

Animal Emergency Clinic of Hudson Valley, P.C.
 84 Patrick Lane
 Poughkeepsie, NY 12603
 (845) 471-8242

John Tengstrom (# 30989)
 PO Box 143
 Hopewell Junction, NY 12533

Jan 05, 2020
Invoice Number
69182

Susi (# A)

Species: Canine Sex: Male
 Age: 1 year old
 Breed: (None)
 Coat Color: Grey/Black
 Weight: 0 lbs.
 Rabies Tag Number:

Bordetella:
 Corona:
 DHLPP:
 Fecal :
 Giardia:
 Heartworm :

Date	Code	Description	Qty	Price
01/04/2020	100	Emergency Office Visit	1.00 Each	\$ 115.00
	908	Apomorphine inj., per injection	1.00 per injection	\$ 58.95
	500	IV Fluid Therapy Setup (incl IV Cath)	1.00 Each	\$ 158.43
	406	Minor Chem Panel (2-3 VTcards)	1.00	\$ 73.69
	402	Electrolytes	1.00 Each	\$ 69.46
	3300	Injection - Initial (Cerenia)	1.80 ml(s)	\$ 59.85
	909	Medical Waste Disposal Fee	1.80	\$ 5.00
	902	Activated Charcoal Treatment x 3	1.00 Each	\$ 76.14
	945	Injection - additional (pantaprazole)	1.00 Each	\$ 40.53
	956	Oral or top medic. administration/24 hrs	1.00 Each	\$ 34.39
	300	Hospitalization - Overnight	1.00 24hr.	\$ 159.66
	501	IV Additional Liters	1.00 Each	\$ 55.27
	402	Electrolytes	1.00 Each	\$ 69.46
	01/05/2020	404	Preanesthetic /Basic Chem Panel (6 VT)	1.00
945		Injection - additional (pantaprazole)	1.00 Each	\$ 40.53
501		IV Additional Liters	1.00 Each	\$ 55.27
300		Hospitalization - Overnight	1.00 24hr.	\$ 159.66
1098		Sucralfate 1gr	10.00 Each	\$ 28.05
1441		Famotidine 10 mg tab	5.00	\$ 16.10
	1076	Misoprostol 200mcg	2.00 Each	\$ 32.21

Total for Susi: \$ 1,412.04

Total Invoice: \$ 1,412.04

Previous Balance: \$ (275.66)

Total Amount Due: \$ 1,136.38

Credit Balance \$ 275.66

Visa \$ 1,136.38

Total Payments - Thank you: \$ 1,412.04

New Balance Due: \$ 0.00

Dr. Wendy Haumaier
 Dr. Johanna Kosofsky

Please follow up with your primary veterinarian within 48 hours.

Animal Emergency Clinic of Hudson Valley, P.C.

84 Patrick Lane
Poughkeepsie, NY 12603
(845) 471-8242

John Tengstrom (# 30989)

PO Box 143
Hopewell Junction, NY 12533

Home Phone: 221-2580 (845)

Work Phone: - () ext:

Jan 04, 2020

**Estimate Number
18159**

Susi (# A)

Species: Canine

Age: 1 year old

Breed: (None)

Coat Color: Grey/Black

Weight: 0 lbs.

Rabies Tag Number:

Sex: Male

Bordetella:

Corona:

DHLPP:

Fecal:

Giardia:

Heartworm:

Code	Description	Low Qty	High Qty	Low Price	High Price
100	Emergency Office Visit	1.00	1.00	\$ 115.00	\$ 115.00
908	Apomorphine inj., per injection	1.00	1.00	\$ 58.95	\$ 58.95
1150	SQ fluids for home administration	1.00	1.00	\$ 55.00	\$ 55.00
1150	Additional liter for SQ fluids	1.00	1.00	\$ 35.00	\$ 35.00
902	Activated Charcoal Treatment	1.00	1.00	\$ 76.14	\$ 76.14
1445	Omeprazole 20mg caps	7.00	7.00	\$ 29.47	\$ 29.47
404	Basic Chem Panel (6 VT)	0.00	1.00	\$ 0.00	\$ 104.39
402	Electrolytes	0.00	1.00	\$ 0.00	\$ 77.36
Total for Susi:				\$ 369.56	\$ 551.31
Total Invoice:				\$ 369.56	\$ 551.31

Dr. Wendy Haumaier

I am the owner of the above pet, or am acting as an agent for the owner, and accept full financial responsibility. The doctor has explained the medical condition of my pet and the proposed regimen of treatment or surgery. I authorize the doctor to proceed as discussed. I understand that a good faith effort was made to make the above estimate totally accurate to within a +/- range of 15%. I can be contacted at () - during the expected treatment period to be advised and give consent to any additional unforeseen charges. Prior to anesthesia, a laboratory workup consisting of the tests indicated above is recommended.

I REQUEST, DECLINE these tests to be performed prior to anesthesia.

Date ___/___/___ Signature: _____

REMINDER - ALL PATIENTS MUST BE PICKED UP BY 7:30AM UNLESS OTHERWISE SPECIFIED.

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Jan 04, 2020

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Rabies Tag Number:

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Corona:

DHLPP:

Fecal:

Giardia:

Heartworm:

Code Description	Low Qty	High Qty	Low Price	High Price
100 Emergency Office Visit	1.00	1.00	\$ 115.00	\$ 115.00
908 Apomorphine inj., per injection	1.00	1.00	\$ 58.95	\$ 58.95
1150 SQ fluids for home administration	1.00	1.00	\$ 55.00	\$ 55.00
1150 Additional liter for SQ fluids	1.00	1.00	\$ 35.00	\$ 35.00
902 Activated Charcoal Treatment	1.00	1.00	\$ 76.14	\$ 76.14
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Total for Susi: \$ 369.56 \$ 551.31

Total Invoice: \$ 369.56 \$ 551.31

Debit Card \$ 275.66

Total Payments - Thank you: \$ 275.66

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Date ___/___/___ Signature: _____

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Case #	30989	Time In	4:04 P	Date In	1.4.20	Time Out	6:56 P	Date Out	1.6.20
Owner's Name	Tengstrom John			Address	PO Box 143			Home Phone	221-2580
Employer				Employer's Address	HJ NY 12533			Business Phone	(845)
Spouse's Name				Spouse's Employer				E-Mail Address:	

**Animal Emergency Clinic
of the Hudson Valley**
84 Patrick Lane
Poughkeepsie, NY 12603
(845) 471-8242
1112 Morton Blvd.
Kingston, NY 12401
(845) 336-0713

Client's Veterinarian
None Airport

Pet's Name	Susi	Species	canine	Breed	Norwegian Elkhound	Sex	M	Age	1Y	Color		HWT.	Y/N	HWPREV	Y/N	FaLV Test	Y/N	FaLV Vac	Y/N	
Attending Veterinarian	Dr. Hammer		Temp	101.6	Pulse	130	Resp.	part	Altitude	B D C	Weight	40.6#	Current Voc	UTD						
Chief Complaint	ATC. 850mg Rimadyl ~ 1.5 hours ago											Neutered?	NO							

Poison Control case #2588255 (866-761-4413)

AVAILABLE PERTINENT HISTORY

Indoor %	Outdoor %	Any problems known with previous anesthesia?
Any known allergies to medication?		Last time ate (for anesthesia concerns)?
On any medications (other than HWP)?		Comments (explanations):
Any previous illness/injury?	dew claw.	

PHYSICAL EXAM (additional space, if nec., on page 2)
 mm pink, eyes clear, CV tachycardia R emphyseic
 ABD soft, nst, nls amb well x4 N Very BAR
 Integ wnl PLN wnl.

DIAGNOSIS
 Carprofen Ingestion

TREATMENT (initial - other on page 2)
 Apremizone 0.55ml IV - Successful emesis - identified ~ 2 tabs
 Chewable product in lg amt food.

DISCHARGE INFORMATION (additional space for comments on page 2 under "Plan")

I hereby authorize the doctors and staff of the Animal Emergency Clinic to perform whatever examination, x-ray, treatment, operation of anesthetic as may be deemed in their judgement to be advisable in the evaluation and care of the above described animal.
 I assume all risk and hereby release the Animal Emergency Clinic from all risk and damage by reason of loss or injury to the animal which may arise from any cause.
 I acknowledge that no warranty or guarantee whatsoever has been made regarding the results of treatment. The Animal Emergency clinic of Hudson Valley will attempt to estimate the cost to treatment. I understand that the actual cost may exceed or be below the estimate.
 I further acknowledge that I am financially responsible for all procedures and guarantee the payment of all fees incurred.
 I understand that emergency patients must be discharged from the clinic daily by 8:00 am and I am responsible for picking the animal up by that time. Animals received after 8:30 pm Friday may, if necessary, be held until Monday at 8:00 am. My failure to pick the animal up signifies that I waive my rights under New York State Agriculture and Markets Abandoned Animal Law.
 I understand that my failure to pick the animal up by emergency clinic closing time may necessitate the transportation of the animal to another facility designated by the emergency clinic. This will result in additional cost to me for transportation, hospitalization, medical treatment and boarding for which I assume responsibility. I have read the foregoing and agree to same.

Client Discharged with: MED / X-RAY / LAB / OTHER:
 Veterinarian's Signature: [Signature]
 Owner's Signature: [Signature]
 AEC Fm #001 Rev 01/05 WHITE - CLINICS COPY YELLOW - VETERINARIANS COPY PINK - CLIENTS COPY

1

		Discussed renal toxic dose & PIC rec: 48 hrs IVF, GI protectants & monitoring q 24 hrs x 48hrs then if normal Ddpc & recheck values at 72hrs O has financial constraints - went over estimate in detail & offered option for outpt tx if not able to pursue in hosp care. Offered payment options. O. declining. Went over tx options in depth. O can't decide. (M)
5 ³⁰ pm		Had O visit w/ dog & tech reviewed tx plan again. O decided to hosp. Admit to hospital O = 8 ⁰⁰ pm 1/4/20
6pm		Placed 15 g IVC R cephalic. Started LRS @ 120 ml/hr.
6:25pm		BAR. Admin Cerenia 18mg SID IV
6:40		Admin Pantoprazole 18mg over 2 min IV (M)
7:05pm	LAB	Admin 200mcg Misoprostol 1/4 tab P.O. (M)
8pm		B/H. No VID Admin N/KH UAA gel w/ Sorbitol 55ml PO (M)
8:30pm	MI	SWO - gave update - bloodwork w/NL + will recheck tomorrow night (M)
9pm		Offered water - drank readily (M)
11:30pm		walked outside - urine ⁺⁺ feces + (M)

2

CONTINUING TREATMENT FORM

Name Tengstrom Pet's Name Susi Inv. # 30989 Date 1/5/20

TIME

12:10AM	T-102.1 P-112 R-PANT	BAR - Barking, moved to larger run Switched IV pumps TVI pump #1 = 1637 pump #2 = 29 TVI = 1660 ml mm - pink CRT < 2 sec. Admin Sucralfate 1 gram PO (NS) Anxious, barking. Admin Trazodone 100mg PO (H)
1:25		
2:00AM		BAR offered 1/2 can Hills 11D Stew - ate readily water available in cage (NS)
3:00AM		BAR. Admin Misoprostol 200 mg 1/4 tab PO (H)
4:00AM		Additional liter LRS (#2) CONT IVF @ 120 ml/hr Admin Activated charcoal 60 ml PO
5:45AM	T-99.9 P-128 R-40	BAR mm - pink CRT < 2 sec. walked outside - urine ++ (NS)
8:10AM		BAR Admin Sucralfate 1 gram PO in slurry (NS)
9AM		BAR. Anxious barking. Admin Trazodone 100 mg PO (H)
10 AM ++		walked, urinated and defecated (H/K)
10:25 AM		offered royal canin GI low fat - ate great urinated in cage. did bedding (H)

3

Name Tengstm CONTINUING TREATMENT FORM Pet's Name JMSI Inv. # 30989 Date 1/5/20

		0) electrolytes - WNL	
		1) 60ml Act. charcoal PO. - NO vomit	(20)
11:00 AM		Admin 1/4 misoprostol 200mcg tab	(2)
		orally	
12:00 PM		Admin 60ml activated charcoal m	(2)
		Royal canin goutat slurry - ate	
		green	
2:10 PM		added new bag URS #3	(2)
5:00 PM		Admin sucralfate 1gr orally	(2)
7pm		0) Chem 10 - WNL	
6pm		0.3ml Dexdomitor iv	(2)
7pm		Admin 18mg pantaprazole iv slo	(2)
8:10pm	T-101.4 P-80 R-20	QAR mm-pink URT < 2 sec.	
		Admin misoprostol 200mcg 1/4 tab PO	(NS)
9pm		BAR. Urinated. Offered RC GI can eat very well Water available	(2)
11:15pm		walked outside - urine ++ feces + inside	(NS)
12:10 AM		Admin sucralfate 1 gram PO Anxious/barking Admin Dexdomitor 0.3ml IV	(NS)
1:00 AM		Additional liter URS #4	(NS)

3 4

CONTINUING TREATMENT FORM

Name Tengstrom Pet's Name Susi Inv. # 30989 Date 1/5/20

TIME			
4 AM		BAR Offered food - ate great, water available Admin Misoprostol 1/4 200 mg tab PO	(A)
5:30 AM		Urine (+) A'd bedding	(NS)
6:00 AM	T-101.1	BAR	
	P-128	mm-pink	
	R-pant CRT	< 2 sec.	(NS)
	PIV	cc. Owner doesn't want to transfer. Disursed 1 amputation + P.C. report + 11 commendations. Offered T&H of meds w/ blood test (q.m.)	(A) (M)
		Pix: dural fat 1 gram PO q 8h. # 10	
		Pix: Famotidine 10mg PO q 24h # 5	
		Pix: Misoprostol 200mg 1/4 PO q 8h. # 2	
			(M)

Disursed 1/5/20
11/15

Client: Tengstrom (30989)
 Patient Name: Susi
 Species: Canine
 Breed:

Gender: Male
 Weight:
 Age: 12 Months
 Doctor: Dr. Wendy Haumaier

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 84 Patrick Lane
 Poughkeepsie, NY 12603 845-471-8242

Test	Results	Reference Interval	LOW	NORMAL	HIGH
Catalyst Dx (January 4, 2020 6:18 PM)					
CREA	1.5 mg/dL	0.5 - 1.8			
BUN	16 mg/dL	7 - 27			
BUN/CREA	11				
PHOS	5.2 mg/dL	2.5 - 6.8			
Na	158 mmol/L	144 - 160			
K	4.6 mmol/L	3.5 - 5.8			
Na/K	34				
Cl	116 mmol/L	109 - 122			

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Test	Results	Reference Interval	LOW	NORMAL	HIGH
Catalyst Dx (January 5, 2020 10:33 AM)					
GLU	111 mg/dL	74 - 143			
CREA	1.2 mg/dL	0.5 - 1.8			
BUN	7 mg/dL	7 - 27			
BUN/CREA	6				
TP	5.8 g/dL	5.2 - 8.2			
ALB	2.8 g/dL	2.3 - 4.0			
GLOB	3.0 g/dL	2.5 - 4.5			
ALB/GLOB	0.9				
ALT	125 U/L	10 - 125			
ALKP	127 U/L	23 - 212			
Na	158 mmol/L	144 - 160			
K	5.1 mmol/L	3.5 - 5.8			
Na/K	31				
Cl	114 mmol/L	109 - 122			
Osm Calc	312 mmol/kg				

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 Patient Name: Susi
 Species: Canine
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Gender: Male
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Test	Results	Reference Interval	LOW	NORMAL	HIGH
Catalyst Dx (January 5, 2020 6:48 PM)					
GLU	101 mg/dL	74 - 143			
CREA	1.1 mg/dL	0.5 - 1.8			
BUN	7 mg/dL	7 - 27			
BUN/CREA	6				
TP	5.5 g/dL	5.2 - 8.2			
ALB	2.6 g/dL	2.3 - 4.0			
GLOB	2.9 g/dL	2.5 - 4.5			
ALB/GLOB	0.9				
ALT	114 U/L	10 - 125			
ALKP	120 U/L	23 - 212			

Animal Emergency Clinic of the Hudson Valley

84 Patrick Lane
Poughkeepsie, NY 12603
Tel: 845-471-8242
Fax: 845-471-8243
aechv845@gmail.com

Take Home Instructions

for

Susi

Owner: John Tengstrom

Offer water and food as usual.

Leash walks out to urinate and defecate. Avoid exercise and excitement.

Begin the medication to protect the stomach, **sucralfate**, this morning. Give this medication on an empty stomach and separate from other medications by at least an hour.

Begin the antacid, **famotidine**, at 7 pm.

Begin the **misoprostol** at noon today. Wear gloves when handling this medication.

We will recheck the liver/kidney values after 6 pm tonight.