

Patient History Report: Bobo – 9/12/18

Clinic:

Two Rivers Veterinary Clinic
3808 N. Williams Ave Ste 129
Portland, OR 97227
Fax: 503-445-7766
503-280-2000

Client:

Roger & Karen Anderson
Home address.

Patient: Bobo

ID: 5136
Tag: Chip: 105072117
Species: Canine, Pit Bull Terrier
Sex: male/neutered
Age: <unknown>, DOB: 00/00/00
Weight: 69.0 Lbs
Color: Dark brown with white markings
Last visit: 9/11/18

Referred By:

Home Phone: 360-450-9199
Work Phone1: 971-533-0995 xKaren
ID: 2949, File #: 2949

Website
Marketing
Tel: / Fax:

Reminders:

9/11/19 Annual Wellness Exam & Fecal Test

Medical Record Entries:

9/6/18

Vaccine History –

All vaccines given by East Padden (Other)
Rabies: 8/15/16 1 yr
Bordetella: 5/31/16
DAP: 5/31/16

9/6/18

Client Communication – (Other)

Staff: EMM
Update/Question: G sent email and followed up with a call to clinic. P has recent injuries to face and facial swelling due to a dog fight. Was taken to East Padden Animal Hospital and ddx w/ abscessed tooth. G has been treating at home w/ homeopathics and oil of Oregano. Seeking asap appt. Schedule full for rest of wk, offered to schedule next available and call w/ cancellations. G declined, prefers to take p to CRVS.

9/11/18

Exam – (Karen Davies, DVM)

Wt & Temp: 69 lbs t=100.8
Reason for Visit: New patient, establish care, 2nd opinion
Diet: Raw
Current Meds/Supplements: arnica 200c, acinicum 200c, mercury vivis 200c, tincture of garlic, oil of oregano pill and garlic pill. calendula oil.
History: G adopted from humane society a couple years ago. P got in a dog fight on Thursday and had swollen face. Karen was out of town and had Roger give homeopathics as listed above, took to East Padden Vet, was told likely tooth root abscess. G reports wounds had purulent discharge coming from them, swelling has gone down now, p seems comfortable. Energy/appt good, no v/d/c/s, not PU/PD –MRT

G took to forever pet dental 1 yr ago and had teeth cleaned. Gingival mass present at that time between #407 and 408
Attitude: BAR
EENT: OU – mild nuclear sclerosis
AU wnl

Oral: mm pink, small amount of calculi, #208 has erythema of gumline w/no fracture,
H/L: G1/6 systolic murmur auscultated on L side of thorax
G/I: soft, no pain or masses
M/S: BCS 5/9
Neurologic: normal mentation
U/G: wnl
Integ.: Soft SQ mass on cranial chest by thoracic inlet that is R of midline and measures 4cm X 2 cm
L lateral thigh 1.5 cm dermal mass present for at least 2 yrs and not changing
L lateral lumbar region 1 cm dermal mass present for 2 yrs and no changes
Ventral proximal tail dorsal to anus has a 2 cm dermal mass that was diagnosed as a MCT. G made her own salve with blood root and applied. Mass became ulcerated and healed. Mass decreased in size from 4cm X 2cm to current size of 2 cm. Skin is not currently ulcerated
Lymph Nodes: wnl

9/11/18

Assessment – (Karen Davies, DVM)
Ddx: bite wounds that are healing on dorsal head
firm swelling below L eye that is not draining but does have a bite wound over the swelling.
Gingival mass likely epulis as present for 1 yr and small increase in size
MCT on tail

9/11/18

Plan – (Karen Davies, DVM)
Recommend: Discussed MCT on tail that is still present although smaller with the treatment of blood root salve. Discussed possible metastasis of MCT to other organs. Conventional treatment begins with surgical removal with wide margins
Discussed continuing antibiotics until the swelling of face is resolved. If recurs then rec dental with dental rad to r/o tooth root abscess.
Discussed dental and removal with histopath for gingival mass to make sure is epulis.

G prefers herbs and will continue treatment with antimicrobial herbs and may treat the mct again with blood root. Discussed not familiar with blood root and cant comment on the ability to prevent metastasis

9/11/18

Office Visit- Initial Patient (Existing Client) – (Karen Davies, DVM)