

Patient History Report

Client: [REDACTED]
Phone: [REDACTED]
Address: [REDACTED]
[REDACTED]

Patient: [REDACTED]
Species: CANINE
Age: 1 Yrs. 9 Mos.
Color:

Breed: POMERANIAN/MIX
Sex: Neutered Male

Date	Type	Staff	History
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10/1/2020 C LAT Client Communication - Emailed file to Kristen Demers - FINAL 10/01/2020

[REDACTED] - [REDACTED]
" [REDACTED] " - CANINE, POMERANIAN/MIX, 1 Yrs. 9 Mos.

Date & Time: 10/1/2020 11:34
Staff: [REDACTED]

NOTE:

Owner called:

- incident was reported to city
- an investigation has been started
- owner requests that file is emailed to Kristen Demers

Email: kristen.demers@greatersudbury.ca
Case number: 1049355

Emailed file.

9/30/2020	I	7	YOUR PET RECEIVED AN ANESTHETIC. PLEASE KEEP HIM/HER CONFINED UNTIL RECOVERED COMPLETELY. RESTRICT WATER INTAKE TO FREQUENT SMALL AMOUNTS FOR THE NEXT 24 HOURS. RESTRICT FOOD INTAKE TO SMALL AMOUNTS ALSO; 1/3 NORMAL RATION THIS EVENING. BECAUSE THE ANESTHETIC CAN LOWER THEIR BODY TEMPERATURE, KEEP THEM SOMEPLACE WHERE THEY WILL BE WARM AND DRY.
9/30/2020	I	7	FOR YOUR PETS SAFETY, HE/SHE WAS INTUBATED FOR THE ANESTHETIC. YOU MAY NOTICE SOME COUGHING FOR THE NEXT COUPLE OF DAYS. THIS IS NORMAL DUE TO A SMALL AMOUNT OF IRRITATION TO THE THROAT FROM THE ENDOTRACHEAL TUBE. IF THE COUGHING SEEMS EXCESSIVE OR YOU ARE IN ANY WAY CONCERNED, PLEASE CONTACT OUR OFFICE.

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

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9/29/2020 C LAT Emailed file to rDVM [REDACTED] - FINAL 09/29/2020

[REDACTED]
[REDACTED] - CANINE, POMERANIAN/MIX, 1 Yrs. 9 Mos.

Date & Time: 9/29/2020 16:38
Staff: [REDACTED]

NOTE:

9/29/2020 C LAT Client Communication - FINAL 09/29/2020

[REDACTED]
[REDACTED] - CANINE, POMERANIAN/MIX, 1 Yrs. 9 Mos.

Date & Time: 9/29/2020 10:24
Staff: [REDACTED]

NOTE:

- owner called to discuss aftercare
- would like semi-private ashes returned
- owner will decide on urn tomorrow when invoice is paid
- let owner know we do have towel, paw prints and collar, owner would like to bring home tomorrow

9/28/2020 C 7 Surgical Procedure - FINAL 09/29/2020 - Exploratory/ Wound Repair
Surgical Procedure

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Date	Type	Staff	History
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Date: 9/28/2020

Patient Name: [REDACTED] 1 Yrs. 9 Mos. POMERANIAN/MIX Neutered Male 6.1 kilograms
Dr. [REDACTED] DVM

PROCEDURE: Abdominal Exploratory/ Wound Repair

HISTORY (SUBJECTIVE): Large dog attacked, put [REDACTED] in his mouth and shook (see PE template for details)

EXAM (OBJECTIVE): See Examination Template

BODY SCORE: 3 /5

See Examination Template for PE findings

PLANS/RECOMMENDATIONS:

-Pre-op bloodwork ☐ Performed

☒ Declined; bloodwork was done recently at rDVM and owner reports findings were WNL

Surgery: wound explore/assessment

PRE-SURGICAL DISCUSSION:

Discussed surgical procedure and complications (hemorrhage, infection, seroma, hematoma, dehiscence); discussed anesthetic risk (including death); discussed all items on consent form, owner gave verbal consent due to COVID precautions. Advised that [REDACTED] will be treated as shocky patient, with higher than average fluid rate to maintain good blood pressure; he's been through a recent major trauma and suffered unknown amount of blood loss

ASSESSMENT:

low to moderate anesthetic risk due to unknown internal damage from wounds

SURGERY:

SURGEON: Dr [REDACTED] DVM

ATTENDING TECHNICIAN: [REDACTED]

PRE MEDS: 0.3ml Hydromorphone 2mg/ml

INDUCTION: 1ml Propofol IV

ENDOTRACHEAL TUBE: 5.5mm

PAIN CONTROL: 0.24 ml Metacam 5mg/ml drawn but not given

INTRAVENOUS FLUIDS: LRS @ 60ml/hr

SURGICAL NOTES: Sx notes

-(See attached files for intra-op photos)

- entire ventral abdomen was clipped and prepped according to standard surgical technique

- patient was placed in dorsal recumbency and area of bite wounds was draped off from surrounding

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Phone: ([REDACTED])	Species: CANINE	Breed: POMERANIAN/MIX
Address: [REDACTED]	Age: 1 Yrs. 9 Mos.	Sex: Neutered Male
	Color:	

Date	Type	Staff	History
			<p>tissue</p> <ul style="list-style-type: none"> - there was a large 8cm area of black discoloured skin on the ventral midline, and an elliptical incision was made through the skin around this area, as it was assumed to be devitalized and required debridement - blunt dissection was used to remove the skin, and a combination of blunt and sharp dissection were used to debride all bruised subcutaneous tissue in that area - once debridement was complete, four separate full thickness punctures were seen communicating with the abdominal cavity and massive trauma was seen, mostly on the right side of the abdominal muscles - the linea alba was tented and a scalpel was used to make a stab incision, then the incision was extended using Metzenbaum scissors - there was a moderate amount of thin bloody fluid in the abdominal cavity on initial exam - the small intestines were hypersegmented and upon further inspection, an intestinal perforation was seen in the distal ileum with massive amounts of damage to the associated mesentery - the urinary bladder was very small, but once a urinary catheter was placed retrograde and sterile flush injected, the bladder was seen to be intact, far in the pelvic cavity - there was no obvious damage to the stomach, spleen, kidneys, or elsewhere in the intestinal tract - called owner to report findings from exploration so far; advised of massive amount of damage and that [REDACTED]'s injuries are devastating; if owner wishes to proceed with treatment, will require surgical removal of a loop of small intestine, resection of a large portion of his body wall, and treatment for presumed peritonitis after intestinal perforation; due to poor prognosis, owner chose euthanasia tonight without anesthetic recovery - advised that euthanasia will be carried out immediately, as per owner's wishes, and a staff member will call tomorrow to discuss body care options; advised that while there will still be an invoice to pay, a compassionate discount will be applied - disc. with owner contacting the City Bylaw office to discuss the dog who attacked [REDACTED], owner has full access to [REDACTED]'s file from tonight, including photos that will be taken of the damage as we see it now, advised that in a case like this, the aggressor dog may be deemed dangerous and have restrictions while outdoors; won't help [REDACTED] but may prevent this from happening again <p>O opted for on table Euthanasia</p> <ul style="list-style-type: none"> - 3ml Euthanyl IV - sutured surgical incision in 3 layers using 3-0 monocryl, cleaned blood from body and wrapped in blanket, moved to cadaver freezer awaiting owner's body care choices

9/28/2020	T	4	Image: Tx Plan
9/28/2020	T	4	Image: Anesthesia Record

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9/28/2020 C 7 Examination - FINAL 09/29/2020 - EMERG - DOG ATTACK- rDVM [REDACTED]

Medical Exam

Date: 9/28/2020

Patient Name: [REDACTED], 1 Yrs. 9 Mos. POMERANIAN/MIX 6.1 kilograms Neutered Male

Dr. [REDACTED] DVM Technician: [REDACTED]

Monday, September 28, 2020

HISTORY (SUBJECTIVE): rDVM Baxter AH *Curbside*

- large dog attacked [REDACTED], picked [REDACTED] up in his mouth and shook him at around 6:30pm tonight
- other dog was off leash, [REDACTED] was on leash, larger dog has been known to attack neighbourhood dogs before, has even killed one in the past
- no food since 6:30pm tonight
- no concerns or issues prior to this incident
- UTD on vax
- Got new puppy and they get along great

CURRENT DIET: Great Canadian Dog food - all life stages

EXAM (OBJECTIVE):

HR 160bpm, RR 28bpm, pale MM, QAR, well hydrated

BODY SCORE: 3/5

EYES: no abnormal findings

EARS: no abnormal findings

NOSE: no abnormal findings

ORAL CAVITY: no abnormal findings

LYMPH NODES: no abnormal findings

INTEGUMENT: several puncture wounds on flanks and ventral abdomen, active hemorrhage as well as constant drip of dark coloured blood, swelling in right inguinal fold, massive bruising in large patches on ventral abdomen, very painful, will assess further under GA

MUSCULOSKELETAL SYSTEM: no abnormal findings

NERVOUS SYSTEM: no abnormal findings

CARDIOVASCULAR SYSTEM: no abnormal findings, normal heart rate and rhythm, lung sounds clear bilaterally, normal respiratory effort

ANOGENITAL: no abnormal findings

ABDOMINAL PALPATION: not done due to wounds and pain

ADDITIONAL FINDINGS:

PLANS/RECOMMENDATIONS:

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- exploratory sx to assess extent of damage from bite wounds, will need general anesthetic, as sedation will not be adequate; disc. risk of anesthesia in a dog with unknown trauma, but is necessary to provide prognosis and any possible treatment options; owner consented
- once extent of damage was realized, owner decided on compassionate euthanasia on table

ASSESSMENT: massive internal injuries caused by several bite-and-shake wounds; BDL

PROBLEMS LIST: Wound- bite, Puncture wound

DIAGNOSIS: Dog Bite Wounds

TTO:

- disc, vital signs are okay, but [REDACTED] has a massive hematoma on abd. will need GA to explore/repair and will plan to discharge in AM
- disc. sx risk and that once area can be explored, bite wounds have a nasty habit of being much worse than they look; owner was aware of this and due to the nature of the attack is very concerned about internal damage in [REDACTED]
- got verbal consent for sx as per COVID Protocols, will call owner once wounds are assessed and go over treatment plan
- disc. findings during wound explore, likelihood of additional sx being needed, intestinal perforation means he'll also end up with some degree of peritonitis, which can seriously delay healing and become life threatening in many cases, at minimum, will require intestinal resection and anastomosis and removal of much of the muscle of the body wall due to shredding from bite wounds; chances of survival are less than 50% at this point; owners elected euthanasia during surgery tonight

TREATMENT:

- See Sx Template
- Semi Private Cremation, Tag No 22572
- Card with pawprint made + extra (towel and collar set aside for pick up by owner)

9/28/2020	CK	BET	BDL - abd wounds Reason for Visit: EMERGENCY VISIT Date Patient Checked Out: 09/30/20 Practice 1 Sep 28, 2020 07:34 PM Staff: 7
9/28/2020	V	7	----- Weight : 6.10 kilograms Pulse : 160 Respiration : 28 Mucous Membranes : Pale/Anemic Capillary Refill : 2-4 sec Alert/Attitude : QAR Hydration : normal
9/28/2020	D	7	Dog Bite Wounds Final

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Date	Type	Staff	History
9/28/2020	PB	7	Wound- bite (Major, Active)
9/28/2020	PB	7	Puncture wound (Major, Active)

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