INVOICE

Animal Emergency Care, PLLC
317 Telegraph Rd.
Bellingham, WA 98226
360-758-2200

"Working with you and your veterinarian to provide emergency care for your pets.

FOR: Justin Gill
5444 Bel West Drive
Bellingham, WA 98226
(360) 306-5611

Printed: 08-13-12 at 7:01a
Date: 08-13-12
Account: 18392
Invoice: 35198

Date	For	Qty	Description	Net Price
08-13-12			CareCredit Payment	-4263.77

Old balance	Charges	Payments	New balance
3263.77	0.00	4263.77	~~1000.00~~ ~500.00

Patient **Total charges**

An interest fee of 1.5% will be charged on unpaid accounts over 30 days. A statement fee of $3.00 will also be applied at each monthly billing.

INVOICE

Animal Emergency Care, PLLC

317 Telegraph Rd.
Bellingham, WA 98226
360-758-2200

"Working with you and your veterinarian to provide emergency care for your pets.

FOR: Justin Gill
5444 Bel West Drive
Bellingham, WA 98226
(360) 306-5611

Printed: 08-13-12 at 7:01a
Date: 08-13-12
Account: 18392
Invoice: 35197

Date	For	Qty	Description	Net Price
08-11-12	Shadow	1	Exam/ Consult	49.00
08-11-12		1	Emergency Fee	49.00
08-11-12		1	Catalyst Dx CHEM 10 Test (pre)	72.00
08-11-12		1	PCV hematocrit FIRST	26.50
08-11-12		1	Lactate+ Meter FIRST	29.00
08-12-12		1	IV Catheter: Placement & Bandaging	68.00
08-12-12		0.50	X-Ray (Radiographs) 2 View Initial	94.75
08-12-12		1	IV Fluids: First Bag & Admin Set Up	64.00
08-12-12		1	IV Fluid Pump	24.50
08-12-12		4	Buprenorphine 0.3mg/ml	46.00
08-12-12		500	Hetastarch 6% in .9% Sod Cl per ml	100.00
08-12-12		15	Cefazolin 100mg/ml	39.45
08-12-12		1	Gas Anesth w/IV induction & 1st 10 min.	139.50
08-12-12		1	IV Fluids: Each Additional Bag	32.50
08-12-12		1	IV Cath Brief Procedure	27.00
08-12-12		1	Anesthetic Blood Press Monitoring	30.00
08-12-12		16	Gas Anesth - Maintenance each 10 min	920.00
08-12-12		170	Surgeon Time (minute) Abdominal	1496.00
08-12-12		1	Surgical Lavage of abdomen	81.00
08-12-12		1	Surgery Major pack and prep	60.50
08-12-12		1	Reg. Kennel Occ. >71 lbs.	37.50
08-12-12		1	Level 2 Care	41.50
08-12-12		5	Famotidine / Pepcid Inj. 10mg/ml	38.00
08-12-12		1	IV Fluids: Each Additional Bag	32.50
08-12-12		8	Morphine Sulfate 15mg/ml	42.00
08-12-12		50	Lidocaine Inj. 2%	33.00
08-12-12		0.60	Ketamine Inj. 100mg/ml	31.14
08-12-12		1	PCV hematocrit - each additional	15.20
08-12-12		1	IV Fluids: Each Additional Bag	32.50
08-12-12		1	TPR (Temp, Pulse, Resp)	0.00
08-12-12		180	Metronidazole inj. 5mg/ml	64.20
08-12-12		1	TPR (Temp, Pulse, Resp)	0.00
08-12-12		1	TPR (Temp, Pulse, Resp)	0.00
08-12-12		15	Cefazolin 100mg/ml	24.45
08-12-12		1	TPR (Temp, Pulse, Resp)	0.00
08-12-12		5	Famotidine / Pepcid Inj. 10mg/ml	23.00
08-12-12		1	Reg. Kennel Occ. >71 lbs.	37.50

08-12-12	1	Hospitalization Level 2	74.50	
08-12-12	1	Oral / Topical Medication Administration	11.15	
08-12-12	1	Blood Pressure Measurement: Additional	16.00	**
08-12-12	1	TPR (Temp, Pulse, Resp)	0.00	
08-13-12	1	TPR (Temp, Pulse, Resp)	0.00	
08-13-12	1	Oral / Topical Medication Administration	11.55	
08-13-12	3	Cephalexin 500mg 035274*	13.77	
08-13-12	3	Tramadol 50mg*	12.48	
08-13-12	1	Hospitalization Level 2	74.50	
08-13-12	1	Reg. Kennel Occ. >71 lbs.	37.50	
08-13-12	1	IV Fluids: Each Additional Bag	32.50	
08-13-12	1	Oral Medication Administration	11.15	
08-13-12	1	Blood Pressure Measurement: Additional	16.00	**
08-13-12	180	Metronidazole inj. 5mg/ml	49.20	
08-13-12	1	TPR (Temp, Pulse, Resp)	0.00	

Old balance	Charges	Tax	Payments	Discount	New balance
-1000.00	4261.49	*2.28	0.00	46.00 **	3263.77

Your invoice total reflects our **Client Class 1** discount.

Patient	Total charges
Shadow	4261.49

An interest fee of 1.5% will be charged on unpaid accounts over 30 days. A statement fee of $3.00 will also be applied at each monthly billing.

Animal Emergency Care, PLLC

Patient Chart

317 Telegraph Rd.
Bellingham, WA 98226
360-758-2200

Printed: 08-13-12 at 7:44a

CLIENT INFORMATION

Name	Justin Gill (0)		
Address	5444 Bel West Drive Bellingham, WA 98226	**Referred by**	Banfield
Phone	360 306-5611		
Cell	206-915-1328		

⚠ 08-12-12 3:54a: Care Credit # 6019 1832 2730 3781, approved for $5,000.00. O will bring other 2 Visa cards in on Monday AM to have them refunded, if there is one... JM

Please remind Owner (Gagan Kaur, Justin's sister) of 7:30am pick up time on Monday!

PATIENT INFORMATION

Name	Shadow	**Species**	Canine
Sex	Female	**Breed**	Caine Corso Mix
Birthday	08-13-07	**Age**	5y
ID		**Rabies**	
Color	Black Brindle	**Weight**	134.00 lbs
Reminded	(none)	**Codes**	

HEALTH HISTORY SUMMARY

Date	Diagnosis
08-12-12	GI FOREIGN BODY decayed bone (looked like end of a tibia), copious minty plant material in stomach.
08-12-12	NECROSIS devitalized tissue along greater curvature of stomach. partial gastrectomy done.
08-12-12	SPLEEN solitary mass (about 2 x 3 fusiform), non-cavitated but light colored and oozed milky material when sectioned. In formalin, to bring to RVet in case wants histopath.
08-12-12	GASTRIC VOLVULUS
08-12-12	GASTRIC DILATION

MEDICAL HISTORY

Date	Time	By	Code	Description	Qty (Variance)	Photo
08-13-12	5:30a	JW	TPR	TPR (Temp, Pulse, Resp)		
	Note: VPC runs led to this high HR. When no VPCs around 80-90 bpm . JAW					
	Temp		99.4			
	Pulse		160 beats per minut	....|....v (60-160)		
	Respirations		30 Per Minute	....|....v (10-30)		
	5:00a		29951	Metronidazole inj. 5mg/ml	180	
	900 mg IV over 45 minutes.					
	4:30a		7980	Blood Pressure Measurement: Additional		
	BP: 125/59 (81) , 144/77 (99)					

Date	Time	By	Code	Description	Qty (Variance)	Photo
	EKG: Some strings of VPC's, not affecting pulses and not affecting cardiac output. At this time no treatment. Dog looks very bright and BP is better than earlier, despite these VPCs. HR going from 85 up to 150 when VPC runs take place. There are pulses for almost all of the beats even during the VPC runs. JAW					
	Blood Pressure		125 Systolic	**<<....|.... (132-164)**		
	Blood Pressure		59 Diastolic	**<<....|.... (79-95)**		
08-13-12	3:00a	JW	5040	Oral Medication Administration		
	Sucralfate 1g tab in water slurry, PO					
	Items used:		19601	Sucralfate Tablets -1gm	1.00	
	2:35a		2293	IV Fluids: Each Additional Bag		
	1:00a		5095	Reg. Kennel Occ. >71 lbs.		
	1:00a		5084	Hospitalization Level 2		
	1:22a		2023	Tramadol 50mg	3	
	1:22a		19005	Cephalexin 500mg 035274	3	
	1:22a		5040	Oral / Topical Medication Administration		
	Cephalexin 1500mg PO Tramadol 150mg PO Famotidine 40mg PO					
	Items used:		19838	Famotidine / Pepcid 20mg	2.00	
	12:26a		TPR	TPR (Temp, Pulse, Resp)		
	Walked outside, urinated. No interest in food/water					
	Temp		97.9			
	Pulse		90 beats per minut	..v.|.... (60-160)		
	Respirations		24 Per Minute	....|.v.. (10-30)		
08-12-12	10:45p	JL	5067	Client Communication Note		
	Spoke to owner (Gagan) (Justin's sister). Relayed lack of appetite and drinking, but that mostly going as expected otherwise. Intermittent PCV's / dropped beats, but not unusual and not causing any troubles at this time. Suggested that until she would drink / eat, she should be hospitalized. Asked her to pick up at 7:30am and plan for transfer to Maplewood. JAW					
08-12-12	9:17p	JW	TPR	TPR (Temp, Pulse, Resp)		
	Temp		99.3			
	Pulse		75 beats per minut	.v..|.... (60-160)		
	Respirations		24 Per Minute	....|.v.. (10-30)		
	9:04p		7960	Blood Pressure Measurement: Additional		
	99/42 (mean 61)					
	Blood Pressure		99 Systolic	**<<....|.... (132-164)**		
	Blood Pressure		42 Diastolic	**<<....|.... (79-95)**		
08-12-12	6:43p	CJ	5040	Oral / Topical Medication Administration		
	Items used:		19601	Sucralfate Tablets -1gm	1.00	
	4:01p		5077	Technician Notes		
	There is a clear serosanguinous fluid leaking from the incision line. Incision looks good. She is					

Date	Time	By	Code	Description	Qty (Variance)	Photo

becoming more alert and active. She is starting to try to get out of her space. She went out for a walk but didn't do anything. CJ

08-12-12 1:57p CJ 5077 Technician Notes
Urinated outside of kennel a lot. Was able to stand and squat while urinating. After urinated very reluctant to go back in kennel.
Finished Maintenance fluids, now only on MLK at 45ml/hr.

1:00p 50 Hospitalization Level 2
1:00p 50 Reg. Kennel Occ. >71 lbs.
12:58p 50 Technician Notes
dropped MLK drip down to 45ml/hr @ 12:30pm MF

12:31p 29783 Famotidine / Pepcid Inj. 10mg/ml 5
12:14p TPR TPR (Temp, Pulse, Resp)
While taking TPR HR had two episodes of increased heart rate. P was sleeping while HR was taken. HR was about 000pm before episodes started after 2 episodes HR was 153 BPM after 15 seconds of auscultation. Suspected VPCs. Dr. Johnson requested waiting for now on additional diagnostic testing of BP or ECG. MF

Temp 98.7
Pulse 154 beats per minut ....|...v (60-160)
Respirations 20 Per Minute ....v.... (10-30)

11:43a 5067 Client Communication Note
Owner came in to visit. I had talked about a likely scenario of him being hospitalized through the weekend. Owner said that Costs are a big issue and that if there is anything we could hold off on doing or if we could release him the earliest possible it would help.

9:01a 29577 Cefazolin 100mg/ml 15
MC: 08-12-12 at 9:0 given IV

08-12-12 **8:30a** AMF ZG4228 GI FOREIGN BODY
decayed bone (looke end of a tibia), copious minty plant material in stomach.

8:30a ZN3596 NECROSIS
devitalized tissue alon greater curvature of stomach. partial gastrectomy done.

8:29a SPLEEN
solitary mass (about), non-cavitated but light colored and oozed milky material when sectioned. In forma ng to RVet in case wants histopath.

8:29a ZG3242 GASTRIC VOLVULUS
8:29a ZG3614 GASTRIC DILATION
7:56a TPR TPR (Temp, Pulse, Resp)
Temp 99.7
Pulse 110 beats per minut ....v.... (60-160)
Respirations 30 Per Minute ....|....v (10-30)

6:11a TPR TPR (Temp, Pulse, Resp)
Temp 99.0
Pulse 152 beats per minut ....v.... (60-160)

Date	Time	By	Description	Qty (Variance)	Photo
	Respirations		....|.v.. (10-30)		
08-12-12	5:36a	AMF	Metronidazole inj. 5mg/ml	180	
	Given IV over 45 min				
	JM				
	5:16a		TPR (Temp, Pulse, Resp)		
	Temp				
	Pulse		...v|.... (60-160)		
	Respirations		....|.v.. (10-30)		
	5:15a		IV Fluids: Each Additional Bag		
	5:02a		PCV hematocrit - each additional		
	PCV				
	TP				
	4:16a		Ketamine Inj. 100mg/ml	0.60	
	4:16a		Lidocaine Inj. 2%	50	
	4:16a		Morphine Sulfate 15mg/ml	8	
	4:16a		IV Fluids: Each Additional Bag		
	3:16a		Famotidine / Pepcid Inj. 10mg/ml	5	
	1:45a		Client Communication Note		
	Called to talk to O about further estimate for additional surgery time. Gave O oral estimate of a total of $4500-$4900. O s[illegible] cannot pay that amount at this time, but she will call Care Credit and call us back after she [illegible] with them. Care Credit opens in another 20 minutes, until we hear from O we are continuing wi[illegible]gery.				
	JM				
	1:24a		Level 2 Care		
	1:24a		Pack Kennel Occ. >71 lbs.		
	1:24a		Surgery Major pack and prep		
	1:24a		Surgical Lavage of abdomen		
	1:24a		Surgeon Time (minute) Abdominal	170	
	1:24a		Gas Anesth - Maintenance each 10 min	16	
	1:24a		Anesthetic Blood Press Monitoring		
	1:23a		IV Cath Brief Procedure		
	Second IV catheter p[illegible] for MLK drip				
	1:23a		IV Fluids: Each Additional Bag		
	1:23a		Gas Anesth w/IV induction & 1st 10 min.		
	Items used:		Propofol	20.00	
	1:23a		Cefazolin 100mg/ml	15	
	1:23a		Hetastarch 6% in .9% Sod Cl per ml	500	
	1:23a		Buprenorphine 0.3mg/ml	4	
	1:22a		IV Fluid Pump		
	1:22a		IV Fluids: First Bag & Admin Set Up		
	1:22a		X-Ray (Radiographs) 2 View Initial	0.50	
	1:22a		IV Catheter: Placement & Bandaging		
08-11-12	10:36a	AMF	Lactate+ Meter FIRST		
	Items used:		Lactate+ Test Strips	1.00	
	Lactate+				
	10:36p		Hematocrit FIRST		
	PCV		(37-55)		
	TP				

Date	Time	By	Description	Qty (Variance)	Photo

08-11-12 10:36p — Requisition 23344-254437

Test	Result	Normal Range Low	Normal Range High	Measure	
Catalyst_Dx 08-11-12 10:47p					
GLU	**165**	**74**	**143**	**mg/dL**	
BUN	17	7	27	mg/dL	
CREA	1.8	0.5	1.8	mg/dL	
BUN/CREA	9				
TP	6.3	5.2	8.2	g/dL	
ALB	2.8	2.3	4.0	g/dL	
GLOB	3.5	2.5	4.5	g/dL	
ALB/GLOB	0.8				
ALT	45	10	100	U/L	
ALKP	79	23	212	U/L	

08-11-12 10:36p AMF — Catalyst Dx CHEM 10 Test (pre) — 1.00
Items used: Catalyst Chem 10

10:35p — Emergency Fee
10:35p — Exam/ Consult

S: Pt present for retching. Had a similar episode of this about 3-4 months ago, but did not have a twisted stomach at that time. Gave 2 pills and that took care of it.
Ate about 5:30pm, was OK overnight. Afterwards. Now having unproductive retching, abdomen is distended.
Pt is intact, not bred. Last heat cycle about 3 months ago. Has had miscarriage in the past.

O: BAR/QAR. Wt = [illegible], T = [illegible]F, P = 160bpm, R = 60/min. MM's pink, moist, CRT 2 sec.
Femoral pulses fair-weak.
ABD - distended, tau[illegible] unproductive vomit witnessed here. Unable to pass stomach tube.
H/L - tachycardia, otherwise clear.
UG - mature vulva [illegible] discharge.
MS - a little weak, otherwise [illegible]
Rest of exam - nsf

L lateral radiograph - [illegible] with "double-bubble" sign
PCV/TP = 43/7.2
Lactate = 3
Chemo-10 = mild hyp[illegible] borderline azotemia (creatinine only), else wnl

A: GDV. Cannot yet [illegible] due to age. Lactate okay.

P: Gave 4.0 ml bupr[illegible] plus
Placed L & R cephalic catheters. Infused 500ml Plyte as decompressing stomach and prepping for surgery.
Tried to pass stomach tube. Unsuccess. Trocharized stomach on left side, which released some gas, but seemed to clog. Tube did not clog, got a little more air but still quite distended.
Re-trocharized on right side. Same.
Gave owner fair-guarded prognosis given age (middle age for breed), lactate is looking good though. Will not know until we are operating on inside until pt's abdomen is open for visualization.
Owner authorized surgery. Hospitalization, verbal estimate $2500-2800 if uncomplicated. Will call intraoperatively if [illegible] (e.g. mass) are found and decide from there whether to proceed.

Surgery:

Date	Time	By	Description	Qty (Variance)	Photo

Induced with 20 ... d and maintained on isoflurane/O2, monitoring with EKG and tech. Passed stom... resistance near cardia.

Midline incision, ... distended still and difficult to turn - tried intraoperative trocharization twice, ... before. Finally got stomach rotated and copious fluid and gas was released via the ... threw a few VPCs. Found several patches of black devitalized tissue along ... re of the stomach, which did not improve with time. Worked on emptying stomach ... e (while waiting to see if blood flow would return now that stomach was righted), ... logging several times with plant material. * Called owner, gave update. There is ...) tissue in the stomach, will need to be resected else will perforate in a few ... septic and die. Prognosis is guarded, will depend on how blood flow returns ... Stomach will be smaller too. * Called again when found splenic tumor, ... times, owner was warned prognosis is guarded-poor - we don't know if metast... worsen within a few months if so. Despite this, and increased estimate ($4500+), ... roceeding with surgery. Owner stated she got Care Credit, has $2000 of insura... loyed. She stated despite poor prognosis, she could not elect to end Shadow's ... decide that. She also requested that if uterus looked bad to remove it too, else ... 't plan to breed her again. Ran bowels, and visualized & palpated liver and ... r overt abnormalities.

Performed splenectomy, ... ssels with 2-0 PDS, several with doubles. Removed spleen, found no hemorrhage.

Performed ... ng stay- sutures in the stomach, ligating short gastric vessels and ... ssels to stomach off the left gastroepiploic vessels with 2-0 PDS. Added an ... ned lap pads to isolate area, made vertical elliptical incision through serosal ... along the greater curvature of the stomach and incised mucosal layer, ... to stomach to empty stomach. Besides copious fluid, also removed large ... plant material and a decayed end of a bone. Mucosal was black-ish in color ... visualized. Edges of elliptical stomach incision all had fresh blood at time of ... in 2-layer Cushing pattern with 0-PDS. Held pressure. Changed gloves ... ction wand and tubing with new, sterile set. Flushed abdomen several ... isotonic saline. Changed gloves, gown and instrumentation.

Performed ... to L ventral abdominal wall using mesh-scoring of each serosa surface, ... 4 four corners of the grid with 0-PDS.

Closed abdo... in 2 segments. Closed subcuticular layer with same. Closed skin with ...

Uneventful ... Pt's EKG looked mostly good from time the stomach was righted until ... s (runs of 3-4) were thrown here and there, otherwise no problems. ... tic record. Pt had small amount white vaginal discharge (no smell) which ...

Post op PCV ... s 96.8F at 4:30pm. Started MLK drip at 80ml/hr initially around 4:30... temp.

Time	Temp
4:30am	96
5am	97
6am	98
8am	99

... hole time.

5:30am gave ... ppeared to go well. Still not out of the woods for a few days, until we know ... Need to feed soft food only - smaller, more frequent meals for the ... only, no raw vegetables, no broccoli or other cabbage family foods. ... morning at 7:30am, then transfer to Maplewood for recheck, monitor ... ncern re: costs, asked if we would ask Maplewood to keep costs low. ... and needs to charge for their services. She may ask about discounts ... them, I have no say in that.

P: Owner plans ...

Date	Time	By	tion	Qty (Variance)	Photo

EKG plan
Continue
BID through 24
want to watch
Splenic
Continue to
Dr. Fjeld

amadol PO; Famotidine; Cefazolin TID and metronidazole
id not have an odor, doesn't look like pyometra, but may
e with oral Ab's if looks like a pyo.
CD to transfer with patient to RVet tomorrow morning.
e, any vomiting.

Transferring care

12/12.

Sedate still.
CRT < 2.

nulated. Difficult to auscult due to snoring., mm pink,

A: stable

P: will monitor
looking for
not see me

until later. Consider monitoring PCV, ECG with BP
result later. Owner wants to keep costs down but do
t her eating and taking oral meds.

12:00 Owner
and we will
get her to eat

we decided to down play monitoring to keep costs down
V for now. at 5pm owner will see if she can come in and
vomiting then consider discharging on oral med.

3pm Started
responsive to
comfortable.

still pretty gorked out an we need her to be more
inking. Will turn down every hr until alert and still

5pm Owner
shift change
night. MC was

terested in eating. We will check BP, PCV and ECG at
able to evaluate and if warrented will be continuing over
but not able to coax her to eat anything including a/d.

JW: 08-12-12

he night from Dr. Johnson. Jessica Williams, DVM

Patient was
but not any
Sat
good

, CRT 1.0 to 1.5 sec. CV: Possible intermittent PVC's
moral pulses.
et out of the cage area. Abdominal incision looks quite
ly. ABdomen seems comfortable. Well hydrated.

Increased IV
before I arrive
Was started
Has not eaten

nning MLK at 25ml/ hr (this is where is has been for a bit
d onto oral medications.
, and will increase to full dose after that.
en interested through the day.

4am: Has
pulses, but
normally, lungs
Abdominal
Seems
Still
Started on
Famotidine
made it to

te probable dropped beats intermittently on the femoral
moral pulses. MM pink, CRT 1.0 to 1.5 sec. Breathing

undly, and bright and perky when out on walks.

ramadol (150mg), Cephalexin (1500mg), and
t 12:30am. Then at 3am received Sucralfate 1 gram po

Stopped MLK
appetite.

uld be in system well now. See if this helps with

Date	Time	By	Code	Qty (Variance)	Photo

6:30am:
Doing very well. [illegible] on EKG and tachycardia secondary to VPC's, but no problems with [illegible] improving through the night. BP normal, MM pink, very bright and alert.
Has absolutely no interest in eating.

Took for walk -- [illegible] interested in all surroundings. Urinated well. No bm.
AFter, listened to heart for several minutes - no vpc's heard, HR about 70-90 depending on surroundings. Regular rhythm, [illegible] femoral pulses.

TTO -- since not eating regularly, I suggested that she transfer to rDVM for at least part of the day today, as she gets her home if she's nervous in surroundings.

SUMMARY:
GDV, SPLENECTOMY [illegible] / GASTROTOMY and PEXY performed late overnight on 8/11/12 ([illegible] foreign material from the stomach, also.

Has done well [illegible] but not effecting cardiac output, bp, etc., so have not been treating them.

Medications are [illegible]
Cephalexin [illegible]
Metronidazole [illegible] 5:30am).
Sucralfate 1g [illegible] 1am)
Tramadol prn [illegible]: Last dose (150mg) given at 1am ... due 9am.

Continued monitor [illegible] after eating, monitor for any complications from surgical procedures.

Dr. Jessica Willis