

**VETERINARY MEDICAL TEACHING HOSPITAL**

University of Wisconsin – School of Veterinary Medicine

2015 Linden Drive, Madison, WI 53706-1102

Phone: 608-263-7600, 800-386-8684; FAX: 608-265-8276

<b>MEDICAL REC #:</b>	123074	<b>EXAMINATION DATE:</b>	09/13/11	<b>DISCHARGED:</b>
<b>VISIT ID:</b>	1125984	<b>OWNER:</b>	Kotoyo Hoshina	
<b>PATIENT:</b>	Mango	<b>ADDRESS:</b>	5002 Sheboygan Ave	
<b>SPECIES:</b>	Lapine		Apt 120	
<b>BREED:</b>	Other Lapine (Rabbit)		Madison, WI 53705	
<b>COLOR:</b>	Red/White	<b>HOME PHONE:</b>	(608) 334-5123	
<b>SEX:</b>	Castrated Male	<b>WORK PHONE:</b>	-	
<b>DOB:</b>	09/12/06			
<b>WEIGHT:</b>	3.3 Kilograms			
<b>REFERRING DVM:</b>		<b>PHONE:</b>	-	
		<b>FAX:</b>	-	
		<b>SERVICE:</b>	Special Species	
<b>CLINICIAN(S):</b>	D. Keller, DVM, PhD	<b>STUDENT(S):</b>		

**Current diagnostic impressions:**

DIAGNOSIS	COMMENTS
Suspected fracture of right mandibular cheek tooth 410 (the second to last tooth on the lower right arcade)	
Small buccal lesion in the gingiva between mandibular cheek teeth 409 and 410.	
Hematuria	Resolved

**Instructions for care after discharge:****FEEDING:** ☐ Usual diet ☒ Special

Instructions: Continue the Herbivore Critical Care Diet as needed, following the previous instructions.

**EXERCISE:** ☒ No restrictions ☐ Special

Instructions:

MEDICATION	SIZE/QUANTITY	INSTRUCTIONS
Enrofloxacin	20 mg/ml suspension	Continue as previously directed until course is complete.
Metoclopramide	1 mg/ml solution	Continue to give if there is indication of anorexia or reduced fecal output. This is a prokinetic to help stimulate GI motility if you are seeing signs of GI stasis.
Meloxicam	1.5 mg/ml suspension	Continue to give as previously directed once a day by mouth. You may increase to twice a day if you feel that he is experiencing oral pain and having trouble eating. He was given a dose this afternoon, so the next dose would be due tomorrow afternoon (if giving once a day), or tomorrow morning (if giving twice a day)
Oxibendazole	22.7% equine paste	You have purchased this medication over the counter at Mounds. We do not carry this medication at the VMTH so will continue to have you purchase this yourselves. Give 0.2 ml by mouth once a day for 2 weeks, then 0.1 ml by mouth once a day for 4 weeks. This medication is a palliative treatment for possible E. cuniculi infection.
Albendazole	114 mg/ml suspension	DISCONTINUE this medication for E. cuniculi palliative therapy, as we are switching Mango to the oxibendazole.
Lactated Ringer's solution	120 ml	Given under the skin today during this procedure

**Tests performed during this visit:**

TEST	RESULT
Urine dipstick on fresh urine	No abnormalities noted, no blood in urine.
Complete blood count and reticulocyte count	Pending

**DISCHARGE INSTRUCTIONS**

Faxed to veterinarian by \_\_\_\_\_ date \_\_\_\_\_

[ ] Do not FAX 123074

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**Additional instructions and comments:**

Mango is a nearly 5 year old male neutered rabbit who presented to the Special Species health service for a recheck complete blood count to monitor the progression of his previously diagnosed anemia. Mango was seen on emergency last week and was treated for suspected GI stasis, and found to have hematuria and anemia. An abdominal ultrasound did not reveal any abnormalities to explain the hematuria. The hematuria resolved mid-last week. Mango has been on empiric therapy with antibiotics as well as albendazole for *E. cuniculi* (Mango had a positive titer in 2008). For most of last week Mango was eating and drinking fairly well at home until the last 2-3 days when the owners feel that he has had more trouble eating, has been dropping food and drinking less water. Last night the owners began syringe feeding Critical Care again, though Mango has become more resistant to towelling for treatments. The owners also requested that we switch from albendazole to oxbendazole (purchased at Mounds Pet Store) since the oxbendazole is a paste which will be easier for them to give Mango.

On presentation Mango was bright and alert. He is in good body condition and has lost a marginal amount of weight since his visit last week (today's weight 3.06 kg, last visit: 3.15 kg). Thoracic auscultation was within normal limits, and palpation of his abdomen revealed a small soft stomach. No discomfort was elicited on palpation of any other quadrant of the abdomen. No other abnormalities were noted on awake physical examination.

Mango was sedated with midazolam and butorphanol in preparation for general anesthesia for a endoscopic guided dental examination. The examination revealed that Mango has excellent occlusion, there were no points which needed to be trimmed. No lesions were noted on the tongue or soft tissues of the mouth with the exception of a small pinpoint reddish lesion between the third and fourth lower right cheek teeth. A probe was able to be placed about 1 mm into this small pocket. No pus or other discharge was noted to be associated with this lesion. The second to last tooth on the lower right appears to be fractured and may be the source of discomfort. We had the dentistry service look at Mango as well and they concurred that the tooth fracture is something which warrants further investigation. We recommend a head CT scan to see if the fracture goes through the whole crown of the tooth down to the root. If the root is involved prognosis for this tooth is much more guarded. If the root is not compromised then it is possible that the fracture may grow out as the tooth continues to grow. We also would like to rule out the possibility of any types of other pathology associated with the root of this tooth. A CT scan will require another anesthetic episode. In the meantime, please continue to give the meloxicam, though you may want to increase dosing to twice a day, as the tooth fracture is likely to be causing pain.

We have calculated the amount of oxbendazole paste for you to give Mango. The paste will need to be transferred to the smaller 1 ml syringes we have provided in order for you to be able to measure the amount needed for each dose. Note that there is a decrease in dose amount after the first 2 weeks of treatment.

Please let us know if you would like to pursue a CT scan for Mango. The blood work results have not come back yet, so do not know yet what the status of his anemia is, but we will call you as soon as we have the results. However, there is no longer any blood in his urine, which is encouraging.  
Please call with any questions or concerns.

**Follow-up examination/communication with the Veterinary Medical Teaching Hospital:**

- ☐ Not required  
☐ Please set up appointment for: \_\_\_\_\_ on the following date: \_\_\_\_\_  
☐ Please provide us with a progress report by telephone, fax, or letter on or about this date: \_\_\_\_\_  
☒ We will call you with the following information: Blood work results

**Follow-up examination/communication with your regular veterinarian:**

- ☐ Not required  
☐ Please set up appointment for: \_\_\_\_\_ on the following date: \_\_\_\_\_  
(If you have a local veterinarian who referred you to the VMTH, we will send him/her a report of this visit)

Signature of Owner/Agent

Signature of VMTH Clinician(s)



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***Referring Veterinarian Report:***



# Rabbit dental assessment chart

Owner's name	Reference Code or Address				
Animal's name	Breed	Age	Sex	Weight	Date

101 102 106 107 108 109 110 111

201 202 206 207 208 209 210 211

301 307 308 309 310 311

401 407 408 409 410 411

**Fracture** → 410  
**lesion** → 409  
**(No)** → 408

**RHS**      **HS**

**Key to abbreviations used**

- # = Fracture
- + = Severity + to +---
- m = Missing tooth
- = Tipping/positioning
- l-r = Length relationship
- A = Abscess
- C = Cavity
- G = Gingivitis
- M = Mobility
- P = Periodontitis
- Pn = Pocket depth, mm
- R = Recession
- Rn = Depth in mm
- S = Supernumerary
- W = Wear
- X = Extracted

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Dental procedures		Assessment by quadrant (graded +, ++, +++, +----)			
Performed	Required	1 (RU)	2 (LU)	3 (LL)	4 (RL)
<input type="checkbox"/> Pre-anaesthetic checks	<input type="checkbox"/>	Plaque	:	:	:
<input type="checkbox"/> General anaesthesia	<input type="checkbox"/>	Calculus	:	:	:
<input type="checkbox"/> Radiography	<input type="checkbox"/>	Gingivitis	:	:	:
<input type="checkbox"/> Occlusal assessment	<input type="checkbox"/>	Periodontitis	:	:	:
<input type="checkbox"/> Supra-gingival scaling	<input type="checkbox"/>	Occlusion	:	:	:
<input type="checkbox"/> Subgingival scaling	<input type="checkbox"/>	Tooth wear	:	:	:
<input type="checkbox"/> Root planing	<input type="checkbox"/>	<b>Other comments</b>			
<input type="checkbox"/> Polishing	<input type="checkbox"/>				
<input type="checkbox"/> Gingival lavage	<input type="checkbox"/>				
<input type="checkbox"/> Gingival surgery	<input type="checkbox"/>				
<input type="checkbox"/> Extraction	<input type="checkbox"/>				
<input type="checkbox"/> Periodontal splinting	<input type="checkbox"/>				
<input type="checkbox"/> Crown height reduction	<input type="checkbox"/>				
<input type="checkbox"/> Endodontic therapy	<input type="checkbox"/>				
<input type="checkbox"/> Restoration	<input type="checkbox"/>				
<input type="checkbox"/> Orthodontic treatment	<input type="checkbox"/>				
<input type="checkbox"/> Oro-facial surgery	<input type="checkbox"/>				
<input type="checkbox"/> Homecare program	<input checked="" type="checkbox"/>				

## Routine Home Dental Care

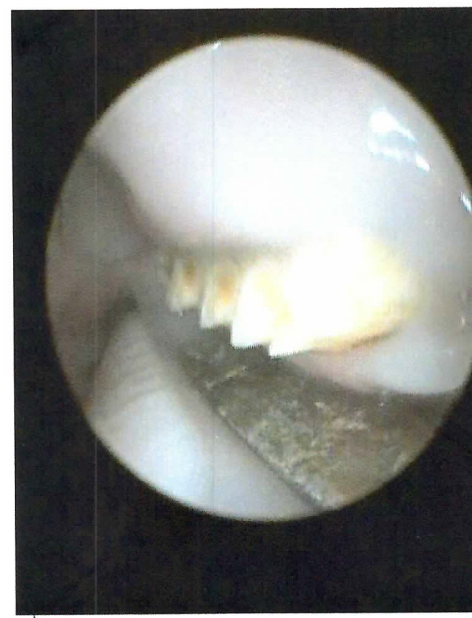
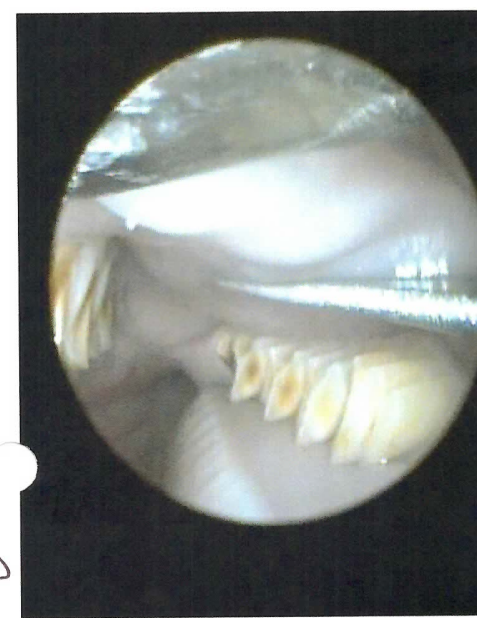
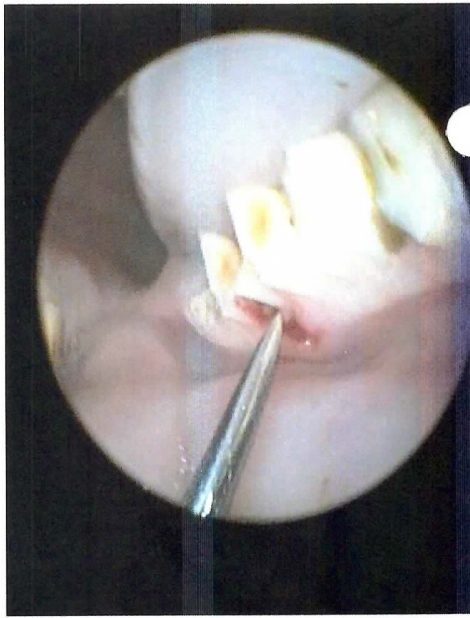
Herbivores naturally wear their teeth by prolonged chewing. To compensate for this the teeth continue erupting. If they do not have enough natural food the teeth get longer and develop sharp spikes which injure the cheeks and tongue. Chewing exercise is also beneficial as it stimulates natural tooth cleaning and protection mechanisms. In general hard and artificial chewing objects are not a good idea as many animals damage their teeth and gums on them, and swallowed pieces can cause serious problems.

Provide the bulk of the diet as growing grass or hay. Avoid feeding soft sticky foods and never give items containing sugar or oil/fat.

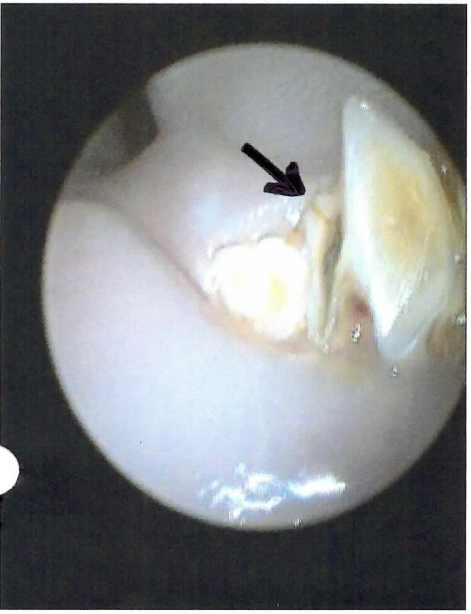
## Specific Instructions











ESTIMATE ONLY -- NOT A BILL

University of Wisconsin - Madison  
 UW Veterinary Care  
 2015 Linden Drive  
 Madison, WI 53706  
 608-263-7600 or 1-800-DVM-VMTH  
<http://uwveterinarycare.wisc.edu>

KOTOYO HOSHINA  
 5002 SHEBOYGAN AVE  
 APT 120  
 MADISON, WI 53705

Date: 09/13/11

Account: 137820

Patient:	MR#:	Estimate Range	
CLINICAL PATHOLOGY			
03522	CBC and Retic Count	69.00	69.00
SA-SPECIAL SPECIES			
93002	Recheck Examination	44.50	44.50
Estimate Total:		113.50	113.50
Current Balance:			0.00
Estimate + Current Balance:		113.50	113.50
50% Deposit Required:			56.75

*Dental examination  
 general anesthesia & tooth trim*

*+ 170 230*

\*This estimate is based upon the initial examination of your animal by the clinician below and may change as diagnostic and therapeutic procedures deem necessary. Following the initial exam by a clinician, a deposit of 50% of the high estimate must be made before further procedures are initiated. Upon discharge, the charges are to be paid in full. Please contact the billing desk at 608-263-7600 if you have any questions.

**UNPOSTED FEES:** In some instances, charges for services rendered may still be in the processing stage when you pick up your animal. The client agrees to pay for these services when a bill is received.

Doctor/Technician: \_\_\_\_\_

Client Acknowledgement: Kotayo Hoshina Date: 9/13/2011





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Medrec #:	123074	Owner:	Kotoyo Hoshina	Date:	09/13/11
Patient:	Mango	Address:	5002 Sheboygan Ave	RDVM:	
Visit ID:			Madison, WI 53705	Service:	
Species:	Lapine	Home Phone:	(608) 334-5123	Clinician:	
Breed:	Other Lapine (Rabbit)	Work Phone:	-		
Color:	Red/White	Cell Phone:	-		

I am the owner or authorized agent of the above described animal/herd/flock and have the authority to execute this document.

#### RECOMMENDED PROCEDURES

I hereby authorize agents of the University of Wisconsin-Madison School of Veterinary Medicine to perform the following procedures(s) or treatment(s) upon my animal(s): Blood collection for recheck CBC

+ general anesthesia for dental examination ± trim teeth

#### MAJOR RISKS

The nature and purpose of these procedures and treatments, and available standard of care treatments, have been explained to me. I understand the major risks listed below associated with these procedures and treatments that I am authorizing. I consent to the administration of sedatives and anesthetic agents as deemed appropriate by the veterinarian in charge. hemorrhage or bruising from blood collection site

Anesthetic risks up to and including death

#### RESUSCITATION (Client/agent must initial one)

In the event my animal suffers cardiac arrest:

- ☐ I request that CPR (cardiopulmonary resuscitation) NOT be performed  
☒ Closed chest CPR to be performed  
☐ Open chest CPR to be performed

#### COMPLICATIONS & STATEMENT OF NO GUARANTEE

If unforeseen conditions arise which in the judgement of the attending veterinarian call for procedures or treatments other than those now being authorized, I authorize such procedures or treatments if reasonable efforts to contact me for further consent are unsuccessful. I acknowledge that no guarantee has been made of the described procedures and that complications may arise.

#### STUDENT PARTICIPATION

I understand that students at the School of Veterinary Medicine will be present and participate in performing the procedures and treatments under supervision that I have authorized.

#### RESIDUAL BLOOD or TISSUE SAMPLES

Any remaining blood or tissue samples obtained from my animal during planned procedures / treatments may be utilized by the Veterinary Medical Teaching Hospital for future research.

☐ Initial here to decline the use of samples from my pet for future research

#### PHOTOGRAPHY and VIDEO IMAGING

By consenting to the provision of medical and surgical services at the Veterinary Medical Teaching Hospital, I also agree to permit photographs or videotapes to be taken of my animal. I agree to have my visit videotaped for teaching purposes. I will be informed of any interactions between myself and the student and/or veterinarian that are videotaped. The photographs may be taken for the purpose of diagnosis, treatment, teaching students, inclusion in scientific publications, or publicity. Identifying information will be included only for purposes of direct patient care.

☐ Initial here to decline use of photographs / videos of my animal other than direct patient care

#### FINANCIAL RESPONSIBILITY

I acknowledge that I am financially responsible for the veterinary medical care described above, as well as any additional care necessitated by known or unforeseen complications.

#### AUTHORIZATION

Clinician Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: Kotoyo Hoshina  
(Owner or authorized agent of owner)

Date: 9/13/2011

If someone other than the animal's owner is signing this authorization, provide the additional information:

Print name: \_\_\_\_\_ Relationship to owner: \_\_\_\_\_

Address: \_\_\_\_\_