

Complaint to the Veterinary Disciplinary Tribunal

Complainant: R.

Defendants: Vet 1 and Vet 2

Subject: Serious medical negligence, incorrect diagnosis and breach of duty of care in relation to cat Smokey (under 3kg).

Course of events from my point of view:

Night of November 12 to 13: I needed some ice and tapped a little too hastily from our freezer in the attic and caused a small leak. When closing the door you could no longer hear the leak and since I had also caused a leak in our old freeze-cool combi last summer, with the only result that it had to be exchanged, I didn't give it much thought.

November 13th: I give smokey, which you could never guess was a heart patient (but rather a bouncing ball on steroids) because I was distracted a few hours later than normal her medication. I let her out of the living room and she greeted me as always and I put her bowl in one of the usual spots at the bottom of the stairs/in front of the living room door. While she ate, I grabbed a plate and after filling my plate with milk, I checked to see if she had eaten her medicine snack completely. This was the case, but smokey was also suddenly on her side and she felt limp and some saliva ran out of her mouth. I thought her heart was deteriorating and that this was now visible thanks to the late medication.

November 14: Smokey didn't want her medication as voluntarily at first and worried as I was I gave her some medication with a syringe in her mouth. In the afternoon I called Elke vet to ask the operator if I could increase the medication because I thought smokey's heart was deteriorating and if I didn't hear anything I could bring her medication to 3x 10mg oral furosemide per day (her maintenance dose was 10mg every 12 hours, along with cardisure, and every 2nd dose was 1/8th clopidogrel). Around 7 o'clock when she was on the bedroom floor on the 2nd floor she seemed to deteriorate again and didn't want to eat her medication, so I grabbed the syringe again. Only Smokey didn't like that and at the time of squirting, she was floundering and I accidentally squirted it into her windpipe as she immediately deteriorated and tried to cough it up. I tried to help her with this by holding her upside down, (apparently this had such an effect that during the car ride there could be a lot of meowing.) and then called [My usual vet] again for an emergency. Only now I found out that their emergency location is no longer in [Place] but in [Anotherplace] and that was not ideal and I was suggested for an alternative. So I called him and told the operator the recent events in brief and that I had caused Smokey's current condition through my medication attempt. I had brought her and in the meantime I had to move my car since I had first driven the wrong way and when I came back Smokey had already been examined by Vet 1. The vet confirmed my fear and reported that she heard fluid on/in the lungs and then also threw euthanasia up. Then she gave Smokey a shot of antibiotics and furosemide and I was given another course and I had to continue with the increased dose and I was told that Smokey would rather be a bit dehydrated than drown in her own lung fluid and I could 'play' with the medication. What I was not told is that the pulse was found to be kress, no canter rhythm could be heard, the mucous membranes were pink and that reflexes had also been tested (pupils reactive in the patient file). I was also not told that acute cardiac decompensation does not happen in literal seconds and that such a rapid change could rather have to do with external factors. With all the information that Vet 1 had at that time, she should have known that there was no heart failure or pulmonary edema at that time, but she acted accordingly, by administering a dose (30mg IM furosemide for a cat less than 3 kilos) that would have been too high anyway even though heart failure was an issue. They also neglected to inform/request me to come back in a few days to check the kidney values etc, which is standard with such a significant adjustment of diuretics.

November 15 to December 10: I just continued to give Smokey 3 times a day and called somewhere when I thought 'the moment was there' on the same day, because Smokey didn't get better after her dose of furosemide, but after a good 2 hours she was suddenly hungry. (In retrospect I now realize that it was precisely because after those 2 hours the peak of the furosemide was over) During this period she also seemed to be short of breath regularly and when I put her on the office chair in the hallway, she was back to normal after 5 to 15 minutes. I first linked this to the mold I discovered on the sheets I had in front of the windows in the bedroom (as a kind of sun protection and extra insulation with some cardboard behind it) since the first 'episode' was in the bedroom. During this time I also hung around a lot on the loft ladder with the attic floor as a workbench and in the landing below. I became quite paranoid and thought this was mainly due to the stress and sleepless nights of taking care of smokey. So I also got it into my head that the neighbors might be pumping gas into our house. I also started using CBD oil on Smokey during this period as the vet at animal hospital drachten told me that CBD never hurt.

December 11th: Smokey was a bit 'short of breath' again and had already moved her a bit but this time she stayed halfway on the stairs to the front door and when I suddenly saw her 'gasping for breath' I decided to call Anicura again given the time at that point. On the phone I had the current state of affairs with regard to getting better during moving and that it now suddenly turned into 'gasping for breath'. When I got there, I handed Smokey over to the operator who had placed Smokey in the oxygen incubator while I went outside to vape away my stress. Eventually I was able to talk to the emergency veterinarian Vet 2 and she immediately started with bad news and euthanasia was thrown on the table again. This is because, according to Vet 2, Smokey's condition had already deteriorated so much, because the oxygen incubator no longer helped as she started to 'bite' again. But I knew that Smokey was a fighter and believed that it was going to be okay. When opening the incubator, Vet 2 made an attempt to take Smokey's temperature. Smokey did not like this and to Vet 2's horror this was answered with a quick fierce stroke, after which I assisted. (This

is not recorded, by the way.) After that, Vet 2 only performed a short and incomplete auscultation and did not listen specifically to the lungs (also backed up by the lack of any note about the lungs) since Vet 2 knew that longer contact would mean a possible 2nd attack. Then a shot of 20mg of furosemide was administered and I was told that she had to get better over the weekend. I had also asked about the CBD just to be sure and was told that this was fine "If it doesn't help, it won't hurt". At the checkout, I suddenly noticed that Smokey still hadn't recovered from the shot of furosemide and she suddenly started gagging, which I found remarkable. When I got home, it didn't really sit well with me and I did some research on CBD, heart medication and cats, after which I came to the conclusion that not enough research has been done in this area yet and CBD can actually affect the medication even with wrong timing, as it uses the same liver enzymes (CYP450) that are needed for Clopidogrel or diuretics. So a veterinarian should not really be allowed to say things like, 'if it doesn't help, it doesn't hurt', since it can do harm with wrong timing, so vets can be a bit more up-to-date with this. But in addition to this small mistake, there have been bigger mistakes during. As can be read in the patient file, Vet 2 has already counted an extended turgor before I was there without informing me about it. You should also be able to expect an emergency veterinarian to tell the difference between a cat gasping for breath that is short of breath due to pulmonary edema and a cat that is trying to get its stuck tongue loose, which is dehydrated and nauseous. And my anamnesis was also ignored again because a veterinarian should also know that pulmonary edema is not room dependent. Everything Vet 2 knew and experienced herself (the attack of smokey and prolonged turgor) did not point to 'end-stage heart failure' and the correct action would have been to check fluid and kidney values. Not injecting diuretics into a dehydrated cat and again instead of a follow-up appointment for a check-up I was told that euthanasia was preferable if she didn't recover the weekend.

December 12: I noticed that Smokey was 'short of breath' again and she let go of stool. And this one was very dry while Smokey's stool is always 'perfect'. So I started to suspect that she was dehydrated but I couldn't place it all yet. Later that evening I took something out of the freezer from the attic and realized that the leak was still fisting just as it was a month ago. So I went to consult AI about the refrigerator and found out that they used other refrigerant gases 50 years ago. And then everything fell into place. Dichlorodifluoromethane (better known - and hereafter mentioned as R12) is 4 times as heavy as air and thanks to the leakage this has led to a practical 'gas trap' where, thanks to the placement of the freezer, the stairwell functioned as an inverted chimney. (Appendix photo 1 shows the compressor of the freezer that has since been replaced.) Thus, on November 13th, Smokey received her medication while the leak was still emitting the most R12, resulting in the ataxia on that day. (I have also experienced the necessary effects of R12 and still have the aftermath) On this day I also decided to reset her medication to her maintenance dose.

December 18th: Despite lowering the diuretica, Smokey was still drying out, so my suspicion in retrospect is that the shot on December 12th caused irreversible and ultimately fatal damage. I saw that Smokey wanted to drink, but didn't start licking up the water when she was standing by the bowl. Because she had already missed a medication moment because of this, I made another appointment and asked for Vet 1 as I (wrongly) still trusted her. Had told about the R12 discovery and also showed the R12 datasheet, but this was eventually incorrectly noted as isobutane. So I also told my entire hypothesis and indicated that this was practically proven because she had been on her normal dosage for a week and had not filled up. But this was seen as 'incoherent' and people were surprised that I indicated that furosemide was the culprit of the dehydration. Then I indicated that I had determined Smokey's rrr at 24 and therefore she had no pulmonary edema. In response to this, Vet 1 deliberately (or unknowingly) tried to convince me that the 'under 30rrr' only applied to heart cats and that 'healthy cats' should be under 20. This is also baetalized as 'so according to mister, there can be no pulmonary edema'. She still persisted in her 'end-stage heart failure' but she saw that smokey was quite dehydrated, but did not want to have her on the drip (while this should have been done and had to be admitted immediately for intensive care) because her heart. It didn't matter at all that she had been on her maintenance dose for a week now and the dehydration had become more serious, but continued to insist until the end that she had a hard head and that Smokey was the final stage. But she was not spared either because Smokey had also caught her before she arrived with the subcutaneous fluid. To administer this, Vet 1 had wrapped Smokey in a towel and despite we had Smokey with 2 men strong in a 'catburrito', smokey almost managed to escape from it twice. A cat that is 'feisty at manipulation' is usually not a cat that is dying at that moment. But according to Vet 1 it had to take 4 hours before the subcutaneous effect would have an effect and Smokey had to improve within 24 hours. When she got home, Smokey immediately made an attempt to drink and after 3 hours, she had already drunk a large ditch 3 to 4 times and I was able to administer her medication by finger feeding. I also immediately fed this back. It seemed to be going in the right direction until early evening a heavy avalanche arrow was set off next to our house, where only its take-off sounded as if the house was being torn in two followed by a bang in which I half lost my balance, cursing. Of course, such a bang is disastrous for an already resilient kitten and Smokey shuts down. By the time Smokey wanted to start drinking again, she was already dehydrated.

December 19: I had first called anicura urgently but eventually got [Place] on the line and unfortunately they could not give me the necessities to give subcutaneous at home without having seen Smokey. I could understand this. Finally called anicura at 9 o'clock and explained the situation and asked for subcutaneous supplies, because as far as I know this is often taught and entrusted to owners, since the trip to the vet also causes the necessary stress and this can be avoided. I had also told them that she had missed her evening dose again and that she would miss the next one this way. A little before 12 o'clock I called again (because that was about her medication time) but I was dismissed as confused and coercive, while I didn't want my cat to miss the medication again. So I took matters into my own hands and got saline and clean needles and syringes from the pharmacy. I first warmed up the saline that was officially intended for nose and throat cleansing to about body temperature and then mentally prepared it... Since I have a needle phobia.. (The needle phobia is also popular with prickers because my already clearly visible veins are even more visible) After I was ready I pulled up the saline with a pull-up needle with a 5um filter and then put the right

needle on the syringe and I was ready for it. And exactly at that moment Anicura called back, more than 6 hours later. I decided not to answer because after 6 hours, I expected an answer that I would not like and that would not be conducive to what I was about to undertake. I was eventually able to get the needle in well together with my girlfriend without Smokey feeling it, but despite pressing slowly, Smokey didn't like that and started to resist violently again, quickly withdrawing the needle and deciding to try again later. But when she left the room I decided to give it another try with the water bowl and maybe it was just those few drops or the adrenaline that did it, but the result was achieved and Smokey started to drink from the bowl. Then I decided to listen to the voicemail I left behind and I was glad that I had indeed not answered. The voicemail was: "Good afternoon dierenarhets [Place], we have an answer to the question you asked, so maybe you want to call back about it, our phone number is". And here I completely lost confidence to read that Vet 1 has thwarted this, because the patient file states that she 'does not support it'.

19 December to 15 January: From this point on I have fulfilled the role of a 3 shift system to get smokey hydrated and also to make sure she didn't drown. This seemed to go its way at first and by closely monitoring the medication and fluid intake, I was able to practically stop her weight loss. But I didn't have a good view of the stool yet and then finally found out that she was already constipated thanks to the long drought. I managed to solve this with macrogol and the final administration of an enema (manufactured by making the spout of a 5ml syringe smooth and convex with heat, so that it also had the ideal depth) with a few ml of 100cst silicone oil. After half an hour, this ensured that Smokey could finally get rid of this stool. The next day I started the stool with rectal adjudication of bisocadyl and after seeing the soft stools, I found that the constipation had really been resolved. I continued with macrogol although slowly tapering off and the subsequent stool was after 70~ hours and the one after that 50 hours. What I did notice was that the location of the stool (1 on the edge of the open litter box) gave me the suspicion that the loose stool was not very much to my liking either. And this was confirmed by the fact that Smokey deliberately started to hold her stool and also started walking strangely and after 4 days could no longer get on the couch. After that night she was suddenly on the couch and I finally found a plaque of feces on her pelvis. I eventually tried to get her clean as much as possible with the shower head from behind and this went better than expected. Eventually I got kibble that was good for the intestines and it also seemed as if it rekindled her appetite and came back. But this was only for a short time because on January 14, after all the intense care, she suddenly started to become apathetic and in the course of the day I noticed a fecal breath. I tried to get her to drink but to no avail. 20 minutes before she passed I auscultated her lungs and they sounded dry and she had a breathing of 18. When I sat down next to her basket, she came with all her strength the moment I touched the bed, on my lap... Until she finally panicked briefly, rolled over her side 2 times and she died in my arms. I expect the full autopsy report very soon, but the first findings were white balls on the lungs that were examined further, grass in the stomach that had not caused any complications (but had been there for about 3 weeks) and irregular kidneys. Since pulmonary edema was not mentioned (and I had already diagnosed this myself) she most likely died of kidney failure. I suspect that the full autopsy report will show causal relationship.

In my opinion, the errors to blame are:

Vet 2:

1. **Violation of informed consent:** Failure to disclose the cause of prolonged turgor to the owner.
2. **Improper medication:** Administration of a high dose of furosemide (20mg) in an already clinically dehydrated cat.
3. **Medical misunderstanding:** Not recognizing that oxygen therapy always supports pulmonary edema, regardless of severity.
4. **Incorrect symptom interpretation:** The cat's action to get her tongue loose, mistaken for gasping for breath/pulmonary edema, while this was consistent with nausea and dry mouth due to (the observed) dehydration.
5. **Inappropriate advice:** Advising euthanasia when medical hydration was the treatment of choice.
6. **Lack of knowledge:** Giving harmful advice about CBD oil without knowledge of its interaction with the liver enzymes (CYP450).
7. **Ignoring anamnesis:** Ignoring the owner's specific observations.
8. **Incorrect status assessment:** Labeling a vital cat that physically resisted examination by means of lashing out as an "end stage".
9. **Unsound examination:** Skipping complete lung auscultation to avoid physical contact (and a possible new swipe).
10. **Negligent aftercare:** Not scheduling a follow-up appointment after changing/administering heavy diuretics.

Vet 1:

1. **Violation of informed consent:** Concealment of positive clinical findings (strong pulse, pink mucous membranes) in order to fake the need for treatment.
2. **Ignoring anamnesis:** Not responding to the context of the choking.
3. **Poor clinical insight:** Not acknowledging that acute cardiac decompensation has a different course than the observed second turnaround.
4. **Inconsistent action:** Acting contrary to one's own clinical findings.
5. **Severe overdose:** Administration of 30mg of furosemide in a cat under 3kg; a dose that is medically excessive in any situation.
6. **One-sided focus:** From the first moment of contact, only presenting euthanasia as an option.
7. **Negligent follow-up care:** Failure to monitor kidney values after significant diuretic adjustment.

8. **Misleading information:** Providing false information about respiratory rates (RRR) to justify one's own diagnosis.
9. **Negligence in case of dehydration:** Failure to act adequately in the event of extreme dehydration observed.
10. **Incorrect file structure:** The incorrect documentation of the nature of the refrigerant gas (isobutane instead of R12).
11. **Slow response time:** Failure to respond to emergency calls from the owner in a timely manner (6 hours delay).
12. **Blocking necessary care:** Thwarting the possibility of subcutaneous hydration at home.
13. **Unprofessional treatment:** Unfairly disqualifying the owner as "muddled" and "incoherent" in the file.
14. **Incorrect status assessment:** To dismiss a cat that vigorously resisted manipulation as dying/ending.
15. **Poor causal insight:** Failure to recognize that the administered overdose of furosemide led directly to the fatal dehydration.

ATTACHMENTS:

Photo 1: Compressor freezer with print R12



Picture 2 : Logbook calls January 19 :
(removed for anonymity)

