

# The Ct for Bd and Exotic An Medicine

# Patient Chart

11401 NE 195th St.  
Bothell, WA 98011  
(425)486-9000

Printed: 07-13-19 at 5:04p

## CLIENT INFORMATION

**Name** Isaac Petersen (Reptile Zoo) 2 (13866)  
**Address** P.O. Box 1268  
Monroe, WA  
**Phone** 206 931-7801 **Work:** 425-971-0435 **IssaBalance** 0.00

## PATIENT INFORMATION

**Name** Albin Burm #S182 (Noodle) **Species** Reptil  
**Sex** (unknown) **Breed** Python, Burmese  
**Birthday** 12-22-17 **Age** 18m  
**ID** **Rabies**  
**Color** Albino **Weight** 11.09 g  
**Reminded** (none) **Codes**

### Albin Burm #S182 (Noodle)'s weight history (in g)

10-17-18	11.09
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## MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Photo
07-11-19	HOS	CC	Client Communication Albin Burm #S182 (Noodle) Petersen (Reptile Zoo) 2 #13866		
AAB: 07-11-19 at 12:44p: Kaylee from the Reptile Zoo called to request full medical records. Also approves them being forwarded to Snake House rescue. Will have note to MKM.					
02-27-19	MKM	FNOTE\$	By: MKM, Follow-up notes MKM: 02-27-19 at 6:20p: P is eating normally, normal activity. L nare is only a pin prick, R nare is open and normal. P no longer wheezing, no open mouth breathing seen, though is still a little head-shy. No further discharge seen in nasal passages.		
Plan - discontinue all meds, no need for further follow up unless there are specific concerns!					
12-19-18	MKM	CONTOV	Contract Office Visit		
Age: 12m					

## **SUBJECTIVE SECTION**

Os are worries that the nostrils have both closed up. Has been eating well per Os.

## **OBJECTIVE SECTION**

R nostril still patent. Retained shed was present.  
Equivalent to a size 6 french tube, R  
The L nare is only open approximately a pinhole.

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Date	By	Code	Description	Qty (Variance)	Photo
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**ASSESSMENT SECTION**

NOTES

ongoing management of stenotic nares

**PLAN SECTION**

NOTES

R nostril still patent. Retained shed was present.  
Equivalent to a size 6 french tube, R  
The L nare is only open approximately a pinhole.

P is resentful of facial handling, but seems less so than previously.  
May want to place a gauge, but not sure this would change anything given that nare was patent, just had retained shed. Need to discuss with AS.

10-17-18 MKM CONTOV Contract Office Visit

**Age:** 9m **Weight:** 11.09

**SUBJECTIVE SECTION**

Note: P has not eaten since 8/9.

**OBJECTIVE SECTION**

Nares appear to be healing well. P still significantly head shy/acts sensitive when rostral face touched.  
Small amount of flesh within L nare, does not appear to be obstructing P's breathing, which is done through nostrils.  
R nare open, clear. No discharge seen in either nare.

Small brown changes to scales still noted intermittently on body.

**ASSESSMENT SECTION**

NOTES

Healing surgical site  
Brown scale changes - unchanged from previous exam (r/o infection/trauma)

**PLAN SECTION**

NOTES

Did not perform intraoral exam today, or flush nares.  
Will let P be for the next month - continue attempting to feed.

10-10-18 MKM 2000 Suture/drain removal

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Date	By	Code	Description	Qty (Variance)	Photo
09-19-18	MKM	CONTOV	Contract Office Visit		

Age: 9m

Age: 9m

**SUBJECTIVE SECTION**

Eating well, swelling continuing to decrease

**OBJECTIVE SECTION**

Some debris seen within the L internal nares. Removed with CTA. P very sensitive. Stent mobile within the nares.

**ASSESSMENT SECTION**

NOTES

Healing surgical site

**PLAN SECTION**

NOTES

If debris still present, or P's stent appears to obstruct, will remove prior to second shed.

08-29-18 MKM CONTOV Contract Office Visit

Age: 8m

**SUBJECTIVE SECTION**

P is doing well, breathing through tubes, eating once more on his own.

**OBJECTIVE SECTION**

Slight swelling ongoing of the upper R rostral maxilla.  
P otherwise BAR, inner nares have minimal swelling, outer nares healing well, scabs are resolving appropriately.

**ASSESSMENT SECTION**

NOTES

Healing surgical site

**PLAN SECTION**

NOTES

Want to keep P on abx until at least 1-2 weeks post removal of the stents. Stents will only be removed

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07-18-18	MKM	CONTOV	Contract Office Visit		

once all swelling of the face has resolved, for at least 1-2 weeks.

**Age:** 6m

**SUBJECTIVE SECTION**

Physical check of nostrils/oral cavity - P is breathing through stents in nostrils. Open mouth breathing not noted.  
P is eager to eat, but seems painful, and though started feeding, has not fed successfully.  
Swelling of face still present.

**OBJECTIVE SECTION**

Surgery site looks good - P is currently in blue, and scab around L nostril is healing well.  
Tubes are clean, clear.  
P wheezed slightly at end of PE, but not during, though P was very active.  
P is BAR, active.

**ASSESSMENT SECTION**

**NOTES**

Healing surgical site

**PLAN SECTION**

**NOTES**

Continue to offer food.  
Can start offering water regularly, small amount so that P can not submerge head.

Plan:  
Keep in stents through this shed (at least).  
Continue SQ fluids.  
Os to let me know when shed occurs so I can help with around the nares.

06-22-18	MKM	3148 09938	Endoscopic Assisted Oral Exam Suture, Weblon, 3/0, NFS1		
06-22-18	AS	6160	Technician Services (15 min)	4	
06-22-18	MKM	09155 09156 3156	Catheter, Butterfly 21g Catheter, Butterfly 23g Sterile Pack, Soft tissue		
06-22-18	AS	PROPO	Propofol 10mg/ml, 20ml, charge per vial		
06-22-18	MKM	098989 5030 02860	Catheter, Red Rubber 8Fr, 16 inches Anesthesia Intubation (Inhalant) Lidocaine 2% Inj.	1.10	

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Date	By	Code	Description	Qty (Variance)	Photo
05-29-18	MKM	CONTOV	Contract Office Visit		

**Age:** 5m

**SUBJECTIVE SECTION**

Both nares are blocked.

**OBJECTIVE SECTION**

Wheezing has stopped - but one functioning nare keep reblocking. Still ongoing mild discharge within oral cavity.

**ASSESSMENT SECTION**

**NOTES**

Chronic respiratory disease - r/o secondary to stenotic nostrils

**PLAN SECTION**

**NOTES**

Look into placing stents in nares at next surgical visit.

04-03-18	MKM	02251	Enrofloxacin 100 mg/ml, Baytril 100 Inj.	25	
Add 3 mL to nebulization cup and nebulize for 10 minutes twice daily for at least 30 days, recheck before discontinuing.					
Protect from light					
Enrofloxacin 25 ml in 250 ml 0.9%NaCl (10 mg/ml) MKM/eah					

04-02-18	MKM	6160	Technician Services (15 min)		
04-02-18	HOS	NEBDVLB	Devilbiss Nebulizer (no returns if used)		
04-02-18	MKM	507-8002	0.9% NaCl inj, 250 ml bag		
03-21-18	MKM	3152	Sterile Instruments, individual		
		CONTOV	Contract Office Visit		

**Age:** 12w

**SUBJECTIVE SECTION**

On tx plan. Cipro drops once daily since 2/1/18. P still having some bubbling from the mouth/excess mucus.

Nare closed up during shed, was reopened.

**OBJECTIVE SECTION**

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Date	By	Code	Description	Qty (Variance)	Photo
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R nostril still patent. Opened further with loop curette.

**ASSESSMENT SECTION**

NOTES

Ongoing respiratory symptoms

**PLAN SECTION**

NOTES

Opening up R nare with loop curette so was widely patent.  
Rec starting on empirical abx. Need to consult with culture results before deciding on best abx tx.

02-14-18 MKM CONTOV Contract Office Visit

**Age:** 7w

**SUBJECTIVE SECTION**

P is doing well, wheezing is improved.

**OBJECTIVE SECTION**

Audible wheezing has improved. R nare is still open, patent.  
P remains BAR.  
Rest of PE wnl.

**ASSESSMENT SECTION**

NOTES

Improving URI

**PLAN SECTION**

NOTES

P is doing well, continue meds for another month prior to stopping. Will evaluate at the next visit.

01-31-18 HOS CC Client Communication  
Albino Burmese #S182 Petersen (Reptile Zoo) 2 #13866  
MMK: 01-31-18 at 8:10p: O picked up meds but had a question about the nasal drops for P as P only has one nostril. O said she emailed MKM. I will leave another note on board for MKM.

01-31-18 MKM 842-3757 Ciprofloxacin 0.3% drops 5ml #1540  
Administer one drop into nostril once daily or as directed by a doctor. Recheck in February.  
mkm/eah

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Date	By	Code	Description	Qty (Variance)	Photo
01-24-18		WLIST\$	By: MKM, Lab Results Reported? By: MKM, At: 5:49p, "Aerobic Culture & Sens (PHX)"		
01-17-18	MKM	PHX505	Aerobic Culture & Sens (PHX) Attachments\13866\Albino Burmese #S182\13866 Albino Burmese Phx S182 C& Attachments\13866\Albino Burmese #S182\13866 Albino Burmese 182 PHX CUL		
12-22-17	MKM	PHX505 CONTOV	DECLINED: Aerobic Culture & Sens (PHX) Contract Office Visit		

**Age:**

**SUBJECTIVE SECTION**

Other nostril occluding? RI? No wheezing though.

**OBJECTIVE SECTION**

L nostril fully scaled over, no opening apparent.  
R nostril appears to be stenosing.  
Some bubbling noted at either side of the mouth when P handled.  
  
Rest of PE unremarkable.

**ASSESSMENT SECTION**

NOTES

Stenosed R nostril - r/o secondary to infection, trauma, open  
Bubbles at mouth - r/o respiratory infection

**PLAN SECTION**

NOTES

Using buck curette, was able to re-open the R nostril fully. The curette had evidence of white discharge on it - possible respiratory secretions.  
Took culture. Waiting on approval of IP.

Plan:

Otherwise monitor - if symptoms continue, worsen, consider empirical tx if culture not possible.