole grain wheat, chicken, beef, poultry and pork digest, ground rice, salt, calcium carbonate, potassium chloride, L-Lysine monohydrochloride, choline chloride, mono and dicalcium phosphate, **MINERALS** [zinc sulfate, ferrous sulfate, manganese sulfate, copper sulfate, calcium iodate, sodium selenite], **VITAMINS** [Vitamin E supplement, niacin (Vitamin B-3),

Vitamin A supplement, calcium pantothenate (Vitamin B-5), pyridoxine hydrochloride (Vitamin B-6), Vitamin B-12 supplement, thiamine mononitrate (Vitamin B-1), Vitamin D-3 supplement, riboflavin supplement (Vitamin B-2), menadione sodium bisulfite complex (Vitamin K), folic acid (Vitamin B-9), biotin (Vitamin B-7)], Yellow 6, Yellow 5, Red 40, Blue 2, garlic oil. K-4120

Crude Protein (min)	25
Crude Fat (Min)	12
Crude Fiber (Max)	4.5
Moisture (Max)	12

Pedigree Adult Roasted Chicken, Rice and Vegetable Flavor:

Ground Whole Grain Corn, Meat And Bone Meal (Source Of Calcium), Corn Gluten Meal, Animal Fat (Source Of Omega 6 [Preserved With Bha & Citric Acid]), Soybean Meal, Natural Flavor, Chicken By-Product Meal, Dried Plain Beet Pulp, Ground Whole Grain Wheat, Salt, Potassium Chloride, Brewers Rice, Choline Chloride, **Dried Peas**, Calcium Carbonate, Zinc Sulfate, DL-Methionine, Vitamin E Supplement, Niacin [Vitamin B3], Biotin, Dried Carrots, L-Tryptophan, Bha & Citric Acid (A Preservative), Blue 2, Yellow 5, Yellow 6, D-Calcium Pantothenate [Source Of Vitamin B5], Riboflavin Supplement [Vitamin B2], Red 40, Pyridoxine Hydrochloride [Vitamin B6], Copper Sulfate, Sodium Selenite, Potassium Iodide, Vitamin A Supplement, Thiamine Mononitrate [Vitamin B1], Vitamin B12 Supplement, Vitamin D3 Supplement, Folic Acid

Crude Protein (min)	21
Crude Fat (min)	10
Crude Fiber (Max)	4
Moisture (Max)	12

Fascetti paper, 2003: For the 5 diets fed to dogs with DCM and low blood and/or plasma taurine

Crude Protein	24	23	17	22	28
Crude Fat	14	13	7	11	13
NFE*	48	57	63	62	46
Crude Fiber	2	1	7	5	4
Ash	10	6	6	-	9
ME	3.8	3.9	3.4	3.5	3.8

*NFE = calculated or reported nitrogen-free extract; ME = metabolizable energy

Document properties

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B4, B6

B4, B6

Client:

B6

Address:

All Medical Records

Patient: **B6**

Breed: Hound Cross

DOB: **B6**

Species: Canine
Sex: Female
(Spayed)

Home Phone: **B6**
Work Phone: () -
Cell Phone: **B6**

Referring Information

UNKNOWN RDVM **UNKNOWN RDVM**
UNKNOWN RDVM **UNKNOWN RDVM**

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

Initial Complaint:

Scanned Record

Initial Complaint:

Nutrition Phone/In person

SOAP Text **B4, B6** 5:09PM - **B4, B6**

Subjective

Nutrition Phone Consult Notes

PHONE CONSULTATION - NO EXAM PERFORMED

(See Diet History Form and information from referring veterinarian in Documents for additional details)

History: DCM and CHF diagnosed Jan, 2018; history of environmental allergies (ears/skin). Taurine WNL

Meds: Pimobendan, enalapril, furosemide, spironolactone

Current Diet: (See Diet History Form in Documents and comm log for additional information)

- Current diet: Taste of the Wild High Prairie dry (1 ¾ cup [10 oz cup] or 17.5 oz twice daily). Occasional canned (I and love and you Clucking Good Stew or Wellness Beef Stew)

Client: B6

Patient: B6

- Previous: Taste of the Wild Pine Forest dry (20 oz twice daily)
- Treats/human foods: Homemade dried cooked beef liver or kidneys (dried in oven – keep in freezer); Occasional “I and love and you” jerky treats – venison and lamb but none recently.
- Medication administration: Galbani ricotta cheese ½ teaspoon twice daily

Supplements:

- Supplements: Taurine (Nutricost) – 1000 mg twice daily

Owner Goals:

Diet to help with DCM

Assessment: Possible diet-associated DCM and CHF

Plan: Change diet

- Avoid BEG diets (boutique, exotic ingredient, or grain-free)
- Adequate calories to maintain body weight at 75 pounds
- Reduced sodium from all sources (diet, treats, table food)
- Moderate protein to help maintain muscle mass
- Supplements: Taurine, omega-3 fatty acids
- Owner is ok to have me report to FDA and willing to answer their questions

****PHONE CONSULTATION - NO EXAM PERFORMED****

Disposition/Recommendations

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

Client: B6
Patient: B6

B4, B6

B4, B6

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

Patient:	B6
Species:	Canine
Breed:	Hound Cross
Sex:	Female (Spayed)
Age:	3,18 Years Old

Lab Results Report

Accession ID:

Test	Results	Reference Range	Units
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4/74

B6

B6

Printed Monday, October 08, 2018

Client: B6

Patient: B6

Nutrition Diet Hx Form

Client Diet History Form

Submitted: 09/04/2018

PET INFORMATION

Pet Name: B6
Pet Last Name: B6
Pet Species/Breed: Dog / Hound (Bloodhound Redbone mix)
Pet's Color: Tan
Pet's Age (Best Guess): Probably born: B6
Pet's Sex: Female
Spayed or Neutered?: Yes

CLIENT INFORMATION

Client Name: B6
Client Address: B6
Client Phone: B6 (Mobile)
Client Email: B6
Co-Owner Name: B6
Co-Owner Phone: B6
Co-Owner Email: B6

CONSULT INFORMATION

Type of Consult: Phone
HCD Being Requested?: No
Reasons & Goals for Consult: On 1/25/18, B6 was diagnosed with DCM. I read the "A broken heart" article about the possible association between grain-free diet and DCM. B6 has been on a grain-free diet, and I'm hoping that a change of diet will help with her condition. As of her weight, she might be just a tad overweight but most likely not by much, perhaps a pound or two.

Attachments: Additional relevant diagnostics
IMG_4818.jpeg

PRIMARY VETERINARIAN INFORMATION

rDVM Name: B6
rDVM Clinic: B6
rDVM Phone: B6
rDVM Fax: B6
rDVM Email: B6

Client: B6

Patient: B6

Nutrition Diet Hx Form

Diet History Form - updated

Agree to Terms

Date Submitted

09/04/2018

Information to Gather

About You, Your Veterinarian(s) and Your Pet

What type of appointment are you requesting?

Phone

Has your pet been seen at Tufts in the last 6 months?

No

About the Pet Owner

Pet owner name

B6

Pet owner email

B6

Address

B6

United States

Preferred Phone

B6

Preferred Phone Type

Mobile

Alternate Phone

Is there another phone number you would like to give us in case we can't reach you at one of the above?

No

Spouse/partner/co-owner's name

B6

Spouse/partner/co-owner's email

B6

Spouse/partner/co-owner's phone

B6

How did you hear about our service?

Media - interview, article, etc

Client: B6
Patient: B6

Nutrition Diet Hx Form

Your Pet's Primary Veterinarian

Primary veterinarian

B6

Primary veterinarian's clinic name

B6

Primary veterinarian's clinic phone

B6

Primary veterinarian's clinic fax

B6

Primary veterinarian's clinic email

B6

Is your pet currently being (or has your pet been) seen by any other veterinarians in relation to her/his current health issues or other health issues that you'd like to discuss with us?

Yes

Information About Your Second Veterinarian

Name of 2nd veterinarian

B6

Clinic name of 2nd veterinarian

B6

Phone for 2nd veterinarian's clinic

B6

Fax for 2nd veterinarian's clinic

B6

Email for 2nd veterinarian's clinic

B6

What is this second veterinarian's role in your pet's care?

To get an expert opinion on B6 treatment

Should this 2nd veterinarian receive a copy of any written reports that result from working with our service?

No

Is your pet being seen by a 3rd veterinarian?

No

About Your Pet

Pet's name

B6

What is your pet's species?

Dog

Client: B6

Patient: B6

Nutrition Diet Hx Form

Breed

Hound (Bloodhound Redbone mix)

Color

Tan

Sex

Female

Spayed/neutered?

Yes

Do you know your pet's exact birthdate?

No

Pet's Age

Probably born Aug 2015

What is your pet's current weight

75

Pounds or kilograms?

lbs

Has your pet gained or lost weight within the past 6 months?

Stayed the same

Which category best describes your pet?

ideal weight

Reason and goals for consultation

On 1/25/18 B6 was diagnosed with DCM. I read the "A broken heart" article about the possible association between grain-free diet and DCM. B6 has been on a grain-free diet, and I'm hoping that a change of diet will help with her condition.

As of her weight, she might be just a tad overweight but most likely not by much, perhaps a pound or two.

Details About Your Pet's Habits

Questions about your pet

Is your pet housed:

- Indoors

Please describe your pet's activity level:

Moderate

Do you have any other pets?

Yes

What are your other pets?

Species How many?

Dogs two additional dogs

Client: B6
Patient: B6

Nutrition Diet Hx Form

Do any pets have access to other pets' food?

No

How many people (including yourself) live in your household?

3

Who feeds your pet?

Me

How many times per day do you feed your pet?

Twice

Does your pet finish all food that is offered?

Yes

Does your pet have any difficulty with the following?

Does your pet have any of the following?

. Environmental allergies

Please explain about your pet's conditions

Seasonal allergies only. Her underbelly gets dark, and she gets ear infections.

Have you observed any changes in any of the following?

Have you made any recent changes in diet (last 4 weeks)?

No

Your Pet's Diet

Do you feed your pet DRY (e.g., kibble) pet food?

Yes

Please list each kind of DRY petfood individually

Brand or name	Amount per serving	How often given?	Fed since (mo/yr)?
Taste of the Wild High Prairie Grain-Free	1 ¾ cup (cup size 10 oz)	2x/day	Dec 2017
Taste of the Wild Pine Forest Grain-Free	2 cups (cup size 10 oz)	2x/day	Feb 2016

Do you feed your pet WET (e.g., canned or pouched) pet food?

Yes

Please list each kind of WET (e.g., canned or pouched) petfood individually

Brand or name	Amount per serving	How often given?	Fed since (mo/yr)?
"I and love and you" Clucking Good Stew	Perhaps ½ can	Rarely	Several cans at most since late 2016
Wellness Beef Stew	Perhaps ½ can	Rarely	Several cans at most since late 2016

Do you feed your pet HOME-COOKED food?

No

Client:
Patient:

Nutrition Diet Hx Form

Do you feed your pet TREATS?

Yes

Please list each kind of TREAT individually

Brand or name	Amount per serving	How often given?	Fed since (mo/yr)?
Homemade dried beef liver and kidneys	2-3 small pieces	Perhaps 4 times a week, if that	Not sure, probably less than a year
"I and love and you", Natural Jerky Dog Treats, Venison & Lamb	Small pieces	Not sure, infrequently	Not sure, probably several bags since early 2016
Happy Howie's Premium Turkey Roll	Tiny pieces	Infrequent, a 2 bl log lasted a long time	May 2017 only
Merrick Texas Hold'em's Premium Lamb (or beef) Lung Filets Dog Treats	A little bit, not sure	Infrequently, 2-3 8 oz bag lasted several months	Mid 2016 to early 2017 only
Merrick Lamb Lung Training Dog Treats	A little bit, not sure	Infrequently, the 5 oz bag lasted a while	June-July 2016 only
Stewart Pro-Treat Beef Liver Freeze-Dried Dog Treats	A little bit, not sure	Infrequently, the 21 oz tub lasted a good few months	June-July 2016 only
Beef Marrow Bone Dog Treat & Beef Knee Caps Dog Treats	One piece	Once a month	March & April 2017 only

Is there any OTHER kind of food you feed your pet?

No

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

Yes

Please list any dietary supplements

Product Name Amount Frequency

Nutricost Taurine 1000mg 2x daily

Is your pet receiving any medications?

Yes

Please list your pet's medications

Drug Name Dosage

Furosemide 60mg 2x daily

Spirinolactone 37.5mg 2x daily

Enalapril 15mg 2x daily

Vetmedin 15mg 3x daily

Do you use food (e.g., Pill Pockets, cheese, bread, peanut butter, etc.) to administer medications?

Yes

Lists foods used to administer medication

What kind? Amount? How often?

Ricotta cheese ½ teaspoon 2x daily

Regarding commercial diets (pet foods and treats not made in your home) your pet may have received

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

Nutrition Diet Hx Form

in the past, please select the following statement that is most accurate:

I have never fed other commercial diets to my pet

Home-cooked Diets

Is a home-cooked diet being requested? (Please note that this option is only available for phone or in-person consults, not for consults directly with veterinarians.)

No

Medical Records & Test Results**Requested Items**

- Additional relevant diagnostics (e.g., urine culture, T4, ultrasound reports)
- Last 6 months' medical records or as appropriate (all consults)

Do you have any of the above in electronic format?

Yes

Additional relevant diagnostics

- [Archive.zip](#)

Last 6 months' medical records

Would you like to upload and attach anything else to this form?

- [IMG_4818.jpeg](#)

Client: B6
Patient: B6

RDVM B6 records

Patient Chart

B6
B6

Printed: 09-05-18 at 6:47p

CLIENT INFORMATION

Name Address B6 Spouse B6

PATIENT INFORMATION

Name B6 (Record - 18741) Species Canine
Sex Female, Spayed Breed Bloodhound Mix
Birthday B6 Age 3y
ID Rabies 011425
Color Red Weight 75.00 lbs
Reminded 10-01-16 Codes

Reminders for B6 Last done

B6

HEALTH HISTORY SUMMARY

Date	Diagnosis
02-22-18	Heartworm 4DX Neg -Spoke to owner
11-21-16	Heartworm 4DX Neg -Spoke to owner

B6 weight history (in lbs)

B6

MEDICAL HISTORY

Client: B6

Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6

Page 2

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

B6

Client: B6

Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6

Page: 3

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

B6

Client: B6
Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6 Page 4

Date	By	Code	Description	Qty (Variance)
B6				

Client: B6

Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6

Page 5

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

B6

Client: B6

Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6
Page: 6

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

B6

Client: B6

Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6

Page: 7

Date	By	Code	Description	Qty (Variance)
B6				

Client: B6

Patient: B6

RDVM: B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6 Page: 8

Date	By	Code	Description	Qty (Variance)
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B6				
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Client: B6
Patient: B6

RDVM: B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6
Page 9

Date	By	Code	Description	Qty (Variance)
<h1>B6</h1>				

Client: B6
Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6 Page: 10

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

B6				
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Client: B6

Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6

Page: 11

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

B6				
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Client: **B6**

Patient: **B6**

RDVM **B6** records

B6

Patient Chart for **B6**
Date: 09-05-18, Time: 6:47p

Client: **B6**

Page: 12

Date	By	Code	Description	Qty (Variance)
B6				

Client: **B6**

Patient: **B6**

RDVM **B6** records

B6

Patient Chart for **B6**
Date: 09-05-18, Time: 6:47p

Client: **B6** Page: 13

Date	By	Code	Description	Qty (Variance)
B6				

Client: B6
Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6

Page: 14

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

B6				
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Client: B6
Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6 Page: 15

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

B6

Client: **B6**

Patient: **B6**

RDVM **B6** records

B6

Client: B6
Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6 Page: 17

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

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

RDVM **B6** records

B6

Patient Chart for **B6**
Date: 09-05-18, Time: 6:47p

Client: **B6** Page: 18

Date By Code Description Qty (Variance)

B6				
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Client: B6
Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6 Page 19

Date	By	Code	Description	Qty (Variance)
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B6				
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Client: **B6**

Patient: **B6**

RDVM **B6** records

B6

Patient Chart for **B6**
Date: 09-05-18, Time: 6:47p

Client: **B6** Page 20

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

B6

Client: B6
Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client B6

Page: 21

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

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

RDVM **B6** records

B6

Patient Chart for **B6**
Date: 09-05-18, Time: 6:47p

Client: **B6** Page: 22

Date	By	Code	Description	Qty (Variance)
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B6				
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Client: B6
Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6 Page 23

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

B6

Client: B6
Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6

Page: 24

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

B6				
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Client: B6
Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6

Page: 25

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

B6				
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Client: B6
Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6 Page 26

Date	By	Code	Description	Qty (Variance)
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B6				
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Client: **B6**
Patient: **B6**

RDVM **B6** records

B6

Patient Chart for **B6**
Date: 09-05-18, Time: 6:47p

Client: **B6** Page: 27

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

B6				
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Client: B6

Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6

Page: 28

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

<h1>B6</h1>				
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Client: **B6**
Patient: **B6**

RDVM **B6** records

B6

Patient Chart for **B6**
Date: 09-05-18, Time: 6:47p

Client: **B6**

Page 29

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

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

RDVM **B6** records

B6

Patient Chart for **B6**
Date: 09-05-18, Time: 6:47p

Client: **B6**

Page: 30

Date	By	Code	Description	Qty (Variance)
B6				

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

RDVM **B6** records

B6

Patient Chart for **B6**
Date: 09-05-18, Time: 6:47p

Client: **B6**

Page: 31

Date	By	Code	Description	Qty (Variance)
B6				

Client: **B6**

Patient: **B6**

RDVM **B6** records

B6

Patient Chart for **B6**
Date: 09-05-18, Time: 6:47p

Client: **B6**

Page 32

Date	By	Code	Description	Qty (Variance)
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B6				
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Client: B6
Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6
Page: 33

Date	By	Code	Description	Qty (Variance)
B6				

Client: **B6**

Patient: **B6**

RDVM **B6** records

B6

Patient Chart for **B6**
Date: 09-05-18, Time: 6:47p

Client: **B6**

Page: 34

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

B6

Client: B6

Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6

Page: 35

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

B6

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

RDVM **B6** records

B6

Patient Chart for **B6**
Date: 09-05-18, Time: 6:47p

Client: **B6**

Page: 36

Date	By	Code	Description	Qty (Variance)
B6				

Client: B6
Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6

Page: 37

Date	By	Code	Description	Qty (Variance)
------	----	------	-------------	----------------

B6

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

RDVM **B6** records

B6

Patient Chart for **B6**
Date: 09-05-18, Time: 6:47p

Client: **B6** Page 38

Date	By	Code	Description	Qty (Variance)
B6				

Client: B6

Patient: B6

RDVM B6 records

B6

Patient Chart for B6
Date: 09-05-18, Time: 6:47p

Client: B6

Page: 39

Date	By	Code	Description	Qty./Variance
<h1>B6</h1>				

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

RDVM **B6** records

B6

Patient Chart for **B6**
Date: 09-05-18, Time: 6:47p

Client: **B6** Page: 40

Date	By	Code	Description	Qty (Variance)
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B6				
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Client: **B6**
Patient: **B6**

RDVM **B6** records

B6

Patient Chart for **B6**
Date: 09-05-18, Time: 6:47p

Client: **B6** Page 41

Date	By	Code	Description	Qty (Variance)
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B6				
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Client: B6
Patient: B6

RDVM B6 echo results 5/2/18

B4, B6

REFERRING DOCTOR / HOSPITAL:

B6

PATIENT INFORMATION

PATIENT'S NAME: B6

SIGNALMENT 2015, FS, mixed breed [canine]

RECORD #: B6 2018-5-2

WEIGHT: 75 pounds; [34.1 kg]

DATE OF EXAM: Wednesday, May 2, 2018

HISTORY: severe DCM

ECHOCARDIOGRAM

Left Inflow

Right Inflow

Left Outflow

Right Outflow

Echo Summary

Echo Discussion

B6

Client: B6

Patient: B6

RDVM B6 echo results 5/2/18

B4, B6

PATIENT'S NAME: B6

GROSS ECHO MEASUREMENTS

IVSd	B6	normal range
LVIDd		(0.68 - 1.38 cm)
LVPWd		(3.58 - 5.22cm)
IVSs		(0.66 - 1.36cm)
LVIDs		(1 - 1.84cm)
LVPWs		(2.16 - 3.83cm)
%FS		(1.05 - 1.9cm)
HR		(33.7 - 45.9%)
LAmx		(1.99 - 3.28)
LA/Ao (boon)		< 1.3
TRmax (m/s)		
TRmax (mmHg)		
MRmax (m/s)		
MRmax (mmHg)		
PA max (m/s)	(<2.5m/s)	
PI max (m/s)		
AOmax (m/s)	(<2.5m/s)	
Ai max (m/s)		

B4, B6

Client: B6
Patient: B6

Nutrition RDVM Consult Request Form

Referring Veterinarian Nutrition Consult Form - Updated

Date Submitted

09/29/2018

Veterinarian's Name

B6

Practice Name

B6

Practice Address

B6

United States

Email

B6

Phone

B6

Fax

B6

Preferred Method of Contact

Email

How did you hear about our service?

- Your client

Client Name

B6

Client Email

B6

Pet Name

B6

Pet Species

Dog

Pet weight

75

Pounds or kilograms

lbs

Body condition score

5

Client: B6

Patient: B6

Nutrition RDVM Consult Request Form

On what scale?

out of 9

Does this pet have any generalized muscle loss?

No

Type of consult

Client consultation or appointment

Reason for consult

See attached AMC report

Is a home-cooked diet recipe being requested?

No

Current medical concerns

See attached AMC report

Is this pet currently on medication?

Yes

Current medications

Drug	Route	Dose	Frequency
Spirolactone	Oral	37.5mg	Every 12 hours
Enalapril	Oral	15mg	Every 12 hours
Vetmedin	Oral	15mg	Every 8 hours
Eurosemide	Oral	60mg	Every 12 hours

Previous medical history

Diagnosed January 2018. Initially brought in for coughing. Owner was feeding Taste of the Wild Bison Formula.

Medical Records

How will you provide the required records?

- I will upload now via this form

File(s)

B6

Client: B6

Patient: B6

Nutrition RDVM Consult Request Form

B6

Diet History

Client: B6

Patient: B6

Vitals Results

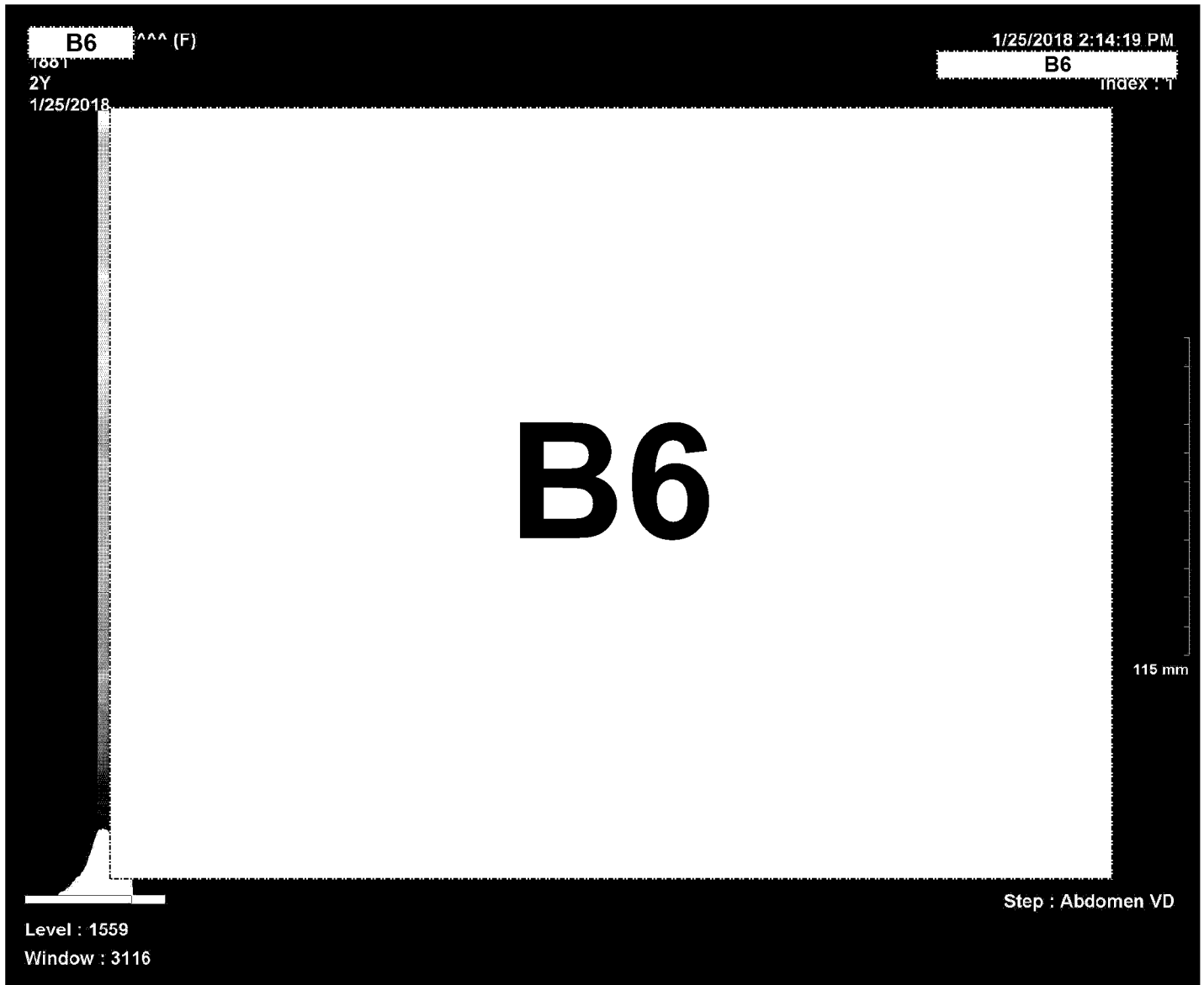
10/2/2018 5:09:37 PM	Muscle Condition Score (MCS)
10/2/2018 5:09:38 PM	Body Condition Score (BCS)
10/2/2018 5:09:39 PM	Weight (kg)

B6

Client: B6

Patient: B6

RDVM: B6 Rads 1/28/18



Client: B6

Patient: B6

RDVM B6 Rads 1/28/18

B6

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

RDVM **B6** Rads 1/28/18

B6

Client: **B6**

Patient: **B6**

RDVM **B6** Rads 1/28/18

B6

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

RDVM **B6** Rads 1/28/18

B6

Client: B6

Patient: B6

RDVM B6 **Rads 1/28/18**

B6

Client: B6

Patient: B6

RDVM B6 **Rads 1/28/18**

B6

Client:

Patient:

RDVM Rads 1/28/18

B6

Client: **B6**

Patient: **B6**

RDVM **B6** Rads 1/28/18

B6

Client: **B6**

Patient: **B6**

RDVM **B6** Rads 11/6/17

B6

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

RDVM **B6** Rads 11/6/17

B6

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

RDVM **B6** **Rads 11/6/17**

B6

Client: **B6**

Patient: **B6**

RDVM **B6** Rads 11/3/16

B6

Client: **B6**

Patient: **B6**

RDVM **B6** Rads 11/3/16

B6

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

Patient History

10/01/2018 10:58 AM	Appointment
10/02/2018 05:09 PM	Vitals
10/02/2018 05:09 PM	Vitals
10/02/2018 05:09 PM	Vitals
10/02/2018 05:18 PM	Purchase

B6

FDA In Brief

METADATA

Title: FDA investigates cases of canine heart disease potentially linked to diet

Description: FDA investigates dilated cardiomyopathy in dogs that ate certain pet foods labeled as “grain-free.”

Short Title: FDA investigates canine heart disease cases potentially linked to diet

For Immediate Release: July 12, 2018

Media Inquiries: Juli Putnam, 240-402-0537, juli.putnam@fda.hhs.gov

FDA In Brief: FDA investigates cases of canine heart disease potentially linked to diet

“We are concerned about reports of canine heart disease, known as dilated cardiomyopathy (DCM), in dogs that ate certain pet foods containing peas, lentils, other legumes or potatoes as their main ingredients. These reports are highly unusual as they are occurring in breeds not typically genetically prone to the disease,” said Martine Hartogensis, D.V.M., deputy director of the FDA’s Center for Veterinary Medicine’s Office of Surveillance and Compliance. “The FDA is investigating the potential link between DCM and these foods. We encourage pet owners and veterinarians to report DCM cases in dogs who are not predisposed to the disease.”

The U.S. Food and Drug Administration’s Center for Veterinary Medicine and the [Veterinary Laboratory Investigation and Response Network](#), a collaboration of government and veterinary diagnostic laboratories, are investigating the potential association between reports of canine dilated cardiomyopathy (DCM) in dogs and certain pet foods containing peas, lentils, other legume seeds or potatoes as main ingredients. Canine DCM is a disease of a dog’s heart muscle and often results in congestive heart failure. In cases that are not linked to genetics, heart function may improve with appropriate veterinary treatment and dietary modification if caught early.

A genetic predisposition for DCM is typically seen in large and giant breed dogs, such as Great Danes, Newfoundlands, Irish Wolfhounds, Saint Bernards and Doberman Pinschers. The disease is less common in small and medium breed dogs, except American and English Cocker Spaniels. However, recently reported atypical cases have included Golden and Labrador Retrievers, a Whippet, a Shih Tzu, a Bulldog, and Miniature Schnauzers as well as mixed breeds. Early reports from the veterinary cardiology community indicate that the impacted dogs consistently ate foods containing peas, lentils, other legume seeds or potatoes as main ingredients as their primary source of nutrition for time periods ranging from months to years. That’s why the FDA is conducting an investigation into this potential link. In the meantime, the FDA continues to recommend that changes in diet, especially for dogs with DCM, should be made in consultation with a licensed veterinary professional.

Cases of DCM in dogs suspected of having a link to diet can be reported to the FDA's electronic [Safety Reporting Portal](#). For additional instructions, see "[How to Report a Complaint about Pet Food](#)."

As part of its investigation, the FDA has been in contact with the pet food manufacturers and the veterinary community to discuss these reports and will provide updates as more information becomes available.

###

The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.

Document properties

Author: Putnam, Juli
Template: Normal.dotm
Page count: 2
Paragraph count: 15
Line count: 57
Word count: 549
Character count (spaces excluded): 3091
Character count (spaces included): 3626

B6

Discharge Instructions

B6

Species: Canine
Blonde Female (Spayed) Golden
Retriever

Birthdate: B6

B6

B6

B6

Admit Date: B6 8:30:52 PM

Discharge Date: B6

Diagnoses: Dilated cardiomyopathy (DCM) with congestive heart failure

Case summary:

Thank you for bringing Jesse in to B6 for evaluation of her inappetence, lethargy and vomiting. B6 was diagnosed with dilated cardiomyopathy by your family veterinarian who started several cardiac medications (Furosemide, Enalapril, Pimobendan). She had been stable until two days ago when her appetite decreased, she appeared lethargic and she vomited.

On echocardiogram (ultrasound of the heart), we confirmed a diagnosis of dilated cardiomyopathy (DCM). This disease is more common in large and giant breed dogs and is characterized by thinning of the walls of the heart, reduced cardiac pump function, and enlargement of the upper chambers of the heart. Many dogs with DCM will also have significant arrhythmias which can be life-threatening and also require medical management. At this time B6 has very infrequent, isolated arrhythmic heart beats. It is unclear whether arrhythmia was the cause of her collapse. Unfortunately this is a progressive disease and we cannot reverse the changes to the heart muscle, however we can use cardiac medications and some changes to the diet to make your dog comfortable and have him breathing easier.

It is difficult to determine if B6 more recent signs are related to her heart disease, a medication side effect or to changing her diet. We also recommend starting a daily taurine supplement, as we wait the results of B6 Taurine level bloodwork. Some dogs with DCM respond well to taurine supplementation and can have a decrease in heart size.

Monitoring at home:

B6

Recommended Medications:

B6

Diet suggestions:

At this time, we would like you to start **B6** on a heart healthy diet such as Royal Canin Early Cardiac diet, Royal Canin Boxer, or ProPlan Adult Weight Management. If she prefers wet food you can try an option like Hill's Science Diet Adult Beef & Barely entree. Please contact us if you need more options.

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/>)

Exercise Recommendations:

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:

We would like you schedule a **recheck appointment in 1 week** so that we can recheck **B6** bloodwork values and assess whether or not we should start a different ACEi. We also would like to schedule a **recheck echocardiogram in 4 months** for

B6

Thank you for entrusting us with **B6** care. Please contact our Cardiology liaison at (508)-887-4696 or email us at cardiovet@tufts.edu for scheduling and non-emergent questions or concerns.

Please visit our HeartSmart website for more information
<http://vet.tufts.edu/heartsmart/>

Prescription Refill Disclaimer:

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

Ordering Food:

Please check with your primary veterinarian to purchase the recommended diet(s). If you wish to purchase your food from us, please call 7-10 days in advance (508-887-4629) to ensure the food is in stock. Alternatively, veterinary diets can be ordered from online retailers with a prescription/veterinary approval.

Clinical Trials:

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

B6

Discharge Instructions

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY
Cardiology Liaison: 508-887-4696

B6

B6

B6

Canine

B6

Years Old Female (Spayed) Golden
Retriever

Blonde BW: Weight (kg) 27.70

Cardiology Inpatient

Date: **B6**

Weight: Weight (kg) **B6**

B6

Thoracic radiographs available for review?

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

Presenting complaint and important concurrent diseases:

B6 is a 8yo SF Golden Retriever who was diagnosed through the ER or **B6** with DCM after a collapsing episode. She was started on Enalapril 15mg PO q12, Pimobendan 7.5mg PO q12, and Furosemide 60mg PO q12. She was scheduled for a cardiology appointment on 10/17/18. She was stable until **B6** when she began to lose her appetite and became lethargic, owners were concerned about her sudden change so they brought her into Tufts ER on **B6**. Prior to arriving at the ER she vomited once (liquid/brown/grass) and was retching. She has a test pending for taurine levels. She had previously been on a grain free diet, but was switched to Nature's variety instinct raw beef and barely.

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

STOP - remainder of form to be filled out by Cardiology

Physical Examination

B6

Muscle condition:

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

Cardiovascular Physical Exam

Murmur Grade:

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

Murmur location/description: systolic left apical

Jugular vein:

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

Arterial pulses:

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

Arrhythmia:

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

Gallop:

- Yes
- No
- Intermittent
- Pronounced
- Other:

Pulmonary assessments:

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

Abdominal exam:

- Normal
- Hepatomegaly
- Abdominal distension
- Mild ascites

Echocardiogram Findings:

B6

Doppler findings:

B6

B6

Mitral inflow:

- Summated
- Normal
- Delayed relaxation

- Pseudonormal
- Restrictive

Blood Pressure (mmHg): 100mmHg

B6

ECG findings:

B6

Radiographic findings:

B6

Assessment and recommendations: Findings revealed advanced LV dilation and systolic dysfunction consistent with DCM

B6

B6

Treatment plan:

B6

Final Diagnosis:

- Advanced dilated cardiomyopathy with suspected mild LCHF (r/o primary vs. diet induced)

Heart Failure Classification Score:

ISACHC Classification:

- Ia
- Ib
- II
- IIIa
- IIIb

ACVIM CHF Classification:

- A
- B1
- B2
- C
- D

M-Mode

IVSd	cm
LVIDd	cm
LVPWd	cm
IVSs	cm
LVIDs	cm
LVPWs	cm
%FS	%
Max LA	cm
Time	ms
HR	BPM
CO(Teich)	l/min
CI(Teich)	l/minm
EPSS	cm

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)

2D

SA LA	cm
Ao Diam	cm
SA LA / Ao Diam	
IVSd	cm
LVIDd	cm
LVPWd	cm
EDV(Teich)	ml
IVSs	cm
LVIDs	cm
LVPWs	cm
ESV(Teich)	ml
EF(Teich)	%
%FS	%
SV(Teich)	ml
LVLd LAX	cm



LVAd LAX
LVEDV A-L LAX
LVEDV MOD LAX
LVls LAX
LVAs LAX
LVESV A-L LAX
LVESV MOD LAX
HR
EF A-L LAX
LVEF MOD LAX
SV A-L LAX
SV MOD LAX
CO A-L LAX
CO MOD LAX

Doppler

MV E Vel
MV DecT
MV A Vel
MV E/A Ratio
E'
A'
E/E'
S'
MR Vmax
MR Vmean
MR maxPG
MR meanPG
MR VTI
PV Vmax
PV maxPG
AV Vmax
AV maxPG
IVRT
TR Vmax
TR maxPG

B6

cm
ml
ml
cm
cm
ml
ml
ml
BPM
%
%
ml
ml
l/min
l/min

m/s
ms
m/s

m/s
m/s

m/s
m/s
m/s
mmHg
mmHg
cm
m/s
mmHg
m/s
mmHg
ms
m/s
mmHg

B6

B6

Sex: SF

B6

Age: 8

Draw Location: GRAFSAH

Room Num:

Sample ID: 1810080088

Requisition #:

Phlebotomist: N/A

Phone:

B6

Collection Date:

10:23 PM

Approval Date:

11:54 AM

Fasting: No

CBC, Comprehensive, Sm Animal

Approved By: **B6** 10:48 AM

Test	Results	Abnormal	Units	Range
WBC (ADVIA)	B6		K/uL	4.40-15.10
RBC (Advia)		M/uL	5.80-8.50	
Hemoglobin (ADVIA)		g/dL	13.3-20.5	
Hematocrit (Advia)		%	39-55	
MCV (ADVIA)		fL	64.5-77.5	
MCH (ADVIA)		pg	21.3-25.9	
MCHC (ADVIA)		g/dL	31.9-34.3	
RDW (ADVIA)			11.9-15.2	
Platelet Count (Advia)		K/uL	173-486	

B6 10:47 AM

B6

Mean Platelet Volume (Advia) **B6** fl 8.29-13.20

B6 9:18 AM

B6

Platelet Crit **B6** % 0.129-0.403

B6 9:18 AM

B6

Reticulocyte Count (Advia) **B6** % 0.20-1.60

Absolute Reticulocyte Count (Advia) **B6** K/uL 14.7-113.7

Microscopic Exam of Blood Smear (Advia)

Approved By: **B6** 10/09/2018 10:48 AM

Test	Results	Abnormal	Units	Range	
Seg Neuts (%)	B6		%	43-86	
Lymphocytes (%)		%	7-47		
Monocytes (%)		%	1-15		
Eosinophils (%)		%	0-16		
Seg Neutrophils (Abs) Advia		K/uL	2.800-11.500		
Lymphs (Abs) Advia		K/uL	1.000-4.800		
Mono (Abs) Advia		K/uL	0.100-1.500		
Eosinophils (Abs) Advia		K/uL	0.000-1.400		
WBC Morphology					

Acanthocytes

Poikilocytosis

Chem Prof - Small Animal (Cobas)

Approved By: **B6** 9:39 AM

Test	Results	Abnormal	Units	Range
Glucose			mg/dL	67-135
Urea			mg/dL	8-30
Creatinine			mg/dL	0.6-2.0
Phosphorus			mg/dL	2.6-7.2
Calcium 2			mg/dL	9.4-11.3
Magnesium 2+			mEq/L	1.8-3.0
Total Protein			g/dL	5.5-7.8
Albumin			g/dL	2.8-4.0
Globulins			g/dL	2.3-4.2
A/G Ratio				0.7-1.6
Sodium			mEq/L	140-150
Chloride			mEq/L	106-116
Potassium			mEq/L	3.7-5.4
tCO2(Bicarb)			mEq/L	14-28
AGAP				8.0-19.0
NA/K				29-40
Total Bilirubin			mg/dL	0.10-0.30
Direct Bilirubin			mg/dL	0.00-0.10
Indirect Bilirubin			mg/dL	0.00-0.20
Alkaline Phosphatase			U/L	12-127
GGT			U/L	0-10
ALT			U/L	14-86
AST			U/L	9-54
Creatine Kinase			U/L	22-422
Cholesterol			mg/dL	82-355
Triglycerides			mg/dl	30-338
Amylase			U/L	409-1250
Osmolality (calculated)			mmol/L	291-315

B6

Urinalysis

B6 1:54 AM

Test	Results	Abnormal	Units	Range
Urine Collection				
Urine Color				
Urine Turbidity				
Urine Specific Gravity				
Urine pH				
Urine Protein				
Urine Glucose				
Urine Ketones				
Urine Bilirubin				

B6

B6

B6 11:54 AM B6

Urine Heme Protein				
Urine WBC			/hpf	
Urine RBC			/hpf	
Urine Bacteria			/hpf	
Urine Crystals			/hpf	
Urine Fat Urine Droplets			/hpf	

B6

B6

SID: 1810080088; B6

END OF REPORT (Final)

Reviewed by: _____

B6

B6

Sex: SF

B6

Age: 8

Draw Location: GRAFSAH

Room Num:

Sample ID: 1810080089

Requisition #:

Phone:

Phlebotomist: N/A

Collection Date:

B6

10:28 PM

B6

Approval Date:

1:33 AM

Fasting: No

Nova Full Panel-ICU

B6

1:33 AM

Test

Results

Abnormal

Units

Range

pH

7.337-7.467

pCO2

mmHg

36.0-44.0

pO2

mmHg

80.0-100.0

SO2%

%

94.0-100.0

Hct (POC)

%

38-48

Hb (POC)

g/dL

12.6-16.0

Sodium (POC)

mmol/L

140.0-154.0

K (POC)

mmol/L

3.6-4.8

Cl (POC)

mmol/L

109-120

Ca (ionized)

mmol/L

1.17-1.38

Mg, (ionized) (POC)

mmol/L

0.1-0.4

Glucose (POC)

mg/dL

80-120

Lactate

mmol/L

0.0-2.0

BUN (POC)

mg/dL

12.0-28.0

Creat (POC)

mg/dL

0.2-2.1

TCO2 (POC)

mmol/L

nCa

mmol/L

nMg

mmol/L

Gap

mmol/L

Ca/Mg

mol/mol

BEecf

mmol/L

BEb

mmol/L

HCO3

mmol/L

18.0-24.0

A

mmHg

NOVA Sample Source

FiO2

%

B6

SID: 1810080089

B6

END OF REPORT (Final)

Reviewed by: _____

B6

B6

B6

Sex: SF

Age: 8

Room Num:

Draw Location: GRAFSAH

Sample ID: 1810090060

Phlebotomist: N/A

Requisition #:

Phone:

Collection Date:

Approval Date:

B6

10:19 AM

1:06 PM

B6

Fasting: No

Chemistry 21 (Cobas)

B6

1:06 PM

Test

Results

Abnormal

Units

Range

Glucose

mg/dL

67-135

Urea

mg/dL

8-30

Creatinine

mg/dL

0.6-2.0

Phosphorus

mg/dL

2.6-7.2

Calcium 2

mg/dL

9.4-11.3

Total Protein

g/dL

5.5-7.8

Albumin

g/dL

2.8-4.0

Globulins

g/dL

2.3-4.2

A/G Ratio

0.7-1.6

Sodium

mEq/L

140-150

Chloride

mEq/L

106-116

Potassium

mEq/L

3.7-5.4

NA/K

29-40

Total Bilirubin

mg/dL

0.10-0.30

Direct Bilirubin

mg/dL

0.00-0.10

Indirect Bilirubin

mg/dL

0.00-0.20

Alkaline Phosphatase

U/L

12-127

ALT

U/L

14-86

AST

U/L

9-54

Cholesterol

mg/dL

82-355

Osmolality (calculated)

mmol/L

291-315

Comments (Chemistry)

B6

SID: 1810090060

B6

END OF REPORT (Final)

Reviewed by: _____

B6

Current Diet : Signature trout & salmon

Sample type: Plasma Whole Blood Urine Food Other _____

Test: Taurine Complete Amino Acids Other: _____

Taurine Results (lab use only)

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

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

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

B4, B6

B6

All Medical Records

B6

Breed: Labrador Retriever Cross

B6

Species: Canine
Sex: Female
(Spayed)

Referring Information

B6

Initial Complaint:

Emergency

SOAP Text **B6** 12:28PM **B6**

Subjective

NEW VISIT (ER)

B6

Presenting complaint: Cardiac enlargement, dyspnea

Referral visit? Yes

Diagnostics completed prior to visit: CXR, CBC/Chem from 3/14/19

B6

HISTORY:

Signalment: 9yo SF Lab cross

Current history: Presenting today for cardiac enlargement and dyspnea. **B6** visited her rDVM earlier this week (3/14) for repeat bloodwork for monitoring of ELE. Additionally, they wanted her to be evaluated because earlier this week, they noticed that **B6** breathing pattern did not seem quite right - particularly at night. Also, **B6** vomited up bile a few times this week. **B6** breathing continued to get worse throughout the week. She visited her regular veterinarian for thoracic radiographs yesterday, which revealed generalized cardiac enlargement - O was instructed to make an appointment/consult with a veterinary cardiologist. The owners were planning to do this, but they report that **B6** respiratory rate and effort have increased significantly today, to the point that they became very concerned and

B6

brought her here **B6** appetite has been waxing and waning over the last week and a half. No reported episodes of collapse.

Prior medical history:

B6

Current medications: **B6**

Diet: Natural Balance LID High protein, grain free diet

Vaccination status/flea & tick preventative use: UTD

Travel history: N/A

EXAM:

B6

ASSESSMENT:

B6

B6

B6

Diagnostics completed:

B6

Client communication:

The cardiac changes that **B6** has are permanent - we cannot fix those. But what we can do is try to get **B6** out of failure and help her heart to contract. Her heart has likely been enlarged for a while, but the progression to CHF was most likely rapid. There are correlations between DCM and grain-free diets, but that's not to say that her previous grain free diet is definitely the cause of **B6** DCM. The first 24-48 hours of **B6** hospitalization will say a lot - some dogs respond very well to cardiac medications, others do not. Time will tell. Typically the prognosis for DCM overall is somewhere around 6 months - 1 year depending on how well they respond to the medications. If we can get her comfortable, though, it is usually a good quality of life during this time.

Deposit & estimate status: **B6**

Resuscitation code (if admitting to ICU): RED

B6

/19

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

SOAP Text **B6** 7:48AM - Clinician, Unassigned FHSA

History:

B6 a 9 yo SF Lab x, presented to the ER yesterday for worsening increased RR and RE.

Has a history of increased LEs and had radiographs done at the rDVM that revealed generalized cardiomegaly. A cardiology consultation was done yesterday and revealed DCM with active LCHF. The patient is on a grain free diet and was enrolled in the DCM-Study.

Subjective

B6

Overall impression since arrival or since last exam: Improved compared to yesterday. **B6** is not longer in the oxygen cage this morning and her RR and RE are much improved compared to previously. It has been less than 40 most of the night.

B6

Appetite: good appetite, ate at 8am today

Objective:

B6

Diagnostic Results:

B6

B6

Assessments

B6

Plan

B6

B6

SOAP completed by

B6

SOAP reviewed by:

DVM

Disposition/Recommendations

B6

B6

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

B4, B6

B6
Veterinarian:
B6
Visit ID:

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

Lab Results Report

Nova Full Panel-ICU		B6	12:35:25 PM	Accession ID:	B6
Test	Results	Reference Range	Units		
SO2%		94 - 100	%		
HCT (POC)		38 - 48	%		
HB (POC)		12.6 - 16	g/dL		
NA (POC)		140 - 154	mmol/L		
K (POC)		3.6 - 4.8	mmol/L		
CL(POC)		109 - 120	mmol/L		
CA (ionized)		1.17 - 1.38	mmol/L		
MG (POC)		0.1 - 0.4	mmol/L		
GLUCOSE (POC)		80 - 120	mg/dL		
LACTATE		0 - 2	mmol/L		
BUN (POC)		12 - 28	mg/dL		
CREAT (POC)		0.2 - 2.1	mg/dL		
TCO2 (POC)		0 - 0	mmol/L		
nCA		0 - 0	mmol/L		
nMG		0 - 0	mmol/L		
GAP		0 - 0	mmol/L		
CA/MG		0 - 0	mol/mol		
BEeef		0 - 0	mmol/L		
BEb		0 - 0	mmol/L		
A		0 - 0	mmHg		
NOVA SAMPLE		0 - 0			

B6

B4

7/67

B6

Printed Tuesday, **B6**

B6

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

Nova Full Panel-ICU **B6** 12:42:59 PM Accession ID: **B6**

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

Nova Full Panel-ICU **B6** 3:16:16 AM Accession ID: **B6**

Test	Results	Reference Range	Units
U COLLECT	B6	0 - 0	
U COLOR		0 - 0	
U TURBIDITY		0 - 0	
U SG		0 - 0	
U PH		0 - 0	
U PROTEIN		0 - 0	
U GLUCOSE		0 - 0	
U KETONES		0 - 0	
U BILIRUBIN		0 - 0	

B6

U HEME PROTEIN	B6	0 - 0	
U WBC		0 - 0	/hpf
U RBC		0 - 0	/hpf
U BACTERIA		0 - 0	/hpf
U CRYSTALS		0 - 0	/hpf
U TRANSITIONAL		0 - 0	/hpf
U SQUAMOUS CELLS		0 - 0	/hpf
U FAT		0 - 0	/hpf

Nova Full Panel-ICU **B6** 9:44:19 AM Accession ID: **B6**

Test	Results	Reference Range	Units
GLUCOSE	B6	67 - 135	mg/dL
URFA		8 - 30	mg/dL
CREATININE		0.6 - 2	mg/dL
PHOSPHORUS		2.6 - 7.2	mg/dL
CALCIUM2		9.4 - 11.3	mg/dL

B4

8/67

B6

Printed Tuesday

B6

B6

T. PROTEIN		5.5 - 7.8	g/dL
ALBUMIN		2.8 - 4	g/dL
GLOBULINS		2.3 - 4.2	g/dL
A/G RATIO		0.7 - 1.6	
SODIUM		140 - 150	mEq/L
CHLORIDE		106 - 116	mEq/L
POTASSIUM		3.7 - 5.4	mEq/L
NA/K	B6	29 - 40	
T BILIRUBIN		0.1 - 0.3	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	
Moderate hemolysis Moderate lipemia			

B4

9/67

B6

Printed Tuesday

B6

B6

Diet Hx 3/17/19

Avoid Poultry
Fish

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

B6 Today's date: **B6**

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

Example: Poor _____ | _____ Excellent
Poor _____ Excellent

SKIN ISSUES
MAYBE
PROVIDENCE
LAST 1.5 YRS
+ DONE WELL

2. Have you noticed a change in your pet's appetite over the last 1-2 weeks? (check all that apply)

Eats about the same amount as usual Eats less than usual Eats more than usual
 Seems to prefer different foods than usual Other _____

3. Over the last few weeks, has your pet (check one)

Lost weight Gained weight Stayed about the same weight Don't know

STRENGTH
PHYSIOLOGIST

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

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

Food (include specific product and flavor)	Form	Amount	How often?	Dates fed
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2016-present
85% lean hamburger	microwaved	3 oz	1x/week	June -Aug 2016
Pupperoni original beef flavor	treat	1/2	1x/day	Sept 2016-present
Rawhide	treat	6 inch twist	1x/week	Dec 2018-present
NATURAL BALANCE LID HIGH PROTEIN BEEF OR LAMB	DRY	2 CUPS/DAY	1x/d	SINCE 1 YR
NATURAL BALANCE LID FISH, CHICKEN, BEEF, LAMB	DRY			SINCE 1 YR OLD
→ SAVOIR ADULT CARBOHYDRATE BLENDED PEEPT + RICE				
CHANGED TO PRO PWN 1 DAY AGO				

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

2. Do you give any dietary supplements to your pet (for example: vitamins, glucosamine, fatty acids, or any other supplements)? Yes No If yes, please list which ones and give brands and amounts:

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

3. How do you administer pills to your pet?

- I do not give any medications
- I put them directly in my pet's mouth without food
- I put them in my pet's dog/cat food
- I put them in a Pill Pocket or similar product
- I put them in foods (list foods): _____

B6

CBC/Chem **B6**



Tufts Cummings School Of Veterinary Medicine

200 Westboro Road
North Grafton, MA 01536

DUPLICATE

B6
Phone number:
Collection Date: **B6** 39 PM
Approval date: **B6** 36 AM

Sex: SF
Age: 9
Species: Canine
Breed: Labrador Retriever Cross

Provider: Dr. Lisa Freeman
Order Location: V320559: Investigation into
Sample ID: 1903170047

CBC, Comprehensive, Sm Animal (Research)

B6

Microscopic Exam of Blood Smear (Advia)

B6

B6

CBC/Chem

B6



Tufts Cummings School Of Veterinary Medicine

200 Westboro Road
North Grafton, MA 01536

DUPLICATE

B6

Phone number:

Collection Date:

Approval date:

B6

6:39 PM

9:36 AM

Sex: SF

Age: 9

Species: Canine

Breed: Labrador Retriever Cross

Provider: Dr. Lisa Freeman

Order Location: V320559: Investigation into

Sample ID: 1903170047

Microscopic Exam of Blood Smear (Advia) (cont'd)

B6

Research Chemistry Profile - Small Animal (Cobas)

ABLASOTTO
 Glucose
 Urea
 Creatinine
 Phosphorus
 Calcium 2
 Magnesium 2+
 Total Protein
 Albumin
 Globulins
 A/G Ratio
 Sodium
 Chloride
 Potassium
 tCO2(Bicarb)
 AGAP
 NA/K
 Total Bilirubin
 Alkaline Phosphatase
 GGT
 ALT
 AST
 Creatine Kinase
 Cholesterol
 Triglycerides
 Amylase
 Osmolality (calculated)

B6

Ref. Range/Females
 67-135 mg/dL
 8-30 mg/dL
 0.6-2.0 mg/dL
 2.6-7.2 mg/dL
 9.4-11.3 mg/dL
 1.8-3.0 mEq/L
 5.5-7.8 g/dL
 2.8-4.0 g/dL
 2.3-4.2 g/dL
 0.7-1.6
 140-150 mEq/L
 106-116 mEq/L
 3.7-5.4 mEq/L
 14-28 mEq/L
 8.0-19.0
 29-40
 0.10-0.30 mg/dL
 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

Sample ID: 1903170047/2

REPRINT: Orig. printing of **B6** (Final)

Reviewed by: _____

Page 2

B6

Chem 3/18/19



Tufts Cummings School Of Veterinary Medicine

200 Westboro Road
North Grafton, MA 01536

DUPLICATE

B6		Sex: SF	B6	
Phone number:		Age: 9	Sample ID: 1903180043	
Collection Date:	B6 9:44 AM	Species: Canine		
Approval date:	11:58 AM	Breed: Labrador Retriever Cross		

Chemistry 21 (Cobas)

ABLASOTTO
 Glucose
 Urea
 Creatinine
 Phosphorus
 Calcium 2
 Total Protein
 Albumin
 Globulins
 A/G Ratio
 Sodium
 Chloride
 Potassium
 NA/K
 Total Bilirubin
 Alkaline Phosphatase
 ALT
 AST
 Cholesterol
 Osmolality (calculated)
 Comments (Chemistry)

B6

Ref. Range/Females

67-135 mg/dL
 8-30 mg/dL
 0.6-2.0 mg/dL
 2.6-7.2 mg/dL
 9.4-11.3 mg/dL
 5.5-7.8 g/dL
 2.8-4.0 g/dL
 2.3-4.2 g/dL
 0.7-1.6
 140-150 mEq/L
 106-116 mEq/L
 3.7-5.4 mEq/L
 29-40
 0.10-0.30 mg/dL
 12-127 U/L
 14-86 U/L
 9-54 U/L
 82-355 mg/dL
 291-315 mmol/L

Sample ID: 1903180043/1
REPRINT: Orig printing on

B6 (Final)

Reviewed by: _____

B6

Urinalysis 3/18/19



Tufts Cummings School Of Veterinary Medicine

200 Westboro Road
North Grafton, MA 01536

DUPLICATE

B6	Sex: SF Age: 9	B6
Phone number:		Sample ID: 1903180023
Collection Date: B6	8:16 AM	Species: Canine
Approval date: B6	9:12 AM	Breed: Labrador Retriever Cross

Urinalysis

- EUNDERWOOD
- Urine Collection
- Urine Color
- Urine Turbidity
- Urine Specific Gravity
- Urine pH
- Urine Protein
- Urine Glucose
- Urine Ketones
- Urine Bilirubin
- B6** 9:12 AM
- Urine Heme Protein
- Urine WBC
- Urine RBC
- Urine Bacteria
- Urine Crystals
- Urine Transitional Cells
- Urine Squamous Cells
- Urine Fat Urine Droplets

B6

Ref. Range/Females

B6

B6

Sample ID: 1903180023/1
REPRINT: Orig. printing on

B6 (Final)

Reviewed by: _____

B6

NT-proBNP 3/17/19

B4

B6

B4

B6

Species: CANINE
Breed: MIXED_BREED_CAN
Gender: FEMALE S/PAYED
Age: 9Y

Date: **B6**
Requisition #: 1A
B6
B6

TUFTS UNIVERSITY
200 WESTBORO RD
NORTH GRAFTON, Massachusetts 01536
508-839-5395

Account #88933

CARDIOPET proBNP - CANINE

Test	Result	Reference Range	Unit	Method	Time
CARDIOPET proBNP - CANINE	5031	B6	HIGH		

Comments:

1. Cardiopet proBNP >1800pmol/L

B6

B6

Vitals Results

12:04:05 PM
12:04:37 PM
12:04:38 PM
12:04:39 PM
12:17:42 PM
12:29:38 PM
3:00:04 PM
3:07:39 PM
3:08:41 PM
4:44:14 PM
5:16:54 PM
5:34:29 PM

6:04:49 PM
6:04:51 PM
7:11:06 PM
7:26:12 PM
7:45:50 PM
7:45:58 PM
7:46:04 PM
8:02:30 PM
8:58:07 PM
9:21:47 PM
9:21:55 PM
9:46:12 PM
11:06:30 PM
11:07:24 PM
11:41:43 PM
11:42:03 PM
11:42:14 PM
12:34:47 AM
1:09:36 AM
2:04:31 AM
3:10:04 AM
3:10:21 AM
3:10:38 AM
3:18:36 AM
3:18:59 AM
3:38:33 AM
4:01:33 AM

B6

B6

B6

Vitals Results

4:51:52 AM
4:53:21 AM
4:59:31 AM
6:00:13 AM
7:59:03 AM
7:59:19 AM
8:08:55 AM
8:09:16 AM
8:09:28 AM
8:09:35 AM
9:16:05 AM
9:17:02 AM
10:00:15 AM
10:00:51 AM
11:03:49 AM
12:03:01 PM
1:13:43 PM
1:44:01 PM
1:44:16 PM

1:44:30 PM
3:03:59 PM
3:51:02 PM
3:56:05 PM

B6

B6

B6

ECG from Cardio

B6

B6

4:53:55 PM

Tufts University
Tufts Cummings School of Vet Med
Cardiology

B6

B6

ECG from Cardio

B6

B6

4:54:24 PM

Page 1 of 2

Tufts University
Tufts Cummings School of Vet Med
Cardiology

B6

B6

ECG from Cardio

B6

B6

4:54:24 PM

Page 2 of 2

Tufts University
Tufts Cummings School of Vet Med
Cardiology

B6

B6

Patient History

12:04 PM
12:04 PM
12:04 PM
12:04 PM
12:07 PM
12:17 PM
12:17 PM
12:17 PM
12:28 PM
12:28 PM
12:28 PM
12:28 PM
12:29 PM
12:29 PM
12:35 PM
12:38 PM
12:45 PM
12:53 PM
12:54 PM

12:59 PM
01:11 PM

B6

03:00 PM
03:00 PM
03:00 PM
03:01 PM
03:01 PM
03:07 PM

03:07 PM
03:08 PM
03:08 PM
03:44 PM

04:30 PM
04:44 PM
04:44 PM
04:55 PM

05:16 PM
05:16 PM
05:34 PM

05:34 PM

05:41 PM

B6

B6

Patient History

06:04 PM
06:04 PM
06:04 PM
06:04 PM
06:43 PM

07:11 PM
07:11 PM
07:25 PM
07:26 PM

07:26 PM
07:35 PM
07:41 PM

07:45 PM
07:45 PM
07:45 PM
07:45 PM
07:46 PM
07:46 PM
08:02 PM
08:02 PM
08:58 PM
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09:21 PM
09:21 PM
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09:46 PM
09:46 PM
11:06 PM
11:06 PM
11:07 PM

11:07 PM
11:41 PM
11:41 PM
11:42 PM
11:42 PM
11:42 PM
12:34 AM

12:34 AM
01:09 AM
01:09 AM
02:04 AM

B6

B6

B6

Patient History

02:04 AM
03:10 AM
03:10 AM
03:10 AM
03:10 AM
03:10 AM

03:10 AM
03:10 AM
03:10 AM
03:18 AM
03:18 AM
03:18 AM
03:21 AM
03:38 AM
03:38 AM
04:01 AM

04:01 AM
04:51 AM
04:51 AM
04:53 AM

04:53 AM
04:59 AM

04:59 AM
06:00 AM
06:00 AM
07:20 AM
07:20 AM
07:59 AM
07:59 AM
08:00 AM
08:08 AM
08:08 AM
08:09 AM
08:09 AM
08:09 AM
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08:09 AM
08:09 AM

08:24 AM
09:16 AM
09:16 AM
09:17 AM
09:17 AM
09:17 AM

B6

B6

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
Sunday, B6 B6 12:17	Appointment: Emergency Room Visit					B6

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Sunday **B6**

B6 2:17

B6

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Sunday, 2019 12:35

B6

B6

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Sunday,
2019 12:45

B6

B6

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Sunday,
B6 2:53

B6

B6

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Sunday, **B6**
B6 5:01

B6

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Sunday,

B6

B6

B6 5.01

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Sunday
B6

B6

6.30

B6

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Sunday

B6

B6 6:55

B6

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Sunday **B6**

B6 19:25

B6

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Sunday
B6 9:34

B6

B6

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Monday

B6

B6

B6 3:10

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
Monday, B6	B6					
B6 03:21						

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Monday
B6 7.20

B6

B6

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Monday

B6

8.24

B6

B6

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Monday, **B6**
B6 09:44

B6

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Monday
B6 1:16

B6

B6

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Monday **B6**
B6 5:12

B6

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Monday
B6 5:12

B6

B6

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Monday

B6

B6 6:55

B6

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Monday

B6

B6

B6 16:56

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Monday	B6	B6				
B6	56					

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
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Monday	B6	B6				
B6	7.23					

Appears this way on Original

Appears this way on Original

B6

B6 Female (Spayed)
Canine Labrador Retriever Cross Black
B6

STANDARD CONSENT FORM

B4, B6

B4, B6

B6

Date:

B6

B6

B6

B6

Date

B4, B6

Treatment Plan

B4, B6

Estimated Charges

B6

B6

This estimate is based upon our preliminary examination. This is an estimate and is not the final bill. Every effort will be made to keep you informed of the current status of your bill throughout your animal's hospitalization. The final fee may vary considerably from this estimated cost.

B6	Description	Low Qty	Low Extended	High Qty	High Extended
	B6				

B6

B6

I understand that no guarantee of successful treatment is made. I certify that I have read and fully understand the authorization for medical and/or surgical treatment, the reason for why such medical and/or surgical treatment is considered necessary, as well as its advantages and possible complications, if any. I also assume financial responsibility for all charges incurred to this patient(s). I agree to pay 75% of the estimated cost at the time of admission. Additional deposits will be required if additional care or procedures are required. I further agree to pay the balance of the charges when this patient(s) is released.

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

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

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

High Total	
Low Total	
75% Deposit	

B6

B6

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY
Cardiology Liaison: 508-887-4696

B6

B6 Canine
B6 Years Old Female (Spayed) Labrador
Retriever Cross
Black BW: Weight (kg) 28.40

Cardiology Inpatient ENROLLED IN DCM STUDY

Date: **B6**

Weight: Weight (kg) 28.40

B6

Thoracic radiographs available for review?

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

Patient location: ER

Presenting complaint and important concurrent diseases: Presented to ER today on a referral basis for generalized cardiac enlargement and dyspnea. O reports that rDVM radiographs were taken (we do not have access to them at this point) and revealed an enlarged heart.

- Hx of elevated liver enzymes
- Hypothyroidism

Current medications and doses:

B6

At-home diet: (name, form, amount, frequency)

Grain free Natural balance

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

-suspect DCM

Questions to be answered: DCM? CHF?

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

B6

B6

Muscle condition:

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

Cardiovascular Physical Exam

Murmur Grade:

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

Murmur location/description: left apical, systolic

Jugular vein:

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

Arterial pulses:

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

Arrhythmia:

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

Gallop:

- Yes
- No
- Intermittent
- Pronounced
- Other:

Pulmonary assessments:

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

Abdominal exam:

- Normal
- Hepatomegaly
- Abdominal distension
- Mild ascites

Echocardiogram Findings:

B6

Doppler findings:

B6

Mitral inflow:

- Summated
- Normal
- Delayed relaxation
- Pseudonormal
- Restrictive

ECG findings:

Normal sinus rhythm during echocardiogram.

Radiographic findings:

B6

Assessment and recommendations:

The decreased contractile function with LA enlargement and LCHF may be secondary to DCM (genetic vs. diet-related) vs. advanced MMVD since there is significant MR today on exam. B6

B6

Final Diagnosis:

Decreased contractile function with moderate to marked LAE r/o genetic vs. diet induced vs. advanced MMVD

Heart Failure Classification Score:

ISACH Classification:

- Ia
- Ib
- II
- IIIa
- IIIb

ACVIM CHF Classification:

- A
- B1
- B2

- C
- D

M-Mode

IVSd
 LVIDd
 LVPWd
 IVSs
 LVIDs
 LVPWs
 EDV(Teich)
 ESV(Teich)
 EF(Teich)
 %FS
 SV(Teich)
 Max LA
 Time
 HR
 CO(Teich)
 CI(Teich)
 Ao Diam
 LA Diam
 LA/Ao
 EPSS
 TAPSE1

M-Mode Normalized

IVSdN
 LVIDdN
 LVPWdN
 IVSsN
 LVIDsN
 LVPWsN

2D

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



cm
 cm
 cm
 cm
 cm
 cm
 ml
 ml
 %
 %
 ml
 cm
 ms
 BPM
 l/min
 l/minm
 cm
 cm
 cm
 cm

{0.290 - 0.520}
 {1.350 - 1.730} !
 {0.330 - 0.530}
 {0.430 - 0.710}
 {0.790 - 1.140} !
 {0.530 - 0.780} !

cm
 cm
 cm
 cm
 cm
 ml
 cm
 cm
 cm
 ml
 %
 %

SV(Teich)
LV Major
LV Minor
Sphericity Index
LVld LAX
LVAd LAX
LVEDV A-L LAX
LVEDV MOD LAX
LVls LAX
LVAs LAX
LVESV A-L LAX
LVESV MOD LAX
HR
EF A-L LAX
LVEF MOD LAX
SV A-L LAX
SV MOD LAX
CO A-L LAX
CO MOD LAX

Doppler

MR Vmax
MR maxPG
S'
IVRT
MR Vmax
MR Vmean
MR maxPG
MR meanPG
MR VTl
AV Vmax
AV maxPG
PV Vmax
PV maxPG
TR Vmax
TR maxPG

B6

ml
cm
cm

cm
cm
ml
ml
cm
cm
ml
ml
BPM
%
%
ml
ml
l/min
l/min

B6

m/s
mmHg
m/s
ms
m/s
m/s
mmHg
mmHg
cm
m/s
mmHg
m/s
mmHg
m/s
mmHg

B4, B6

Radiology Request & Report

B6

Species: Canine
Black Female (Spayed) Labrador
Retriever
Birthdate: B6

B6

B6

Date of request: B6

B6

Date of exam: B6

Patient Location: Ward/Cage:

Weight (kg) B4, B6

- Inpatient
- Outpatient Time:
- Waiting
- Emergency

Sedation

- BAG
- OBAG
- 1/2 dose OBAG
- DexDomitor/Butorphanol
- Anest sedate/anesthetize

Page Dr. B6 if needed

Examination Desired: Met Check

Presenting Complaint and Clinical Questions you wish to answer:

Referred for generalized cardiomegaly, dyspnea. Suspect DCM

Pertinent History: P has a history of elevated liver enzymes, hypothyroidism (thyroxine 0.5 mg PO BID). O reports that appetite started to wax and wane around 1.5 weeks ago, and P has been having difficulty breathing and getting comfortable at night. Visited rDVM this week for this issue as well as bloodwork to monitor ELE - rDVM performed CXR, revealed generalized cardiomegaly. O's were instructed to make cardiology appt., but P's breathing got worse this morning so they came in through the ER today.

Findings:

THORAX, LEFT LATERAL VIEW: Limited study

B4, B6

B4, B6

Conclusions:

- Moderate generalized cardiomegaly. Overall normal size of the pulmonary vasculature may be secondary to diuretic therapy (if applicable); however as the veins appear larger than the arteries, congestion should be considered. Interstitial pulmonary pattern may be overestimated by expiratory technique and age-related changes, however cardiogenic pulmonary edema cannot be completely ruled out. Repeat thoracic radiographs may be considered to monitor response to treatment.

B6

Reviewing:

Dates

Reported: **B6**

Finalized:

B4, B6

Discharge Instructions

B6

Species: Canine
Black Female (Spayed) Labrador
Retriever Cross

Birthdate: **B6**

B6

B6

B6

Admit Date: **B6** 12:06:18 PM

Discharge Date: **B6**

Diagnoses: Dilated cardiomyopathy (DCM) with congestive heart failure

Case summary:

Thank you for bringing **B6** to Tufts University for investigation of her increased respiratory rate and effort.

Upon presentation to the ER, **B6** was noticed to have increased respiratory rate and effort. She was also noted to have a small heart murmur and an abnormal sound called a gallop. An echocardiogram (ultrasound of the heart) was performed yesterday and revealed that Hazel has a type of heart disease called dilated cardiomyopathy.

Due to her breathing pattern, she was admitted to the hospital for further management and monitoring. She was started on cardiac medications while in the hospital and we are happy to report that she responded very positively to the cardiac medications. Her respiratory rate and effort went down overnight and she appears much more comfortable this morning.

B6 has been diagnosed with a primary heart muscle disease called dilated cardiomyopathy (DCM). This disease is more common in large and giant breed dogs and is characterized by thinning of the walls of the heart, reduced cardiac pump function, and enlargement of the upper chambers of the heart. Many dogs with DCM will also have significant arrhythmias which can be life-threatening and also require medical management. The heart enlargement has now progressed to the point of congestive heart failure, meaning that fluid is backing up into the lungs or belly. Unfortunately this is a progressive disease and we cannot reverse the changes to the heart muscle, however we can use cardiac medications and some changes to the diet to make your dog comfortable and have him breathing easier.

B6

has been enrolled in a cardiac study because of her current diet and the changes visualized on the ultrasound of the heart.

Monitoring at home:

B6

Recommended Medications:

B6

B6

If your dog has special nutritional needs or requires a homecooked diet, we recommend you schedule an appointment with our nutritionists (508-887-4696).

Exercise Recommendations:

B6

Recheck Visits:

A recheck visit is recommended in 1-2 weeks after any medication adjustments are made. At this visit, we will recheck B6 kidney values in order to make sure that she is tolerating her cardiac medications.

A recheck echocardiogram is recommended in 3-4 months.

Thank you for entrusting us with B6 care. Please contact our Cardiology liaison at (508)-887-4696 or email us at cardiovet@tufts.edu for scheduling and non-emergent questions or concerns.

Sincerely,

B6

Please visit our HeartSmart website for more information
<http://vet.tufts.edu/heartsmart/>

Prescription Refill Disclaimer:

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

Ordering Food:

Please check with your primary veterinarian to purchase the recommended diet(s). If you wish to purchase your food from us, please call 7-10 days in advance (508-887-4629) to ensure the food is in stock. Alternatively, veterinary diets can be ordered from online retailers with a prescription/veterinary approval.

Clinical Trials:

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

B6

Discharge Instructions

B4, B6

Notice of Patient Admit

Date: **B6** 12:06:18 PM

Case No: 441599

B6

B6

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

B6

The reason for admission to the FHSA is: DOM, CHF

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

Thank you for your referral to our Emergency Service.

B4, B6

B6

B6
B6 female (Spayed)
Canine Labrador Retriever Cross
Black
441599

Daily Update From the Cardiology Service

Today's date:

B6

B6

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

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

Today, **B6**

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

Today's treatments include:

- bloodwork planned/pending
- echocardiography -
Advanced DCM - r/o primary vs. diet induced DCM;
Degenerative mitral valve disease;
Active left-sided CHF.
- cardiac catheter procedure planned
- ongoing treatment for CHF
- ongoing treatment for thrombosis
- ongoing treatment for arrhythmia

Additional plans:

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

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

B6

Senior student:

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

B4, B6

B6

B6 Female (Spayed)
Canine Labrador Retriever Cross
Black
441599

B6

B6

Thank you for referring **B6** with their p **B6**

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

Thank you,

B6



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

FREQUENTLY REQUESTED INFORMATION REGARDING TAURINE & DILATED CARDIOMYOPATHY IN GOLDEN RETRIEVERS

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

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

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

References:

- Kramer GA, Kittleson MD, Fox PR, Lewis J, Pion PD. Plasma taurine concentrations with normal dogs and in dogs with heart disease. *J Vet Intern Med* 1995;9:253-258.
- Belanger MC, Ouellet M, Queney G, Moreau M. Taurine-deficient dilated cardiomyopathy in a family of golden retrievers. *J Am Anim Hosp Assoc* 2005;41:284-291.
- Kittleson MD, Keene B, Pion PD, Loyer CG, MUST Study Investigators. Results of the multicenter spaniel trial (MUST): taurine- and carnitine-responsive dilated cardiomyopathy in American Cocker Spaniels with decreased plasma taurine concentration. *J Vet Intern Med* 1997;11:204-211.
- Backus RC, Choen G, Pion PD, Good KL, Rogers QR, Fascetti AJ. Taurine deficiency in Newfoundlands fed commercially available complete and balanced diets. *J Am Vet Med Assoc* 2003;223:1130-1136.
- Fascetti AJ, Reed JR, Rogers QR, Backus RC. Taurine deficiency in dogs with dilated cardiomyopathy: 12 cases (1997-2001). *J Am Vet Med Assoc* 2003;223:1137-1141.
- Freeman LM, Michel KE, Brown DJ, Kaplan PM, Stamoulis ME, Rosenthal SL, Keene BW, Rush JE. Idiopathic dilated cardiomyopathy in Dalmatians: nine cases (1990-1995). *J Am Vet Med Assoc* 1996;209:1592-1596.
- Delaney SJ, Kass PH, Rogers QR, Fascetti AJ. Plasma and whole blood taurine in normal dogs of varying size fed commercially prepared food. *J Anim Physiol a Anim Nutr* 2003;87:236-244.

Plasma vs. whole blood taurine testing:

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

Clinical Recommendations for Golden Retrievers based on taurine levels:

If taurine levels test <200nmol/mL in whole blood or <60nmol/mL in plasma

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

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

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

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

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

Diets of Concern & Choosing a diet

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

Points to consider when making a diet change:

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

Choosing a taurine or l-carnitine supplement:

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

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

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

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

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

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

Reporting to the FDA:

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

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

Additional questions or comments:

sterngenetics@ucdavis.edu

This document last updated: Aug. 20, 2018

Page 3 of 3

B6

Client:
Address:

B6

All Medical Records

Patient: **B6**
Breed: Boxer
DOB: **B6**

Species: Canine
Sex: Female

B6

Referring Information

B6

Initial Complaint:

Scanned Record

Initial Complaint:

New, boxer 2-3 murmur. ok per Dr

B6

Initial Complaint:

B6

Client: **B6**
Patient:

Initial Complaint:

B6 to oversee

SOAP Text Jun 7 2017 4:07PM **B6**

6/7/2017 4:30:12 PM

B6

Initial Complaint:

B6

SOAP Text Nov 29 2017 11:20AM **B6**

Initial Complaint:

Recheck **B6**

Initial Complaint:

Recheck **B6**

SOAP Text Nov 15 2018 2:01PM **B6**

Disposition/Recommendations

Client:
Patient:

B6

Client:
Patient:

B6

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

B6

Client: **B6**
Veterinarian:
Patient ID: 334373
Visit ID:

Patient: **B6**
Species: Canine
Breed: Boxer
Sex: Female
Age: **B6** Years Old

Lab Results Report

11/15/2018 3:35:43 PM

Accession ID: **B6**

Test	Results	Reference Range	Units
Troponin I Research - FHSA	B6	0 - 0.08	mg/dl



4/111

B6

Printed Tuesday, December 04, 2018

Client:
Patient:

B6

Referral and records

B6

Animal Medical Center

B6

Client
Patient

B6

Referral and records-Dr.

B6

B6

Client:
Patient:

B6

Referral and records

B6

B6

Client:
Patient:

B6

Referral and records-D

B6

B6

Client:
Patient:

B6

Referral and record:

B6

B6

Client:
Patient:

B6

Signed consent

B6

Client:
Patient:

B6

Signed consent

B6

Client:
Patient:

B6

rDVM Dr.

B6

B6

Client:
Patient:

B6

rDVM Dr.

B6

B6

Client:
Patient:

B6

rDVM Dr:

B6

B6

Client:
Patient:

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rDVM:

B6

B4, B6

Client:
Patient:

B6

rDVM

B6

B6

Client:
Patient:

B6

rDVM

B6

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Client:
Patient:

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Holter Monitor report 5/31/17

CANINE HOLTER MONITORING REPORT

HOLTER MONITOR REPORT

B6

Client:
Patient:

B6

Holter Monitor report 5/31/17

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B6

Client:
Patient:

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Holter Monitor report 5/31/17

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Client:
Patient:

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Holter Monitor report 5/31/17

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Holter Monitor report 5/31/17

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Holter Monitor report 5/31/17

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Holter Monitor report 5/31/17

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Holter Monitor report 5/31/17

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Holter Monitor report 5/31/17

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Holter Monitor report 5/31/17

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Patient:

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Holter Monitor report 5/31/17

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

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Client: **B6**
Patient:

Holter Monitor Report 11/16/17

CANINE HOLTER MONITORING REPORT

HOLTER MONITOR REPORT

B6

Client:
Patient:

B6

Holter Monitor Report 11/16/17

B6



Client:
Patient:

B6

Holter Monitor Report 11/16/17

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Client: **B6**
Patient:

Holter Monitor Report 11/16/17

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Client:
Patient:

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Holter Monitor Report 11/16/17

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Client:
Patient:

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Holter Monitor Report 11/16/17

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Client:
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Holter Monitor Report 11/16/17

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Holter Monitor Report 11/16/17

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Holter Monitor Report 11/16/17

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Holter Monitor Report 11/16/17

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Client:
Patient:

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Holter Monitor Report 11/16/17

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Client:
Patient:

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RDVM

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Client:
Patient:

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RDVM

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Client:
Patient:

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RDVM -

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Client:
Patient:

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RDVM -

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Client:
Patient:

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RDVM

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Client:
Patient:

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Holter report 3/30/18

CANINE HOLTER MONITORING REPORT

HOLTER MONITOR REPORT

B6

Client: **B6**
Patient:

Holter report 3/30/18

B6



Client:
Patient:

B6

Holter report 3/30/18

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Client:
Patient:

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Holter report 3/30/18

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Client:
Patient:

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Holter report 3/30/18

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Client:
Patient:

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Holter report 3/30/18

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Client: **B6**
Patient:

Holter report 3/30/18

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Client:
Patient:

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Holter report 3/30/18

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Client:
Patient:

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Holter report 3/30/18

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Holter report 3/30/18

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Client:
Patient:

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Holter Monitor report 11/7/19

CANINE HOLTER MONITORING REPORT

HOLTER MONITOR REPORT

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Client:
Patient:

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Holter Monitor report 11/7/19

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Client:
Patient:

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Holter Monitor report 11/7/19

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

Holter Monitor report 11/7/19

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Client:
Patient:

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Holter Monitor report 11/7/19

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Client: **B6**
Patient:

Holter Monitor report 11/7/19

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Holter Monitor report 11/7/19

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Holter Monitor report 11/7/19

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Holter Monitor report 11/7/19

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Holter Monitor report 11/7/19

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Client:
Patient:

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Lab Results

B4, B6

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Client:
Patient:

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Cardiac Troponin

B6

B4, B6

Client:
Patient:

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Cardiac Troponin/

B6

B4, B6

Client:
Patient:

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TAURINE Panel 11/15/18

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Client:
Patient:

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TAURINE Panel 11/15/18

B6

Client:
Patient:

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Best Available Copy

Diet hx

CARDIOLOGY DIET HISTORY FORM

Please answer the following questions about your pet.

B6

Today's date: 1/15/2018

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

Example: Food _____ Excellent
Food _____ Excellent

2. Have you noticed a change in your pet's appetite over the last 1-2 weeks? (check all that apply)
 Eats about the same amount as usual Eats less than usual Eats more than usual
 Seems to prefer different foods than usual Other _____

3. Over the last few weeks, has your pet (check only)
 Lost weight Gained weight Stayed about the same weight Don't know

4. Please list below ALL pet foods, people food, treats, snacks, dental chews, rawhides, and any other food item that your pet currently eats. Please include the brand, specific product, and flavor so we know exactly what your pet is eating.

Estimate quantities in the table - please provide enough detail that we could go to the store and buy the exact same food

Food (include specific product and flavor)	Form	Amount	How often?	Fed since
Arbro Green Free Chicken, Carrot & Sweet Potato Adult	dry	1 1/2 cups	daily	Jan 2018
10% lean hamburger	microwaved	2 oz	1x/week	Jan 2018
Supper original beef liver	treat	N	1x/day	Aug 2015
Rawhide	treat	1 inch long	1x/week	Dec 2015
<u>1/2 lb of raw - Mountain House Turkey</u>	<u>dry</u>	<u>1 1/2 lb</u>	<u>2x/week</u>	<u>Jan 2018</u>
<u>3x/week - Ruckus 5-oz</u>	<u>chewable</u>	<u>1 stick</u>	<u>3x/week</u>	<u>2018</u>
<u>Raw Chicken (doghouse brand)</u>		<u>1/2 cup</u>	<u>1-2x/week</u>	<u>2017</u>
<u>Cubed Tuna (doghouse brand)</u>		<u>1/2 cup</u>	<u>1-2x/week</u>	<u>2017</u>
<u>Beefy - Mountain House (doghouse)</u>		<u>1/2 cup</u>	<u>2x/week</u>	<u>2017 (2018)</u>
<u>(NO TREATS, NO FOODS)</u>				

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

5. Do you give any dietary supplements to your pet (for example, vitamins, glucosamine, fatty acids, or any other supplement)? Yes No. If yes, please list which ones and give brands and amounts.

	Brand/Concentration	Amount per day
Taurine	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
CoQ10	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Antioxidants	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Multivitamin	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Fish oil	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Coenzyme Q10	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other (please list)		
<u>None</u>	<u>Nature's Bounty</u>	<u>500 mg tablets - 1 per day</u>
	<u>Probiotic - All Natural Equine</u>	<u>1/2 tsp / 1x/week (1/2)</u>

6. How do you administer pills to your pet?

- I do not give any medications
- I put them directly in my pet's mouth without food
- I put them in my pet's dog/cat food
- I put them in a Pill Pocket or similar product
- I put them in food/treat _____ small pieces (1/2 round) 1x/day

Client:
Patient:

B6

Vitals Results

3/14/2016 3:29:53 PM	Weight (kg)
10/20/2016 2:23:42 PM	Weight (kg)
11/29/2017 10:41:26 AM	Weight (kg)
4/5/2018 2:45:48 PM	Weight (kg)
11/15/2018 2:01:47 PM	Weight (kg)

B6

Client:
Patient:

B6

ECG from Cardio

B6

Client:
Patient:

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ECG from Cardio

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Client:
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ECG from Cardio

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ECG from Cardio

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ECG from Cardio

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Client:
Patient:

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Alba Hotler

CANINE HOLTER MONITORING REPORT

HOLTER MONITOR REPORT

B6

Client:
Patient:

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Alba Hotler

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Client:
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ECG from Cardio

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ECG from Cardio

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ECG from Cardio

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Patient History

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Patient History

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Client:
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Patient History

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B4, B6

B4, B6

B4, B6

B4, B6

B4, B6

B4, B6

Client:
Address:

B6

All Medical Records

Patient: **B6**
Breed: Great Dane
DOB: **B6**

Species: Canine
Sex: Male

Referring Information

B6

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

Initial Complaint:

Emergency

SOAP Text **B6**

Subjective NEW VISIT (ER)

Doctor: **B6**

Student:

Presenting complaint: collapse, referral for A-fib

Referral visit? yes

Diagnostics completed prior to visit

ECG - suspect A-fib

HISTORY:

Signalment: 8yr MI Great Dane

Current history: **B6** collapsed Friday. Noted having more effort while breathing and abdomen became more distended since Friday. Notified abdomen distension Sunday. No hx of heart problems. Had him cardiac tested several years ago and came back normal. O held him for several minutes while he recovered. Bad diarrhea several weeks ago, tested for parasites but came back negative **B6** for 7 days. Decreased appetite for last few days. rDVM yesterday, gave injection of lasix. ECG showed possible A-fib. Better after lasix.

Prior medical history: has been otherwise healthy, oral papilloma 2 yr ago

Current medications: chondroitin

EXAM:

Client:
Patient:

B6

S:
O:

B6

B6

C/V: NMA, irregularly irregular tachyarrhythmia, pulse deficits

B6

ASSESSMENT:

A1: DCM with CHF

A2:

A3:

B6

PLAN:

B6

3. Cardiology consult - DCM with CHF, A-fib

- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

B6

Diagnostics completed:

- 1. CBC/chem - monocytosis 1.7, AST 77
- 2. CXR

Diagnostics pending:

Client communication:

Discussed dx of DCM with CHF and A-fib. Explained long term px not always good. 6 months would be excellent but we dont know how long he has. Could go into failure again sooner. We can likely bring him out of failure and try to control his rhythm. He will need lifelong meds and rechecks. Dogs with this dz can die suddenly, here or at home, from fatal arrhythmias. O understand. Recommend hospitalization for treatment and monitoring. Likely will need 2-3 days in the hospital depending on how he responds. O elected to hospitalize. Cardiology will take over his care

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

tomorrow and touch base in the morning. No news is good news overnight. O happy with plan.

Deposit & estimate status **B6**

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

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

SOAP Text **B6** 8:12AM - Clinician, Unassigned FHSA

Subjective

EXAM, GENERAL

Subjective (S)

B6 8yo IM Great Dane, presented to the ER of **B6** for Afib and history of collapse. He was diagnosed with DCM with CHF and A-fib. In the evening, 6-lead ECG showed wide QRS complexes (LBBB). CBC and chem were unremarkable (**B6**). Overnight, his heart rate was around 200 and rhythm was afib. He defecated and urinated (~4L (4kg weight loss)) and had a good appetite. His RE was none to slight and he received 300mg furosemide overnight.

P is BAR and friendly. BCS 5/9. Appears euhydrated.

Objective (O)

B6

B6

Diagnostics completed:

B6

CBC/chem - **B6**

CXR (1 view)- Mild to moderate left atrial enlargement. No clear evidence of cardiogenic pulmonary edema on this limited exam.

Echo-Reveals severe DCM with moderate secondary LAE, and EKG reveals atrial fibrillation with rapid ventricular response rate. Changes are consistent with CHF being the cause for effusions and trouble breathing. The collapse episode could be related to CHF or intermittent more severe arrhythmia.

Assessment (A)

A1: DCM with CHF-Improved

B6

Plan (P)

P: Continue in hospital monitoring (RR Q1, Temp Q12, weight Q12)

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

B6

P: Submit NT-ProBNP
P: Recheck echocardiogram/fluid

SOAP completed by: **B6** V18
SOAP reviewed by: etk

****Appended Soap Entry****

Subjective

EXAM, GENERAL

Subjective (S)

B6 8yo IM Great Dane, presented to the ER on **B6** for Afib and history of collapse. He was diagnosed with DCM with CHF and A-fib. In the evening, 6-lead ECG showed wide QRS complexes (LBBB). CBC and chem were unremarkable. **B6** Overnight, his heart rate was around 200 and rhythm was afib. He defecated and urinated (~4L (4kg weight loss)) and had a good appetite. His RE was none to slight and he received **B6** overnight.

P is BAR and friendly. BCS 5/9. Appears euhydrated.

Objective (O)

B6

H/L: 2/6 left apical systolic murmur. Irregularly irregular tachy arrhythmithia. Femoral pulses fair and synchronous. Eupneic. Normal BV sounds bilaterally and no crackles or wheezes ausculted.

B6

Diagnostics completed:

B6

CBC/chem - **B6**

CXR (1 view)- Mild to moderate left atrial enlargement. No clear evidence of cardiogenic pulmonary edema on this limited exam.

Assessment (A)

A1: DCM with CHF-Improved

B6

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

Plan (P)

P: Continue in hospital monitoring (RR Q1, Temp Q12, weight Q12)

P: Telemetry

P: Continue **B6**

P: Continue

P: Continue

P: Continue

P: Submit NT-ProBNP

P: Recheck echocardiogram/fluid

SOAP completed by: **B6** V18

SOAP reviewed by: **B6**

SOAP Text **B6** 7:57AM - Clinician, Unassigned FHSA

Subjective

EXAM, GENERAL

Subjective (S)

B6, 8yo IM Great Dane, presented to the ER of **B6** for Afib and history of collapse. He was diagnosed with DCM with CHF and A-fib. Overnight, his heart rate was between **B6**. He had a good appetite and this am had soft stool and small amount of diarrhea. His last dose of **B6**

B6

Objective (O)

B6

H/L: II/VI left apical systolic murmur. Irregularly irregular tachy arrhythmia. Femoral pulses good and synchronous. Eupneic. Normal BV sounds bilaterally and no crackles or wheezes ausculted.

B6

Diagnostics completed:

B6

CBC/chem - **B6**

CXR (1 view)- Mild to moderate left atrial enlargement. No clear evidence of cardiogenic pulmonary edema on this limited exam.

Echo-Reveals severe DCM with moderate secondary LAE, and EKG reveals atrial fibrillation with rapid ventricular response rate. Changes are consistent with CHF being the cause for effusions and trouble breathing. The collapse episode could be related to CHF or intermittent more severe arrhythmia.

NT-ProBNP pending

B6

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

Che: **B6**
NT: **B6**

2/22
Chem: **B6**

Assessment (A)

A1: DCM with CHF-Improvement in RR/RE

B6

Plan (P)

P: Continue in hospital monitoring (RR Q1, Temp Q12, weight Q12)

P: Telemetry

P: Continue **B6**
P: Continue **B6**
P: Continue **B6**
P: Continue **B6**

P: Consider metronidazole if diarrhea persists

P: TGH tomorrow

P: Add **B6** PO SID; consider increasing to **B6** if well tolerated

SOAP completed by: **B6** V18

SOAP reviewed by **B6**

SOAP Text **B6** 7:10AM - **B6** Curran, Unassigned FHSA

Subjective

EXAM, GENERAL

Subjective (S)

B6 8yo IM Great Dane, presented to the ER on **B6** for Afib and history of collapse. He was diagnosed with DCM with CHF and A-fib. Overnight, his heart rate was between 170-190 and rhythm was afib. He pulled his IVC and not replaced. He had a good appetite and this am had formed stool. His last dose of **B6** and he had no effort all night.

P is BAR and friendly. BCS 5/9. MM moist and pink with CRT <2s.

Objective (O)

B6

H/L: II/VI left apical systolic murmur. Irregularly irregular tachy arrhythmia. Femoral pulses good and synchronous Jugular distension bottom 1/3rd of neck. Eupneic. Normal BV sounds bilaterally and no crackles or wheezes ausculted.

B6

Diagnostics completed:

B6

Client:
Patient:

B6

CBC/chem

B6

CXR (1 view)- Mild to moderate left atrial enlargement. No clear evidence of cardiogenic pulmonary edema on this limited exam.

Echo-Reveals severe DCM with moderate secondary LAE, and EKG reveals atrial fibrillation with rapid ventricular response rate. Changes are consistent with CHF being the cause for effusions and trouble breathing. The collapse episode could be related to CHF or intermittent more severe arrhythmia.

NT-ProBNP-pending

B6

Chem

B6

NT

B6

B6

Chem

B6

Assessment (A)

A1: DCM with CHF-Improvement in RR/RE

B6

Plan (P)

P: Continue in hospital monitoring (RR Q1, Temp Q12, weight Q12)

P: Telemetry

P: Continue

P: Continue

P: Continue

P: Continue

P: AFAST this AM

P: Continue

B6

SID if well tolerated

P: TGH today

SOAP completed by:

B6

V18

SOAP reviewed by:

Initial Complaint:

Recheck

B6

SOAP Text Apr 12 2018 12:08PM -

B6

Initial Complaint:

Tech

B6

SOAP Text Jun 5 2018 10:53AM -

B6

Disposition/Recommendations

Client:
Patient:

B6

Client: **B6**
 Patient:

Cummings
Veterinary Medical Center
 AT TUFTS UNIVERSITY

Foster Hospital for Small Animals

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

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

Patient:	B6
Species:	Canine
Breed:	Great Dane
Sex:	Male
Age:	B6 Years Old

Lab Results Report

CBC, Comprehensive, Sm Animal **B6** 2:56:11 PM **Accession ID: B6**

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

CBC, Comprehensive, Sm Animal 2:56:27 PM **Accession ID: B6**

Test	Results	Reference Range	Units
GLUCOSE	B6	67 - 135	mg/dL
UREA		8 - 30	mg/dL
CREATININE		0.6 - 2	mg/dL
PHOSPHORUS		2.6 - 7.2	mg/dL
CALCIUM2		9.4 - 11.3	mg/dL
MAGNESIUM 2+		1.8 - 3	mEq/L
T. PROTEIN		5.5 - 7.8	g/dL



9/86

B6

Printed Thursday, October 25, 2018

Client: **B6**
 Patient:

ALBUMIN	B6	2.8 - 4	g/dL
GLOBULINS		2.3 - 4.2	g/dL
A/G RATIO		0.7 - 1.6	
SODIUM		140 - 150	mEq/L
CHLORIDE		106 - 116	mEq/L
POTASSIUM		3.7 - 5.4	mEq/L
ICO2 (BICARB)		14 - 28	mEq/L
AGAP		8 - 19	
NA/K		29 - 40	
T BILIRUBIN		0.1 - 0.3	mg/dL
D.BILIRUBIN		0 - 0.1	mg/dL
I BILIRUBIN		0 - 0.2	mg/dL
ALK PHOS		12 - 127	U/L
GGT		0 - 10	U/L
ALT		14 - 86	U/L
AST		9 - 54	U/L
CK		22 - 422	U/L
CHOLESTEROL		82 - 355	mg/dL
TRIGLYCERIDES	30 - 338	mg/dl	
AMYLASE	409 - 1250	U/L	
OSMOLALITY (CALCULATED)	291 - 315	mmol/L	

CBC, Comprehensive, Sm Animal 2:56:10 PM Accession ID: **B6**

Test	Results	Reference Range	Units
SEGS%	B6	43 - 86	%
LYMPHS%		7 - 47	%
MONOS%		1 - 15	%
EOS%		0 - 16	%
NRBC		0 - 1	/100 WBC
SEGS (AB)ADVIA		2.8 - 11.5	K/uL
LYMPHS (ABS)ADVIA		1 - 4.8	K/uL
MONOS (ABS)ADVIA		0.1 - 1.5	K/uL
EOS (ABS)ADVIA		0 - 1.4	K/uL
WBC MORPHOLOGY		0 - 0	
No Morphologic Abnormalities			
CREMATIONS		B6	0 - 0

CBC, Comprehensive, Sm Animal 10:22:20 AM Accession ID: **B6**

Test	Results	Reference Range	Units
GLUCOSE	B6	67 - 135	mg/dL
UREA		8 - 30	mg/dL
CREATININE		0.6 - 2	mg/dL



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

PHOSPHORUS	B6	2.6 - 7.2	mg/dL
CALCIUM2		9.4 - 11.3	mg/dL
T. PROTEIN		5.5 - 7.8	g/dL
ALBUMIN		2.8 - 4	g/dL
GLOBULINS		2.3 - 4.2	g/dL
A/G RATIO		0.7 - 1.6	
SODIUM		140 - 150	mEq/L
CHLORIDE		106 - 116	mEq/L
POTASSIUM		3.7 - 5.4	mEq/L
NA/K		29 - 40	
T BILIRUBIN		0.1 - 0.3	mg/dL
D.BILIRUBIN		0 - 0.1	mg/dL
I BILIRUBIN		0 - 0.2	mg/dL
ALK PHOS		12 - 127	U/L
ALT		14 - 86	U/L
AST		9 - 54	U/L
CHOLESTEROL	82 - 355	mg/dL	
OSMOLALITY (CALCULATED)	291 - 315	mmol/L	

CBC, Comprehensive, Sm Animal 10:50:23 AM Accession ID: **B6**

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

CBC, Comprehensive, Sm Animal 10:30:21 AM Accession ID: **B6**

Test	Results	Reference Range	Units
GLUCOSE	B6	67 - 135	mg/dL
UREA		8 - 30	mg/dL
CREATININE		0.6 - 2	mg/dL
PHOSPHORUS		2.6 - 7.2	mg/dL
CALCIUM2		9.4 - 11.3	mg/dL
T. PROTEIN		5.5 - 7.8	g/dL
ALBUMIN		2.8 - 4	g/dL
GLOBULINS		2.3 - 4.2	g/dL
A/G RATIO		0.7 - 1.6	
SODIUM		140 - 150	mEq/L
CHLORIDE		106 - 116	mEq/L
POTASSIUM		3.7 - 5.4	mEq/L
NA/K		29 - 40	
T BILIRUBIN	0.1 - 0.3	mg/dL	
D.BILIRUBIN	0 - 0.1	mg/dL	



B6

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

I BILIRUBIN	B6	0 - 0.2	mg/dL
ALK PHOS		12 - 127	U/L
ALT		14 - 86	U/L
AST		9 - 54	U/L
CHOLESTEROL		82 - 355	mg/dL
OSMOLALITY (CALCULATED)		291 - 315	mmol/L
COMMENTS (CHEMISTRY)		0 - 0	

CBC, Comprehensive, Sm Animal			
	B6	10:36:26 AM	Accession ID: B6
Test	Results	Reference Range	Units
TS (FHSA)	B6	0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl

CBC, Comprehensive, Sm Animal			
		9:29:20 AM	Accession ID: B6
Test	Results	Reference Range	Units
GLUCOSE	B6	67 - 135	mg/dL
UREA		8 - 30	mg/dL
CREATININE		0.6 - 2	mg/dL
PHOSPHORUS		2.6 - 7.2	mg/dL
CALCIUM2		9.4 - 11.3	mg/dL
T. PROTEIN		5.5 - 7.8	g/dL
ALBUMIN		2.8 - 4	g/dL
GLOBULINS		2.3 - 4.2	g/dL
A/G RATIO		0.7 - 1.6	
SODIUM		140 - 150	mEq/L
CHLORIDE		106 - 116	mEq/L
POTASSIUM		3.7 - 5.4	mEq/L
NA/K		29 - 40	
T BILIRUBIN		0.1 - 0.3	mg/dL
D.BILIRUBIN		0 - 0.1	mg/dL
I BILIRUBIN		0 - 0.2	mg/dL
ALK PHOS		12 - 127	U/L
ALT		14 - 86	U/L
AST		9 - 54	U/L
CHOLESTEROL		82 - 355	mg/dL
OSMOLALITY (CALCULATED)	291 - 315	mmol/L	

CBC, Comprehensive, Sm Animal			
		9:41:44 AM	Accession ID: B6
Test	Results	Reference Range	Units
TS (FHSA)	B6	0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl



12/86

B6

Printed Thursday, October 25, 2018

Client: **B6**
 Patient:

CBC, Comprehensive, Sm Animal		4/12/2018 12:09:21 PM	Accession ID: 366163
Test	Results	Reference Range	Units
GLUCOSE	B6	67 - 135	mg/dL
UREA		8 - 30	mg/dL
CREATININE		0.6 - 2	mg/dL
PHOSPHORUS		2.6 - 7.2	mg/dL
CALCIUM2		9.4 - 11.3	mg/dL
T. PROTEIN		5.5 - 7.8	g/dL
ALBUMIN		2.8 - 4	g/dL
GLOBULINS		2.3 - 4.2	g/dL
A/G RATIO		0.7 - 1.6	
SODIUM		140 - 150	mEq/L
CHLORIDE		106 - 116	mEq/L
POTASSIUM		3.7 - 5.4	mEq/L
NA/K		29 - 40	
T BILIRUBIN		0.1 - 0.3	mg/dL
D.BILIRUBIN		0 - 0.1	mg/dL
I BILIRUBIN		0 - 0.2	mg/dL
ALK PHOS		12 - 127	U/L
ALT		14 - 86	U/L
AST		9 - 54	U/L
CHOLESTEROL		82 - 355	mg/dL
OSMOLALITY (CALCULATED)	291 - 315	mmol/L	
COMMENTS (CHEMISTRY)	0 - 0		
Slight hemolysis, Slight lipemia			

CBC, Comprehensive, Sm Animal		4/12/2018 12:16:07 PM	Accession ID: B6
Test	Results	Reference Range	Units
TS (FHSA)	B6	0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl

CBC, Comprehensive, Sm Animal		6/5/2018 11:06:00 AM	Accession ID: B6	Units
Test	Results	Reference Range	Units	
TAURINE WB	B6	200 - 350	nmol/mL	

CBC, Comprehensive, Sm Animal		6/5/2018 11:07:21 AM	Accession ID: B6	Units
Test	Results	Reference Range	Units	
GLUCOSE	B6	67 - 135	mg/dL	
UREA		8 - 30	mg/dL	
CREATININE		0.6 - 2	mg/dL	
PHOSPHORUS		2.6 - 7.2	mg/dL	
CALCIUM2		9.4 - 11.3	mg/dL	



13/86

B6

Printed Thursday, October 25, 2018

Client: **B6**
Patient:

T. PROTEIN	B6	5.5 - 7.8	g/dL
ALBUMIN		2.8 - 4	g/dL
GLOBULINS		2.3 - 4.2	g/dL
A/G RATIO		0.7 - 1.6	
SODIUM		140 - 150	mEq/L
CHLORIDE		106 - 116	mEq/L
POTASSIUM		3.7 - 5.4	mEq/L
NA/K		29 - 40	
T BILIRUBIN		0.1 - 0.3	mg/dL
D.BILIRUBIN		0 - 0.1	mg/dL
I BILIRUBIN		0 - 0.2	mg/dL
ALK PHOS		12 - 127	U/L
ALT		14 - 86	U/L
AST		9 - 54	U/L
CHOLESTEROL		82 - 355	mg/dL
OSMOLALITY (CALCULATED)		291 - 315	mmol/L
COMMENTS (CHEMISTRY)		0 - 0	
Slight hemolysis, Slight lipemia			



14/86

B6

Printed Thursday, October 25, 2018

Client:
Patient:

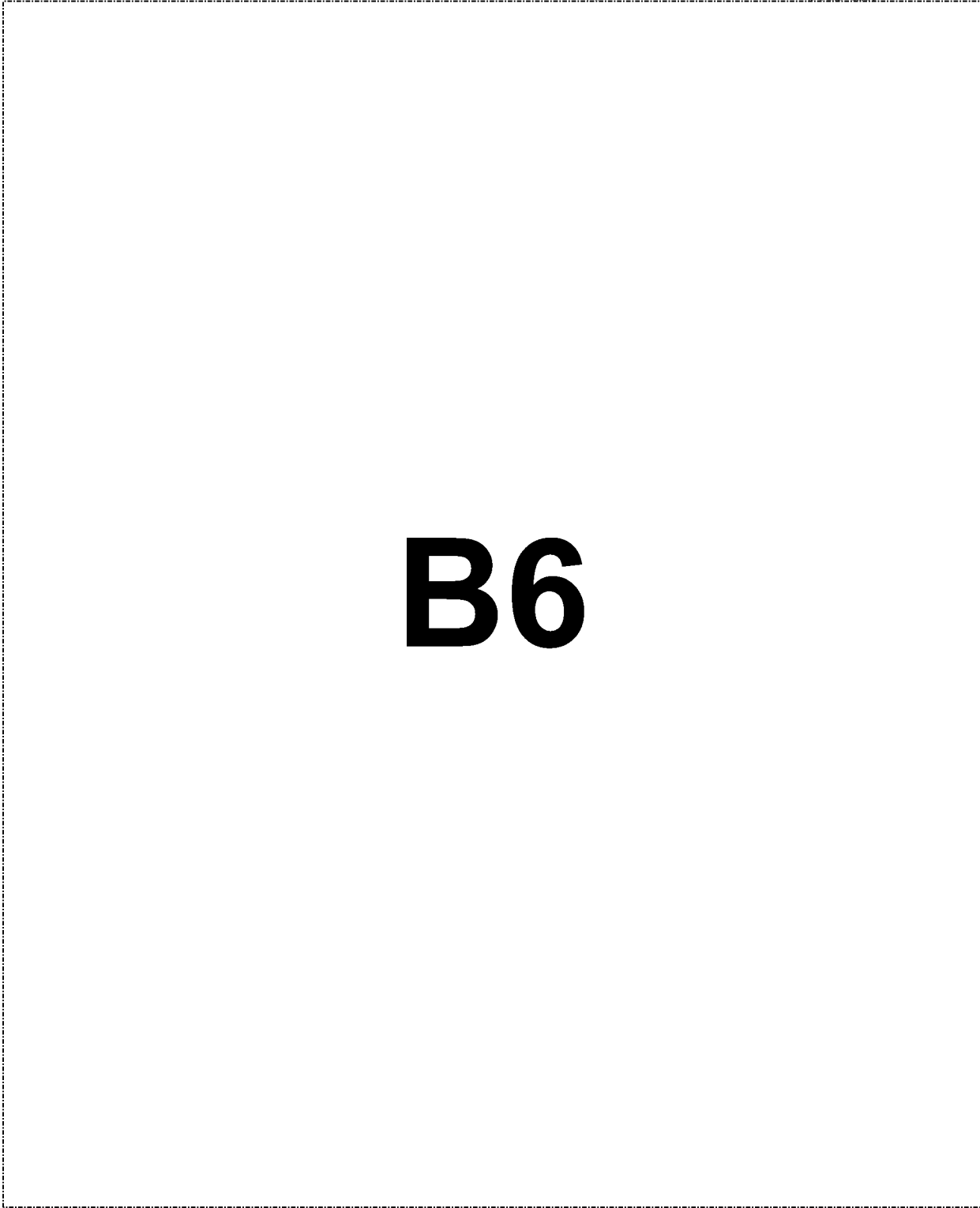
B6

rDVM:

B6

ECG/Invoice:

B6



Client: **B6**
Patient:

rDVM: **B6** AH ECG/Invoice: **B6**

B6

B6

B6

Client: **B6**
Patient:

rDVM: **B6** AH ECG/Invoice **B6**

B6

B6

Client:
Patient:

B6

rDVM

B6

AH

ECG/Invoice

B6

Feb 19 2018 17:15:17

Home Laboratory ->

XXXXXXXXXX

Page 18/86

XXXXXXXXXX

B6

B6

Client: **B6**
Patient:

rDVM **B6** ECG/Invoice **B6**

INVOICE

B6

For: **B6**

Printed: 02-19-2020 at 8:00 AM
Date: 02-19-2020
Account Invoices: **B6**

Date For Qty Description Price

B6

B6

Old Balance	Charges	Payments	New Balance
0.00			B6

B6

Client:
Patient:

B6

rDVM:

B6

AH ECG/Invoice

B6

B6

Client:
Patient:

B6

EKG

B6

B6

Client:
Patient:

B6

EKG

B6

B6

Client:
Patient:

B6

Lab Image: NT proBNP

B6



Client:
Patient:

B6

Insurance

B6

B6

B6

Client:
Patient:

B6

Insurance

B6

Claim Form (DO

B6

B6

Client:
Patient: **B6**

Insurance: **B6** Claim Form (DOS): **B6**

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

Foster Hospital for Small Animals
25 Waverly Street
North Duffield Hall 2102B
1190 Boylston Street
Boston, MA 02115
http://www.cummingsvets.com

Invoice

Invoice #: 1447544470

B6

Client:
Patient:

B6

Insurance

B6

Claim Form (DOS)

B6

B6

Client:
Patient:

B6

Prescription

B6

Count #2 3/1/2018

B6

Client:
Patient:

B6

rDVM: **B6** AH labs and note 3/5/18

B6

Client:
Patient:

B6

rDVM

B6

H labs and note 3/5/18

B6

Get deeper insight. For complete access to this patient's diagnostic results, including critical values and images, log in to www.vetmedplus.com
Final report generated March 06, 2018 PAGE 2 of 2

Client:
Patient:

B6

Insurance

B6

Claim DOS 4/12/2018

B6

B6

B6

B6

Client:
Patient:

B6

Insurance

B6

Claim DOS 4/12/2018

B6

Client: **B6**
Patient:

Insurance: **B6** Claim DOS 4/12/2018

Cummings
Veterinary Medical Center
AT TEXAS A&M UNIVERSITY

Forster Hospital For Small Animals
221 Venable Drive
North Charleston, SC 29505
Phone: 843-824-2200
http://www.vetmed.tamu.edu

Invoice

B6

Client:
Patient:

B6

Prescription The

B6

10 mg 5/8/18

04/08/18 11:11 AM WA F B S PHARMACY VIA PSE-FAS

Page 1 of 1 #02018 01

B6

B6

Client:
Patient:

B6

Insurance

B6

Stamped Form for Client DOS 6/5/18

B6

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

Insurance **B6** Stamped Form for Client DOS 6/5/18

B6

B6

Client:
Patient:

B6

Insurance: **B6** Stamped Form for Client DOS 6/5/18

B6

B6

Client: **B6**
Patient:

Insurance: **B6** Stamped Form for Client DOS 6/5/18

B6

Client:
Patient:

B6

Insurance **B6** Stamped Form for Client DOS 6/5/18

B6

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

Insurance **B6** Request for Diagnosis DOS 6/5/18

B6

Client:
Patient:

B6

Insurance

B6

Request for Diagnosis DOS 6/5/18

B6

Client: **B6**
Patient:

UCD- Taurine Results 6/5/18

B6

Client:
Patient:

B6

Vitals Results

11:05:25 AM	Notes
1:01:22 PM	Lasix treatment note
1:02:20 PM	Nursing note
3:01:59 PM	Cardiac rhythm
3:02:00 PM	Heart Rate (/min)
3:12:20 PM	Interest in water
3:19:12 PM	Weight (kg)
3:44:46 PM	Cardiac rhythm
3:44:47 PM	Heart Rate (/min)
3:45:02 PM	Respiratory Rate
3:45:08 PM	Interest in water
4:51:21 PM	Respiratory Rate
4:51:29 PM	Cardiac rhythm
4:51:30 PM	Heart Rate (/min)
5:26:20 PM	Interest in water
5:35:49 PM	Eliminations
5:55:59 PM	Respiratory Rate
5:56:06 PM	Cardiac rhythm
5:56:07 PM	Heart Rate (/min)
6:44:59 PM	Cardiac rhythm
6:45:00 PM	Heart Rate (/min)
6:45:33 PM	Respiratory Rate
7:41:22 PM	Temperature (F)
7:43:00 PM	Amount eaten
7:43:45 PM	Cardiac rhythm
7:43:46 PM	Heart Rate (/min)
7:46:32 PM	Respiratory Rate
7:48:22 PM	Lasix treatment note
7:56:57 PM	Cage or Walk notes
8:59:27 PM	Respiratory Rate
8:59:35 PM	Cardiac rhythm
8:59:36 PM	Heart Rate (/min)
9:02:18 PM	Cage or Walk notes
9:11:04 PM	Interest in water
9:44:17 PM	Cardiac rhythm
9:44:18 PM	Heart Rate (/min)
9:44:53 PM	Respiratory Rate
10:49:55 PM	Respiratory Rate
10:50:09 PM	Cardiac rhythm

B6

B6

Client:
Patient:

B6

Vitals Results

10:50:10 PM	Heart Rate (/min)
11:04:55 PM	Cardiac rhythm
11:04:56 PM	Heart Rate (/min)
11:07:24 PM	Respiratory Rate
11:59:35 PM	Eliminations
1:10:28 AM	Interest in water
1:10:44 AM	Eliminations
1:11:46 AM	Respiratory Rate
1:12:03 AM	Cardiac rhythm
1:12:04 AM	Heart Rate (/min)
1:54:33 AM	Respiratory Rate
1:58:49 AM	Cardiac rhythm
1:58:50 AM	Heart Rate (/min)
2:49:31 AM	Respiratory Rate
2:49:48 AM	Cardiac rhythm
2:49:49 AM	Heart Rate (/min)
3:23:28 AM	Eliminations
3:27:53 AM	Lasix treatment note
3:57:42 AM	Respiratory Rate
3:58:29 AM	Cardiac rhythm
3:58:30 AM	Heart Rate (/min)
4:52:42 AM	Cardiac rhythm
4:52:43 AM	Heart Rate (/min)
4:53:13 AM	Interest in water
5:24:09 AM	Respiratory Rate
5:49:13 AM	Cardiac rhythm
5:49:14 AM	Heart Rate (/min)
5:49:27 AM	Respiratory Rate
7:13:03 AM	Respiratory Rate
7:13:16 AM	Eliminations
7:13:29 AM	Weight (kg)
7:22:58 AM	Cardiac rhythm
7:22:59 AM	Heart Rate (/min)
8:01:55 AM	Cardiac rhythm
8:01:56 AM	Heart Rate (/min)
8:55:37 AM	Respiratory Rate
8:55:47 AM	Amount eaten
8:56:06 AM	Cardiac rhythm
8:56:07 AM	Heart Rate (/min)
9:12:34 AM	Respiratory Rate

B6

B6

Client:
Patient:

B6

Vitals Results

10:32:11 AM	Respiratory Rate
10:33:36 AM	Cardiac rhythm
10:33:37 AM	Heart Rate (/min)
11:15:57 AM	Cardiac rhythm
11:15:58 AM	Heart Rate (/min)
11:17:20 AM	Respiratory Rate
11:52:55 AM	Cardiac rhythm
11:52:56 AM	Heart Rate (/min)
12:51:15 PM	Respiratory Rate
12:51:49 PM	Lasix treatment note
12:52:17 PM	Catheter Assessment
1:24:05 PM	Respiratory Rate
1:25:00 PM	Cardiac rhythm
1:25:01 PM	Heart Rate (/min)
1:32:20 PM	Eliminations
1:56:57 PM	Cardiac rhythm
1:56:58 PM	Heart Rate (/min)
1:59:15 PM	Respiratory Rate
3:19:21 PM	Cardiac rhythm
3:19:22 PM	Heart Rate (/min)
3:20:03 PM	Respiratory Rate
3:40:26 PM	Eliminations
4:04:48 PM	Cardiac rhythm
4:04:49 PM	Heart Rate (/min)
4:15:45 PM	Respiratory Rate
4:54:24 PM	Cardiac rhythm
4:54:25 PM	Heart Rate (/min)
4:55:24 PM	Respiratory Rate
6:08:56 PM	Eliminations
6:10:01 PM	Respiratory Rate
6:10:47 PM	Catheter Assessment
6:13:39 PM	Cardiac rhythm
6:13:40 PM	Heart Rate (/min)
6:23:42 PM	Nursing note
7:20:06 PM	Eliminations
7:20:27 PM	Respiratory Rate
7:20:39 PM	Cardiac rhythm
7:20:40 PM	Heart Rate (/min)
7:25:29 PM	Respiratory Rate
7:45:44 PM	Amount eaten

B6

B6

Client:
Patient:

B6

Vitals Results

9:02:16 PM	Respiratory Rate
9:02:26 PM	Cardiac rhythm
9:02:27 PM	Heart Rate (/min)
9:13:21 PM	Eliminations
9:47:36 PM	Respiratory Rate
9:47:44 PM	Cardiac rhythm
9:47:45 PM	Heart Rate (/min)
10:45:50 PM	Cardiac rhythm
10:45:51 PM	Heart Rate (/min)
10:46:40 PM	Respiratory Rate
11:46:55 PM	Lasix treatment note
11:47:22 PM	Respiratory Rate
11:47:34 PM	Catheter Assessment
11:48:05 PM	Cardiac rhythm
11:48:06 PM	Heart Rate (/min)
11:49:23 PM	Nursing note
12:36:00 AM	Nursing note
12:49:48 AM	Respiratory Rate
12:50:01 AM	Cardiac rhythm
12:50:02 AM	Heart Rate (/min)
12:56:24 AM	Eliminations
1:44:09 AM	Respiratory Rate
1:44:22 AM	Cardiac rhythm
1:44:23 AM	Heart Rate (/min)
1:49:40 AM	Cardiac rhythm
1:49:41 AM	Heart Rate (/min)
1:51:39 AM	Respiratory Rate
1:51:59 AM	Nursing note
1:55:15 AM	Respiratory Rate
1:55:30 AM	Cardiac rhythm
1:55:31 AM	Heart Rate (/min)
1:43:12 AM	Respiratory Rate
1:43:50 AM	Cardiac rhythm
1:43:51 AM	Heart Rate (/min)
1:50:44 AM	Eliminations
1:16:23 AM	Catheter Assessment
1:40:22 AM	Respiratory Rate
1:40:37 AM	Cardiac rhythm
1:40:38 AM	Heart Rate (/min)
1:52:40 AM	Respiratory Rate

B6

B6

Client:
Patient:

B6

Vitals Results

5:24:14 AM	Cardiac rhythm
5:24:15 AM	Heart Rate (/min)
5:52:18 AM	Respiratory Rate
7:30:07 AM	Amount eaten
7:51:31 AM	Cardiac rhythm
7:51:32 AM	Heart Rate (/min)
7:58:35 AM	Eliminations
8:53:21 AM	Cardiac rhythm
8:53:22 AM	Heart Rate (/min)
8:54:31 AM	Respiratory Rate
9:34:15 AM	Catheter Assessment
9:49:16 AM	Respiratory Rate
9:50:50 AM	Cardiac rhythm
9:50:51 AM	Heart Rate (/min)
10:02:22 AM	Lasix treatment note
10:54:07 AM	Cardiac rhythm
10:54:08 AM	Heart Rate (/min)
10:55:01 AM	Respiratory Rate
11:04:30 AM	Eliminations
11:43:29 AM	Cardiac rhythm
11:43:30 AM	Heart Rate (/min)
11:44:10 AM	Respiratory Rate
12:46:17 PM	Respiratory Rate
12:46:31 PM	Cardiac rhythm
12:46:32 PM	Heart Rate (/min)
1:31:04 PM	Eliminations
1:31:13 PM	Catheter Assessment
1:55:12 PM	Cardiac rhythm
1:55:13 PM	Heart Rate (/min)
1:57:38 PM	Respiratory Rate
3:04:46 PM	Respiratory Rate
3:07:07 PM	Cardiac rhythm
3:07:08 PM	Heart Rate (/min)
3:53:37 PM	Cardiac rhythm
3:53:38 PM	Heart Rate (/min)
3:54:21 PM	Respiratory Rate
3:58:47 PM	Lasix treatment note
4:53:28 PM	Eliminations

B6

B6

Client: **B6**
Patient:

Vitals Results

53:44 PM	Cardiac rhythm
53:45 PM	Heart Rate (/min)
54:08 PM	Respiratory Rate
14:40 PM	Catheter Assessment
48:36 PM	Respiratory Rate
05:36 PM	Cardiac rhythm
05:37 PM	Heart Rate (/min)
47:51 PM	Respiratory Rate
24:20 PM	Amount eaten
27:04 PM	Respiratory Rate
45:23 PM	Cardiac rhythm
45:24 PM	Heart Rate (/min)
54:13 PM	Cardiac rhythm
54:14 PM	Heart Rate (/min)
57:14 PM	Respiratory Rate
05:16 PM	Eliminations
11:39 PM	Catheter Assessment
50:30 PM	Nursing note
51:05 PM	Cardiac rhythm
51:06 PM	Heart Rate (/min)
51:21 PM	Respiratory Rate
0:54:33 PM	Cardiac rhythm
0:54:34 PM	Heart Rate (/min)
0:54:46 PM	Respiratory Rate
1:27:32 PM	Eliminations
1:49:58 PM	Lasix treatment note
1:50:21 PM	Cardiac rhythm
1:50:22 PM	Heart Rate (/min)
1:50:32 PM	Respiratory Rate
2:45:32 AM	Cardiac rhythm
2:45:33 AM	Heart Rate (/min)
2:45:57 AM	Respiratory Rate
14:41 AM	Eliminations
58:26 AM	Cardiac rhythm
58:27 AM	Heart Rate (/min)
58:47 AM	Respiratory Rate
38:48 AM	Cardiac rhythm
38:49 AM	Heart Rate (/min)
39:03 AM	Respiratory Rate

B6

B6

Client:
Patient:

B6

Vitals Results

3:45:04 AM	Cardiac rhythm
3:45:05 AM	Heart Rate (/min)
3:46:08 AM	Respiratory Rate
4:46:19 AM	Cardiac rhythm
4:46:20 AM	Heart Rate (/min)
5:27:30 AM	Respiratory Rate
5:27:46 AM	Eliminations
5:27:59 AM	Catheter Assessment
5:28:24 AM	Nursing note
5:42:40 AM	Cardiac rhythm
5:42:41 AM	Heart Rate (/min)
6:51:21 AM	Cardiac rhythm
6:51:22 AM	Heart Rate (/min)
6:54:04 AM	Respiratory Rate
7:13:57 AM	Eliminations
7:35:54 AM	Amount eaten
B6 7:44:22 AM	Respiratory Rate
7:44:37 AM	Cardiac rhythm
7:44:38 AM	Heart Rate (/min)
8:44:11 AM	Cardiac rhythm
8:44:12 AM	Heart Rate (/min)
8:50:18 AM	Eliminations
9:47:56 AM	Cardiac rhythm
9:47:57 AM	Heart Rate (/min)
9:49:09 AM	Respiratory Rate
10:15:03 AM	Lasix treatment note
10:49:35 AM	Cardiac rhythm
10:49:36 AM	Heart Rate (/min)
10:50:15 AM	Respiratory Rate
11:54:12 AM	Cardiac rhythm
11:54:13 AM	Heart Rate (/min)
11:54:59 AM	Respiratory Rate
12:49:13 PM	Cardiac rhythm
12:49:14 PM	Heart Rate (/min)
12:49:56 PM	Respiratory Rate
4/12/2018 11:15:13 AM	Weight (kg)

B6

Client:
Patient:

B6

ECG from Cardio

B6

0220/0000 10:47:07 AM

0220/0000 10:47:07 AM
0220/0000 10:47:07 AM
0220/0000 10:47:07 AM

B6

Client: **B6**
Patient:

ECG from Cardio

B6

0220/0000 10:00:00 AM Page 5 of 8
Title: [redacted]
Ref: [redacted] of [redacted]
[redacted]

B6

Client:
Patient:

B6

ECG from Cardio

B6

7/20/2019 11:40:01 AM

Page 1 of 1

Office of
Public Knowledge of the
FDA

B6

Client:
Patient:

B6

Alivcor from cardio

Patient: **B6** (66 yrs)
Recorded: Wednesday, Apr 11, 2018, 8:29:42 AM
Heart Rate: 142 bpm Duration: 30s

Indexed by AllinCor: Focused-cardio-ventricular

Marked

B6

Client:
Patient:

B6

Alivecor ECG

Patient:
Recorded:
Heart Rate:

B6
Tuesday, May 08, 2012 10:27:38 PM
114 bpm Duration: 30s

Created by AliveCor. For more information

Marko

B6

Client:
Patient:

B6

Alivecor ECG

Patient:
Recorded:
Heart Rate:

B6

Wednesday, May 23, 2018, 8:18 AM PST
120 bpm

Tracked by AliveCor. Printed and Transmitted

Marko

B6

Client:
Patient:

B6

Alivecor ECG

Patient: **B6**
Recorded: Tuesday, May 21, 2019, 11:57:50 AM
Heart Rate: 120 bpm Duration: 32s

Tracing by AliveCor. For more information

Marko

B6

Client:
Patient:

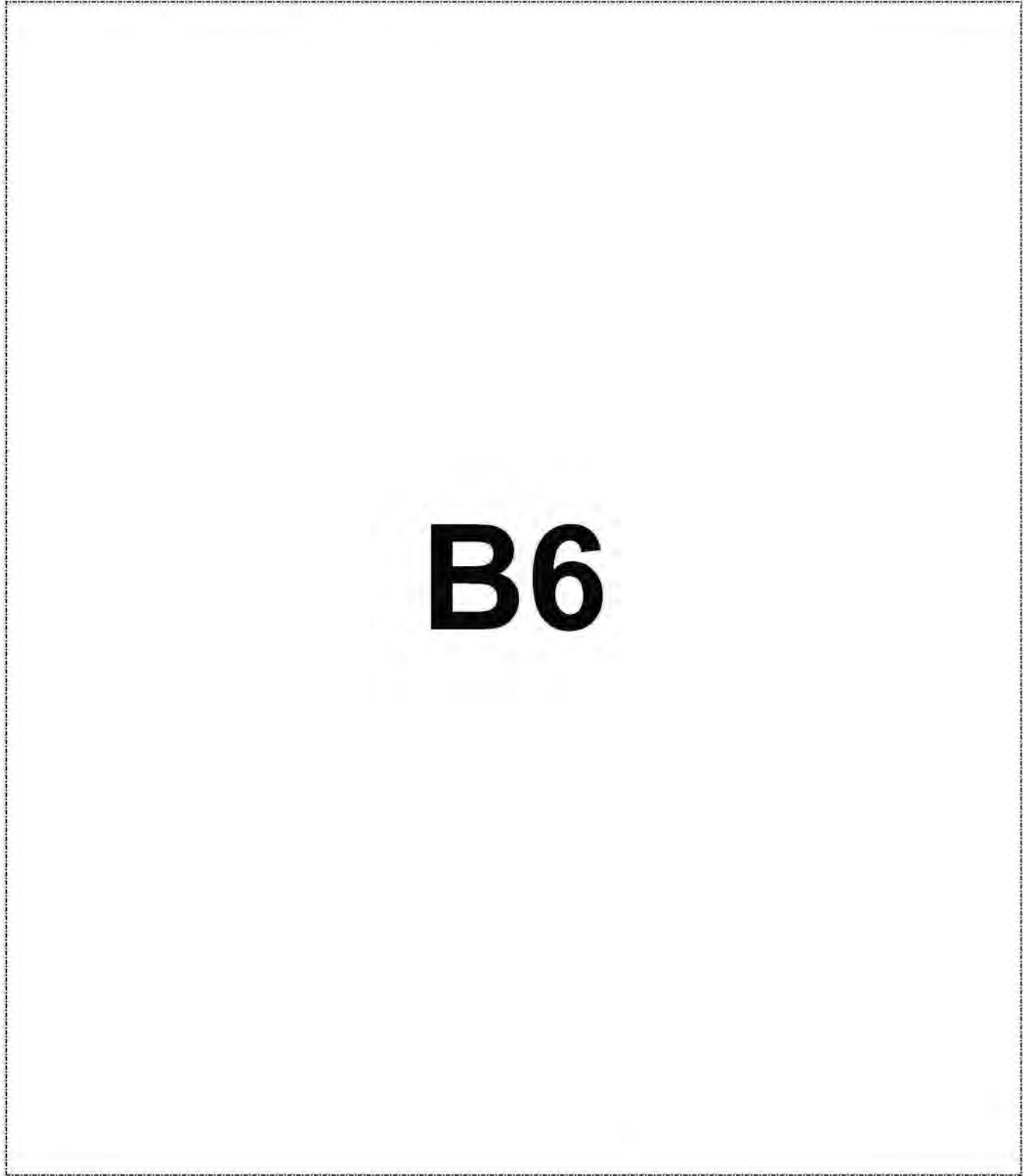
B6

Alivecor ECG

Patient: **B6**
Recorded: Thursday, May 01, 2014, 11:07:50 AM
Heart Rate: 120 bpm Duration: 52s

Tracing by AliveCor. For more information

Marko



B6

Client:
Patient:

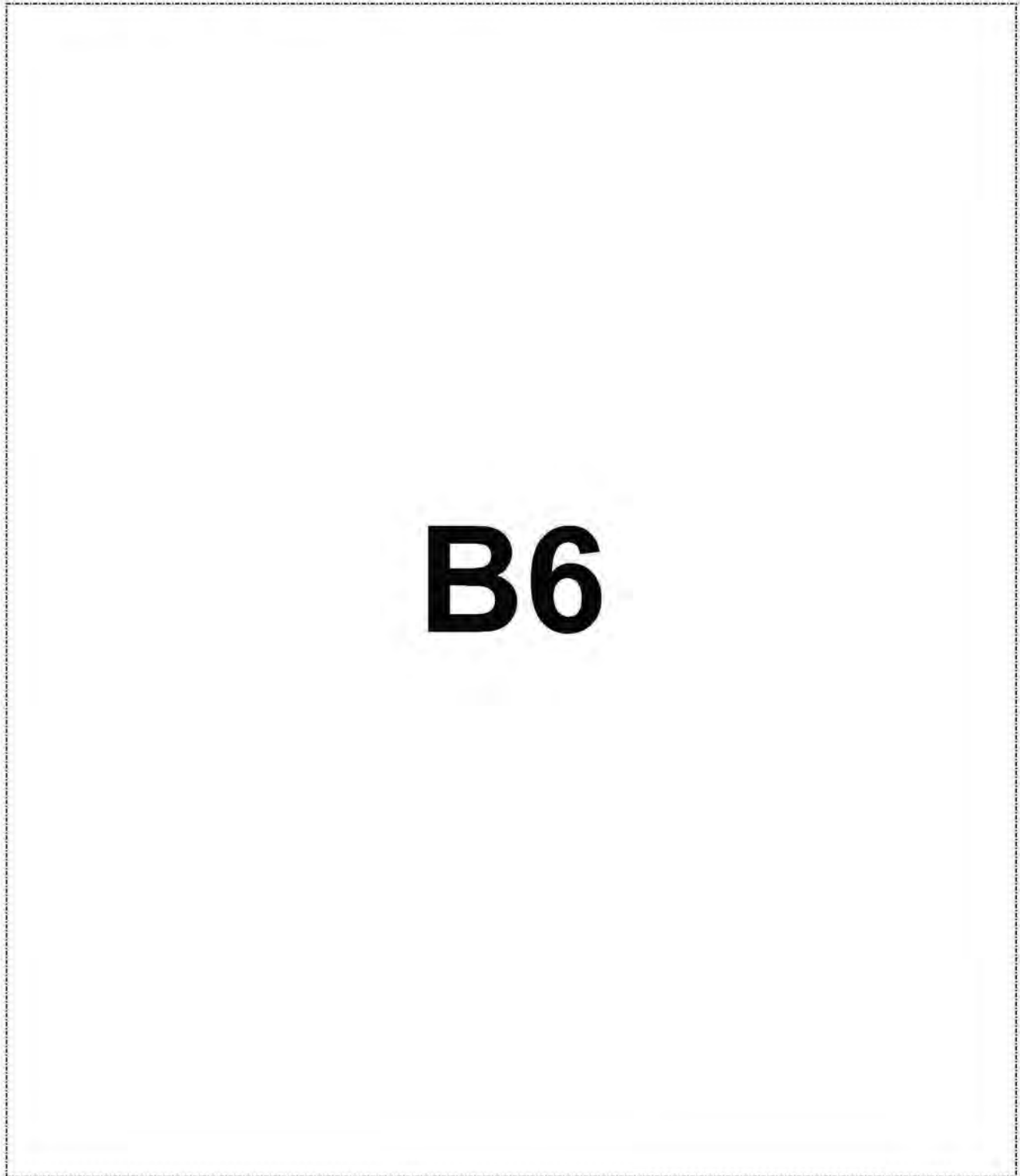
B6

Alivecor ECG

Patient: **B6**
Recorded: Saturday, Jan 29, 2016, 8:15:41 PM
Heart Rate: 124 bpm Duration: 32s

Tracing by AliveCor. Possible lead inversion.

Marked



B6

Client:
Patient:

B6

Alivecor ECG

Patient: **B6**
Recorded: 4/20/2019, Sun, 03:15:00 PM
Heart Rate: 170 bpm Duration: 30s

Tracing by AliveCor. Possible lead inversion.

Marked

B6

Patient History

10:47 AM	UserForm
10:48 AM	Email
11:05 AM	Vitals
11:05 AM	Purchase
11:06 AM	Purchase
11:32 AM	UserForm
01:00 PM	Purchase
01:01 PM	Purchase
01:01 PM	Vitals
01:01 PM	Treatment
01:02 PM	Treatment
01:02 PM	Vitals
02:21 PM	UserForm
02:48 PM	Purchase
02:48 PM	Purchase
02:51 PM	UserForm
02:55 PM	Treatment
02:55 PM	Purchase
02:55 PM	Purchase
03:01 PM	Treatment
03:01 PM	Vitals
03:01 PM	Vitals
03:12 PM	Treatment
03:12 PM	Vitals
03:19 PM	Vitals
03:20 PM	Purchase
03:22 PM	Prescription
03:24 PM	Prescription
03:28 PM	Prescription
03:38 PM	Purchase
03:39 PM	Treatment
03:44 PM	Treatment
03:44 PM	Vitals
03:44 PM	Vitals
03:45 PM	Treatment
03:45 PM	Vitals
03:45 PM	Treatment
03:45 PM	Vitals
03:46 PM	Treatment

B6

B6

B6

Client: **B6**
Patient:

Patient History

03:46 PM	Treatment
04:51 PM	Treatment
04:51 PM	Vitals
04:51 PM	Treatment
04:51 PM	Vitals
04:51 PM	Vitals
05:26 PM	Treatment
05:26 PM	Vitals
05:35 PM	Treatment
05:35 PM	Vitals
05:55 PM	Treatment
05:55 PM	Vitals
05:56 PM	Treatment
05:56 PM	Vitals
05:56 PM	Vitals
06:44 PM	Treatment
06:44 PM	Vitals
06:44 PM	Vitals
06:45 PM	Treatment
06:45 PM	Vitals
07:40 PM	Treatment
07:41 PM	Treatment
07:41 PM	Vitals
07:43 PM	Treatment
07:43 PM	Vitals
07:43 PM	Treatment
07:43 PM	Vitals
07:43 PM	Vitals
07:46 PM	Treatment
07:46 PM	Vitals
07:48 PM	Vitals
07:48 PM	Treatment
07:56 PM	Vitals
08:59 PM	Treatment
08:59 PM	Vitals
08:59 PM	Treatment
08:59 PM	Vitals
08:59 PM	Vitals
09:02 PM	Vitals
09:11 PM	Treatment
09:11 PM	Vitals
09:44 PM	Treatment

B6

B6

Client:
Patient:

B6

Patient History

9:44 PM	Vitals
9:44 PM	Vitals
9:44 PM	Treatment
9:44 PM	Vitals
10:49 PM	Treatment
10:49 PM	Vitals
10:50 PM	Treatment
10:50 PM	Vitals
10:50 PM	Vitals
11:04 PM	Treatment
11:04 PM	Vitals
11:04 PM	Vitals
11:07 PM	Treatment
11:07 PM	Vitals
11:59 PM	Vitals
12:10 AM	Treatment
12:10 AM	Vitals
12:10 AM	Treatment
12:10 AM	Vitals
12:11 AM	Treatment
12:11 AM	Vitals
12:12 AM	Treatment
12:12 AM	Vitals
12:12 AM	Vitals
12:54 AM	Treatment
12:54 AM	Vitals
12:58 AM	Treatment
12:58 AM	Vitals
12:58 AM	Vitals
1:13 AM	Purchase
1:49 AM	Treatment
1:49 AM	Vitals
1:49 AM	Treatment
1:49 AM	Vitals
1:49 AM	Vitals
3:23 AM	Vitals
3:27 AM	Treatment
3:27 AM	Vitals
3:29 AM	Treatment
3:57 AM	Treatment
3:57 AM	Vitals
3:58 AM	Treatment
3:58 AM	Vitals

B6

B6

Client:
Patient:

B6

Patient History

03:58 AM	Vitals
04:52 AM	Treatment
04:52 AM	Vitals
04:52 AM	Vitals
04:53 AM	Treatment
04:53 AM	Vitals
05:24 AM	Treatment
05:24 AM	Vitals
05:24 AM	Treatment
05:24 AM	Treatment
05:49 AM	Treatment
05:49 AM	Vitals
05:49 AM	Vitals
05:49 AM	Treatment
05:49 AM	Vitals
07:13 AM	Treatment
07:13 AM	Vitals
07:13 AM	Treatment
07:13 AM	Vitals
07:13 AM	Treatment
07:13 AM	Vitals
07:22 AM	Treatment
07:22 AM	Vitals
07:22 AM	Vitals
07:43 AM	Purchase
07:44 AM	Purchase
08:01 AM	Treatment
08:01 AM	Vitals
08:01 AM	Vitals
08:01 AM	Vitals
08:55 AM	Treatment
08:55 AM	Vitals
08:55 AM	Treatment
08:55 AM	Vitals
08:56 AM	Treatment
08:56 AM	Vitals
08:56 AM	Vitals
09:12 AM	Treatment
09:12 AM	Vitals
10:21 AM	Purchase
10:22 AM	Purchase
10:32 AM	Treatment

B6

B6

Patient History

10:32 AM	Vitals
10:33 AM	Treatment
10:33 AM	Vitals
10:33 AM	Vitals
10:51 AM	Labwork
11:15 AM	Treatment
11:15 AM	Vitals
11:15 AM	Vitals
11:17 AM	Treatment
11:17 AM	Vitals
11:37 AM	Purchase
11:52 AM	Treatment
11:52 AM	Vitals
11:52 AM	Vitals
2:51 PM	Treatment
2:51 PM	Treatment
2:51 PM	Vitals
2:51 PM	Vitals
2:52 PM	Treatment
2:52 PM	Treatment
2:52 PM	Vitals
2:55 PM	UserForm
01:24 PM	Treatment
01:24 PM	Vitals
01:25 PM	Treatment
01:25 PM	Vitals
01:25 PM	Vitals
01:25 PM	Treatment
01:32 PM	Treatment
01:32 PM	Vitals
01:56 PM	Treatment
01:56 PM	Vitals
01:56 PM	Vitals
01:59 PM	Treatment
01:59 PM	Vitals
02:15 PM	Purchase
02:15 PM	Purchase
03:19 PM	Treatment
03:19 PM	Vitals
03:19 PM	Vitals
03:20 PM	Treatment

B6

B6

Client:
Patient:

B6

Patient History

03:20 PM	Vitals
03:20 PM	Vitals
03:40 PM	Vitals
04:04 PM	Treatment
04:04 PM	Vitals
04:04 PM	Vitals
04:15 PM	Treatment
04:15 PM	Vitals
04:54 PM	Treatment
04:54 PM	Vitals
04:54 PM	Vitals
04:55 PM	Treatment
04:55 PM	Vitals
05:39 PM	Treatment
06:08 PM	Treatment
06:08 PM	Vitals
06:10 PM	Treatment
06:10 PM	Vitals
06:10 PM	Treatment
06:10 PM	Vitals
06:13 PM	Treatment
06:13 PM	Treatment
06:13 PM	Treatment
06:13 PM	Vitals
06:13 PM	Vitals
06:23 PM	Vitals
07:20 PM	Vitals
07:20 PM	Treatment
07:20 PM	Vitals
07:20 PM	Treatment
07:20 PM	Vitals
07:20 PM	Vitals
07:25 PM	Treatment
07:25 PM	Vitals
07:32 PM	Treatment
07:45 PM	Treatment
07:45 PM	Vitals
09:02 PM	Treatment
09:02 PM	Vitals
09:02 PM	Treatment
09:02 PM	Vitals

B6

B6

Client:
Patient:

B6

Patient History

09:02 PM	Vitals
09:13 PM	Treatment
09:13 PM	Vitals
09:13 PM	Treatment
09:47 PM	Treatment
09:47 PM	Vitals
09:47 PM	Treatment
09:47 PM	Vitals
09:47 PM	Vitals
10:45 PM	Treatment
10:45 PM	Vitals
10:45 PM	Vitals
10:46 PM	Treatment
10:46 PM	Vitals
11:46 PM	Vitals
11:47 PM	Treatment
11:47 PM	Treatment
11:47 PM	Vitals
11:47 PM	Treatment
11:47 PM	Vitals
11:48 PM	Treatment
11:48 PM	Vitals
11:48 PM	Vitals
11:49 PM	Vitals
12:36 AM	Vitals
12:49 AM	Treatment
12:49 AM	Vitals
12:50 AM	Treatment
12:50 AM	Vitals
12:50 AM	Vitals
12:52 AM	Treatment
12:56 AM	Treatment
12:56 AM	Vitals
01:44 AM	Treatment
01:44 AM	Vitals
01:44 AM	Treatment
01:44 AM	Vitals
01:44 AM	Vitals
02:13 AM	Purchase
02:49 AM	Treatment
02:49 AM	Vitals
02:49 AM	Vitals
02:51 AM	Treatment
02:51 AM	Vitals

B6

B6

Client: **B6**
Patient:

Patient History

02:51 AM	Vitals
03:07 AM	Treatment
03:55 AM	Treatment
03:55 AM	Vitals
03:55 AM	Treatment
03:55 AM	Vitals
03:55 AM	Vitals
04:43 AM	Treatment
04:43 AM	Vitals
04:43 AM	Treatment
04:43 AM	Vitals
04:43 AM	Vitals
05:03 AM	Treatment
05:06 AM	Treatment
05:06 AM	Vitals
05:16 AM	Treatment
05:16 AM	Treatment
05:16 AM	Treatment
05:16 AM	Vitals
05:40 AM	Treatment
05:40 AM	Vitals
05:40 AM	Treatment
05:40 AM	Vitals
05:40 AM	Vitals
06:24 AM	Treatment
06:24 AM	Vitals
06:24 AM	Treatment
06:24 AM	Vitals
06:24 AM	Vitals
06:52 AM	Treatment
06:52 AM	Vitals
07:30 AM	Treatment
07:30 AM	Vitals
07:41 AM	Purchase
07:51 AM	Treatment
07:51 AM	Vitals
07:51 AM	Vitals
07:58 AM	Vitals
08:53 AM	Treatment

B6

B6

Client:
Patient:

B6

Patient History

08:53 AM	Vitals
08:53 AM	Vitals
08:54 AM	Treatment
08:54 AM	Vitals
09:34 AM	Treatment
09:34 AM	Vitals
09:34 AM	Treatment
09:49 AM	Treatment
09:49 AM	Vitals
09:50 AM	Treatment
09:50 AM	Vitals
09:50 AM	Vitals
10:02 AM	Vitals
10:02 AM	Treatment
10:30 AM	Purchase
10:39 AM	Labwork
10:54 AM	Treatment
10:54 AM	Vitals
10:54 AM	Vitals
10:55 AM	Treatment
10:55 AM	Vitals
11:04 AM	Treatment
11:04 AM	Vitals
11:04 AM	Treatment
11:43 AM	Treatment
11:43 AM	Vitals
11:43 AM	Vitals
11:44 AM	Treatment
11:44 AM	Vitals
12:33 PM	Deleted Reason
12:46 PM	Treatment
12:46 PM	Vitals
12:46 PM	Treatment
12:46 PM	Vitals
12:46 PM	Vitals
01:31 PM	Treatment
01:31 PM	Vitals
01:31 PM	Treatment
01:31 PM	Vitals
01:31 PM	Treatment
01:55 PM	Treatment
01:55 PM	Vitals
01:55 PM	Vitals

B6

B6

Client: **B6**
Patient:

Patient History

1:57 PM Treatment
1:57 PM Vitals
2:15 PM Purchase
2:15 PM Purchase
3:04 PM Treatment
3:04 PM Vitals
3:07 PM Treatment

3:07 PM Vitals
3:07 PM Vitals
3:50 PM Prescription
3:53 PM Treatment

3:53 PM Vitals
3:53 PM Vitals
3:54 PM Treatment
3:54 PM Vitals
3:58 PM Vitals

3:59 PM Treatment
4:53 PM Treatment
4:53 PM Vitals
4:53 PM Treatment

4:53 PM Vitals
4:53 PM Vitals
4:54 PM Treatment
4:54 PM Vitals
5:05 PM Treatment
5:14 PM Treatment

5:14 PM Treatment
5:14 PM Vitals
5:48 PM Treatment
5:48 PM Vitals
6:05 PM Treatment

6:05 PM Vitals
6:05 PM Vitals
6:47 PM Treatment
6:47 PM Vitals
7:13 PM Treatment
7:24 PM Treatment

7:24 PM Vitals
7:27 PM Treatment
7:27 PM Vitals
7:45 PM Treatment

7:45 PM Vitals

B6

B6

Client:
Patient: **B6**

Patient History

07:45 PM	Vitals
08:54 PM	Treatment
08:54 PM	Vitals
08:54 PM	Vitals
08:57 PM	Treatment
08:57 PM	Vitals
09:05 PM	Treatment
09:05 PM	Vitals
09:10 PM	Treatment
09:11 PM	Treatment
09:11 PM	Vitals
09:50 PM	Vitals
09:51 PM	Treatment
09:51 PM	Vitals
09:51 PM	Vitals
09:51 PM	Treatment
09:51 PM	Vitals
10:54 PM	Treatment
10:54 PM	Vitals
10:54 PM	Vitals
10:54 PM	Treatment
10:54 PM	Vitals
11:27 PM	Vitals
11:49 PM	Treatment
11:49 PM	Vitals
11:50 PM	Treatment
11:50 PM	Vitals
11:50 PM	Vitals
11:50 PM	Treatment
11:50 PM	Vitals
12:45 AM	Treatment
12:45 AM	Vitals
12:45 AM	Vitals
12:45 AM	Treatment
12:45 AM	Vitals
01:14 AM	Treatment
01:14 AM	Vitals
01:18 AM	Treatment
01:58 AM	Treatment
01:58 AM	Vitals
01:58 AM	Vitals

B6

B6

Client: **B6**
Patient:

Patient History

01:58 AM Treatment
01:58 AM Vitals
02:13 AM Purchase
02:38 AM Treatment

02:38 AM Vitals
02:38 AM Vitals
02:39 AM Treatment
02:39 AM Vitals
03:18 AM Treatment

03:45 AM Treatment

03:45 AM Vitals
03:45 AM Vitals
03:46 AM Treatment
03:46 AM Vitals
04:46 AM Treatment

04:46 AM Vitals
04:46 AM Vitals
05:27 AM Treatment
05:27 AM Vitals
05:27 AM Treatment
05:27 AM Vitals
05:27 AM Treatment
05:27 AM Vitals
05:28 AM Treatment

05:28 AM Treatment
05:28 AM Treatment
05:28 AM Vitals
05:42 AM Treatment

05:42 AM Vitals
05:42 AM Vitals
06:51 AM Treatment

06:51 AM Vitals
06:51 AM Vitals
06:54 AM Treatment
06:54 AM Vitals
07:13 AM Vitals
07:35 AM Treatment

07:35 AM Vitals

07:35 AM Vitals

07:44 AM Treatment
07:44 AM Vitals

B6

B6

Client:
Patient:

B6

Patient History

07:44 AM	Treatment
07:44 AM	Vitals
07:44 AM	Vitals
08:44 AM	Treatment
08:44 AM	Vitals
08:44 AM	Vitals
08:50 AM	Treatment
08:50 AM	Vitals
09:01 AM	Treatment
09:29 AM	Purchase
09:42 AM	Labwork
09:47 AM	Treatment
09:47 AM	Vitals
09:47 AM	Vitals
09:49 AM	Treatment
09:49 AM	Vitals
09:54 AM	Purchase
10:15 AM	Treatment
10:15 AM	Vitals
10:36 AM	Appointment
10:38 AM	Deleted Reason
10:38 AM	Deleted Reason
10:42 AM	Prescription
10:43 AM	Prescription
10:43 AM	Prescription
10:43 AM	Prescription
10:44 AM	Prescription
10:49 AM	Treatment
10:49 AM	Vitals
10:49 AM	Vitals
10:49 AM	Purchase
10:50 AM	Treatment
10:50 AM	Vitals
11:34 AM	Treatment
11:54 AM	Treatment
11:54 AM	Vitals
11:54 AM	Vitals

B6

B6

Client: **B6**
Patient:

Patient History

B6	1:54 AM	Treatment
	1:54 AM	Vitals
	2:49 PM	Treatment
	2:49 PM	Vitals
	2:49 PM	Vitals
	2:49 PM	Treatment
	2:49 PM	Vitals
03/02/2018	02:15 PM	Appointment
03/09/2018	05:54 PM	Appointment
03/21/2018	11:15 AM	Prescription
03/21/2018	11:17 AM	Purchase
04/12/2018	11:08 AM	UserForm
04/12/2018	11:14 AM	Treatment
04/12/2018	11:15 AM	Vitals
04/12/2018	11:21 AM	Purchase
04/12/2018	11:53 AM	UserForm
04/12/2018	12:08 PM	Purchase
04/12/2018	12:09 PM	Purchase
04/12/2018	12:17 PM	Labwork
04/12/2018	12:32 PM	Prescription
04/12/2018	12:32 PM	Purchase
04/21/2018	10:41 AM	Prescription
04/21/2018	10:44 AM	Purchase
05/18/2018	05:13 PM	Prescription
05/18/2018	05:15 PM	Purchase
06/01/2018	04:27 PM	Appointment
06/05/2018	11:06 AM	Purchase
06/05/2018	11:06 AM	Purchase
06/05/2018	11:07 AM	Purchase
06/05/2018	05:21 PM	UserForm
06/05/2018	05:22 PM	Email
06/06/2018	11:42 AM	Email
06/23/2018	03:25 PM	Prescription
06/23/2018	03:28 PM	Purchase

B6

Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY

Forster Hospital for Small Animals
55 Millard Street
North Grafton, MA 01546
Telephone (508) 833-5000
Fax (508) 833-7351
<http://vetmed.tufts.edu/>
Referring Vet Direct Line (508) 833-6988

Notice of Patient Admit

Date: [B6]
Referring Doctor: Dr. [B6]
Client Name: [B6]
Patient # or ID: [B6]

Case # or [B6]

Dear Dr. [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: Dr. [B6]
The reason for admission is: [B6] AF with LBBB, OCM, CHF

If you have any questions regarding this particular case, please call (508) 833-6988 to reach the Consulting Service. Information is updated daily, by noon.

Thank you for your referral to our Emergency Service.

Cummings Veterinary Medical Center AT TUFTS UNIVERSITY

Foster Hospital for Small Animals
55 Willow Street
North Grafton, MA 01536
Telephone: (508) 829-7395
Fax: (508) 829-7932
<http://vetmed.tufts.edu/fost>

B6

B6 Male
Case# **B6** Group Name **B6**
B6

Daily Update From the Cardiology Service

Today's date: **B6**
Order Date: **B6**

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

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

Today: **B6**

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

Today's treatments include:

- bloodwork planned/pending
- echocardiography
- cardiac catheter procedure planned
- ongoing treatment for CHF
- ongoing treatment for the umbilicus
- ongoing treatment for arrhythmias

Additional plans:

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

Please call (508) 829-4696 before 5pm or email us at cardcases@tufts.edu if you have any questions. Thank you!

Attending Clinician: Dr. **B6** is
Facility Clinician: **B6** - DVM, DACVIM (Cardiology), DACVCP
Senior resident:

Cummings Veterinary Medical Center AT TUFTS UNIVERSITY

Foster Hospital for Small Animals
55 Willard Street
North Grafton, MA 01506
Telephone (508) 839-5395
Fax (508) 839-7951
<http://vetmed.tufts.edu/fost/>

B6

B6

Male

Canine, Great Dane, Friesian

B6

Daily Update From the Cardiology Service

Today's date: **B6**

Outpatient at: **B6**

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

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

Today **B6**

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

Today's treatment includes:

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

Additional plans:

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

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

Attending Clinician, Dr. **B6**

Faculty Clinician: **B6** DVM, DACVIM (Cardiology), DACVECC

Senior student:

Cummings Veterinary Medical Center AT TUFTS UNIVERSITY

Foster Hospital for Small Animals
55 Willard Street
North Grafton, MA 01506
Telephone (508) 839-5395
Fax (508) 839-7951
<http://vetmed.tufts.edu/fost/>

B6

B6 Male
Canine Great Dane Form
B6

Daily Update From the Cardiology Service

Today's date: **B6**
Order/On at: **B6**

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

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

Today **B6**

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

Today's treatments include:

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

Additional plans:

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

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

Attending Clinician: Dr. **B6**

Faculty Clinician: **B6**, DACVIM (Cardiology), DACVECC

Senior Student:

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

B6

Forster Hospital for Small Animals
55 Willard Street
North Grafton, MA 01526
Telephone (508) 829-5339
Fax (508) 829-7953
<http://vetmed.tufts.edu/>

B6 Male
Canine Great Dane Fawn
B6

2/23/2018

Dear Dr. **B6**

Thank you for referring **B6** with their pet **B6**

If you have any questions, or concerns, please contact us at 508-829-4981.

Thank you,

Dr. **B6**

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

Frederic Hospital for Small Animals
55 Willard Street
North Andover, MA 01861
Telephone: (978) 839-5200
Fax: (978) 839-5750
<http://frederic.tufts.edu/SmallAnimals>

B6

B6
Male
Canine Great Dane Form
B6

B6

Order Dr. **B6**

Thank you for referring **B6** with their pet **B6**

If you have any questions, or concerns, please contact us at 508-857-4988.
Thank you.

By Dr. **B6**



Center Hospital for Small Animals
55 Willard Street
North Grafton, MA 01526
Telephone (508) 829-5394
Fax (508) 829-7953
<http://vetmed.tufts.edu/>

B6

B6 State
Machine Readable Form
B6

B6

Order Dr. **B6**

Thank you for referring **B6** with their pet **B6**

If you have any questions, or concerns, please contact us at 508-827-4982.

Thank you,

Dr. **B6**

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



Foster Hospital for Small Animals

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

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

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

Lab Results Report

Nova Full Panel-ICU **2/15/2015 8:33:00 PM** **Accession ID: B6**

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



20/153

B6

Printed Monday, January 14, 2019

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

SO2%	B6	94 - 100	%
PO2		80 - 100	mmHg
PCO2		36 - 44	mmHg
PH		7.337 - 7.467	
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
HCO3		18 - 24	mmol/L

Nova Full Panel-ICU 2/15/2015 9:45:12 PM Accession ID: **B6**

Test	Results	Reference Range	Units
Blood Glucose (Glucometer) - FHSA	B6	0 - 0	mg/dl

Nova Full Panel-ICU 2/16/2015 1:33:00 PM Accession ID: **B6**

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

Nova Full Panel-ICU 2/16/2015 1:33:00 PM Accession ID: **B6**

Test	Results	Reference Range	Units
TRIGLYCERIDES	B6	30 - 338	mg/dl
GLUCOSE		67 - 135	mg/dL
ALT		14 - 86	U/L
T BILIRUBIN		0.1 - 0.3	mg/dL
I BILIRUBIN		0 - 0.2	mg/dL
T. PROTEIN		5.5 - 7.8	g/dL
GGT		0 - 10	U/L
D.BILIRUBIN		0 - 0.1	mg/dL
CREATININE		0.6 - 2	mg/dL
CALCIUM2		9.4 - 11.3	mg/dL
AMYLASE		409 - 1250	U/L
POTASSIUM		3.7 - 5.4	mEq/L
A/G RATIO		0.7 - 1.6	
NA/K		29 - 40	
GLOBULINS		2.3 - 4.2	g/dL



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

CHLORIDE	B6	106 - 116	mEq/L
OSMOLALITY (CALCULATED)		291 - 315	mmol/L
PHOSPHORUS		2.6 - 7.2	mg/dL
AGAP		8 - 19	
CHOLESTEROL		82 - 355	mg/dL
ALBUMIN		2.8 - 4	g/dL
CK		22 - 422	U/L
SODIUM		140 - 150	mEq/L
COMMENTS (CHEMISTRY)		0 - 0	
iCO2 (BICARB)		14 - 28	mEq/L
AST		9 - 54	U/L
UREA		8 - 30	mg/dL
MAGNESIUM 2+		1.8 - 3	mEq/L
ALK PHOS		12 - 127	U/L

Nova Full Panel-ICU 2/16/2015 1:33:00 PM Accession ID: **B6**

Test	Results	Reference Range	Units
EOS (ABS)ADVIA	B6	0 - 1.4	K/uL
MONOS (ABS)ADVIA		0.1 - 1.5	K/uL
SEGS%		43 - 86	%
MONOS%		1 - 15	%
EOS%		0 - 16	%
L YMPHS%		7 - 47	%
L YMPHS (ABS)ADVIA		1 - 4.8	K/uL
WBC MORPHOLOGY		0 - 0	
No Morphologic Abnormalities			
SEGS (AB)ADVIA		2.8 - 11.5	K/ul
POIKILOCYTOSIS		0 - 0	

Nova Full Panel-ICU 2/20/2015 8:41:00 AM Accession ID: **B6**

Test	Results	Reference Range	Units
K (POC)	B6	3.6 - 4.8	mmol/L
CA (ionized)		1.17 - 1.38	mmol/L
FiO2		0 - 0	%
nCA		0 - 0	mmol/L
HCT (POC)		38 - 48	%
NA (POC)		140 - 154	mmol/L
nMG		0 - 0	mmol/L
CL(POC)		109 - 120	mmol/L
CA/MG		0 - 0	mol/mol
SO2%		94 - 100	%
CREAT (POC)		0.2 - 2.1	mg/dL



Client: **B6**
 Patient:

TCO2 (POC)		0 - 0	mmol/L
A		0 - 0	mmHg
NOVA SAMPLE		0 - 0	
HB (POC)		12.6 - 16	g/dL
BUN (POC)		12 - 28	mg/dL
LACTATE		0 - 2	mmol/L
BEef		0 - 0	mmol/L
BEb		0 - 0	mmol/L
MG (POC)	B6	0.1 - 0.4	mmol/L
GAP		0 - 0	mmol/L
GLUCOSE (POC)		80 - 120	mg/dL
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
PH		7.337 - 7.467	
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
HCO3		18 - 24	mmol/L

Nova Full Panel-ICU 2/20/2015 9:24:29 AM Accession ID: **B6**

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

Nova Full Panel-ICU 9/28/2016 9:06:21 AM Accession ID: **B6**

Test	Results	Reference Range	Units
Lactate (FHSA) *	B6	0 - 0	mmol/L

Nova Full Panel-ICU 9/28/2016 9:06:11 AM Accession ID: **B6**

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

Nova Full Panel-ICU 9/28/2016 9:06:28 AM Accession ID: **B6**



Client: **B6**
 Patient:

Test	Results	Reference Range	Units
GLUCOSE	B6	67 - 135	mg/dL
UREA		8 - 30	mg/dL
CREATININE		0.6 - 2	mg/dL
PHOSPHORUS		2.6 - 7.2	mg/dL
CALCIUM2		9.4 - 11.3	mg/dL
MAGNESIUM 2+		1.8 - 3	mEq/L
T. PROTEIN		5.5 - 7.8	g/dL
ALBUMIN		2.8 - 4	g/dL
GLOBULINS		2.3 - 4.2	g/dL
A/G RATIO		0.7 - 1.6	
SODIUM		140 - 150	mEq/L
CHLORIDE		106 - 116	mEq/L
POTASSIUM		3.7 - 5.4	mEq/L
ICO2 (BICARB)		14 - 28	mEq/L
AGAP		8 - 19	
NA/K		29 - 40	
T BILIRUBIN		0.1 - 0.3	mg/dL
D.BILIRUBIN		0 - 0.1	mg/dL
I BILIRUBIN		0 - 0.2	mg/dL
ALK PHOS		12 - 127	U/L
GGT		0 - 10	U/L
ALT		14 - 86	U/L
AST		9 - 54	U/L
CK		22 - 422	U/L
CHOLESTEROL		82 - 355	mg/dL
TRIGLYCERIDES		30 - 338	mg/dl
AMYLASE		409 - 1250	U/L
OSMOLALITY (CALCULATED)		291 - 315	mmol/L
COMMENTS (CHEMISTRY)	0 - 0		

Nova Full Panel-ICU 9/28/2016 9:06:09 AM Accession ID: **B6**

Test	Results	Reference Range	Units
SEGS%	B6	43 - 86	%
LYMPHS%		7 - 47	%
MONOS%		1 - 15	%
EOS%		0 - 16	%
SEGS (ABS)ADVIA		2.8 - 11.5	K/uL
LYMPHS (ABS)ADVIA		1 - 4.8	K/uL
MONOS (ABS)ADVIA		0.1 - 1.5	K/uL
EOS (ABS)ADVIA		0 - 1.4	K/uL



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

WBC MORPHOLOGY		0 - 0
No Morphologic Abnormalities	B6	
POIKILOCYTOSIS		0 - 0

Nova Full Panel-ICU 9/28/2016 9:09:47 AM Accession ID: **B6**

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

Nova Full Panel-ICU 12/21/2017 11:10:21 AM Accession ID: **B6**

Test	Results	Reference Range	Units
GLUCOSE		67 - 135	mg/dL
UREA		8 - 30	mg/dL
CREATININE		0.6 - 2	mg/dL
PHOSPHORUS		2.6 - 7.2	mg/dL
CALCIUM2		9.4 - 11.3	mg/dL
T. PROTEIN		5.5 - 7.8	g/dL
ALBUMIN		2.8 - 4	g/dL
GLOBULINS		2.3 - 4.2	g/dL
A/G RATIO		0.7 - 1.6	
SODIUM		140 - 150	mEq/L
CHLORIDE		106 - 116	mEq/L
POTASSIUM	B6	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	
Moderate lipemia Slight hemolysis			

Nova Full Panel-ICU 4/20/2018 8:18:34 AM Accession ID: **B6**

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



Client: **B6**
 Patient:

Nova Full Panel-ICU **4/20/2018 8:20:00 AM** **Accession ID: B6**

Test	Results	Reference Range	Units
VWF:AG	B6	0 - 0	%

Nova Full Panel-ICU **4/20/2018 4:10:35 PM** **Accession ID: B6**

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

Nova Full Panel-ICU **4/20/2018 9:44:29 PM** **Accession ID: B6**

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

Nova Full Panel-ICU **4/23/2018 2:13:08 PM** **Accession ID: B6**

Test	Results	Reference Range	Units
WBC (ADVIA)	B6	4.4 - 15.1	K/uL
RBC(ADVIA)		5.8 - 8.5	M/uL
HGB(ADVIA)		13.3 - 20.5	g/dL
HCT(ADVIA)		39 - 55	%
MCV(ADVIA)		64.5 - 77.5	fL
MCH(ADVIA)		21.3 - 25.9	pg
MCHC(ADVIA)		31.9 - 34.3	g/dL
RDW (ADVIA)		11.9 - 15.2	
COMMENTS (HEMATOLOGY)		0 - 0	

Platelet estimate and/or platelet count may be affected by slight platelet clumping, 10-25 platelets/ 100x field (estimated count of 200,000-500,000/ul)

Nova Full Panel-ICU **4/23/2018 2:13:27 PM** **Accession ID: B6**

Test	Results	Reference Range	Units
GLUCOSE	B6	67 - 135	mg/dL
UREA		8 - 30	mg/dL
CREATININE		0.6 - 2	mg/dL
PHOSPHORUS		2.6 - 7.2	mg/dL
CALCIUM2		9.4 - 11.3	mg/dL
MAGNESIUM 2+		1.8 - 3	mEq/L
T. PROTEIN		5.5 - 7.8	g/dL
ALBUMIN		2.8 - 4	g/dL
GLOBULINS		2.3 - 4.2	g/dL
A/G RATIO		0.7 - 1.6	
SODIUM		140 - 150	mEq/L
CHLORIDE		106 - 116	mEq/L



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

POTASSIUM		3.7 - 5.4	mEq/L
iCO2 (BICARB)		14 - 28	mEq/L
AGAP		8 - 19	
NA/K		29 - 40	
T BILIRUBIN		0.1 - 0.3	mg/dL
D.BILIRUBIN		0 - 0.1	mg/dL
I BILIRUBIN		0 - 0.2	mg/dL
ALK PHOS	B6	12 - 127	U/L
GGT		0 - 10	U/L
ALT		14 - 86	U/L
AST		9 - 54	U/L
CK		22 - 422	U/L
CHOLESTEROL		82 - 355	mg/dL
TRIGLYCERIDES		30 - 338	mg/dl
AMYLASE		409 - 1250	U/L
OSMOLALITY (CALCULATED)		291 - 315	mmol/L

Nova Full Panel-ICU **4/23/2018 2:13:09 PM** **Accession ID: B6**

Test	Results	Reference Range	Units
SEGS%		43 - 86	%
LYMPHS%		7 - 47	%
MONOS%		1 - 15	%
EOS%		0 - 16	%
SEGS (AB)ADVIA	B6	2.8 - 11.5	K/uL
LYMPHS (ABS)ADVIA		1 - 4.8	K/uL
MONOS (ABS)ADVIA		0.1 - 1.5	K/uL
EOS (ABS)ADVIA		0 - 1.4	K/uL
WBC MORPHOLOGY		0 - 0	
No Morphologic Abnormalities			
POIKILOCYTOSIS		0 - 0	

Nova Full Panel-ICU **5/7/2018 10:59:13 AM** **Accession ID: B6**

Test	Results	Reference Range	Units
WBC (ADVIA)		4.4 - 15.1	K/uL
RBC(ADVIA)		5.8 - 8.5	M/uL
HGB(ADVIA)		13.3 - 20.5	g/dL
HCT(ADVIA)		39 - 55	%
MCV(ADVIA)	B6	64.5 - 77.5	fL
MCH(ADVIA)		21.3 - 25.9	pg
MCHC(ADVIA)		31.9 - 34.3	g/dL
RDW (ADVIA)		11.9 - 15.2	
PLT(ADVIA)		173 - 486	K/uL



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

MPV (ADVIA)	B6	8.29 - 13.2	fL
PLTCRT		0.129 - 0.403	%
RETIC(ADVIA)		0.2 - 1.6	%
RETICS (ABS) ADVIA		14.7 - 113.7	K/uL
COMMENTS (HEMATOLOGY)		0 - 0	

Nova Full Panel-ICU **5/7/2018 10:59:28 AM** **Accession ID: B6**

Test	Results	Reference Range	Units
GLUCOSE	B6	67 - 135	mg/dL
UREA		8 - 30	mg/dL
CREATININE		0.6 - 2	mg/dL
PHOSPHORUS		2.6 - 7.2	mg/dL
CALCIUM2		9.4 - 11.3	mg/dL
MAGNESIUM 2+		1.8 - 3	mEq/L
T. PROTEIN		5.5 - 7.8	g/dL
ALBUMIN		2.8 - 4	g/dL
GLOBULINS		2.3 - 4.2	g/dL
A/G RATIO		0.7 - 1.6	
SODIUM		140 - 150	mEq/L
CHLORIDE		106 - 116	mEq/L
POTASSIUM		3.7 - 5.4	mEq/L
ICO2 (BICARB)		14 - 28	mEq/L
AGAP		8 - 19	
NA/K		29 - 40	
T BILIRUBIN		0.1 - 0.3	mg/dL
D.BILIRUBIN		0 - 0.1	mg/dL
I BILIRUBIN		0 - 0.2	mg/dL
ALK PHOS		12 - 127	U/L
GGT		0 - 10	U/L
ALT		14 - 86	U/L
AST		9 - 54	U/L
CK		22 - 422	U/L
CHOLESTEROL		82 - 355	mg/dL
TRIGLYCERIDES		30 - 338	mg/dl
AMYLASE		409 - 1250	U/L
OSMOLALITY (CALCULATED)		291 - 315	mmol/L
COMMENTS (CHEMISTRY)		0 - 0	
Slight hemolysis; Moderate lipemia			

Nova Full Panel-ICU **5/7/2018 10:59:10 AM** **Accession ID: B6**

Test	Results	Reference Range	Units
SEGS%	B6	43 - 86	%



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

LYMPHS%	B6	7 - 47	%
MONOS%		1 - 15	%
EOS%		0 - 16	%
NRBC		0 - 1	/100 WBC
SEGS (AB)ADVIA		2.8 - 11.5	K/uL
LYMPHS (ABS)ADVIA		1 - 4.8	K/uL
MONOS (ABS)ADVIA		0.1 - 1.5	K/uL
EOS (ABS)ADVIA		0 - 1.4	K/uL
WBC MORPHOLOGY		0 - 0	
No Morphologic Abnormalities			
POIKILOCYTOSIS		0 - 0	

Nova Full Panel-ICU **12/11/2018 12:15:00 PM** **Accession ID: B6**

Test	Results	Reference Range	Units
T4/TOSOH	B6	1 - 4.1	ug/dl

29/153

B6



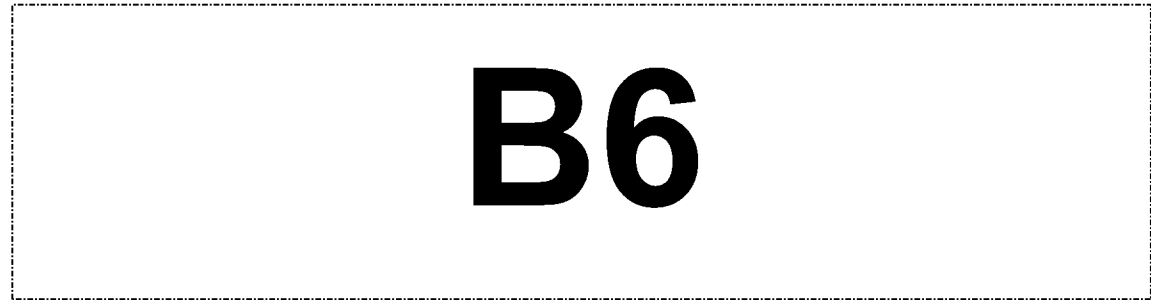
Printed Monday, January 14, 2019

Patient History Report

Client:	B6	Patient:	B6
Phone:		Species:	Canine
Address:		Age:	B6
		Color:	Buff
		Breed:	Golden Retriever
		Sex:	M/Neutered

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

[B6] TC: 012 Phone & Other Contact - TENTATIVE - Taurine level low, wants to see cardiologist.
 Client Initiated Call / Contact M/C Initiated Call / Contact LMOM In Person E-mail
 Donovan's taurine level was low and the vet at UC Davis recommends he have an echocardiogram with a cardiologist. Is there someone [B6] would recommend? [B6]
 Called client and spoke to her. [B6] recommends [B6]
 Medicine. Client has an appointment at [B6] for their earliest available (mid October), so will call to see if [B6] to see if they can get [B6] in earlier. [B6]



[B6] C: 012 Office Visit - CLOSED [B6] Blood draw--> owner to send to UC for taurine level
 Reason For Visit: Blood draw for taurine level
 Discussion Items:
 Enter Item Discussed: Blood draw, put into green top tube. Owner to send to UC lab herself for [B6]
 Follow Up needed / recommended: None

[B6] V: 088 Aug 21, 2018 09:14 AM Staff: 088
 Weight: 72.2 pounds
 CK: 0 Blood draw SCFD - AD

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Patient History Report

Client:	B6	Patient:	B6
Phone:		Species:	Canine
Address:		Age:	B6
		Color:	Buff
		Breed:	Golden Retriever
		Sex:	M/Neutered

Date	Type	Staff	History
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B6	B	012	Reason for Visit: TECH APPOINTMENT Date Patient Checked Out: 08/21/18 Practice: 1 1.00 Blood Draw/Pac [B6] [SU-CT Mails (374) by 022
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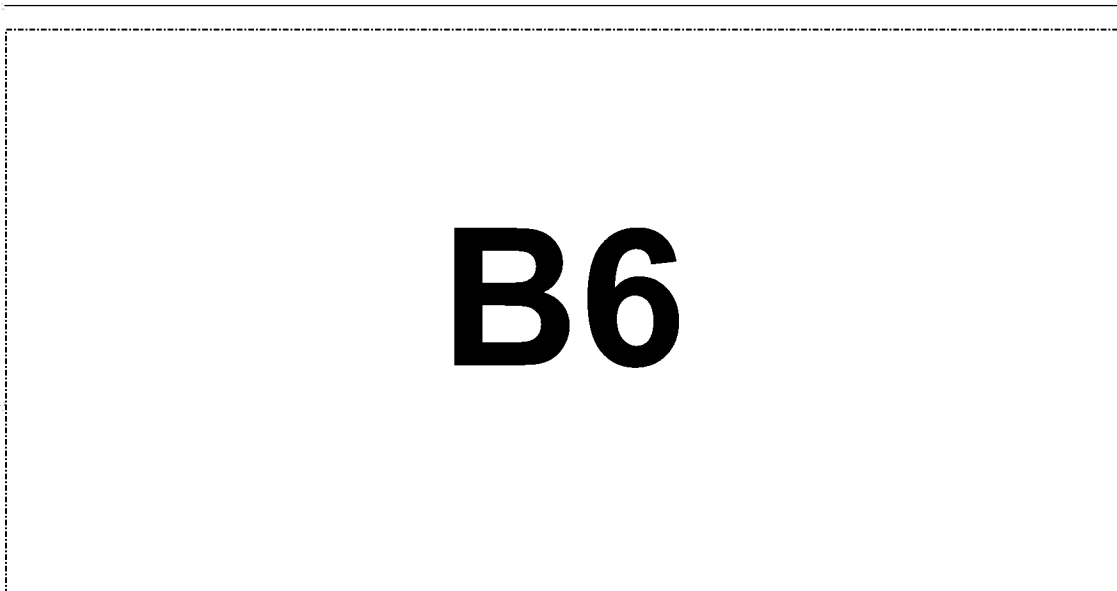
B6	C	081	Phone & Other Contact - CLOSED [B6] - Wanting to schedule blood draw to check taurine levels
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Client Initiated Call / Contact M/C Initiated Call / Contact LMDM In Person E-mail
 Ct would like to schedule a blood draw so that she can get pt's taurine levels checked [B6] (Girl too) Ct says the study for golden retrievers that she wants to join would prefer a blood sample sent to them and not run through [B6] it would need to be in a special blood tube (ct says green top) Ct is going to email us instructions. Note to [B6] to see best way to schedule this [B6]

3:10 instructions attached to this note , ct says she will handle the shipping of the blood samples [B6]

5:20 ok per [B6] to schedule with a tech, ct will wait till the blood tubes come in and we call her to schedule, ct would prefer a morning appt so that she can go to fedex right after the appointment to send the blood. [B6]

[B6] ct called and sched appt with tech [B6]



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[B6]

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B6

Patient History Report

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Address:		Age:	[B6]	Color:	Buff

Date	Type	Staff	History
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[B6]

Hard copy is filed Document is captured below, no hard copy saved

SUMMARY: Seen 8/9 at [B6] Hospital for possible chocolate ingestion during the night, dog clinically normal, induced vomiting with no chocolate residue seen, given [B6] and sent home.

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B6

Client Initiated Call / Contact MVC Initiated Call / Contact LMOM In Person E-mail

Ct says that one of her dogs got into a fels n apto ha laundry soap bar last night. She says about 1 oz in a half is missing. Note sent to **B6**

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B6

B6

Patient ID#: 7040-5

Owner: (Last name) (First name) B6

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

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

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

Pet: (B6) Gender: M Spay/Neuter: (B6) CP/SAM

Species: Canine Breed: boxer

DOB: (B6) Color: brindle

Annual Exam			2/17						
DA2PP	B6								
Lepto									
DA2PP 3-year									
Bordetella									
Lyme									
Rabies									
HWT									
SNAP 4DX									
Fecal									
Other									

*Not Here Significant History/Comments: CAUTION:

2/16 bronchopneumonia B6

6/16 B6 Cardiology Cx (Yusman) * see report

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



985 112 008 500 045

B6

B6

B6

PAGE:

8

PATIENT NAME

B6

B6

boyer

M

OWNER'S NAME

B6

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

8	27	16		
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10	12	16		
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11	22	16		
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2-617

11	24	16		
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B6

B6

HX 6/16/16-6/24/17

B6

Echo 6/19/17)

B6

PAGE:

9

PATIENT NAME

B6

B6

boxer M

OWNER'S NAME

B6

MO.	DATE DAY	YR.	PROB. NO.	SOAP
1	5	17		
			wt	
1	7	17		
1	11	17		
1	13	17		
1	12	17		
			wt	
1	13	17		
			wt	

MEDICAL RECORD

B6

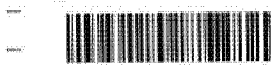
B6

PAGE: 10

PATIENT NAME **B6** *boyo cm* **OWNER'S NAME** **B6**

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

1	13	17	604		B6



985 112 008 500 04





1 14 17

1 17 17

B6

PAGE: 11

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

MO.	DATE	PROB. NO.	SOAP	MEDICAL RECORD
DAY	YR.			
2	16	17		<h1>B6</h1>
			wt = 6	
				
				
				
				
4	18	17		
6	6	17		
6	15	17		
6	19	17		

B6

B6

B6

PATIENT NAME

B6

boxer CM

OWNER'S NAME

B6

MO.	DATE DAY	YR.	PROB. NO.	SOAP
-----	----------	-----	-----------	------

MEDICAL RECORD

6 22 19

6 24 19

6 27 19

B6

B6

B6

B6

Breed: Boxer
Sex: M
Color: brindle

B6

Visit Date: June 19, 2017

Dear Dr. B6

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

Hi B6

You probably already received my message with the news that B6 taurine level came back as low. This is good news because it means there is a chance the heart enlargement and weakened heart muscle appearance may be reversible. Even prior to receiving the bloodwork results I was consulting with a nutritionist who shared my concerns that he could have low taurine related to his diet. She expressed concern not just about the salmon based diet, but about the current diet as well based on the manufacturer/brand. So in addition to the taurine supplement,

B6

B6

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

attention to the great article on the risks of raw diets (<http://vetnutrition.tufts.edu/2016/01/raw-diets-a-healthy-choice-or-a-raw-deal/>) and the one about the hype around grain-free diets (a pet peeve of mine) (<http://vetnutrition.tufts.edu/2015/05/grain-free-diets-big-on-marketing-small-on-truth/>). In short, since there is concern that B6 may have some food sensitivities, I encourage you to work with one of the nutritionists at either Tufts B6 to find a diet that will work for him, or at least that we switch him to a diet by a company who has done the research and due diligence to ensure a complete and balanced diet.

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

Best,

Dr. B6

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

Sincerely,

B6

B6

SOAP - Cardiology

Jun 19, 2017

B6

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

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

Weight: 31.4 kgs.

Prior Medical History

As of 6/30/16
Mildly elevated left and right ventricular outflow tract velocities: suspect normal variant; +/- very mild aortic stenosis
-Impression of mild left atrial enlargement; no age-related, other variant of undetermined cause.

Presenting Complaint

Routine recheck

Current Medical History

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

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

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

Appetite: Normal
Any collapses or seizures?: Yes

Current Medications

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

Physical Exam

B6

Echocardiogram

Two Dimensional Description: Given **B6** history of panicked flailing on the echo table- we gave him **B6** prior to echo. This provided ample/heavy sedation (next time could try without or give 1/2 that dose).

The left atrium is severely enlarged. The mitral valve appears normal. The left ventricular chamber is moderately dilated with mildly thin walls and severely globally depressed wall motion. The aortic root appears mildly small (breed variant) with normal aortic valve. The right atrium is moderately dilated. The tricuspid valve appears normal. The right ventricular chamber is mildly dilated. The pulmonary artery and pulmonic valve are normal.

B6

B6

ECHOCARDIOGRAPHIC DIAGNOSIS:

ECHOCARDIOGRAPHIC DIAGNOSIS:

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

Comparison to previous studies:

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

Electrocardiogram

Other Findings: ECG recording throughout the echo study showed normal sinus arrhythmia at 65-95 bpm (mostly ~70 bpm) with no ventricular ectopy recorded.

ELECTROCARDIOGRAPHIC DIAGNOSIS:

Normal sinus arrhythmia

Blood Pressure

Blood Pressure: 114/71 (84) mmHg (ave of 2 readings- very relaxed, snoozing with sedation on echo table)
Technique: petMAP
Cuff size: 5.5 cm
Site: Right front leg

Final Assessment

Final Diagnosis:

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

Diagnosis Recommendations:

B6

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

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

B6

HX 6/16/16-6/24/17

B6

(Echo 6/19/17)

B6

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

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

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

Taurine Level (plasma)

Ref. Range/Males

SENDOUT

Final Report

6/19/2017
10:29 AM

[See attached link](#)

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

B6

Client name: **B6**
MRN: T373024

Accession: **B6**

Report Print Date
Jun-22-2017 9:11:49 am

B6

Owner: **B6**
To: **B6**

Accession Number: **B6**
Reference Number:
Case Coordinator:
Received: 06/20/2017
Sampled:
Finalized: 06/22/2017

Phone: **B6**
Fax:

Final Report

TOXICOLOGY RESULTS

TAURINE

ANIMAL ID: **B6**
SPECIMEN ID: M17-18120-1-1
SPECIMEN DESC: PLASMA
TAURINE: 47 nmol/mL

COMMENTS1
Canine taurine ranges: normal plasma 60-120 nmol/mL, critical level <40 nmol/mL; whole blood normal 200-350 nmol/mL, critical level <150 nmol/mL.

B6

B6

B6

Pet: B6

DOB:

Breed: BOXER

Sex: M

Color: brindle

B6

Visit Date: June 19, 2017

Dear Dr. B6

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

Sincerely,

B6

[B6]

B6

SOAP - Cardiology

Jun 19, 2017

B6

Patient: B6
 Species: Canine
 Breed: Boxer
 Color: brindle
 Doctor: B6
 DOB: B6
 Age: B6
 Sex: M
 Tag:
 Weight: 69.225 lbs. (31.4 kgs.)

Weight: 31.4 kgs.

Prior Medical History

As of 6/30/16

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

Presenting Complaint

Routine recheck

Current Medical History

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

Coughing?: No
Sneezing?: Yes

Vomiting: No
Polyuria: No
Polydipsia: No

Diarrhea?: No
Diet?: Was on Go Fresh limited ingredient salmon diet for about a year, A few weeks ago switched to Go Fresh venison and Fresh Now beef, with a raw patty at lunchtime (O unsure brand- something with two people's names)

Appetite: Normal

Any collapses or seizures?: Yes

Current Medications

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

Physical Exam

B6

Echocardiogram

Two Dimensional Description: Given **B6** history of panicked flailing on the echo table- we gave him **B6** prior to echo. This provided ample/heavy sedation (next time could try without or give 1/2 that dose).

The left atrium is severely enlarged. The mitral valve appears normal. The left ventricular chamber is moderately dilated with mildly thin walls and severely globally depressed wall motion. The aortic root appears mildly small (breed variant) with normal aortic valve. The right atrium is moderately dilated. The tricuspid valve appears normal. The right ventricular chamber is mildly dilated. The pulmonary artery and pulmonic valve are normal.

B6

B6

ECHOCARDIOGRAPHIC DIAGNOSIS:

ECHOCARDIOGRAPHIC DIAGNOSIS:

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

Comparison to previous studies:

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

Electrocardiogram

Other Findings: ECG recording throughout the echo study showed normal sinus arrhythmia at 65-95 bpm (mostly ~70 bpm) with no ventricular ectopy recorded.

ELECTROCARDIOGRAPHIC DIAGNOSIS:

Normal sinus arrhythmia

Blood Pressure

Blood Pressure: 114/71 (84) mmHg (ave of 2 readings- very relaxed, snoozing with sedation on echo table)
Technique: petMAP
Cuff size: 5.5 cm
Site: Right front leg

Final Assessment

Final Diagnosis:

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

Diagnostic Recommendations:

B6

Therapeutic Recommendations:

B6

rDVM

B6

HX 6/16/16-6/24/17

B6

Echo 6/19/17)

Follow-Up:

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

Consulting Cardiologist

B6

DACVIM (cardiology)

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

-> B

B6

Page 001

B6

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

B6

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

OVA AND PARASITES 3 OR MORE

OVA & PARASITES

NO OVA OR PARASITES SEEN
CYNICLOMYCES GUTTULATUS ALSO KNOWN AS SACCHAROMYCOPSIS GUTTULATA
(NON-PATHOGENIC YEAST) PRESENT

In cases of acute or chronic diarrhea in addition to a fecal floatation and antigen testing for ova and parasites consider testing for viral, bacterial and protozoal infectious agents using RealPCR (canine diarrhea panel: test code 2625; feline diarrhea panel: test code 2627).

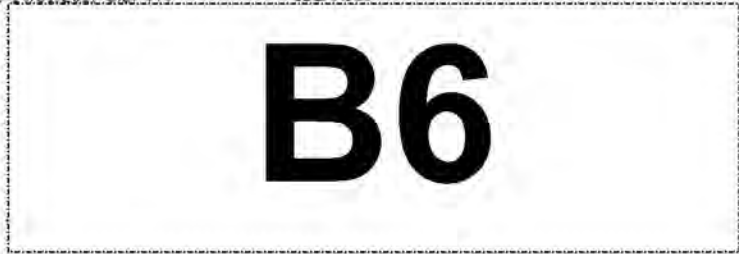
B6

06/07/2017

FINAL REPORT

PAGE 1 OF 1

© 14/01/2017 8:27 PM IDEXXSL5 + AD80406



Owner: **B6**
Patient:
Species: CANINE
Breed: BOXER
Age: **B6**
Gender: M

Requisition #: 103179571
Accession #: **B6**
Order rec'd: 01/12/2017
Ordered by: **B6**
Reported: 01/14/2017

URINE CULT & SUSCEPTIBILITY

Test	Result
SOURCE:	B6
STATUS:	
COMPLETED CULTURE RESULTS	

URINALYSIS & C+S (MIC) URINALYSIS

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

B6
01/14/2017

FINAL REPORT

PAGE 1 OF 1

B6

DISCHARGE SUMMARY
Friday, January 13, 2017

B6

CANINE, BOXER

1. Confinement: Keep **B6** on a leash or in the house for 7 days.
 Do not bring to groomer or allow swimming for 7 days.

2. Food and Water: For this evening offer half of his usual meal and small amounts of water. Resume his regular diet tomorrow.

3. Sutures/Staples/Drains/Wicks:
 Sutures will dissolve and need not be removed.

4. Special Instructions:
 Monitor incision site daily for any redness, swelling or discharge.
 Discourage from licking or scratching incision site.
 Use E-Collar, especially when unsupervised.
 Give medications as directed. Start pain meds (**B6**) and restart antibiotics (**B6**) Sat (1/14) a.m.
 Dr. **B6** will call you with his final urine culture results.
 If **B6** develops any vomiting or diarrhea, please stop giving the **B6** and call the office to let us know.

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

Anesthesia Monitoring

Date: 6/13/17	Client Name: [B6]	Pet Name: [B6]
Procedure: Neuter	Breed: Boxer	Age: B6 Sex: M Wt: 66.9#

Dr: [B6]	Tech: [B6]	V Fluid Type: LRS	Fluid Rate: 300 ml hr	Fluid Total: 182cc
----------	------------	-------------------	-----------------------	--------------------

Pre.op.meds:

B6

Rimadyl 2 ml SQ given @ 9:10 AM
Buprenex 0.8 ml SQ/IV/IM given @ 9:25 AM
Additional Injections: _____

^{short already}
Nail Trim (slight bleed) Microchip Yes / No / already has

Comments: _____

01/12/17 17:01:51

[B6]

-> B

Lab Laboratories 1 Page 001

[B6]

[B6]

Account: 80406

Owner: [B6]
Patient: [B6]
Species: CANINE
Breed: BOXER
Age: [B6]
Gender: M

Requisition #: [B6]
Accession #: [B6]
Order rec'd: 01/12/2017
Ordered by: [B6]
Reported: 01/12/2017

NOTE FROM: [B6]

NOTE

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

UA COMPLETION

Test	Result
COLLECTION METHOD	[B6]
COLOR	
CLARITY	
SPECIFIC GRAVITY	
GLUCOSE	
BILIRUBIN	
KETONES	
BLOOD	
PH	
PROTEIN	
Protein test is performed test.	
WBC	
RBC	
BACTERIA	
EPI CELL	
MUCUS	
CASTS	
CRYSTALS	
OTHER	
SPERM PRESENT	
UROBILINOGEN	

[B6]
01/12/2017

FINAL REPORT

PAGE 1 OF 1

01/06/17 07:55:30 B6

-> B

Idex Laboratories I Page 001

B6

B6

Account: 80406

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

YOUNG ADULT PROFILE		CHEM 11 W/ SDMA	
Test		Result	
ALP	B6	(5 - 160) U/L	B6
ALT		(18 - 121) U/L	
ALBUMIN		(2.7 - 3.9) g/dL	
TOTAL PROTEIN		(5.5 - 7.5) g/dL	
GLOBULIN		(2.4 - 4.0) g/dL	
TOTAL BILIRUBIN		(0.0 - 0.3) mg/dL	
BUN		(9 - 31) mg/dL	
CREATININE		(0.5 - 1.5) mg/dL	
GLUCOSE		(63 - 114) mg/dL	
ALB/GLOB RATIO		(0.7 - 1.5)	
BUN/CREATININE RATIO			
HEMOLYSIS INDEX			
Index of N, 1+, 2+ exhibits no significant effect on chemistry values.			
LIPEMIA INDEX	N		
Index of N, 1+, 2+ exhibits no significant effect on chemistry values.			
SDMA	B6	(0 - 14) ug/dL	B6
BOTH SDMA AND CREATININE ARE WITHIN THE REFERENCE INTERVAL which indicates kidney function is likely good. If SDMA and/or creatinine is at the upper end of the reference interval, early kidney disease cannot be ruled out. Evaluate a complete urinalysis to confirm there is no other evidence of kidney disease.			

YOUNG ADULT PROFILE		CBC COMPREHENSIVE	
Test		Result	
WBC	B6	(4.9 - 17.6) K/uL	B6
RBC		(5.39 - 8.70) M/uL	
HGB		(13.4 - 20.7) g/dL	
HCT		(38.3 - 56.5) %	
MCV		(59 - 76) fL	
MCH		(21.9 - 26.1) pg	

B6
01/06/2017

FINAL REPORT - CONTINUED ON NEXT PAGE
PAGE 1

MCHC		(32.6 - 39.2) g/dL		B6						
% RETICULOCYTE	B6	%								
RETICULOCYTE		(10 - 110) K/uL	H							
RETICULOCYTE COMMENT										
<p>In nonanemic dogs, a reticulocyte count of greater than 110 K/uL of blood may be a transient physiologic response or evidence of bone marrow response to an increased peripheral demand. A persistent reticulocyte count >110 K/uL may indicate occult blood loss, underlying hemolytic disease or disorder that causes an absolute erythrocytosis. Serial monitoring of the erythrogram and reticulocyte count may help determine the significance of this finding. The following chart can be used as a guideline to determine the degree of regenerative response.</p> <p>Degree of bone marrow response (K/uL):</p> <table border="0"> <tr> <td>Mild</td> <td>110-150</td> </tr> <tr> <td>Moderate</td> <td>150-300</td> </tr> <tr> <td>Marked</td> <td>>300</td> </tr> </table>					Mild	110-150	Moderate	150-300	Marked	>300
Mild	110-150									
Moderate	150-300									
Marked	>300									
% NEUTROPHIL	B6	%		B6						
% LYMPHOCYTE		%								
% MONOCYTE		%								
% EOSINOPHIL		%								
% BASOPHIL		%								
PLATELET		(143 - 448) K/uL								
REMARKS										
SLIDE REVIEWED MICROSCOPICALLY. NO PARASITES SEEN										
NEUTROPHIL	B6	(2940 - 12670) /uL								
LYMPHOCYTE		(1060 - 4950) /uL								
MONOCYTE		(130 - 1150) /uL								
EOSINOPHIL		(70 - 1490) /uL								
BASOPHIL		(0 - 100) /uL								
HEARTWORM AG ELISA AO										
HEARTWORM ANTIGEN - ELISA		NEGATIVE								
<p>The American Heartworm Society recommends that a confirmatory test be run on all positive antigen test results prior to therapy, especially when a positive test result is unexpected. For a positive result on a Heartworm Antigen by ELISA, we recommend submission of a new sample for a second Heartworm Antigen by ELISA (test code 723) as a confirmatory test.</p>										

[B6]

[B6]

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

[B6]

Visit Date: June 30, 2016

Dear Dr. [B6]

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

Sincerely,

[B6], DVM, DACVIM (Cardiology)

[B6]

SOAP - Cardiology

Jun 30, 2016

B6

Patient: [B6]

Species: Canine

Breed: Boxer

Color: brindle

Doctor: [B6]

DOB: [B6]

Age: [B6] Months [B6] Old

Sex: M

Tag:

Weight: 55.2 lbs. (25.038 kgs.)

Acc. No: 223669

Phone: [B6]

Weight: 55.2 lbs.

Prior Medical History

B6

Presenting Complaint

[B6]

Current Medical History

[B6]

Echocardiogram

Two Dimensional Description: [B6] was very nervous, stiff, intermittently flailing on the echo table. Able to complete study with two holders.

The left atrium appears enlarged, although some of this appearance is related to small aortic root

(leaving final impression of equivocal to mild enlargement). The mitral valve is normal. The left ventricular chamber is normal size with normal wall thicknesses and normal wall motion. The aortic root and proximal aorta appear narrow, with no discrete ridges of narrowing in the subaortic region seen. The aortic valve appears normal. The right atrium and ventricle appear equivocally dilated. The tricuspid valve appears normal. The pulmonary artery and pulmonic valve are normal.

2-D Measurements

B6

M-Mode Measurements

B6

Doppler Findings

B6

ECHOCARDIOGRAPHIC DIAGNOSIS:

ECHOCARDIOGRAPHIC DIAGNOSIS:

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

Final Assessment

Final Diagnosis:

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

Diagnostic Recommendations:

No further cardiac testing currently recommended.

Therapeutic Recommendations:

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

Follow-Up:

Recheck echocardiogram 1 year.

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

B6

B6

B6

TIME ADMITTED: _____

OWNER _____ PATIENT _____

ADMIT DATE 6/10/16

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

B6

B6

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

B6

Visit Date: [B6]

Dear Colleague,

B6

Sincerely,

[B6] DVM
Emergency/Critical Care service

B6

SOAP - Text

Mar 29, 2016

B6

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

DOB: B6
Age: B6 Months Old
Sex: M
Tag:
Weight: 28.881 lbs. (13.1 kgs.)

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

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

B6

B6

[B6] DVM

Assessment

Problem List

Patient Problem List:

No problems found for period.

Diagnosis

Patient Diagnosis:

No diagnosis found for period

B6

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

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

Accession: [B6]
Collected: 2/12/2016
Received: 2/16/2016
Approval Date: 2/16/2016 12:27 PM

W Nova Basic Panel

	Ref. Range/Males	2/12/2016 11:09 AM
N NA	142.0-150.0 mmol/L	B6
N K	3.62-4.60 mmol/L	
N CL	112.7-118.3 mmol/L	
N U A	1.15-1.34 mmol/L	
N GLU	75-116 mg/dl	
N LACT	0.70-2.80 mmol/l	
N BUN	8-30 mg/dl	
N TCO2	mmol/l	
N CREAT	0.6-1.6 mg/dl	
N BUN/CREAT	calc	
N OSMO	mOsm/kg	

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

[B6]

[B6]

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

Admission Date: <CheckedIn

Discharge Date: 2/13/2016

Attending Doctor: [B6] DVM

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

[B6]

Thank you for bringing [B6] to [B6]! He is a total sweetheart and we are so happy that he is feeling better! Please do not hesitate to contact us with any questions or concerns.

Sincerely,

[B6] DVM
DVM

[B6]

[B6]

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

[B6]

Visit Date: February 12, 2016

[B6]

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

[B6]

B6

SOAP - Text

Feb 13, 2016

B6

Patient: B6
Species: Canine
Breed: Boxer

DOB: B6
Age:
Sex: M

Color: brindle

Tag:

Acc. No: B6

Doctor: B6

Weight: 28.881 lbs. (13.1 kgs.)

Phone: B6

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

B6

B6

Plan:

1. Discharge today with oral medications:

[B6]

DVM

Assessment

Problem List

Patient Problem List:

Bronchopneumonia - Feb 12, 2016
Diarrhea - Feb 12, 2016

Diagnosis

Patient Diagnosis:

No diagnosis found for period.

[B6]

[B6]

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

[B6]

Visit Date: February 12, 2016

Dear Colleagues,

[B6]

Weight: 12.9 lbs.

Presenting Complaint

[B6]

Physical Exam/Objective

B6

Assessment

B6

B6

B6

Improvement by tomorrow. Owner OK with plan.

[B6] DVM

[B6]

[B6]

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

[B6]

Visit Date: February 12, 2016

[B6]

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

[B6] DVM

[B6]

[B6]

B6

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

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

Accession: **B6**
 Collected: 2/12/2016
 Received: 2/12/2016
 Approval Date: 2/12/2016 10:49 AM

CBC (Complete Blood Count)

	Ref Range/Males	2/12/2016 8:16 AM
WBC	6.0-14.3 K/uL	L
RBC	5.8-8.9 M/uL	L
HGB	14.3-21.1 g/dL	L
HCT	41.7-58.1 %	L
MCV	63.2-76.8 fL	L
MCH	22.9-26.6 pg	L B6
MCHC	32.4-38.4 g/dL	
CH	22.2-26.0 pg	
CHCM	31.6-38.9 g/dl	
RDW	10.8-14.9 %	
Platelet Count	161-513 K/uL	

02/12/16 10:48 AM Large platelets seen.

PCT	0.129-0.403 %	
MPV	7.5-15.7 fL	
PDW	51.0-73.0 %	
NEU #	3.3-10.1 K/uL	
LYM #	1.0-3.9 K/uL	B6
MON #	0.1-0.9 K/uL	
EOS #	0.0-1.2 K/uL	
BASO #	0.0-0.1 K/uL	
RBC MORPHOLOGY: ANISOCYTOSIS		

Reticulocytes

RETIC Percent	%	
RETIC ABSOLUTE Count	$\times 10^9/L$	B6
RETIC CORRECTED C	%	

02/12/16 9:56 AM Canine Regeneration: Corrected retic >1.0% and Absolute count >80 $\times 10^9/L$

Accession number: **B6**
 END OF REPORT (Final)

CARDIOLOGY DIET HISTORY FORM

Please answer the following questions about your pet

Pet's name: **B6** Owner's name: **B6** Today's date: 9/19/18

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

Example: Poor _____ | _____ Excellent

Poor _____ | _____ Excellent

2. Have you noticed a change in your pet's appetite over the last 1-2 weeks? (check all that apply)

Eats about the same amount as usual Eats less than usual Eats more than usual
 Seems to prefer different foods than usual Other: _____

3. Over the last few weeks, has your pet (check one)

Lost weight Gained weight Stayed about the same weight Don't know

4. Please list below ALL pet foods, people food, treats, snack, dental chews, rawhides, and any other food item that your pet currently eats. Please include the brand, specific product, and flavor so we know exactly what you pet is eating.

Food (include specific product and flavor) Form Amount How often? Fed since
 Examples are shown in the table – please provide enough detail that we could go to the store and buy the exact same food.

Food (include specific product and flavor)	Form	Amount	How often?	Fed since
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2018
85% lean hamburger	microwaved	3 oz	1x/week	Jan 2015
Pupperoni original beef flavor	treat	1/2	1x/day	Aug 2015
Rawhide	treat	6 inch twist	1x/week	Dec 2015
<i>LOST DET RAW BEEF PATTIES</i>	<i>FROZEN PATTY</i>	<i>1 PATTY</i>	<i>2 X DAY</i>	<i>1 YEAR - 2014</i>
<i>(HARVEST KITCHEN)</i>	<i>microwaved</i>			
<i>GRAIN FREE BEEF - "LOVE"</i>	<i>REHYDRATED</i>	<i>1 CUP</i>	<i>2 X DAY</i>	<i>2015 - Present</i>
<i>GRAIN FREE FISH - "ZEAL"</i>				
<i>GRAIN FREE CHICKEN - "FORCE"</i>				
<i>Whole GRAIN TURKEY - "KEEP"</i>				
<i>ZULES mini Salmon TREATS mini BITES</i>			<i>EVERY DAY</i>	<i>1 YEAR</i>
<i>NATURAL HEALTHY PETS NEW ZEALAND DEER VELVET ORAL DROPS</i>		<i>2 DROPS</i>	<i>1 X DAY</i>	<i>1 YEAR</i>

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

5. Do you give any dietary supplements to your pet (for example: vitamins, glucosamine, fatty acids, or any other supplements)? Yes No If yes, please list which ones and give brands and amounts:

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

6. How do you administer pills to your pet?

I do not give any medications
 I put them directly in my pet's mouth without food
 I put them in my pet's dog/cat food
 I put them in a Pill Pocket or similar product
 I put them in foods (list foods): _____

ALSO TASTE OF THE WILD DRY AS A PUPPY (CAME FROM BREEDER ON THIS DIET)

Report of Complete amino acid analysis

Amino Acid Lab, UC Davis, Rm 1020 VM 3B

1089 Veterinary Medicine Drive, Davis, CA 95616

Tel.: 530-752-5058, Email: ucd.aminoacid.lab@ucdavis.edu

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

Plasma sample from: Tufts Cummings School of Vet Med

Contact: **B6**

Patient: **B6** Owner: **B6**

Date of arrival: 05/23/19; Date of Report: 05/29/19

	Reference data (Mean \pm SEM)	Measured (nmol/ml)
	(nmol/ml)	Plasma
L-Alanine	389 \pm 9	B6
L-Arginine	102 \pm 3	
L- α -Amino-n-Butyric Acid	6 \pm 2	
L-Asparagine	41 \pm 1	
L-Aspartic Acid	7 \pm 0.2	
L-Citrulline	41 \pm 2	
Cystathionine	3 \pm 1	
L-Cystine	46 \pm 1	
L-Glutamic Acid	24 \pm 1	
L-Glutamine	495 \pm 9	
Glycine	266 \pm 8	
L-Histidine	71 \pm 2	
1-Methyl-L-histidine		
3-Methyl-L-histidine	6 \pm 1	
L-Isoleucine	51 \pm 1	
L-Leucine	120 \pm 3	
L-Lysine	131 \pm 5	
L-Methionine	57 \pm 2	
L-Ornithine	35 \pm 2	
L-Phenylalanine	45 \pm 1	
L-Proline	249 \pm 8	
Hydroxy-L-proline	67 \pm 4	
L-Serine	107 \pm 3	
Taurine	77 \pm 2	
L-Threonine	178 \pm 5	
Tryptophan	60 \pm 2	
L-Tyrosine	39 \pm 1	
L-Valine	158 \pm 4	

Reference data were collected from 131 healthy adult dogs of varying body size fed commercially prepared food



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



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

GI Lab Assigned Clinic ID: 23523

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

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

Tufts Cummings School of Vet Med -
 Cardiology/Nutrition Tracking Number:
 309861

GI Lab Accession: B6

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

B6

Comments:

GI Lab Contact Information

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

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

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

Date (mm/dd/yy)

EON/CC Number:

PATIENT INFORMATION

Pet Name

Dog Cat

Breed

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

Gender:
 M MN F FS

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

HISTORY-Additional Comments from Owner

Owner's Description of What Happened:

Any Health Problems Prior to the Event (e.g. allergies, surgeries): other had blown out as well but not fix;

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

Changes to the pet's diet prior to illness Yes

Date Diet Change:

CLINICAL INFORMATION--Additional Comments from Owner on What Happened

Appetite Increased Decreased

Vomiting Yes

Diarrhea Yes

Duration of Diarrhea (days)

Blood in Feces Fresh,Red
 Coffee Ground
 Black,Tarry

Water Consumption Increased Decreased

Urination Increased Decreased

Lethargy Yes

Other:

MEDICATIONS-Taken Prior to the Event and Mentioned by Owner

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

List probiotics, vitamins, or supplements mentioned by owner:

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

EON/CC Number:

Owner:

Pet's Name:

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

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

List Product Label Name:

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

List Product Label Name:

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

List Product Label Name:

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

List Product Label Name:

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

Describe Product Type:

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

Describe Product Type:

Table Scraps/Human Food (as an occasional contribution to diet) Describe Product Type(s):

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

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

Rawhides or Pig Ears Product Label Name/Lot: Date first fed:
How Product Administered: Date last fed:

Marrow Bones Product Label Name/Lot: Date first fed:
How Product Administered: Date last fed:

Chicken Jerky Product Label Name/Lot: Date first fed:
How Product Administered: Date last fed:

Duck Jerky Product Label Name/Lot: Date first fed:
How Product Administered: Date last fed:

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

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

EON/CC Number: 355,590

Owner: **B6**

Pet's Name: **B6**

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

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

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

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

Comments: 2 other dogs?
inside at night, outside during day, fenced yard (small in **B6** grass w/ trees, in **B6** mostly wooded, fenced); owners have chickens; may encounter a squirrel or other dogs on a walk; occ to pet-friendly lake or puddle/stream he'd jump in (enjoyed swimming); sometimes sit in garage but not near the owner;
mouse pellets inside cases weren't disturbed; have woods-ticks get bad in summer;
no trauma or hyperthermia (still cool), no radiation or electric shock, no chemo drugs/human Rx/vitamins; owners have a toddler-good about picking things up; no alcohol exposure unless licking window that'd have been cleaned an hour before; no Japanese yew, foxglove, black locust, buttercup, lily of the valley, gossypol exposure;

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

- Animal 1: 2 other dogs got same food- Reacted
- Animal 2: GSD-MC, 13 yr-died in **B6** been fighting it a year. back legs weren't working: aradually went downhill the past year Reacted
- Animal 3: Husky- 6 yr-FS-doing fine Reacted

Comments: _____

Submit

B6

Sample Submission Form

Amino Acid Laboratory
University of California, Davis
1020 Vet Med 3B
1089 Veterinary Medicine Drive
Davis, CA 95616
Tel: (530)752-5058, Fax: (530)752-4698

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

<http://www.vetmed.ucdavis.edu/vmb/aal/aal.html>

Vet/Tech Contact: Account # B6 / Contact: B6 Date: 1-10-18

Company Name: B6

Address: B6

Email: B6

Tel: B6 Fax: B6

Billing Contact: B6 TAX ID: _____

Email: B6 Tel: B6

Patient Name: B6

Species: kg

Owner's Name: B6

Sample Type: Plasma Whole Blood Urine Food Other: _____

Test Items: Taurine Complete Amino Acid Other: _____

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

Reference Ranges (nmol/ml)

	Plasma		Whole Blood	
	Normal Range	No Known Risk for Taurine Deficiency	Normal Range	No Known Risk for Taurine Deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

B6

Patient Information

Patient: **B6** Age: 8 years Referring Veterinarian: **B6**
Patient Number: **B6** Weight:(kg) 29.40 Cardiologist: **B6** DVM, DACVIM
(Cardiology)
Breed: Labrador Retriever Sex: F Client Number: 138074
Exam Date: **B6** 08:22 BSA: 0.96

History: **B6** was presented to the Emergency Service last night for transfer to Cardiology for further evaluation of her heart. She was seen by **B6** last week after collapsing last Thursday while playing fetch with her owner. On presentation at **B6** she was found to be in atrial fibrillation with evidence of mild heart failure. She was treated with a **B6** overnight, then **B6** as well as **B6**. Her heart rhythm converted back to sinus rhythm as of **B6** (Friday). She was presented back to **B6** on Saturday after collapsing again on Saturday while playing fetch. She was found to still be in a normal heart rhythm and radiographs showed resolution of heart failure at that time. Bloodwork done at **B6** (CBC and chem) was reported as unremarkable.

Physical Examination: Grade 3-4/6 left apical holosystolic murmur. Irregular rhythm consistent with sinus arrhythmia. Clear lungs. Moderate femoral pulses. Normal abdominal palpation. Well hydrated. Normal PLNs. mm pink, CRT normal

Diagnostic Tests:

B6

Telemetry **B6** heart rhythm was monitored throughout her hospital stay and showed a consistent sinus rhythm/arrhythmia with no significant dysrhythmias.

B6

Echocardiographic Report

2D.ECHO

LA Systolic Diameter LX

Aortic Root Diameter

DOPPLER

AV Peak Velocity
AV Peak Gradient
Mitral E Point Velocity
Mitral E to A Ratio
MR Peak Velocity

PV Peak Velocity
PV Peak Gradient
TR Peak Velocity
TR Peak Gradient

B6

B6

M-MODE

LV Diastolic Diameter MM
LV Systolic Diameter MM
LV Fractional Shortening MM
LV Diastolic Volume Cube
LV Systolic Volume Cube
LV Ejection Fraction Cube
IVS Diastolic Thickness MM
IVS Systolic Thickness MM
IVS Percent Thickening MM

LVPW Diastolic Thickness MM
LVPW Systolic Thickness MM
LVPW Percent Thickening MM
IVS to PW Ratio MM
LV Mass MM
LV Mass Normalized MM
LA Systolic Diameter MM
Aortic Root Diameter MM
MV E Point Septal Separation

- Left Ventricle:** Dilated, rounded, and poorly contractile chamber.
- Left Atrium:** Moderate dilation with marked dilation of right pulmonary vein.
- Right Ventricle:** Normal.
- Right Atrium:** Normal.
- Mitral Valve:** Mildly thickened valve leaflets. 4+ eccentric regurgitation. High inflow velocity with restrictive filling pattern.
- Aortic Valve:** Normal.
- Tricuspid Valve:** Thickened valve leaflets with multiple 1+ jets of regurgitation. TR velocity is increased consistent with mild pulmonary hypertension.
- Pulmonic Valve:** Mild valve thickening. 1+ regurgitation. PI velocity is not suggestive of diastolic pulmonary hypertension.
- Aorta:** Normal.
- Pericardium:** Normal.

Diagnosis

Dilated cardiomyopathy - This is a disease characterized by weakening of the heart muscle and dilation of the heart chambers. It is most commonly an inherited disease, but can occur as a consequence of other injuries to the heart. Severe valvular heart disease can sometimes lead to heart muscle failure (cardiomyopathy of overload) and since B6 appears to have severe valve disease as well as heart muscle failure, we cannot be sure whether one led to the other or if there are two completely separate disease processes. As the disease progresses, it can lead to congestive heart failure (fluid in the lungs causing shortness of breath and cough). Abnormal heart rhythms are common and can result in sudden death. Most commonly this is an inherited disease, though it can occur secondary to a deficiency in an amino acid called taurine.

Chronic degenerative valve disease - Degenerative changes in one or more heart valves have caused leaking across these valves. This is the source of the heart murmur. As this disease progresses, the heart enlarges. Eventually this can lead to symptoms of cough and shortness of breath (airway compression and/or congestive heart failure).

Atrial fibrillation on presentation at B6 converted back to sinus rhythm 1/21/17 - This is a chaotic and rapid heart rhythm from the upper heart chambers. It most commonly occurs secondary to severe underlying heart diseases, though it can occur in isolation in some giant breed dogs. Our goal medically in treating this arrhythmia is to control the heart rate, but B6 has returned to a normal heart rhythm so no specific medication is indicated for the heart rhythm at this time.

Exertional collapse - I suspect the first episode was likely caused by the new onset of the atrial fibrillation in B6 but the second episode is a little harder to explain. We did not find any evidence while monitoring her in the hospital of other arrhythmia, and she had a normal heart rhythm at the emergency visit after her second collapse as well. It is possible that she collapsed as a result of her severe structural heart disease, though this is a little surprising to see recurrent collapse after starting on medications that had been effective in resolving her heart failure.

Recommendations

Please DISCONTINUE:

B6

With advanced heart disease, our biggest dietary concerns are adequate caloric content and low sodium content. We aim for less than 80mg sodium per 100 kilocalories (kcal) in patients that have developed congestive heart failure. We do not advise protein restriction unless there is concurrent kidney disease (i.e. kidney diets are not advised unless there is concurrent kidney disease). Please refer to our diet handouts with a list of currently adequate diets and treats, though this list is not exclusive. If you wish to feed a diet that is not on these lists, you will need to call the manufacturer of the diet to obtain a sodium content.

One thing that can be very helpful for home monitoring is checking sleeping or resting respiratory rates. A recent study showed that even dogs with severe heart disease rarely have resting respiratory rates greater than 30 breaths per minute unless they are starting to decompensate for that disease. Elevated respiratory rates at home may be even more sensitive than chest radiographs at picking up early decompensation. Count your pet's respiratory rate when he/she is at rest or sleeping (not within 20 minutes of being active). If his/her respiratory rate is greater than 30 breaths per minute, recheck again in a couple of hours. If persistently elevated above this level, call.

Exercise is also a concern in advanced heart disease. While cage rest is ideal with active heart failure, some exercise is permissible in asymptomatic disease. However, vigorous or extended exercise should be avoided.

Please call if you have any concerns about **B6** if she develops an increase in respiratory rate or effort, has a persistent cough, or has any further collapse episodes. As long as she is doing well, we will plan to recheck her again in another month and will recheck her heart rhythm, chest radiographs, and kidney panel at that time.

B6

DVM, DACVIM (Cardiology)

(Electronically Signed)

B6

B6

08:22

Final Date:

B6

6:50

Amended:

17:16

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B6

Notes to our clients

-Please bring all medications to your pet's scheduled appointments.

-We require a 48 hour notice for all refills. When you call to request a refill, please leave the pharmacy phone number or clearly indicate if you plan on picking up the medication at our facility. PRESCRIPTION REFILLS ARE NOT AVAILABLE

AFTER **B6** REGULAR BUSINESS HOURS (Evenings, Fridays, holidays and weekends)

-Check **B6** and enter your local zip code to search for the best prices on your medications at your local pharmacies.

-If an emergency arises with your pet **B6** hospital is a 24 hour facility.

B6

Patient Information

Patient: **B6** Age: 9 years Referring Veterinarian: **B6**
 Patient Number: **B6** Weight:(kg) 29.30 Cardiologist: **B6** DVM, DACVIM
 (Cardiology)
 Breed: Labrador Retriever Sex: FS Client Number: 138074
 Exam Date: 05/31/2017 14:13 BSA: 0.96

History: **B6** was presented for reevaluation of dilated cardiomyopathy, chronic degenerative valve disease, historical atrial fibrillation with collapse and historical CHF. **B6** continues to do well at home without any episodes of collapse or weakness. **B6** has good energy levels, with a normal appetite and eliminations. She is breathing comfortably without an increase in rate or effort and her resting respiratory rates have been averaging 25bpm. Within the last 2-3 days, **B6** has been very anxious and not as social due to severe storm anxiety. **B6** is also on a daily **B6** supplement.

Physical Examination: **B6** Grade 3-4/6 left apical holosystolic murmur.

B6

Diagnostic Tests:

Thoracic radiographs: Mild progression of cardiac enlargement with no evidence of cardiac decompensation.

B6
 Echocardiogram: See below. ECG during echo showed a normal sinus rhythm.

Echocardiographic Report

2D ECHO

LA Systolic Diameter LX

DOPPLER

AV Peak Velocity
 AV Peak Gradient
 MR Peak Velocity
 PV Peak Velocity

PV Peak Gradient
 TR Peak Velocity
 TR Peak Gradient

M-MODE

LV Diastolic Diameter MM
 LV Systolic Diameter MM
 LV Fractional Shortening MM
 LV Diastolic Volume Cube
 LV Systolic Volume Cube
 LV Ejection Fraction Cube
 IVS Diastolic Thickness MM
 IVS Systolic Thickness MM
 IVS Percent Thickening MM

LVPW Diastolic Thickness MM
 LVPW Systolic Thickness MM
 LVPW Percent Thickening MM
 IVS to PW Ratio MM
 LV Mass MM
 LV Mass Normalized MM
 LA Systolic Diameter MM
 Aortic Root Diameter MM
 MV E Point Septal Separation

B6

B6

Left Ventricle:

Minimal decrease in diastolic dimension with mild decrease in systolic dimension. Persistent moderate decrease in global contractility.

Left Atrium: Moderate dilation, minimal decrease since initial study.

Right Ventricle: Normal.

Right Atrium: Normal.

Mitral Valve: Mildly thickened valve leaflets. 3-4+ regurgitation.

Aortic Valve: Normal.

Tricuspid Valve: 1+ regurgitation. TR velocity consistent with normal pulmonary pressures.

Pulmonic Valve: 1+ regurgitation. Normal PI velocity.

Aorta: Normal.

Pericardium: Normal.

Diagnosis

Dilated Cardiomyopathy
 Chronic Degenerative Valve Disease
 Historical atrial fibrillation with collapse. **B6** continues to be in a normal sinus rhythm today
 Historical congestive heart failure - no evidence of heart failure today

B6 echo today looks stable to slightly improved from his initial echo in January, though his heart is a little larger today than on the radiographs in February. He is showing no signs of recurrent heart failure and his heart rhythm is still normal. Overall, I am happy with where we are overall.

Recommendations

B6

As long as **B6** continues to do well, we will continue to recheck her every 3-4 months with chest radiographs, renal panel, and blood pressure with periodic echocardiograms. Please call, however, if she develops any new or recurrent clinical symptoms.

B6 DVM, DACVIM (Cardiology)

(Electronically Signed)

Final Date: 31 May 2017 15:11

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www.facebook.com/ **B6**

Notes to our clients

- Please bring all medications to your pet's scheduled appointments.
- We require a 48 hour notice for all refills. When you call to request a refill, please leave the pharmacy phone number or clearly indicate if you plan on picking up the medication at our facility. PRESCRIPTION REFILLS ARE NOT AVAILABLE AFTER **B6**'S REGULAR BUSINESS HOURS (Evenings, Fridays, holidays and weekends).
- Check out **B6** and enter your local zip code to search for the best prices on your medications at your local pharmacies.
- If an emergency arises with your pet, **B6** hospital is a 24 hour facility.

B6

Patient Information

Patient: **B6** Age: 9 years Referring Veterinarian: **B6**
Patient Number: **B6** Weight:(kg) 32.10 Cardiologist: **B6** DVM, DACVIM
(Cardiology)
Breed: Lab Sex: F Client Number: 138074
Exam Date: 12/11/2017 08:17 BSA: 1.02

History: Reevaluation of dilated cardiomyopathy with chronic degenerative valve disease, historical atrial fibrillation with collapse, historical congestive heart failure, and urinary incontinence. **B6** is doing well at home. Owners do report a new cough with him since his last visit. It is not frequent and is seen at rest and with excitement/activity. She is breathing comfortably. She has a normal appetite and good activity level as well. Owners are transitioning her to a new brand of venison food.

Physical Examination: **B6** Grade 3/6 left apical systolic murmur with wide radiation. **B6**
B6

Diagnostic Tests: Chest radiographs: progressive cardiomegaly with VHS 13.5 versus 13 on radiographs in September, normal pulmonary vessels, unchanged lung pattern with no evidence of active heart failure

B6

Echocardiographic Report

2D ECHO

LA Systolic Diameter LX

DOPPLER

AV Peak Velocity
AV Peak Gradient
Mitral E Point Velocity
Mitral E to A Ratio
MR Peak Velocity

M-MODE

LV Diastolic Diameter MM
LV Systolic Diameter MM
LV Fractional Shortening MM
LV Diastolic Volume Cube
LV Systolic Volume Cube
LV Ejection Fraction Cube
IVS Diastolic Thickness MM
IVS Systolic Thickness MM
IVS Percent Thickening MM
LVPW Diastolic Thickness MM

B6

Aortic Root Diameter

PV Peak Velocity
PV Peak Gradient
TR Peak Velocity
TR Peak Gradient

LVPW Systolic Thickness MM
LVPW Percent Thickening MM
IVS to PW Ratio MM
LV Mass MM
LV Mass Normalized MM
RV Diastolic Diameter MM
LA Systolic Diameter MM
Aortic Root Diameter MM
MV E Point Septal Separation

B6

- Left Ventricle:** Stable diastolic dimension with progressive increase in systolic dimension and decline in myocardial function.
- Left Atrium:** Progressive dilation.
- Right Ventricle:** Mild dilation.
- Right Atrium:** Mild dilation.
- Mitral Valve:** Unchanged mild thickening with 3-4+ regurgitation.
- Aortic Valve:** Normal. Acceleration slope is decreased.
- Tricuspid Valve:** Two jets of 2+ regurgitation. TR velocity consistent with normal pulmonary pressures.
- Pulmonic Valve:** Normal. 1+ physiologic regurgitation.
- Aorta:** Normal.
- Pericardium:** Normal.

Diagnosis

Dilated cardiomyopathy with chronic degenerative valve disease - **B6** heart is bigger and does not contract as well as it did at her last two rechecks. However, she is showing no signs of decompensation at this time.
 Historical atrial fibrillation with collapse
 Historical congestive heart failure

B6

Recommendations

B6

Please call if you have any questions or concerns about **B6**. As long as she continues to do well, we will recheck her again in another 3-4 months. We will do a brief echo and recheck kidney values and blood pressure at that visit +/- chest radiographs (if she is having any respiratory symptoms).

B6 DVM, DACVIM (Cardiology)

(Electronically Signed)

Final Date: 11 December 2017 14:48

Amended: 11 December 2017 14:49

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B6

Notes to our clients

-Please bring all medications to your pet's scheduled appointments.

-We require a 48 hour notice for all refills. When you call to request a refill, please leave the pharmacy phone number or clearly indicate if you plan on picking up the medication at our facility. PRESCRIPTION REFILLS ARE NOT AVAILABLE

AFTER B6 REGULAR BUSINESS HOURS (Evenings, Fridays, holidays and weekends);

-Check out B6 and enter your local zip code to search for the best prices on your medications at your local pharmacies.

-If an emergency arises with your pet B6 ital is a 24 hour facility.

B6

Sample Submission Form

Amino Acid Laboratory
University of California, Davis
1020 Vet Med 3B
1089 Veterinary Medicine Drive
Davis, CA 95616
Tel: (530)752-5058, Fax: (530)752-4698

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

<http://www.vetmed.ucdavis.edu/vmb/aal/aal.html>

Vet/Tech Contact: Account # **B6** / Contact: **B6** Date: 1-23-17
Company Name: **B6**
Address: **B6**

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

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

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

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

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

Reference Ranges (nmol/ml)

	Plasma		Whole Blood	
	Normal Range	No Known Risk for Taurine Deficiency	Normal Range	No Known Risk for Taurine Deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

B6

Patient Information

Patient: B6 Age: 5 years Referring Veterinarian: B6
Patient Number: B6 Weight:(kg) 25.60 Cardiologist: B6 DVM, DACVIM
(Cardiology)
Breed: Labrador Retriever Sex: FS Client Number: 138074
Exam Date: 08/24/2017 08:19 BSA: 0.88

History: B6 was presented to B6 today for evaluation of a new heart murmur and evaluation after being diagnosed with congestive heart failure on B6. B6 was evaluated by her regular vet on B6 for heavy breathing and coughing. Radiographs and blood work were done at the time and B6 was diagnosed with an enlarged heart and congestive heart failure at that time. B6 was started on B6 by her regular vet. B6 was seen through B6 ER on B6 for reevaluation of congestive heart failure. The clients report that B6 had improved some but had not improved a lot. Medications were adjusted based on recommendations from B6 on B6 until B6 could get an appointment to be seen by B6. The clients report that since the medications were increased B6 has improved, however they do still feel that she is breathing faster than normal at home and she is still panting a lot at home. B6 is still eating very well at home and is currently on a low sodium kangaroo and lentil diet. The clients also report that there other dog, B6, who we also see is B6 aunt (B6 mother was a littermate of B6). B6 it which started prior to developing congestive heart failure and initiation of treatment. The clients report that B6 was not well controlled on B6 tablets: 1 tablet by mouth once daily so B6 tablets. Give 1/2 tablet by mouth every 12 hours was added in. They are unsure if B6 is now controlled because there other dog has developed B6 as well. The client feel that B6 is less social and less active at home. B6 is currently receiving B6 give 1 and 1/2 tablets by mouth every 12 hours. B6 give 1 tablet by mouth every 12 hours. B6 give 1 tablet by mouth every 12 hours. B6 give 1 and 1/2 tablets by mouth every 12 hours. B6 give 1 tablet by mouth once every 24 hours. B6 give 1/2 tablet by mouth every 12 hours and B6 give 3/4 tablet by mouth every 24 hours.

Physical Examination: B6
Grade 4/6 left apical systolic murmur with radiation to the right. Adequate femoral pulses. Regular

Diagnostic Tests: B6
Thoracic Radiographs: Persistent cardiomegaly with mild decrease in severity. No evidence of cardiac decompensation.

B6

Echocardiographic Report

2D ECHO

LA Systolic Diameter LX

DOPPLER

AV Peak Velocity
AV Peak Gradient
Mitral E Point Velocity
Mitral E to A Ratio
MR Peak Velocity

M-MODE

LV Diastolic Diameter MM
LV Systolic Diameter MM
LV Fractional Shortening MM
LV Diastolic Volume Cube
LV Systolic Volume Cube
LV Ejection Fraction Cube
IVS Diastolic Thickness MM
IVS Systolic Thickness MM

B6

Aortic Root Diameter

PV Peak Velocity
PV Peak Gradient
TR Peak Velocity
TR Peak Gradient

IVS Percent Thickening MM
LVPW Diastolic Thickness MM
LVPW Systolic Thickness MM
LVPW Percent Thickening MM
IVS to PW Ratio MM
LV Mass MM
LV Mass Normalized MM
MV E Point Septal Separation

B6

- Left Ventricle:** Severe dilation with marked global myocardial dysfunction. Normalized LVIDD 2.9, normalized LVIDs 2.38.
- Left Atrium:** Severe dilation with septum bowing to the right.
- Right Ventricle:** Mild to moderate dilation with reduced myocardial function.
- Right Atrium:** Mild to moderate dilation.
- Mitral Valve:** Thickened valve leaflets. 3-4+ mitral regurgitation.
- Aortic Valve:** Mildly thickened valve leaflets. No aortic insufficiency.
- Tricuspid Valve:** Thickened valve leaflets. Two jets of 2-3+ tricuspid regurgitation. Normal regurgitant velocities.
- Pulmonic Valve:** Mildly thickened valve leaflets. Mild pulmonic insufficiency.
- Aorta:** Normal
- Pericardium:** Normal

Diagnosis

Endocardiosis (chronic degenerative valve disease) - Degenerative changes in one or more heart valves have caused leaking across these valves. This is the source of the heart murmur. As this disease progresses, the heart enlarges. Eventually this can lead to symptoms of cough and shortness of breath (airway compression and/or congestive heart failure). This is usually a slowly progressive disease.

Dilated cardiomyopathy - This is a disease characterized by weakening of the heart muscle and dilation of the heart chambers. As the disease progresses, it can lead to congestive heart failure (fluid in the lungs causing shortness of breath and cough). Abnormal heart rhythms are common and can result in sudden death. Most commonly this is an inherited disease, though it can occur secondary to a deficiency in an amino acid called taurine.

Recommendations

Please continue the following medications as previously directed:

B6

As we discussed, [B6] unfortunately have very similar structural heart disease. Since they are related, this raises concern for a genetic component. You have expressed that there is no history of heart disease in their lineage. It is possible that the disease has remained silent in other related dogs or is inherited in a way that it is only expressed in certain individuals. The other common denominator that [B6] have is the kangaroo diet. Even though we have not specifically associated this protein source with taurine/carnitine deficiency, it may be warranted to consider a diet with a different protein source since it is a novel protein and both dogs have very similar disease manifestations. Lamb should be avoided as it has been associated with taurine deficiency in dogs.

We did not check [B6] blood taurine level today- since [B6] was normal it is highly unlikely that [B6] will be deficient as they are related and eat the same food.

One thing that can be very helpful for home monitoring is checking sleeping or resting respiratory rates. A recent study showed that even pets with severe heart disease rarely have resting respiratory rates greater than 30 breaths per minute unless they are starting to decompensate for that disease. Elevated respiratory rates at home may be even more sensitive than chest radiographs at picking up early decompensation. Count your pet's respiratory rate when he/she is at rest or sleeping (not within 20 minutes of being active). If his/her respiratory rate is greater than 30 breaths per minute, recheck again in a couple of hours. If persistently elevated above this level, call.

With advanced heart disease, our biggest dietary concerns are adequate calorie content and low sodium content. We aim for less than 80mg sodium per 100 kilocalories (kcal) in patients that have developed congestive heart failure. We do not advise protein restriction unless there is concurrent kidney disease (i.e. kidney diets are not advised unless there is concurrent kidney disease). Please refer to our diet handouts with a list of currently adequate diets and treats, though this list is not exclusive. If you wish to feed a diet that is not on these lists, you will need to call the manufacturer of the diet to obtain a sodium content.

Exercise is also a concern in advanced heart disease. While cage rest is ideal with active heart failure, some exercise is permissible in asymptomatic disease. However, vigorous or extended exercise should be avoided.

***As long as [B6] does well at home we would like to re-evaluate her in 4-6 weeks. At this time we will recheck her kidney values/electrolytes and blood pressure as well as repeat chest x-rays.

B6

B6, DVM, DACVIM (Cardiology)

(Electronically Signed)

Final Date:

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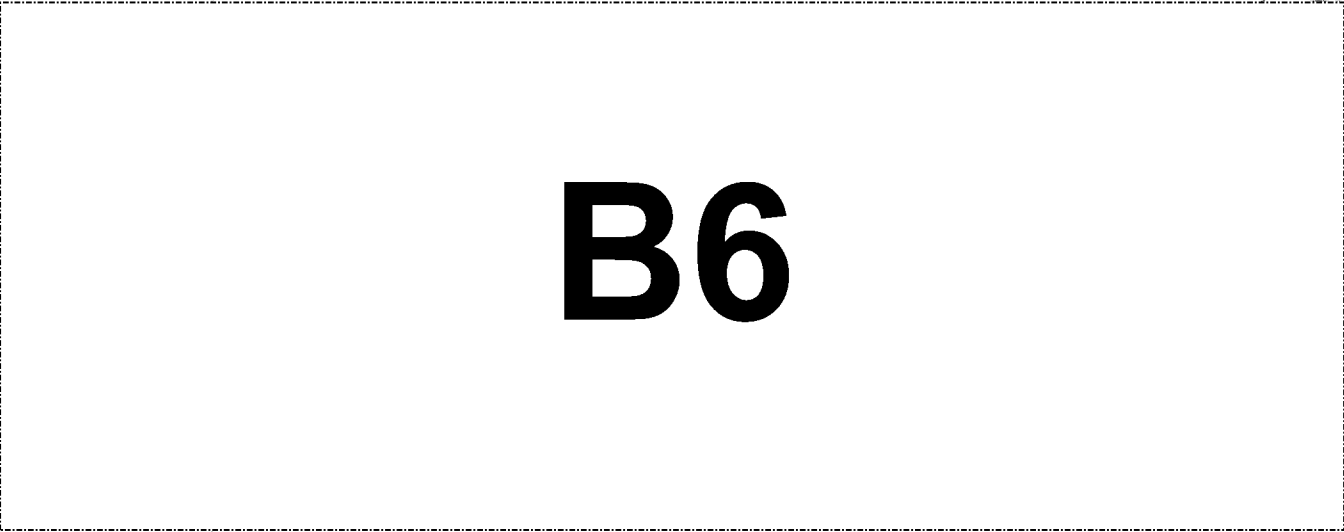
www.facebook.com B6

Notes to our clients

- Please bring all medications to your pet's scheduled appointments.
- We require a 48 hour notice for all refills. When you call to request a refill, please leave the pharmacy phone number or clearly indicate if you plan on picking up the medication at our facility. PRESCRIPTION REFILLS ARE NOT AVAILABLE AFTER B6'S REGULAR BUSINESS HOURS (Evenings, Fridays, holidays and weekends).
- Check out B6 and enter your local zip code to search for the best prices on your medications at your local pharmacies.
- If an emergency arises with your pet, B6 is a 24 hour facility.

B6

placed in cooler
body care??



B6

Date: B6 Time: 22:45

Client: B6
Address: B6

Patient: B6
Breed: Retriever, Labrador
Age: B6

History:

B6 returner to B6 ER for increased respiratory rate. The owner reports after the visit yesterday and the B6 did well until evening. Throughout the evening and night her respiratory rate increased to over 40/min. This afternoon she began to cough. The owner reports she coughed up pink tinged fluid. She also had an episode where she was excited and collapsed. She has been taking all of her medications as previously directed. She had her midday dose of B6. She is currently on B6 B6 1/2 BID, B6 3/4 PO SID PM, B6 2 PO SID, B6 1 and 1/2 PO TID (for the past 2 days), B6 1 PO BID, B6 1 and 1/2 PO BID, and B6 po BID. She has been dry heaving on the way here this morning. She has a history of allergies and is on a Venison and Lentil diet.

Physical Exam:

Vitals: B6
7:05 PM
Vital Sign 211
Weight 27.4 kilograms
Attitude 0 - BAR
Temp 101.4
HR 180
RQ Panting
Muc Pale Pink
Memb
CRT <2 sec

B6
Heart and lungs: 4/6 murmur, Fine crackles right dorsal lung fields/no dyspnea, regular rhythm, strong and synchronous femoral pulses



B6

B6 B6 respiratory rate continued to increase throughout the night despite being on a B6. Called owner and discussed poor prognosis. Owner elect humane euthanasia. B6 also spoke to owner for euthanasia consent per phone consultation. B6

Diagnostics:

Radiographs-
The cardiac silhouette is again noted to be generally enlarged. There is an unstructured interstitial pulmonary pattern within the right

B6

middle and right caudal lung lobes. There is mild enlargement of the cranial lobar pulmonary veins. There are no abnormalities of the pleural space.

Conclusion

1. Persistent generalized cardiomegaly with evidence of left-sided congestive heart failure characterized by cardiogenic pulmonary edema and pulmonary venous congestion.

B6, DVM, Diplomate ACVR

The study includes 3 projections of the thorax dated **B6**. The study is compared with a prior exam from yesterday

B6

The cardiac silhouette is again noted to be generally enlarged. There is a persistent unstructured interstitial pulmonary pattern within the right middle and right caudal lung lobes. This is relatively unchanged since the prior study. There is persistent enlargement of the cranial lobar pulmonary veins. There are no abnormalities of the pleural space.

Conclusion

1. Persistent generalized cardiomegaly with persistent left-sided congestive heart failure characterized by cardiogenic pulmonary edema and pulmonary venous congestion.

B6, DVM, Diplomate ACVR

Diagnosis:

Endocardiosis

Dilated cardiomyopathy

Treatment:

B6

Releasing DVM:

Client Signature

B6

Client Name (Print)

B6

B6 22:45

All Medical Records

Client: B6

Address: B6

Home Phone: B6

Work Phone: () -

Cell Phone: B6

Patient: B6

Breed: Doberman

DOB: B6

Species: Canine
Sex: Female
(Spayed)

Referring Information

B6

Client: B6

Patient: B6

Initial Complaint:

Emergency

SOAP Text B6 6:47AM - B6

Subjective

NEW VISIT (ER)

Doctor: B6 DVM

Student: B6 V'18

Presenting complaint: Difficulty breathing

Referral visit? No, last seen around September

Diagnostics completed prior to visit: None

HISTORY:

Signalment: 9 yo FS Doberman

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

Client: B6

Patient: B6

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

Prior medical history: Hypothyroid, incontinence.

B6

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

EXAM:

B6

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

B6

ASSESSMENT:

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

PLAN:

B6

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

B6

Diagnostics completed:

B6

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

Diagnostics pending: None

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

Deposit & estimate status: **B6**

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

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

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

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

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

SOAP Text **B6** 7:48AM - **B6**

INPATIENT VISIT SUMMARY:

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

Client: B6

Patient: B6

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

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

EXAM:

B6

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

RESP: Eupneic, normal BV sounds.

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

B6

Client: B6
Patient: B6

PROBLEM LIST:

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

ASSESSMENT:

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

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

PLAN:

B6

B6 DVM

ADDENDUM 2PM:

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

B6

Initial Complaint:

DCM, CHF

SOAP Text B6 6:47AM - B6

Subjective

NEW VISIT (ER)

Client: B6
Patient: B6

Doctor: B6

Presenting complaint: increased RR/RE, Hx DCM

Referral visit?

Diagnostics completed prior to visit

HISTORY:

Signalment: 9 yo FS Doberman

Current history:

Prior medical history: DCM

Current medications:

Diet:

Vaccination status/flea & tick preventative use:

Travel history:

EXAM:

S:

O: Wt - T: P: R:

BCS(1-9):

MCS(normal,mild,moderate,severe):

Hydration:

EENT:

PLN:

C/V:

RESP:

ABD:

GU:

MSI:

NEURO:

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

RECTAL:

ASSESSMENT:

A1:

A2:

A3:

PLAN:

B6

Diagnostics completed:

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

Diagnostics pending:

Client communication:

Deposit & estimate status:

Resuscitation code (if admitting to ICU):

SOAP approved (DVM to sign):

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

Subjective

B6

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

Appetite: No food offered yet.

B6

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

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

B6

Client: B6
Patient: B6

B6

Assessments

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

Plan

B6

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

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

Subjective

Signalment: 9yo SF Doberman

Days of hospitalization: 1

B6

B6

Client: B6
Patient: B6

B6

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

Appetite: very good appetite, eats all her meals

B6

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

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

B6

Pending diagnostics (2/3):
- NOVA

Assessments

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

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

B6

Client: B6

Patient: B6

B6

SOAP completed by: B6 V18

SOAP reviewed by: B6 DVM

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

Subjective

Signalment: 9yo SF Doberman

Days of hospitalization: 2

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

(S) T: 100.9

HR: 124

RR: 24, mild abdominal effort

Mentation: QAR but overall brighter than yesterday.

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

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

Appetite: very good appetite, eats all her meals

(O)

B6

Client: B6
Patient: B6

B6

Assessments

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

Plan

B6

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

Initial Complaint:

Emergency

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

Subjective

NEW VISIT (ER)

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

Client: **B6**

Patient: **B6**

Referral visit? Yes

Diagnostics completed prior to visit: **B6**

HISTORY:

Signalment: 9 y/o FS Doberman

Current history:

B6

Diet: Taste of the wild dry food

Vaccination status/flea & tick preventative use:

EXAM:

B6

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

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

B6

ASSESSMENT:

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

A2: Lethargy - r/o CHF secondary to DCM

A3: DCM

PLAN:

Client: B6

Patient: B6

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

B6

Diagnostics completed: None

Diagnostics pending: None

Client communication:

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

Deposit & estimate status: B6

Resuscitation code (if admitting to ICU): B6

SOAP approved (DVM to sign): B6 DVM

SOAP Text B6 2:27PM - B6

Subjective

NEW VISIT (ER)

Doctor: B6

Student: B6 V'18

Presenting complaint: Inc. RE, Coughing

Referral visit? Yes

Diagnostics completed prior to visit BW

HISTORY:

Signalment: 9 y/o FS Doberman

Current history:

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

Client: B6

Patient: B6

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

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

Prior medical history: None

B6

Diet: Taste of the wild dry food

Vaccination status/flea & tick preventative use:

EXAM:

B6

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

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

B6

ASSESSMENT:

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

A2: Lethargy - r/o CHF secondary to DCM

A3: DCM

PLAN:

B6

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

Diagnostics completed: None

Diagnostics pending: None

Client communication:

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

Deposit & estimate status: **B6**

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

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

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

9 y/o FS Doberman

History:

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

B6

EXAM:

B6

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

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

B6

Client: B6
Patient: B6

B6

ASSESSMENT:

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

PLAN:

B6

Diagnostics completed: None

Diagnostics pending: None

Client communication:

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

B6

Initial Complaint:

CHF

SOAP Text B6 8:39PM - B6

Subjective

NEW VISIT (ER)

Doctor: B6

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

HISTORY:

Signalment: 9 yo DS Doberman

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

Client: B6
Patient: B6

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

B6

EXAM:

B6

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

B6

ASSESSMENT:

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

PLAN:

B6

Diagnostics pending:
None

Client: B6

Patient: B6

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

Deposit & estimate status: B6

Resuscitation code (if admitting to ICU): B6

SOAP approved (DVM to sign): B6 DVM

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

History:

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

Overall impression since arrival or since last exam:

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

B6

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

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

B6

Client: B6
Patient: B6

Assessments

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

B6

Plan

B6

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

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

History:

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

Overall impression since arrival or since last exam:

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

Current Medications:

B6

B6

Client: B6
Patient: B6

B6

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

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

B6

B6

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

Assessments

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

B6

Plan

B6

SOAP completed by: B6 V19
SOAP reviewed by:

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

History:

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

Client: **B6**

Patient: **B6**

Overall impression since arrival or since last exam:

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

Current Medications:

B6

B6

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

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

B6

B6

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

Assessments

A1: Mild tachypnea secondary to recovering CHF due to DCM

Client: B6

Patient: B6

A2: DCM

B6

Plan

B6

SOAP completed by: B6 V19

SOAP reviewed by: B6 DVM

SOAP Text B6 2018 11:27AM - B6

IGNORE

Initial Complaint:

Recheck B6

SOAP Text Oct 4 2018 11:47AM - B6

Disposition/Recommendations

Client: **B6**

Patient: **B6**

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

Cummings
Veterinary Medical Center
 AT TUFTS UNIVERSITY

Foster Hospital for Small Animals

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

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

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

Lab Results Report

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

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

24/193

B6

Printed Monday, October 08, 2018

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

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

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

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

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

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

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

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

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

Client: B6

Patient: B6

SODIUM	140 - 150	mEq/L
CHLORIDE	106 - 116	mEq/L
POTASSIUM	3.7 - 5.4	mEq/L
iCO2 (BICARB)	14 - 28	mEq/L
AGAP	8 - 19	
NA/K	29 - 40	
T BILIRUBIN	0.1 - 0.3	mg/dL
D.BILIRUBIN	0 - 0.1	mg/dL
I BILIRUBIN	0 - 0.2	mg/dL
ALK PHOS	12 - 127	U/L
GGT	0 - 10	U/L
ALT	14 - 86	U/L
AST	9 - 54	U/L
CK	22 - 422	U/L
CHOLESTEROL	82 - 355	mg/dL
TRIGLYCERIDES	30 - 338	mg/dl
AMYLASE	409 - 1250	U/L
OSMOLALITY (CALCULATED)	291 - 315	mmol/L
COMMENTS (CHEMISTRY)	0 - 0	

B6

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

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

B6

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

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

B6

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

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

B6

26/193

B6

Printed Monday, October 08, 2018

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

Nova Full Panel-ICU		B6 2:25:25 PM	Accession ID: B6
Test	Results	Reference Range	Units
SO2%	B6	94 - 100	%
HCT (POC)		38 - 48	%
HB (POC)		12.6 - 16	g/dL
NA (POC)		140 - 154	mmol/L
K (POC)		3.6 - 4.8	mmol/L
CL(POC)		109 - 120	mmol/L
CA (ionized)		1.17 - 1.38	mmol/L
MG (POC)		0.1 - 0.4	mmol/L
GLUCOSE (POC)		80 - 120	mg/dL
LACTATE		0 - 2	mmol/L
BUN (POC)		12 - 28	mg/dL
CREAT (POC)		0.2 - 2.1	mg/dL
TCO2 (POC)		0 - 0	mmol/L
nCA		0 - 0	mmol/L
nMG		0 - 0	mmol/L
GAP		0 - 0	mmol/L
CA/MG		0 - 0	mol/mol
BEecf		0 - 0	mmol/L
BEb		0 - 0	mmol/L
A		0 - 0	mmHg
NOVA SAMPLE		0 - 0	
FiO2		0 - 0	%
PCO2		36 - 44	mmHg
PO2		80 - 100	mmHg
PH		7.337 - 7.467	
PCO2	36 - 44	mmHg	
PO2	80 - 100	mmHg	
HCO3	18 - 24	mmol/L	

Nova Full Panel-ICU		B6 2:35:47 PM	Accession ID: B6
Test	Results	Reference Range	Units
TS (FHSA)	B6	0 - 0	g/dl
PCV **		0 - 0	%
TS (FHSA)		0 - 0	g/dl

Nova Full Panel-ICU		B6 1:26:25 PM	Accession ID: B6
Test	Results	Reference Range	Units
SO2%	B6	94 - 100	%
HCT (POC)		38 - 48	%
HB (POC)		12.6 - 16	g/dL

Client: B6

Patient: B6

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

B6

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

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

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

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

B6

28/193

B6

Printed Monday, October 08, 2018

Client: B6

Patient: B6

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

B6

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

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

B6

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

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

B6

29/193

B6



Printed Monday, October 08, 2018

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

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

B6

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Client: Nault, Kendra
 Patient: Moxie

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

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

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

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B6

Printed Monday, October 08, 2018

Client: **B6**

Patient: **B6**

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

B6

B6

B6

MAIL ROOM

SCANNED

B6

B6

FAX COVER SHEET

Date: 1/28/17

From: _____

To: **B6**

Re: _____

Fax: **B6**

Attn: _____

Pages (including cover sheet): 2/2

Urgent ___ Please Reply ___ For Review ___ FYI ___

Additional Info:

B6

Client: B6

Patient: B6

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

02/04/2013 10:27

B6

B6

B6

B6

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

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

B6

B6

B6

B6

B6

Client: **B6**

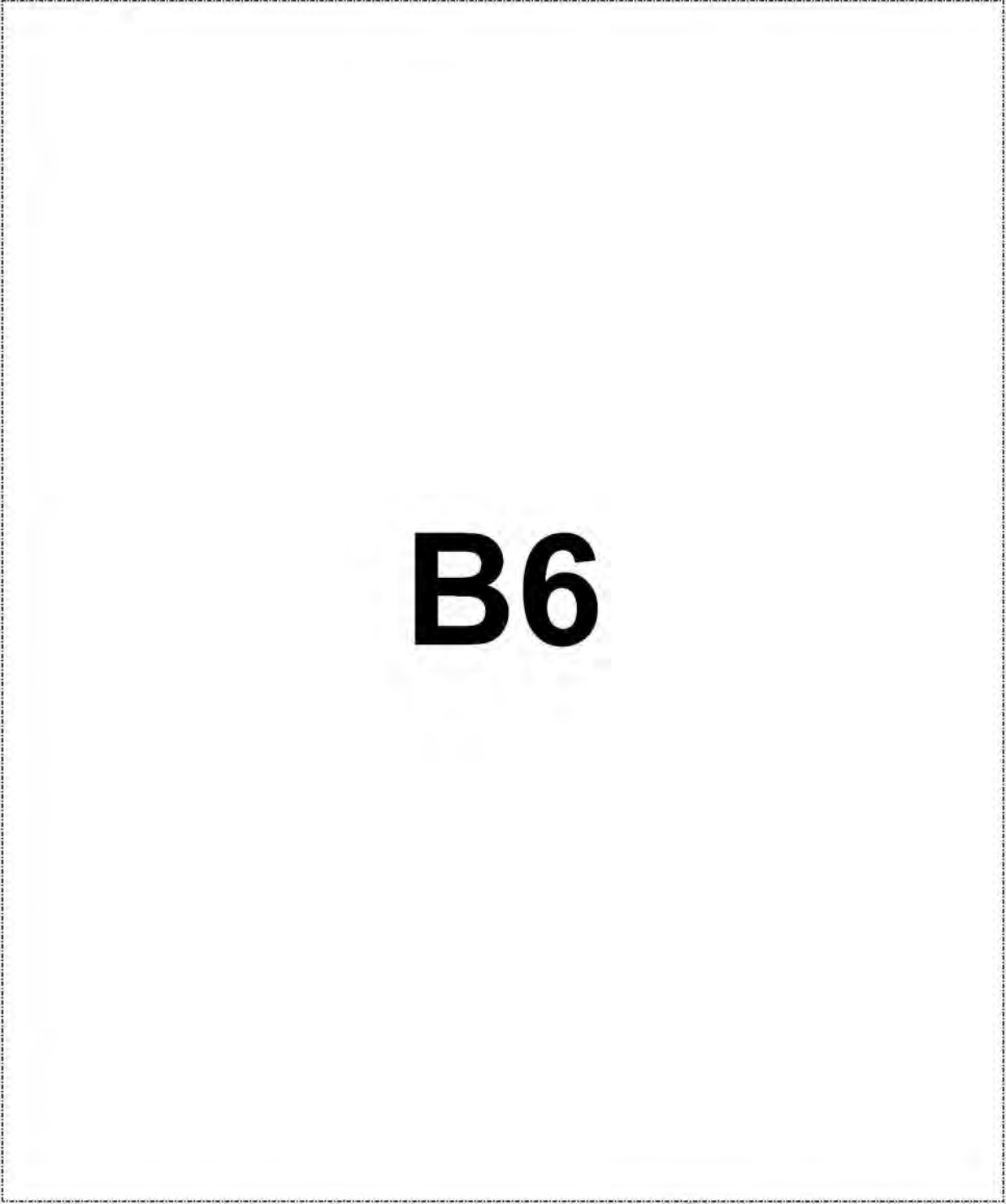
Patient: **B6**

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

B6

B6

B6



Client: B6

Patient: B6

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

B6

B6

B6

B6

B6

Client: B6
Patient: B6

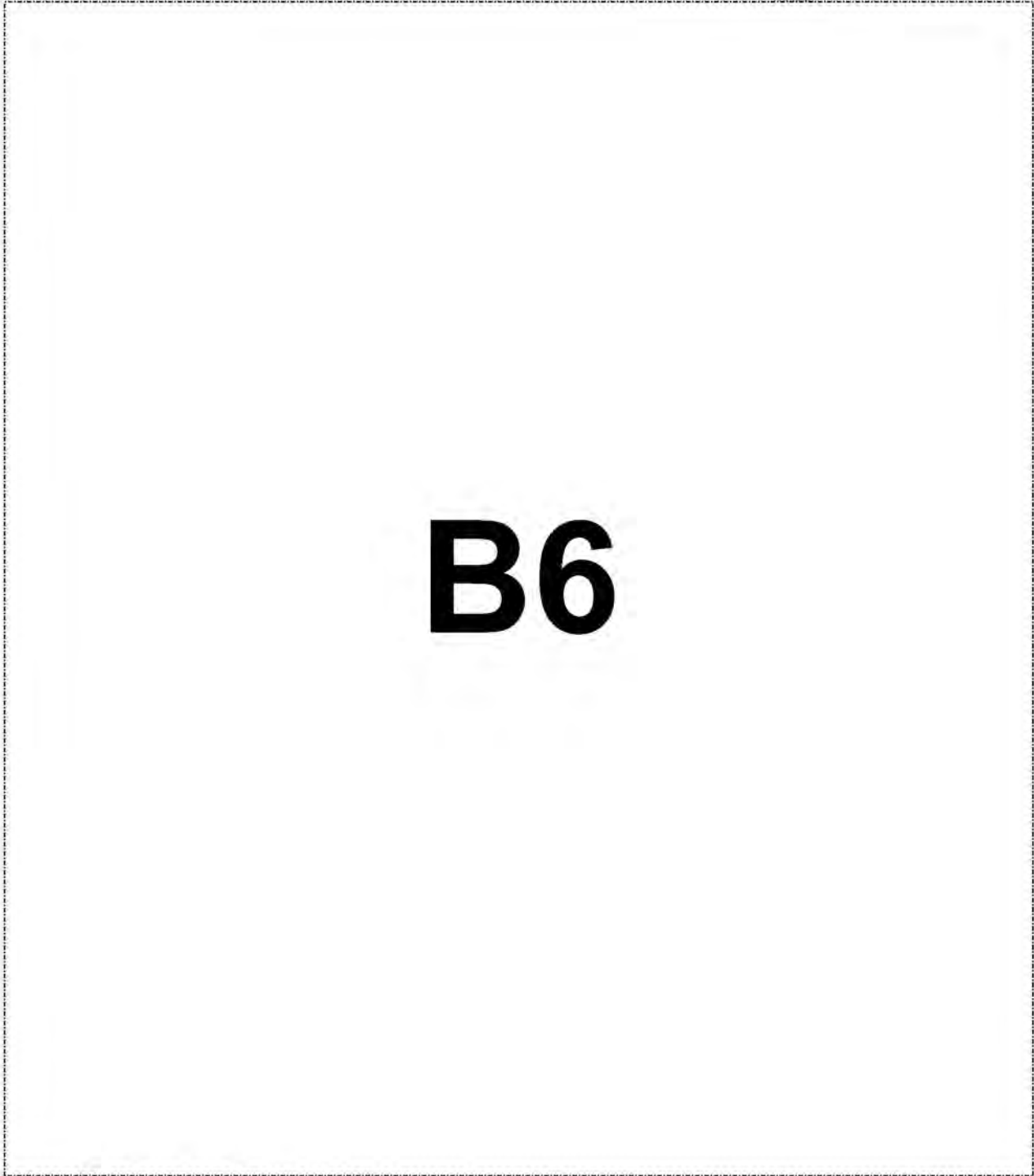
RDVM B6 medical records 1/28/16-9/26/17

B6

B6

B6

B6



Client: B6

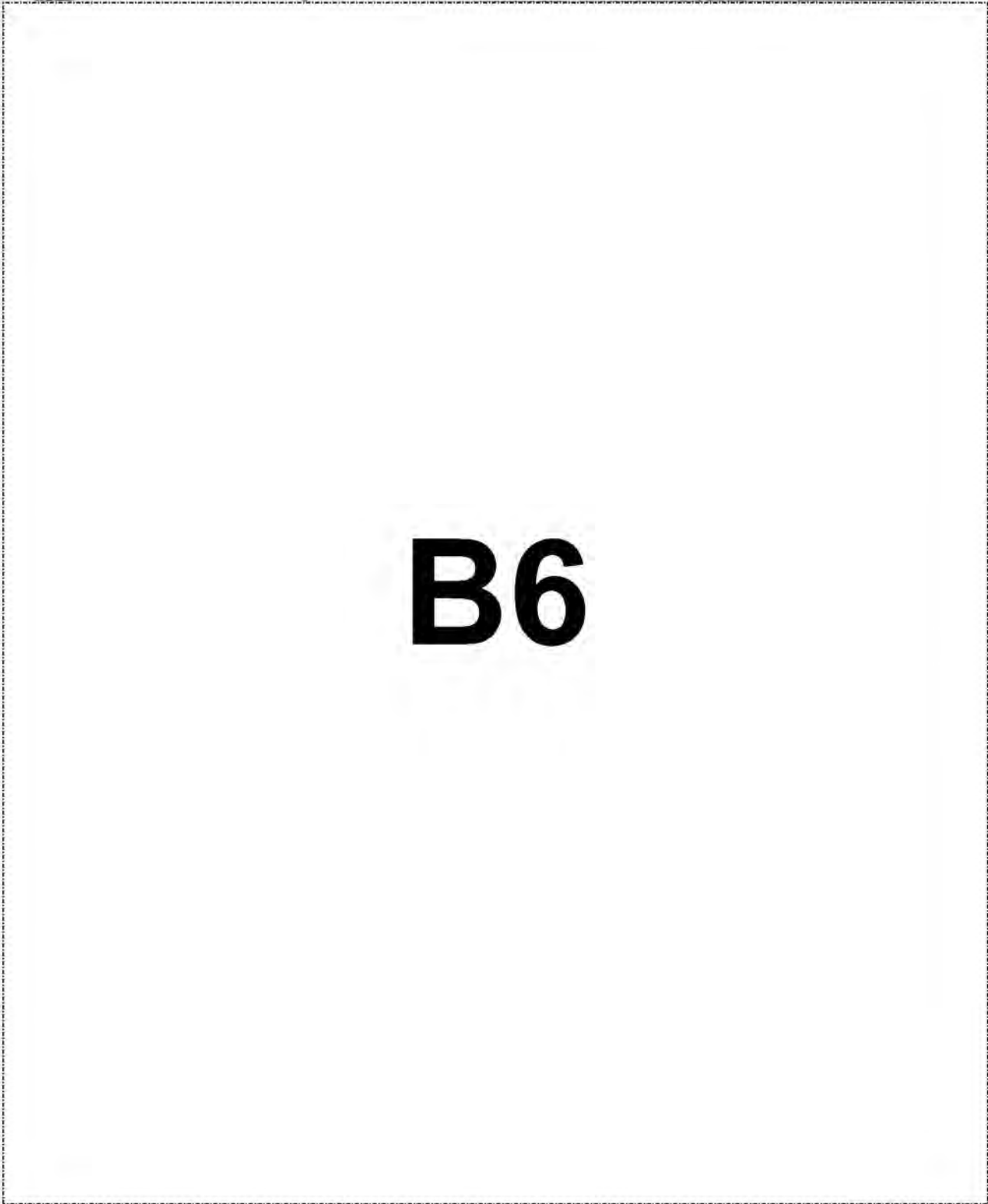
Patient: B6

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

B6

B6

B6



Client: B6

Patient: B6

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

B6

B6

B6

Client: B6
Patient: B6

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

DATE/TIME IN

B6

B6

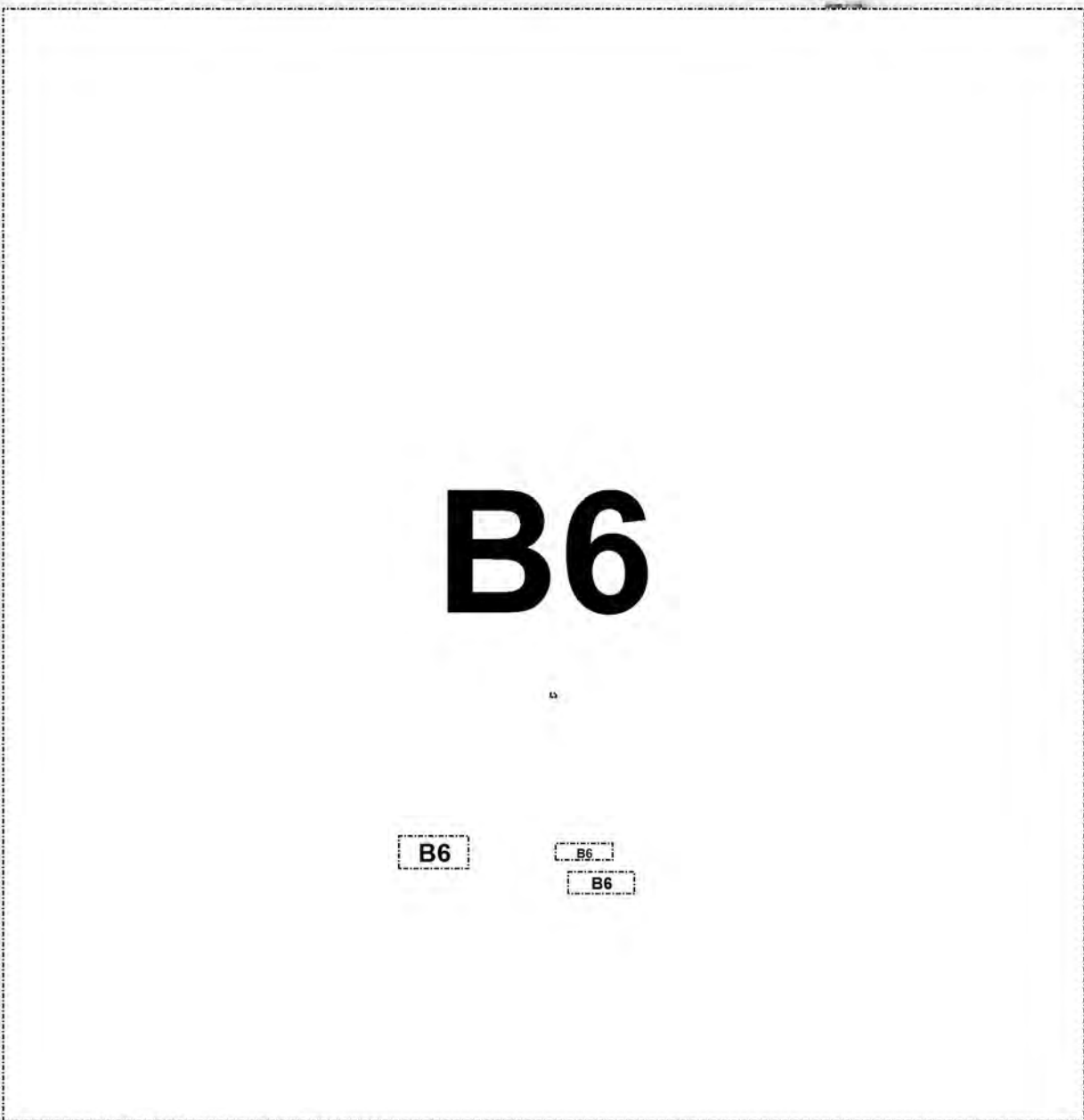
TIME OUT

B6

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

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

DATE/TIME: **B6** **B6** PAGE: 43/193



Client: B6

Patient: B6

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

03/09/2017 20:23

B6

B6

448 1110

B6

Client: B6

Patient: B6

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

03/09/2016 10:27

B6

B6

2016 10:27

B6

Client: B6

Patient: B6

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

1/28/2016 - 9/26/17

B6

B6

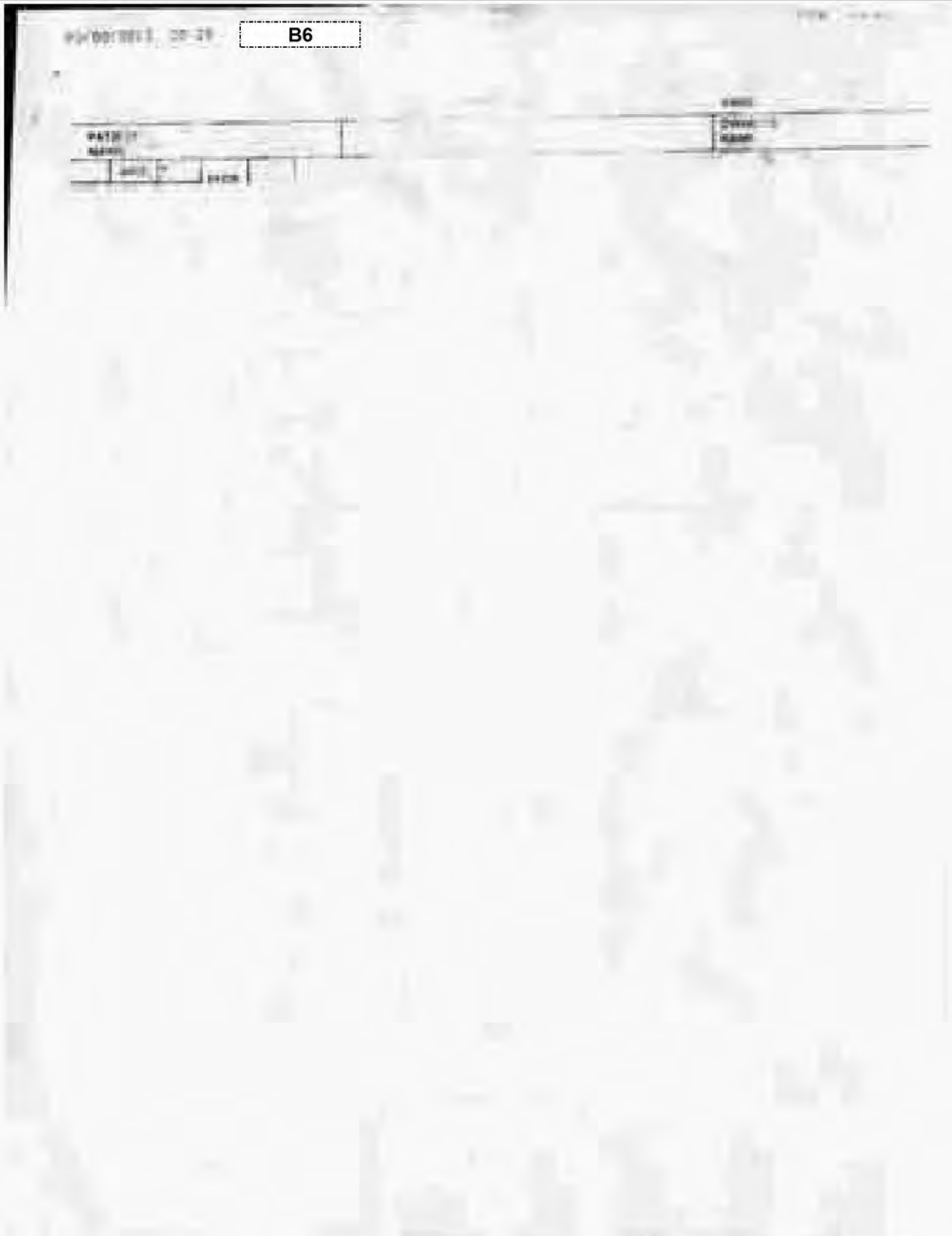
NAME
ADDRESS
PHONE

B6

Client: B6

Patient: B6

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



Client: **B6**

Patient: **B6**

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

B6

Client:

B6

Patient:

B6

rDVM:

B6

echo and labs 1/12/18

B6

B6

B6

B6

Client: **B6**

Patient: **B6**

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

B6

B6

B6

B6

Client: B4, B6

Patient: B4, B6

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

Client: B6
 Patient: B6
 Species: Canine
 Breed: Doberman
 Gender: Female/Spayed
 Weight: 62.00 lbs
 Age: 10 Years
 Doctor: B6

Test	Results	Reference Interval	LOW	HIGH
Catalyst One January 12, 2018 11:34 AM				
GLU	B6	80 - 160		
CRP	B6	0.0 - 1.0		
BUN	B6	7 - 27		
ALB	B6	3.0 - 5.5		
ALP	B6	2.0 - 5.0		
Ca	B6	9.5 - 12.5		
ALT	B6	10 - 35		
AST	B6	10 - 35		
PLT	B6	140 - 400		
RBC	B6	5.0 - 6.0		
HGB	B6	10.0 - 17.0		
HCT	B6	30.0 - 45.0		
WBC	B6	6000 - 17000		

B6

Printed: January 12, 2018 11:34 AM

Page 2 of 2

B6

LABORATORY

REF ID: A12345

B6

18 JAN 2018 11:34 AM

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

Vitals Results

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

B6

B6

Client: **B6**

Patient: **B6**

Vitals Results

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

B6

B6

Client: B6
Patient: B6

Vitals Results

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

B6

B6

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

Vitals Results

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

B6

Client: B6
Patient: B6

Vitals Results

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

B6

B6

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

Vitals Results

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

B6

B6

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

Vitals Results

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

B6

Client: B6
Patient: B6

Vitals Results

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

B6

B6

Client: B6
Patient: B6

Vitals Results

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

B6

B6

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

Vitals Results

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

B6

B6

Client: B6
Patient: B6

Vitals Results

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

B6

B6

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

Vitals Results

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

B6

B6

Client:

B6

Patient:

B6

Vitals Results

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

B6

B6

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

Vitals Results

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

B6

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

Vitals Results

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

B6

Client: B6
Patient: B6

Vitals Results

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

B6

B6

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

Vitals Results

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

B6

B6

Client: B6

Patient: B6

Vitals Results

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

B6

B6

Client: B6
Patient: B6

Vitals Results

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

Patient History

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

Client: B6
Patient: B6

Patient History

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

B6

B6

Client: B6
Patient: B6

Patient History

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

B6

B6

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

Patient History

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

B6

B6

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

Patient History

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

B6

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

Patient History

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

B6

B6

Client: B6

Patient: B6

Patient History

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

B6

B6

Client: B6
Patient: B6

Patient History

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

B6

B6

Client: B6
Patient: B6

Patient History

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

Client: B6
Patient: B6

Patient History

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

B6

B6

Client: B6
Patient: B6

Patient History

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

B6

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

Patient History

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

B6

B6

Client: **B6**

Patient: **B6**

Patient History

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

B6

B6

Client: B6
Patient: B6

Patient History

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

B6

B6

Client: B6

Patient: B6

Patient History

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

B6

B6

Client: B6
Patient: B6

Patient History

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

B6

B6

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

Patient History

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

B6

B6

Client: B6
Patient: B6

Patient History

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

Client: B6
Patient: B6

Patient History

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

B6

B6

Client: B6
Patient: B6

Patient History

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

B6

B6

Client: B6
Patient: B6

Patient History

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

B6

B6



Client: B6
Patient: B6

Patient History

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

Client: B6
Patient: B6

Patient History

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

B6

B6

Client: B6
Patient: B6

Patient History

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

B6

B6

Client: B6
Patient: B6

Patient History

	02:14 PM	Treatment
	02:14 PM	Treatment
	02:14 PM	Treatment
	02:17 PM	Vitals
	02:17 PM	Treatment
	02:17 PM	Treatment
	02:17 PM	Vitals
	02:53 PM	Treatment
	02:53 PM	Vitals
	03:09 PM	UserForm
	04:22 PM	Treatment
	04:22 PM	Vitals
	04:45 PM	Treatment
	04:45 PM	Vitals
	08:30 AM	Treatment
	08:30 AM	Purchase
	07:36 PM	Prescription
	08:39 PM	Purchase
	08:42 PM	UserForm
	09:53 PM	Purchase
B6	10:01 PM	Labwork
	10:03 PM	Vitals
	10:03 PM	Purchase
	10:13 PM	Purchase
	10:13 PM	Purchase
	10:14 PM	Treatment
	10:14 PM	Vitals
	10:14 PM	Treatment
	10:14 PM	Vitals
	10:15 PM	Treatment
	10:15 PM	Vitals
	10:16 PM	Treatment
	10:16 PM	Vitals
	10:19 PM	Treatment
	10:19 PM	Vitals
	10:28 PM	Vitals
	10:29 PM	Treatment
	10:39 PM	Prescription
	10:40 PM	Prescription
	10:42 PM	Prescription
10:44 PM	Prescription	
11:36 PM	Treatment	
11:36 PM	Vitals	
11:37 PM	Treatment	

B6

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

Patient History

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

B6

B6

Client: B6
Patient: B6

Patient History

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

B6

B6

Client: B6
Patient: B6

Patient History

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

B6

B6

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

Patient History

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

B6

B6

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

Patient History

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

B6

B6

Client: B6
Patient: B6

Patient History

	07:34 PM	Treatment	
	07:52 PM	Treatment	
	07:52 PM	Vitals	
	07:53 PM	Treatment	
	07:53 PM	Vitals	
	07:53 PM	Vitals	
	09:01 PM	Treatment	
	09:01 PM	Vitals	
	09:01 PM	Vitals	
	09:01 PM	Treatment	
	09:01 PM	Vitals	
	09:26 PM	Treatment	
	09:26 PM	Vitals	
	09:26 PM	Treatment	
	09:26 PM	Vitals	
	09:26 PM	Vitals	
B6	09:27 PM	Treatment	B6
	09:27 PM	Treatment	
	09:27 PM	Vitals	
	09:27 PM	Treatment	
	09:27 PM	Vitals	
	09:48 PM	Treatment	
	09:48 PM	Vitals	
	09:48 PM	Vitals	
	10:10 PM	Purchase	
	10:10 PM	Purchase	
	10:57 PM	Treatment	
	10:57 PM	Vitals	
	10:57 PM	Treatment	
	10:57 PM	Vitals	
	10:57 PM	Vitals	
	11:02 PM	Treatment	
	11:02 PM	Treatment	
	11:52 PM	Treatment	
	11:52 PM	Vitals	
	11:52 PM	Vitals	
	11:52 PM	Treatment	
	11:52 PM	Vitals	

Client: B6
Patient: B6

Patient History

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

B6

B6

Client: B6
Patient: B6

Patient History

B6

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

B6

Client: B6

Patient: B6

Patient History

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

B6

B6

Client: B6
Patient: B6

Patient History

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

B6

B6

Client: B6
Patient: B6

Patient History

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

B6

B6

Client: B6
Patient: B6

Patient History

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

B6

Client: B6
Patient: B6

Patient History

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

B6

B6

Client: B6

Patient: B6

Patient History

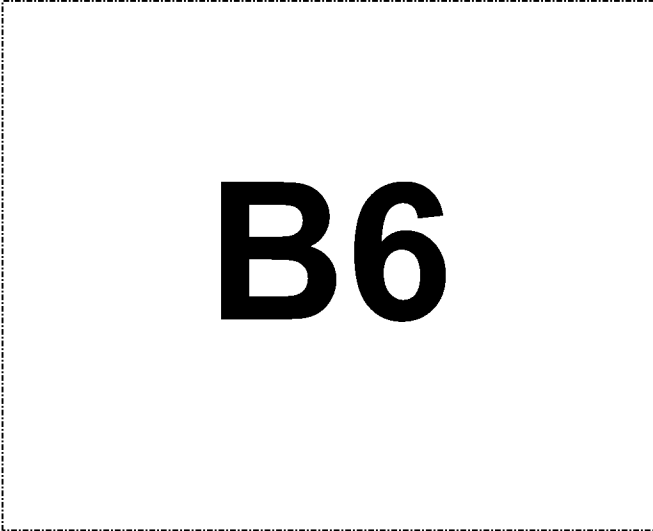
	11:01 AM	Treatment	
	11:01 AM	Treatment	
	11:01 AM	Vitals	
	11:02 AM	Vitals	
	11:26 AM	Prescription	
	11:27 AM	Purchase	
	11:28 AM	Prescription	
	11:31 AM	Purchase	
	11:54 AM	Treatment	
	11:54 AM	Vitals	
	11:54 AM	Vitals	
	11:56 AM	Treatment	
	11:56 AM	Vitals	
	11:56 AM	Treatment	
	11:56 AM	Vitals	
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

Client: B6

Patient: B6

Patient History

B6	05:03 PM	Prescription
	03:01 PM	Appointment
	11:06 AM	UserForm
	11:26 AM	Purchase
	11:26 AM	Treatment
	11:36 AM	UserForm
	11:47 AM	Vitals
	12:08 PM	Purchase
	12:13 PM	Purchase
	12:39 PM	Prescription
12:39 PM	Purchase	



From: Jones, Jennifer L </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0F6CA12EAA9348959A4CBB1E829AF244-JENNIFER.JO>
To: Palmer, Lee Anne
CC: Carey, Lauren
Sent: 7/19/2019 5:04:40 PM
Subject: RE: presentations!
Attachments: FDA DCM presentation to AVMA meeting_for clearance-jj.pptx; JJones-DCM Updates-AVMA-v2.pptx

Here you go! Please also share my slides with Martine **B5** As I mentioned, **B5**

B5

For your presentation **B5**

B5

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



From: Palmer, Lee Anne
Sent: Friday, July 19, 2019 9:53 AM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Cc: Carey, Lauren <Lauren.Carey@fda.hhs.gov>
Subject: presentations!

Hi there – thanks for today’s meetings. I made edits and sliced a few and here’s the pre-clearance version of ours.

Thanks!

Lee Anne

Lee Anne M. Palmer, VMD, MPH
Acting Director, Division of Veterinary Product Safety

Center for Veterinary Medicine
Office of Surveillance and Compliance
U.S. Food and Drug Administration
Tel: 240-402-5767
Leeanne.palmer@fda.hhs.gov







Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

Network Procedures for Veterinarians

1. Introduction

The purpose of this Network Procedure is to facilitate basic interactions between the Vet-LIRN Program Office (VPO) and veterinarians participating in Vet-LIRN case investigations. General procedures such as information flow, sample handling procedures, submission of reports and billing for services are discussed. The focus of most Vet-LIRN case investigations is on diagnostic samples, although occasionally animal food samples will also be submitted. Animal food testing conducted after receiving a consumer complaint is typically handled by FDA's Office of Regulatory Affairs (ORA) Laboratories or accredited laboratories.

- 1.1 In the case of Vet-LIRN investigations, the government is the client.
 - 1.1.1 The government is requesting assistance in its investigation, and is requesting tests or services to be performed by your clinic during this investigation.
 - 1.1.2 The government will pay for these services.
 - 1.1.3 The owner is helping with the government's investigation of a regulated product.
 - 1.1.4 The goal of the investigation is to determine if the product is at fault and why.
 - 1.1.5 The government's investigation may not provide a definitive diagnosis for the patient's illness.

2. Case Background – Consumer complaint

- 2.1 Vet-LIRN obtains information about the cases we investigate from 3 main sources,
 - 2.1.1 Consumer complaints (cc) - obtained by FDA Consumer Complaint Coordinators by phone
 - 2.1.2 Electronic consumer complaint submissions through FDA's Food Safety Reporting Portal, and
 - 2.1.3 Vet-LIRN partner laboratories.

*NOTE: Generally, the information received in a consumer complaint is **not** kept confidential. In most cases, only protected personal information (such as names and addresses) is withheld in an effort to prevent the complaint from being traced back to the individual who submitted it.*



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

3. Communications

- 3.1 VPO will discuss the case with the referring veterinarian and or the owner.
- 3.2 VPO evaluates the case history and determines a need for follow up testing to determine if the food (or drug) is the cause of the illness or death.
- 3.3 VPO contacts the appropriate member laboratory(-ies) (chosen based on location and capabilities) and provides initial information
 - 3.3.1 In some cases only partial history is available
 - 3.3.2 Follow up information will be sent as it becomes available.
- 3.4 VPO proposes the tests to be conducted and prepares billing documents.
- 3.5 VPO makes arrangements with the veterinarian to obtain and ship samples.
 - 3.5.1 VPO receives test results and forwards the results to the veterinarian who will then communicate the results to the owner.

4. Case history

- 4.1 A complete medical history is essential,
 - 4.1.1 age, sex, breed, animal's ID/name,
 - 4.1.2 other animals affected,
 - 4.1.3 duration of problem, lesion distribution (diagrams or photos are welcome),
 - 4.1.4 treatment of problem (especially dose and duration of therapy) and response to treatment.
 - 4.1.5 concomitant drugs or dietary supplements administered (not used for treatment of the reaction, but administered for other reasons at the same time or within a short time of the problem occurrence).
- 4.2 Vet-LIRN Case Numbers:
 - 4.2.1 Include Vet-LIRN case number in all correspondence.
 - 4.2.2 E-mail: include the Vet-LIRN case number as the first part of the subject line. This will help archiving data for each case.
- 4.3 Electronic submission of medical records and laboratory results is preferred.
- 4.4 Histories can also be submitted by FAX to Vet-LIRN (301-210-4685).
- 4.5 Information about follow-up visits related to the investigation and additional laboratory reports should be provided as soon as possible. Phone calls are very useful for



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

discussing cases in depth, but should be followed up with the medical records and lab reports.

- 4.5.1 Due to time difference around the country, email communication is often the best way to assure information is transferred in a timely manner.

5. Services Requested by VPO

5.1 Services typically tests will fall into 3 categories:

- 5.1.1 Office Examination
- 5.1.2 Clinical laboratory samples
- 5.1.3 Pathology

5.2 Office Examination:

- 5.2.1 To evaluate the current status of the patient.
- 5.2.2 To obtain samples from the patient for further analysis (blood, urine, feces).

5.3 Clinical Laboratory Samples:

- 5.3.1 VPO may ask for repeat analysis of new samples to be run either by the veterinary hospital, or by its usual testing laboratory.
- 5.3.2 Typical tests include clinical hematology, microbial cultures, urinalysis, and fecal examination.
- 5.3.3 Additional testing may be requested and the samples sent to a Vet-LIRN network laboratory.

5.4 Pathology:

- 5.4.1 Either submit the entire carcass or conduct a routine necropsy examination. Record your findings in detail and submit. Histopathology and microbiological cultures as appropriate.
 - 5.4.1.1 Describe all lesions – location, color, size, texture.
 - 5.4.1.2 Culture lesions or intestinal contents as deemed appropriate based on the history.
 - 5.4.1.3 Save tissues for histopathology- be sure to use 10:1 formalin to tissue mass.
- 5.4.2 Histopathology tissues (preserve in 10% neutral buffered formalin 10:1 ratio fixative to tissue):



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

5.4.2.1 thyroid, thymus, lung, heart, liver, spleen, adrenal, kidney, pancreas, stomach, duodenum, jejunum, ileum, colon, urinary bladder, skeletal muscle, brain.

5.4.2.2 Request a duplicate set of H&E for submission to VPO for archiving.

5.5 Toxicology:

5.5.1 Freeze and hold tissues if there is any indication that a toxic substance may be involved:

5.5.1.1 brain (for organophosphates and carbamates),

5.5.1.2 eyes, liver, kidney, brain, stomach content, fat,

5.5.1.3 if available, serum, EDTA blood, urine.

5.5.2 Following a review of histopathology, VPO may select tissues to be analyzed and request that tissues be sent to a Vet-LIRN laboratory.

5.5.3 When the case is closed by VPO, samples can be disposed of. When in doubt, please ask.

5.5.3.1 The animal's remains can be disposed of following the laboratories' customary procedures.

6. Sample submissions

6.1 Normally, VPO prefers that the veterinarian, not the pet owner submit samples.

6.2 Arrangements for transport should be made with the VPO (see additional shipping instructions).

6.3 A Vet-LIRN Sample Submission Form, given by VPO to the veterinarian, should be provided to the veterinarian and should accompany all samples being sent to our Vet-LIRN laboratory, listing the recommended tests.

6.4 A Shipping Inventory Sheet, given by VPO to the veterinarian, should also be provided by VPO and should be submitted with all samples. This form will be filled out and faxed to the VPO (301-210-4685) by the receiving Vet-LIRN laboratory.

6.5 Vet-LIRN case numbers should be provided by the VPO and should be included on all samples and reports.

6.5.1 Rarely, an owner will deliver a specimen or an animal for necropsy directly to the participating laboratory. Vet-LIRN should notify the lab to expect the owner if this happens and will provide appropriate forms.



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

7. Sample types that Vet-LIRN may request from the Veterinarian

- 7.1 Entire bodies (fresh or frozen)
- 7.2 Organs from necropsy (fresh, frozen or formalin fixed)
- 7.3 Clinical samples (serum, blood, urine, feces, biopsy samples, cultures)
- 7.4 Food samples (open bag products from home)

8. Reporting

- 8.1 All reports from Vet-LIRN testing labs are submitted to VPO.
- 8.2 VPO will forward reports to the veterinarian, who should discuss the results with the owner.
- 8.3 If appropriate, VPO will forward reports to the owner.

9. Communications with Owners

9.1 General:

- 9.1.1 VPO usually will have contacted the owner to request permission and assistance in the investigation.
- 9.1.2 Vet-LIRN's investigation is focused on determining if a regulated product is the cause of the animal's illness. The testing requested by Vet-LIRN may not provide a definitive diagnosis
- 9.1.3 VPO will provide testing results to the veterinarian for communication to the owner. This ensures that:
 - 9.1.3.1 Owners can be counseled on the interpretation of the test results,
 - 9.1.3.2 Appropriate medical follow-up care based on test results can be recommended by the owner's veterinarian.



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

10. Billing

- 10.1 Vet-LIRN VPO can only pay for services which were requested and approved by VPO. Vet-LIRN cannot pay for treatment, or for diagnostic testing outside of the scope of the investigation.
- 10.2 Procurement and Billing Process: The following process needs to be followed in order to adhere to government regulations.
 - 10.2.1 The veterinarian must provide estimates so a Purchase Request can be prepared. Estimates should include items such as office visit(s), in-house diagnostic test costs, biopsy or pathology costs and additional charges such as potential shipping charges.
 - 10.2.2 A billing contact must be provided: include name, address, telephone + fax numbers, and email.
 - 10.2.3 Approved Purchase Request is required prior to beginning service.
 - 10.2.4 Additional services may only be initiated after authorized by Vet-LIRN, but must first be approved by VPO with an additional Purchase Request.
 - 10.2.5 Hospitals must provide an invoice to Vet-LIRN upon the completion of work before they can be paid. VPO is tax exempt. Taxes should be removed from all charges. The invoice must include the Vet-LIRN case number.



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

Network Procedures for Owners

The purpose of this Network Procedure is to help you, the owner, understand how the Veterinary Laboratory Investigation and Response Network (Vet-LIRN) Program Office conducts case investigations (follow up to consumer complaints).

The following items are explained below:

- General Introduction
- Billing
- Step by Step Process
- Types of Services and Tests

1. General Introduction:

1.1. What is the goal of the case investigation?

The goal of the case investigation is to determine if the product is causing your pet's illness. Our case investigation MAY NOT provide a definitive diagnosis for your pet's illness, although we may rule out several other potential reasons for your pet's illness.

1.2. What is the focus of a case investigation?

Most case investigations focus on diagnostic samples (such as blood, urine or tissue from the pet), although we occasionally request and test pet food samples.

1.3. What is my veterinarian's role during the case investigation?

Your veterinarian helps our investigation into FDA- regulated products by providing information about your pet's medical history and by obtaining any diagnostic samples like blood, urine or tissue.

1.4. What will Vet-LIRN ask of me during a case investigation?

We may ask that your veterinarian perform certain tests or services or provide diagnostic samples to FDA or a Vet-LIRN cooperating laboratory.



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

1.5. Will Vet-LIRN pay for tests or services requested?

Yes, we will pay veterinarians or laboratories *for tests or services requested by Vet-LIRN* and approved through our government purchasing system. We cannot, however, reimburse owners for tests already performed or not specifically requested by Vet-LIRN. We recommend that you discuss with your veterinarian which tests and services will be billed to you and which will be covered by Vet-LIRN. For instance, Vet-LIRN may request that your veterinarian perform a urinalysis on your pet while he or she is hospitalized. Vet-LIRN will pay for the collection and testing of the sample, but would not cover the cost of your pet's stay in the hospital.

1.6. Is the information received in the consumer complaint confidential?

Generally, the information received in the consumer complaint is not kept confidential. In most cases, only protected personal information (such as names and addresses) is withheld in an effort to prevent the complaint from being traced back to the individual who submitted it.

2. Billing:

2.1. Will Vet-LIRN pay for bills related to the case investigation?

Vet-LIRN will cover the cost of services and testing that we specifically request. You should understand that Vet-LIRN *CANNOT* reimburse owners for any veterinary bills. Services *MUST* be pre-authorized and paid directly to the veterinarian.

2.2. Will Vet-LIRN pay for testing that was not requested by Vet-LIRN?

No, we will only pay for testing that we request and authorize.

2.3. Will Vet-LIRN pay for treatments or private cremation?

No, we cannot pay for treatment or cremation.



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

2.4. If I allow my veterinarian to submit my pet's body for testing, will I be able to have back his or her remains?

Each Vet-LIRN member laboratory has its own procedures for handling remains. Some Vet-LIRN member laboratories offer private cremation services for a fee payable directly to the laboratory. We advise you to discuss directly with the member laboratory the possibilities and costs for obtaining your pet's remains after examination are complete.

3. Step by Step Process:

Vet-LIRN will do the following during a case investigation:

- 3.1. Assign a case number which **MUST** be included in all correspondences
- 3.2. Discuss the case with you and your veterinarian
- 3.3. Request medical records from your veterinarian
- 3.4. Coordinate with your veterinarian and you to obtain and submit samples for testing
- 3.5. Provide results to your veterinarian who will discuss the results with you.

Vet-LIRN requests that:

- 3.6. Any follow-up veterinary visits related to the investigation are reported to Vet-LIRN
- 3.7. Additional laboratory reports are reported to Vet-LIRN by your veterinarian.

4. Types of Services and Tests:

4.1. What may a veterinary examination include once the case investigation is started?

A veterinary examination may include:

- an office visit and physical examination to assess your animals current health
- collection of clinical samples from your animal (blood, urine, feces).

4.2. Will your animal be tested more than once?



Network Procedures for Veterinary Laboratory Investigation and Response Network Case Investigations

It is possible that Vet-LIRN may request additional tests or examinations depending on results from initial testing.

4.3. Will Vet-LIRN need to conduct a necropsy in the event of an animal death?

Yes, if you are willing, we may request that your veterinarian or another Vet-LIRN cooperating laboratory to conduct a necropsy to collect samples for testing. The samples collected may be tested right away or may be held for future testing or archiving. If the veterinarian completes the necropsy then the remains will be handled according to the veterinarian's normal procedures. If a Vet-LIRN cooperative laboratory completes the necropsy the remains are usually disposed of by that laboratory. Vet-LIRN cannot pay for private cremation. You are welcome to discuss normal procedures with the laboratory.

4.4. Will Vet-LIRN ask for a food sample?

Our main focus is on testing diagnostic tissue or fluid samples from the animal, but we may need to test the food. Please hold all food samples once the consumer complaint is submitted. If needed, we will make arrangements to collect the food.

4.5. What are some general tests that Vet-LIRN may request?

General tests that we may request include, but are not limited to:

- Hematology
- Microbial cultures
- Urinalysis
- Fecal examination
- Necropsy/Histology/Toxicology

4.6. Will I get results from Vet-LIRN requested tests?

Results of testing on your animal's diagnostic tissue or fluid samples will be forwarded to your veterinarian who will be asked to share the results with you.

22910

Sample Submission Form

Amino Acid Laboratory
University of California, Davis
1020 Vet Med 3B
1089 Veterinary Medicine Drive
Davis, CA 95616
Tel: (530)752-5058, Fax: (530)752-4698

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

<http://www.vetmed.ucdavis.edu/vmb/aal/aal.html>

Vet/Tech Contact: **B6**

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

Address: 200 Westboro Road
North Grafton, MA 01536

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

Tel: 508-887-4669 Fax: 508-839-7936

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

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

Patient Name: **B6**

Species: canine

Owner's Name: **B6**

Sample Type: Plasma Whole Blood Urine Food Other: _____

Test Items: Taurine Complete Amino Acid Other: _____

Taurine Results (nmol/ml)

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

Reference Ranges (nmol/ml)

	Plasma		Whole Blood	
	Normal Range	No Known Risk for Taurine Deficiency	Normal Range	No Known Risk for Taurine Deficiency
Cat	80-120	>40	300-600	>200
Dog	60-120	>40	200-350	>150

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Tufts University
Foster Hospital for Small Animals
North Grafton, MA 01536
(508) 839-5365



B6

TREATMENT PLAN

DATE: 6/21/13 CLINICIAN: _____

B6

ESTIMATED COST: **B6**

REPORT: **B6**

This estimate is based upon our preliminary examination. The final ~~may vary considerably~~ from this estimated cost. Every effort will be made to keep you informed of the current status of your bill throughout your animal's hospitalization.

	DOSE	SPECIAL PROCEDURES (CONTINUED)	COST	ANESTHESIA	COST
B6		Proctoscopy		Sedation	
		Skin Biopsy		General Anesthesia	
		Skin Feeding		Pre-Op	
		Therapeutic		Post-Op	
		Transrectal Aspirate			
		Other:			
HOSPITALIZATION (24 HOURS)		LABORATORY		DIAGNOSTIC IMAGING	
Day Board		ACTH Plasma Level		Barton's Exam	
Cat Ward		ACTH Response Test		Cardiac Catheterization	
General Ward Small		Aerobic Culture		CIT Scan	
General Ward Large		Aerobic Culture		Cytology	
Intermediate Care Ward		Bile Acids - Single		Intravenousogram	
Exotic		Bile Acids - Single		Mat Check	
Isolation		Blood Ammonia		Mystogram	
ICU		Blood Gas		Nuclear Scan	
ICU Exotic		Chemistry Profile		Type:	
		Coagulation Profile		Upper GI Series	
DAILY PATIENT CARE (24 HOURS)		CBC/Platelet		Radiographs: #	
Cat Ward		Complete Blood Count		Ultrasound (Internal)	
General Ward		Creatinine		Ultrasound (External)	
Intermediate Care Ward		Cytopathology		Other:	
Exotic		Gram Stain Culture			
Isolation		Heart Response - High Dose			
ICU		Heart Response - Low Dose			
ICU Exotic		Microscopic Exam			
ICU LEVEL TREATMENTS		Parasitology			
ICU Level II - Basic Treatment		Parasitology Culture			
ICU Level III - General Treatment		Rectal Response - High Dose			
ICU Level III - Standard Treatment		Rectal Response - Low Dose			
ICU Level IV - Extensive Treatment		Shockwave			
ICU Level V - Ultra Treatment		Ultrasonography			
SPECIAL PROCEDURES					
Abdominocentesis					
Blood Coagulation					
Blood Transfusion					
Whole Blood					
Plasma					
Blood Clot					
Placed SSO					
Blood Typing					
Bone Marrow Aspirate					
Bone Marrow Core					
CAT Test					
Colposcopy					
ESG					
ENT					
ENT					
Endoscopy					
Joint Tap					

B6

I understand that no guarantee of successful treatment is made. I also certify that I have read and fully understand the authorization for medical and/or surgical treatment. The reason why such medical and/or surgical treatment is considered necessary, as well as its advantages and possible complications, is explained. I also assume financial responsibility for all charges incurred by patient(s). I agree to pay 75% of the estimated cost at the time of admission. Additional deposits will be required if additional care or procedures are required. I further agree to pay the balance of the charges when patient is released. Procedural billing is inclusive up to and including the estimated duration of hospitalization. There will be additional expenses incurred if hospitalization extends beyond the specified duration.

B6

6/21/13

Client:
Patient:


B6

Archived Records 4/5/13-9/30/13

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

 TUFTS UNIVERSITY Foster Hospital for Small Animals 200 Beachmont Road North Grafton, MA 01536-1000 1-800-829-1293		Document: Case Summary Copy To: ModRec Status: FINAL Finalized: B6 on 4/5/2013							
Client Information Client Name: B6 Address: B6 City: B6 Zip: B6 Home: B6 Work: B6		Patient Information Case Name: B6 Species: CANINE Sex: SP Breed: TERR/X Ref ID: B6 H/Vet: B6							
Dates <table border="1"> <thead> <tr> <th>Description</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Admission</td> <td>4/5/2013</td> </tr> </tbody> </table>				Description	Date	Admission	4/5/2013		
Description	Date								
Admission	4/5/2013								
Veterinary Medical Team <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> </tr> </thead> <tbody> <tr> <td>B6</td> <td>B6</td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>				Name	Title	B6	B6		
Name	Title								
B6	B6								
Diagnosis B6									
Professional Report B6									
Client Report B6									
Patient Care Instructions B6									

4/5/2013 3:42:11 PM

8231045 Case Summary ModRec Copy

B6

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

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

Archived Records 4/5/13-9/30/13

B6

4/5/2013 3:03:17 PM

6/21/2014 Case Summary Meeting Copy

B6

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13



Tufts University
Foster Hospital for Small Animals
200 Westboro Road, N. Grafton, MA 01536
508-859-5200

B6

DATE: _____		APPROX. AGE: _____		SPECIES: _____	
BREED: _____		SEX: _____		WEIGHT: _____	
LENGTH OF TIME YOU HAVE OWNED YOUR PET: _____		HAS YOUR PET EVER TRAVELED OR RESIDED OUTSIDE OF YOUR COUNTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No		ORIGIN: <input type="checkbox"/> Street <input type="checkbox"/> Breeder <input type="checkbox"/> Friend <input type="checkbox"/> Other	
IF YES, WHERE? _____		IF YES, WHERE? _____		IF YES, WHERE? _____	
PET'S ENVIRONMENT: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural		CONFINED TO: <input type="checkbox"/> House <input type="checkbox"/> Personal yard/patio <input type="checkbox"/> Room <input type="checkbox"/> Other _____		OTHER PETS: <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, ANIMAL TYPE: 2 dogs		DIET: <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Custom (Type: Salmon) <input type="checkbox"/> Canned <input type="checkbox"/> Dry <input type="checkbox"/> Fresh <input type="checkbox"/> Other _____		FEEDING: Number of feedings per day: 2 Amount given each feeding: 1 cup	
DATE OF LAST FOCAL TEST: <input type="checkbox"/> Tested - Date: _____ <input type="checkbox"/> Not Tested		FELINE Leukemia Test (FeLV): <input type="checkbox"/> Tested - Date: _____ <input type="checkbox"/> Not Tested		DATE OF LAST HEARTWORM TEST: <input type="checkbox"/> Tested - Date: _____ <input type="checkbox"/> Not Tested	
VACCINATION HISTORY: Type: _____ Date: _____ Type: _____ Date: _____ Type: _____ Date: _____		FELINE Immunodeficiency Test (FIV): <input type="checkbox"/> Tested - Date: _____ <input type="checkbox"/> Not Tested		HEARTWORM PREVENTION: <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Not Given	
Presenting Complaint: _____					

History: **B6**

B6

MEDICAL HISTORY / ADMISSION

B6

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13

Client: B6
Patient:

Archived Records 4/5/13-9/30/13



Tufts University
Foster Hospital for Small Animals
200 Western Road, N. Grafton, MA 01536

B6

B6

	B6		B6
		B6	
	B6		

FORM #100 (REV. 02/01)

PHYSICAL EXAMINATION

DOVER

Client:
Patient:


B6

Archived Records 4/5/13-9/30/13

The table consists of approximately 30 columns and 100 rows. The content is mostly blank, with some faint, illegible text scattered throughout the cells. There are three dark circular marks at the top of the page, likely from hole punches.

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

Archived Records 4/5/13-9/30/13

 TUFTS UNIVERSITY Peter Blasser Hospital for Small Animals 200 Westboro Road North Andover, MA 01845-1201 1-800-839-1201		Document Cardiology Report Copy To: B6 Status: FINAL Finalized: by B6 on 4/5/2013	
Client Information		Patient Information	
Client#: Name: Address: City: Zip: Home: Work:	B6	Case#: Name: Species: Sex: SP R/Vet:	B6 Breed: TERRIX DOB: B6 B6
Dates			
Description	Date		
Appointment	4/5/2013		
Personnel			
Name			Title
B6			
Case Abstract			
B6			
Request Specifics			
B6			
Findings			
B6			
4/5/2013 1:46:32 PM		8321955-Cardiology Report-MedRes Copy	
		B6	

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

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

Archived Records 4/5/13-9/30/13

9221855/Cardiology Report/MedRx Copy/IRU/SHO

B6

Cardiology Findings

Type	Findings
B6	

Assessment and Recommendations

B6

B6

4/2/2013 1:46:32 PM

9221855/Cardiology Report/MedRx Copy

B6

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13

B6

FORM 57-1

LABORATORY REPORTS

Client:
Patient:

B6

Archived Records 4/5/13-9/30/13

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13



Tufts University
Foster Hospital for Small Animals
260 Westboro Road
N. Grafton, MA 01506

STANDARD CONSENT FORM

B6

B6

Client: **B6**
Patient:

Archived Records 4/5/13-9/30/13

B6

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

taurine level no date

Jul 10, 2014 11:00

B6

B6

PAGE 1

B6

Sample Submission Form

B6

LIC CUSTOMERS ONLY:
Plan Federal Funds ID/Account Number:
ID No: _____

Vet/Tech Contact: **B6**
Company Name: Tufts Cummings School of Veterinary Medicine
Address: 200 Westboro Road
North Scituate, MA 01536
Email: crispin@tufts.edu
Tel: 508-887-8664 Fax: 508-833-**B6**

B6

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

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

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

Taurine Results (umol/L):
Plasma: **B6** Whole Blood: **B6** Urine: _____ Food: _____

Reference Ranges (umol/L)

	Plasma		Whole Blood	
	Normal Range	No Known Risk for Taurine Deficiency	Normal Range	No Known Risk for Taurine Deficiency
Cat	80-110	>40	300-600	>100
Dog	80-120	>40	300-600	>150

Dr. Rush

Client: **B6**
Patient:

B6 Ins. letter 7/15/14



College of Veterinary Medicine

July 15, 2014

10001, Pines Pet Services
P.O. Box 30034
Bellevue, WA 98013

The Director of Public Health
Hospital for Small Animals
Munich, Germany

B6

Client:
Patient:

CARDIOPET proBNP 11.7.2014



1-888-433-9987
Click the RED BANNER on
VetConnect.com for a new view

TUFTS: GRAFTON SMALL ANIM HOSPITAL
200 WESTBOND ROAD
GRAFTON MA 01536
508-887-4000
Account: 85735

Owner: [B6]
Patient: [B6]
Species: CANINE
Breed: TERRI X
Age: [B6]
Gender: F
Registration #: 46466
Accession #: [B6]
Order rec'd: 11/07/2014
Ordered by: [B6]
Reported: 11/07/2014

Test	Result	Reference Range	Flag	Bar Graph
CARDIOPET proBNP - CANINE	[B6]	0 - 900 pmol/L	[B6]	[B6]

B6

[B6]
11/07/2014


FINAL REPORT

PAGE 1 OF 1

Client: B6
Patient: B6

RDVM B6 referral and records 8/29/14-10/19/15

B6

 TUFTS UNIVERSITY Cummings School of Veterinary Medicine Cummings School of Veterinary Medicine Henry & Lois Foster Hospital for Small Animals 200 Westboro Road, Route 30 North Grafton, MA 01536 508-833-3300	
B6	
Service to Which Referred: <i>Surgery</i>	Appointment Date: _____ Time: _____
OWNER INFORMATION	
Name: B6	Daytime Phone: B6 Evening Phone: _____
Address: B6 City: B6 State: B6 Zip Code: B6	Email Address: _____
PATIENT INFORMATION	
Registered Name: B6	Species: <i>Canine</i> Breed: <i>Terrier mix</i> Sex: <i>SF</i> Age: B6
CASE HISTORY	
Chief Concern/Provisional Diagnosis: B6	
Vaccination History: <i>UTD</i>	
Other History: _____	
Diagnostic Test Results (please attach if possible): _____	
Are Radiographs Enclosed? <input type="checkbox"/> <input type="checkbox"/> <i>will email</i>	
Current Therapy & Medication (include dosage): <i>T Relief Pain tabs, Inflamm-Ease Powder</i>	
REFERRING VETERINARIAN INFORMATION	
Name: B6 Clinic/Hospital: B6	Phone: B6 Fax: B6 Email: _____
Address: B6 City: B6 State: B6 Zip Code: B6	
Preferred means of communicating with you about this case? Phone <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email <input type="checkbox"/>	

Client: **B6**
Patient:

RDV **B6** referral and records 8/29/14-10/19/15

Patient	B6	Description
B6		

B6

Client: **B6**
Patient:

RDVM **B6** referral and records 8/29/14-10/19/15

Patient **B6** **B6**

B6

B6

Client: **B6**
Patient:

RDVM **B6** referral and records 8/29/14-10/19/15

B6 **B6**

B6

B6

Client:
Patient:

B6

RDVM

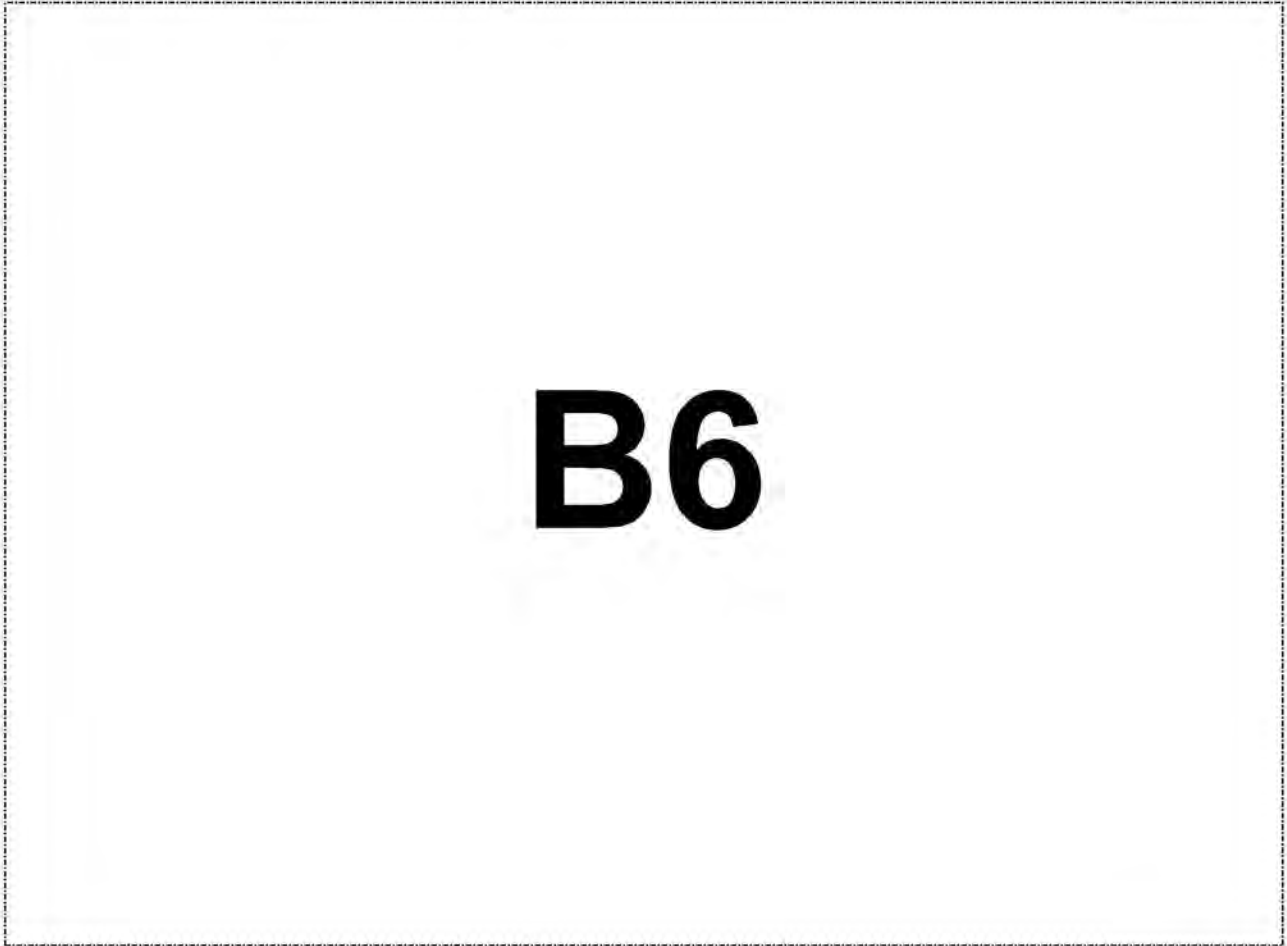
B6

referral and records 8/29/14-10/19/15

B6

Client: **B6**
Patient:

Labwork CARDIOPET proBNP - Canine IDEXX 1/15/16



B6
01/15/2016

FORM REPORT

PAGE 1 OF 1

Client: **B6**
Patient:

signed estimate

Tufts

B6

Treatment Plan

B6

Client: **B6**
Patient:

Anesthesia Record

Edinboro University Cummings School of Veterinary Medicine
ANESTHESIA RECORD

B6

B6

Client: **B6**
Patient:

Anesthesia Record

B6

Client:
Patient:

B6

Anesthesia Record: **B6**

B6

Client: **B6**
Patient:

Anesthesia Record **B6**

B6

Client: **B6**
Patient:

RDVM **B6** Referral Records 10/4/16



1-800-433-0087
Click the RED BANNER on
VetConnect.com for a new view

INTEGRATIVE ANIMAL HEALTH CENTER
888 MAIN STREET
BOLTON, MA 01760
978-773-2668
Account: 82874

Owner: **B6**
Patient: **B6**
Species: **B6**
Breed: **B6**
Age: **B6**
Gender: **B6**

Regulation # **B6**
Assignment # **B6**
Order type # **B6**
Ordered by **B6**
Specialist **B6**



Client:
Patient:

B6

RDVM

B6

Referral Records 10/4/16

B6

Client:
Patient:

B6

RDVM

B6

Referral Records 10/4/16

B6

Client: **B6**
Patient:

RDVM

B6

Referral Records 10/4/16

B6

B6

Friday, 17 Jun 2018 11:53 AM
Page 3 of 3

Client:
Patient:

B6

RDVM

B6

Referral Records 10/4/16

B6

Page 1

Page 1

B6

Client: **B6**
Patient:

RDVM **B6** Referral Records 10/4/16

B6

Client: **B6**
Patient:

RDVM **B6** Referral Records 10/4/16

Item	B6		Quantity	B6	
B6					

Client: **B6**
Patient:

B6

B6

B6

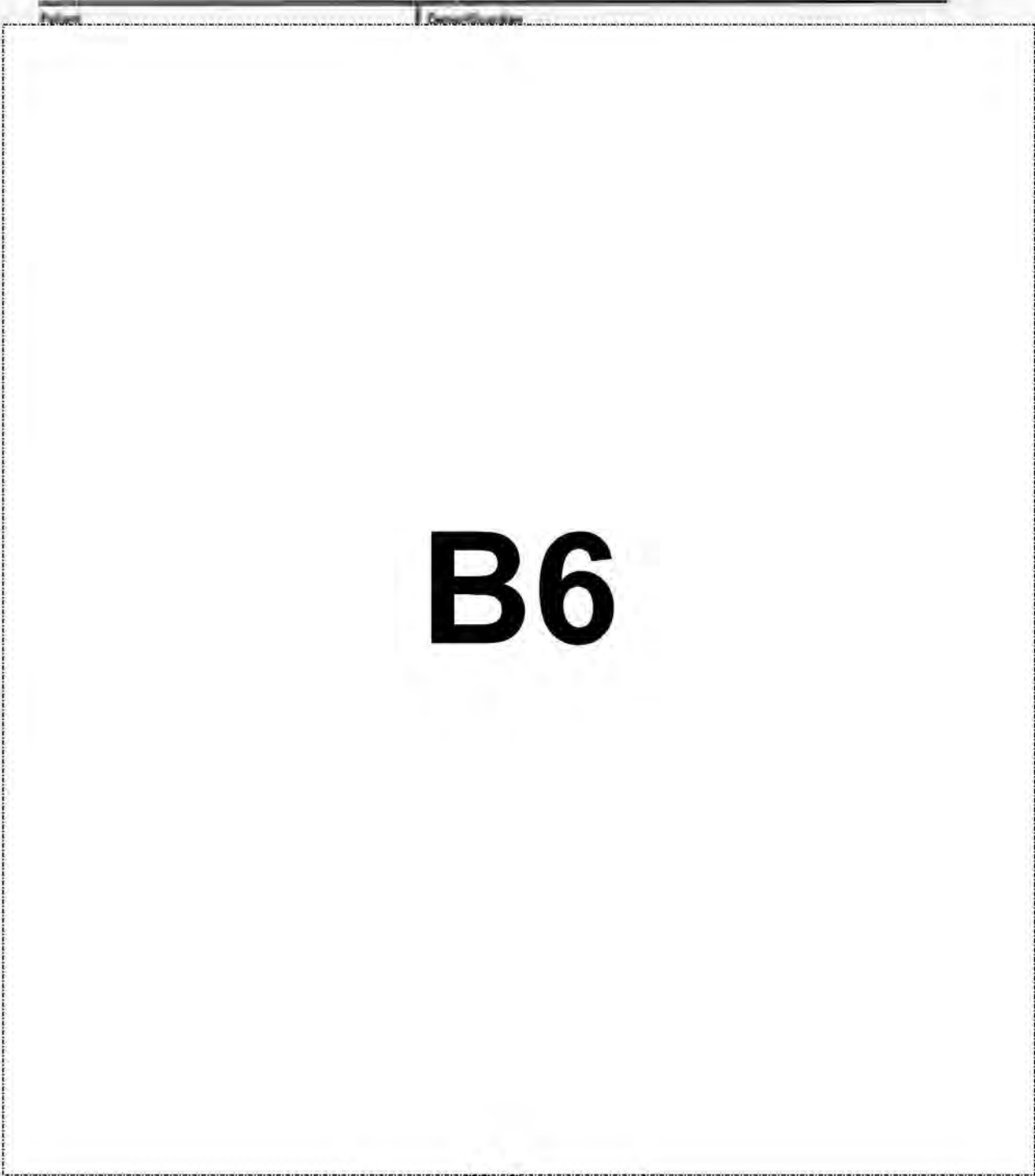
Client:
Patient:

B6

RDVM

B6

Referral Records 10/4/16



B6

Client: **B6**
Patient:

RDVM: **B6** Referral Records 10/4/16

Patient	Description
12-18-15	B6
	B6
<i>Specific</i>	<i>To ECG report on file Cardiology report</i>
	B6

Client: **B6**
Patient:

RDVM: **B6** Referral Records 10/4/16

Patient	Date/Condition
G1201160	

B6

Client: **B6**
Patient:

RDVM: **B6** Referral Records 10/4/16

Patient	B6	Dates/Quantity	B6
12/14/16 C. 100 - 4 P.	B6		

B6

B6

Client: **B6**
Patient:

Lab Image-IDEXX-GI Panel w/ Spec cPL K9, 10/18/2016

IDEXX
LABORATORIES

1-800-433-2007
Click the RED BANNER on
VeriConnect.com for a new view

FIFTH-CRAWFORD SMALL ANIMAL HOSPITAL
200 WESTBORD ROAD
CRAWFORD, MA 01536
508-687-4899
Account: 80755

Owner:
Patient:
Species:
Breed:
Age:
Gender:

Responsible
Appointments
Order History
Orders by
Records

B6

B6

B6

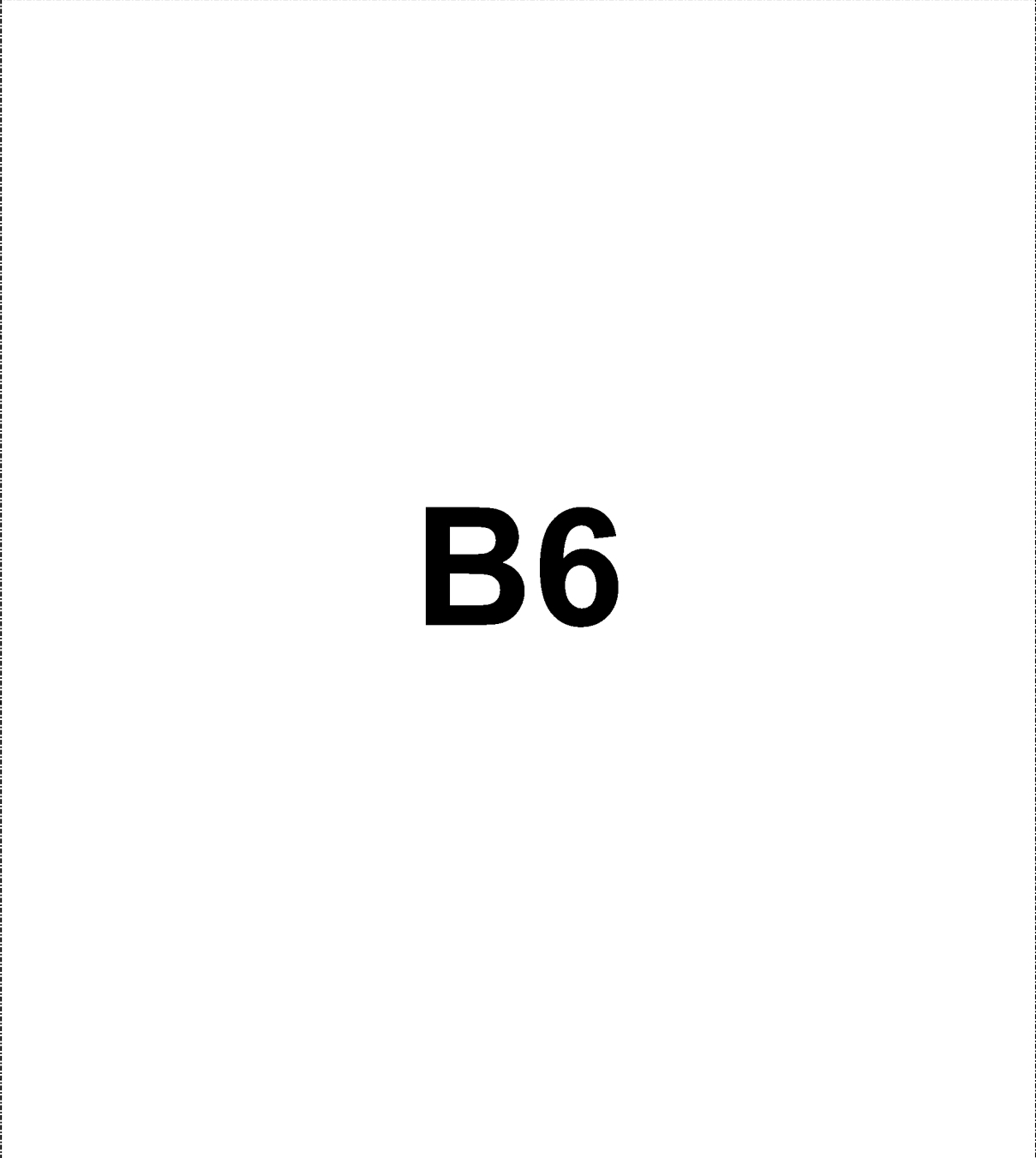
FINAL REPORT

PAGE 1 OF 1

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

rDVM: **B6** cords 12/18/15-4/12/17

Patient:	B6	Owner/Guardian:	B6
10/8/16	Tulsa report copy		



Client:
Patient:

B6

rDVM:

B6

Records 12/18/15-4/12/17

B6

B6

B6

Client: **B6**
Patient:

rDVM **B6** records 12/18/15-4/12/17

B6

Client: **B6**
Patient:

rDVM **B6** records 12/18/15-4/12/17

Patient **B6** **B6**

B6

B6

2/3/16

B6

3/14/16

4/15/16

DE



in internet

B6

B6

Client: **B6**
Patient:

rDV: **B6** records 12/18/15-4/12/17

04/12/17 11:02:33 000-000-0000

Idexx Laboratories | Page 001



INTEGRATIVE ANIMAL HEALTH CENTER
208 MAIN ST
BOLTON, MASSACHUSETTS 01740
1362

1-800-425-0907

Click the RED BANNER on
VetConnectPLUS.com for a new view

Account: 00074

Owner:
Patient:
Species:
Breed:
Age:
Gender:

Department:
Accountant:
Order receipt:
Collected by:
Specimen:

B6

B6

Client:
Patient:

B6

rDVM:

B6

records 12/18/15-4/12/17

B6

Client:
Patient:

B6

rDVM

B6

records 12/18/15-4/12/17

B6

B6

FINAL REPORT

PAGE 1 OF 1

Client: **B6**
Patient:

rDVM: **B6** records 12/18/15-4/12/17



1-888-433-0987

Click the RED BANNER on
VetConnect.com for a new view

INTEGRATIVE ANIMAL HEALTH CENTER
408 MAIN STREET
BOLTON, MA 01740
878-779-2800
Account: 88874

Owner: **B6**
Patient:
Species: **B6**
Breed: **B6**
Age:
Gender:
Registration #: 2242
Accession #: **B6**
Order no.: 10043828
Ordered by: **B6**
Reported:

B6

Client: **B6**
Patient:

rDVM: **B6** records 12/18/15-4/12/17

B6

Client:
Patient:

B6

rDVM

B6

Records 12/18/15-4/12/17

B6

Client:
Patient:

B6

rDVM **B6** records 12/18/15-4/12/17

JUN 12 2016 2:31PM KS VET 0146 148 00 000 0 00

B6

Accession Number **B6**
Status: Finalized

B6
Page 1 of 3

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

rDVM: **B6** hx 12/1/12-1/11/18

Patient History Report

Client Name: **B6**
Address: **B6**
Patient Name: **B6**
DOB: **B6**
Age: **B6**
Color: **B6**
Breed: **B6**
Sex: **B6**

Date	Type	Staff	History
1/11/2018			B6
12/1/2017			
12/1/2017			
12/1/2017			
12/1/2017			

B6

B6

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

rDVM **B6** th hx 12/1/12-1/11/18

Patient History Report

Client Name
Address

B6

Patient: **B6**
Species: **B6**
Age: **B6**
Color: **B6**

Exam: **B6**

B6

Date Type Staff History

B6

B6

B6

B6

Page 1 of 1

B6

Client: **B6**
Patient:

rDVM **B6** th hx 12/1/12-1/11/18

Patient History Report

Chief
Complaint

B6

Patient: **B6**
Species: **B6**
Age: **B6**
Color: **B6**

Event
Date

B6

Date Type Staff History

B6

B6

B6

B6

Client: **B6**
Patient:

rDVM: **B6**

hx 12/1/12-1/11/18

Patient History Report

Client
Phone
Address

B6

Patient:

B6

Species: **B6**

Age: **B6**

Color: **B6**

Brand
Lot

B6

Date Time Staff History

B6

Client: **B6**
Patient:

rDVM **B6** hx 12/1/12-1/11/18

Patient History Report

Client Phone Address	B6	Patient: Species: Canine Age: B6 Color: Gray	Breed: Sex:	B6
Date	Type	Staff	History	

B6

B6

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

rDVM **B6** hx 12/1/12-1/11/18

Patient History Report

Client Name
Address

B6

Patient

B6

Species

B6

Age

B6

Color, Class

Exam
Date

B6

Date Type Staff History

B6

Client: **B6**
Patient:

rDVM: **B6** hx 12/1/12-1/11/18

Patient History Report

Client
Phone
Address

B6

Patient
Species
Age
Color, Sex

B6

B6

Exam
Date

B6

Date Type Staff History

B6

Client: **B6**
Patient:

rDVM: **B6** with hx 12/1/12-1/11/18

Patient History Report

Client
Phone
Address

B6

Patient
Species
Age
Color, Coat

B6
B6

Exam
In

B6

Date Type Staff History

B6

Client: **B6**
Patient:

rDVM **B6** x 12/1/12-1/11/18

Patient History Report

Client
Phone
Address

B6

Patient
Species
Age
Color

B6

B6

Exam
Date

B6

Date Type Staff History

B6

Client: **B6**

Patient: **B6**

rDVM **B6**

hx 12/1/12-1/11/18

Patient History Report

Client
Phone
Address

B6

Patient:

B6

Species: Canine

Age:

B6

Color: Grey

Brand:
Lot:

B6

Date Type

Staff

History

B6

B6

Client:
Patient:

B6

rDVM: **B6** x 12/1/12-1/11/18

B6

Client: **B6**
Patient:

rDVM: **B6** hx 12/1/12-1/11/18

B6

B6

B6

B6

Client: **B6**

Patient:

rDVM **B6** 2/1/12-1/11/18

B6 **B6**

B6

B6

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

rDVM: **B6** hx 12/1/12-1/11/18

Patient: **B6** Owner/Guardian: **B6**

B6

5/21/13

B6

6/24/13

*TUHS report on flea case
6/21-423 U*

B6

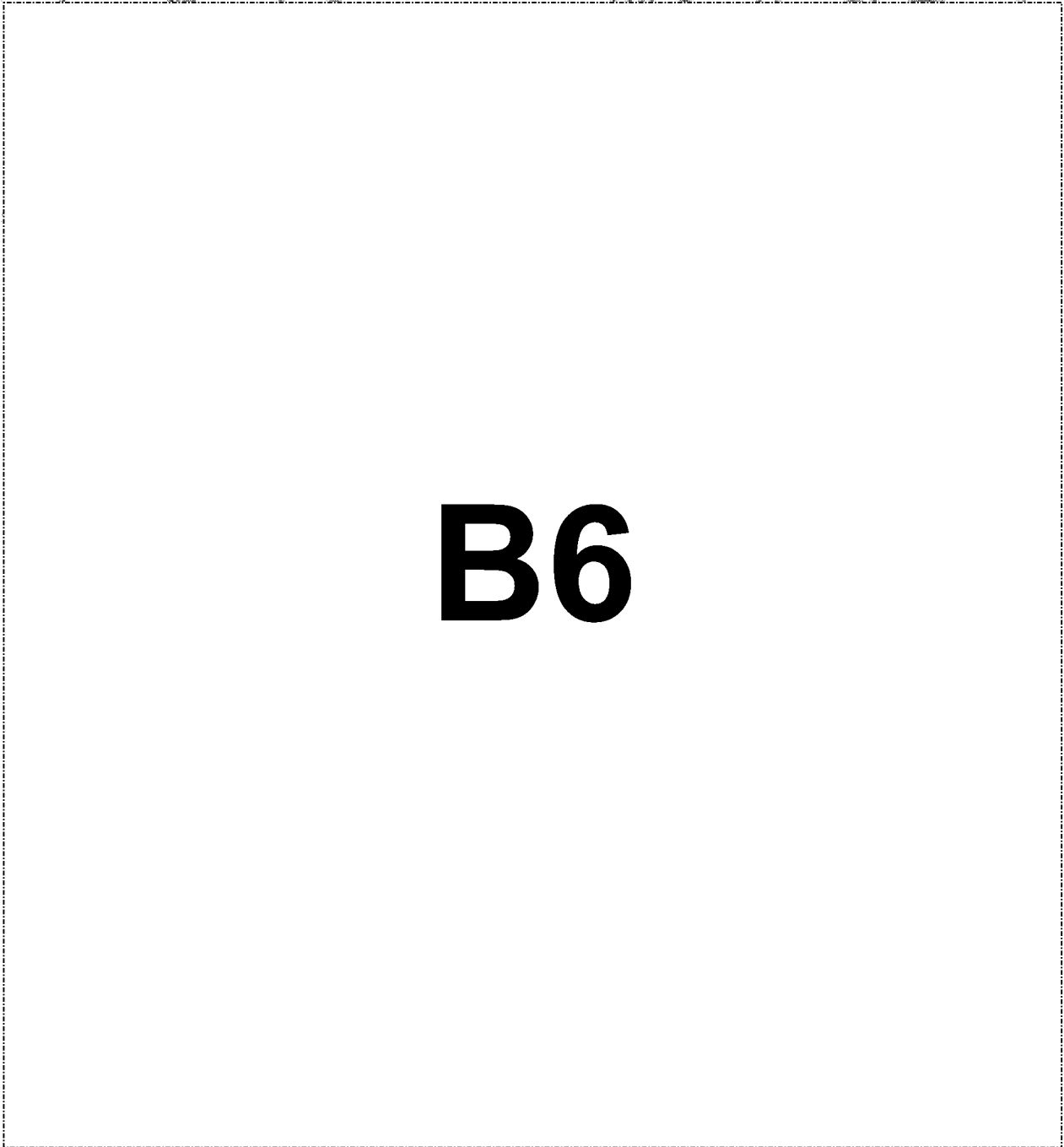
B6

Client: **B6**

Patient: **B6**

rDVM **B6** hx 12/1/12-1/11/18

B6 **B6**



B6

Client: **B6**
Patient:

rDVM **B6** hx 12/1/12-1/11/18

B6 **B6**

6/7/14

(248)

B6

ef 7/5/14

Cardiology report T116 on file 7/9/14
Recheck
mild to med subacute sclerosis, minimal
regurgitation

B6

B6

Client:
Patient:

B6

rDVM

B6

12/1/12-1/11/18

Patient	B6	Dates/Quantities	B6	
B6				
42602.3	B6			

Client:
Patient:

B6

rDVM

B6

hx 12/1/12-1/11/18

Patient

B6

Owner/Guardian

B6

B6

Client: **B6**
Patient:

rDVM: **B6** hx 12/1/12-1/11/18

Patient	B6	Diagnosis	B6
B6			

SBAR

B6

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

rDVM **B6** hx 12/1/12-1/11/18

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

B6

11/12/14 Cardiology Report TTE's on file 11/6/14
recheck
mild dilation of LV cavity
mild to moderate SAS (S)

12/12/15 Aired referral for fitness to change joint

B6

4/7/15 4D/0 SA km+MM

informed of results

B6

B6

B6

B6

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

rDVM: **B6** hx 12/1/12-1/11/18

Patient	B6	Owner/Guardian	B6
B6			
B6			
<i>A</i> <i>B</i>	B6		
			B6
	B6		
B6			

Client: **B6**

Patient:

rDVM **B6**

hx 12/1/12-1/11/18

B6 **B6**

B6

B6

Client:
Patient:

B6

rDVM

B6

12/1/12-1/11/18

Patient	B6	Owner/Guardian	B6
<h1>B6</h1>			

B6

DUPLICATE OF TOPS

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

rDVM: **B6** h hx 12/1/12-1/11/18

Patient	B6	Owner/Guardian	B6
10/29/15 forced referral + records to take surgery Verification on file			

B6

B6	<i>Surgery</i>
B6	
B6	

Client: **B6**
Patient:

rDVM: **B6** x 12/1/12-1/11/18

Patient	B6	Date/Signature	B6	
<h1>B6</h1>				

1/20/18 Tufts report on file
Cardiology report
Diagnosis - Sub-aortic Stenosis w/ small
aortic root + mild mitral valve
dys + mild to mod R atrial enlargement.

<h1>B6</h1>				
-------------	--	--	--	--

B6

Client: **B6**
Patient:

rDVM **B6** hx 12/1/12-1/11/18

B6 **B6**

B6

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

rDVM: **B6** x 12/1/12-1/11/18

B6 **B6**

B6

B6

B6

B6

B6

Client: **B6**

Patient:

rDVM: **B6**

hx 12/1/12-1/11/18

Patient: **B6** Date/Signature: **B6**

B6

Client:
Patient:

B6

rDVM I

B6

x 12/1/12-1/11/18

B6	B6
B6	
prepares the clinical results to Tufts art: B6 (cardiology) will give to B6	

B6

B6

4/12/17	faxed last yr records / labs to Tufts - Cardiology attn: Dr. Rush B6 @ 11:14am	B6
---------	--	-----------

4/13/17

5/1/17

B6

Client:
Patient:

B6

rDVM

B6

hx 12/1/12-1/11/18

Page

6
6

B6

Client: **B6**
Patient:

Lab Image: NT proBNP 1/18/18

B6

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

B6 Diet Early Cardiac Dry Food 8/1/18

B6

B6

FAX: **B6**
B6

Veterinarian Approval Form

Please sign and fax or email the form to **B6** or vetdiet@chewy.com

Dear Dr. Rust:

B5

REF# 113990232 DATE Aug 1, 2018
CLIENT **B6** PET NAME **B6**
PET FOOD: Royal Canin Veterinary Diet Early Cardiac Dry Dog Food, 17.6-lb bag

Please fill in the following information: * Required Item

*Clinic Name: _____

*Clinic Zip Code: _____

Approved Unlimited Refills _____

Declined Reason: _____

Additional Notes: _____

*Printed Name: _____

*Signature: _____

B6

Client: **B6**
Patient:

IDEXX - BNP - 7/27/2018

B6

B6

B6

Client: **B6**
Patient:

IDEXX CARDIOPET proBNP 9/28/18

B6

Client: **B6**
Patient:

Vitals Results

B6

Client:
Patient:

B6

Vitals Results

B6

Client: **B6**
Patient:

B6

Radiographs from 10/19/15

B6

Client: **B6**
Patient:

B6

Radiographs from 10/19/15

B6

Client: **B6**
Patient:

ECG from Cardio

B6

B6

B6

Client: **B6**
Patient:

ECG from Cardio

B6

B6

B6

Client: **B6**
Patient:

ECG from Cardio

B6

B6

B6

Client:
Patient:

B6

rDVM CXR and AXR

B6

Client:
Patient: **B6**

rDVM CXR and AXR

B6

Client:
Patient:

B6

rDVM CXR and AXR

B6

Client: **B6**
Patient:

rDVM CXR and AXR

B6

Client: **B6**
Patient:

rDVM CXR and AXR

B6

Client: **B6**
Patient:

rDVM CXR and AXR

B6

Client: **B6**
Patient:

Patient History

06/13/2014 08:16 AM	Appointment
07/03/2014 10:55 AM	UserForm
07/03/2014 11:35 AM	Purchase
07/03/2014 11:35 AM	UserForm
07/03/2014 11:36 AM	Treatment
07/03/2014 12:04 PM	Vitals
07/03/2014 12:05 PM	Purchase
07/03/2014 12:21 PM	Purchase
07/03/2014 12:21 PM	Purchase
07/17/2014 10:01 AM	Appointment
09/03/2014 01:06 PM	Appointment
11/06/2014 02:14 PM	UserForm
11/06/2014 02:58 PM	Purchase
11/06/2014 02:58 PM	Purchase
11/06/2014 03:08 PM	Treatment
11/06/2014 03:19 PM	UserForm
11/06/2014 03:31 PM	Purchase
11/06/2014 03:32 PM	Purchase
09/17/2015 09:55 AM	Appointment
10/29/2015 12:21 PM	Appointment
11/10/2015 04:22 PM	Appointment
11/10/2015 05:35 PM	Appointment
11/12/2015 09:44 AM	UserForm
11/12/2015 09:47 AM	Purchase
11/12/2015 09:54 AM	Vitals
11/12/2015 10:34 AM	Purchase
11/12/2015 10:35 AM	Treatment
11/12/2015 10:42 AM	UserForm
12/16/2015 09:21 AM	UserForm
12/16/2015 09:24 AM	Purchase
12/16/2015 09:28 AM	Vitals
12/16/2015 09:28 AM	Vitals

B6

Client: **B6**
Patient:

Patient History

12/16/2015 09:28 AM	Vitals
12/16/2015 09:28 AM	Vitals
12/17/2015 10:53 AM	Appointment
12/17/2015 11:00 AM	UserForm
12/23/2015 05:01 PM	Email
12/23/2015 05:15 PM	Appointment
12/31/2015 03:48 PM	Prescription
01/15/2016 09:46 AM	Purchase
01/15/2016 09:47 AM	Purchase
01/15/2016 09:47 AM	Purchase
01/15/2016 10:07 AM	Purchase
01/15/2016 10:11 AM	UserForm
01/20/2016 08:53 AM	Appointment
01/21/2016 09:34 AM	Prescription
01/21/2016 11:11 AM	UserForm
01/21/2016 11:51 AM	Purchase
01/21/2016 11:51 AM	Purchase
01/21/2016 02:39 PM	Purchase
01/21/2016 02:40 PM	Treatment
01/21/2016 03:01 PM	Prescription
01/21/2016 03:02 PM	UserForm
01/21/2016 03:12 PM	Vitals
01/21/2016 03:44 PM	Purchase
01/21/2016 03:44 PM	Purchase
01/21/2016 03:44 PM	Purchase
01/21/2016 04:07 PM	Vitals
01/21/2016 05:18 PM	Treatment
01/21/2016 05:19 PM	Vitals
01/21/2016 05:19 PM	Treatment
01/21/2016 05:19 PM	Treatment
01/21/2016 05:19 PM	Treatment
01/21/2016 05:19 PM	Vitals
01/21/2016 05:19 PM	Vitals
01/21/2016 05:21 PM	Treatment
01/21/2016 06:06 PM	Treatment
01/21/2016 06:06 PM	Vitals
01/21/2016 06:06 PM	Treatment
01/21/2016 07:11 PM	Treatment
01/21/2016 07:11 PM	Vitals
01/21/2016 07:11 PM	Treatment

B6

Client: **B6**
Patient:

Patient History

01/21/2016 09:15 PM Treatment
01/21/2016 09:15 PM Vitals
01/21/2016 09:15 PM Treatment
01/21/2016 09:19 PM Treatment

01/21/2016 09:19 PM Vitals

01/21/2016 09:29 PM Treatment
01/21/2016 09:29 PM Treatment
01/21/2016 09:29 PM Vitals
01/21/2016 09:29 PM Vitals
01/21/2016 10:54 PM Treatment
01/21/2016 11:07 PM Purchase

01/21/2016 11:10 PM Treatment
01/21/2016 11:10 PM Vitals
01/21/2016 11:10 PM Treatment
01/22/2016 01:21 AM Treatment
01/22/2016 01:21 AM Treatment
01/22/2016 01:24 AM Treatment

01/22/2016 01:27 AM Treatment

01/22/2016 01:28 AM Treatment
01/22/2016 01:28 AM Vitals
01/22/2016 01:28 AM Vitals
01/22/2016 01:55 AM Treatment
01/22/2016 01:55 AM Vitals
01/22/2016 04:54 AM Treatment
01/22/2016 04:54 AM Vitals
01/22/2016 04:57 AM Treatment
01/22/2016 04:58 AM Treatment
01/22/2016 04:58 AM Treatment

01/22/2016 04:58 AM Vitals
01/22/2016 05:03 AM Treatment
01/22/2016 05:03 AM Vitals
01/22/2016 05:03 AM Vitals
01/22/2016 07:50 AM Treatment
01/22/2016 07:50 AM Vitals
01/22/2016 07:55 AM Treatment
01/22/2016 07:55 AM Vitals
01/22/2016 08:13 AM Treatment
01/22/2016 09:14 AM Treatment
01/22/2016 09:42 AM Treatment
01/22/2016 09:42 AM Vitals
01/22/2016 09:43 AM Treatment
01/22/2016 10:33 AM Prescription
01/22/2016 11:05 AM Purchase
01/22/2016 11:05 AM Purchase

B6

Client: **B6**
Patient:

Patient History

01/22/2016 12:31 PM Purchase
01/22/2016 12:47 PM Treatment
01/22/2016 12:50 PM Treatment
01/22/2016 12:50 PM Vitals
01/22/2016 12:50 PM Vitals
01/22/2016 12:59 PM Treatment

01/22/2016 12:59 PM Vitals

01/22/2016 01:16 PM Treatment
01/22/2016 01:31 PM Treatment
01/22/2016 01:33 PM Treatment
01/22/2016 01:38 PM Treatment
01/22/2016 01:38 PM Vitals
01/22/2016 01:39 PM Treatment
01/22/2016 01:39 PM Treatment

01/22/2016 02:53 PM Purchase
01/22/2016 02:57 PM Purchase
01/22/2016 03:20 PM Treatment
01/22/2016 03:20 PM Vitals
01/22/2016 04:23 PM Treatment
01/22/2016 04:23 PM Vitals
01/22/2016 04:23 PM Vitals
01/22/2016 05:12 PM Treatment
01/22/2016 05:12 PM Vitals
01/22/2016 06:27 PM Treatment
01/22/2016 06:27 PM Treatment
01/22/2016 07:10 PM Treatment
01/22/2016 07:43 PM Treatment
01/22/2016 07:43 PM Vitals
01/22/2016 07:43 PM Vitals
01/22/2016 07:55 PM UserForm
01/22/2016 07:59 PM Treatment
01/22/2016 07:59 PM Treatment
01/22/2016 09:41 PM Treatment
01/22/2016 09:41 PM Vitals
01/22/2016 09:42 PM Treatment
01/22/2016 09:42 PM Treatment
01/22/2016 11:07 PM Purchase
01/22/2016 11:49 PM Treatment
01/22/2016 11:49 PM Vitals
01/22/2016 11:49 PM Treatment
01/22/2016 11:50 PM Treatment
01/22/2016 11:50 PM Vitals
01/22/2016 11:51 PM Treatment
01/22/2016 11:51 PM Vitals
01/22/2016 11:51 PM Vitals
01/23/2016 12:36 AM Treatment
01/23/2016 01:33 AM Treatment

B6

Client: **B6**
Patient:

Patient History

01/23/2016 01:33 AM Vitals
01/23/2016 01:33 AM Vitals
01/23/2016 01:34 AM Treatment
01/23/2016 01:41 AM Vitals
01/23/2016 01:44 AM Treatment

01/23/2016 01:50 AM Treatment
01/23/2016 01:50 AM Vitals
01/23/2016 02:08 AM Treatment

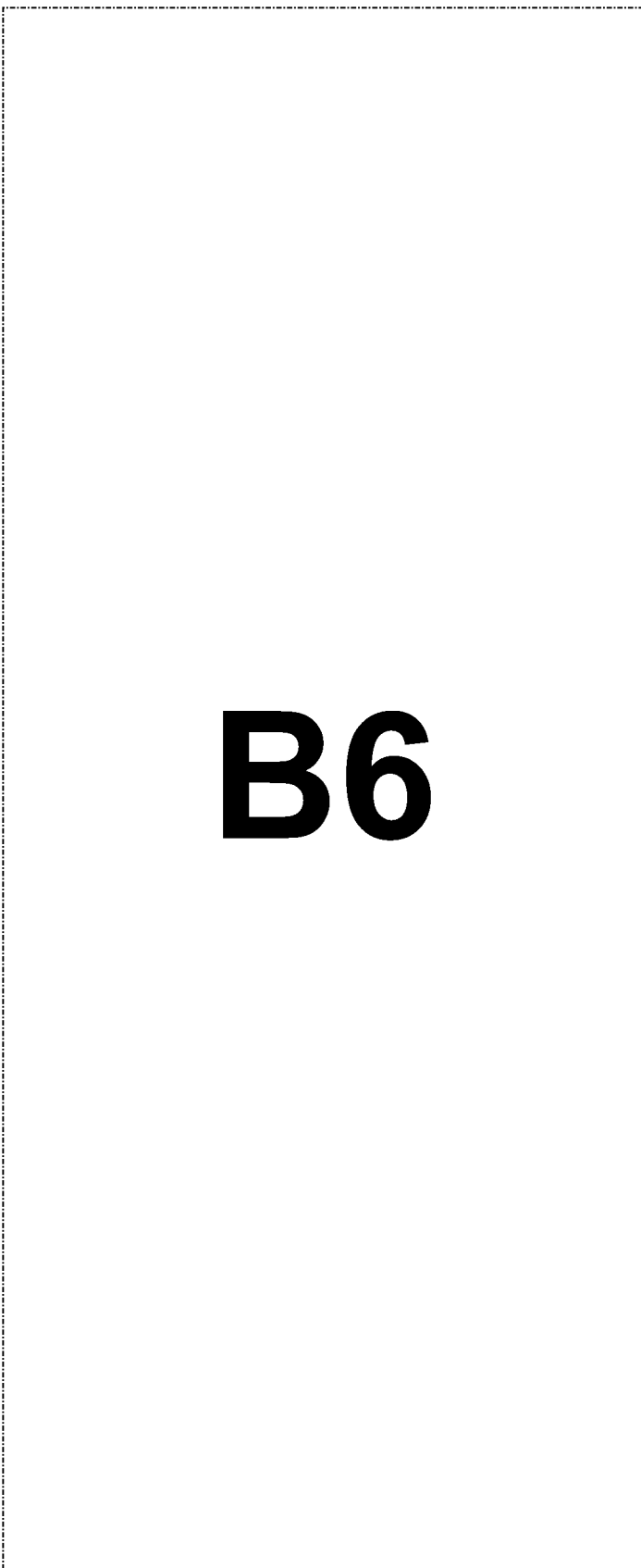
01/23/2016 03:55 AM Treatment
01/23/2016 03:55 AM Treatment
01/23/2016 03:55 AM Vitals
01/23/2016 03:55 AM Vitals
01/23/2016 05:21 AM Treatment
01/23/2016 05:22 AM Vitals
01/23/2016 05:22 AM Treatment
01/23/2016 05:24 AM Treatment
01/23/2016 07:22 AM Treatment
01/23/2016 07:22 AM Vitals
01/23/2016 08:09 AM Treatment
01/23/2016 08:09 AM Vitals
01/23/2016 08:09 AM Treatment
01/23/2016 08:09 AM Vitals
01/23/2016 08:09 AM Vitals
01/23/2016 09:11 AM Prescription
01/23/2016 09:11 AM Prescription
01/23/2016 09:11 AM Prescription
01/23/2016 09:11 AM Prescription
01/23/2016 09:32 AM Treatment
01/23/2016 09:32 AM Vitals
01/23/2016 09:33 AM Treatment
01/23/2016 09:33 AM Vitals
01/23/2016 11:05 AM Purchase
01/23/2016 11:05 AM Purchase
01/23/2016 11:11 AM Treatment
01/23/2016 11:11 AM Vitals
01/23/2016 11:53 AM Treatment
01/23/2016 11:53 AM Vitals
01/23/2016 11:53 AM Vitals
01/25/2016 09:54 AM Appointment

02/01/2016 03:48 PM Appointment

02/03/2016 08:21 AM Appointment

02/03/2016 08:33 AM UserForm

02/03/2016 08:38 AM Vitals



Client: B6
Patient:

Patient History

02/03/2016 08:57 AM	Purchase
02/03/2016 04:24 PM	Appointment
02/16/2016 08:08 AM	Appointment
03/23/2016 09:35 AM	Vitals
03/23/2016 09:35 AM	Vitals
03/23/2016 09:35 AM	Vitals
03/23/2016 09:35 AM	Vitals
03/23/2016 09:35 AM	Vitals
03/23/2016 09:42 AM	UserForm
03/23/2016 09:59 AM	UserForm
03/23/2016 11:08 AM	Purchase
03/23/2016 11:08 AM	Treatment
03/23/2016 11:20 AM	Purchase
03/23/2016 11:20 AM	Purchase
06/09/2016 09:54 AM	Appointment
10/07/2016 02:31 PM	UserForm
10/07/2016 02:31 PM	Vitals
10/07/2016 02:31 PM	Vitals
10/07/2016 02:31 PM	Vitals
10/07/2016 02:31 PM	Vitals
10/07/2016 04:35 PM	UserForm
10/07/2016 04:49 PM	Treatment
10/07/2016 05:15 PM	Purchase
10/07/2016 05:15 PM	Purchase
10/07/2016 05:42 PM	Purchase
10/11/2016 02:28 PM	Appointment
10/11/2016 02:29 PM	Appointment
10/13/2016 12:48 PM	Appointment
10/17/2016 11:10 AM	Vitals
10/17/2016 11:10 AM	Vitals
10/17/2016 11:10 AM	Vitals
10/17/2016 11:32 AM	Purchase
10/17/2016 11:36 AM	UserForm
10/17/2016 11:59 AM	Purchase

B6

Client: B6
Patient:

Patient History

10/17/2016 12:01 PM	Purchase
10/17/2016 12:03 PM	Vitals
10/17/2016 01:15 PM	UserForm
10/17/2016 02:29 PM	Email
10/19/2016 04:40 PM	Prescription
10/19/2016 04:43 PM	Prescription
10/19/2016 04:43 PM	Prescription
10/19/2016 04:44 PM	Prescription
11/09/2016 12:57 PM	Prescription
12/19/2016 11:11 AM	UserForm
12/19/2016 11:11 AM	Vitals
12/19/2016 11:38 AM	Purchase
12/19/2016 11:38 AM	Treatment
12/19/2016 12:16 PM	UserForm
12/19/2016 12:21 PM	Purchase
12/27/2016 10:33 AM	Appointment
01/25/2017 10:43 AM	Purchase
01/25/2017 10:47 AM	UserForm
01/25/2017 10:52 AM	Purchase
01/26/2017 01:14 PM	Prescription
01/26/2017 01:15 PM	Purchase
01/26/2017 01:20 PM	Purchase
02/01/2017 06:30 PM	Deleted Reason
02/01/2017 06:30 PM	Deleted Reason
04/11/2017 04:07 PM	Prescription
04/11/2017 04:13 PM	Prescription
04/11/2017 04:13 PM	Prescription
04/11/2017 04:15 PM	Purchase
05/02/2017 12:19 PM	Prescription
05/18/2017 01:05 PM	Deleted Reason
05/18/2017 01:06 PM	Purchase
05/18/2017 01:09 PM	Purchase
05/18/2017 01:10 PM	Purchase
06/04/2017 03:55 PM	Prescription
07/10/2017 12:41 PM	Prescription
07/10/2017 12:46 PM	Purchase
08/08/2017 01:51 PM	Prescription
09/05/2017 05:08 PM	Prescription
09/05/2017 05:11 PM	Purchase
10/05/2017 09:26 AM	Prescription
10/19/2017 10:58 AM	Appointment
01/18/2018 12:41 PM	UserForm

B6

Client: **B6**
Patient:

Patient History

01/18/2018 12:44 PM	Purchase
01/18/2018 01:23 PM	Treatment
01/18/2018 01:30 PM	Prescription
01/18/2018 01:31 PM	Purchase
01/18/2018 01:37 PM	UserForm
01/18/2018 02:01 PM	Purchase
01/18/2018 02:30 PM	Purchase
01/18/2018 02:38 PM	Email
01/22/2018 11:29 AM	Appointment
04/17/2018 10:57 AM	UserForm
04/17/2018 10:57 AM	Treatment
04/17/2018 10:58 AM	Purchase
04/17/2018 11:42 AM	Purchase
04/17/2018 11:42 AM	Vitals
04/17/2018 11:43 AM	Purchase
04/17/2018 12:09 PM	UserForm
05/04/2018 03:01 PM	Appointment
07/26/2018 02:24 PM	UserForm
07/26/2018 02:29 PM	UserForm
07/26/2018 02:34 PM	Treatment
07/26/2018 02:35 PM	Purchase
07/26/2018 03:12 PM	UserForm
07/26/2018 03:42 PM	Purchase
07/26/2018 03:52 PM	Purchase
07/30/2018 05:31 PM	Prescription
07/30/2018 05:33 PM	Purchase
07/31/2018 09:31 AM	Purchase
08/02/2018 02:45 PM	Prescription
08/02/2018 02:45 PM	Purchase
08/15/2018 09:01 AM	Appointment
08/15/2018 09:04 AM	Appointment
08/16/2018 05:43 PM	Appointment
09/06/2018 12:39 PM	Prescription
09/06/2018 12:39 PM	Purchase
09/28/2018 12:36 PM	UserForm
09/28/2018 12:43 PM	Purchase
09/28/2018 01:20 PM	Treatment

B6

Client: **B6**
Patient:

Patient History

09/28/2018 01:20 PM	Vitals
09/28/2018 01:29 PM	Prescription
09/28/2018 01:31 PM	Purchase
09/28/2018 01:34 PM	Purchase
09/28/2018 01:40 PM	Purchase
09/28/2018 01:43 PM	UserForm
09/28/2018 02:14 PM	Deleted Reason
09/28/2018 02:15 PM	Prescription

Weight (kg) 22.7

B6

Certificate of Analysis

Food and Drug Administration - CVM - Invoice Denise Durham

8401 Muirkirk Rd.
Laurel Maryland 20708 United States

Sample Name:	800.218	Covance Sample:	6406524
Project ID	FDA_CVM-20170804-0007	Receipt Date	04-Aug-2017
PO Number	HHSF223201610005I/HHSF22301002T	Receipt Condition	Ambient temperature
Sample Serving Size	100 g	Login Date	04-Aug-2017
		Online Order	20

Analysis	Result
L-Carnitine *	
L-Carnitine	69900 ppb
Taurine	
Taurine	231 mg/Serving Size

Method References **Testing Location**

L-Carnitine (CARNITNE_S) **Covance Laboratories - Madison**

STAREY ET AL.: JOURNAL OF AOAC INTERNATIONAL VOL. 91, NO.1, 2008. (Modified).

Taurine (TAUR_LC_S) **Covance Laboratories - Madison**

R. Schuster, "Determination of Amino Acids in Biological, Pharmaceutical, Plant and Food Samples by Automated Precolumn Derivatization and HPLC", Journal of Chromatography., 1988, 431, 271-284, Henderson, J.W., Ricker, R.D. Bidlingmeyer, B.A., Woodward, C., "Rapid, Accurate, Sensitive, and Reproducible HPLC Analysis of Amino Acids, Amino Acid Analysis Using Zorbax Eclipse-AAA columns and the Agilent 1100 HPLC," Agilent Publication, 2000, and Barkholt and Jensen, "Amino Acid Analysis: Determination of Cysteine plus Half-Cystine in Proteins after Hydrochloric Acid Hydrolysis with a Disulfide Compound as Additive," Analytical Biochemistry, 177, 318-322 (1989).

Testing Location(s) **Released on Behalf of Covance by**

Covance Laboratories - Madison

Edward Ladwig - Director

Covance Laboratories Inc.
3301 Kinsman Blvd
Madison WI 53704
800-675-8375



2918.01

These results apply only to the items tested. This certificate of analysis shall not be reproduced, except in its entirety, without the written approval of Covance.

* This analysis is not ISO accredited.

Certificate of Analysis

Food and Drug Administration - CVM

8401 Muirkirk Rd.
Laurel Maryland 20708 United States

Sample Name:	1-dog food	Covance Sample:	7192972
Project ID	FDA_CVM-20180413-0004	Receipt Date	13-Apr-2018
PO Number	HHSF223201610005I HHSF22301003T	Receipt Condition	Ambient temperature
Sample Serving Size		Login Date	13-Apr-2018
Description	800.261-sub	Online Order	20

Analysis	Result
Cystine and Methionine *	
Cystine	293 mg/100g
Methionine	358 mg/100g
Taurine	
Taurine	45.5 mg/100g

Method References **Testing Location**

Cystine and Methionine (AAAC_S) **Covance Laboratories - Madison**

Official Methods of Analysis of AOAC INTERNATIONAL, Method 982.30 E(a/b)

Taurine (TAUR_LC_S) **Covance Laboratories - Madison**

Official Methods of Analysis of AOAC INTERNATIONAL, Method 999.12, AOAC International Gaithersburg, MD, USA, (Modified)

R. Schuster, "Determination of Amino Acids in Biological, Pharmaceutical, Plant and Food Samples by Automated Precolumn Derivatization and HPLC", *Journal of Chromatography*, 431:271-284, (1988) (Modified)

Henderson, J.W., Ricker, R.D. Bidlingmeyer, B.A., Woodward, C., "Rapid, Accurate, Sensitive, and Reproducible HPLC Analysis of Amino Acids, Amino Acid Analysis Using Zorbax Eclipse-AAA columns and the Agilent 1100 HPLC," Agilent Publication, 2000 (Modified)

Henderson, J.W., Books, A., "Improved Amino Acid Methods using Agilent Zorbax Eclipse Plus C18 Columns for a Variety of Agilent LC Instrumentation and Separation Goals," Agilent Application Note 5990-4547, (2010).

Testing Location(s) **Released on Behalf of Covance by**

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3301 Kinsman Blvd
Madison WI 53704
800-675-8375

Edward Ladwig - Director



2918.01

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Printed: 01-May-2018 2:31 pm

Page 1 of 1

Grain-free as defined by absence of corn, wheat, soy.

Tufts 227185: **Blue Buffalo Basics** Salmon – is it Salmon & Potato? Both = LID. Grain-Free?

Pea and Pumpkin, no corn, wheat, soy, dairy or eggs (LID GF says same info as other Salmon Basics)



Blue Basics LID Salmon & Potato: (no lentil)

Deboned Salmon, Oatmeal, Brown Rice, Peas, Salmon Meal (source of Omega 3 Fatty Acids and Glucosamine), Potatoes, Pea Fiber, Canola Oil (source of Omega 6 Fatty Acids), Natural Flavor, Pea Protein, Calcium Carbonate, Dicalcium Phosphate, Fish Oil (source of Omega 3 Fatty Acids), Dehydrated Alfalfa Meal, Pumpkin, Dried Chicory Root, Flaxseed (source of Omega 3 and 6 Fatty Acids), Potato Starch, Choline Chloride, Natural Flavor, Caramel Color, Salt, Potassium Chloride, Vitamin E Supplement, L-Ascorbyl-2-Polyphosphate (source of Vitamin C), Mixed Tocopherols (a natural preservative), DL-Methionine, Ferrous Sulfate, Parsley, Dried Kelp, Blueberries, Cranberries, Barley Grass, Yucca Schidigera Extract, Iron Amino Acid Chelate, Turmeric, Zinc Amino Acid Chelate, Zinc Sulfate, Oil of Rosemary, L-Carnitine, L-Lysine, Copper Sulfate, Copper Amino Acid Chelate, Nicotinic Acid (Vitamin B3), Calcium Pantothenate (Vitamin B5), Taurine, Biotin (Vitamin B7), Manganese Sulfate, Vitamin A Supplement, Manganese Amino Acid Chelate, Dried Yeast, Dried Enterococcus faecium fermentation product, Dried Lactobacillus acidophilus fermentation product, Dried Aspergillus niger fermentation extract, Dried Trichoderma longibrachiatum fermentation extract, Dried Bacillus subtilis fermentation extract, Thiamine Mononitrate (Vitamin B1), Riboflavin (Vitamin B2), Vitamin D3 Supplement, Vitamin B12 Supplement, Pyridoxine Hydrochloride (Vitamin B6), Folic Acid (Vitamin B9), Calcium Iodate, Sodium Selenite.

Blue Basics LID Salmon & Potato – Grain-free formula: (no lentil)

Deboned Salmon, Potatoes, Peas, Pea Starch, Salmon Meal (source of Omega 3 Fatty Acids and Glucosamine), Tapioca Starch, Pea Fiber, Canola Oil (source of Omega 6 Fatty Acids), Pea Protein, Natural Flavor, Dicalcium Phosphate, Calcium Carbonate, Fish Oil (source of Omega 3 Fatty

Acids), Dehydrated Alfalfa Meal, Pumpkin, Dried Chicory Root, Choline Chloride, Flaxseed (source of Omega 3 and 6 Fatty Acids), Potato Starch, Caramel Color, Salt, Vitamin E Supplement, DL-Methionine, Mixed Tocopherols (a natural preservative), L-Ascorbyl-2-Polyphosphate (source of Vitamin C), Ferrous Sulfate, Parsley, Dried Kelp, Blueberries, Cranberries, Barley Grass, Yucca Schidigera Extract, Iron Amino Acid Chelate, Turmeric, Zinc Amino Acid Chelate, Zinc Sulfate, Oil of Rosemary, L-Carnitine, L-Lysine, Copper Sulfate, Copper Amino Acid Chelate, Nicotinic Acid (Vitamin B3), Calcium Pantothenate (Vitamin B5), Taurine, Biotin (Vitamin B7), Manganese Sulfate, Vitamin A Supplement, Manganese Amino Acid Chelate, Dried Yeast, Dried Enterococcus faecium fermentation product, Dried Lactobacillus acidophilus fermentation product, Dried Aspergillus niger fermentation extract, Dried Trichoderma longibrachiatum fermentation extract, Dried Bacillus subtilis fermentation extract, Thiamine Mononitrate (Vitamin B1), Riboflavin (Vitamin B2), Vitamin D3 Supplement, Vitamin B12 Supplement, Pyridoxine Hydrochloride (Vitamin B6), Folic Acid (Vitamin B9), Calcium Iodate, Sodium Selenite.

Tufts 233025, 316296, 345266, NCSU 323515, 323519, Ohio 345822, 345831, 345833

California Naturals Kangaroo and Lentil, Venison and Lentil – Grain free, Kangaroo, red and green lentils, Peas & pea fiber, sunflower oil, flaxseed (vit/min, rosemary extract). No Grains, white potatoes, corn, soy, dairy or eggs.

Ingredients: Kangaroo/Red Lentil:

Kangaroo, Red Lentils, Green Lentils, Peas, Sunflower Oil (Preserved with Mixed Tocopherols), Flaxseed, Pea Fiber, Dicalcium Phosphate, Natural Flavors, Calcium Carbonate, Salt, DL-Methionine, Minerals (Zinc Proteinate, Iron Proteinate, Copper Proteinate, Manganese Proteinate, Calcium Iodate, Vitamins (Betaine Hydrochloride, Vitamin A Supplement, Niacin Supplement, Calcium Pantothenate, Beta Carotene, Vitamin B12 Supplement, Vitamin D3 Supplement, Riboflavin Supplement, Pyridoxine Hydrochloride, Thiamine Mononitrate, Biotin, Folic Acid), Vitamin E Supplement, Rosemary Extract

Ingredients: Venison/Green Lentil:

Venison, Green Lentils, Red Lentils, Peas, Sunflower Oil (Preserved with Mixed Tocopherols), Flaxseed, Pea Fiber, Calcium Carbonate, Dicalcium Phosphate, Natural Flavors, Salt, Potassium Chloride, DL-Methionine, Taurine, Minerals (Zinc Proteinate, Iron Proteinate, Copper Proteinate, Manganese Proteinate, Calcium Iodate), Vitamin E Supplement, Vitamins (Betaine Hydrochloride, Vitamin A Supplement, Niacin Supplement, Calcium Pantothenate, Beta Carotene, Vitamin B12 Supplement, Vitamin D3 Supplement, Riboflavin Supplement, Pyridoxine Hydrochloride, Thiamine Mononitrate, Biotin, Folic Acid), Rosemary Extract



Tufts 331611 **PetGuard Organic Vegan** (only “Organic Vegan” is a canned food)



Organic Vegan Formula

INGREDIENTS:

Sufficient Water For Processing, **Organic Pea Protein**, Organic Oats, Organic Sunflower Oil, Organic Quinoa, Organic Barley, Organic Brown Rice, Deflourinated Tricalcium Phosphate, Organic Guar Gum, Organic Carrots, **Organic Peas**, Organic Potatoes, Organic Spinach, Potassium Chloride, Choline Chloride, **Organic Flaxseed**, Organic Apples, Organic Tomato Powder, Organic Dried Kelp, Zinc Amino Acid Chelate, Iron Amino Acid Chelate, Salt, Vitamin E Supplement, Copper Amino Acid Chelate, Manganese Amino Acid Chelate, Niacin, d-Calcium Pantothenate, Sodium Selenite, Vitamin A Supplement, Riboflavin Supplement (Vitamin B2), Biotin, Thiamine Mononitrate (Vitamin B1), Calcium Iodate, Pyridoxine Hydrochloride (Vitamin B6), Ergocalciferol (Source of Vitamin D2), Vitamin B12 Supplement, Cobalt Amino Acid Chelate, Folic Acid, Inositol.

Signature Essentials:

Lamb (1), Salmon (3), Kangaroo (6)



Lamb: WHAT'S INSIDE (no lentils)

Lamb, Lamb Meal, Peas, Chickpeas, Pea Flour, Sunflower Oil (Preserved with Citric Acid), Pea Protein, Flaxseed, Natural Flavors, Dehydrated Alfalfa Meal, Dried Beet Pulp, Potassium Chloride, Salt, Minerals (Zinc Proteinate, Iron Proteinate, Copper Proteinate, Manganese Proteinate, Cobalt Proteinate, Selenium Yeast), Chlorine Chloride, Vitamins (Vitamin A Acetate, Vitamin D3 Supplement, Vitamin E Supplement, Niacin, d-Calcium Pantothenate, Thiamine Mononitrate, Pyridoxine Hydrochloride, Riboflavin Supplement, Folic Acid, Biotin, Vitamin B12 Supplement), Blueberries, Carrots, Cranberries, Lactic Acid, DL Methionine, Calcium Iodate, Preserved with Mixed Tocopherols. [Click here to explore what's inside our food.](#)

Kangaroo WHAT'S INSIDE (lentils)

Kangaroo, Kangaroo Meal, Peas, Chickpeas, Pea Flour, Sunflower Oil (preserved with Citric Acid), Flaxseed, Red Lentils, Green Lentils, Dehydrated Alfalfa Meal, Pea Protein, Natural Flavors, Salt, Minerals (Zinc Proteinate, Iron Proteinate, Copper Proteinate, Manganese Proteinate, Cobalt Proteinate, Selenium Yeast), Choline Chloride, Potassium Chloride, Calcium Carbonate, Vitamins (Vitamin A, Acetate, Vitamin D3 Supplement, Vitamin E Supplement, Niacin, d-Calcium Pantothenate, Thiamine Mononitrate, Pyridoxine Hydrochloride, Riboflavin Supplement, Folic Acid, Biotin, Vitamin B12 Supplement), Lactic Acid, Calcium Iodate, Preserved With Mixed Tocopherols. [Click here to explore what's inside our food.](#)

Salmon WHAT'S INSIDE (no lentils)

Salmon, Salmon Meal, Pea Flour, Chickpeas, Peas, Sunflower Oil (Preserved With Mixed Tocopherols And Citric Acid), Flaxseed, Natural Flavors, Suncured Alfalfa Meal, Calcium Carbonate, Salt, Choline Chloride, Minerals (Zinc Proteinate, Iron Proteinate, Copper Proteinate, Manganese Proteinate, Cobalt Proteinate), Potassium Chloride, Vitamins (Vitamin A Acetate, Vitamin D3 Supplement, Vitamin E Supplement, Niacin, D-Calcium Pantothenate, Thiamine Mononitrate, Pyridoxine Hydrochloride, Riboflavin Supplement, Folic Acid, Biotin, Vitamin B12 Lactic Supplement), Lactic Acid, Calcium Iodate, Sodium Selenite. [Click here to explore what's inside our food.](#)

Physiologically Tuned™, limited ingredient premium food for dogs. Hypoallergenic meat first recipe, with no Corn, Wheat, Soy, Dairy, or Chicken, Chicken By-Products.

Nature's Recipe Salmon & Sweet Potato (2 separate cases): no lentils.



Ingredients

Salmon, garbanzo beans, peas, pea protein, salmon meal, poultry fat (preserved with mixed tocopherols), sweet potatoes, apples, pumpkin, natural flavor, dried tomato pomace, salt, potassium chloride, calcium carbonate, choline chloride, taurine, vitamins (vitamin E supplement, L-ascorbyl-2-polyphosphate (source of vitamin C), Inositol, niacin, d-calcium pantothenate, vitamin A supplement, riboflavin supplement, thiamine mononitrate, beta-carotene, pyridoxine hydrochloride, vitamin B12 supplement, menadione sodium bisulfite complex, vitamin D3 supplement, folic acid, biotin), minerals (ferrous sulfate, iron proteinate, zinc proteinate, zinc oxide, copper sulfate, manganese proteinate, copper proteinate, manganous oxide, calcium iodate, sodium selenite), lactic acid, citric acid (used as a preservative), yucca schidigera extract, rosemary extract.

Kirkland Nature's Domain Turkey and Sweet Potato: (no lentils) 1 case, had a low blood taurine



Ingredients:

Turkey meal, sweet potatoes, peas, potatoes, canola oil, tomato pomace, flaxseed, natural flavor, salmon oil (a source of DHA), salt, choline chloride, dried chicory root, tomatoes, blueberries, raspberries, yucca schidigera extract, dried Lactobacillus acidophilus fermentation product, dried Bifidobacterium animalis fermentation product, dried Lactobacillus reuteri fermentation product, vitamin E supplement, iron proteinate, zinc proteinate, copper proteinate, ferrous sulfate, zinc sulfate, copper sulfate, potassium iodide, thiamine mononitrate (vitamin B1), manganese proteinate, manganous oxide, ascorbic acid, vitamin A supplement, biotin, niacin, calcium pantothenate, manganese sulfate, sodium selenite, pyridoxine hydrochloride (vitamin B6), vitamin B12 supplement, riboflavin (vitamin B2), vitamin D supplement, folic acid.

Fromm Hasen Duckenpfeffer; Gamebird; Lamb/Lentil: 2 cases, 2 had duck, 1 had the duck, gamebird, lamb



INGREDIENTS:

Hasen Duckenpfeffer, Gamebird and Lamb/Lentil:

Rabbit, Duck, Pork Meat Meal, Peas, Potatoes, Lentils, Chickpeas, Pea Flour, Dried Tomato Pomace, Dried Whole Egg, Pork Fat, Rabbit Meal, Pork Liver, Pea Protein, Salmon Oil, Cheese, Flaxseed, Alfalfa Meal, Carrots, Celery, Lettuce, Watercress, Spinach, Potassium Chloride, Salt, Chicory Root Extract, Yucca Schidigera Extract, Sodium Selenite, Folic Acid, Taurine, Parsley, Sorbic Acid (Preservative), Vitamins, Minerals, Probiotics.

Lamb, Lamb Meal, Lentils, chickpeas, Dried Whole Egg, Peas, Dried Tomato Pomace, Pork Fat, Pea Flour, Pork Liver, Salmon oil, cheese, olive oil, yellow squash, zucchini, apples, flaxseed, pea fiber, tomatoes, carrots, broccoli, KCl, salt, chicory root extract, yucca schidigera extract, sodium selenite, folic acid, taurine, sorbic acid, vitamins, minerals, probiotics.

Duck, Duck meal, peas, turkey, potatoes, pea protein, dried tomato pomace, pea flour, dried whole egg, quail, chicken meal, chicken fat, salmon oil, sweet potatoes, chicken, pheasant, cheese, flaxseed, carrots, broccoli, cauliflower, apples, celery, parsley, lettuce, spinach, chicken cartilage, KCl, blueberries,

cranberries, salt, chicory root extract, yucca schidigera extract, alfalfa sprouts, sodium selenite, folic acid, **taurine**, sorbic acid, vitamins, minerals, probiotics.

Earthborn Holistic Meadow Feast/Primitive Natural:



Meadow Feast:

Lamb Meal, **Peas**, Tapioca, Canola Oil (preserved with Mixed Tocopherols), **Pea Protein, Pea Fiber, Flaxseed**, Natural Flavors, Blueberries, Cranberries, Apples, Carrots, Spinach, Salt, Potassium Chloride, Choline Chloride, DL-Methionine, L-Lysine, **Taurine**, L-Carnitine, Beta-Carotene, Vitamin A Supplement, Vitamin D₃ Supplement, Vitamin E Supplement, Zinc Sulfate, L-Ascorbyl-2-Polyphosphate (source of Vitamin C), Ferrous Sulfate, Niacin, Calcium Pantothenate, Riboflavin Supplement, Copper Sulfate, Pyridoxine Hydrochloride, Thiamine Mononitrate, Beta-Carotene, Manganese Sulfate, Zinc Proteinate, Manganese Proteinate, Copper Proteinate, Calcium Iodate, Cobalt Carbonate, Folic Acid, Sodium Selenite, Biotin, Vitamin B12 Supplement, Yucca Schidigera Extract, Rosemary Extract, Dried Enterococcus Faecium Fermentation Product, Dried Lactobacillus Casei Fermentation Product, Dried Lactobacillus Acidophilus Fermentation Product.

Primitive Natural:

Turkey Meal, Chicken Meal, **Peas**, Dried Egg, **Pea Starch**, Chicken Fat (preserved with Mixed Tocopherols), Whitefish Meal, **Flaxseed**, Natural Flavors, **Pea Fiber**, Blueberries, Cranberries, Apples, Carrots, Spinach, Salt, Potassium Chloride, Choline Chloride, DL-Methionine, L-Lysine, **Taurine**, L-Carnitine, Beta-Carotene, Vitamin A Supplement, Vitamin D₃ Supplement, Vitamin E Supplement, Zinc Sulfate, Ferrous Sulfate, Niacin, Folic Aid, Biotin, Manganese Sulfate, Copper Sulfate, Calcium Pantothenate, Thiamine Mononitrate, Pyridoxine Hydrochloride, Riboflavin Supplement, L-Ascorbyl-2-Polyphosphate (source of Vitamin C), Zinc Proteinate, Manganese Proteinate, Copper Proteinate, Calcium Iodate, Sodium Selenite, Cobalt Carbonate, Vitamin B12 Supplement, Yucca Schidigera Extract, Rosemary Extract, Dried Enterococcus Faecium Fermentation Product, Dried Lactobacillus Casei Fermentation Product, Dried Lactobacillus Acidophilus Fermentation Product.

4Health Grain-free:

Free of grain, wheat, soy and corn; added omega fatty acids.

Flavor unknown, but a check of the 4Health Grain-Free Chicken & Vegetable dry shows:

Ingredients:

Chicken, Chicken Meal, Garbanzo Beans, Lentils, Peas, Potatoes, Chicken Fat (Preserved with Mixed Tocopherols), Tapioca, Egg Product, Tomato Pomace, Natural Flavor, Flaxseed, Ocean Fish Meal, Salt, Choline Chloride, Dried Chicory Root, Tomatoes, Blueberries, Raspberries, Glucosamine Hydrochloride, Yucca Schidigera Extract, Chondroitin Sulfate, Dried Lactobacillus Acidophilus Fermentation Product, Dried Bifidobacterium Animalis Fermentation Product, Dried Lactobacillus Reuteri Fermentation Product, Vitamin E Supplement, Beta Carotene, Iron Proteinate, Zinc Proteinate, Copper Proteinate, Ferrous Sulfate, Zinc Sulfate, Copper Sulfate, Potassium Iodide, Thiamine Mononitrate (Vitamin B1), Manganese Proteinate, Manganous Oxide, Ascorbic Acid, Vitamin A Supplement, Biotin, Niacin, Calcium Pantothenate, Manganese Sulfate, Sodium Selenite, Pyridoxine Hydrochloride (Vitamin B6), Vitamin B12 Supplement, Riboflavin (Vitamin B2), Vitamin D Supplement, Folic Acid.

4Health Grain-Free Large Breed:

Ingredients:

Turkey, Turkey Meal, Garbanzo Beans, Lentils, Peas, Potatoes, Tapioca, Chicken Fat (Preserved with Mixed Tocopherols), Egg Product, Tomato Pomace, Natural Flavor, Flaxseed, Ocean Fish Meal, Salt, Choline Chloride, Glucosamine Hydrochloride, Dried Chicory Root, Tomatoes, Blueberries, Raspberries, Chondroitin Sulfate, Yucca Schidigera Extract, Dried Lactobacillus Acidophilus Fermentation Product, Dried Bifidobacterium Animalis Fermentation Product, Dried Lactobacillus Reuteri Fermentation Product, Vitamin E Supplement, Beta Carotene, Iron Proteinate, Zinc Proteinate, Copper Proteinate, Ferrous Sulfate, Zinc Sulfate, Copper Sulfate, Potassium Iodide, Thiamine Mononitrate (Vitamin B1), Manganese Proteinate, Manganous Oxide, Ascorbic Acid, Vitamin A Supplement, Biotin, Niacin, Calcium Pantothenate, Manganese Sulfate, Sodium Selenite, Pyridoxine Hydrochloride (Vitamin B6), Vitamin B12 Supplement, Riboflavin (Vitamin B2), Vitamin D Supplement, Folic Acid.

Petcurean Now Fresh; LID unknown; Raw patties:

Example only: Petcurean Now Fresh Grain Free Adult dog food recipe

De-boned turkey, potato flour, peas, apples, whole dried egg, pea fibre, tomato, potatoes, flaxseed, canola oil (preserved with mixed tocopherols), natural flavour, salmon, de-boned duck, sundried alfalfa, coconut oil (preserved with mixed tocopherols), carrots, pumpkin, bananas, blueberries, cranberries, raspberries, blackberries, papayas, pineapple, grapefruit, lentil beans, broccoli, spinach, cottage cheese, alfalfa sprouts, calcium carbonate, dicalcium phosphate, lecithin, sodium chloride, potassium chloride, vitamins (vitamin E supplement, L-ascorbyl-2-polyphosphate (a source of vitamin C), B4 vitamin A supplement, thiamine mononitrate, d-calcium pantothenate, pyridoxine hydrochloride, riboflavin, beta-carotene, vitamin D3 supplement, folic acid, biotin, vitamin B12 supplement), minerals (zinc proteinate, ferrous sulphate, zinc oxide, iron proteinate, copper sulphate, copper proteinate,

manganese proteinate, manganous oxide, calcium iodate, selenium yeast), taurine, DL-methionine, L-lysine, dried chicory root, dried Lactobacillus acidophilus fermentation product, dried Enterococcus faecium fermentation product, yucca schidigera extract, dried rosemary.

Example 2: Petcurean Now Fresh Fish Recipe for Adult Dogs

De-boned trout, whole dried egg, potatoes, potato flour, peas, pea flour, apples, flaxseed, canola oil (preserved with mixed tocopherols), natural flavour, de-boned salmon, de-boned herring, calcium carbonate, dicalcium phosphate, coconut oil (preserved with mixed tocopherols), tomato, alfalfa, carrots, pumpkin, sweet potatoes, squash, bananas, blueberries, cranberries, blackberries, pomegranate, papayas, lentils, broccoli, dried chicory root, sodium chloride, potassium chloride, choline chloride, vitamins (vitamin A supplement, vitamin D3 supplement, vitamin E supplement, B4, niacin, L-ascorbyl-2-polyphosphate (a source of vitamin C), d-calcium pantothenate, thiamine mononitrate, beta-carotene, riboflavin, pyridoxine hydrochloride, folic acid, biotin, vitamin B12 supplement), minerals (zinc proteinate, iron proteinate, copper proteinate, zinc oxide, manganese proteinate, copper sulphate, ferrous sulphate, calcium iodate, manganous oxide, selenium yeast), taurine, DL-methionine, L-lysine, dried Lactobacillus acidophilus fermentation product, dried Enterococcus faecium fermentation product, dried rosemary.

Example 3: LID version with venison:

De-boned venison, venison meal, tapioca, peas, pea flour, lentils, chickpeas, canola oil (preserved with mixed tocopherols), dried chicory root, sodium chloride, algae extract, potassium chloride, choline chloride, vitamins (vitamin A supplement, vitamin D3 supplement, vitamin E supplement, B4, niacin, L-ascorbyl-2-polyphosphate (a source of vitamin C), d-calcium pantothenate, thiamine mononitrate, beta-carotene, riboflavin, pyridoxine hydrochloride, folic acid, biotin, vitamin B12 supplement), minerals (zinc proteinate, iron proteinate, copper proteinate, zinc oxide, manganese proteinate, copper sulphate, ferrous sulphate, calcium iodate, manganous oxide, selenium yeast), DL-methionine, L-lysine, dried rosemary.

Ingredient definitions:

Pea Fiber: An insoluble fibre source that helps to regulate glucose levels, and promotes digestive health

Pea Flour: A source of complex carbohydrates, soluble and insoluble fiber

Peas: A good source of beta-carotene, niacin, Vitamin B6, folate, phosphorus and copper, and a very good source of dietary fibre, Vitamin C, Vitamin K, thiamin and manganese

Lentils: A low glycemic carbohydrate that is also a good source of protein, iron, phosphorus and copper, and a very good source of dietary fibre, folate and manganese

Flaxseed: A source of Omega 3 and 6, naturally preserved, as well as fibre



Supreme Source Salmon Meal and Sweet Potato:



Salmon Meal, Peas, Lentils, Faba Beans, Sweet Potatoes, Poultry Fat (Preserved with Mixed Tocopherols), Chickpeas, Tomato Pomace, Dicalcium Phosphate, Natural Flavor, Salmon Oil (Preserved with Mixed Tocopherols), Salt, Dried Seaweed Meal (*Ascophyllum nodosum*), Calcium Carbonate, Betaine, Choline Chloride, Carrots, Blueberries, Cranberries, Spinach, Parsley, Pomegranates, Vitamin E Supplement, Zinc Oxide, Zinc Proteinate, Ferrous Sulfate, Vitamin A Supplement, d-Calcium Pantothenate, Manganous Oxide, Niacin Supplement, Riboflavin Supplement, Thiamine Mononitrate, Copper Sulfate, Pyridoxine Hydrochloride, Manganese Proteinate, Vitamin D3 Supplement, Calcium Iodate, Copper Proteinate, Folic Acid, Biotin, Sodium Selenite, Vitamin B12 Supplement, Cobalt Carbonate, Rosemary Extract.

Holistic Select GF Adult Health Duck Meal Recipe:



Duck Meal, Chickpeas, Peas, Lentils, Chicken Fat (preserved with Mixed Tocopherols), Dried Plain Beet Pulp, Flaxseed, Pumpkin, Cranberries, Apples, Brewers Dried Yeast, Papayas, Choline Chloride, Blueberries, Pomegranates, Vitamin E Supplement, Inulin, Dried Kelp, Zinc Proteinate, Mixed Tocopherols added to preserve freshness, Zinc Sulfate, Niacin, Ferrous Sulfate, Iron Proteinate, Vitamin A Supplement, Yucca Schidigera Extract, Glucosamine Hydrochloride, Ascorbic Acid (Vitamin C), Ground Cinnamon, Ground Fennel, Ground Peppermint, Copper Sulfate, Thiamine Mononitrate, Copper Proteinate, Manganese Proteinate, Manganese Sulfate, d-Calcium Pantothenate, Sodium Selenite, Dried Enterococcus faecium Fermentation Product, Pyridoxine Hydrochloride, Riboflavin, Vitamin D3 Supplement, Biotin, Dried Lactobacillus bulgaricus Fermentation Product, Dried Enterococcus thermophilus Fermentation Product, Calcium Iodate, Vitamin B12 Supplement, Folic Acid, Dried Bacillus licheniformis Fermentation Product, Dried Bacillus subtilis Fermentation Product, Dried Aspergillus oryzae Fermentation Product, Dried Trichoderma reesei Fermentation Product, Dried Rhizopus oryzae Fermentation Product, Dried Lactobacillus acidophilus Fermentation Product, Dried Lactobacillus casei Fermentation Product, Rosemary Extract, Green Tea Extract, Spearmint Extract.

Canidae LID Duck, Bison, Boar flavors:



Duck, duck meal, turkey meal, sweet potatoes, peas, chicken fat (preserved with mixed tocopherols), potatoes, sun-dried alfalfa, natural flavor, minerals (iron proteinate, zinc proteinate, copper proteinate,

ferrous sulfate, zinc sulfate, copper sulfate, potassium iodide, manganese proteinate, manganous oxide, manganese sulfate, sodium selenite), vitamins (vitamin E supplement, thiamine mononitrate, ascorbic acid, vitamin A supplement, biotin, niacin, calcium pantothenate, pyridoxine hydrochloride, vitamin B12 supplement, riboflavin, vitamin D3 supplement, folic acid), choline chloride, mixed tocopherols (a preservative), dried enterococcus faecium fermentation product, dried lactobacillus acidophilus fermentation product, dried lactobacillus casei fermentation product, dried lactobacillus plantarum fermentation product, dried trichoderma longibrachiatum fermentation extract

Bison, lamb meal, sweet potatoes, **peas**, chickpeas, canola oil, suncured alfalfa, natural flavor, minerals (iron proteinate, zinc proteinate, copper proteinate, ferrous sulfate, zinc sulfate, copper sulfate, potassium iodide, manganese proteinate, manganous oxide, manganese sulfate, sodium selenite), vitamins (vitamin E supplement, thiamine mononitrate, ascorbic acid, vitamin A supplement, biotin, niacin, calcium pantothenate, pyridoxine hydrochloride, vitamin B12 supplement, riboflavin, vitamin D3 supplement, folic acid), choline chloride, mixed tocopherols (a preservative), dried enterococcus faecium fermentation product, dried lactobacillus acidophilus fermentation product, dried lactobacillus casei fermentation product, dried lactobacillus plantarum fermentation product, dried trichoderma longibrachiatum fermentation extract

Wild boar, pork meal, sweet potatoes, **peas**, chickpeas, canola oil, suncured alfalfa, natural flavor, minerals (iron proteinate, zinc proteinate, copper proteinate, ferrous sulfate, zinc sulfate, copper sulfate, potassium iodide, manganese proteinate, manganous oxide, manganese sulfate, sodium selenite), vitamins (vitamin E supplement, thiamine mononitrate, ascorbic acid, vitamin A supplement, biotin, niacin, calcium pantothenate, pyridoxine hydrochloride, vitamin B12 supplement, riboflavin, vitamin D3 supplement, folic acid), choline chloride, mixed tocopherols (a preservative), dried enterococcus faecium fermentation product, dried lactobacillus acidophilus fermentation product, dried lactobacillus casei fermentation product, dried lactobacillus plantarum fermentation product, dried trichoderma longibrachiatum fermentation extract

Merrick GF Buffalo Sw P (same case as above):



Deboned Buffalo, Chicken Meal, Sweet Potatoes, Turkey Meal, Salmon Meal, Potatoes, **Peas**, Chicken Fat (preserved with mixed tocopherols), Natural Pork Flavor, Lamb Meal, **Pea Protein**, Deboned Beef, Natural Chicken Flavor, Deboned Salmon, Deboned Turkey, Deboned Chicken, **Flaxseed Oil**, Apples,

Blueberries, Organic Alfalfa, Salmon Oil, Salt, Minerals (Zinc Amino Acid Complex, Zinc Sulfate, Iron Amino Acid Complex, Manganese Amino Acid Complex, Copper Amino Acid Complex, Potassium Iodide, Cobalt Amino Acid Complex, Sodium Selenite), Vitamins (Vitamin E Supplement, Vitamin A Supplement, Vitamin B12 Supplement, d-Calcium Pantothenate, Vitamin D3 Supplement, Niacin, Riboflavin Supplement, Biotin, Pyridoxine Hydrochloride, Folic Acid, Thiamine Mononitrate), Choline Chloride, Yucca Schidigera Extract, Dried Lactobacillus plantarum Fermentation Product, Dried Lactobacillus casei Fermentation Product, Dried Enterococcus faecium Fermentation Product, Dried Lactobacillus acidophilus Fermentation Product, Rosemary Extract.

Purina ONE Lamb and Rice: 1 case, has corn, soy and wheat, NOT GF. No peas, but Lamb/Rice known in past as issue.



Lamb (source of glucosamine), brewer's rice, whole grain corn, whole grain wheat, poultry by-product meal (source of glucosamine), corn gluten meal, soybean meal, animal fat preserved with mixed-tocopherols, calcium phosphate, glycerin, animal digest, calcium carbonate, potassium chloride, salt, caramel color, Vitamin E supplement, choline chloride, zinc sulfate, L-Lysine monohydrochloride, ferrous sulfate, sulfur, manganese sulfate, niacin, Vitamin A supplement, calcium pantothenate, thiamine mononitrate, copper sulfate, riboflavin supplement, Vitamin B-12 supplement, pyridoxine hydrochloride, garlic oil, folic acid, Vitamin D-3 supplement, calcium iodate, biotin, menadione sodium bisulfite complex (source of Vitamin K activity), sodium selenite.

Taste of the Wild Pacific Stream Canine Formula:



Salmon, ocean fish meal, sweet potatoes, potatoes, peas, canola oil, lentils, salmon meal, smoked salmon, potato fiber, natural flavor, salt, choline chloride, dried chicory root, tomatoes, blueberries, raspberries, yucca schidigera extract, dried Lactobacillus plantarum fermentation product, dried Bacillus subtilis fermentation product, dried Lactobacillus acidophilus fermentation product, dried Enterococcus faecium fermentation product, dried Bifidobacterium animalis fermentation product, vitamin E supplement, iron proteinate, zinc proteinate, copper proteinate, ferrous sulfate, zinc sulfate, copper sulfate, potassium iodide, thiamine mononitrate (vitamin B1), manganese proteinate, manganous oxide, ascorbic acid, vitamin A supplement, biotin, niacin, calcium pantothenate, manganese sulfate, sodium selenite, pyridoxine hydrochloride (vitamin B6), vitamin B12 supplement, riboflavin (vitamin B2), vitamin D supplement, folic acid.

Acana Lamb & Apple Limited Ingredient:



Deboned lamb*, lamb meal, whole green peas, red lentils, lamb liver*, lamb fat, pinto beans, chickpeas, herring oil, green lentils, whole yellow peas, lentil fiber, apples*, natural lamb flavor, lamb tripe*, lamb kidney*, lamb cartilage*, dried kelp, whole pumpkin*, whole butternut squash*, kale,* spinach*, mustard greens*, collard greens*, turnip greens*, carrots*, pears*, freeze-dried lamb liver, freeze-dried lamb tripe, pumpkin seeds, sunflower seeds, zinc proteinate, mixed tocopherols (preservative), chicory root, turmeric, sarsaparilla root, althea root, rosehips, juniper berries, dried lactobacillus acidophilus fermentation product, dried bifidobacterium animalis fermentation product, dried lactobacillus casei fermentation product.

Nature's Variety Instinct Limited Ingredient Diet Lamb Meal and Peas:

Only Lamb LID now sold is Instinct LID GF Lamb.

Lamb Meal, Peas, Tapioca, Pea Protein, Canola Oil (preserved with Mixed Tocopherols and Citric Acid), Lamb, Natural Flavor, Montmorillonite Clay, Coconut Oil, Salt, Vitamins (Vitamin E Supplement, L-Ascorbyl-2-Polyphosphate, Niacin Supplement, Thiamine Mononitrate, d-Calcium Pantothenate, Vitamin A Supplement, Riboflavin Supplement, Pyridoxine Hydrochloride, Vitamin B12 Supplement, Folic Acid, Vitamin D3 Supplement, Biotin), Potassium Chloride, Choline Chloride, DL-Methionine, Minerals (Zinc Proteinate, Iron Proteinate, Copper Proteinate, Manganese Proteinate, Sodium Selenite, Ethylenediamine Dihydriodide), Freeze Dried Lamb, Pumpkinseeds, Freeze Dried Lamb Liver, Freeze Dried Lamb Spleen, Freeze Dried Lamb Heart, Freeze Dried Lamb Kidney, Rosemary Extract.



Roll over image to zoom in

Hill's U/D Urinary Care:



Ingredients - Dry

Brewers Rice, Corn Starch, Pork Fat, Egg Product, Powdered Cellulose, Chicken Liver Flavor, Flaxseed,

Lactic Acid, Potassium Citrate, Soybean Oil, Calcium Carbonate, L-Lysine, Iodized Salt, Choline Chloride, vitamins (Vitamin E Supplement, Niacin Supplement, Thiamine Mononitrate, Vitamin A Supplement, Calcium Pantothenate, Biotin, Vitamin B12 Supplement, Pyridoxine Hydrochloride, Riboflavin Supplement, Folic Acid, Vitamin D3 Supplement), Dried Beet Pulp, L-Threonine, Taurine, minerals (Ferrous Sulfate, Zinc Oxide, Manganous Oxide, Copper Sulfate, Calcium Iodate, Sodium Selenite), L-Carnitine, L-Tryptophan, Mixed Tocopherols for freshness, Natural Flavors, Beta-Carotene

Ingredients – Canned

Water, Corn Starch, Egg Product, Chicken Fat, Pork Liver, Sugar, Rice, Powdered Cellulose, Flaxseed, Potassium Citrate, Calcium Carbonate, Choline Chloride, Monosodium Phosphate, vitamins (Vitamin E Supplement, Thiamine Mononitrate, Niacin Supplement, Calcium Pantothenate, Vitamin B12 Supplement, Pyridoxine Hydrochloride, Biotin, Riboflavin Supplement, Vitamin D3 Supplement, Folic Acid), L-Lysine, Iodized Salt, Magnesium Oxide, minerals (Manganese Sulfate, Zinc Oxide, Ferrous Sulfate, Copper Sulfate, Calcium Iodate), Taurine, L-Carnitine, Beta-Carotene.

EVO Grain-Free Turkey and Chicken Formula Cat food:

Turkey, Chicken, Chicken Meal, Tapioca Starch, Chicken Fat (Preserved with Mixed Tocopherols, a Source of Vitamin E), Herring, Pea Fiber, Salmon Meal, Natural Flavors, Potassium Chloride, Apples, Eggs, Carrots, Menhaden Oil, Peas, Cranberries, Alfalfa Sprouts, Pumpkin, Tomatoes, Cottage Cheese, Dried Chicory Root Extract, Minerals (Zinc Proteininate, Iron Proteininate, Copper Proteininate, Manganese Proteininate, Calcium Iodate), DL-Methionine, Vitamins (Betaine Hydrochloride, Niacin Supplement, Vitamin A Supplement, Thiamine Mononitrate, Calcium Pantothenate, Riboflavin Supplement, Beta Carotene, Vitamin B12 Supplement, Vitamin D3 Supplement, Biotin, Pyridoxine Hydrochloride, Folic Acid), Taurine, Ascorbic Acid, Vitamin E Supplement Direct Fed Microbials (Dried Enterococcus faecium, Dried Lactobacillus acidophilus, Dried Lactobacillus casei) Rosemary Extract

Merrick Purrrfect Bistro Grain-free Real Chicken Recipe:



Deboned Chicken, Chicken Meal, Turkey Meal, Dried Potatoes, Peas, Natural Pork Flavor, Potato Protein, Powdered Cellulose, Chicken Fat (preserved with mixed tocopherols), Natural Chicken Flavor, Sweet Potatoes, Ground Flaxseed, Dried Egg Product, Chicken Liver, Dried Whey Protein Concentrate, Organic Alfalfa, Cranberries, Phosphoric Acid, Flaxseed Oil (source of Omega 3 fatty acids), Salt, Minerals (Zinc

Sulfate, Iron Amino Acid Complex, Zinc Amino Acid Complex, Manganese Amino Acid Complex, Copper Amino Acid Complex, Potassium Iodide, Cobalt Amino Acid Complex, Sodium Selenite), Vitamins (Vitamin E Supplement, Vitamin A Acetate, Vitamin B12 Supplement, d-Calcium Pantothenate, Vitamin D3 Supplement, Niacin, Riboflavin Supplement, Biotin, Pyridoxine Hydrochloride, Folic Acid, Thiamine Mononitrate), Choline Chloride, **Taurine**, Yucca Schidigera Extract, Dried Bacillus coagulans Fermentation Product, Rosemary Extract, Dried Lactobacillus plantarum Fermentation Product, Dried Lactobacillus casei Fermentation Product, Dried Enterococcus faecium Fermentation Product, Dried Lactobacillus acidophilus Fermentation Product.

Rachael Ray Nutrish: no flavor variety given, so try several. All qualify as GF – in that no corn, wheat or soy.



Ingredients – chicken and brown rice (Salmon & Brown Rice; Chicken w/ Lentils & Salmon; Chicken w/ chickpeas & Salmon; Turkey w Chickpeas & Salmon)

Nutrish Chicken & Brown Rice

Chicken, Chicken Meal, Corn Gluten Meal, Ground **Rice**, Brown **Rice**, Poultry Fat (Preserved with Mixed Tocopherols), Brewer's Dried Yeast, Natural Flavor, Dried Plain Beet Pulp, Potassium Chloride, Choline Chloride, Iron Oxide (color), **Dried Ground Peas**, Dried Carrots, Olive Oil, **Taurine**, Vitamin E Supplement, Zinc Sulfate, Salt, Ferrous Sulfate, Calcium Carbonate, Niacin, L-Ascorbyl-2-Polyphosphate (Source of Vitamin C), Manganese Sulfate, Copper Sulfate, Vitamin A Supplement, Thiamine Mononitrate, d-Calcium Pantothenate, Sodium Selenite, Riboflavin Supplement, Pyridoxine Hydrochloride (Source of Vitamin B6), Biotin, Menadione Sodium Bisulfite Complex (Source of Vitamin K Activity), Vitamin B12 Supplement, Folic Acid, Vitamin D3 Supplement, Cobalt Sulfate, Potassium Iodide.

Nutrish Salmon & Brown Rice:

Salmon, Ground Rice, Corn Gluten Meal, Fish Meal, Brown Rice, Poultry Fat (Preserved with Mixed Tocopherols), Brewer's Dried Yeast, Dried Ground Peas, Pea Protein, Natural Flavor, Salmon Meal, Dried Plain Beet Pulp, Calcium Carbonate, Choline Chloride, Iron Oxide (color), Dried Carrots, Olive Oil,

Taurine, Salt, Vitamin E Supplement, Zinc Sulfate, Ferrous Sulfate, Niacin, L-Ascorbyl-2-Polyphosphate (Source of Vitamin C), Manganese Sulfate, Copper Sulfate, Vitamin A Supplement, Thiamine Mononitrate, d-Calcium Pantothenate, Sodium Selenite, Riboflavin Supplement, Pyridoxine Hydrochloride (Source of Vitamin B6), Biotin, Menadione Sodium Bisulfite Complex (Source of Vitamin K Activity), Vitamin B12 Supplement, Folic Acid, Vitamin D3 Supplement, Cobalt Sulfate, Potassium Iodide.

Nutrish Chicken w/ Chickpeas & Salmon

Chicken, Chicken Meal, **Dried Peas**, Brewer's Rice, Corn Protein Concentrate, Dried Chickpeas, Chicken Fat (Preserved with Mixed Tocopherols), Salmon, Dried Plain Beet Pulp, Natural Flavor, Dicalcium Phosphate, Menhaden Fish Meal, Dried Cranberries, Salt, Menhaden Fish Oil (Preserved with Mixed Tocopherols), Potassium Chloride, Choline Chloride, Taurine, Iron Oxide (Color), Dried Blueberry, Dried Pumpkin, Vitamin E Supplement, L-Ascorbyl-2-Polyphosphate (Source of Vitamin C), Zinc Sulfate, Ferrous Sulfate, Calcium Carbonate, Niacin, Dried Dandelion, Manganese Sulfate, Copper Sulfate, Vitamin A Supplement, Thiamine Mononitrate, d-Calcium Pantothenate, Biotin, Sodium Selenite, Riboflavin Supplement, Pyridoxine Hydrochloride (Source of Vitamin B6), Menadione Sodium Bisulfite Complex (Source of Vitamin K Activity), Vitamin B12 Supplement, Folic Acid, Vitamin D3 Supplement, Potassium Iodide.

Nutrish Lentils and Salmon:

Chicken, Chicken Meal, Corn Gluten Meal, **Dried Ground Peas, Lentils, Pea Protein**, Poultry Fat (Preserved with Mixed Tocopherols), Dried Plain Beet Pulp, Powdered Cellulose, Salmon, Ground Rice, Natural Flavor, Salt, Choline Chloride, Iron Oxide (color), Taurine, Dried Cranberry, Dried Blueberry, Dried Pumpkin, Vitamin E Supplement, Zinc Sulfate, Ferrous Sulfate, Calcium Carbonate, Niacin, L-Ascorbyl-2-Polyphosphate (Source of Vitamin C), Dandelion, Manganese Sulfate, Copper Sulfate, Vitamin A Supplement, Thiamine Mononitrate, d-Calcium Pantothenate, Sodium Selenite, Riboflavin Supplement, Pyridoxine Hydrochloride (Source of Vitamin B6), Biotin, Menadione Sodium Bisulfite Complex (Source of Vitamin K Activity), Vitamin B12 Supplement, Folic Acid, Vitamin D3 Supplement, Cobalt Sulfate, Potassium Iodide.

Nutrish Zero Grain Chicken:

Chicken, Chicken Meal, **Dried Ground Peas**, Whole Dried Potato, **Pea Protein**, Chicken Fat (Preserved with Mixed Tocopherols), Tapioca, Natural Flavor, Dried Egg Product, Cranberries, **Whole Flaxseed**, Dried Plain Beet Pulp, Salt, Choline Chloride, Taurine, DL-Methionine, Vitamin E Supplement, Zinc Sulfate, Ferrous Sulfate, Calcium Carbonate, Niacin, L-Ascorbyl-2-Polyphosphate (Source of Vitamin C), Manganese Sulfate, Copper Sulfate, Vitamin A Supplement, Thiamine Mononitrate, d-Calcium Pantothenate, Sodium Selenite, Riboflavin Supplement, Pyridoxine Hydrochloride (Source of Vitamin B6), Biotin, Menadione Sodium Bisulfite Complex (Source of Vitamin K Activity), Vitamin B12 Supplement, Folic Acid, Vitamin D3 Supplement, Cobalt Sulfate, Potassium Iodide.

Nutrish Zero Grain Whitefish:

Whitefish, Salmon Meal, Fish Meal, Turkey Meal, **Dried Peas**, Tapioca, Poultry Fat (Preserved with Mixed Tocopherols), Whole Dried Potatoes, Dried Egg Product, **Pea Protein**, Turkey, Natural Fish Flavor, Salt, Dried Plain Beet Pulp, **Whole Flaxseed**, Dried Carrots, Choline Chloride, Potassium Chloride, Dried Cranberry, Taurine, Vitamin E Supplement, Zinc Sulfate, Ferrous Sulfate, Niacin, L-Ascorbyl-2-

Polyphosphate (Source of Vitamin C), Manganese Sulfate, Copper Sulfate, Vitamin A Supplement, Thiamine Mononitrate, d-Calcium Pantothenate, Sodium Selenite, Riboflavin Supplement, Pyridoxine Hydrochloride (Source of Vitamin B6), Biotin, Menadione Sodium Bisulfite Complex (Source of Vitamin K activity), Vitamin B12 Supplement, Folic Acid, Vitamin D3 Supplement, Cobalt Sulfate, Potassium Iodide.

Nutrish Woodland Recipe:

Chicken, Chicken Meal, Menhaden Fish Meal, **Dried Peas, Pea Protein**, Salmon Meal, Chicken Fat (Preserved with Mixed Tocopherols), Tapioca, Turkey Meal, Dried Egg Product, Dried Sweet Potato, Salmon, Trout, Natural Flavor, Salt, Dried Plain Beet Pulp, Choline Chloride, Vitamin E Supplement, Zinc Sulfate, Taurine, Calcium Carbonate, Ferrous Sulfate, Niacin, Dried Dandelion, L-Ascorbyl-2-Polyphosphate (Source of Vitamin C), Manganese Sulfate, Copper Sulfate, Vitamin A Supplement, Thiamine Mononitrate, d-Calcium Pantothenate, Biotin, Sodium Selenite, Riboflavin Supplement, Pyridoxine Hydrochloride (Source of Vitamin B6), Menadione Sodium Bisulfate Complex (Source of Vitamin K Activity), Vitamin B12 Supplement, Folic Acid, Potassium Iodide, Vitamin D3 Supplement.

FOR COMPARISON ONLY:

IAMS Proactive Health dry dog food:

Chicken, Chicken By-Product Meal, Ground Whole Grain Corn, Ground Whole Grain Sorghum, Chicken Fat (preserved with mixed Tocopherols), Dried Beet Pulp, Natural Flavor, Dried Egg Product, Potassium Chloride, Flaxseed, Caramel Color, L-Lysine Monohydrochloride, Salt, Sodium Hexametaphosphate, Choline Chloride, Carrots, Tomatoes, Fructooligosaccharides, Spinach, **Green Peas**, Minerals (Ferrous Sulfate, Zinc Oxide, Sodium Selenite, Manganese Sulfate, Copper Sulfate, Manganous Oxide, Potassium Iodide), Calcium Carbonate, Vitamins (Vitamin E Supplement, Ascorbic Acid, Calcium Pantothenate, Vitamin A Supplement, Biotin, Thiamine Mononitrate (source of Vitamin B1), Vitamin B12 supplement, Niacin, Riboflavin Supplement (source of Vitamin B2), Inositol, Pyridoxine Hydrochloride (source of Vitamin B6), Vitamin D3 Supplement, Folic Acid), Dried Brewers Yeast, DL-Methionine, Dried Apple Pomace, L-Carnitine , Dried Blueberry Pomace, Mixed Tocopherols, Rosemary Extract.

Purina Dog Chow Little Bites w/ Chicken and Beef:

Whole grain corn, corn gluten meal, meat and bone meal, soybean meal, beef fat naturally preserved with mixed-tocopherols, poultry by-product meal, whole grain wheat, chicken, beef, poultry and pork digest, ground rice, salt, calcium carbonate, potassium chloride, L-Lysine monohydrochloride, choline chloride, mono and dicalcium phosphate, **MINERALS** [zinc sulfate, ferrous sulfate, manganese sulfate, copper sulfate, calcium iodate, sodium selenite], **VITAMINS** [Vitamin E supplement, niacin (Vitamin B-3), Vitamin A supplement, calcium pantothenate (Vitamin B-5), pyridoxine hydrochloride (Vitamin B-6), Vitamin B-12 supplement, thiamine mononitrate (Vitamin B-1), Vitamin D-3 supplement, riboflavin supplement (Vitamin B-2), menadione sodium bisulfite complex (Vitamin K), folic acid (Vitamin B-9), biotin (Vitamin B-7)], Yellow 6, Yellow 5, Red 40, Blue 2, garlic oil. K-4120

Pedigree Adult Roasted Chicken, Rice and Vegetable Flavor:

Ground Whole Grain Corn, Meat And Bone Meal (Source Of Calcium), Corn Gluten Meal, Animal Fat (Source Of Omega 6 [Preserved With Bha & Citric Acid]), Soybean Meal, Natural Flavor, Chicken By-Product Meal, Dried Plain Beet Pulp, Ground Whole Grain Wheat, Salt, Potassium Chloride, Brewers Rice, Choline Chloride, **Dried Peas**, Calcium Carbonate, Zinc Sulfate, DL-Methionine, Vitamin E Supplement, Niacin [Vitamin B3], Biotin, Dried Carrots, L-Tryptophan, Bha & Citric Acid (A Preservative), Blue 2, Yellow 5, Yellow 6, D-Calcium Pantothenate [Source Of Vitamin B5], Riboflavin Supplement [Vitamin B2], Red 40, Pyridoxine Hydrochloride [Vitamin B6], Copper Sulfate, Sodium Selenite, Potassium Iodide, Vitamin A Supplement, Thiamine Mononitrate [Vitamin B1], Vitamin B12 Supplement, Vitamin D3 Supplement, Folic Acid

Document properties

Author: Palmer, Lee Anne

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Line count: 528

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From: Jones, Jennifer L </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0f6ca12eaa9348959a4cbb1e829af244-Jennifer.Jo>
To: 'Freeman, Lisa'
Sent: 8/22/2018 4:53:34 PM
Subject: RE: updates

Hi Lisa,

I don't have the report in our records from [B6]. If she submitted one and has an ICSR number, we can track it down.

Also, I had our team check for reports for [B6] and [B6] but there weren't any. Are you also able to send those along with records?

Thank you again for all of your efforts gathering the records, getting permission for interviews with owners, and submitting these complaints. You've been a great help to the investigation!!
Jen

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



From: Freeman, Lisa [mailto:Lisa.Freeman@tufts.edu]
Sent: Tuesday, August 21, 2018 10:56 AM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: RE: updates

Hi Jen
Actually, [B6] from [B6] submitted [B6] If you don't have that one, let me know and I can submit
Owner would be very happy to talk to you
Thanks
Lisa

Lisa M. Freeman, DVM, PhD, DACVN
Board Certified Veterinary Nutritionist™
Professor
Cummings School of Veterinary Medicine
Friedman School of Nutrition Science and Policy
Tufts Clinical and Translational Science Institute
Tufts University
www.petfoodology.org

From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Sent: Tuesday, August 21, 2018 10:46 AM
To: Freeman, Lisa <lisa.freeman@tufts.edu>
Subject: RE: updates

Thank you, Lisa.

We're going to send you the box this week with 7 whirl-pak bags. Each bag will be labelled for the dog and our internal identifier number (EON-XXXXXX). Please fill the bags with the respective food. I've calculated the return weight based on filling 7 bags full.

Also, I have the medical records for [B6] but did you submit a pet food report for him? I'm wondering if I didn't see it on our end.

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



From: Freeman, Lisa [mailto:Lisa.Freeman@tufts.edu]
Sent: Monday, August 20, 2018 6:18 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: updates

Hi Jen
I forgot to note on the report I submitted today that I have a food sample and UPC code for the Acana food that the 2 Dobies were eating.

Also, for [B6], whose heart has improved significantly, I just got a sample from the owner who found some food remaining at her summer house – it is not fresh but I'm saving for you in case you want
Thanks
Lisa

Lisa M. Freeman, DVM, PhD, DACVN
Board Certified Veterinary Nutritionist™
Professor
Cummings School of Veterinary Medicine
Friedman School of Nutrition Science and Policy
Tufts Clinical and Translational Science Institute
Tufts University
www.petfoodology.org

From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
To: Jones, Jennifer L
Sent: 8/23/2018 10:42:57 AM
Subject: B6
Attachments: B6 cardio report 2-9-18.pdf; B6 cardio report 2-21-18.pdf; B6 cardio report 8-17-18.pdf; B6 compiled hx.pdf; B6 discharge 2-9-18.pdf; B6 discharge 2-21-18.pdf; B6 discharge 4-9-18.pdf; B6 discharge 8-17-18.pdf; B6 radiology 2-9-18.pdf

Note that this owner did not change to the recommended diet. Just rechecked and heart is much worse. I'm going to try again to get her to switch!

B6 email is: B6
Lisa

Lisa M. Freeman, DVM, PhD, DACVN
Board Certified Veterinary Nutritionist™
Professor
Cummings School of Veterinary Medicine
Friedman School of Nutrition Science and Policy
Tufts Clinical and Translational Science Institute
Tufts University
www.petfoodology.org

From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Sent: Wednesday, August 22, 2018 12:54 PM
To: Freeman, Lisa <lisa.freeman@tufts.edu>
Subject: RE: updates

Hi Lisa,
I don't have the report in our records from B6. If she submitted one and has an ICSR number, we can track it down.

Also, I had our team check for reports for B6 and B6 but there weren't any. Are you also able to send those along with records?

Thank you again for all of your efforts gathering the records, getting permission for interviews with owners, and submitting these complaints. You've been a great help to the investigation!!
Jen

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



From: Freeman, Lisa [<mailto:Lisa.Freeman@tufts.edu>]
Sent: Tuesday, August 21, 2018 10:56 AM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: RE: updates

Hi Jen
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Owner would be very happy to talk to you

Thanks
Lisa

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From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Sent: Tuesday, August 21, 2018 10:46 AM
To: Freeman, Lisa <lisa.freeman@tufts.edu>
Subject: RE: updates

Thank you, Lisa.

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Also, I have the medical records for B6, but did you submit a pet food report for him? I'm wondering if I didn't see it on our end.

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



From: Freeman, Lisa [<mailto:Lisa.Freeman@tufts.edu>]
Sent: Monday, August 20, 2018 6:18 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: updates

Hi Jen
I forgot to note on the report I submitted today that I have a food sample and UPC code for the Acana food that the 2 Dobies were eating.

Also, for B6 whose heart has improved significantly, I just got a sample from the owner who found some food remaining at her summer house – it is not fresh but I'm saving for you in case you want

Thanks
Lisa

Lisa M. Freeman, DVM, PhD, DACVN
Board Certified Veterinary Nutritionist™
Professor
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Friedman School of Nutrition Science and Policy
Tufts Clinical and Translational Science Institute
Tufts University
www.petfoodology.org

From: Jones, Jennifer L </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0f6ca12eaa9348959a4cbb1e829af244-Jennifer.Jo>
To: 'Freeman, Lisa'
Sent: 8/23/2018 1:18:30 PM
Subject: RE: [REDACTED] **B6**

Thank you, Lisa. If the owner has questions about submitting a pet food report, I can answer them.

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



From: Freeman, Lisa [mailto:Lisa.Freeman@tufts.edu]
Sent: Thursday, August 23, 2018 6:43 AM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: [REDACTED] **B6**

Note that this owner did not change to the recommended diet. Just rechecked and heart is much worse. I'm going to try again to get her to switch!

[REDACTED] **B6**

Lisa

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From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Sent: Wednesday, August 22, 2018 12:54 PM
To: Freeman, Lisa <lisa.freeman@tufts.edu>
Subject: RE: updates

Hi Lisa,

I don't have the report in our records from [REDACTED] **B6** If she submitted one and has an ICSR number, we can track it down.

Also, I had our team check for reports for [REDACTED] **B6** and [REDACTED] **B6** but there weren't any. Are you also able to send those along with records?

Thank you again for all of your efforts gathering the records, getting permission for interviews with owners, and submitting these complaints. You've been a great help to the investigation!!

Jen

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



From: Freeman, Lisa [<mailto:Lisa.Freeman@tufts.edu>]
Sent: Tuesday, August 21, 2018 10:56 AM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: RE: updates

Hi Jen
Actually, [B6] from [B6] submitted [B6] If you don't have that one, let me know and I can submit
Owner would be very happy to talk to you
Thanks
Lisa

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From: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Sent: Tuesday, August 21, 2018 10:46 AM
To: Freeman, Lisa <lisa.freeman@tufts.edu>
Subject: RE: updates

Thank you, Lisa.
We're going to send you the box this week with 7 whirl-pak bags. Each bag will be labelled for the dog and our internal identifier number (EON-XXXXXX). Please fill the bags with the respective food. I've calculated the return weight based on filling 7 bags full.

Also, I have the medical records for [B6] but did you submit a pet food report for him? I'm wondering if I didn't see it on our end.

Jennifer Jones, DVM
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Tel: 240-402-5421



From: Freeman, Lisa [<mailto:Lisa.Freeman@tufts.edu>]
Sent: Monday, August 20, 2018 6:18 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: updates

Hi Jen
I forgot to note on the report I submitted today that I have a food sample and UPC code for the Acana food that the 2 Dobies were eating.

Also, for [B6], whose heart has improved significantly, I just got a sample from the owner who found some food remaining at her summer house – it is not fresh but I'm saving for you in case you want
Thanks

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From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
To: Peloquin, Sarah
Sent: 10/21/2018 10:40:14 PM
Subject: question on fda pet food reports re dcm

Dear Sarah

I'm trying to confirm whether the following cases were received by the FDA. I'm nearly positive I reported them but don't see them in my list of submitted cases on the FDA reporting portal. Could you confirm?

•
• **B6**
•

Many thanks
Lisa

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From: Freeman, Lisa
Sent: Saturday, September 15, 2018 10:28 AM
To: Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>
Subject: RE: 800.267 FDA Case Investigation for **B6** (EON-364568) and **B6** (EON-365002)

Hi Sarah,

B6 is fine with you contacting her. Email is best for initial contact

B6

Please let me know if you need more info on this case
Thanks
Lisa

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From: Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>
Sent: Friday, September 14, 2018 9:51 AM
To: Freeman, Lisa <lisa.freeman@tufts.edu>
Cc: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: RE: 800.267 FDA Case Investigation for **B6** (EON-364568) and **B6** (EON-365002)

Hi Lisa, thanks so much for passing those along. Sorry for the multiple emails—it looks like we've received everything we need for these two.

Please let me know when you confirm permission to contact [B6] owner.

Thanks!
Sarah

From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
Sent: Friday, September 14, 2018 9:44 AM
To: Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>
Subject: RE: 800.267 FDA Case Investigation for [B6] (EON-364568) and [B6] (EON-365002)

Hi Sarah
I sent additional records on [B6] directly to Dr. Jones since there were too many to upload individually. I think that should have everything you need on him but if not, please let me know
The owner is happy to talk to you.

Attached are RDVM records on [B6] I also have a food sample for her. I'll need to confirm it's ok to contact
Thanks
Lisa

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From: Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>
Sent: Friday, September 14, 2018 9:36 AM
To: Freeman, Lisa <lisa.freeman@tufts.edu>
Subject: 800.267 FDA Case Investigation for [B6] (EON-364568) and [B6] (EON-365002)

Good morning Dr. Freeman,

Thank you for submitting a few more consumer complaints to FDA!

As part of our investigation, we'd like to request:

- **Full Medical Records**
 - Please email (preferred) or fax (301-210-4685) copies of [B6] **entire** medical history (not just this event), including any referral diagnostics/records.
 - If you do not have primary vet records, do you mind sending us the primary vets' contact info?
 - We have received the cardio records you attached to the reports.
- **Owner phone interview** about [B6] diet and environmental exposures
 - Please confirm permission to contact the owners.
 - The interview generally lasts 30 minutes.

I have attached a copy of our Vet-LIRN network procedures. The procedures describe how Vet-LIRN operates and how veterinarians help with our case investigations. I have also attached an owner-friendly version.

Please respond to this email so that we can initiate our investigation.

Thank you kindly,

Dr. Peloquin

Sarah K. Peloquin, DVM
Veterinary Medical Officer

U.S. Food & Drug Administration
Center for Veterinary Medicine
Veterinary Laboratory Investigation and Response Network
tel: 240-402-1218
fax: 301-210-4685
e-mail: sarah.peloquin@fda.hhs.gov



From: Peloquin, Sarah </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8607f880df2b494aa639e6d9a3874132-Sarah.Peloq>
To: 'Freeman, Lisa'
CC: Jones, Jennifer L
Sent: 10/24/2018 11:45:31 AM
Subject: RE: question on fda pet food reports re dcm

Hi Lisa,

I see that we have records for [B6] and [B6] from this August, but no reports. I don't see anything for [B6] I'll double check with my team and get back to you.

Thanks for all of your help!
Sarah

From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
Sent: Sunday, October 21, 2018 6:40 PM
To: Peloquin, Sarah <Sarah.Peloquin@fda.hhs.gov>
Subject: question on fda pet food reports re dcm

Dear Sarah

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: [B6]

Many thanks
Lisa

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Hi Sarah

[B6] is fine with you contacting her. Email is best for initial contact

[B6]

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Thanks!
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Sarah K. Peloquin, DVM
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tel: 240-402-1218
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From: Jones, Jennifer L </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0f6ca12eaa9348959a4cbb1e829af244-Jennifer.Jo>
To: 'Freeman, Lisa'
Sent: 11/7/2018 3:11:20 PM
Subject: RE: reported cases

Hi Lisa,

We have all of the cases you listed below except: B6 It's fine to send me the additional records for the cases 😊

Thank you for your tireless efforts at getting us the information.

It's greatly appreciated!!

Jen

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



From: Freeman, Lisa <Lisa.Freeman@tufts.edu>
Sent: Monday, October 01, 2018 3:51 PM
To: Jones, Jennifer L <Jennifer.Jones@fda.hhs.gov>
Subject: reported cases

Hi Jen

I was looking through which cases I've submitted (have a bunch more to add) and saw that 3 were in a separate account and there a few that are not showing up as having been reported.

1. Could you check to see that these 3 are listed as having been reported?

My Reports

Draft Reports

Click column header to sort the column

Date Saved (EST) MM/DD/YYYY	Report ID	Title	Report Type	Description
You have no draft reports click on Start New Report to begin				
Start New Report	Edit	Delete		

Please make sure an appropriate group is selected from the left navigation menu before creating a report.

Submitted Reports Available for Follow-Up

 **Search for Submitted Reports**

Click column header to sort the column

Date Submitted (EST) MM/DD/YYYY	Report ID	ICSR #	Title	Report Type	Description
<input type="radio"/> 06/04/2018 04:47:10 PM	234836 (1)	2048966 (1)	B6		Voluntary Reportable Food Report (Section 1005 of Public Law 110-85) (V2)
<input type="radio"/> 05/19/2018 05:44:12 PM	234154 (1)	2048088 (1)	B6		Voluntary Reportable Food Report (Section 1005 of Public Law 110-85) (V2)
<input type="radio"/> 04/20/2018 03:40:30 PM	231833 (1)	2046176 (1)	B6 DCM		Voluntary Reportable Food Report (Section 1005 of Public Law 110-85) (V2)
Start Follow-up Report	View	View PDF			« < Page 1 of 1 > »

PRIVACY POLICY | FREEDOM OF INFORMATION ACT | ACCESSIBILITY | DISCLAIMER

2. Also, I have a 3 others that are not listed in my account but I'm pretty sure I reported. If not, I'll get them submitted:

⋮ **B6**

3. I keep sending you the extra medical records that won't fit in the reporting portal. Is there someone else I should send these to so I don't keep clogging your inbox?

Many thanks
Lisa

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

IDEXX BNP - 3/5/2019

IDEXX Reference Laboratories

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

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

Date: 03/05/2019
Requisition #: 337144
Accession #: **B6**
Ordered by: FREEMAN

IDEXX VetConnect 1-888-433-9967

TUFTS UNIVERSITY
200 WESTBORO RD
NORTH GRAFTON, Massachusetts 01536
508-839-5395

Account #88933

CARDIOPET proBNP - CANINE

Test	Result	Reference Range	Low	Normal	High
CARDIOPET proBNP - CANINE	B6	0 - 980 pmol/L	HIG		B6

Comments

B6

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

Client: **B6**
Patient:

Texas A and M Troponin



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



Website User ID: clinpath@tamu.edu

GI Lab Assigned Clinic ID: 11405

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

Phone: 508 887 4669
Fax: 9 508 839 7936
Animal Name: **B6**
Owner Name: **B6**
Species: Canine
Date Received: Mar 06, 2019

Tufts University-Clinical Pathology Lab
Tracking Number: 337144

GI Lab Accession: **B6**

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

B6

Comments:

GI Lab Contact Information

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

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

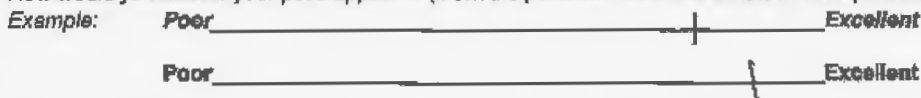
Client: **B6**
 Patient: **B6**

Diet Hx 3/5/19

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

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

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



2. Have you noticed a change in your pet's appetite over the last 1-2 weeks? (check all that apply)
 Eats about the same amount as usual Eats less than usual Eats more than usual
 Seems to prefer different foods than usual Other _____

3. Over the last few weeks, has your pet (check one)
 Lost weight Gained weight Stayed about the same weight Don't know

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

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

Food (include specific product and flavor)	Form	Amount	How often?	Dates fed
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2016-present
85% lean hamburger	microwaved	3 oz	1x/week	June -Aug 2016
Pupperoni original beef flavor	treat	1/2	1x/day	Sept 2016-present
Rawhide	treat	6 inch twist	1x/week	Dec 2018-present
Hills Prescription Diet i/d digestive Care chicken + vegetable Stew Canned		1/2 can	2x/day	Since 11/18
Hills Presc. diet 1/2 chicken flavor dry dog food		3cups	2x/day	Since 11/18
2 months prior to above I was trying him on several types of food due to diarrhea (raw diet chicken or beef) but continued with diarrhea so went to Hills				

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

2. Do you give any dietary supplements to your pet (for example: vitamins, glucosamine, fatty acids, or any other supplements)? Yes No If yes, please list which ones and give brands and amounts:

	Brand/Concentration	Amount per day
Taurine	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Stopped 2 months ago	1000 2x/day
Carnitine	<input type="checkbox"/> Yes <input type="checkbox"/> No	2 4 months
Antioxidants	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Multivitamin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fish oil	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Coenzyme Q10	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (please list): Example: Vitamin C	Nature's Bounty	500 mg tablets - 1 per day
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. How do you administer pills to your pet?

- I do not give any medications
- I put them directly in my pet's mouth without food
- I put them in my pet's dog/cat food **when needed**
- I put them in a Pill Pocket or similar product
- I put them in foods (list foods): _____

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

Vitals Results

B6	3:47:44 PM
B6	4:41:36 PM
B6	4:41:37 PM
B6	4:41:38 PM
B6	10:04:53 AM
B6	10:04:41 AM

Nursing note
Heart Rate (/min)
Respiratory Rate
Temperature (F)
Weight (kg)
Weight (kg)

B6

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

ECG from Cardio

B6

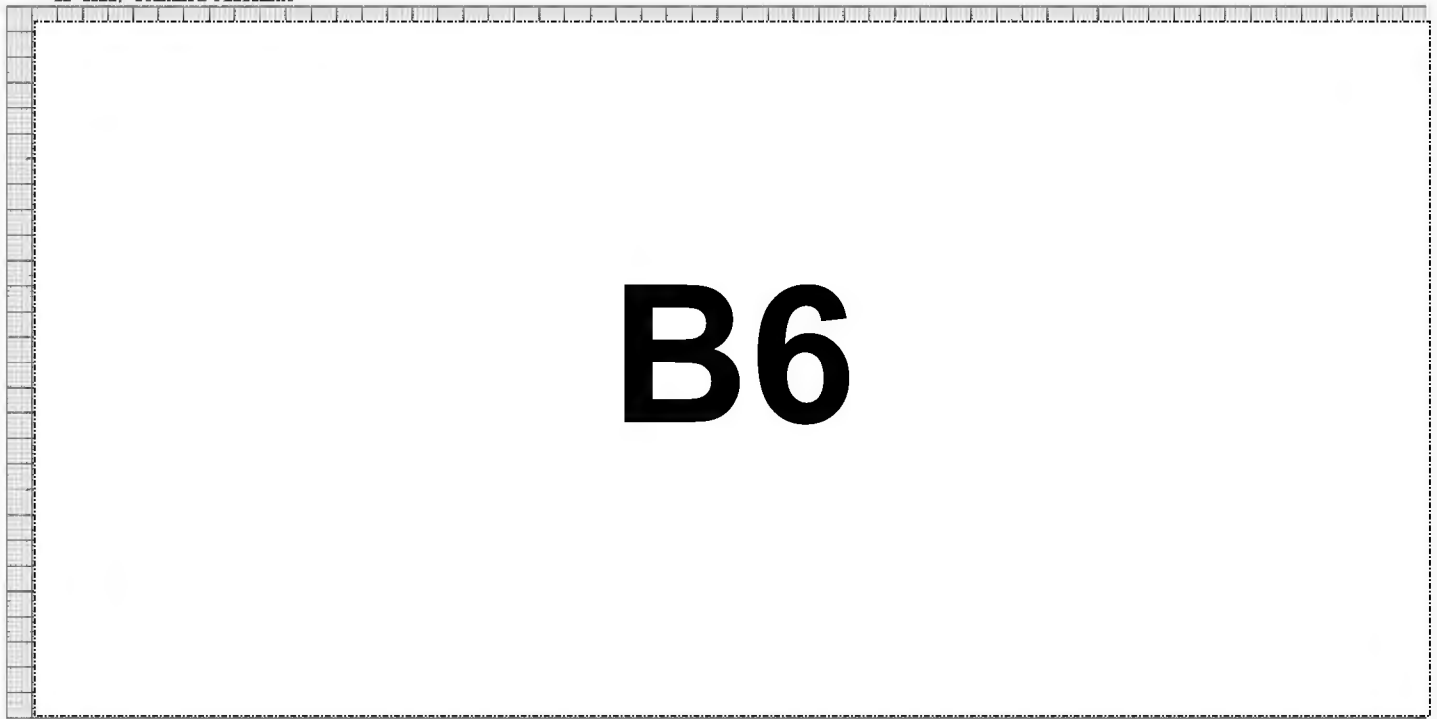
B6

12:00:47 PM

Page 1 of 2

Tufts University
Tufts Cummings School of Vet Med
Cardiology

12 Lead; Standard Placement



Client: **B6**
Patient:

ECG from Cardio

B6

B6

12:00:47 PM

Page 2 of 2

Tufts University
Tufts Cummings School of Vet Med
Cardiology

B6

Client: **B6**
Patient:

ECG from Cardio

B6

B6

12:00:59 PM

Tufts University
Tufts Cummings School of Vet Med
Cardiology



B6

Client: **B6**
Patient:

Patient History

08:35 PM	UserForm
08:36 PM	Purchase
10:53 PM	Treatment
10:55 PM	Prescription
11:03 PM	UserForm
11:04 PM	Purchase
10:45 PM	Prescription
10:48 PM	Purchase
10:48 PM	Purchase
06:01 AM	UserForm
06:01 AM	Email
01:12 PM	Purchase
02:15 PM	UserForm
03:18 PM	Purchase
03:18 PM	Treatment
03:30 PM	UserForm
03:45 PM	Treatment
03:45 PM	Deleted Reason
03:47 PM	Treatment
03:47 PM	Vitals
04:41 PM	Vitals
04:41 PM	Vitals
04:41 PM	Vitals
02:38 AM	UserForm
02:38 AM	Email
10:40 AM	Appointment
10:04 AM	UserForm
10:04 AM	Vitals
11:07 AM	Treatment
11:14 AM	UserForm
11:30 AM	Purchase
03:31 PM	Labwork
03:34 PM	Purchase
03:34 PM	Purchase
03:34 PM	Purchase
01:04 PM	Appointment
06:07 PM	Appointment

B6

B6

Client: **B6**
Patient:

Patient History

B6	09:51 AM	Purchase
	09:55 AM	UserForm
	09:59 AM	Treatment
	10:04 AM	Vitals
	10:28 AM	UserForm
	11:12 AM	Appointment
	11:12 AM	Email
	03:03 PM	Purchase

B6

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
--------------------------------	--------------------	------------	--------------	-----------------	-------------	------------

Client:

B6

Address:

All Medical Records

Patient:

B6

Breed:

German Shorthair Pointer

DOB:

B6

Species: Canine

Sex: Male

Home Phone:

B6

Work Phone:

Cell Phone:

Referring Information

B6

Initial Complaint:

Initial Complaint:

B6

SOAP Text

B6

1:23PM -

B6

11-3-14

B6

Client: [B6]
Patient: [B6]

[B6] on medial [B6]
Neuro - mentally appropriate, normal gait

A1: [B6] days ago

P1: [B6]
P2: [B6]
P3: [B6]

Initial Complaint:

Emergency

SOAP Text [B6] 8:35AM - Clinician, Unassigned FHSA

Subjective

NEW VISIT (ER)

Doctor: [B6]

Student: [B6]

Presenting complaint: Collapsing episodes

Referral visit? N

Diagnostics completed prior to visit

HISTORY:

Signalment: 10 yo Intact German Shorthair Pointer

Current history:

Between Nov 1-12 was in [B6] wasn't hunting but still in [B6] Had a lot of exercise with no issues noted. Evening of the 7th and 8th were cold (in the teens) - was in a dog trailer with six compartments. Morning of the 9th he seemed a little bit stiff and had less interest in breakfast but ultimately ate a small amount (unusual for him). On the evening of the 13th, back legs folded under him and he collapsed onto his side in the kitchen (hardwood floor). Didn't cry, just laid there. Was eventually put on his feet by the owner and walked fine. Next night, same thing happened. Took to rDVM on Wednesday (came back with a little bit of a cough after hunting trip) - placed on [B6] at rDVM. Owner gone 15-18th so dog walker watched at home - was in crate or on carpeted floor the whole time - no exercise/long walks. Sunday night he collapsed again - seemed like his back legs gave out. This morning O's younger dog bumped into him and he fell down again. Owner put on his feet but patient was unable to stand, tried this several times, eventually was able to stand after 2-3 minutes. Later ate his whole meal. Came straight here. O notes collapsing primarily occurs in evenings apart from this AM but is not associated with anything. Was able to jump into truck to get here. No crying, doesn't seem to be in pain. No V/D/S. Little bit of a cough. His breathing has seemed a little ragid to owner recently.

Prior medical history: [B6] (seen here) - treated conservatively, recovered fully.

Current medications: [B6] since Wednesday

Diet: Nutrena Loyall - 30% Protein 20% fat

Vaccination status/flea & tick preventative use: unknown

Travel history: [B6] November 1-12

EXAM:

S: BAR

Client: **B6**
Patient:

B6

C/V: Tachycardic, irregularly irregular rhythm, femoral pulses poor

B6

ASSESSMENT:

A1: Collapsing episodes (cardiogenic (DCM vs DMVD) vs neurologic)

PLAN:

B6

Diagnostics completed:

NOVA: Mg **B6**(H), Lactate **B6**(H)

AFAST/TFAST: Dilated cardiac compartments, thinned walls, poor contractility, no FF in either cavity, few B lines

EKG-- consistent with A fib

Radiographs: Generalized cardiomegaly, caudodorsal interstitial infiltrates - final report pending

Cardio Consult: Dilated cardiomyopathy, mitral valve degeneration - final report pending

Diagnostics pending:

None

Client communication:

Confirmed history. Discussed that on presentation, tachycardic with arrhythmia. Discussed based on TFAST suspect DCM and EKG consistent with atrial fibrillation. Recommend **B6**

Client: **B6**
Patient:

B6

Deposit & estimate status: **B6**

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

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

SOAP Text **B6** 6:51AM - **B6**

History:

B6 is a 10 year old male german shorthaired pointer pesenting for recurrent episodes of collapse, mild cough and mild labored breathing starting 11/13.

He was diagnosed with DCM, active CHF, and atrial fibrillation yesterday.

Subjective:

T: 99.1°F (rectal)
HR: 160 beats per minute
RR: 36 breaths per minute

Mentation: BAR

Hydration: Mild dehydration, MM light pink & tacky, CRT **B6**ec,

Overall impression since arrival or since last exam **B6** y has been noted to be in A-fibb for the entire evening (on every 1 hour telemetry reading). He had occasional VPC's on **B6** at 10pm. His heart rate has ranged from 119-238 overnight. **B6** rcvd **B6** on **B6** at 8am, 4pm and 12am **B6** He has received **B6** ER at 12pm on **B6** and 12am on **B6** He has had no to mild effort overnight with his respiratory rate ranging from 28-36. He urinated frequently overnight. **B6** ate well when offered food overnight.

Appetite: Ate 1 cup of proplan dry and 1/2 can proplan wet at 8pm and then ate 2/4 can chicken and barley SD wet.

Objective:

B6

Heart: Irregularly irregular rhythm, II/VI left apical systolic murmur, femoral pulse fair with pulse deficits, jugular vein pronounced but still in the bottom 1/3 of the neck.

B6

Diagnostics Completed:

B6

Client: B6
Patient: B6

AFAST/TFAST: Dilated cardiac compartments, thinned walls, poor contractility, no FF in either cavity, few B lines
Radiographs: Generalized cardiomegaly with LAE, diffuse interstitial infiltrates worse on the right, VHS 13.5, consistent with cardiogenic pulmonary edema.
Echocardiogram: Marked cardiac enlargement, atrial fibrillation, and CHF with CHF and arrhythmia both being potential causes for the collapse episodes. TSignificant MR and reduced contractile function so it is difficult to determine whether the disease process is primary mitral valve disease with reduced LV contractile function associated with being a large breed dog and atrial fibrillation or primary DCM with secondary functional MR.
ECG: Atrial fibrillation with rapid ventricular response rate of 240 bpm, rare isolated VPCs.

Assessments:

- A1: DCM and mitral regurgitation - either primary DCM with secondary mitral valve disease or DCM secondary to mitral valve disease
- A2: Diffuse pulmonary infiltrates, enlarged cardiac silhouette with LAE, history of cough - pulmonary edema secondary to CHF
- A3: Atrial fibrillation with rapid ventricular response rate and occasional VPC's - secondary to DCM
- A4: Collapsing episodes r/o secondary to CHF or arrhythmia

Plan:

B6

SOAP completed by: B6
SOAP reviewed by: B6

Disposition/Recommendations

Client:
Patient:

B6

Client: **B6**
 Patient:



Foster Hospital for Small Animals

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

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

Patient:	B6
Species:	Canine
Breed:	German Shorthair Pointer
Sex:	Male
Age:	B6 Years Old

Lab Results Report

Nova Full Panel-ICU **B6** 8:42:25 AM **Accession ID: B6**

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



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

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

Nova Full Panel-ICU **B6** 8:48:24 AM Accession ID: **B6**

Test	Results	Reference Range	Units
TS (FHSA)	B6	0 - 0	
PCV **		0 - 0	B6
TS (FHSA)		0 - 0	

Nova Full Panel-ICU **B6** 1:15:53 PM Accession ID: **B6**

Test	Results	Reference Range	Units
Troponin I Research - FHSA	B6	0 - 0.08	mg/dl

Nova Full Panel-ICU **B6** :32:21 PM Accession ID: **B6**

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



Client:
Patient:

B6





9/38

B6

Printed Monday, December 03, 2018

Client: **B6**
Patient:

Archived Record 12/11/13

  TUFTS UNIVERSITY Foster Hospital for Small Animals 201 Western Road North Groton, MA 01460-1002 1-800-829-1195		Document: Case Summary Copy To: B6 Status: FINAL Finalized: by B6 on 12/11/2013	
Client Information		Patient Information	
Client: Name: Address: City: Zip: Home: Work:	B6	Case: 228763 Name: B6 Species: CANINE Sex: M Race:	Breed: CSHIP DOB: B6 B6

Dates

B6

Client: **B6**
Patient:

Archived Record 12/11/13

B6

REVISION 12-17-2014

REVISION Case Summary/Mod/Res Copy

B6

Client: **B6**
Patient:

Archived Record 12/11/13



Tufts University
Foster Hospital for Small Animals
500 Western Road, N. Grafton, MA 01506
508-829-5200

B6

DATE OF BIRTH	SEX	COLOR	WEIGHT	HEIGHT	TEMPERATURE	PULSE	BLOOD PRESSURE
OWNER'S NAME		OWNER'S ADDRESS	CITY	STATE	ZIP	PHONE	
VETERINARIAN'S NAME		ADDRESS	CITY	STATE	ZIP	PHONE	
PET'S NAME		B6	SEX	MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	WEIGHT	HEIGHT	TEMPERATURE
Length of time you have owned your pet:		Has your pet ever traveled or resided outside of New England? <input type="checkbox"/> Yes <input type="checkbox"/> No		Obtained from:			
		If yes, where/when:		<input type="checkbox"/> Breed <input checked="" type="checkbox"/> Member <input type="checkbox"/> Friend <input type="checkbox"/> Other			
				<input type="checkbox"/> Pet Shop <input type="checkbox"/> Humane Society <input type="checkbox"/> Street			
Fully Vaccinated: <input checked="" type="checkbox"/> Rabies <input type="checkbox"/> Adenovirus <input type="checkbox"/> Distemper <input type="checkbox"/> Parvovirus <input type="checkbox"/> Bordetella		Confined to: <input checked="" type="checkbox"/> House <input type="checkbox"/> Fenced yard/pole <input type="checkbox"/> Runway <input type="checkbox"/> Other		Other Pets: <input type="checkbox"/> No If yes, animal type: Dog		Diet: Brand: High Protein <input type="checkbox"/> Canned <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Both <input type="checkbox"/> Other	
Feeding: Number of feedings per day: 2 Amount given each feeding:		Date of last Fecal Test: <input type="checkbox"/> Tested - Date: _____ <input type="checkbox"/> Not Tested					
Vaccination History: Type: _____ Date: _____ Type: _____ Date: _____ Type: _____ Date: _____		Feline Leukemia Test (FeLV) <input type="checkbox"/> Tested - Date: _____ <input type="checkbox"/> Not Tested		Date of last Heartworm Test: <input type="checkbox"/> Tested - Date: _____ <input type="checkbox"/> Not Tested Heartworm Prevention: <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Not Given			
Feline Immunodeficiency Test (FIV) <input type="checkbox"/> Tested - Date: _____ <input type="checkbox"/> Not Tested		Presenting Complaints					

B6

Form 1001 - 01/11/13

MEDICAL HISTORY / ADMISSION

Client: B6
Patient:

Archived Record 12/11/13



Tufts University
Foster Hospital for Small Animals
100 Winslow Road, N. Grafton, MA 01536

B6

Date: 12/11/13		Time: 10:10 AM			
Body Condition (1-9) <small>(1 = emaciated, 5 = ideal, 9 = obese)</small>	Body Weight	Temperament	Temperature	Pulse	Respiratory
5	27.5 lb				quiet
General Appearance (1)	N.A.F. <input checked="" type="checkbox"/> Abnorm. <input type="checkbox"/>	Temperament (1)	N.A.F. <input checked="" type="checkbox"/> Abnorm. <input type="checkbox"/>	Musculo-Skeletal (1)	N.A.F. <input checked="" type="checkbox"/> Abnorm. <input type="checkbox"/>
Respiratory (1)	N.A.F. <input checked="" type="checkbox"/> Abnorm. <input type="checkbox"/>	Digestive (1)	N.A.F. <input checked="" type="checkbox"/> Abnorm. <input type="checkbox"/>	Genito-Urinary (1)	N.A.F. <input checked="" type="checkbox"/> Abnorm. <input type="checkbox"/>
Circulatory (1)	N.A.F. <input checked="" type="checkbox"/> Abnorm. <input type="checkbox"/>	Lymph Nodes (1)	N.A.F. <input checked="" type="checkbox"/> Abnorm. <input type="checkbox"/>	Nervous (1)	N.A.F. <input checked="" type="checkbox"/> Abnorm. <input type="checkbox"/>
Eyes (1)	N.A.F. <input checked="" type="checkbox"/> Abnorm. <input type="checkbox"/>	Exam (1)	N.A.F. <input checked="" type="checkbox"/> Abnorm. <input type="checkbox"/>	Mucous Membranes (1)	N.A.F. <input checked="" type="checkbox"/> Abnorm. <input type="checkbox"/>
Describe abnormal, using code numbers as above, for systems:				Pain Assessment (1)	
overall healthy				CRT B6	
				not painful	

FD-36 (Rev. 10-16-10)

PHYSICAL EXAMINATION

(OVER)

Client: **B6**
Patient:

Standard Consent Form



Tufts University
Foster Hospital for Small Animals
200 Westboro Road,
N. Grafton, MA 01536

B6

STANDARD CONSENT FORM

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

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

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

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

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

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

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

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

I hereby grant to Tufts Cummings School of Veterinary Medicine, its officers and employees (collectively referred to herein as TCSVM), and its agents and assigns the irrevocable rights to: (1) photograph/videotape the operation or procedure to be performed, including appropriate portions of the animal's body; and (2) reproduce, distribute, display, create derivative works of and otherwise use such photographs and images for, and in connection with, the University's medical, scientific, educational, and publicity purposes, for all but third-party commercial purposes, by any means, methods and media (print and electronic) now known or, in the future, developed that the University deems appropriate.

Form 6006-C.C. Rev. 3/2017

Client: **B6**
Patient:

Standard Consent Form

As surgical treatment necessitates the removal of tissue or body parts of my animal, I authorize TCSVM to dispose of or use this tissue for scientific purposes.

I understand that a FINANCE CHARGE will be applied to all accounts unpaid after 30 days. The FINANCE CHARGE is computed on a monthly rate of 1.33% per month, which is an annual percentage rate of 16% applied to the average daily balance outstanding, with a minimum fee of \$50.

I do further agree that should any payment, or the full amount of the sum stated above, become overdue more than 20 days from the above-agreed upon time of payment or payments, the entire balance shall be considered in default and become due and payable. I further agree to be responsible for any or all collection agency and/or attorney fees necessary to collect the full amount.

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

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

B6

B6

12-1-13
Date

B6
Owner's Signature

B6
Town/City State Zip

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

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

Authorized Agent - Please Print

Agent's Signature

Street Address

Date

Town/City State Zip

Client:
Patient:

B6

IDEXX BNP

B6

B6

Client:
Patient:

B6

Texas A&M Troponin - 11/27/2018

B6

Client: **B6**
Patient:

Texas A&M Troponin - 11/27/2018



Approved
Reprints

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



Ongoing studies:

Cobalamin Supplementation Study- Dogs and cats with cobalamin deficiency with normal PII₁ and either normal or low consistent with EPI/TLI to compare the efficacy of oral vs parenteral cobalamin supplementation. Contact Dr. Chang at richard@vet.tamu.edu for further information.

Chronic Pancreatitis with Uncontrolled Diabetes Mellitus- Screening dogs with chronic pancreatitis and uncontrolled diabetes mellitus for enrollment into a drug trial (medication provided at no cost). Contact Dr. Soo-You Lee at sls@gvcv.tamu.edu or Dr. Elin Marinko at emarinke@gvcv.tamu.edu.

Dogs with Primary Hypertension- Prescription diet feeds dogs newly diagnosed with primary hypertension are eligible to be enrolled in a dietary trial. Contact Dr. Larrocca at ylarrocc@gvcv.tamu.edu for more information.

Dogs with Chronic Pancreatitis- Dogs with chronic pancreatitis (PII₁ > 400 µg/L) and hypertriglyceridemia (>300 mg/dL) are eligible to be enrolled in a dietary trial. Contact Dr. Larrocca at ylarrocc@gvcv.tamu.edu.

Chronic enteropathies in dogs- Please fill out this brief form <http://biturl.com/3d0000> to see if your patient qualifies.

Feline Chronic Pancreatitis- Cats with chronic pancreatitis for more than 2 weeks and PII₁ > 10 µg/L are eligible for enrollment into a treatment trial investigating the efficacy of prednisone or cyclosporine. Please contact Dr. Yamada for further information at pyamada@gvcv.tamu.edu.

We can not accept packages that are marked "Gift Receiver".

Use our preprinted shipping labels to ease on shipping. Call 877-852-2567 for assistance. The GI Lab is not here to accept packages on the weekend. Samples may be compromised if you ship by air on Saturday or Sunday or if shipped via US Mail.

Phone: (979) 842-3867
Fax: (979) 842-3864

GI Lab Contact Information

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

Client:
Patient:

B6

Vitals Results

9:32:14 AM	Heart Rate (/min)
9:32:15 AM	Respiratory Rate
9:32:16 AM	Temperature (F)
9:32:17 AM	Weight (kg)
10:43:05 AM	Nursing note
10:46:20 AM	Cardiac rhythm
10:46:21 AM	Heart Rate (/min)
10:46:41 AM	Respiratory Rate
11:09:38 AM	Cardiac rhythm
11:09:39 AM	Heart Rate (/min)
11:36:36 AM	Eliminations
12:00:19 PM	Cardiac rhythm
12:00:20 PM	Heart Rate (/min)
12:01:51 PM	Respiratory Rate
1:30:26 PM	Cardiac rhythm
1:30:27 PM	Heart Rate (/min)
1:30:48 PM	Respiratory Rate
1:31:11 PM	Cardiac rhythm
1:31:12 PM	Heart Rate (/min)
3:34:08 PM	Cardiac rhythm
3:34:09 PM	Heart Rate (/min)
4:01:56 PM	Cardiac rhythm
4:01:57 PM	Heart Rate (/min)
4:02:06 PM	Respiratory Rate
4:07:23 PM	Lasix treatment note
5:13:50 PM	Cardiac rhythm
5:13:51 PM	Heart Rate (/min)
5:14:02 PM	Eliminations
6:10:01 PM	Cardiac rhythm
6:10:02 PM	Heart Rate (/min)
6:10:13 PM	Respiratory Rate
6:33:47 PM	Eliminations
6:54:42 PM	Cardiac rhythm
6:54:43 PM	Heart Rate (/min)
8:22:20 PM	Cardiac rhythm
8:22:21 PM	Heart Rate (/min)
8:22:41 PM	Respiratory Rate
8:26:31 PM	Amount eaten
8:26:56 PM	Weight (kg)
8:27:02 PM	Temperature (F)

B6

B6

Client: **B6**
Patient:

Vitals Results

9:08:09 PM	Cardiac rhythm
9:08:10 PM	Heart Rate (/min)
10:00:15 PM	Cardiac rhythm
10:00:16 PM	Heart Rate (/min)
10:01:20 PM	Respiratory Rate
10:55:05 PM	Cardiac rhythm
10:55:06 PM	Heart Rate (/min)
11:58:52 PM	Cardiac rhythm
11:58:53 PM	Heart Rate (/min)
11:59:28 PM	Respiratory Rate
12:20:21 AM	Eliminations
12:46:44 AM	Lasix treatment note
12:56:50 AM	Cardiac rhythm
12:56:51 AM	Heart Rate (/min)
1:53:38 AM	Cardiac rhythm
1:53:39 AM	Heart Rate (/min)
1:53:55 AM	Respiratory Rate
2:57:07 AM	Cardiac rhythm
2:57:08 AM	Heart Rate (/min)
3:31:02 AM	Eliminations
3:31:21 AM	Amount eaten
3:58:44 AM	Cardiac rhythm
3:58:45 AM	Heart Rate (/min)
3:59:11 AM	Respiratory Rate
4:53:54 AM	Cardiac rhythm
4:53:55 AM	Heart Rate (/min)
6:05:40 AM	Cardiac rhythm
6:05:41 AM	Heart Rate (/min)
6:05:52 AM	Respiratory Rate
6:26:43 AM	Cardiac rhythm
6:26:44 AM	Heart Rate (/min)
7:18:29 AM	Weight (kg)
7:18:38 AM	Temperature (F)
7:18:53 AM	Respiratory Rate
7:22:20 AM	Eliminations
8:29:28 AM	Cardiac rhythm
8:29:29 AM	Heart Rate (/min)
9:05:04 AM	Cardiac rhythm
9:05:05 AM	Heart Rate (/min)
9:46:31 AM	Cardiac rhythm
9:46:32 AM	Heart Rate (/min)

B6

B6

Client: **B6**
Patient:

Vitals Results

9:47:40 AM	Respiratory Rate
10:26:23 AM	Nursing note
10:31:09 AM	Amount eaten
10:44:02 AM	Eliminations
10:46:48 AM	Cardiac rhythm
10:46:49 AM	Heart Rate (/min)
10:47:58 AM	Respiratory Rate
11:51:53 AM	Cardiac rhythm
11:51:54 AM	Heart Rate (/min)
11:56:14 AM	Respiratory Rate
12:59:54 PM	Cardiac rhythm
12:59:55 PM	Heart Rate (/min)
1:01:14 PM	Respiratory Rate
1:03:22 PM	Respiratory Rate
1:06:27 PM	Eliminations
1:07:30 PM	Catheter Assessment
1:48:44 PM	Cardiac rhythm
1:48:45 PM	Heart Rate (/min)
3:33:29 PM	Cardiac rhythm
3:33:30 PM	Heart Rate (/min)
3:35:21 PM	Respiratory Rate
3:53:21 PM	Cardiac rhythm
3:53:22 PM	Heart Rate (/min)
3:57:55 PM	Respiratory Rate
4:01:46 PM	Lasix treatment note
4:08:16 PM	Eliminations
5:13:51 PM	Eliminations

B6

B6

Client: **B6**
Patient:

ECG from Cardio

B6

B6

Client: **B6**
Patient:

ECG from Cardio

B6

B6

Client:
Patient:

B6

ECG from Cardio

B6

B6

B6

Client: **B6**
Patient:

Patient History

10/29/2014 08:22 AM Appointment

01:31 PM UserForm
02:06 PM Purchase
09:38 AM Appointment
08:42 AM Purchase
08:48 AM Labwork
09:07 AM UserForm
09:07 AM UserForm
09:16 AM UserForm
09:32 AM Vitals
09:32 AM Vitals
09:32 AM Vitals
09:32 AM Vitals
09:50 AM Purchase
09:50 AM Purchase
09:51 AM Purchase
09:51 AM Purchase
09:51 AM Purchase
10:18 AM Treatment
10:42 AM Purchase
10:42 AM Treatment
10:42 AM Purchase
10:43 AM Vitals
10:46 AM Treatment
10:46 AM Vitals
10:46 AM Vitals
10:46 AM Treatment
10:46 AM Treatment
10:46 AM Vitals
11:09 AM Treatment
11:09 AM Vitals
11:09 AM Vitals
11:36 AM Treatment
11:36 AM Vitals
11:44 AM Prescription
11:59 AM Prescription
11:59 AM Prescription
12:00 PM Treatment

B6

B6

Client: **B6**
Patient:

Patient History

12:00 PM	Vitals
12:00 PM	Vitals
12:01 PM	Treatment
12:01 PM	Vitals
12:22 PM	Purchase
12:22 PM	Purchase
12:34 PM	Treatment
12:34 PM	Treatment
12:35 PM	Treatment
01:30 PM	Treatment
01:30 PM	Vitals
01:30 PM	Vitals
01:30 PM	Treatment
01:30 PM	Vitals
01:31 PM	Treatment
01:31 PM	Vitals
01:31 PM	Vitals
02:16 PM	Treatment
03:34 PM	Treatment
03:34 PM	Vitals
03:34 PM	Vitals
04:01 PM	Treatment
04:01 PM	Vitals
04:01 PM	Vitals
04:02 PM	Treatment
04:02 PM	Vitals
04:07 PM	Vitals
04:07 PM	Treatment
05:13 PM	Treatment
05:13 PM	Vitals
05:13 PM	Vitals
05:14 PM	Treatment
05:14 PM	Vitals
06:10 PM	Treatment
06:10 PM	Vitals
06:10 PM	Vitals
06:10 PM	Treatment
06:10 PM	Vitals
06:33 PM	Vitals
06:54 PM	Treatment
06:54 PM	Vitals

B6

B6

Client: **B6**
Patient:

Patient History

06:54 PM	Vitals
08:22 PM	Treatment
08:22 PM	Vitals
08:22 PM	Vitals
08:22 PM	Treatment
08:22 PM	Vitals
08:22 PM	Treatment
08:26 PM	Treatment
08:26 PM	Treatment
08:26 PM	Vitals
08:26 PM	Treatment
08:26 PM	Vitals
08:27 PM	Treatment
08:27 PM	Vitals
09:08 PM	Vitals
09:08 PM	Vitals
09:13 PM	Purchase
09:48 PM	Treatment
10:00 PM	Treatment
10:00 PM	Vitals
10:00 PM	Vitals
10:01 PM	Treatment
10:01 PM	Vitals
10:55 PM	Treatment
10:55 PM	Vitals
10:55 PM	Vitals
11:13 PM	Treatment
11:17 PM	Treatment
11:17 PM	Treatment
11:58 PM	Treatment
11:58 PM	Vitals
11:58 PM	Vitals
11:59 PM	Treatment
11:59 PM	Vitals
12:20 AM	Vitals
12:46 AM	Vitals
12:46 AM	Treatment
12:56 AM	Treatment
12:56 AM	Vitals
12:56 AM	Vitals
01:53 AM	Treatment

B6

B6

Client: **B6**
Patient:

Patient History

B6	01:53 AM	Vitals
	01:53 AM	Vitals
	01:53 AM	Treatment
	01:53 AM	Vitals
	02:57 AM	Treatment
	02:57 AM	Vitals
	02:57 AM	Vitals
	03:16 AM	Treatment
	03:30 AM	Treatment
	03:31 AM	Treatment
	03:31 AM	Vitals
	03:31 AM	Treatment
	03:31 AM	Vitals
	03:58 AM	Treatment
	03:58 AM	Vitals
	03:58 AM	Vitals
	03:59 AM	Treatment
	03:59 AM	Vitals
	04:53 AM	Treatment
	04:53 AM	Vitals
	04:53 AM	Vitals
	06:05 AM	Treatment
	06:05 AM	Vitals
	06:05 AM	Vitals
	06:05 AM	Treatment
	06:05 AM	Vitals
	06:26 AM	Treatment
	06:26 AM	Vitals
	06:26 AM	Vitals
	07:12 AM	Treatment
	07:18 AM	Treatment
	07:18 AM	Vitals
	07:18 AM	Treatment
07:18 AM	Vitals	
07:18 AM	Treatment	
07:18 AM	Vitals	
07:22 AM	Vitals	
08:29 AM	Treatment	
08:29 AM	Vitals	
08:29 AM	Vitals	
09:05 AM	Treatment	

B6

Client: **B6**
Patient:

Patient History

B6

09:05 AM	Vitals
09:05 AM	Vitals
09:11 AM	Purchase
09:11 AM	Purchase
09:43 AM	Purchase
09:46 AM	Treatment
09:46 AM	Vitals
09:46 AM	Vitals
09:47 AM	Treatment
09:47 AM	Vitals
10:16 AM	Treatment
10:26 AM	Vitals
10:31 AM	Treatment
10:31 AM	Treatment
10:31 AM	Vitals
10:44 AM	Vitals
10:46 AM	Treatment
10:46 AM	Vitals
10:46 AM	Vitals
10:47 AM	Treatment
10:47 AM	Vitals
11:51 AM	Treatment
11:51 AM	Vitals
11:51 AM	Vitals
11:56 AM	Treatment
11:56 AM	Treatment
11:56 AM	Vitals
12:07 PM	UserForm
12:59 PM	Treatment
12:59 PM	Vitals
12:59 PM	Vitals
01:01 PM	Treatment
01:01 PM	Vitals
01:03 PM	Treatment
01:03 PM	Vitals
01:06 PM	Treatment
01:06 PM	Vitals
01:07 PM	Treatment
01:07 PM	Vitals
01:16 PM	Labwork
01:16 PM	Purchase

B6

Cardio Discharge - DCM CHF Form Saved to Record

B6

Client:
Patient:

B6

Patient History

01:32 PM	Purchase	B6
01:48 PM	Treatment	
01:48 PM	Vitals	
01:48 PM	Vitals	
03:33 PM	Treatment	
03:33 PM	Vitals	
03:33 PM	Vitals	
03:35 PM	Treatment	
03:35 PM	Vitals	
03:53 PM	Treatment	
03:53 PM	Vitals	
03:53 PM	Vitals	
03:57 PM	Treatment	
03:57 PM	Vitals	
04:01 PM	Vitals	
04:01 PM	Treatment	
04:08 PM	Vitals	
04:49 PM	Prescription	
04:54 PM	Prescription	
04:55 PM	Prescription	
04:56 PM	Prescription	
05:02 PM	Purchase	
05:13 PM	Treatment	
05:13 PM	Vitals	
06:42 PM	Appointment	
10:14 AM	Treatment	
10:54 AM	Patient Merge	

DCM study

B6



Cummings School of
Veterinary Medicine

Healing Animals. Helping Humans. Transforming Lives.

Forster Hospital for Small Animals
300 Westboro Road
North Grafton, MA 01536
Telephone (508) 839-5395
Fax (508) 839-8739
<http://www.tufts.edu/ect/>

B6

B6

B6

Canine - German Shepherd Pointer

B6

B6

B6

B6

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

Foster Hospital for Small Animals
55 Willard Street
North Grafton, MA 01524
Telephone: (508) 833-5335
Fax: (508) 833-7951
<http://vetmed.tufts.edu/>
Referring Vet Direct Line: 508-887-4988

Notice of Patient Admit

Date: B6 8:23:24 AM

Case # B6

Referring Doctor:

Client Name:

Patient Name:

B6

Dear Colleague,

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

The attending doctor is:

B6

The reason for admission to the ERSA is: DCM, A fib, CHF

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

Thank you for your referral to our Emergency Service.

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

Foster Hospital for Small Animals
55 Willard Street
North Grafton, MA 01506
Telephone (508) 857-5395
Fax (508) 857-7951
<http://vet.med.tufts.edu/Coby>

B6

B6

Daily Update From the Cardiology Service

Today's date: **B6**

Dear **B6**

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

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

Today **B6**

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

Today's treatments include:

- bloodwork planned/pending
- echocardiography
- cardiac catheter procedure planned
- treatment for CHF resulting from either MR with secondary reduced contractile function or DCM with secondary MR or a combination
- ongoing treatment for thrombosis
- ongoing treatment for arrhythmia - atrial fibrillation with rapid ventricular response rate

Additional plans:

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

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

Attending Clinician: **B6** (dent, Cardiology)

Faculty Clinician: Anja Rush DVM, DACVIM, DACVECC

Senior student:

Cummings
Veterinary Medical Center
AT TUFTS UNIVERSITY

Forster Hospital for Small Animals
55 Willard Street
North Grafton, MA 01526
Telephone (508) 829-5339
Fax (508) 829-7953
<http://vetmed.tufts.edu/>

B6

B6

B6

Dear **B6**

Thank you for referring **B6** with their pet **B6**

If you have any questions, or concerns, please contact us at 508-829-4988.

Thank you,

B6 *MD (Resident, Cardiology)*

From: Jones, Jennifer L </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0F6CA12EAA9348959A4CBB1E829AF244-JENNIFER.JO>
To: Jones, Jennifer L
Sent: 3/14/2019 6:38:55 PM
Subject: 02- MRx summary cc-253

B6 10 yr MI German Shorthaired Pointer

Presented 11/14/2018 to rDVM: syncope, hunting in **B6** hyporexia, stiff, cough
Tx doxy

B6 To Cardio: syncopal episodes esp at pm, ragged breathing/mild dyspnea; eats Nutrena Loyall
PE: 240 bpm, irreg irreg rhythm, mild inc BV bilat, mild tense abd

Labs: Mg **B6** Lact **B6**

ECG-afib w/ rapid V response rate, rare isolated VPCs

AFAST/TFAST: dilated cardiac chambers, thin walls, poor contraction, few B lines, no free fluid either
cavity

Rads: gen'd cardiomeg w/ LAE, VHS **B6** PE

Echo: marked cardiac enl, Afib, CHF, sign MR, dec contraction

B6

11/21: ECG-occ VPCs, mild mm wasting, Gr II/VI L apical sys murmur, bottom pronounced jug v.

B6

Hx: hunting, partially **B6**

Jennifer L. A. Jones, DVM

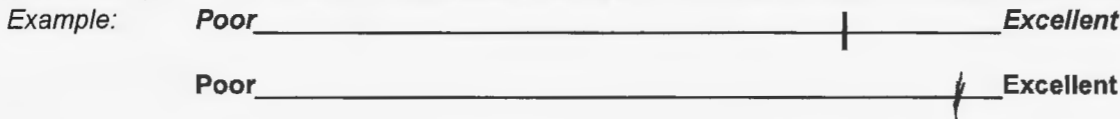
Veterinary Medical Officer
U.S. Food & Drug Administration
Center for Veterinary Medicine
Office of Research
Veterinary Laboratory Investigation and Response Network (Vet-LIRN)
8401 Muirkirk Road, G704
Laurel, Maryland 20708
new tel: 240-402-5421
fax: 301-210-4685
e-mail: jennifer.jones@fda.hhs.gov
Web: <http://www.fda.gov/AnimalVeterinary/ScienceResearch/ucm247334.htm>



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

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

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



2. Have you noticed a change in your pet's appetite over the last 1-2 weeks? (check all that apply)
 Eats about the same amount as usual Eats less than usual Eats more than usual
 Seems to prefer different foods than usual Other _____

3. Over the last few weeks, has your pet (check one)
 Lost weight Gained weight Stayed about the same weight Don't know

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

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

Food (include specific product and flavor)	Form	Amount	How often?	Dates fed
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2016-present
85% lean hamburger	microwaved	3 oz	1x/week	June -Aug 2016
Pupperoni original beef flavor	treat	1/2	1x/day	Sept 2016-present
Rawhide	treat	6 inch twist	1x/week	Dec 2018-present
<u>Quality Pro Plan Salmon</u> <u>Sensitive skin + stomach</u>	<u>dry</u>	<u>1.5 #</u>	<u>X 2</u>	<u>may 19 - present</u>

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

2. Do you give any dietary supplements to your pet (for example: vitamins, glucosamine, fatty acids, or any other supplements)? Yes No If yes, please list which ones and give brands and amounts:

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

3. How do you administer pills to your pet?

- I do not give any medications
- I put them directly in my pet's mouth without food
- I put them in my pet's dog/cat food
- I put them in a Pill Pocket or similar product
- I put them in foods (list foods): coconut oil

Client: **B6**
Patient:

Chem 21 - 5/13/2019



Tufts Cummings School Of Veterinary Medicine

200 Westboro Road
North Grafton, MA 01536

DUPLICATE

Name/DOB:	B6	Sex:	SF	Provider:	B6
Patient ID:		Age:	5	Order Location:	V320559: Investigation into
Phone number:		Species:	Canine	Sample ID:	1905130113
Collection Date:	5/13/2019 1:50 PM	Breed:	Pit Bull		
Approval date:	5/13/2019 2:51 PM				

Research Chemistry Profile - Small Animal (Cobas)

SMACHUNSKI	B6	Ref. Range/Females
Glucose		67-135 mg/dL
Urea		8-30 mg/dL
Creatinine		0.6-2.0 mg/dL
Phosphorus		2.6-7.2 mg/dL
Calcium 2		9.4-11.3 mg/dL
Magnesium 2+		1.8-3.0 mEq/L
Total Protein		5.5-7.8 g/dL
Albumin		2.8-4.0 g/dL
Globulins		2.3-4.2 g/dL
A/G Ratio		0.7-1.6
Sodium		140-150 mEq/L
Chloride		106-116 mEq/L
Potassium		3.7-5.4 mEq/L
tCO2(Bicarb)		14-28 mEq/L
AGAP		8.0-19.0
NA/K		29-40
Total Bilirubin		0.10-0.30 mg/dL
Alkaline Phosphatase		12-127 U/L
GGT		0-10 U/L
ALT	14-86 U/L	
AST	9-54 U/L	
Creatine Kinase	22-422 U/L	
Cholesterol	82-355 mg/dL	
Triglycerides	30-338 mg/dl	
Amylase	409-1250 U/L	
Osmolality (calculated)	291-315 mmol/L	

Sample ID: 1905130113/1
END OF REPORT (Final)

Reviewed by: _____

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

Idexx NT-proBNP 5/13/2019



	B6		
PET OWNER:	B6	Tufts University Attn: Lisa Freeman	LAB ID: 2301800020
SPECIES:	Canine	200 Westboro Rd.	ORDER ID: 1A
BREED:	Pit Bull, American	North Grafton, MA 01536	COLLECTION DATE: 5/12/19
GENDER:	Female	508-839-5395	DATE OF RECEIPT: 5/13/19
AGE:		ACCOUNT #: 88933	DATE OF RESULT: 5/14/19
PATIENT ID:		ATTENDING VET: B6	

IDEXX Services: **Cardiopet® proBNP-Canine***

Chemistry

5/13/19 (Order Received)
5/14/19 11:57 AM (Last Updated)

2/16/19

TEST	RESULT	REFERENCE VALUE		
Cardiopet proBNP (Canine)	B6	0 - 900 pmol/L	B6	B6

B6

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

Client: **B6**
Patient:

Troponin 5/31/2019



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



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

GI Lab Assigned Clinic ID: 23523

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

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

Tufts Cummings School of Vet Med -
Cardiology/Nutrition Tracking Number:
439571

GI Lab Accession: **B6**

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

B6

Comments:

GI Lab Contact Information

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

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



Tufts Cummings School Of Veterinary Medicine

200 Westboro Road
North Grafton, MA 01536

DUPLICATE

Name/DOB:	B6	Sex: SF	Provider: B6
Patient ID:		Age: 5	Order Location: V320559: Investigation into
Phone number:		Species: Canine	Sample ID: 1905130113
Collection Date	B6 1:50 PM	Breed: Pit Bull	
Approval date:	2:51 PM		

Research Chemistry Profile - Small Animal (Cobas)

SMACHUNSKI		Ref. Range/Females
Glucose	B6	67-135 mg/dL
Urea		8-30 mg/dL
Creatinine		0.6-2.0 mg/dL
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Calcium 2		9.4-11.3 mg/dL
Magnesium 2+		1.8-3.0 mEq/L
Total Protein		5.5-7.8 g/dL
Albumin		2.8-4.0 g/dL
Globulins		2.3-4.2 g/dL
A/G Ratio		0.7-1.6
Sodium		140-150 mEq/L
Chloride		106-116 mEq/L
Potassium		3.7-5.4 mEq/L
tCO2(Bicarb)		14-28 mEq/L
AGAP		8.0-19.0
NA/K		29-40
Total Bilirubin		0.10-0.30 mg/dL
Alkaline Phosphatase		12-127 U/L
GGT		0-10 U/L
ALT		14-86 U/L
AST	9-54 U/L	
Creatine Kinase	22-422 U/L	
Cholesterol	82-355 mg/dL	
Triglycerides	30-338 mg/dl	
Amylase	409-1250 U/L	
Osmolality (calculated)	291-315 mmol/L	

Sample ID: 1905130113/1
END OF REPORT (Final)

Reviewed by: _____



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



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

GI Lab Assigned Clinic ID: 11405

B6	Phone:	508 887 4669
Tufts University-Clinical Pathology Lab	Fax:	9 508 839 7936
Attn: B6	Animal Name:	B6
200 Westboro Road	Owner Name:	
North Grafton, MA 01536	Species:	Canine
USA	Date Received:	Mar 06, 2019

GI Lab Accession: **B6**

<u>Test</u>	<u>Result</u>	<u>Control Range</u>	<u>Assay Date</u>
Ultra-Sensitive Troponin I Fasting	B6 ng/mL	≤0.06	03/06/19

B6

Comments:

**Important
Notices:**

Internal Medicine Conference

Join us for a unique continuing education event in Phuket, Thailand Oct 7th - 11th, 2019. For details see <http://texasimconference.tamu.edu>

Ongoing studies

Cobalamin Supplementation Study- Dogs and cats with cobalamin deficiency with normal PLI, and either normal or low (consistent with EPI) TLI to compare the efficacy of oral vs parenteral cobalamin supplementation. Contact Dr. Chang at chchang@cvm.tamu.edu for further information.

Chronic Pancreatitis with Uncontrolled Diabetes Mellitus- Seeking dogs with chronic pancreatitis and uncontrolled diabetes mellitus for enrollment into a drug trial (medication provided at no cost). Contact Dr. Sue Yee Lim at slim@cvm.tamu.edu or Dr. Sina Marsilio at smarsilio@cvm.tamu.edu

Dogs with Primary Hyperlipidemia- Prescription diet naïve dogs newly diagnosed with primary hyperlipidemia are eligible to be enrolled in a dietary trial. Contact Dr. Lawrence at ylawrence@cvm.tamu.edu for more information.

Dogs with Chronic Pancreatitis- Dogs with chronic pancreatitis (cPLi >400µg/L) and hypertriglyceridemia (>300 mg/dl) are eligible to be enrolled in a dietary trial. Contact Dr. Lawrence at ylawrence@cvm.tamu.edu

Chronic enteropathies in dogs- Please fill out this brief form <http://tinyurl.com/ibd-enroll> to see if your patient qualifies.

Feline Chronic Pancreatitis- Cats with chronic pancreatitis for more than 2 weeks and fPLI >10 µg/L are eligible for enrollment into a treatment trial investigating the efficacy of prednisolone or cyclosporine. Please contact Dr. Yamkate for further information at pyamkate@cvm.tamu.edu.

We can not accept packages that are marked "Bill Receiver"

Use our preprinted shipping labels to save on shipping. Call 979-862-2861 for assistance. The GI Lab is not here to accept packages on the weekend. Samples may be compromised if you ship for arrival on Saturday or Sunday or if shipped via US Mail.

GI Lab Contact Information

Phone: (979) 862-2861

Fax: (979) 862-2864

Email: gilab@cvm.tamu.edu

vetmed.tamu.edu/gilab