[redacted]

Patient Chart

Printed: 10-28-16 at 3:05p

CLIENT INFORMATION

Name [redacted]
Address [redacted]
Phone [redacted] **Work:** [redacted] **Spouse** [redacted]

PATIENT INFORMATION

Name	Sesi	**Species**	Canine
Sex	Female, Spayed	**Breed**	Bernese Mountain Dog
Birthday	01-30-09	**Age**	7y
ID		**Rabies**	
Color	Black, Tan And White	**Weight**	110.00 lbs
Reminded	(none)	**Codes**	

Attachments\6007\Sesi\2015-2-3 Sesi Pagan Lab.pdf
Attachments\6007\Sesi\2016-04-25 Sesi Pagan Rabies Titer.jpg
Attachments\6007\Sesi\2016-10-20 Sesi Pagan Ultrasound Report.pdf
Attachments\6007\Sesi\2016-10-28 Sesi Pagan rads 1 SOVSC.JPG
Attachments\6007\Sesi\2016-10-28 Sesi Pagan rads 2 SOVSC.JPG

Reminders for: **Sesi**		Last done
04-14-19	Rabies Titer - not export	
06-24-18	Titers K9 Distemper/Parvo/Hepa	
10-14-17	Annual Exam & Vaccine Consult	04-14-16

HEALTH HISTORY SUMMARY

Date	Diagnosis
10-21-16	UROLITHIASIS,
07-20-16	Vaccination exemption letter provided Rabies Exemption Letter
01-28-15	GINGIVAL MASS = Epulis fibromatous

Sesi's weight history (in lbs)

10-14-16	110.00
07-19-16	109.00
04-14-16	110.40
12-02-15	108.80
11-16-15	111.40
11-03-15	110.80
06-24-15	110.00
01-28-15	107.00

MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)
10-21-16	AH	TC	Telephone Call	

ao lab wnl exc low bg may be artifact - rec reV - o is considering urinary so - will sched abd rads aph

Date	By	Code	Description	Qty (Variance)
10-21-16	**AH**	**ZU1989**	**UROLITHIASIS,**	
10-19-16	AH	BWCPH	Comprehensive Panel - Heska	
TP= 6.9 (5.5-7.6) ALB= 4.1 (2.5-4.0) ALP= 31 (0-140) GLU= 34 (75-125) TBIL= 1.7 (0.0-0.5) IP= 3.0 (1.9-5.0) TCHO= 325 (120-310) GGT= 33 (0-14) ALT= 27 (0-120) Ca= 10.3 (9.0-12.2) CRE= 1.2 (0.4-1.4) BUN= 13.1 (9.0-29.0)				
		ANTI	Antisedan Inj. 5.0mg/mL	0.20
		PREA	Sedation	
Items used:		ACEPROM	Acepromazine Injection 10mg/ml	0.03
		DEXD	Dexdomitor Inj. 0.5mg/ml	0.20
		USPSP	Ultrasound One Cavity by Specialist	
		CV	CLINIC VISIT	

Age: 7y

SUBJECTIVE SECTION

Ultrasound abdomen for persistent hematuria
Any changes in Eating? n
Any changes in Drinking?n
Any changes in Urinating?n
Any changes in Stool?n
Do you have any other concerns?n aph

OBJECTIVE SECTION

A physical exam was performed on the patient and was found to be within the normal limits except as noted:
mild-mod pyoderma ventrum - crusts and pustules

Urolith noted 9 mm. Discuss w. o options - consider dissolution diet trial - o does not wish to use Urinary So - will eval if natural diet is poss for this - ao dissolution would only work for struvite - lab pending to eval renal values and rule out hypercalcemia
consider rads aph

Date	By	Code	Description	Qty (Variance)

ASSESSMENT SECTION

PLAN SECTION

10-14-16 AH CV CLINIC VISIT

Age: 7y **Weight:** 110.00

SUBJECTIVE SECTION

Check skin, check ears Doing well otherwise

OBJECTIVE SECTION

A physical exam was performed on the patient and was found to be within the normal limits except as noted:
mild pyoderma ventrum - mild crusts/pustules
erythema both ear canals/pinnae but no evid of infection

Diet = Answers raw
On natural flea preventive

A/P- mild focal pyoderma ventrum and mild otitis likely allergic Rec weekly bathing
Use zymox both ears sid x 1 wk
reV prn aph

ASSESSMENT SECTION

PLAN SECTION

DV Doctor Visit
CV CLINIC VISIT

10-07-16 AH OC Owner Called
spoke w. JS: o called to report out of town but will be back in late next week and will call to arrange an ultrasound.

10-05-16 AH TC Telephone Call
lmom blood still present in urine - rec u/s aph

09-30-16 AH UA Urinalysis
Color very dark yellow
Turbidity very cloudy
Odor strong
Method of Collection o brought in

Spec Grav. 1.045

Sediment:
WBC 1-2
RBC ++
Epith 1-2
Crystals 0
Bact 0
Casts 0

UBG

Date	By	Code	Description	Qty (Variance)
	Norm			
	LEU			
	neg			
	Glucose			
	neg			
	BLD			
	moderate			
	BIL			
	neg			
	PH	6.0 ....|.... (-1--1)		
	KET	0 mg/dL ....|.... (-1--1)		
	PRO	1 mg/dL ....|.... (-1--1)		
09-26-16	AH	TC	Telephone Call	
	Called w. culture results - no growth - reV ua at n/c - u/s inb aph			
09-23-16	AH	TC	Telephone Call	
	ao hematuria remains - culture pending aph			
09-22-16	AH	ACU	Arobic Culture Urine - In house	
	no growth			
		UA	Urinalysis	
	Color bright yellow			
	Turbidity cloudy			
	Odor slight odor			
	Method of Collection free catch			
	Spec Grav. 1.037			
	Sediment:			
	WBC 1-2			
	RBC ++			
	Epith 1-2			
	Crystals 0			
	Bact ?			
	Casts 0			
	UBG			
	norm			
	LEU			
	neg			
	Glucose			
	neg			
	BLD			
	+++ 250			
	BIL			
	neg			

AA

Date	By	Code	Description	Qty (Variance)
	40			
	PH	6.0 ....|.... (-1--1)		
	KET	0 mg/dL ....|.... (-1--1)		
09-08-16	AH	TC	Telephone Call	
	lmom due for UA reV			
08-01-16	AH	TC	Telephone Call	
	LMOM culture = no growth reV ua in 1 mo rec UT strength aph			
07-29-16	AH	ACU	Arobic Culture Urine - In house	
	no growth 72 hrs aph			
		UA	Urinalysis	
	Color very dark yellow Turbidity very cloudy Odor very strong Method of Collection o brought			
	Spec Grav. 1.032			
	Sediment: WBC 0-1 RBC ++ Epith 1-2 Crystals 0 Bact ? Casts 0			
	UBG norm **LEU** neg **Glucose** neg **BLD** large +++ **BIL** neg			
	PH	6.5 ....|.... (-1--1)		
	KET	0 mg/dL ....|.... (-1--1)		
	PRO	30 mg/dL ....|.... (-1--1)		
07-21-16	AH	TC	Telephone Call	
	lmom urine culture pos likely e coli reV ua and culture 3-4 d after finish abs aph			
07-20-16	**AH**	**EXEMPT**	**Vaccination exemption letter provided**	
	Rabies Exemption Letter			
07-19-16	AH	RXOK	Rx Approved	
		ACU	Arobic Culture Urine - In house	

Date	By	Code	Description	Qty (Variance)

Heavy growth CLED: yellow
EMB: metallic
Tentative ID: likely e coli aph

07-19-16 AH UA Urinalysis

Color yellow
Turbidity cloudy
Odor moderate
Method of Collection free catch

Spec Grav. 1.019

Sediment:
WBC +++
RBC ++
Epith 3-4
Crystals 0
Bact +?
Casts 0

UBG
Norm
Glucose
neg
BLD
large
BIL
neg
PH 6.5 ....|.... (-1--1)
KET 0 mg/dL ....|.... (-1--1)
PRO 1 mg/dL ....|.... (-1--1)

DV Doctor Visit
CIP500 CIPROFLOXACIN 500 mg Tabs 14
Give 2 tablets ONCE daily for 7 days - until gone. Antibiotic

CV CLINIC VISIT

Age: 7y **Weight:** 109.00

SUBJECTIVE SECTION

Urinating frequently - just came back from camping
Any changes in Eating? sl decr
Any changes in Drinking?n
Any changes in Urinating?y
Any changes in Stool?n
Do you have any other concerns?n aph

OBJECTIVE SECTION

VITALS: Bright, alert, reactive - no evidence of dehydration mucous membranes pink capillary refill time normal at 1 second
ABDOMEN: Palpation of abdomen did not reveal pain, organ enlargement or foreign bodies
ORAL EXAM: no masses noted in oral cavity, tonsils in crypts
EYES: no discharge noted, conjunctivae wnl

Date	By	Code	Description	Qty (Variance)

EARS:no discharge or evidence of infection
COAT: Full haircoat - no hair loss noted
GLANDS: lymph nodes palpated - normal size
CARDIAC: no murmurs ausculted, regular cardiac rate and rhythm femoral pulses strong and no deficits
LUNGS: auscult clear all fields - no crackles or wheezes noted
SKIN: no erythema, flaking or abnormalities noted - no masses noted no external parasites incl fleas or ticks noted on exam
EXTREMITIES: no muscle atrophy noted - joints do no appear painful or distended - no swelling noted
mild tartar

A/P- cystitis o elects ab tx reV ua 3-4 d after finish abs aph

ASSESSMENT SECTION

PLAN SECTION

05-10-16 AH TC Telephone Call
ao rabies titer is sufficient aph

05-09-16 AH TC Telephone Call
ttco w. rabies titer results - could not lmom aph

04-14-16 AH BG Blood Glucose Test
CV CLINIC VISIT

Age: 7y **Weight:** 110.40

SUBJECTIVE SECTION

OBJECTIVE SECTION

ASSESSMENT SECTION

PLAN SECTION

FAVN Rabies Titer - not export
5.4 pos

EXAM Annual Exam

12-09-15 AH SR Suture Removal
CV CLINIC VISIT

Age: 6y

SUBJECTIVE SECTION

OBJECTIVE SECTION

s/r
Any changes in Eating? n
Any changes in Drinking?n
Any changes in Urinating?n
Any changes in Stool?n
Do you have any other concerns?n aph
pinna has healed well small raised red areas likely suture reaction

Date	By	Code	Description	Qty (Variance)

aph

ASSESSMENT SECTION

PLAN SECTION

12-02-15	AH	COMP	Complimentary Recheck Exam	
		CV	CLINIC VISIT	

Age: 6y **Weight:** 108.80

SUBJECTIVE SECTION

reV ear doing well

OBJECTIVE SECTION

pinna healing well very small area of fluid only mild mucopur disch ou
s/r next wk
all 3 dogs have goopy eyes otherwise ok o using vetericin eye wash can rx gent opth soln inb
aph

ASSESSMENT SECTION

PLAN SECTION

11-24-15	AH	COMP	Complimentary Recheck Exam	
		CV	CLINIC VISIT	

Age: 6y

SUBJECTIVE SECTION

reV - doing well ear does not seem to bother her per o
Any changes in Eating? n
Any changes in Drinking?n
Any changes in Urinating?n
Any changes in Stool?n
Do you have any other concerns?n aph

OBJECTIVE SECTION

fluid has resorbed 50-70% pinna is not inflamed
reV 1 wk - cont pred eod - aph

ASSESSMENT SECTION

PLAN SECTION

11-18-15	RS	TC	Telephone Call

returned o's call - ear is less puffy pu/pd

11-17-15	AH	TC	Telephone Call

called for pr - ear is puffy but Sesi seems comfortable aph

Pet Sounds
Ultrasound Report

Date: 10/19/16

Patient: Sesi [redacted]

History: Hematuria UTI. Culture negative but hematuria has persisted. No CBC, chem.

Procedure: Real time, gray scale, color and spectral Doppler abdominopelvic ultrasound

Findings:
Hepatobiliary: The liver is normal size with smooth margins. The parenchyma has a normal echogenicity when compared with the spleen and renal cortex. The texture of the liver is homogeneous. The gall bladder is moderate size without sediment.

Gastrointestinal: The stomach is gas filled. The visualized portion of the gastric wall is not thickened. The small bowel wall is not thickened and has normal layering. The ileocolic junction is sonographically normal. The colonic wall is not thickened.

Pancreas: The pancreas is not enlarged and is isoechoic to the liver. Peripancreatic fat is not increased in echogenicity.

Spleen: The spleen is not enlarged and has a normal echogenicity and a homogeneous texture. The splenic vessels are patent.

Adrenals: Both adrenal glands are normal size and shape.

Urogenital: (Left kidney length 6.5 cm, Right kidney length 6.6 cm). Both kidneys are normal size and shape. Pyelectasia is not present. The urinary bladder is small without sediment. There is a 9 mm, hyperechoic, clean-shadowing, mobile stone in the bladder. The stone demonstrates "twinkle" artifact with color Doppler. The wall of the bladder is not thickened.

Lymphatics: No lymphadenopathy is present.

Pet Sounds, LLC P.O. Box 1961 Jacksonville, OR 97530-1961 Tel: 541-690-9659
pet-sounds@hotmail.com

Fluid: No free fluid is present.

Vessels: Portal blood flow is hepatopetal. The caudal vena cava is patent and is not distended. The abdominal aorta is ananeurysmal.

Other:

Intervention: A cystocentesis sample is collected using a 22g needle.

Conclusion: A urinary bladder calculus is present. At this time there is no sonographic evidence of cystitis or pyelonephritis.

Sonographic Impressions: 1) Urinary calculus

Additional Diagnostic Considerations: 1) UA 2) Urine culture as indicated 3) CBC, chem

Therapeutic Considerations: 1) Dissolution diet can be considered and if not effective cystotomy for stone analysis

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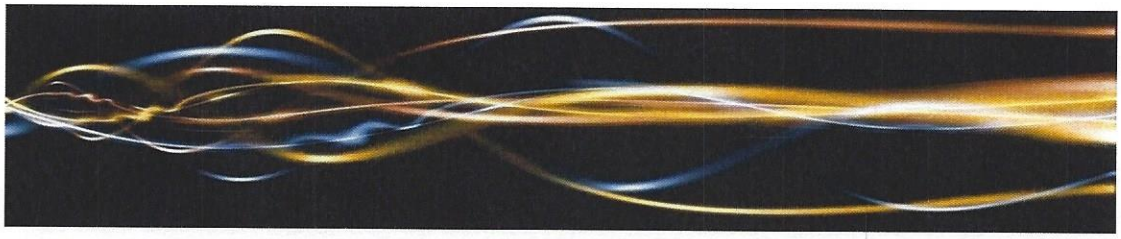

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