

Client: **B6**  
Patient:

**Cummings**  
Veterinary Medical Center  
AT TUFTS UNIVERSITY

**B6**

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

Patient:	<b>B6</b>
Species:	Canine
Breed:	Doberman
Sex:	Female (Spayed)
Age:	<b>B6</b> Years Old

**Lab Results Report**

Accession ID:			
Test	Results	Reference Range	Units



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

**UCDavis Taurine Level**

**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 **B6**

**B6**  
TAURINE (WHOLE BLOOD)  
Lithium Heparin

Vet/Tech Contact: **B6**  
Company Name: Tufts Cummings School of Vet Med - Clinical Pathology Labor  
Address: 200 Westboro Road  
North Grafton, MA 01536

Email: **B6**  
Tel: \_\_\_\_\_

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: **B6**  
Patient:

Lab Results **B4, B6** CARDIOPET proBNP 12/12/18

**B4, B6**

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

**B4, B6**

Client: **B6**  
Patient: **B6**  
Species: CANINE  
Breed: DOBERMAN\_PINSCHE  
Gender: FEMALE SPAYED  
Age: 10Y

Date: 12/12/2018  
Requisition #: 455387  
Accession #: **B6**  
Ordered by: **B6**

TUFTS UNIVERSITY  
200 WESTBORO RD  
NORTH GRAFTON, Massachusetts 01536-1828  
508-839-5395

Account: **B6**

CARDIOPET proBNP - CANINE

Test	Result	Reference Range	Low	Normal	High
CARDIOPET proBNP - CANINE	<b>B6</b>	0 - 900 pmol/L	HIGH		<b>B6</b>

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: **B6**

**Diet history 12/12/18**

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

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

- How would you assess your pet's appetite? On a scale of 1-10 with 1 being poor and 10 being excellent: **10**
- 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 Meals divided into 3 daily servings. I'm scared of blast. Her brother passed due to blast 10/15.
- Over the last few weeks, has your pet (check one)  
 Lost weight     Gained weight     Stayed about the same weight     Don't know
- Please list below ALL pet foods, people food, treats, snack, dental chews, rawhides, and any other food item that your pet currently eats. Please include the brand, specific product, and flavor so we know exactly what you pet is eating.

**Food (include specific product and flavor)      Form      Amount      How often?      Fed since**  
*Examples are shown in the table – please provide enough detail that we could go to the store and buy the exact same food.*

Food (include specific product and flavor)	Form	Amount	How often?	Fed since
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2018
85% lean hamburger	microwaved	3 oz	1x/week	Jan 2015
Pupperoni original beef flavor	treat	1/2	1x/day	Aug 2015
Rawhide	treat	6 inch twist	1x/week	Dec 2015
Purina Pro Plan Healthy Weight Adult	dry	1.5 cups	2x/day	August 2018
Purina Pro Plan Healthy Weight Adult (1.5 cups 2x/day + 1 cup 1x/day)	dry	1 cup	1x/day	Oct. 2018
Hills Science Diet Beef&Barley   Chicken&Barley   Chicken&Beef	wet	1/4 can	2x/day with 1.5dry	August 2018
Organic sell free, sugar free peanut butter	wet/frozen	1 teaspoon	1x/day or less	since little
Organic pumpkin puree	wet/frozen	1 to 2 teaspoons	1x/day or less	2015?
Banana	mashed	1/2 banana or small	1x/day or less	since little
blue berries or watermelon	organic	a taste	seasonally	since little

*\*Any additional diet information can be listed at the bottom of this sheet*

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

	Brand/Concentration	Amount per day
Taurine	<input type="radio"/> Yes <input type="radio"/> No	_____
Carnitine	<input type="radio"/> Yes <input type="radio"/> No	_____
Antioxidants	<input type="radio"/> Yes <input type="radio"/> No	_____
Multivitamin	<input type="radio"/> Yes <input type="radio"/> No	_____
Fish oil	<input checked="" type="radio"/> Yes <input type="radio"/> No    CVS Natures Bounty 1200mg 360 omega 3	2 per day but unsure, have questions
Coenzyme Q10	<input type="radio"/> Yes <input type="radio"/> No	_____
Other (please list): Example: Vitamin C	Nature's Bounty	500 mg tablets – 1 per day
Thyrotab	0.8mg	1 tablet twice per day
_____	_____	_____
_____	_____	_____

- 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): I put the thyrotab in a little ball of canned food and she takes it. The fish oil gel tab she'll happily take as is

**Additional diet or supplement information:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Client:  
Patient:

**B6**

Diet history 8/20/18

CARDIOLOGY DIET HISTORY FORM

Please answer the following questions about your pet

Pet's name: **B6** Owner's name: **B6** Today's date: 8/20/18

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 do 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
Yucca Free Raw Purtery		1.5 cups	2x/day	9/14?
Blueberries, apple, cantaloupe		handful	throughout day	
Apples, organic pumpkin		"	Seasonal	
Bananas		1/2	few times/week	
organic peanut butter		1 teaspoon	few times/wk	
Boiled eggs		1	every other day	
Chicken		1/2 cup	1 day or every other	

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

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

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

6. How do you administer pills to your pet?

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

Client:  
Patient:

**B6**

**Holter Diary**

**B6**

Client:  
Patient:

**B6**

Diet Hx 3/6/19

**CARDIOLOGY DIET HISTORY FORM**

Please answer the following questions about your pet

Pet's name: **B6** Owner's name: **B6** Today's date: 3/6/19

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

Example: **Poor** \_\_\_\_\_ | \_\_\_\_\_ **Excellent**  
Poor \_\_\_\_\_ | \_\_\_\_\_ **Excellent**

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

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

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

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

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

Food (include specific product and flavor)	Form	Amount	How often?	Dates fed
Nutro Grain Free Chicken, Lentil, & Sweet Potato Adult	dry	1 1/2 cup	2x/day	Jan 2016-present
85% lean hamburger	microwaved	3 oz	1x/week	June -Aug 2016
Pupperoni original beef flavor	treat	1/2	1x/day	Sept 2016-present
Rawhide	treat	6 inch twist	1x/week	Dec 2018-present
Purina Pro Plan Weight Management	kibble	1.5 cups	3x/day	
Hills Science Diet Barley Canned	can	1/3 can	2x/day	
Bananas	fresh	1/2 banana	few times a week as treat	
organic Peanutbutter (Salt & sugar free)	fresh	teaspoon	1x/day or less in Kong	
Organic Pumpkin	organic canned	teaspoon	1x/day Kong	
blueberries	fresh	handful	Seasonally as treat	
watermelon	fresh	handful	"	

\*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): put them in a little ball of canned food and she takes it like a treat

Client: **B6**  
Patient:

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**Vitals Results**

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**B6**

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

**ECG from Cardio**

**B6**

8/20/2018 1:26:13 PM

Page 1 of 2

Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

**B6**

Client: **B6**  
Patient:

**ECG from Cardio**

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**B6**

8/20/2018 1:26:13 PM

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Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

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**B6**



Client: **B6**  
Patient:

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**ECG from Cardio**

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**B6**

8/20/2018 1:25:05 PM

Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

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**B6**

Client: **B6**  
Patient:

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**ECG from Cardio**

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**B6**

3/6/2019 12:36:12 PM

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Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

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**B6**

Client: **B6**  
Patient:

**ECG from Cardio**

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**B6**

3/6/2019 12:36:12 PM

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Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

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**B6**

Client:  
Patient:

**B6**

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**ECG from Cardio**

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**B6**

3/6/2019 12:36:17 PM

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Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

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**B6**

Client: **B6**  
Patient:

---

**ECG from Cardio**

---

**B6**

3/6/2019 12:36:17 PM

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Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

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**B6**

Client: **B6**  
Patient:

**ECG from Cardio**

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**B6**

3/6/2019 12:37:14 PM

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Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

---

**B6**

Client: **B6**  
Patient:

---

**ECG from Cardio**

---

**B6**

3/6/2019 12:37:14 PM

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Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

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**B6**





Client: **B6**  
Patient:

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
Monday, 20 August 2018 13:27	Appointment: Cardiology Study	1.000				<b>B6</b>

Client: **B6**  
Patient:

Patient Account History	Description	Qty	price	Extended Disc	Pmt
Wednesday, 12 December 2018 11:59	Appointment: Cardiology Study	1.000	<b>B6</b>		

Client: **B6**  
Patient:

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
Wednesday, 12 December 2018 12:24	NT Pro BNP Canine (B4, B6) - FHSA	1.000				<b>B6</b>

Client: **B6**  
Patient:

Patient Account History	Description	Qty	price	Extended Disc	Pmt
Wednesday, 06 March 2019 11:57	Appointment: Cardiology Study	1.000			<b>B6</b>

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

Patient Account History	Description	Qty	price	Extended	Disc	Pmt
Wednesday, 06 March 2019 12:31	Alba Holter Monitor	1.000	<b>B6</b>			

Client: **B6**  
Patient:

Patient Account History	Description	Qty	price	Extended Disc	Pmt
Thursday, 07 March 2019 14:34	Appointment: Cardiology Holter Removal	1.000	<b>B6</b>		

B6

**Discharge Instructions**

**Patient**

Name: B6

Species: Canine

Black/Tan Female (Spayed) Doberman

Birthdate: B6

**Owner**

Name: B6

Address: B6

Patient ID: B6

**Attending Cardiologist:**

B6

**Cardiology Resident:**

B6

Student: B6

**Cardiology Technician:**

B6

Admit Date: B6 33 PM

Discharge D:

**Diagnoses: Apparently healthy animal!**

**Clinical Findings:** On physical exam, her heart rate had mild irregularities called an arrhythmia. Her arrhythmia is called sinus arrhythmia, which happens when the heart rate decreases and increases with respiration. This is a normal finding in dogs. On auscultation, there was no murmurs heard at this time. Her physical exam was within normal limits.

**Echocardiogram & ECG Findings:**

The echocardiogram today found no evidence of Dilated Cardiomyopathy at this time. She does have slightly decreased contractility of the heart, which is something that does not need to be treated at this time; however, it is something to monitor in the future. The ECG showed a sinus arrhythmia, which is consistent with our auscultation.

**Monitoring at Home:**

B6

**Diet Suggestions:**

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

**Dry Food:**

Royal Canin Early Cardiac diet

Purina Canin Boxer

Purina Pro Plan Adult Weight Management (this does not have low calories in spite of the name of the food)

**Canned Food:**

Hills Science diet adult beef and barley entree

**Exercise Recommendations:**

B6 does not need any exercise restriction at this time.

**Recommended Medications:**

B6 does not need any cardiac medications at this time. Depending on the results of her bloodwork, taurine supplementation may need to be initiated. We will call you with the bloodwork results when they become available.

**Recheck Visits:** A recheck visit is scheduled for 4 months. At this visit we will want to check breathing effort and heart function and do a blood test. A recheck echocardiogram is recommended at this time as well to track any progression of structural or functional abnormalities.

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

Please visit our HeartSmart website for more information

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

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**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](http://vet.tufts.edu/cvmc/clinical-studies)*

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Case: B6

Owner: B6

Discharge Instructions



**B6**

Referral ID: **B6**  
**B6** Canine  
Years Old Female (Spayed) Doberman  
Black/Tan

**Cardiology Appointment Report**

**Date:** 8/20/2018

**Attending Cardiologist:**

**B6**

**Cardiology Resident:**

**B6**

**Cardiology Technician:**

**B6**

**Student:**

**B6**

**Presenting Complaint:**

Brother from same litter was unexpectedly diagnosed with DCM with secondary CHF recently

**B6**

**General Medical History:**

Acting normally, eating and drinking normally, no changes in bathroom habits, coughing occasionally (randomly), no vomiting, diarrhea, or sneezing noticed.

**Diet and Supplements:**

Akana Free-Reign Poultry Formulation 1.5-2 cups BID

**Cardiovascular History:**

Prior CHF diagnosis? No  
Prior heart murmur? No  
Prior ATE? No  
Prior arrhythmia? No  
Monitoring respiratory rate and effort at home? Yes, occasionally  
Cough? Occasionally, random events

Shortness of breath or difficulty breathing? No

Syncope or collapse? No

Sudden onset lameness? No

Exercise intolerance? No

**Current Medications Pertinent to CV System:**

Medication: Thyro-Tabs 0.8 mg tablets

Formulation/Tab Size: 1 tab PO BID

Administration Frequency: q 12 hrs

Need refills? No

**Cardiac Physical Examination:**

General PE:

MM Color and CRT: pink and moist,

CRT < 2 seconds

BCS (1-9): 4/9

BW (kg): 38.1

Heart rate: 104 bpm

Respiratory rate: panting, normal effort

Temp (if possible):

Muscle condition:

- Normal
- Mild muscle loss

- Moderate cachexia
- Marked cachexia

**Cardiovascular Physical Exam:**

Murmur Grade:

- None
- I/VI
- II/VI
- III/VI

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

Jugular vein:

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

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

Arterial pulses:

- Weak
- Fair
- Good
- Strong

- Bounding
- Pulse deficits
- Pulsus paradoxus
- Other:

Arrhythmia:

- None
- Sinus arrhythmia
- Premature beats

- Bradycardia
- Tachycardia

Gallop:

- Yes
- No
- Intermittent

- Pronounced
- Other:

Pulmonary assessments:

- Eupneic
- Mild dyspnea
- Marked dyspnea

- Pulmonary crackles
- Wheezes
- Upper airway stridor

Normal BV sounds

**Abdominal exam:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Normal    | <input type="checkbox"/> Mild ascites   |
| <input type="checkbox"/> Hepatomegaly         | <input type="checkbox"/> Marked ascites |
| <input type="checkbox"/> Abdominal distension |   |

**Problems:**

Apparently healthy animal  
Genetic predisposition to DCM

**Differential Diagnoses:**

DCM

**Diagnostic plan:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Echocardiogram | <input type="checkbox"/> Dialysis profile     |
| <input type="checkbox"/> Chemistry profile         | <input type="checkbox"/> Thoracic radiographs |
| <input checked="" type="checkbox"/> ECG            | <input checked="" type="checkbox"/> NT-proBNP |
| <input type="checkbox"/> Renal profile             | <input type="checkbox"/> Troponin I           |
| <input type="checkbox"/> Blood pressure            | <input type="checkbox"/> Other tests:         |

**Echocardiogram Findings:**

**General/2-D findings:**

Normal LV wall thicknesses with normal LV cavity size and no LA enlargement. Mild thickening of the MV. Mildly decreased contractile function.

**Doppler findings:**

WNL

**Mitral inflow:**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Summated           | <input type="checkbox"/> Pseudonormal |
| <input checked="" type="checkbox"/> Normal  | <input type="checkbox"/> Restrictive  |
| <input type="checkbox"/> Delayed relaxation |                                       |

**ECG findings:**

sinus arrhythmia

**Assessment and recommendations:**

Normal cardiac structure, although the contractile function is mildly decreased. This may be indicative of early cardiomyopathy. Taurine levels were submitted for analysis, and the patient will be switched off of the grain-free diet. If contractile function is not improved at the 4 month rechecked despite change in diet, then we should submit a NT-proBNP to help us diagnose if the changes is indicated of primary DCM and not diet related.

**Final Diagnosis:**

Mild MMVD

R/O diet-related vs. primary DCM related mild decrease in contractile function vs normal variation

**Heart Failure Classification Score:**

ISACHC Classification:

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

- Ib
- II

IIIb

**ACVIM Classification:**

- A
- B1
- B2

- C
- D

M-Mode

IVSd

LVIDd

LVPWd

IVSs

LVIDs

LVPWs

%FS

Ao Diam

LA Diam

LA/Ao

Max LA

**B6**

cm  
cm  
cm  
cm  
cm  
cm  
cm  
cm  
cm  
cm  
cm

M-Mode Normalized

IVSdN

LVIDdN

LVPWdN

IVSsN

LVIDsN

LVPWsN

Ao Diam N

LA Diam N

**B6**

(0.29 - 0.52)  
(1.35 - 1.73)  
(0.33 - 0.53)  
(0.43 - 0.71) !  
(0.79 - 1.14) !  
(0.53 - 0.78) !  
(0.68 - 0.89)  
(0.64 - 0.90)

2D

SA LA

Ao Diam

SA LA / Ao Diam

LVIld A4C

LVEDV MOD A4C

LVLs A4C

LVESV MOD A4C

LVEF MOD A4C

SV MOD A4C

**B6**

cm  
cm  
cm  
ml  
cm  
ml  
%  
ml

Doppler

MV E Vel

MV DecT

MV A Vel

MV E/A Ratio

E'

**B6**

m/s  
ms  
m/s  
m/s

A'  
E/E'  
PV Vmax  
PV maxPG  
AV Vmax  
AV maxPG

B6

m/s  
m/s  
mmHg  
m/s  
mmHg

B6

Discharge Instructions

Patient

Name: B6

Species: Canine

Black/Tan Female (Spayed) Doberman

Birthdate: B6

Owner

Name: B6

Address: B6

Patient ID: B6

Attending Cardiologist:

B6

Cardiology Resident:

B6

Cardiology Technician:

B6

Student: B6

Admit Date: B6 3 PM

Discharge Date: B6

Diagnoses:

Mild decreased contractile function

Clinical Findings:

Thank you for bringing B6 to Tufts for her recheck echocardiogram (ultrasound of the heart).

On physical examination today B6 vital parameters (heart rate, respiratory rate, and temperature) were within normal limits. We performed an echocardiogram (ultrasound of the heart) in order to reassess her mild decreased contractile function. As we discussed, just by looking at the pictures everything appeared stable. However, when we got the official measurements, the chambers of her heart measured slightly bigger than previously and her contractile function measures slightly lower as well.

As we discussed it is possible that those changes are just a variation of normal for B6. However, we cannot rule out that this is the early sign of dilated cardiomyopathy. In order to get more information on her cardiac status, we submitted a blood test called NT-proBNP. We will have the results by tomorrow and will call you in order to discuss the next step for

B6

Monitoring at home:

B6

**B6**

**Diet Recommendations:**

Please continue feeding [B6] her Purina Pro Plan Weight Management dry food and Hill's Science Diet adult beef and barley entree. These foods are low in sodium and do not have low calories despite the name.

**Exercise Recommendations:**

[B6] does not need any exercise restriction at this time.

**Recommended Medications:**

[B6] does not need any cardiac medications at this time.

**Recheck Visits:**

A recheck appointment March 6th 11 am with [B6] At this time we will recheck an echocardiogram.

Thank you for entrusting us with [B6] care. Please contact our Cardiology liaison at (508)-887-4696 or email us at [cardiovet@tufts.edu](mailto: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/>

**B6**

Case: [B6]

Owner: [B6]

Discharge Instructions

**B6**

Patient ID: B6

**B6**

Canine  
10 yrs Old Female (Spayed) Doberman  
Black/Tan

**Cardiology Appointment Report**

**Date:** 12/12/2018

**Attending Cardiologist:**

**B6**

**Cardiology Resident:**

**B6**

**Cardiology Technician:**

**B6**

**Student:**

B6

**Presenting Complaint:**

Mild MMVD

Mild decreased contractile function R/O diet-related vs. primary DCM related mild decrease in contractile function vs normal variation

DCM Study

**B6**

**General Medical History:**

Normal behavior, eating and drinking well, no v/d/s, occasional coughing, no more than normal

No more voiding uncontrollably in sleep, some leaking, but O feels urinary incontinence has greatly improved with diet

**Diet and Supplements:**

Purina Pro Plan (Weight Management) 1.5c AM w/ Hill's Sci Diet canned (1/4 can) AM and PM, 1 cup afternoon

Has stopped Fish Oil - has questions about causing bloat

**Cardiovascular History:**



Prior CHF diagnosis? N

Prior heart murmur? N

Prior ATE? N

Prior arrhythmia? Sinus arrhythmia

Monitoring respiratory rate and effort at home? Not as much, frequent panting

Cough? Occasional, no change from prior

Shortness of breath or difficulty breathing? N

Syncope or collapse? N

Sudden onset lameness? N

Exercise intolerance? N - will occasionally wheeze with cold

# B6

**Muscle condition:**

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

**Cardiovascular Physical Exam:**

**Murmur Grade:**

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

**Jugular vein:**

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

**Arterial pulses:**

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

**Arrhythmia:**

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

**Gallop:**

- Yes
- Pronounced

- No
- Intermittent

Other:

**Pulmonary assessments:**

- Eupneic
- Mild dyspnea
- Marked dyspnea
- Normal BV sounds
- Pulmonary crackles
- Wheezes
- Upper airway stridor

**Abdominal exam:**

- Normal
- Hepatomegaly
- Abdominal distension
- Mild ascites
- Marked ascites

**Problems:**

Mild MMVD

Mildly decreased contractile function r/o diet-related vs. primary DCM related mild decrease in contractile function vs normal variation

**Diagnostic plan:**

- Echocardiogram
- Chemistry profile
- ECG
- Renal profile
- Blood pressure
- Dialysis profile
- Thoracic radiographs
- NT-proBNP
- Troponin I
- Other tests:

**Echocardiogram Findings:**

**General/2-D findings:**

Normal LV wall thickness with fair contractile function that is slightly decreased compared to previously. The LV cavity is slightly bigger than previously although not when compared with SMOD. The LA is normal in size. The MV is mildly thickened with no prolapse or ruptured chordae. The PA is smaller than the aorta. The RH is subjectively within normal limits. No pleural or pericardial effusion. No B-lines.

**Doppler findings:**

No MR  
No TR  
Normal aortic velocity  
Normal pulmonic velocity

**Mitral inflow:**

- Summated
- Normal
- Delayed relaxation
- Pseudonormal
- Restrictive

**ECG findings:**

Sinus rhythm during the echocardiogram.

**Assessment and recommendations:**

Subjectively today's echo appeared very similar than previously but when comparing the numbers it appears that the contractile function is slightly decreased. Depending on which measurement is assess, the LV cavity appears stable to slightly bigger. It is unclear if the changes visualized today are just a variant of normal for this patient versus true progression of a heart disease. The patient was switched

diet since the last appointment and Taurine level were also normal. Since the significance of today's findings is unclear, an NT-proBNP was submitted today. If the level is higher than normal for a Doberman (i.e. >550) then we would most likely recommend starting pimobendan BID. A recheck echocardiogram is recommended in 3 months or sooner if the patient develops clinical signs consistent with worsening heart disease such as increased RR/RE, cough, exercise intolerance, or syncope.

**Final Diagnosis:**

- Very early DMVD
- Mild decreased contractile function r/o diet-related vs. primary DCM related mild decrease in contractile function vs normal variation

**Heart Failure Classification Score:**

**ISACHC Classification:**

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

**ACVIM Classification:**

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

M-Mode

IVSd	<b>B6</b>	cm
LVIDd		cm
LVPWd		cm
IVSs		cm
LVIDs		cm
LVPWs		cm
EDV(Teich)		ml
ESV(Teich)		ml
EF(Teich)		%
%FS		%
SV(Teich)		ml
Ao Diam		cm
LA Diam		cm
LA/Ao		
Max LA	cm	

2D

SA LA	<b>B6</b>	cm
Ao Diam		cm
SA LA / Ao Diam		
IVSd		cm
LVIDd		cm
LVPWd		cm
EDV(Teich)		ml
IVSs		cm
LVIDs		cm

LVPWs  
ESV(Teich)  
EF(Teich)  
%FS  
SV(Teich)  
LVld A4C  
LVEDV MOD A4C  
LVls A4C  
LVESV MOD A4C  
LVEF MOD A4C  
SV MOD A4C

B6

cm  
ml  
%  
%  
ml  
cm  
ml  
cm  
ml  
%  
ml

Doppler

MV E Vel  
MV DecT  
MV Dec Slope  
MV A Vel  
MV E/A Ratio  
E'  
E/E'  
A'  
AV Vmax  
AV maxPG  
PV Vmax  
PV maxPG

B6

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

B6

Discharge Instructions

Patient

Name: B6

Species: Canine

Black/Tan Female (Spayed) Doberman

Birthdate: B6

Owner

Name: B6

Address: B6

Patient ID: B6

Attending Cardiologist:

B6

Cardiology Resident:

B6

B6

Cardiology Technician:

B6

Student: B6

Admit Date: 3/6/2019 10:59:12 AM

Discharge Date: 3/6/2019

Diagnoses:

Mild decreased contractile function that is improved compared to previously.

Case summary:

Thank you for bringing B6 to Tufts cardiology service for her recheck echocardiogram.

Today we performed a recheck echocardiogram (ultrasound of the heart) which revealed that B6 heart is slightly smaller than before and her contractile function appears better than before although still not completely normal. This is excellent news! At this time it is unclear if the changes visualized are secondary to the recent addition of pimobendan versus the recent change in diet.

As discussed, B6 has occasional isolated premature beats on electrocardiogram (ECG, which measures the electrical rhythms of the heart), meaning that her heart occasionally beats sooner than it should. Today we discussed possible diagnostics - such as a Holter monitor, which records an ECG over 24 hours - and possible treatment options. At this time you elect to use the Holter monitor prior to starting any treatment. We will send B6 home wearing the monitor and a journal to record her activities. We will see B6 again tomorrow to remove the monitor. It will take 1-2 weeks to get the ECH recording analysis finalized and we will contact you in order to decide if we need to start new cardiac medications or not.

Monitoring at home:

B6

# B6

**Recommended Medications:**

# B6

**Diet suggestions:**

Please continue feeding [B6] her Purina Pro Plan Weight Management dry food and Hill's Science Diet adult beef and barley entree. These foods are low in sodium but contain appropriate calories.

**Exercise Recommendations:**

[B6] does not need any exercise restriction at this time.

**Recheck Visits:**

Please bring [B6] in tomorrow to have her Holter monitor removed.

We would like [B6] to have a recheck echocardiogram in 3 months as part of the DCM study, as long as she continues to do well at home. She has an appointment schedule with [B6] June 11th at 11am.

Thank you for entrusting us with [B6] care. Please contact our Cardiology liaison at (508)-887-4696 or email us at [cardiovet@tufts.edu](mailto: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/>

# B6

Case: [B6]

Owner: [B6]

Discharge Instructions

**B6**

Patient ID: **B6**

**B6**

Canine

Years Old Female (Spayed) Doberman  
Black/Tan

**Cardiology Appointment Report**  
**ENROLLED IN DCM DIET STUDY**

**Date:** 3/6/2019

**Attending Cardiologist:**

**B6**

**Cardiology Resident:**

**B6**

(primary)

**Cardiology Technician:**

**B6**

**Student:**

**B6**

**Presenting Complaint:**

Mild MMVD

Mild decreased contractile function R/O diet-related vs. primary DCM related mild decrease in contractile function vs normal variation

DCM Study

**B6**

**General Medical History:**

Doing well at home, owner has no concerns. Asymptomatic.

**Diet and Supplements:**

Purina Pro Plan (Weight Management) 1.5c AM w/ Hill's Sci Diet canned (1/4 can) AM and PM, 1 cup afternoon

**Cardiovascular History:**

Prior CHF diagnosis? N

Prior heart murmur? N  
Prior ATE? N  
Prior arrhythmia? Sinus arrhythmia  
Monitoring respiratory rate and effort at home? Not as much, frequent panting  
Cough? Occasional, no change from prior  
Shortness of breath or difficulty breathing? N  
Syncope or collapse? N  
Sudden onset lameness? N  
Exercise intolerance? N

**Current Medications Pertinent to CV System:**

Medication: Thyro-Tabs 0.8 mg tablets  
Formulation/Tab Size: 1 tab PO BID  
Administration Frequency: q 12 hrs  
Need refills? No

Medication: Pimobendan  
Formulation/Tab Size: 10mg tiny tab  
Administration Frequency: 1 tab PO BID  
Need refills? Just got refilled, via Wedgewood

**Cardiac Physical Examination:**

General PE: Heart rate: 144  
MM Color and CRT: pink, moist, crt <2s Respiratory rate: panting  
BCS (1-9): 4 Temp (if possible):  
BW (kg): 35.8 kg

**Muscle condition:**

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

**Cardiovascular Physical Exam:**

**Murmur Grade:**

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

**Jugular vein:**

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

**Arterial pulses:**

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

**Arrhythmia:**

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



**Gallop:**

- Yes
- No
- Intermittent

- Pronounced
- Other:

**Pulmonary assessments:**

- Eupneic
- Mild dyspnea
- Marked dyspnea
- Normal BV sounds

- Pulmonary crackles
- Wheezes
- Upper airway stridor

**Abdominal exam:**

- Normal
- Hepatomegaly
- Abdominal distension

- Mild ascites
- Marked ascites

**Problems:**

Mild MMVD

Mildly decreased contractile function r/o diet-related vs. primary DCM related mild decrease in contractile function vs normal variation

Elevated proBNP

**Diagnostic plan:**

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

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

**Echocardiogram Findings:****General/2-D findings:**

Normal LV wall thickness with fair contractile function that is slightly improved compared to previously. The LV cavity is smaller today compared to the previous examination on all the measurements. The LA is normal in size. The MV is mildly thickened with no prolapse or ruptured chordae. The PA is smaller than the aorta. The RH is subjectively within normal limits. No pleural or pericardial effusion. No B-lines.

**Doppler findings:**

No MR

No Tr

Normal aortic velocity

Normal pulmonic velocity

**Mitral inflow:**

- Summated
- Normal
- Delayed relaxation

- Pseudonormal
- Restrictive

**ECG findings:**

Heart rate: 160

P wave height: 0.2 mV (&lt;0.4 mV)

P wave duration: 0.04s (&lt;0.04s)

PR interval: 0.08s (0.06-0.13s)

R wave height: 1.5 mV (< 3.0 mv)

QRS duration: 0.08s (<0.06s) QRS morphology

RR interval: 0.4s

QT interval: 0.20s (0.15-0.25s)

MEA: +30

Interpretation: Sinus tachycardia with frequent APCs and left-sided, isolated, VPCs

**Assessment and recommendations:**

Echocardiogram reveals improvement of the cardiac dimensions and contractile function. All of the measurements obtained today were improved compared to the previous examination. It is unclear if the changes visualized are secondary to the start of pimobendan vs. being on a new diet for a longer period of time. B6 did had relatively frequent VPCs today which were all isolated. However, due to her breed and predisposition for arrhythmia, there is some concern that she has more malignant arrhythmia. A Holter was placed today in order to assess the amount and severity of arrhythmia and decide if we want to start a beta-blocker vs. sotalol vs. amiodarone. No blood was pulled today. A recheck echocardiogram and ECG are recommended in 3 months or sooner if the patient develops clinical signs consistent with worsening heart disease.

**Final Diagnosis:**

- Very early DMVD
- Mild decreased contractile function that is improved compared to last examination.

**Heart Failure Classification Score:**

ISACHC Classification:

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

ACVIM Classification:

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

M-Mode

IVSd	<b>B6</b>	cm
LVIDd		cm
LVPWd		cm
IVSs		cm
LVIDs		cm
LVPWs		cm
EDV(Teich)		ml
ESV(Teich)		ml
EF(Teich)		%
%FS		%
SV(Teich)		ml
Ao Diam		cm
LA Diam		cm
LA/Ao		
TAPSE	cm	

EPSS

B6

cm

M-Mode Normalized

IVSdN

(0.290 - 0.520)

LVIDdN

(1.350 - 1.730)

LVPWdN

(0.330 - 0.530)

IVSsN

(0.430 - 0.710)

LVIDsN

(0.790 - 1.140)

LVPWsN

(0.530 - 0.780)

Ao Diam N

(0.680 - 0.890)

LA Diam N

(0.640 - 0.900) !

B6

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

LV Major

cm

LV Minor

cm

Sphericity Index

LVLd A4C

cm

LVEDV MOD A4C

ml

LVLs A4C

cm

LVESV MOD A4C

ml

LVEF MOD A4C

%

SV MOD A4C

ml

B6

Doppler

MV E Vel

m/s

MV DecT

ms

MV Dec Slope

m/s

MV A Vel

m/s

MV E/A Ratio

E'

m/s

E/E'

A'

m/s

S'

m/s

AV Vmax

m/s

AV maxPG

mmHg

PV Vmax

m/s

B6

PV maxPG

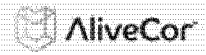
B6

mmHg

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

**AliveCor ECG**

Patient: **B6**  
Breed/Species: American Pit Bull Terrier / Dog  
Recorded: Sunday, February 10, 2019 at 10:01:13 PM  
Heart Rate: 158 bpm      Duration: 16 s



Recorded by: **B6**      Main filter: **B6**      Scale: **B6**

**B6**

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

Bloodwork from **B6**

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

Gender:  
Weight:  
Age:  
Doctor: **B6**

**B6**

Test	Results	Reference Interval	LOW	NORMAL	HIGH
Catalyst One (February 28, 2019 6:03 PM) <span style="float: right;">1/29/19</span>					
GLU	<b>B6</b>	74 - 143			
CREA		0.5 - 1.8	HIGH		
BUN		7 - 27	HIGH		
BUN/CREA					
PHOS		2.5 - 6.8			
CA		7.9 - 12.0			
TP		5.2 - 8.2			
ALB		2.3 - 4.0			
GLOB		2.5 - 4.5			
ALB/GLOB					
ALT		10 - 125	HIGH		
ALKP		23 - 212			
GGT		0 - 11			
TBIL		0.0 - 0.9			
CHOL		110 - 320	HIGH		
AMYL		500 - 1500			
LIPA	200 - 1800				

**B6**

Client: **B6**  
Patient:

---

**Vitals Results**

1/3/2019 1:44:42 PM

Weight (kg)

1/3/2019 1:44:49 PM

Heart Rate (/min)

**B6**

Client:  
Patient:

**B6**

**ECG from cardio**

**B6**

1/3/2019 3:28:10 PM

Page 1 of 2

Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

12 lead: Standard Placement

**B6**



Client:  
Patient:

**B6**

**ECG from cardio**

---

**B6**

1/3/2019 3:28:10 PM

Page 2 of 2

Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

---

**B6**

Client:  
Patient: **B6**

**ECG from cardio**

**B6**

1/3/2019 3:28:46 PM

Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

12 lead: Standard Placement

**B6**

Client:  
Patient:

**B6**

ECG from cardio

**B6**

1/3/2019 3:29:45 PM

Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

12 lead: Standard Placement

**B6**

Client: **B6**  
Patient:

ECG from cardio

**B6**

1/3/2019 3:30:38 PM

Page 1 of 2

Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

12 lead: Standard Placement

**B6**

Client:  
Patient:

**B6**

**ECG from cardio**

---

**B6**

1/3/2019 3:30:38 PM

Page 2 of 2

Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

---

**B6**

Client:  
Patient:

**B6**

**B6**

9/20/18

**B6**

Client:  
Patient:

**B6**

**Urine strip**

---

**B6**

Client:  
Patient: **B6**

**Urine strip**

---

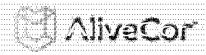
**B6**



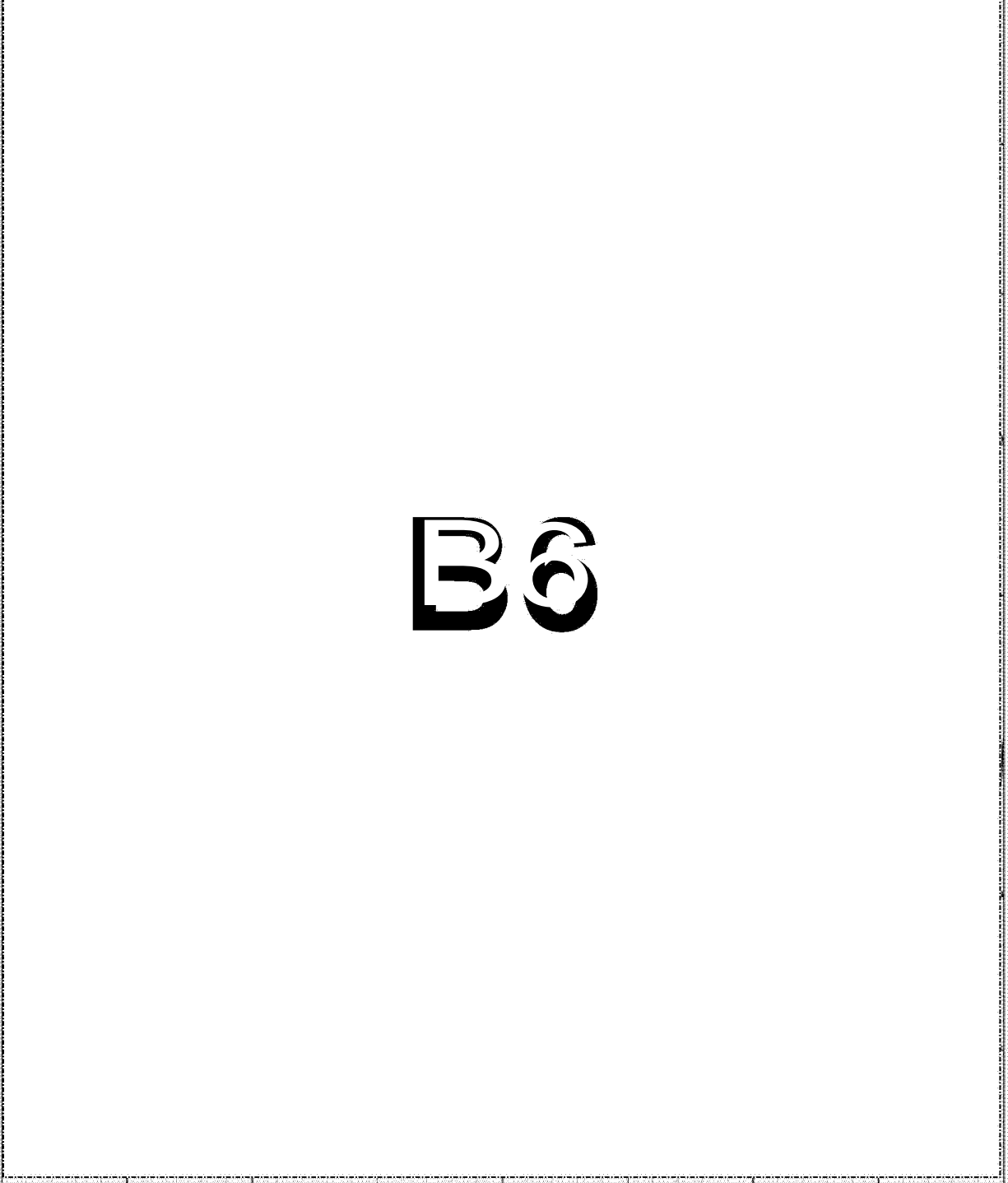
Client:  
Patient: **B6**

**AliveCor from cardio**

Patient: **B6**  
Breed/Species: American Pit Bull Terrier / Dog  
Recorded: Monday, January 7, 2019 at 11:29:27 PM  
Heart Rate: 140 bpm      Duration: 34 s



Recorded by: [redacted]      Main filter: RCH      Scale: 25mm/s, 10mm/mV

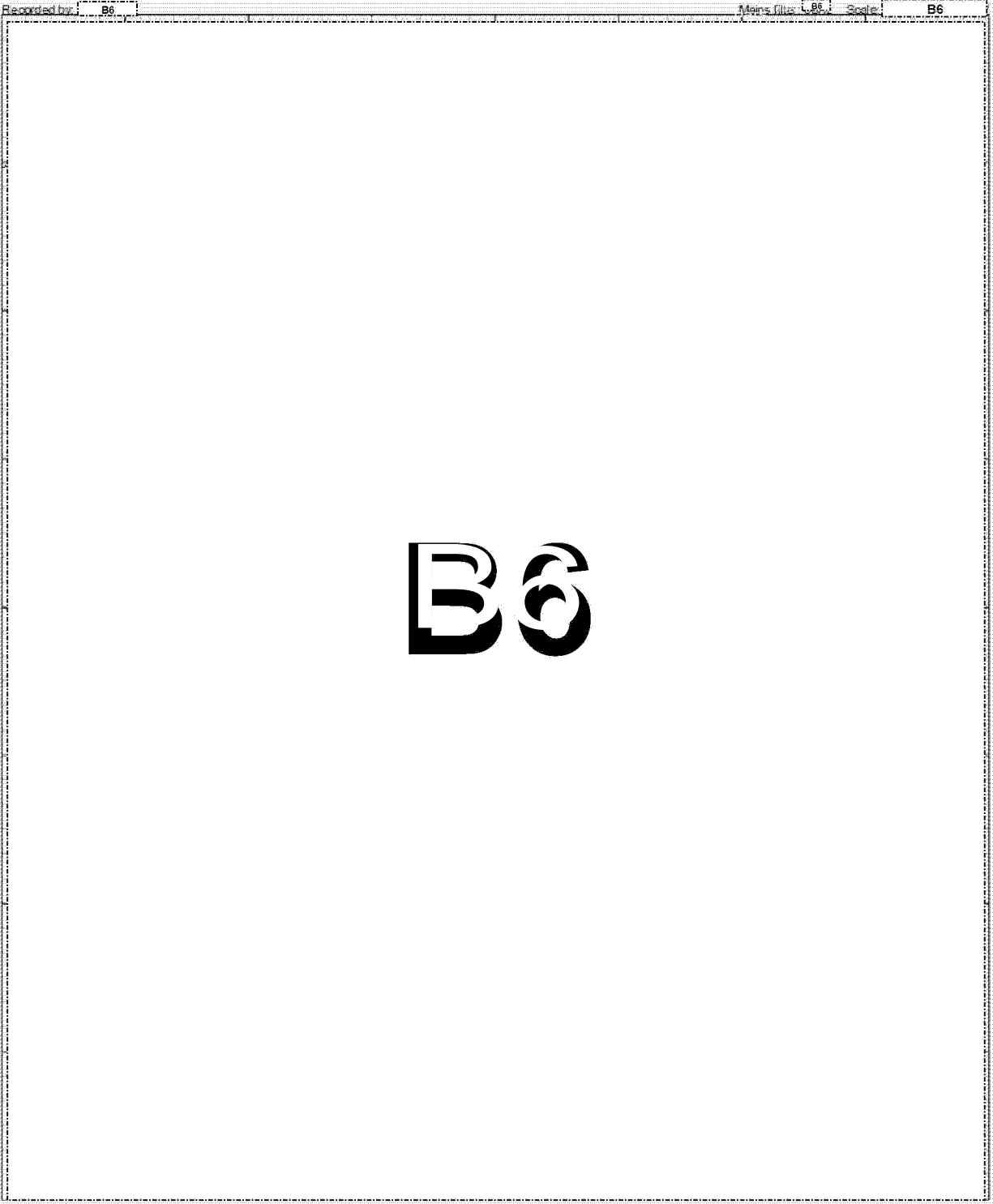
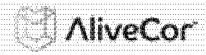


**B6**

Client:  
Patient: **B6**

**AliveCor from cardio**

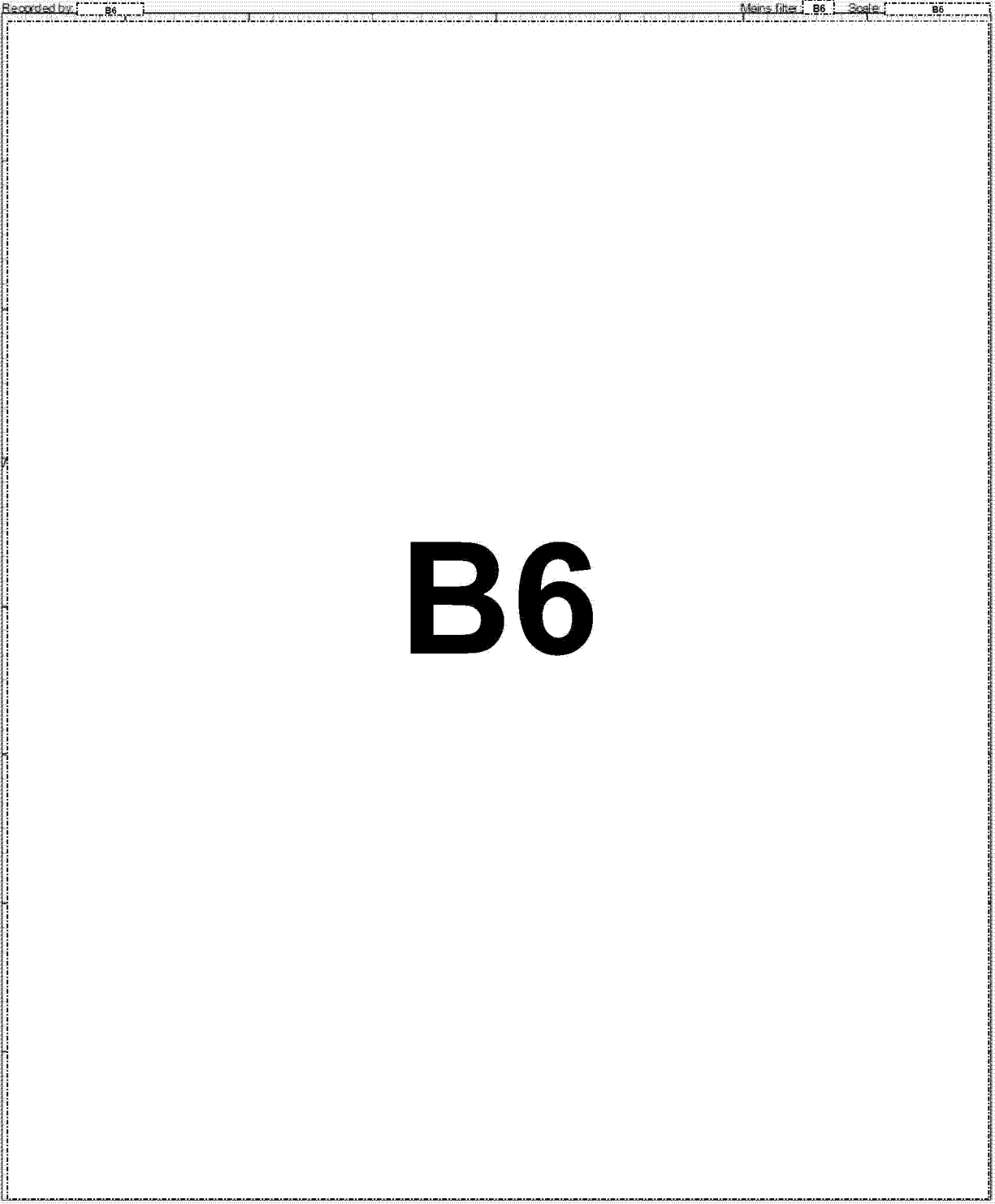
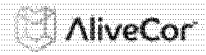
Patient: **B6**  
Breed/Species: American Pit Bull Terrier / Dog  
Recorded: Monday, January 7, 2019 at 11:29:27 PM  
Heart Rate: 140 bpm      Duration: 34 s



Client: **B6**  
Patient:

**AliveCor ECG**

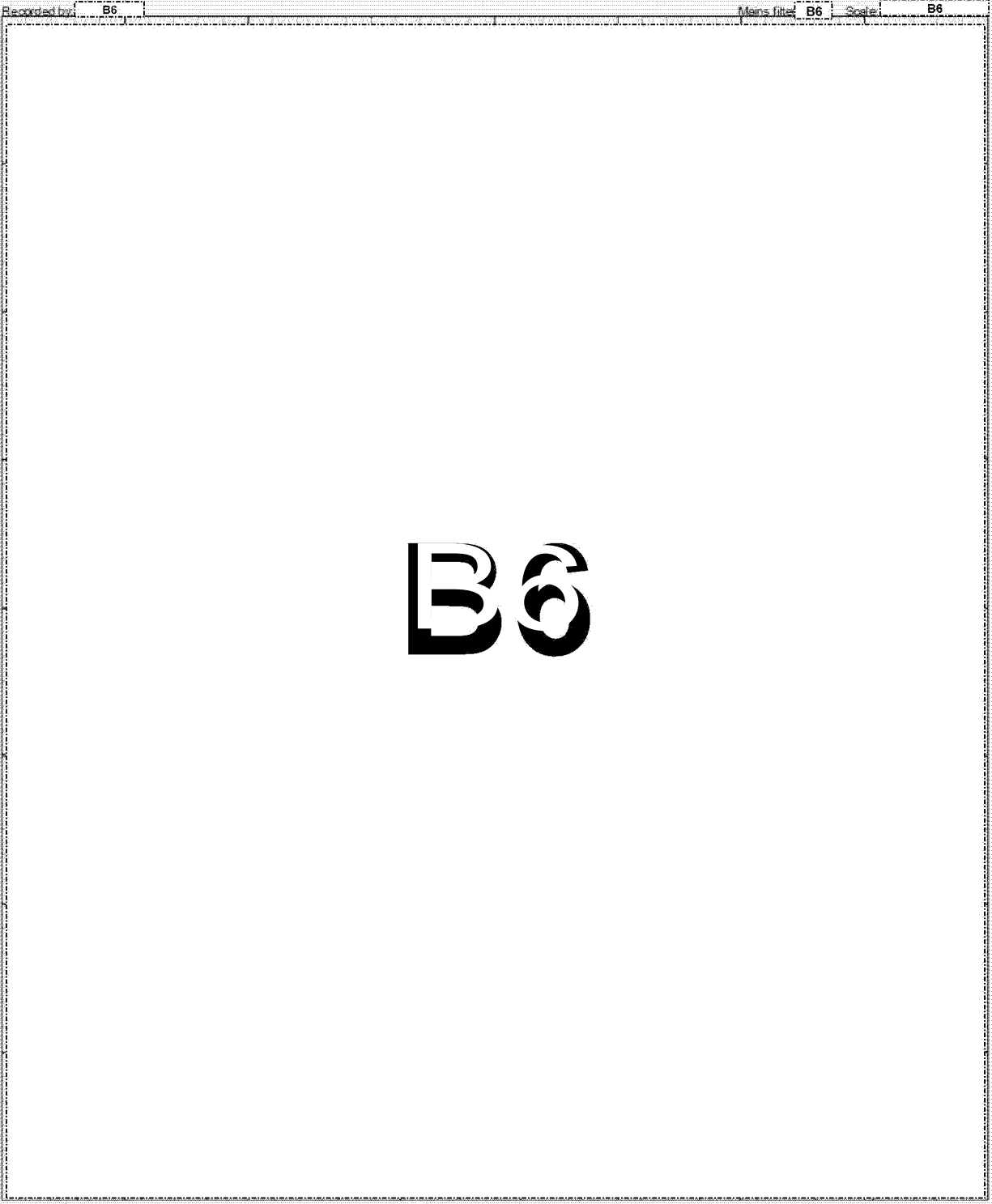
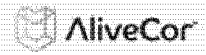
Patient: **B6**  
Breed/Species: American Pit Bull Terrier / Dog  
Recorded: Tuesday, January 29, 2019 at 9:23:52 PM  
Heart Rate: 126 bpm      Duration: 1 min 32 s



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

**AliveCor ECG**

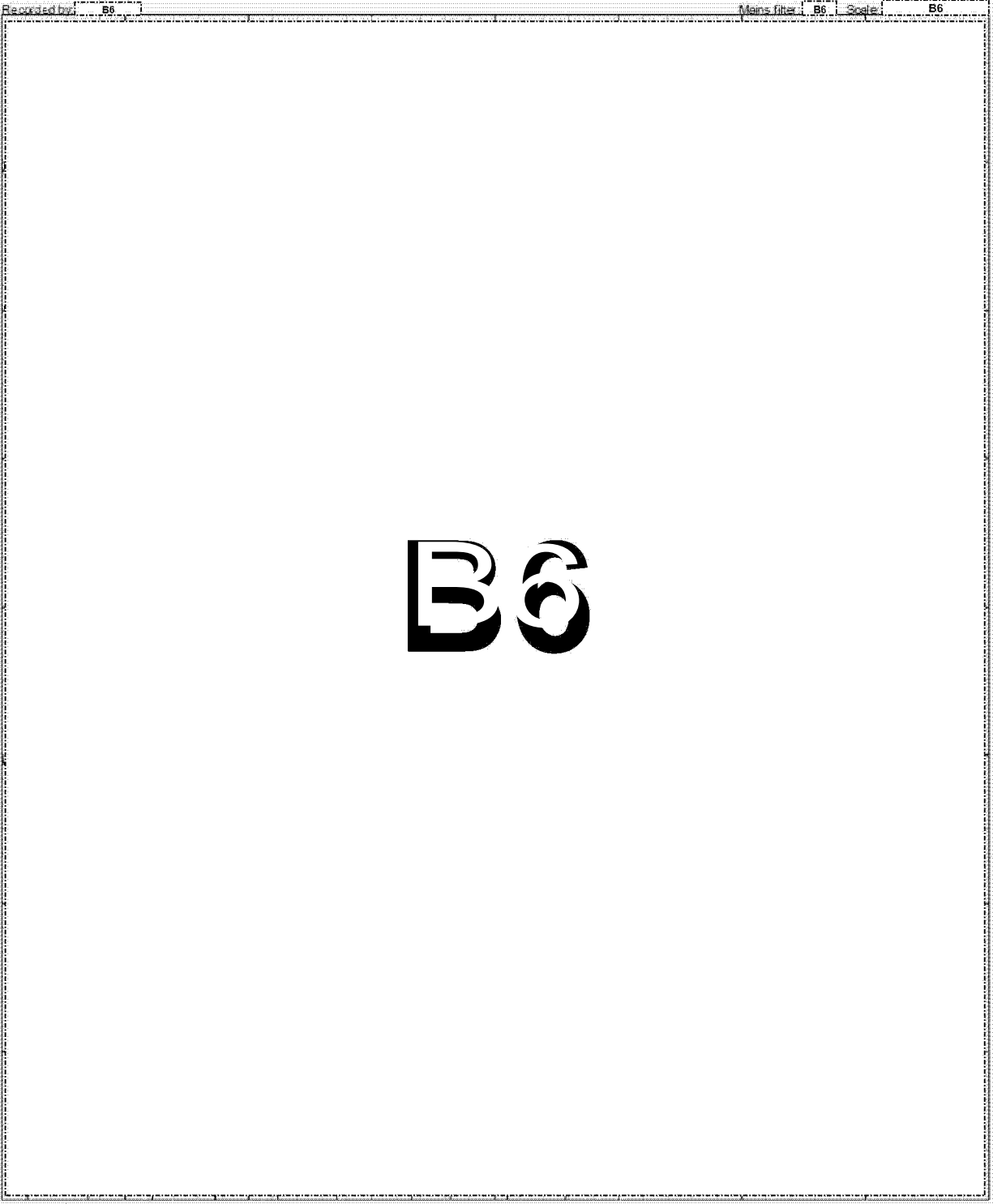
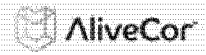
Patient: **B6**  
Breed/Species: American Pit Bull Terrier / Dog  
Recorded: Tuesday, January 29, 2019 at 9:23:52 PM  
Heart Rate: 126 bpm      Duration: 1 min 32 s



Client: **B6**  
Patient:

**AliveCor ECG**

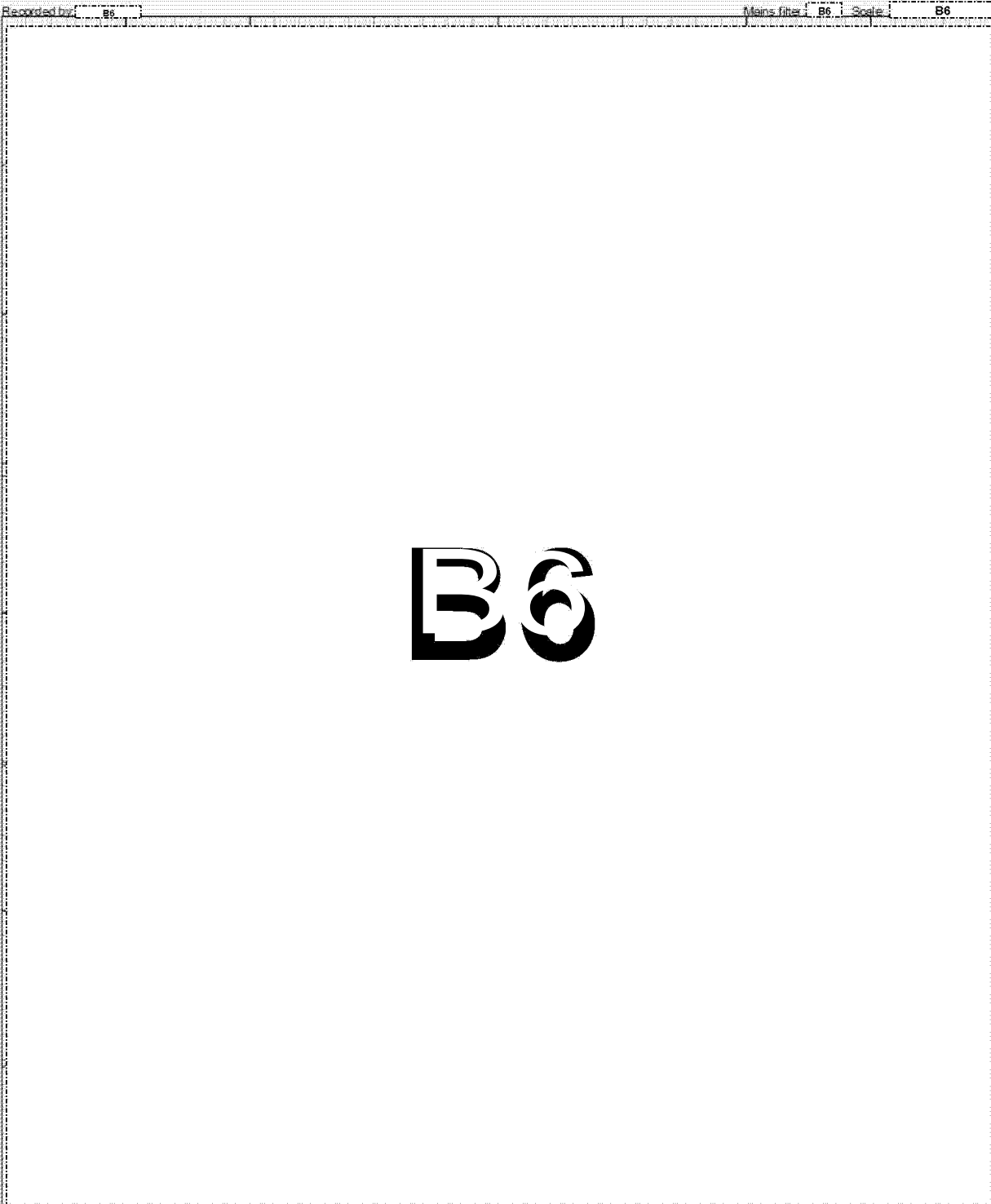
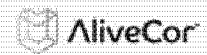
Patient: **B6**  
Breed/Species: American Pit Bull Terrier / Dog  
Recorded: Tuesday, January 29, 2019 at 9:23:52 PM  
Heart Rate: 126 bpm      Duration: 1 min 32 s



Client:  
Patient: **B6**

**AliveCor ECG**

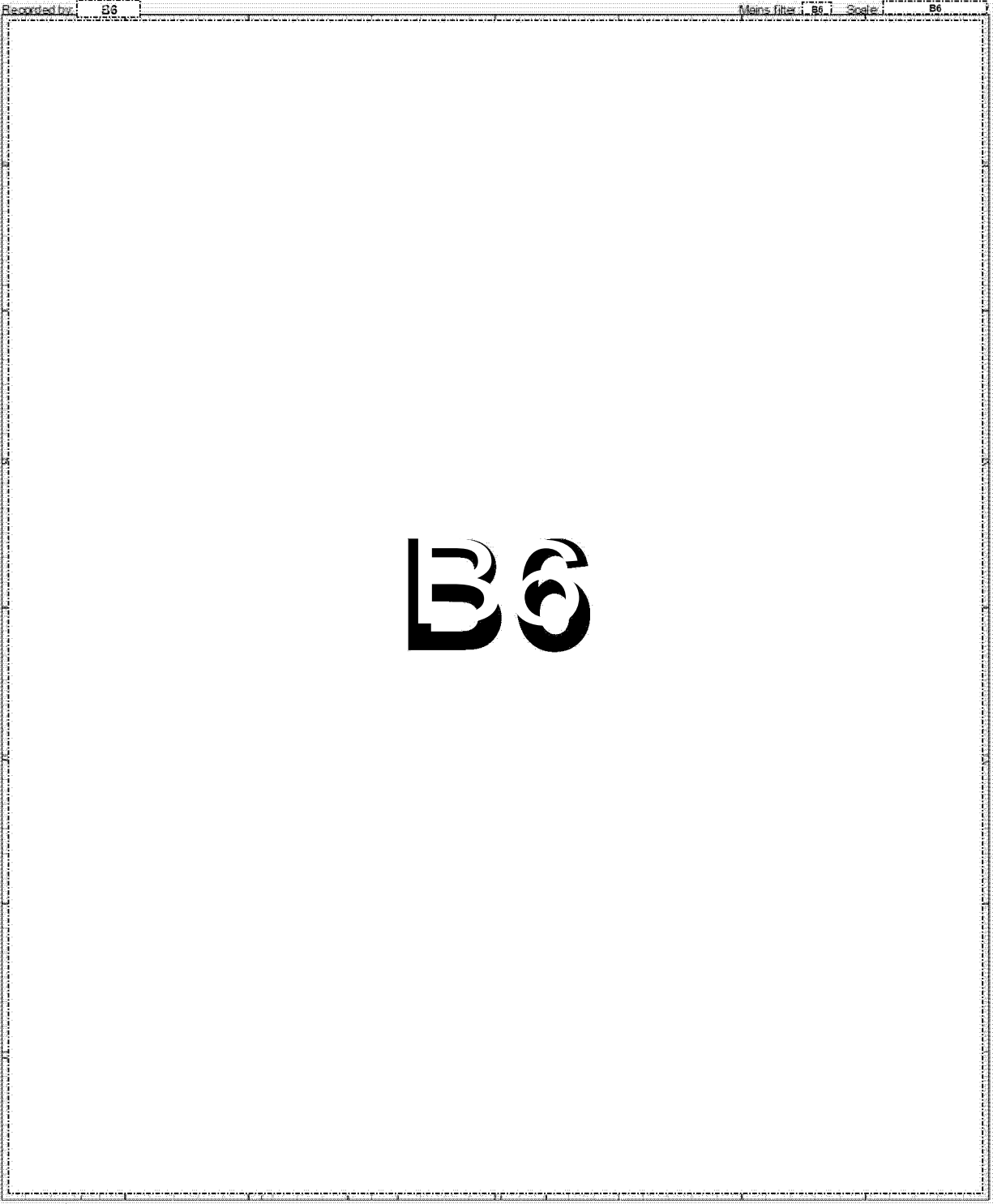
Patient: **B6**  
Breed/Species: American Pit Bull Terrier / Dog  
Recorded: Saturday, March 2, 2019 at 5:44:52 PM  
Heart Rate: 93 bpm      Duration: 1 min



Client:  
Patient: **B6**

**AliveCor ECG**

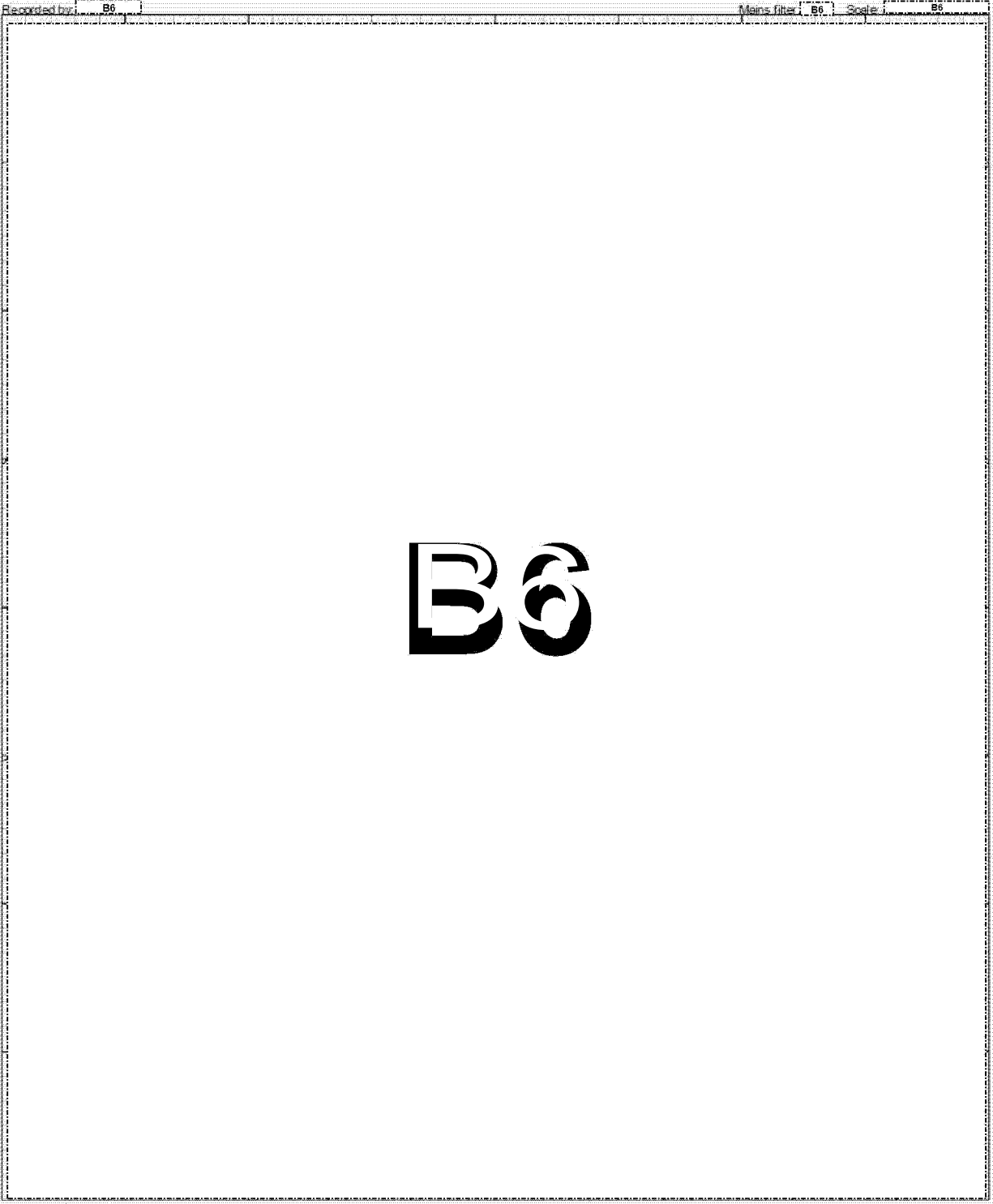
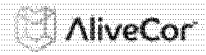
Patient: **B6**  
Breed/Species: American Pit Bull Terrier / Dog  
Recorded: Saturday, March 2, 2019 at 5:44:52 PM  
Heart Rate: 93 bpm      Duration: 1 min



Client:  
Patient: **B6**

**AliveCor ECG from cardio**

Patient: **B6**  
Breed/Species: American Pit Bull Terrier / Dog  
Recorded: Friday, March 22, 2019 at 8:37:00 AM  
Heart Rate: 95 bpm      Duration: 1 min 38 s

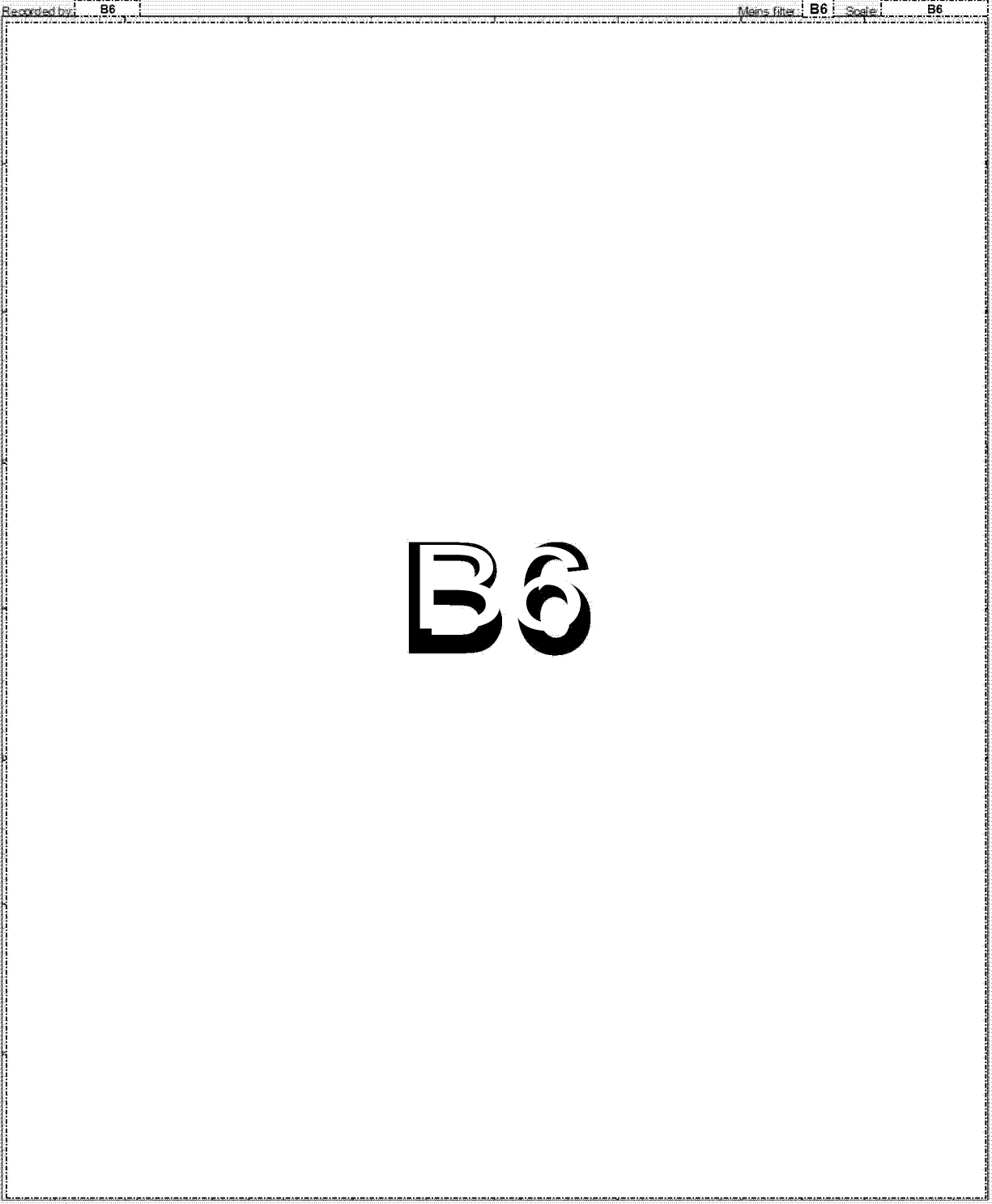




Client:  
Patient: **B6**

**AliveCor ECG from cardio**

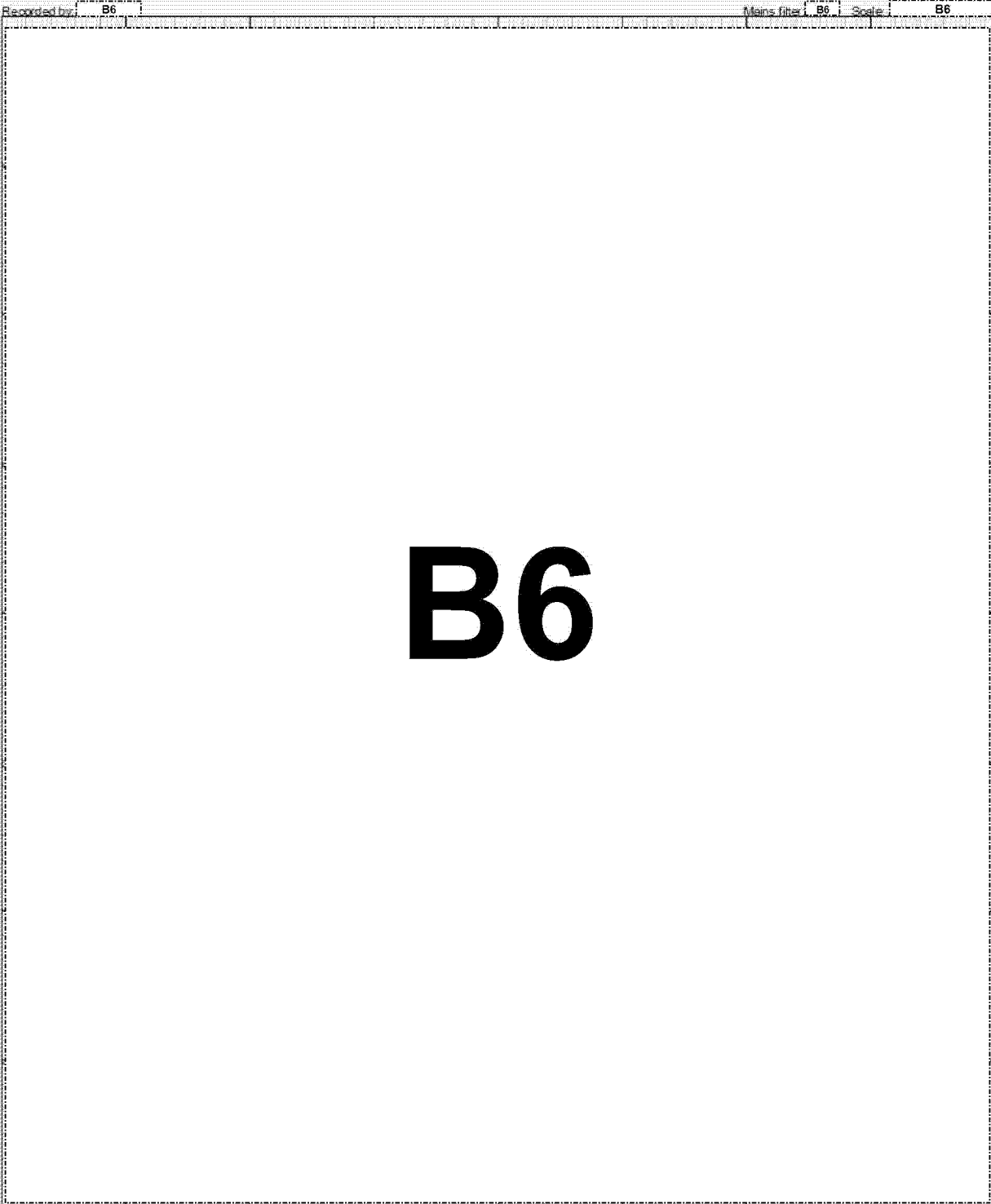
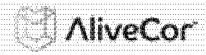
Patient: **B6**  
Breed/Species: American Pit Bull Terrier / Dog  
Recorded: Friday, March 22, 2019 at 8:37:00 AM  
Heart Rate: 95 bpm Duration: 1 min 39 s



Client: **B6**  
Patient:

**AliveCor ECG from cardio**

Patient: **B6**  
Breed/Species: American Pit Bull Terrier / Dog  
Recorded: Friday, March 22, 2019 at 8:37:00 AM  
Heart Rate: 95 bpm      Duration: 1 min 38 s

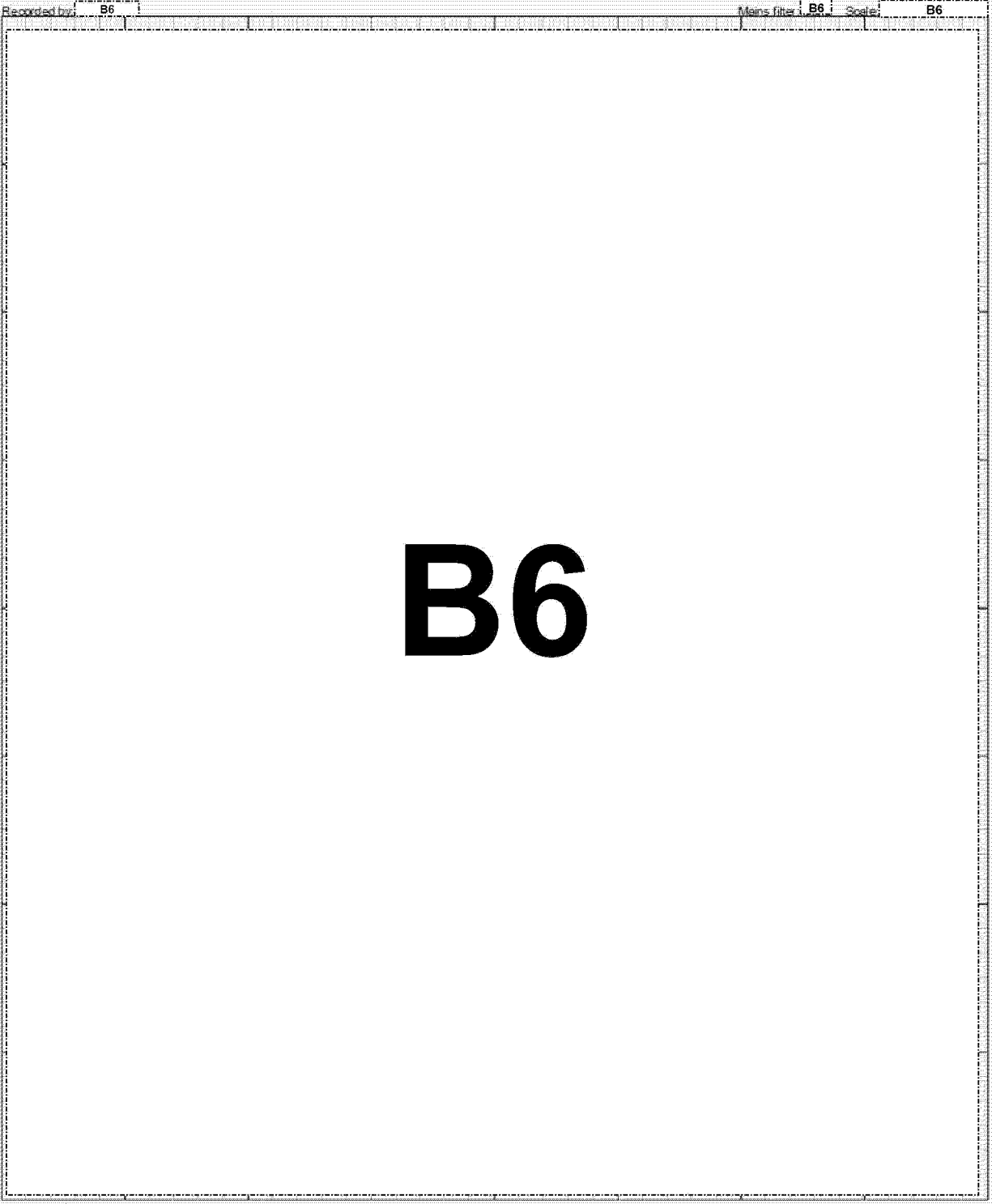
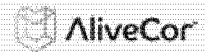


Client:  
Patient:

**B6**

**AliveCor ECG from cardio**

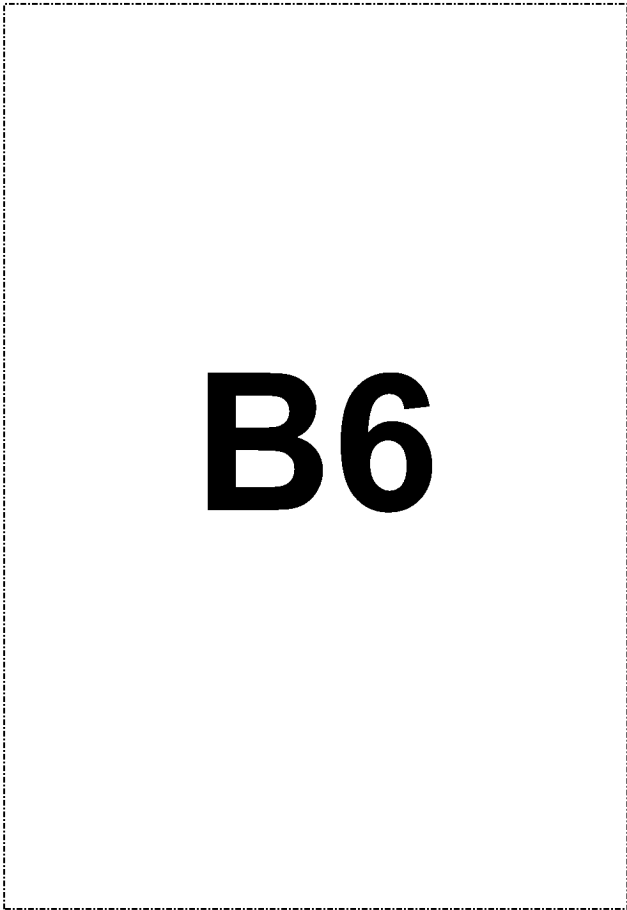
Patient: **B6**  
Breed/Species: American Pit Bull Terrier / Dog  
Recorded: Friday, March 22, 2019 at 8:37:00 AM  
Heart Rate: 95 bpm      Duration: 1 min 38 s



Client: **B6**  
Patient:

**Patient History**

01/02/2019 12:50 PM Appointment  
  
01/03/2019 01:06 PM UserForm  
01/03/2019 01:16 PM Treatment  
01/03/2019 01:44 PM Vitals  
01/03/2019 01:44 PM Vitals  
01/03/2019 03:07 PM Deleted Reason  
  
01/03/2019 03:09 PM Purchase  
01/03/2019 03:10 PM UserForm  
  
01/03/2019 03:25 PM Purchase  
01/03/2019 03:25 PM Purchase  
01/03/2019 03:33 PM Prescription  
01/03/2019 03:33 PM Prescription  
01/03/2019 03:38 PM Prescription  
01/03/2019 03:47 PM Purchase  
01/03/2019 04:08 PM Appointment  
  
01/04/2019 06:18 PM Purchase  
01/17/2019 11:15 AM Appointment  
  
03/26/2019 10:01 AM Appointment



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

Client: B6  
Patient:

<b>Patient Account History</b>	<b>Description</b>	<b>Qty</b>	<b>price</b>	<b>Extended</b>	<b>Disc</b>	<b>Pmt</b>
Thursday, 03 January 2019 15:09	Appointment: Cardiology Study	1.000	0.000	0.0000	0.0000	0.0000

Client:  
Patient:

**B6**

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<b>Patient Account History</b>	<b>Description</b>	<b>Qty</b>	<b>price</b>	<b>Extended</b>	<b>Disc</b>	<b>Pmt</b>
--------------------------------	--------------------	------------	--------------	-----------------	-------------	------------

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Thursday, 03 January  
2019 15:33

**B6**

Client:

**B6**

Address:

**All Medical Records**

Patient: **B6**

Breed: Bulldog Cross

DOB: **B6**

Species: Canine

Sex: Male  
(Neutered)

Home Phone: **B6**

Work Phone: ( ) -

Cell Phone: **B6**

**Referring Information**

**B6**

Client:

**B6**

Patient:

**Initial Complaint:**

Emergency

SOAP Text **B6** 6:17PM **B6**

NEW VISIT (ER) - **B6**

Doctor: **B6**, DVM

Student: **B6** V'19

Presenting complaint: **B6**

Referral visit? Yes

Diagnostics completed prior to visit (approximately 2 PM on **B6**):

**B6**

**HISTORY**

Signalment: 10 yr. M/C Bulldog mix

**B6**

Client: **B6**  
Patient:

Current medications: **B6**

Diet: Raw Limited Ingredient Salmon

**EXAM**

**B6**

C/V: No heart murmur heard on auscultation; irregularly irregular rhythm noted. Femoral pulses strong and synchronous.

**B6**

**ASSESSMENT**

A1: Arrhythmia - suspect atrial fibrillation secondary to enlarged left atrium

A2: **B6**

**PLAN**

(1) Diagnostic plan:

**B6**

(3) Client communication:

(A) Discussed with owner that patient may have two separate issues (GI and heart), but that it is possible for the two to be related. Based on rDVM rads that were taken at 2 PM today I do not see overt evidence of mechanical obstruction. **B6**

**B6**

Deposit & estimate status: **B6**



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

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

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

SOAP Text **B6** 6:11AM **B6**

Day 2 Hospitalization

Presenting complaint: vomiting, anorexia

Referral visit? Yes

Diagnostics completed prior to visit (approximately 2 PM on **B6**):

**B6**

**HISTORY**

Signalment: 10 yr. M/C Bulldog mix

**B6**

Diet: Raw Limited Ingredient Salmon - Rawz for about 1.5-2 years, but been on grain free for a long time  
Might have tried hydrolyzed food in the past but unsure

**EXAM**

**B6**

C/V: No heart murmur heard on auscultation; irregularly irregular rhythm noted. Femoral pulses strong and synchronous.

**B6**

**ASSESSMENT**

A1: Arrhythmia - suspect atrial fibrillation secondary to enlarged left atrium

A2: **B6**

Client:  
Patient:

**B6**

**PLAN**

**B6**

Deposit & estimate status: **B6**

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

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

**Disposition/Recommendations**

Client: **B6**  
Patient:

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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:	<b>B6</b>
Species:	Canine
Breed:	Bulldog Cross
Sex:	Male (Neutered)
Age:	<b>B6</b> Years Old

**Lab Results Report**

**Nova Full Panel-ICU**      **B6** 8:52:25 PM      Accession ID: **B6**

Test	Results	Reference Range	Units
SO2%	<b>B6</b>	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	<b>B6</b>	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**      8:54:03 PM      Accession ID: **B6**

Test	Results	Reference Range	Units
HW ANTIGEN-CANINE	<b>B6</b>	0 - 0	
LYME C6		0 - 0	
A.PHAGO/PLATYS		0 - 0	
E CANIS/EWINGI		0 - 0	

**Nova Full Panel-ICU**      **B6**      8:54:13 PM      Accession ID: **B6**

Test	Results	Reference Range	Units
WBC (ADVIA)	<b>B6</b>	4.4 - 15.1	K/uL
RBC(ADVIA)		5.8 - 8.5	M/uL
HGB(ADVIA)		13.3 - 20.5	g/dL
HCT(ADVIA)		39 - 55	%
MCV(ADVIA)		64.5 - 77.5	fL
MCH(ADVIA)		21.3 - 25.9	pg
MCHC(ADVIA)		31.9 - 34.3	g/dL
RDW (ADVIA)		11.9 - 15.2	
PLT(ADVIA)		173 - 486	K/uL
MPV (ADVIA)		8.29 - 13.2	fl
PLTCRT		0.129 - 0.403	%
RETIC(ADVIA)		0.2 - 1.6	%
RETICS (ABS) ADVIA		14.7 - 113.7	K/uL
COMMENTS (HEMATOLOGY)		0 - 0	

**Nova Full Panel-ICU**      **B6**      8:54:27 PM      Accession ID: **B6**

Test	Results	Reference Range	Units
GLUCOSE	<b>B6</b>	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	



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

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 - 19	
NA/K		29 - 40	
T BILIRUBIN	<b>B6</b>	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

6068 Result(s) verified

CHOLESTEROL		82 - 355	mg/dL
TRIGLYCERIDES	<b>B6</b>	30 - 338	mg/dl
AMYLASE		409 - 1250	U/L
OSMOLALITY (CALCULATED)		291 - 315	mmol/L

**Nova Full Panel-ICU**      **B6** 8:54:11 PM      Accession ID: **B6**

Test	Results	Reference Range	Units
SEGS%		43 - 86	%
LYMPHS%		7 - 47	%
MONOS%		1 - 15	%
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
WBC MORPHOLOGY	<b>B6</b>	0 - 0	
Occasional reactive lymphocytes			
ACANTHOCYTES		0 - 0	
KERATOCYTES/BLISTER CELLS		0 - 0	
POIKILOCYTOSIS		0 - 0	
SCHISTOCYTES		0 - 0	
SPHEROCYTES		0 - 0	

**Nova Full Panel-ICU**      **B6** 8:54:00 PM      Accession ID: **B6**

Test	Results	Reference Range	Units
CBC Review		0 - 0	

See comment.

**B6**



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

finding: **B6** DVM PhD DACVP

**Nova Full Panel-ICU** **B6** 8:54:00 PM Accession ID: **B6**

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

**Nova Full Panel-ICU** **B6** 8:58:31 PM Accession ID: **B6**

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



9/52

**B6**

Printed Monday, October 08, 2018

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

RDVM **B6** animal hosp medical records 5/31/18-10/4/18

**B6**

Patient ID: **B6**  
Name: **B6**

Species: CANINE  
Breed: BULLDOG/MIX  
Color: WHITE/YELLOW  
Birth Date: **B6**

Email Address: **B6**

Microchip:  
Sex: Male *Neutered*

Client Education

Puppy/Kitten	Lyme	Senior Wellness
Deference	Rabies	Dental Disease
Basic Training	Flea & Tick	FUS
Aggression	Obesity	Elim. Disorder
Heartworm	Osteoarthritis	
Leptospirosis		

Immunization Record

**B6**

*u/s 6/18/18*

*superficial veins  
cephalic better*



Client: **B6**  
Patient:

RDVM: **B6** animal hosp medical records 5/31/18-10/4/18

PATIENT NAME					OWNER'S NAME	
MO.	DATE DAY	YR.	PROB. NO.	SOAP	MEDICAL RECORD	

**B6**

Client:  
Patient:

**B6**

RDVM

**B6**

animal hosp medical records 5/31/18-10/4/18

PAGE:

PATIENT NAME					OWNER'S NAME				
MO.	DATE		PROB.	SOAP	MEDICAL RECORD				
	DAY	YR.	NO.						

**B6**

Client:  
Patient:

**B6**

RDVM

**B6**

animal hosp medical records 5/31/18-10/4/18

PATIENT NAME					OWNER'S NAME	
MO.	DATE DAY	YR.	PROB. NO.	SOAP	MEDICAL RECORD	
<b>B6</b>						

Client: **B6**  
Patient:

**RDVM** **B6** animal hosp medical records 5/31/18-10/4/18

PATIENT NAME					OWNER'S NAME	
MO.	DATE	YR.	PROB. NO.	SOAP	MEDICAL RECORD	
DAY						

**B6**



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

**RDVM** **B6** animal hosp medical records 5/31/18-10/4/18

PATIENT NAME					OWNER'S NAME	
MO.	DATE	PROB. NO.	SOAP	MEDICAL RECORD		
DAY	YR.					

**B6**







Client: **B6**  
Patient:

**RDVM** **B6** animal hosp medical records 5/31/18-10/4/18

**B6**

Client: **B6**  
Patient:

**RDVM** **B6** animal hosp medical records 5/31/18-10/4/18

**B6**

Client: **B6**  
Patient:

RDVM: **B6** animal hosp medical records 5/31/18-10/4/18

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**B6**

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

RDVM **B6** animal hosp medical records 5/31/18-10/4/18

Client: **B6** (11004) Gender: Male/Castrated  
Patient Name: **B6** Weight: 70.40 lbs  
Species: Canine Age: 10 Years  
Breed: Doctor: **B6** DVM

Test Results Reference Interval LOW NORMAL HIGH

ProCyte Dx (**B6**) 1:24 PM

RBC	<b>B6</b>	5.65 - 8.87	
HCT	<b>B6</b>	37.3 - 61.7	LOW
HGB	<b>B6</b>	13.1 - 20.5	
MCV	<b>B6</b>	65.6 - 73.8	LOW
MCH	<b>B6</b>	21.2 - 25.9	
MCHC	<b>B6</b>	32.0 - 37.9	
RDW	<b>B6</b>	13.6 - 21.7	
%RETIC	<b>B6</b>		
RETIC	<b>B6</b>	10.0 - 110.0	
RETIC-HGB	<b>B6</b>	22.3 - 29.6	
WBC	<b>B6</b>	5.05 - 16.76	
%NEU	<b>B6</b>		
%LYM	<b>B6</b>		
%MONO	<b>B6</b>		
%EOS	<b>B6</b>		
%BASO	<b>B6</b>		
NEU	<b>B6</b>	2.85 - 11.64	
LYM	<b>B6</b>	1.05 - 5.10	LOW
MONO	<b>B6</b>	0.16 - 1.12	
EOS	<b>B6</b>	0.38 - 1.25	LOW
BASO	<b>B6</b>	0.00 - 0.10	
PLT	<b>B6</b>	148 - 484	
MPV	<b>B6</b>	8.7 - 13.2	
PDW	<b>B6</b>	9.1 - 19.4	
PCT	<b>B6</b>	0.14 - 0.46	

**B6**

**B6**  
9:37 AM

RBC Run

WBC Run

**B6**

\*RBC \*RETIC \*PLT \*RBC flag \*WBC

\*NEU \*LYM \*MONO \*EOS \*BASO \*LPRC

Printed **B6** 1:32 PM

Page 1 of 2

**B6**

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

RDVM: **B6** animal hosp medical records 5/31/18-10/4/18

Client: **B6** (11004) Gender: Male/Castrated  
Patient Name: **B6** Weight: 70.40 lbs  
Species: Canine Age: 10 Years  
Breed: Doctor: **B6**, DVM

Test	Results	Reference Interval	LOW	NORMAL	HIGH
Catalyst One	<b>B6</b>	1:32 PM)			<b>B6</b>
GLU		70 - 143			
CREA		0.5 - 1.8			
BUN		7 - 27			
BUN/CREA					
PHOS		2.5 - 6.8			
CA		7.9 - 12.0			
TP		5.2 - 8.2			
ALB		2.2 - 3.9			
GLOB		2.5 - 4.5			
ALB/GLOB	<b>B6</b>				<b>B6</b>
ALT		10 - 115	HIGH		
ALKP		23 - 212			
GGT		0 - 11			
TBIL		0.0 - 0.9			
CHOL		110 - 320			
AMYT		500 - 1600	LOW		
LIPA		200 - 1800			
Na		144 - 160			
K		3.5 - 5.8			
Na/K					
Cl		109 - 122			
Osm Calc					

Printed: **B6** 1:32 PM

Page 2 of 2

**B6**

Client:  
Patient:

**B6**

RDVM

**B6**

animal hosp allergy test results

**B6**

**B6**

17:46

**B6**

**B6**

PAGE 02/03

**B6**

# B6

### Diets Recommended

- Iams - Skin & Coat Plus Response FP: Potato, herring meal, catfish, animal fat, beet pulp, fish digest (Dry)
- FirstMate - Grain Free Wild Tuna Formula: Tuna, water, potato, kale (Can)
- FirstMate - Grain Free Salmon Formula: Wild boneless/skinless salmon, water, potato, kale (Can)
- Hill's - d/d Canine Salmon Formula: Water, salmon, potato, potato starch, potato protein, soybean oil, fish oil, powdered cellulose (Can)
- Brothers Complete - Bare Bites: Beef liver (Treat)
- Canine Caviar - Turkey: Turkey, water, turkey liver, guar gum (Can); Can be mixed with potato
- Canine Caviar - Duck: Duck, duck liver, sweet potatoes, water, guar gum (Can)
- Hill's - d/d Canine Duck Formula: Water, duck, potato, duck liver, potato starch, soybean oil, powdered cellulose, fish oil (Can)
- Hill's - d/d Canine Venison Formula: Water, venison, potatoes, potato starch, potato protein, soybean oil, powdered cellulose, fish oil (Can)
- Canine Caviar - Venison: Venison, water, venison tripe, venison liver, guar gum (Can); Can be mixed with potato
- Iams - Response KO: Oat flour, kangaroo, canola meal, animal fat, beet pulp, fish oil (Dry)
- Canine Caviar - Beaver: Beaver, water, guar gum (Can)
- Canine Caviar - Buffalo: Buffalo, water, guar gum (Can)



Web sites: [alphastrip.com](http://www.alphastrip.com) • [Eukanuba.com](http://www.Eukanuba.com) • [Iams.com](http://www.Iams.com) • [Hill's.com](http://www.Hill's.com) • [naturesrecipe.com](http://www.naturesrecipe.com) • [Nutro.com](http://www.Nutro.com) • [Royal Canin.com](http://www.RoyalCanin.com) • [Wellness.com](http://www.Wellness.com)

**Liquid Gold ... Allergy Tests You Can Trust!**

Client: **B6**  
Patient:

RDVM: **B6** animal hosp allergy test results **B6**

PAGE 03/03

**B6**

17:46

**B6**

**B6**

**B6**

**B6**

**PRIMARY FOODS**

Allergen	Class Score	Allergen	Class Score
Egg		Milk	
Salmon		Wheat	
Corn		Rice	
Soybean		Pork	
Beef		Turkey	
Chicken		Lamb	

**EXTENDED FOODS**

Allergen	Class Score	Allergen	Class Score
Egg	2	Milk	1
Salmon	0	Wheat	0
Corn	0	Rice	3
Soybean	1	Pork	0
Beef	1	Turkey	0
Chicken	2	Lamb	3
Duck	0	Potato	0
Rabbit	0	Venison	0
Yeast	0	Pea	0
Oat	0	Barley	0

**MOLD SPECIAL PANEL**

Allergen	Class Score	Allergen	Class Score
Penicillium		Cladosporium	
Aspergillus		Mucor	
Alternaria		Helminthosporium	
Fusarium		Stemphylium	
Rhizopus		Aureobasidium	
Phoma		Epicoccum	

**Explanation of Results:**

Classes 1, 2, 3, 4, 5 and 6 represent levels of IgE antibody specific for the respective allergen. Consider Class 2 level and greater for allergen immunotherapy.

- Class 6- Ultra high level
- Class 5- Ultra high level
- Class 4- Very high level
- Class 3- High level
- Class 2- Low level
- Class 1- Very low level
- Class 0- Absent or undetectable



**\*\* VERY IMPORTANT \*\* Please read**

IF REQUESTED  
FOODS AND SPECIAL PANELS ON THIS PAGE

Flea hypersensitivity is a multi-component disease. It is not always totally IgE antibody-mediated. Negative in vitro test probably indicates a Type IV Cell-mediated (Delayed-type Hypersensitivity)

VETERINARIAN

Client:  
Patient:

**B6**

**Vitals Results**

4:57:35 PM	Heart Rate (/min)
4:57:36 PM	Respiratory Rate
4:57:37 PM	Temperature (F)
4:57:38 PM	Weight (kg)
7:23:44 PM	Heart Rate (/min)
7:23:45 PM	Temperature (F)
7:23:46 PM	Respiratory Rate
9:34:16 PM	Amount eaten
10:12:31 PM	Cardiac rhythm
10:12:32 PM	Heart Rate (/min)
10:12:52 PM	Respiratory Rate
11:52:54 PM	Cardiac rhythm
11:52:55 PM	Heart Rate (/min)
11:53:07 PM	Eliminations
11:53:16 PM	Respiratory Rate
1:00:47 AM	Cardiac rhythm
1:00:48 AM	Heart Rate (/min)
1:37:16 AM	Catheter Assessment
1:38:12 AM	Respiratory Rate
1:50:37 AM	Cardiac rhythm
1:50:38 AM	Heart Rate (/min)
2:49:03 AM	Cardiac rhythm
2:49:04 AM	Heart Rate (/min)
3:35:48 AM	Respiratory Rate
3:36:03 AM	Cardiac rhythm
3:36:04 AM	Heart Rate (/min)
4:44:11 AM	Cardiac rhythm
4:44:12 AM	Heart Rate (/min)
5:37:23 AM	Weight (kg)
5:37:33 AM	Eliminations
5:38:50 AM	Respiratory Rate
5:39:04 AM	Catheter Assessment
5:39:36 AM	Temperature (F)
6:30:19 AM	Cardiac rhythm
6:30:20 AM	Heart Rate (/min)
7:28:56 AM	Respiratory Rate
8:01:55 AM	Cardiac rhythm
8:01:56 AM	Heart Rate (/min)
8:55:50 AM	Cardiac rhythm

**B6**

**B6**



Client:  
Patient:

**B6**

**Vitals Results**

8:55:51 AM	Heart Rate (/min)
8:56:45 AM	Catheter Assessment
10:04:36 AM	Cardiac rhythm
10:04:37 AM	Heart Rate (/min)
10:05:26 AM	Respiratory Rate
11:07:25 AM	Cardiac rhythm
11:07:26 AM	Heart Rate (/min)
11:12:49 AM	Respiratory Rate
11:13:11 AM	Eliminations
12:20:08 PM	Blood Pressure (mmHg)
12:28:05 PM	Cardiac rhythm
12:28:06 PM	Heart Rate (/min)
12:55:30 PM	Cardiac rhythm
12:55:31 PM	Heart Rate (/min)
1:40:43 PM	Cardiac rhythm
1:40:44 PM	Heart Rate (/min)
1:42:42 PM	Respiratory Rate
1:42:50 PM	Catheter Assessment
2:56:24 PM	Cardiac rhythm
2:56:25 PM	Heart Rate (/min)
3:50:38 PM	Cardiac rhythm
3:50:39 PM	Heart Rate (/min)
3:51:17 PM	Respiratory Rate
4:53:34 PM	Cardiac rhythm
4:53:35 PM	Heart Rate (/min)
5:26:51 PM	Weight (kg)
5:27:11 PM	Catheter Assessment
5:27:40 PM	Eliminations
5:28:37 PM	Cardiac rhythm
5:28:38 PM	Heart Rate (/min)
5:31:07 PM	Respiratory Rate
5:31:19 PM	Temperature (F)
5:42:41 PM	Amount eaten
6:26:38 PM	Cardiac rhythm
6:26:39 PM	Heart Rate (/min)
7:11:26 PM	Respiratory Rate
7:33:30 PM	Cardiac rhythm
7:33:31 PM	Heart Rate (/min)
8:37:08 PM	Cardiac rhythm
8:37:09 PM	Heart Rate (/min)
9:04:40 PM	Catheter Assessment

**B6**

**B6**

Client: **B6**  
Patient:

**Vitals Results**

9:04:48 PM	Respiratory Rate
10:11:22 PM	Cardiac rhythm
10:11:23 PM	Heart Rate (/min)
10:36:23 PM	Cardiac rhythm
10:36:24 PM	Heart Rate (/min)
11:20:49 PM	Eliminations
11:20:56 PM	Respiratory Rate
11:21:56 PM	Cardiac rhythm
11:21:57 PM	Heart Rate (/min)
1:40:01 AM	Catheter Assessment
1:40:50 AM	Cardiac rhythm
1:40:51 AM	Heart Rate (/min)
1:41:04 AM	Respiratory Rate
3:26:17 AM	Cardiac rhythm
3:26:18 AM	Heart Rate (/min)
3:26:43 AM	Respiratory Rate
3:30:08 AM	Cardiac rhythm
3:30:09 AM	Heart Rate (/min)
4:27:51 AM	Cardiac rhythm
4:27:52 AM	Heart Rate (/min)
5:53:01 AM	Cardiac rhythm
5:53:02 AM	Heart Rate (/min)
5:55:46 AM	Catheter Assessment
5:55:59 AM	Amount eaten
5:56:30 AM	Respiratory Rate
6:00:21 AM	Weight (kg)
6:00:27 AM	Eliminations
6:00:34 AM	Temperature (F)
6:41:18 AM	Cardiac rhythm
6:41:19 AM	Heart Rate (/min)
7:34:31 AM	Blood Pressure (mmHg)
7:35:00 AM	Cardiac rhythm
7:35:01 AM	Heart Rate (/min)
7:35:25 AM	Respiratory Rate
8:37:50 AM	Cardiac rhythm
8:37:51 AM	Heart Rate (/min)
9:59:36 AM	Cardiac rhythm
9:59:37 AM	Heart Rate (/min)
10:02:17 AM	Respiratory Rate
10:02:31 AM	Catheter Assessment
10:50:27 AM	Cardiac rhythm

**B6**

**B6**

Client: **B6**  
Patient:

**Vitals Results**

<b>B6</b>	0:50:28 AM	Heart Rate (/min)	<b>B6</b>
	1:29:06 AM	Eliminations	
	1:55:39 AM	Cardiac rhythm	
	1:55:40 AM	Heart Rate (/min)	
	1:55:49 AM	Respiratory Rate	
	2:45:30 PM	Cardiac rhythm	
	2:45:31 PM	Heart Rate (/min)	
	2:44:51 PM	Cardiac rhythm	
	2:44:52 PM	Heart Rate (/min)	
	2:07:26 PM	Respiratory Rate	
	2:07:35 PM	Catheter Assessment	
	2:57:59 PM	Cardiac rhythm	
	2:58:00 PM	Heart Rate (/min)	

Client:  
Patient:

**B6**

**ECG from Cardio**

---

**B6**

**B6**

11:54:36 AM

Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

---

12-lead Standard Placement

**B6**

Client:  
Patient:

**B6**

**ECG from Cardio**

---

**B6**

**B6**

11:54:52 AM

Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

---

12 Lead: Standard Placement

**B6**

Client: **B6**  
Patient:

**Patient History**

	04:57 PM	Vitals
	04:57 PM	Vitals
	04:57 PM	Vitals
	04:57 PM	Vitals
	05:05 PM	UserForm
	05:06 PM	UserForm
	07:23 PM	Vitals
	07:23 PM	Vitals
	07:23 PM	Vitals
	07:23 PM	Vitals
	08:13 PM	UserForm
	08:52 PM	Purchase
	08:53 PM	Purchase
	08:53 PM	Purchase
	08:55 PM	Purchase
	08:58 PM	Labwork
	09:08 PM	Treatment
	09:28 PM	Purchase
	09:28 PM	Purchase
	09:33 PM	Treatment
	09:34 PM	Treatment
<b>B6</b>	09:34 PM	Vitals
	10:12 PM	Treatment
	10:12 PM	Treatment
	10:12 PM	Vitals
	10:12 PM	Vitals
	10:12 PM	Treatment
	10:12 PM	Vitals
	10:46 PM	Purchase
	10:46 PM	Purchase
	10:46 PM	Purchase
	11:52 PM	Treatment
	11:52 PM	Treatment
	11:52 PM	Vitals
	11:52 PM	Vitals
	11:53 PM	Treatment
	11:53 PM	Vitals
	11:53 PM	Treatment
	11:53 PM	Vitals
	01:00 AM	Treatment
	01:00 AM	Vitals
	01:00 AM	Vitals

**B6**

Client: **B6**  
Patient:

**Patient History**

01:33 AM	Treatment
01:37 AM	Treatment
01:37 AM	Vitals
01:38 AM	Treatment
01:38 AM	Vitals
01:50 AM	Treatment
01:50 AM	Vitals
01:50 AM	Vitals
02:49 AM	Treatment
02:49 AM	Vitals
02:49 AM	Vitals
03:35 AM	Treatment
03:35 AM	Vitals
03:36 AM	Treatment
03:36 AM	Vitals
03:36 AM	Vitals
04:03 AM	Prescription
04:44 AM	Treatment
04:44 AM	Vitals
04:44 AM	Vitals
05:30 AM	Treatment
05:37 AM	Treatment
05:37 AM	Treatment
05:37 AM	Vitals
05:37 AM	Treatment
05:37 AM	Vitals
05:38 AM	Treatment
05:38 AM	Vitals
05:39 AM	Treatment
05:39 AM	Vitals
05:39 AM	Treatment
05:39 AM	Vitals
06:30 AM	Treatment
06:30 AM	Treatment
06:30 AM	Vitals
06:30 AM	Vitals
06:30 AM	Vitals
07:28 AM	Treatment
07:28 AM	Vitals
07:56 AM	Purchase
08:01 AM	Treatment

**B6**

**B6**

Client:  
Patient:

**B6**

**Patient History**

08:01 AM	Vitals
08:01 AM	Vitals
08:23 AM	Purchase
08:55 AM	Treatment
08:55 AM	Vitals
08:55 AM	Vitals
08:56 AM	Treatment
08:56 AM	Treatment
08:56 AM	Vitals
09:09 AM	Purchase
09:11 AM	Purchase
10:04 AM	Vitals
10:04 AM	Vitals
10:05 AM	Vitals
10:24 AM	Treatment
10:25 AM	Treatment
10:40 AM	UserForm
11:07 AM	Treatment
11:07 AM	Vitals
11:07 AM	Vitals
11:12 AM	Treatment
11:12 AM	Vitals
11:13 AM	Treatment
11:13 AM	Vitals
11:13 AM	Purchase
11:58 AM	Treatment
11:59 AM	Purchase
11:59 AM	Purchase
12:08 PM	Purchase
12:20 PM	Vitals
12:20 PM	Purchase
12:28 PM	Treatment
12:28 PM	Vitals
12:28 PM	Vitals
12:55 PM	Treatment
12:55 PM	Vitals
12:55 PM	Vitals
01:40 PM	Treatment
01:40 PM	Vitals
01:40 PM	Vitals
01:42 PM	Treatment
01:42 PM	Treatment

**B6**

**B6**



Client: **B6**  
Patient:

**Patient History**

01:42 PM	Vitals
01:42 PM	Treatment
01:42 PM	Vitals
02:12 PM	Prescription
02:13 PM	Purchase
02:42 PM	Purchase
02:48 PM	Treatment
02:56 PM	Treatment
02:56 PM	Vitals
02:56 PM	Vitals
02:57 PM	Treatment
03:50 PM	Treatment
03:50 PM	Vitals
03:50 PM	Vitals
03:51 PM	Treatment
03:51 PM	Vitals
04:53 PM	Treatment
04:53 PM	Vitals
04:53 PM	Vitals
05:26 PM	Treatment
05:26 PM	Vitals
05:27 PM	Treatment
05:27 PM	Treatment
05:27 PM	Vitals
05:27 PM	Treatment
05:27 PM	Vitals
05:28 PM	Treatment
05:28 PM	Vitals
05:28 PM	Vitals
05:31 PM	Treatment
05:31 PM	Vitals
05:31 PM	Treatment
05:31 PM	Vitals
05:32 PM	Prescription
05:42 PM	Treatment
05:42 PM	Vitals
05:49 PM	Prescription
06:24 PM	Treatment
06:24 PM	Treatment
06:26 PM	Treatment
06:26 PM	Vitals

**B6**

**B6**

Client: **B6**  
Patient:

**Patient History**

06:26 PM	Vitals
07:11 PM	Treatment
07:11 PM	Vitals
07:33 PM	Treatment
07:33 PM	Vitals
07:33 PM	Vitals
08:37 PM	Treatment
08:37 PM	Vitals
08:37 PM	Vitals
08:59 PM	Treatment
09:04 PM	Treatment
09:04 PM	Treatment
09:04 PM	Vitals
09:04 PM	Treatment
09:04 PM	Vitals
09:13 PM	Purchase
09:13 PM	Purchase
10:11 PM	Treatment
10:11 PM	Vitals
10:11 PM	Vitals
10:36 PM	Treatment
10:36 PM	Vitals
10:36 PM	Vitals
10:38 PM	Treatment
11:20 PM	Treatment
11:20 PM	Vitals
11:20 PM	Treatment
11:20 PM	Vitals
11:21 PM	Treatment
11:21 PM	Vitals
11:21 PM	Vitals
01:39 AM	Treatment
01:40 AM	Treatment
01:40 AM	Vitals
01:40 AM	Treatment
01:40 AM	Vitals
01:40 AM	Vitals
01:41 AM	Treatment
01:41 AM	Vitals
03:26 AM	Treatment
03:26 AM	Vitals

**B6**

**B6**

Client: **B6**  
Patient:

**Patient History**

03:26 AM	Vitals
03:26 AM	Treatment
03:26 AM	Vitals
03:30 AM	Treatment
03:30 AM	Vitals
03:30 AM	Vitals
04:27 AM	Treatment
04:27 AM	Vitals
04:27 AM	Vitals
05:52 AM	Treatment
05:53 AM	Treatment
05:53 AM	Vitals
05:53 AM	Vitals
05:55 AM	Treatment
05:55 AM	Vitals
05:55 AM	Treatment
05:55 AM	Vitals
05:56 AM	Treatment
<b>B6</b> 05:56 AM	Treatment
05:56 AM	Vitals
06:00 AM	Treatment
06:00 AM	Vitals
06:00 AM	Treatment
06:00 AM	Vitals
06:00 AM	Treatment
06:00 AM	Vitals
06:00 AM	Treatment
06:00 AM	Vitals
06:41 AM	Treatment
06:41 AM	Vitals
06:41 AM	Vitals
07:24 AM	Treatment
07:34 AM	Vitals
07:34 AM	Treatment
07:35 AM	Treatment
07:35 AM	Vitals
07:35 AM	Vitals
07:35 AM	Treatment
07:35 AM	Vitals
08:37 AM	Treatment
08:37 AM	Vitals
08:37 AM	Vitals
09:11 AM	Purchase

**B6**

Client: **B6**  
Patient:

**Patient History**

09:59 AM	Treatment
09:59 AM	Vitals
09:59 AM	Vitals
10:02 AM	Treatment
10:02 AM	Vitals
10:02 AM	Treatment
10:02 AM	Treatment
10:02 AM	Vitals
10:33 AM	UserForm
10:50 AM	Treatment
10:50 AM	Vitals
10:50 AM	Vitals
11:29 AM	Treatment
11:29 AM	Vitals
11:47 AM	Deleted Reason
11:55 AM	Treatment
11:55 AM	Vitals
11:55 AM	Vitals
11:55 AM	Treatment
11:55 AM	Vitals
11:57 AM	Purchase
12:05 PM	Prescription
12:05 PM	Prescription
12:06 PM	Purchase
12:45 PM	Treatment
12:45 PM	Vitals
12:45 PM	Vitals
01:43 PM	Treatment
01:44 PM	Treatment
01:44 PM	Vitals
01:44 PM	Vitals
02:07 PM	Treatment
02:07 PM	Vitals
02:07 PM	Treatment
02:07 PM	Vitals
02:57 PM	Treatment
02:57 PM	Vitals
02:57 PM	Vitals
02:59 PM	Treatment

**B6**

**B6**



**B6**

**B6**

Male (Neutered)

Canine: Bulldog Cross White/Yellow

Patient ID: **B6**

## STANDARD CONSENT FORM

---

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

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

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

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

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

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

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

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

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

I understand that a FINANCE CHARGE will be applied to all accounts unpaid after 30 days. The FINANCE CHARGE is computed on a monthly rate of 1.33% per month, which is an annual percentage rate of 16% applied to the average daily balance outstanding, with a minimum fee of \$50.

I do further agree that should any payment, or the full amount of the sum stated above, become overdue more than 20 days from the above-agreed upon time of payment or payments, the entire balance shall be considered in default and become due and payable. I further agree to be responsible for any or all collection agency and/or attorney fees necessary to collect the full amount.

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

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

Owner's name:  Date:

Owner's address:

Date

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

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

\_\_\_\_\_  
Authorized Agent - Please Print

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Town/City                      State                      Zip

**B6**

Patient ID: **B6**

**B6**

Canine

**B6**

Years Old Male (Neutered) Bulldog  
Cross

Body Weight: Weight (kg) 0.00

## **Brachycephalic Consent Form**

### ***Anesthesia, Sedation and Hospitalization***

Brachycephalic is a term for "short-nosed". Several dog breeds may experience difficulty breathing due to the shape of their head, muzzle and throat. Shorter nosed dogs include English Bulldogs, French Bulldogs, Pugs, Boston Terriers and many other breeds. The shorter than average nose and face in proportion to their body size can cause problems for these breeds at times. Owners with brachycephalic breeds must pay extra attention to their animals during exercise, heat and while obtaining veterinary care.

#### ***Overview***

The purpose of this form is to inform you of the risks associated with anesthesia/sedation and occasionally hospitalization, which are inherent for dogs with shorter noses (brachycephalic). Not all of these problems may apply to your dog, but these are part of the brachycephalic syndrome. Please discuss any specific concerns with your attending veterinarian.

#### ***Respiratory problems***

Brachycephalic dogs have a shortened skull, resulting in a compressed nasal passage and abnormal throat anatomy. The abnormal upper airway anatomy causes increased negative pressure while taking a breath, leading to inflammation, deformation of throat tissues, and obstruction of breathing. We encourage corrective surgery in moderate to severely affected dogs.

#### ***Cooling problems***

As dogs cool by panting, dogs with narrowed airways may have difficulty cooling themselves. This may be made worse by anxiety or stress.

#### ***Stomach and intestinal problems***

Brachycephalic dogs may swallow a lot of air which can lead to increased vomiting or regurgitation, and this could lead to pneumonia. If possible, we pre-treat brachycephalic dogs with medications to reduce stomach acids, and to promote stomach emptying.

#### ***Restraint challenges***

Due to their airway, and in some bulldogs, their intrinsic personality as "tough" dogs, it may be difficult to restrain them safely. This is a particularly significant problem with more aggressive dogs. We



occasionally need to sedate them, or ask family members to help with some routine procedures to avoid unnecessary stress on the patient.

### *Sedation and anesthesia*

While sedation and anesthesia are commonly performed in brachycephalic breeds, especially bulldogs, recovery from anesthesia may be more difficult for these patients due to a narrowed airway. We have our anesthesia team very closely involved in sedation and anesthesia of brachycephalic breeds especially bulldogs. They have found that careful monitoring is essential to a good outcome. In fact, many dog owners travel some distance in order to ensure that a Tufts board-certified anesthesiologist is present during anesthesia or sedation to minimize the risk of complications.

**We consider brachycephalic dogs a high risk population. Please be sure you talk with your doctor about the following:**

1. Any medical and/or surgical treatment alternatives for your pet
2. Sufficient details of this consent form and how they apply to your dog
3. How fully your pet might respond or recover and how long it could take
4. The most common complications and how serious they might be

I grant permission for my pet to undergo general anesthesia/sedation/hospitalization at Tufts Foster Hospital for Small Animals at the Cummings School of Veterinary Medicine.

I am aware that my pet has physical characteristics that make anesthesia and sedation more challenging and possibly more risky than for the average dog with a longer nose.

I am aware that brachycephalic breeds, such as the English and French bulldog, Boston Terrier, Pug, and Pekingese have a shortened skull, resulting in a compressed nasal passage and abnormal throat anatomy. The abnormal upper airway anatomy causes increased negative pressure while taking a breath, leading to inflammation, deformation of throat tissues, and obstruction of breathing.

I am aware that if my brachycephalic pet undergoes sedation or general anesthesia the potential complications include partial or complete airway obstruction during recovery and regurgitation/vomiting which could lead to aspiration pneumonia/respiratory distress. With airway surgery, death has been reported as a rare complication in <3% of cases.

I am aware that anesthetizing or sedating a brachycephalic animal for any reason can lead to the development of significant complications as described in this document.

**Please answer YES or NO to the following questions:**

My pet has demonstrated difficulty breathing, exercise intolerance, and/or collapse episodes.

YES      NO

My pet has demonstrated difficulty eating, such as gagging, vomiting, and regurgitation.

YES      NO

My pet is receiving or has recently received a non-steroidal anti-inflammatory drug (e.g., Rimadyl)

YES      NO

Your signature indicates that you have read and understand the above information and give your

consent for treatment

Owner signature:

**B6**

Date:

**B6**

# Treatment Plan

Estimated Charges  
 10/04/2018

**B6**

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

Patient	Description	Low Qty	Low Extended	High Qty	High Extended
<b>B6</b>	This estimate includes hospitalization, medication, cardiology consult, bloodwork. It does not include surgery, if indicated.	1.00	<b>B6</b>	1.00	<b>B6</b>

**B6**

Doctor of Record: **B6**

Client Signature

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	<b>B6</b>
Low Total	
75% Deposit	

# Cummings Veterinary Medical Center

AT TUFTS UNIVERSITY  
Cardiology Liaison: 508-887-4696

B6

Patient ID: B6

B6

Canine

B6 Years Old Male (Neutered) Bulldog  
Cross

White/Yellow BW: Weight (kg) 32.00

## Cardiology Consultation

Date: B6

Weight: Weight (kg) 32.00

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

### Attending Cardiologist:

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

B6

### Cardiology Resident:

B6

### Thoracic radiographs available for review?

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

### Patient location:

ICU Run

### Presenting complaint and important concurrent diseases:

B6

### Current medications and doses:

B6

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

Rawz limited ingredient wild salmon

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

B6

Suspect DCM based on TFAST

### Questions to be answered: Cause of arrhythmia

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**

**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 systolic 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: irregularly irregular**

- 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
- Abdominal distension

Hepatomegaly

Mild ascites

**Echocardiogram Findings:**

**B6**

**Assessment and recommendations:**

DCM with atrial fibrillation and hypotension. The radiographics and physical exam does not suggest that the patient is currently in CHF, but the LA is enlarged enough that I would be worried that he could go into CHF shortly. The patient is also hypotensive. Recommend starting  BID, recheck BP tonight to see BP is improved and if dose needs to be increased. Also recheck T4 level. Ideally we can get a taurine level (Whole blood). Start taurine supplementation 1000mg BID. Change diet to non-grain free. Monitor RR/RE at home. Because of the hypotension, I hesitate to start  at this time. The dog's HR is not that high at this time, so we can wait until BP is improved become considering  Recheck ECG and BP 1 week after discharge.

**Final Diagnosis:**

DCM, atrial fibrillation

**Heart Failure Classification Score:**

**ISACHC Classification:**

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

**ACVIM CHF Classification:**

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

M-Mode

IVSd	<b>B6</b>	cm
LVIDd		cm
LVPWd		cm
IVSs		cm
LVIDs		cm
LVPWs		cm
%FS		%
Ao Diam		cm
LA Diam		cm
LA/Ao		
Max LA		cm
EPSS		cm

M-Mode Normalized

IVSdN	<b>B6</b>	(0.29 - 0.52)
LVIDdN		(1.35 - 1.73) !
LVPWdN		(0.33 - 0.53) !
IVSsN		(0.43 - 0.71) !
LVIDsN		(0.79 - 1.14) !
LVPWsN		(0.53 - 0.78) !
Ao Diam N		(0.68 - 0.89) !
LA Diam N		(0.64 - 0.90) !

2D

SA LA	<b>B6</b>	cm
Ao Diam		cm
SA LA / Ao Diam		
LVID A4C		cm
LVEDV MOD A4C		ml
LVLs A4C		cm
LVESV MOD A4C		ml
LVEF MOD A4C		%
SV MOD A4C		ml

Doppler

MR Vmax	<b>B6</b>	m/s
MR maxPG		mmHg
MV E Vel		m/s
PV Vmax		m/s
PV maxPG		mmHg
AV Vmax		m/s
AV maxPG		mmHg

# Cummings

## Veterinary Medical Center

AT TUFTS UNIVERSITY

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

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

**Patient**

**Name:**

B6

**Signalment:**

B6 Years Old White/Yellow  
Male (Neutered) Bulldog Cross

**Owner**

**Name:**

B6

**Address:**

**Patient ID:**

B6

**Emergency Clinician:**

B6

DVM (Resident - Cardiology)

**Consulting Clinician:**

**ER Supervisor:**

B6

### Discharge Instructions

**Admit Date:** B6 4:55:40 PM

**Check Out Date:** B6

#### Case Summary

Thank you for bringing B6 to Tufts, he is such a lovely dog! B6 has been eating random things out of the garbage (dietary indiscretion) but only became anorexic few days ago with some episodes of vomit. Abdominal radiographs performed by your primary veterinarian did not reveal findings consistent with intestinal obstruction or foreign body.

At the presentation, he was alert and responsive but an arrhythmia was noticed and cardiology consult showed that he has a heart disease (dilated cardiomyopathy). 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. 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.

Also he has been on a diet (grain free) that unfortunately can be associated to cardiac disease and might contribute to worsening of his cardiac function. For this reason, we highly suggest to change his diet and he has been eating and hydrolyzed diet in the hospital (which we would like to keep him on at home) with good appetite. We also can not rule out that the reason for his dietary indiscretion could be related to some nutritional deficiency. We hope he will respond well to the diet change.

Blood work did not reveal any significant abnormality and B6 has been on anti-nausea medication and responded



well, as his appetite is back and he has not vomited anymore.

**Diagnostic test results and findings:**

- Chest radiograph (x-ray) findings: The heart is enlarged but there is no fluid in the lungs (heart failure)
- Echocardiogram findings: All chambers of the heart are enlarged and there is a leak at the mitral valve
- ECG findings: The ECG showed a persistent arrhythmia (atrial fibrillation)
- Blood pressure findings: The blood pressure is slightly lower than we would like it (80-100mmHg)
- Labwork findings: The kidney values are normal.

**Monitoring at home:**

- We would like you to monitor your dog's breathing rate and effort at home, ideally during sleep or at a time of rest. The doses of drugs will be adjusted based on the breathing rate and effort.
- In general, most dogs with heart failure that is well controlled have a breathing rate at rest of less than 35 to 40 breaths per minute. In addition, the breathing effort, noted by the amount of belly wall motion used for each breath, is fairly minimal if heart failure is controlled.
- An increase in breathing rate or effort will usually mean that you should give an extra dose of   if difficulty breathing is not improved by within 30-60 minutes after giving extra  then we recommend that a recheck exam be scheduled and/or that your dog be evaluated by an emergency clinic.
- There are instructions for monitoring breathing, and a form to help keep track of breathing rate and drug doses, on the Tufts HeartSmart web site (<http://vet.tufts.edu/heartsmart/at-home-monitoring/>).
- We also want you to watch for weakness or collapse, a reduction in appetite, worsening cough, or distention of the belly as these findings indicate that we should do a recheck examination.
- If you have any concerns, please call or have your dog evaluated by a veterinarian. Our emergency clinic is open 24 hours/day.

**Recommended Medications:**

**B6**

**Diet suggestions:**

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:**

For the first 7 to 10 days after starting medications for heart failure we recommend very limited activity. Leash walking only is ideal, and short walks to start. Once the heart failure is better controlled, then slightly longer walks are acceptable. However, if you find that  is lagging behind or needs to stop on a walk then this was too long a walk and shorter walks are advised in the future. Repetitive or strenuous high energy activities (repetitive ball chasing, running fast off-leash, etc.) are generally not advised at this stage of heart failure.

**Recheck Visits:**

A recheck visit is recommended in 1-2 weeks after any medication adjustments are made. At this visit we will check your dog's breathing effort and heart function, do a blood test to recheck kidney values, and probably recheck a blood pressure. 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](mailto:cardiovet@tufts.edu) for scheduling and non-emergent questions or concerns.

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

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**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](http://vet.tufts.edu/cvmc/clinical-studies)*

---

Case [B6]

Owner [B6]

Discharge Instructions

Client:  
Patient:

**B6**

RDVM

**B6**

Care records

**B6**

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

Client **B6**

Page: 13

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

<b>B6</b>				
-----------	--	--	--	--

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

RDVM: **B6** Care records

**B6**

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

Client: **B6** Page: 14

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

Discussed coag profile, radiographs. Owner wants to give it a day and see how she does. She ate treats readily in exam room

DIAGNOSTIC PLAN

11-30-17	Office Visit	<b>B6</b> 111	Transaction Complete	
11-30-17		6024 VISIT	Office Visit, Brief Patient check-in	

still coughing

Age: 2y Weight: 70.90

**B6**

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

RDVM **B6** Care records

**B6**

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

Client: **B6** Page: 15

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

NOTES

**B6** (per o ~90% better)

PLAN SECTION

NOTES

disc cough can take weeks to go away but as long as p continues to improve no need to add in more abx. if p gets worse o to update us, and rec slowly returning to normal activity.

TREATMENT PLAN

11-19-17	Office Visit	<b>B6</b>	111 Transaction Complete	
11-19-17		<b>B6</b>	Give one capsule with food twice daily until finished.	20

6019 Office Exam  
VISIT Patient check-in  
Coughing, wants to give vx only if doctor thinks P is well enough

Age: 2y

SUBJECTIVE SECTION

11-19-17 at 1:41p: Coughing for about 2 days and has been sneezing But O wants ti vaccinate if the doctor thinks **B6** is well enough might have ear infection right ear was scratching at it may have been bite.

**B6**

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

RDVM: **B6** Care records

**B6**

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

Client: **B6** Page: 16

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

OBJECTIVE SECTION

**B6**

SUBJECTIVE SECTION

**B6**

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

RDVM **B6** Care records

**B6**

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

Client: **B6** Page: 17

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

ASSESSMENT SECTION

**B6**

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

RDVM: **B6** Care records

**B6**

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

Client: **B6**

Page: 18

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



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

RDVM: **B6** Care records

**B6**

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

Client: **B6**

Page: 19

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

**B6**

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

RDVM **B6** Care records

**B6**

Patient Chart for **B6**  
Date: 09-05-18, Time: 6.47p

Client **B6** Page: 20

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

Client: **B6**  
Patient:

RDVM: **B6** Care records

**B6**

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

Client: **B6**

Page: 21

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

PLAN SECTION

**B6**

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

RDVM: **B6** Care records

**B6**

Patient Chart for **B6**  
Date: 09-05-18, Time: 6.47p

Client: **B6**

Page: 22

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

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

**RDVM** **B6** Care 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** Care records

**B6**

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

Client: **B6**

Page: 24

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

**B6**

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

RDVM: **B6** Care records

**B6**

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

Client: **B6** Page: 25

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

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

**RDVM** **B6** Care records

**B6**

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

Client: **B6** Page: 26

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



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

RDVM **B6** Care records

**B6**

Patient Chart for **B6**  
Date: 09-05-18, Time: 6.47p

Client: **B6**

Page: 27

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

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

RDVM **B6** Care records

**B6**

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

Client: **B6** Page: 28

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

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

RDVM: **B6** Care records

**B6**

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

Client: **B6** Page: 29

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

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

RDVM: **B6** Care records

**B6**

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

Client: **B6**

Page: 30

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

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

RDVM **B6** Care records

**B6**

Patient Chart for **B6**  
Date: 09-05-18, Time: 6.47p

Client: **B6**

Page: 31

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

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

RDVM: **B6** Care records

**B6**

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

Client: **B6** Page: 32

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

**B6**

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

RDVM: **B6** Care records

**B6**

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

Client: **B6** Page: 33

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

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

**RDVM** **B6** Care records

**B6**

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

Client: **B6**

Page: 34

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



Client:  
Patient:

**B6**

RDVM **B6** Care 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:

RDVM **B6** Care 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** Care records

**B6**

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

Client: **B6**

Page: 37

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

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

RDVM: **B6** Care records

**B6**

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

Client: **B6**

Page: 38

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

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

RDVM **B6** Care records

**B6**

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

Client: **B6**

Page: 39

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

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

**RDVM** **B6** Care records

**B6**

Patient Chart for **B6**  
Date: 09-05-18, Time: 6.47p

Client **B6** Page: 40

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

NOTES

**B6**

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

RDVM **B6** Care records

**B6**

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

Client: **B6** Page: 41

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

**B6**

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

RDVM **B6** Care echo results 5/2/18

**B6**

REFERRING DOCTOR / HOSPITAL: **B6**

**PATIENT INFORMATION**

PATIENT'S NAME: **B6** SIGNALMENT **B6** FS, mixed breed [canine]  
RECORD #: **B6** WEIGHT: 75 pounds; [34.1 kg]  
DATE OF EXAM: Wednesday, **B6**  
HISTORY: severe DCM

**ECHOCARDIOGRAM**

**Left Inflow** The left atrium was dilated. LAm<sub>ax</sub>=5.4cm; normally (1.99 - 3.28). LA:Ao=1.5; normally < 1.3. Mitral insufficiency was not detected.

**Right Inflow** The right atrium was not dilated. Tricuspid insufficiency was not detected.

**Left Outflow** The left ventricular walls were of appropriate thicknesses. The left ventricle was dilated during diastole suggesting volume overload. Fractional shortening was reduced at 8.6%; normally (33.7 - 45.9%). Aortic velocity (1.6m/s) was wnl and showed laminar flow on PW. Aortic insufficiency was not detected. The left ventricle was dilated in systole at 6.5cm; normally (2.16 - 3.83cm), suggesting reduced systolic function. EPSS (1.8cm; normally < 0.77cm), was increased, suggesting reduced systolic function. HR=152bpm.

**Right Outflow** Pulmonary arterial velocity (1.3m/s) was wnl and showed laminar flow on PW. Trivial pulmonic insufficiency (1.7m/s; 12mmHg) was detected.

**Echo Summary** Diastolic LV Dilatation; Systolic LV Dilatation; LA enlargement; Systolic dysfunction; Trivial pulmonic insufficiency;

**Echo Discussion** Severe dilated cardiomyopathy persists. Continue medication as prescribed. Monitor EKG for development of atrial fibrillation.



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

**RDVM** **B6** Care echo results 5/2/18

**B6**

PATIENT'S NAME: **B6**

GROSS ECHO MEASUREMENTS

IVSd		normal range
LVIDd		(0.68 - 1.38 cm)
LVPWd		(3.58 - 5.22cm)
IVSs		(0.66 - 1.36cm)
LVIDs		(1 - 1.84cm)
LVPWs		(1.16 - 1.84cm)
%FS		(2.16 - 3.83cm)
HR		(1.05 - 1.9cm)
LAmx		(33.7 - 45.9%)
LA/Ao (boon)		
TRmax (m/s)		
TRmax (mmHg)		
MRmax (m/s)		
MRmax (mmHg)		
PA max (m/s)		
PI max (m/s)		
AOmax (m/s)		
Ai max (m/s)		

**B6**

HIGH (1.99 - 3.28)

HIGH < 1.3

see discussion

( <2.5m/s )

( <2.5m/s )

**B6** *DVM*  
*Clinical Sonographer*

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

**Nutrition RDVM Consult Request Form**

Referring Veterinarian Nutrition Consult Form - Updated	
<b>Date Submitted</b>	09/29/2018
<b>Veterinarian's Name</b>	<b>B6</b>
<b>Practice Name</b>	<b>B6</b>
<b>Practice Address</b>	<b>B6</b> United States
<b>Email</b>	<b>B6</b>
<b>Phone</b>	<b>B6</b>
<b>Fax</b>	<b>B6</b>
<b>Preferred Method of Contact</b>	Email
<b>How did you hear about our service?</b>	- Your client
<b>Client Name</b>	<b>B6</b>
<b>Client Email</b>	<b>B6</b>
<b>Pet Name</b>	<b>B6</b>
<b>Pet Species</b>	Dog
<b>Pet weight</b>	75
<b>Pounds or kilograms</b>	lbs
<b>Body condition score</b>	5

Client: **B6**  
Patient:

**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 **B6** report

**Is a home-cooked diet recipe being requested?**  
No

**Current medical concerns**  
See attached **B6** report

**Is this pet currently on medication?**  
Yes

**Current medications**

Drug	Route	Dose	Frequency
<b>B6</b>	Oral	37.5mg	Every 12 hours
<b>B6</b>	Oral	15mg	Every 12 hours
<b>B6</b>	Oral	15mg	Every 8 hours
<b>B6</b>	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)**

- 4172\_1881\_6\_s0.jpg
- 4172\_1881\_7\_s0.jpg
- 4172\_1881\_8\_s0.jpg
- 4172\_1881\_9\_s0.jpg
- **B6** Echo-report-26January18.pdf
- **B6** echo-report-letter-30Jan18.pdf
- **B6** Echocardiography-report-30Jan18.pdf
- **B6** Cardiology-Report-2Feb18.pdf
- **B6** 2018-02-10-0430.pdf
- 4241\_1881\_1\_s0.jpg
- 4241\_1881\_2\_s0.jpg
- **B6** Echo-Results-3May18.pdf
- **B6** Meds-update-26Sept18.pdf
- 4172\_1881\_1\_s0.jpg

Client:  
Patient:

**B6**

---

**Nutrition RDVM Consult Request Form**

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- [4172\\_1881\\_2\\_s0.jpg](#)
- [4172\\_1881\\_3\\_s0.jpg](#)
- [4172\\_1881\\_4\\_s0.jpg](#)
- [4172\\_1881\\_5\\_s0.jpg](#)

**Diet History**

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

---

**Vitals Results**

---

**B6** 5:09:37 PM  
**B6** 5:09:38 PM  
**B6** 5:09:39 PM

Muscle Condition Score (MCS)  
Body Condition Score (BCS)  
Weight (kg)

**B6**

Client:  
Patient:

**B6**

RDVM

**B6**

VH Rads 1/28/18

**B6**

Level : 1559  
Window : 3116

Client:  
Patient:

**B6**

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

**B6**

Client:  
Patient:

**B6**

RDVM

**B6**

VH Rads 1/28/18

---

**B6**



Client:  
Patient:

**B6**

RDVM

**B6**

VH Rads 1/28/18

---

**B6**

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

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

---

**B6**

Client:  
Patient:

**B6**

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

---

**B6**

Client:  
Patient:

**B6**

RDVM

**B6**

VH Rads 1/28/18

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**B6**

Client: **B6**  
Patient:

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

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**B6**

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

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

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**B6**

Client: **B6**  
Patient:

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

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**B6**

Client: **B6**  
Patient:

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

---

**B6**



Client:  
Patient:

**B6**

RDVM

**B6**

VH Rads 11/6/17

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**B6**

Client:  
Patient:

**B6**

RDVM

**B6**

VH Rads 11/3/16

**B6**

Client:  
Patient:

**B6**

RDVM

**B6**

VH Rads 11/3/16

**B6**

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

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**Patient History**

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<b>B6</b>	10:58 AM	Appointment	<b>B6</b>
	05:09 PM	Vitals	
	05:09 PM	Vitals	
	05:09 PM	Vitals	
	05:18 PM	Purchase	



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

**Cummings**  
**Veterinary Medical Center**  
 AT TUFTS UNIVERSITY

**B6**

Client: **B6**  
 Veterinarian:  
 Patient ID: 438113  
 Visit ID:

Patient:	<b>B6</b>
Species:	Canine
Breed:	Doberman Pinscher
Sex:	Male
Age:	<b>B6</b> Years Old

**Lab Results Report**

None	1/28/2019 12:19:34 AM	Accession ID:	<b>B6</b>
Test	Results	Reference Range	Units
Anaplasma (4dx)	<b>B6</b>	0 - 0	
Ehrlichia (4dx)		0 - 0	
Heartworm (4DX) - FHSA		0 - 0	
Lyme (4dx)*		0 - 0	

None	2/25/2019 4:52:25 PM	Accession ID:	<b>B6</b>
Test	Results	Reference Range	Units
SO2%	<b>B6</b>	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	



**B6**

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

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

**B6**

**None** 2/25/2019 4:59:11 PM Accession ID: **B6**

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

**None** 2/26/2019 9:37:18 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		3.7 - 5.4	mEq/L
NA/K		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

**B6**

**None** 2/26/2019 10:10:37 AM Accession ID: **B6**



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

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

**None** 2/27/2019 10:46:18 AM Accession ID: **B6**

Test	Results	Reference Range	Units	
GLUCOSE	<b>B6</b>	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	
86 Result(s) verified				
POTASSIUM		3.7 - 5.4	mEq/L	
NA/K		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		

**None** 2/27/2019 10:46:09 AM Accession ID: **B6**

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

**None** 2/27/2019 11:17:25 AM Accession ID: **B6**

Test	Results	Reference Range	Units
GLUCOSE	<b>B6</b>	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

12/50 **B6**



Printed Wednesday, February 27, 2019



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

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
87 Result(s) verified			
POTASSIUM		3.7 - 5.4	mEq/L
tCO2 (BICARB)		14 - 28	mEq/L
AGAP		8 - 19	
NA/K		29 - 40	
T BILIRUBIN	<b>B6</b>	0.1 - 0.3	mg/dL
ALK PHOS		12 - 127	U/L
GGT		0 - 10	U/L
ALT		14 - 86	U/L
AST		9 - 54	U/L
CK		22 - 422	U/L
CHOLESTEROL		82 - 355	mg/dL
TRIGLYCERIDES		30 - 338	mg/dl
AMYLASE		409 - 1250	U/L
OSMOLALITY (CALCULATED)		291 - 315	mmol/L



**B6**

Client: **B6**  
Patient:

CBC/Chem - 2/25/2019



### Tufts Cummings School Of Veterinary Medicine

200 Westboro Road  
North Grafton, MA 01536

**DUPLICATE**

Name/DOB: <b>B6</b>	Sex: M	Provider: <b>B6</b>
Patient ID: 438113	Age: 3	Order Location: V320559: Investigation into
Phone number:	Species: Canine	Sample ID: 1902250140
Collection Date: 2/25/2019 6:09 PM	Breed: Doberman Pinscher	
Approval date: 2/25/2019 7:13 PM		

#### CBC, Comprehensive, Sm Animal (Research)

SMACHUNSKI		Ref. Range/Males
WBC (ADVIA)		4.40-15.10 K/uL
RBC (Advia)	L	5.80-8.50 M/uL
Hemoglobin (ADVIA)	L	13.3-20.5 g/dL
Hematocrit (Advia)	L	39-55 %
MCV (ADVIA)		64.5-77.5 fL
MCH (ADVIA)		21.3-25.9 pg
CHCM		
MCHC (ADVIA)		31.9-34.3 g/dL
RDW (ADVIA)		11.9-15.2
Platelet Count (Advia)		173-486 K/uL
02/25/19 6:51 PM		
Mean Platelet Volume (Advia)		8.29-13.20 fl
02/25/19 6:28 PM		
Platelet Crit	H	0.129-0.403 %
02/25/19 6:28 PM		
PDW		
Reticulocyte Count (Advia)	H	0.20-1.60 %
Absolute Reticulocyte Count (Advia)	H	14.7-113.7 K/uL
CHr		
MCVr		

**B6**

#### Microscopic Exam of Blood Smear (Advia)

SMACHUNSKI		Ref. Range/Males
Seg Neuts (%)		43-86 %
Lymphocytes (%)	I	7-47 %
Monocytes (%)		1-15 %
Nucleated RBC	P	0-1 /100 WBC
02/25/19 6:28 PM		
Seg Neutrophils (Abs) Advia	H	2.800-11.500 K/uL
Lymphs (Abs) Advia	I	1.00-4.80 K/uL
Mono (Abs) Advia		0.10-1.50 K/uL
WBC Morphology		
Polychromasia		

**B6**

#### Research Chemistry Profile - Small Animal (B6)

Sample ID: 1902250140/1  
This report continues... (Final)

Reviewed by: \_\_\_\_\_

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

CBC/Chem - 2/25/2019



**Tufts Cummings School Of Veterinary Medicine**

200 Westboro Road  
 North Grafton, MA 01536

**DUPLICATE**

Name/DOB: <b>B6</b> (5/15/2015)	Provider: <b>B6</b>
Patient ID: 438113	Order Location: V320539: Investigation into
Sex: M	Sample ID: 1902250140
Age: 3	
Species: Canine	
Breed: Doberman Pinscher	

**Research Chemistry Profile - Small Animal **B6** (cont'd)**

		Ref. Range/Males
SMACHUNSKI		
Glucose		67-135 mg/dL
Urea		8-30 mg/dL
Creatinine		0.6-2.0 mg/dL
Phosphorus		2.6-7.2 mg/dL
Calcium 2		9.4-11.3 mg/dL
Magnesium 2+	L	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	L	106-116 mEq/L
Potassium		3.7-5.4 mEq/L
tCO2(Bicarb)	<b>B6</b>	14-28 mEq/L
AGAP		8.0-19.0
NA/K	L	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	H	82-355 mg/dL
Triglycerides		30-338 mg/dl
Amylase		409-1250 U/L
Osmolality (calculated)	L	291-315 mmol/L

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

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

Client: **B6**  
Patient:

**IDEXX BNP - 2/25/2019**

Reference Laboratories

Client: **B6**

Client: **B6**  
Patient: **B6**  
Species: CANINE  
Breed: DOBERMAN\_PINSCH  
Gender: MALE  
Age: 3Y

Date: 02/25/2019  
Requisition #: JA  
Accession #: **B6**  
Ordered by: **B6**

**B6**  
**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	<b>B6</b>	0 - 900 pmol/L	HIGH	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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:

**Vitals Results**

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

**B6**

**B6**

Client: **B6**  
Patient:

**Vitals Results**

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

Client: **B6**  
Patient:

**Vitals Results**

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

**B6**

Client: **B6**  
Patient:

**Vitals Results**

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

**B6**

**B6**



Client:  
Patient:

**B6**

**Vitals Results**

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

**B6**

**B6**

Client:  
Patient:

**B6**

**Telemetry ECG**

---

**B6**

Client: B6  
Patient:

---

**Telemetry ECG**

---

# B6

Client:  
Patient:

**B6**

---

**Telemetry ECG**

---

**B6**

Client:  
Patient:

**B6**

---

**Telemetry ECG**

---

**B6**

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

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**ECG from Cardio**

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**B6**

2/26/2019 10:22:22 AM

Page 1 of 2

Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

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**B6**

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

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**ECG from Cardio**

---

**B6**

2/26/2019 10:22:22 AM

Page 2 of 2

Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

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**B6**

Client: **B6**  
Patient:

---

**ECG from Cardio**

---

**B6**

2/26/2019 10:25:49 AM

Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

---

**B6**



Client: **B6**  
Patient:

---

**ECG from Cardio**

---

**B6**

2/26/2019 10:26:06 AM

Tufts University  
Tufts Cummings School of Vet Med  
Cardiology

---

**B6**

Client: **B6**  
Patient:

rDVM CXR - 2/25/2019

---

**B6**

Client: **B6**  
Patient:

rDVM CXR - 2/25/2019

**B6**

Client:  
Patient:

**B6**

**Patient History**

09:01 PM	UserForm
10:00 PM	Vitals
10:00 PM	Vitals
10:00 PM	Vitals
10:35 PM	UserForm
10:44 PM	Treatment
11:39 PM	Purchase
11:59 PM	Treatment
12:04 AM	Treatment
12:41 AM	Prescription
12:41 AM	Prescription
12:53 AM	Purchase
01:00 AM	Treatment
06:06 AM	UserForm
06:15 AM	Email
11:30 AM	Deleted Reason
01:39 PM	Appointment
07:47 AM	Appointment
04:46 PM	Vitals
04:46 PM	Vitals
04:46 PM	Vitals
04:46 PM	Vitals
04:49 PM	UserForm
04:51 PM	Purchase
04:56 PM	Purchase
04:56 PM	Purchase
04:56 PM	Purchase
04:58 PM	Vitals
04:58 PM	Purchase
04:59 PM	Labwork
05:11 PM	Treatment
05:19 PM	Vitals
05:19 PM	Vitals
05:23 PM	Vitals
05:23 PM	Vitals
05:23 PM	Purchase
05:47 PM	UserForm
06:01 PM	Treatment
06:13 PM	Prescription

**B6**

**B6**

Client: **B6**  
Patient:

**Patient History**

06:19 PM Purchase  
06:19 PM Purchase  
06:19 PM Treatment  
  
06:19 PM Vitals  
06:19 PM Treatment  
06:19 PM Vitals  
06:33 PM Purchase  
06:33 PM Purchase  
07:34 PM Treatment  
  
07:34 PM Vitals  
07:34 PM Vitals  
07:35 PM Treatment  
  
08:11 PM Treatment  
  
08:11 PM Vitals  
08:11 PM Treatment  
  
08:11 PM Vitals  
08:11 PM Vitals  
08:11 PM Treatment  
08:11 PM Vitals  
08:36 PM Treatment  
  
08:36 PM Vitals  
08:36 PM Treatment  
08:36 PM Vitals  
09:31 PM Treatment  
  
09:31 PM Vitals  
09:32 PM Treatment  
09:32 PM Vitals  
09:32 PM Treatment  
  
09:32 PM Vitals  
  
09:32 PM Vitals  
09:32 PM Treatment  
09:32 PM Vitals  
09:33 PM Treatment  
09:40 PM Treatment  
  
09:40 PM Vitals  
09:40 PM Treatment  
09:40 PM Vitals  
10:49 PM Treatment  
  
10:49 PM Vitals  
10:49 PM Vitals

**B6**

**B6**

Client: **B6**  
Patient:

**Patient History**

10:50 PM	Treatment
10:50 PM	Vitals
10:50 PM	Treatment
10:50 PM	Vitals
10:50 PM	Vitals
11:37 PM	Treatment
11:37 PM	Vitals
11:37 PM	Vitals
11:38 PM	Treatment
11:38 PM	Vitals
11:38 PM	Treatment
11:38 PM	Vitals
12:48 AM	Treatment
12:48 AM	Vitals
12:49 AM	Treatment
12:49 AM	Vitals
12:49 AM	Treatment
12:49 AM	Vitals
12:49 AM	Vitals
01:00 AM	Treatment
01:04 AM	Treatment
01:04 AM	Treatment
01:04 AM	Vitals
01:04 AM	Treatment
01:04 AM	Vitals
01:21 AM	Vitals
01:21 AM	Treatment
01:21 AM	Vitals
01:22 AM	Treatment
01:22 AM	Vitals
01:22 AM	Vitals
01:23 AM	Treatment
01:23 AM	Vitals
01:23 AM	Treatment
01:23 AM	Vitals
02:19 AM	Treatment
02:19 AM	Vitals
02:19 AM	Vitals
02:21 AM	Treatment
02:21 AM	Vitals

**B6**

**B6**

Client: **B6**  
Patient:

**Patient History**

02:21 AM	Treatment
02:21 AM	Vitals
03:27 AM	Treatment
03:27 AM	Vitals
03:27 AM	Treatment
03:27 AM	Vitals
03:27 AM	Vitals
03:27 AM	Treatment
03:27 AM	Vitals
03:52 AM	Vitals
03:58 AM	Prescription
04:04 AM	Treatment
04:34 AM	Treatment
04:34 AM	Vitals
04:34 AM	Treatment
04:34 AM	Vitals
04:34 AM	Vitals
04:34 AM	Treatment
04:34 AM	Vitals
05:18 AM	Treatment
05:23 AM	Treatment
05:23 AM	Vitals
05:25 AM	Treatment
05:25 AM	Vitals
05:26 AM	Treatment
05:26 AM	Vitals
05:26 AM	Treatment
05:26 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	Vitals
05:28 AM	Vitals
06:01 AM	Purchase
06:33 AM	Treatment
06:33 AM	Vitals
06:33 AM	Treatment
06:33 AM	Vitals
06:33 AM	Vitals

**B6**

**B6**

Client: **B6**  
Patient:

**Patient History**

06:33 AM	Treatment
06:33 AM	Vitals
06:58 AM	Treatment
06:58 AM	Vitals
06:58 AM	Treatment
06:58 AM	Vitals
07:05 AM	Vitals
07:06 AM	Treatment
07:06 AM	Vitals
07:06 AM	Vitals
07:10 AM	Vitals
07:13 AM	Treatment
08:26 AM	UserForm
09:07 AM	Treatment
09:07 AM	Vitals
09:07 AM	Vitals
09:07 AM	Treatment
09:07 AM	Vitals
09:08 AM	Treatment
09:08 AM	Vitals
09:08 AM	Treatment
09:35 AM	Treatment
09:35 AM	Vitals
09:36 AM	Treatment
09:36 AM	Vitals
09:36 AM	Treatment
09:36 AM	Vitals
09:36 AM	Treatment
09:36 AM	Vitals
09:37 AM	Purchase
10:05 AM	Treatment
10:08 AM	Treatment
10:08 AM	Vitals
10:08 AM	Vitals
10:14 AM	Labwork
10:27 AM	Purchase
10:36 AM	Vitals
10:36 AM	Vitals

**B6**

**B6**



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

**Patient History**

	11:01 AM	Prescription	
	11:09 AM	Treatment	
	11:09 AM	Vitals	
	11:09 AM	Vitals	
	11:09 AM	Treatment	
	11:09 AM	Vitals	
	11:10 AM	Treatment	
	11:10 AM	Vitals	
	11:31 AM	Purchase	
	11:31 AM	Purchase	
	11:35 AM	Treatment	
	12:19 PM	Treatment	
	12:19 PM	Vitals	
	12:19 PM	Vitals	
	12:19 PM	Treatment	
	12:19 PM	Vitals	
	01:05 PM	Treatment	
<b>B6</b>	01:05 PM	Vitals	<b>B6</b>
	01:05 PM	Vitals	
	01:05 PM	Treatment	
	01:05 PM	Vitals	
	01:15 PM	Vitals	
	01:41 PM	Treatment	
	01:41 PM	Vitals	
	01:41 PM	Treatment	
	01:41 PM	Treatment	
	01:41 PM	Vitals	
	01:42 PM	Treatment	
	01:42 PM	Vitals	
	01:56 PM	Treatment	
	01:56 PM	Vitals	
	01:56 PM	Vitals	
	01:56 PM	Treatment	
	01:56 PM	Vitals	
	02:47 PM	Treatment	
	02:47 PM	Vitals	
	02:47 PM	Treatment	
	02:47 PM	Vitals	
	02:47 PM	Vitals	

Client:  
Patient:

**B6**

**Patient History**

02:47 PM	Treatment
02:47 PM	Vitals
03:38 PM	Treatment
03:38 PM	Vitals
03:39 PM	Treatment
03:39 PM	Vitals
03:39 PM	Vitals
03:40 PM	Treatment
03:40 PM	Vitals
04:08 PM	Treatment
04:08 PM	Vitals
04:56 PM	Treatment
04:56 PM	Vitals
04:56 PM	Vitals
04:56 PM	Treatment
04:56 PM	Vitals
05:07 PM	Treatment
05:07 PM	Vitals
05:07 PM	Treatment
05:28 PM	Treatment
05:28 PM	Treatment
05:28 PM	Treatment
05:28 PM	Vitals
05:28 PM	Vitals
05:28 PM	Treatment
05:28 PM	Vitals
05:29 PM	Treatment
05:29 PM	Vitals
05:36 PM	Treatment
05:36 PM	Vitals
06:03 PM	Purchase
06:03 PM	Purchase
06:39 PM	Prescription
07:03 PM	Treatment
07:03 PM	Vitals
07:03 PM	Vitals
07:03 PM	Treatment
07:03 PM	Vitals
07:28 PM	Treatment

**B6**

**B6**

Client:  
Patient:

**B6**

**Patient History**

07:28 PM	Vitals
07:28 PM	Vitals
07:28 PM	Treatment
07:28 PM	Vitals
07:50 PM	Treatment
08:40 PM	Treatment
08:40 PM	Vitals
08:40 PM	Vitals
08:41 PM	Treatment
08:41 PM	Vitals
09:25 PM	Treatment
09:25 PM	Vitals
09:25 PM	Vitals
09:25 PM	Treatment
09:25 PM	Vitals
09:25 PM	Treatment
09:25 PM	Treatment
09:25 PM	Vitals
09:28 PM	Treatment
10:54 PM	Treatment
10:54 PM	Vitals
10:54 PM	Vitals
10:55 PM	Treatment
10:55 PM	Vitals
11:37 PM	Treatment
11:37 PM	Vitals
11:37 PM	Vitals
11:37 PM	Treatment
11:37 PM	Vitals
11:52 PM	Treatment
11:52 PM	Vitals
12:36 AM	Treatment
12:36 AM	Vitals
12:36 AM	Vitals
12:37 AM	Treatment
12:37 AM	Vitals
01:11 AM	Treatment
01:11 AM	Vitals
01:11 AM	Treatment
01:16 AM	Treatment
01:16 AM	Treatment

**B6**

**B6**

Client: **B6**  
Patient:

**Patient History**

01:16 AM	Vitals
01:16 AM	Treatment
01:16 AM	Vitals
01:35 AM	Treatment
01:35 AM	Vitals
01:35 AM	Vitals
02:57 AM	Treatment
02:57 AM	Vitals
02:58 AM	Treatment
02:58 AM	Vitals
02:58 AM	Vitals
03:52 AM	Treatment
03:52 AM	Vitals
03:52 AM	Vitals
03:52 AM	Treatment
03:52 AM	Vitals
04:50 AM	Treatment
04:50 AM	Vitals
04:50 AM	Vitals
04:50 AM	Treatment
04:50 AM	Vitals
05:48 AM	Treatment
05:48 AM	Treatment
05:48 AM	Treatment
05:48 AM	Vitals
05:48 AM	Treatment
05:48 AM	Vitals
05:49 AM	Treatment
05:49 AM	Vitals
05:49 AM	Treatment
05:49 AM	Vitals
05:49 AM	Treatment
05:49 AM	Vitals
06:01 AM	Purchase
06:32 AM	Treatment
06:32 AM	Vitals
06:32 AM	Vitals
06:32 AM	Treatment
06:32 AM	Vitals
06:33 AM	Vitals
07:17 AM	Treatment

**B6**

**B6**

Client:  
Patient:

**B6**

**Patient History**

07:17 AM Vitals  
07:17 AM Vitals  
07:18 AM Treatment  
07:18 AM Vitals  
07:40 AM Treatment  
  
07:40 AM Treatment  
  
07:40 AM Vitals  
  
07:41 AM Treatment  
  
09:08 AM Treatment  
  
09:08 AM Vitals  
09:08 AM Vitals  
09:08 AM Treatment  
09:08 AM Vitals  
09:09 AM Treatment  
09:09 AM Vitals  
09:19 AM Treatment  
09:19 AM Vitals  
09:49 AM Purchase  
10:12 AM UserForm  
  
10:15 AM Treatment  
  
10:15 AM Vitals  
10:15 AM Vitals  
10:16 AM Treatment  
10:16 AM Vitals  
10:26 AM Purchase  
10:26 AM Treatment  
10:46 AM Purchase  
10:46 AM Labwork  
10:51 AM Treatment  
  
11:06 AM Treatment  
  
11:06 AM Vitals  
11:06 AM Vitals  
11:17 AM Purchase  
11:17 AM Treatment  
  
11:24 AM Treatment  
11:24 AM Vitals  
11:51 AM Treatment  
  
11:51 AM Vitals  
11:51 AM Vitals  
11:51 AM Treatment

**B6**

**B6**

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

**Patient History**

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

**B6**

**Appears this way on Original**







**Appears this way on Original**

**Cummings**  
**Veterinary Medical Center**  
AT TUFTS UNIVERSITY

**B6**

**B6**

**B6**

**B6** Male  
Canine Doberman Pinscher Black  
438113

**B6**

Dear Dr. **B6**

**B6** was seen at Tufts' ER for left hind lameness. Please see attached discharge instructions for more information.

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

Thank you,

**B6**

**B6**

**Notice of Patient Admit**

Date: B6 1:21:36 PM

Case No: 438113

Referring Doctor: B6

Client Name:

Patient Name: B6

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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 to the FRISA is: DCM, 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.

B6

B6

B6

Male

Canine Doberman Pinscher Black  
438113

**Daily Update From the Cardiology Service**

Today's date: B6

Dear Drs at B6

Thank you for referring patients to the B6 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 -  
- DCM with active CHF r/o breed-related vs. diet related.
- 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](mailto:cardiovet@tufts.edu) if you have any questions.

Thank you!

Attending Clinician: Dr. B6, DVM (Resident, Cardiology)

Faculty Clinician: B6, DVM, DACVIM

**Senior student:**