

# Carolina Veterinary Specialists Medical Center

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12117 Statesville Rd • Huntersville, NC 28078 • Phone: 704-949-1100 • Fax: 704-949-1101  
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## Patient

Client's Name: Mr Christopher Manecke  
Patient's Name: Champ  
Discharge: 09/06/14  
Examined by: **Glen Bonin, DVM**  
**Diplomate ACVS**

## Referring Veterinarian

Dr. Lindy Marshall  
Paws & Claws Mobile Vet Clinic  
16825 Knoxwood Drive  
Huntersville, NC 28078  
Phone: 704-779-4200, Fax: 704-895-8214

## Client Communication:

**Date: 9-5-2014**

**Time: 9am**

**Dr. Glen Bonin**

Called and SWO. Gave a detailed update - Champ overall did well overnight and appeared stable for surgery this morning. I updated the O in detail on Champ's current condition and also went over the ICU treatment sheet with him including Champ's vital signs, bloodwork results, eating habits, urinations, and ability to rise and ambulate with assistance among other specifics. I went over the surgical plan in detail with him - that we were planning to perform another wound care session and possibly close Champ's wound and place a drain. I also went over the procedure with O in detail. I also SWO about surgical risks and all possible peri-, intra-, and post-op complications including (but not limited to) anesthesia related complications including death, bleeding, newly emerging infection(s), nerve damage, peri- or post-operative GI issues (i.e. - regurgitation) and possible related complications (i.e. - aspiration pneumonia), cardiac arrhythmias, and additional non-healing related issues due to his condition and DM, etc.. O understood all pre-operative information and agreed for CVS to continue to render surgical care for Champ. He did ask about the DKA and DM management. I gave him a generalized update on the progress and let him know that the plan was to transition Champ off the insulin CRI and onto his normal SQ intermittent insulin. I also let him know that the final C/S results were still pending. He spoke for a while about how upset he continued to be over the Matthews CVS surgeon not informing him of the risks associated with an amputation procedure on a DM dog and that he was never informed of the possibility of OSA and the limited ST associated with the diagnosis. He stated he would not have performed the surgery if he knew the limited time Champ had left. I listened to him and basically allowed him to vent his frustrations, then apologized for his dilemma, but also let him know that I was unable to comment on the specifics regarding those issues since I was not there at the time. He understood and seemed to settle down a bit. I let know that I would call right after the surgery to let him know how it went.

Glen Bonin, DVM, DACVS

**Date: 9-5-2014**

**Time: 11:10am**

**Dr. Glen Bonin**

Called and SWO post-op. Gave a detailed update as to how the surgery went - overall well. We managed to successfully close the wound and place a functional closed JP drain. I also SWO about the overnight plan - we will continue to manage him post-op and provide all necessary medical and nursing care. We will also

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continue to transition Champ off the insulin CRI and onto his normal SQ intermittent insulin. He may be able TGH tomorrow or Sunday if he improves post-op, his incision and drain are doing well, he is eating and his DM has stabilized, and he is able to be sent home with his normal at-home SQ insulin regime, etc. We will keep a close eye on him today and tonight and alert him when the C/S results return. He understood all info and was thankful for the call.

Glen Bonin, DVM, DACVS

**Date: 9-6-2014**

**Time: 8:30am**

**Dr. Glen Bonin**

Called and SWO. Gave a detailed update as to how Champ did overnight and also as to his current condition. Let him know that Champ is anemic this morning and he will need a blood transfusion. Also alerted him to the fact that Champ is very arousable, but may seem a bit more depressed than yesterday. I let him know that I was not sure exactly why he felt this way - it could be from the surgery and anesthesia (even over multiple days, his anemia, his DM, or some other issue not yet identified. I SWO in detail about the transfusion (what type, how he would be receiving it, complications and risks, post-procedural plan, etc.) and why he needed it. He understood all information provided. I also let him know because of the transfusion, Champ would likely stay until at least tomorrow. The O stated he wanted to have Champ home as soon as he was ready whether it be tonight or tomorrow. I told him we would give the transfusion this morning, then recheck Champ's BW this evening and hopefully his PCV stays steady. If that is the case and Champ's incision and drain are doing well, he is eating, his BG has stabilized and he is transitioned onto his normal, at-home, SQ insulin he may be able to head home Sunday. He understood all info and was thankful for the call.

Glen Bonin, DVM, DACVS