

## Case Study #1

### **COMPLAINT ALLEGATIONS**

The Uniform Complaint alleges a violation of Chapter 474 against Dr. Do-Good. The specific allegation is a violation of F.S. 474.214(1)(R), incompetence or negligence by failing to practice medicine with acceptable standard of care and FS 474.214(1)(EE) failing to keep contemporaneously written medical records as required by rule of the board.

Specifically, Complainer brought her dog in with diarrhea; he eventually stopped eating food and drinking water. On 4/15/15, blood work and x-rays were done and he was given Metronidazole ½ tablet every 12 hours. The tests revealed that his liver was enlarged and had an infection, possibly from ingesting something toxic. Complainer's dog was left under Dr. Do-Good's care. So Dr. Do-Good could administer him an IV for dehydration and an antibiotic injection. Complainer was unaware of a cerenia injection. Complainer's dog was given 3 medicines: same 1 every 24 hours, Baytril ½ tablets every 24 hours, and cerenia tablet of 16mg every 24 hours. Complainer's dog's bowels were black and Dr. Do-Good told her to stop giving him the cerenia. Complainer's pet couldn't walk and later passed away. Complainer did some research on cerenia and it is not supposed to be administered to pet with liver problems, or small dogs, and/or administered to pets that have possibly ingested something toxic. Complainer states that the records are incomplete and information was altered.

**NOTE the foregoing are the allegations of the Complainant and should not be interpreted as agreed to by Dr. Do-Good.**

### **RESPONSE TO THE ALLEGATIONS**

Please refer to the medical records from Animal Hospital in conjunction with Dr. Do-Good's response. First, the Complainer presented DOG for very sporadic treatment before April 15, 2015. When referring to the records, the Complainer brought DOG in only when there was a

problem and not for regular checkups or well care. On December 17, 2012, DOG got hurt jumping so veterinary care was sought. Then on September 10, 2013, when DOG tooth fell out she again sought out veterinary care.

Next on April 15, 2015 Complainer brought her 15.5 year old, male neutered, DOG, to Dr. Do-Good's office because DOG had diarrhea since Easter on April 5, 2015. (Complainer allowed DOG to have diarrhea for approximately 10 days before seeking out the services of a veterinary physician.) Complainer had been feeding DOG chicken and brown rice. Initially there had been some improvement, but then DOG began refusing to eat, and the diarrhea worsened again. DOG was also PU/PD (polyuria/polydipsia), which was consistent with an elevation of the BUN, creatine and phosphorus. The increases seen with Amylase and Lipase can be consistent with pancreatitis. Pancreatitis typically results in vomiting, abdominal pain and subsequent abdominal splinting, these symptoms were not present at this time. Complainer was concerned that her apartment complex had possibly sprayed for bugs in her absence. A proper physical examination was performed, vitals recorded and the blood was collected for a CBC, Profile, and T4, the blood work charts are attached. Metronidazole 250 mg ½ tablet, BID was prescribed for the colitis. The tests revealed elevation of an enzyme Alkaline Phosphatase, this can be indicative of cholestatic liver disease as well as a number of non-hepatic diseases. Alkaline Phosphatase comes from a variety of tissues such as; kidney liver, bone, and intestine. It is a non liver specific enzyme. Additionally, exogenous corticosteroid administration and endogenous cortisol elevation i.e. Cushing's Disease can also elevate Alkaline Phosphatase. Other increases of Alk Phos can occur as a result of primary liver disease ( hepatitis, neoplasia, and nodular hyperplasia) acute or chronic stress causing reactive hepatopathy or physiologic stress associated with acute or chronic stress (neoplasia, infection, inflammation, pancreatitis, GI

disease, and bone related disease).

A phone call to the office was made on April 17<sup>th</sup> informing the office that DOG was now vomiting. She was told to come into the office.

On April 17, 2015 Complainer returned with DOG with the complaint that he had begun to vomit. She was syringe feeding him baby food and water and he was unresponsive. DOG had regurgitated the food and water multiple times that day. DOG was admitted to the hospital for administration of subcutaneous fluids and a radiograph. A physical examination was performed and again the vitals were recorded. The CBC from 4/15/15 revealed an elevated WBC and slightly toxic neutrophils. A pathologist reviewed DOG's platelets and determined the numbers were adequate. Cerenia was administered by injection and dispensed for at home use the next day; Baytril was also dispensed. A radiograph was taken revealing mild liver enlargement (slights rounding of the liver lobes). There was no further regurgitation while DOG was hospitalized and he was discharged to Complainer's care in stable condition.

Complainer called on Sunday, April 19, 2015 to report that DOG had vomited blood a few minutes after administering the oral Cerenia. Dr. Do-Good discussed with her that there was no way that the medication had been absorbed in that short of a timeframe, and that it had not caused the gastric bleeding. Dr. Do-Good called CVS for Sucralfate to coat any possible GI erosion of ulceration.

On April 20, 2015, Complainer arrived at the hospital to inform Dr. Do-Good that DOG had passed away and requested his medical records. It is believed that no necropsy was performed and it is unknown what the cause of death was for DOG who was at an advanced age.