ANIMAL MEDICAL RECORD
(Vendor)

University of Wisconsin-Madison
RARC

Animal ID# AJC-2 DATE REC'D: 1/17/2023

SPECIES: Canine STRAIN/BREED: beagle GENDER: F

DOB/AGE: 2-16-22 DESCRIPTION: tricolor

VENDOR: Ridgeland WEIGHT: _____

Protocol Assignment

Date	Protocol number	Investigator
1/17/2023	V006612	[redacted]
2-15-23	V006664	[redacted]

Arrival Confirmation

Animal arrived for housing at vivarium.

- ☑ B.A.R., active, and appears comfortable.
- ☑ Facility veterinarian contacted.

Date: 2-17-23 Initia[redacted]

Final Disposition (Fill out completely)

- ☒ Euthanized- state drug name, dose (total mg) and route, or other method used.
  2mL pentobarbital (780mg) IV (already under GA)
- ☐ Died- See medical records

Death verified by:

- ☒ Cardiac arrest auscultation
- ☒ Respiratory arrest + palpation
- ☐ Other (state): _____

Date 3/6/23 **Sign** [signature]

Was the animal submitted for Necropsy? NO Initials [redacted]

Revised 2019

[redacted]

Animal Record

University Wisconsin-Madison
RARC

Animal ID: AJC2 **Species:** Canine **Gender:** F

Initial, date, time each entry. Use ink pen. (NO pencil or gel pen)
Do not skip lines. Record all observations and treatments. Single line-out any error.
To correct an entry use next available blank line using current date/ time and start with "Late Entry correction for….."

Date	Time	S.O.A.P. (subjective, objective, assessment, plan), Monitoring/ Observations, Treatments
2128123	1230	Day 1 post op. BAR, clean pen Ø urine or feces, appears comfortable. NAD per RF [redacted]
3-5-23	2pm	fasted for terminal procedure tomorrow [redacted]
3-6-23	855	taken to surgical suite for terminal procedure [redacted]

Revised 2020

Animal Record

University Wisconsin-Madison
RARC

Animal ID: AJC 2 **Species:** Canine **Gender:** F

Initial, date, time each entry. Use ink pen. (NO pencil or gel pen)
Do not skip lines. Record all observations and treatments. Single line-out any error.
To correct an entry use next available blank line using current date/ time and start with "Late Entry correction for….."

Date	Time	S.O.A.P. (subjective, objective, assessment, plan), Monitoring/ Observations, Treatments
2/8/23	11:28	Returned to kennel. BAR. See recovery sheet. Mild irritation on leftside of neck from adhesive removal. Fed 1 cup kibble. [redacted]
2/9/23	745a.	Day 1 post op. BAR, neck looks good this morning, small amount of soft stool, food almost fully gone, NFO per [redacted]
2/15/23	800a	BAR, 3 females housed together. 2 piles of soft but formed stool, mucous present, small drops of darker looking stool in cage could be drops of blood from 1 female in heat, alerted [redacted]
2/17/23	1215p	Cage Reported for diarrhea, (3 dogs) All BAR, small red toy pieces, per [redacted] collected fecal, Recheck 2/18 ←
2-17-23	5:30pm	Fecal positive for coccidia. Treating all dogs. Rx: Albon ~ 55mg/kg day 1 + 27.5mg/kg day 2-5. Tabs are 250mg. Gave 500mg PO today. [redacted]
2-22-23	11.30a.	Albon completed 2-21-23. Stool recheck will. NFO [redacted]
2-22-23	340p	fasting for test on cage. for procedure 2/23 [redacted]
2-23-23	12pp	taken to 3336 + CT trailer for procedure [redacted]
2-23-23	345p	returned to housing after procedure; BAR [redacted]
2/24/23	740a.	Day 1 Post Procedure, BAR, N Stool in pen, appears comfortable, NFO per [redacted]
~~2/24/23~~	~~1416p~~	~~taken to 3336 & CT for procedure~~ [redacted] Co written on wrong patient [redacted]
2-26-23	1236	NPO for procedure tomorrow [redacted]
2-27-23	850	taken to 3336 & CT for procedure [redacted]
2/27/23	1035p	returned to housing, BAR [redacted]

Revised 2020

Animal Record

University Wisconsin-Madison
RARC

Animal ID: AJC-2 **Species:** Canine **Gender:** F

Initial, date, time each entry. Use ink pen. (NO pencil or gel pen)
Do not skip lines. Record all observations and treatments. Single line-out any error.
To correct an entry use next available blank line using current date/ time and start with "Late Entry correction for….."

Date	Time	S.O.A.P. (subjective, objective, assessment, plan), Monitoring/ Observations, Treatments
1/20/23	10:15am	Blood draw Left jugular vein - 5mL. Good boy!
1/23/23	12:10 p	Socialized with petting & talking pt
1/24/23	4:15pm	Shaved (L) side neck, Placed FreeStyle Libre Blood Glucose sensor with vetwrap bandage cover. Distracted w treats, good girl.
		Begin NPO @ 5 pm for procedure tomorrow. Pulled remaining food
1/25/23	7:45am	NPO for procedure. Sensor removed overnight → found in Kennel (Chewed/ intact). Bandage in place.
1/25/23	9:30am	Weighed - 7.75kg Replaced sensor on (L) side of neck. Put back in kennel. [redacted]
~~1/25/23~~		
1/25/23	12:50p	Take for procedure.
1/25/23	4:02p	Returned to kennel. Fed 1 cup of kibble. See recovery/post-procedure log [redacted]
1/26/23	7:40.	BAR, previous area on neck where sensor applied ~ no issues, small amount soft stool today [redacted]
~~1/26/23~~ 1/27/23	8:30 a	BAR. IVC/sensor site appear normal. [redacted]
1/31/23	4:30 p	Shaved (L) side neck, place FreeStyle libre, cover w bandage. Distract w treats. Begin NPO for procedure 2/1/23 [redacted]
2/1/23	8:30 a.	Sensor/bandage in place. NPO for procedure today. Removed from room [redacted] - appears to be chewing on wrap, small fragment in kennel
2/01/23	12:40p	Returned to kennel after procedure. Weighed - 7.9kg See recovery/post procedure log. Fed 1 cup kibble. [redacted]
2/2/23	9:00	BAR. IVC/Sensor site WNL Appetite WNL
2/3/23	7:30.	(missed entry 2/2 AM). BAR day 1 post OP ~ urine/stool NFO per RF [redacted]
2/7/23	6:00p	wt: 8.4kg Applied sensor to left side of neck & placed light bandage. NPO overnight. [redacted]
2/8/23	8:43a	BAR. bandage & sensor in place. NPO, take for procedure [redacted]

Revised 2020

PI: [redacted] **Protocol #:** V0[redacted]12 (approved: 8/3/2022, exp. 8/2/2025)

Accuracy of Flash Glucose Monitoring System in Healthy dogs during Isoflurane Anesthesia

Post-Op Log (Continuation)

Post-Operative/Procedure Monitoring: Animals should be monitored for long-term recovery from anesthesia/surgery according to the timetable in the approved animal use protocol, utilizing the monitoring and endpoint criteria described in the aforementioned document.

If any of the following symptoms are noted, a member of the research group or veterinary staff should be contacted immediately.

- Excessive lethargy, depression, pain, decreased appetite, vomiting, diarrhea, or any other abnormal presentation.
- Monitor the IV catheter site for: redness, swelling, bruising, irritation, discomfort
- Monitor the site where Free-Style Libre sensor was placed on back of neck: redness, swelling, bruising, irritation, discomfort.

Procedure: anesthesia, FreeStyle Libre sensor, IV catheter, arterial catheter, blood draw **Procedure Date:** 1/25/23, 2/1/23, 2/8/23

Animal ID	Date	Time	Observations	Analgesics *drug name, dose, volume, route	Heart Rate/Temp *if applicable	Initials
#1 AJC2	1/25/23	4:02p	Returned to kennel. BAR. Fed 1 cup kibble.	N/A	HR 90/T 101.5	[redacted]
AJC2	1/26/23	8:15 a	BAR. IVC/Sensor sites appear normal. Small amount soft stool	N/A	n/a	
#2 AJC2	2/01/23	12:40p	Returned to kennel. BAR. Fed 1 cup kibble.	N/A	HR 96/T 100.1	
AJC2	2/2/23	9:00 a	BAR. IVC/Sensor site WNL. dlc monitoring	N/A	N/A	
#3 AJC2	2/8/23	11:30a	BAR, Returned to kennel. Fed 1 cup kibble. mild irritation, left side of neck	N/A	HR 80/T 101.4	
AJC2	2/9/23	9:00a	BAR, ate well overnight. Sensor site looks ok.	N/A	N/A	

Emergency Contact information:

Elizabeth Pollack, DVM c: 847-533-3215

Adrianna Sage, DVM, MS, DACVAA, cVMA c: 217-607-6975

PI: [redacted] Protocol #: V006612 (approved: 8/3/2022, exp. 8/2/2025)

Accuracy of Flash Glucose Monitoring System in Healthy dogs during Isoflurane Anesthesia

Animal ID:	ASC 2 (#2)	Species:	canine	Weight:	8.4 kg (7.75 VS)	Additional Info:
Breed:	Beagle	Sex:	M (F)	Heart Rate:	60	EMLA placed UR FL @1:00pm
Age:	1 YR	Study Date:	1/25/23	Resp Rate:	24	
Procedure:	Blood & interstitial glucose measurements			Temp (°F):	102.3	
				ASA Status:	(I) II III IV V E	
				NPO:	(Yes) / No	
Study Participants:	[redacted]					

Catheters	Location	Size	Time Placed	Time Removed	Initials
Venous Catheter	(L) / R – Cephalic	20	1:19	3:50	[redacted]
	(L) / R – Saphenous	22	1:46	2:43	
Arterial Catheter	L / (R) – Dorsal Pedal	22	1:51	2:45	
	L / R – Femoral				

Endotracheal tube size:	7.0
Intubation Time:	1:28 p
Extubation Time:	2:58 p

Anesthesia Maintenance: Isoflurane + O_2 Start @ 1:29 p am/(pm) Discontinue @ 2:44 am/pm

Intravenous Fluids type: LRS
Fluid rate 5 mL/kg/hr = 42 mL/hr = 0.11 drops/s

Start @ 1:32 am/(pm) Discontinue @ 2:45 am/pm
Total fluid volume infused: 175 mL

Pre-medications

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Butorphanol (10mg/ml)	0.3	~~2.6~~ 3	~~0.26~~ 0.3	IM	1:00 p	[redacted]

Anesthesia induction

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Propofol (10mg/mL)	2-6 actual 1.6 mg	16.8-50.4	1.7-5 1.6 mL	IV	1:27 pm	[redacted]

Intra-Op Medications

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Glycopyrrolate	0.01	0.08	0.4	IV	1:54 p	[redacted]
↓	↓	↓	↓	↓	2:18 p	
					2:37 p	

Constant Rate Infusions

Drug / Concentration	Dosage Range	Dosage Units	Loading Dose	Start Time	End Time	Initials
Norepinephrine 0.9% NaCl		9.4mL	N/A	1:45p	2:45p	[redacted]

Post-Op Medications

Drug / Concentration	Dosage (mg/kg)	Amount (mg)	Volume (mL)	Route	Time	Initials

Euthanasia

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials

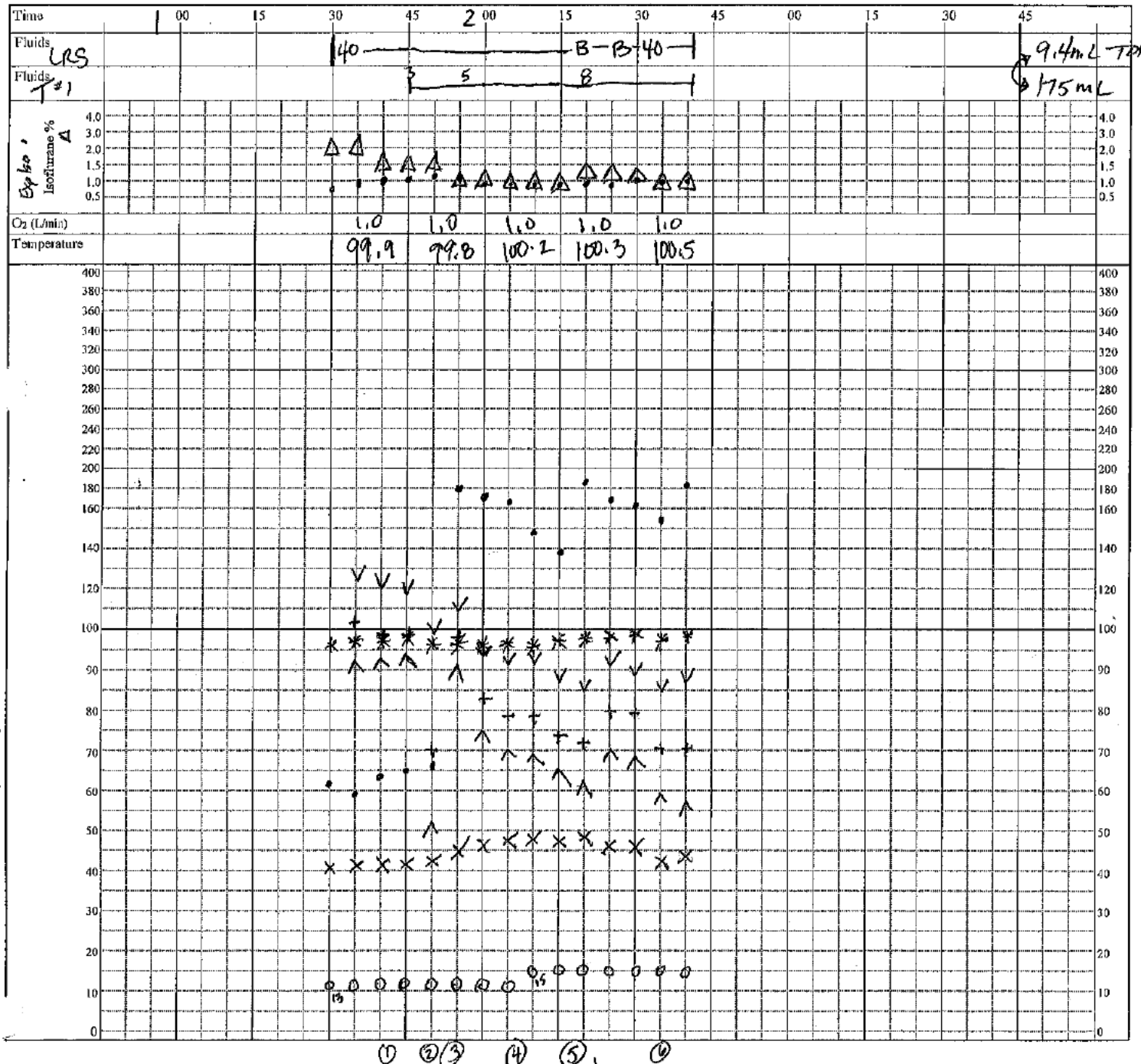
ANESTHESIA MONITORING RECORD

Animal ID	Species	Date	Protocol #	Initials	
AJC2	Canine - Beagle	1/25/23	V006612	[redacted]	Page: 1 of:

Procedure:	Blood and interstitial glucose monitoring	Investigator:	[redacted]
Surgeon: n/a	Assistant: [redacted]	Anesthetist:	[redacted]

☐ Injectable Anesthesia:		Anesthesia Maintenance		Monitoring	
☒ Inhalant Anesthesia: isoflurane	E.T. Tube Size: 7.0	☒ Circle		☒ Temperature	☒ SPO_2
Intubation Time: 1:28p	Extubation Time: 2:56p	☐ Non-Rebreathing		☒ Respiratory Rate	☒ CO_2
Procedure Start Time: 1:55p	Procedure End Time: 2:45p	☒ Ventilator		☒ Heart Rate	☒ ECG
		☐ Mask		☒ NIBP	☒ IBP

Heart Rate: • **Respiratory Rate: °** (Ventilator) **SPO_2: *** **CO_2: x** **Bolus: B** **SAP: ˅** **MAP: +** **DAP: ^**



B = 75mL fluid bolus

① Place cat cath
② Start IOP monitoring.

③ 80 mcg glyco IV
④ Adjusted ventilation to RR 15
⑤ Gave 80 mcg glyco IV
⑥ " " "

RARC Research Animal Resources and Compliance University of Wisconsin-Madison

Updated 01/19

ANESTHESIA MONITORING RECORD

Procedure Details

Event #	Time	Comment
(1)	1:41p	Placing arterial catheter
(2)	1:50p	Start invasive BP monitoring
(3)	1:54p	Gave 80 mcg glycopyrrolate IV
(4)	2:09p	Adjusted ventilation to RR 15
(5)	2:18p	Gave 80 mcg glycopyrrolate IV
(6)	2:37p	Gave 80 mcg glycopyrrolate IV
(7)	2:45p	Inhalant off

Anesthesia Recovery Record

- After procedure finish time, animal must be observed **at least every 5-10 minutes until sternal, at minimum**
- Record time of observation and place a "√" in the appropriate column below.

✓	**Procedure Complete**	Time: 2:45p	✓	**IVC Removed**	Time: 3:50p
✓	**Animal Extubated**	Time: 2:56p	✓	**IVC Bandage Removed**	Time: 4:02p
✓	**Animal Standing**	Time: 3:53p	✓	**Returned to housing/fed**	Time: 4:02p

Time	Animal's Condition (√)				Initials	Comments Temp
	Laying Down	Moving in Cage	Sitting Upright	Fully Recovered		
2:57	✓					HR-178 RR-24 CRT <2s 101.4
3:08	✓				[redacted]	HR 160 RR 20 CRT <2 101.7
3:18	✓					HR 140 RR 20 CRT <2 101.5
3:33	✓	✓	✓			Resting quietly, QAR
3:53				✓		BAR, ate a bit of squeezy cheese.

Anesthesia recovery ~~was~~: (circle all that apply): quick / (moderate) / prolonged
Quality of Recovery: (smooth) / rough (vomit, ataxia, seizure, hypothermic, other _____

PI: [redacted] **Protocol #:** V006612 (approved: 8/3/2022, exp. 8/2/2025)

Accuracy of Flash Glucose Monitoring System in Healthy dogs during Isoflurane Anesthesia

Animal ID:	AJO	**Species:**	canine	**Weight:**	7.75 kg	**Additional Info:**
Breed:	Beagle	**Sex:**	M / MC (F) FS	**Heart Rate:**	91	Emla cream placed on both forelimbs prior to transport @ 935 am [redacted]
Age:	1 year	**Study Date:**	2/1/23	**Resp Rate:**	12	
Procedure:	Blood and Interstitial glucose monitoring			**Temp (°F):**	99.1	
				ASA Status: (I) II III IV V E		
				NPO: (yes) / no		
Study Participants:	[redacted]					

Catheters	Location	Size	Time Placed	Time Removed	Initials
Venous Catheter	L / (R) – Cephalic	20g	10:22	10:20	[redacted]
	L / (R) – Saphenous	22g	10:40	10:35	
Arterial Catheter	(L) / R – Dorsal Pedal	22g	10:45	10:35	
	L / R – Femoral				

Eyes Lubricated:	10:26
Endotracheal tube size:	7.0 mm
Intubation Time:	10:26
Extubation Time:	11:51

Anesthesia Maintenance: Isoflurane + O_2 **Start @** 10:26 (am)/pm **Discontinue @** 11:37 (am)/pm

Intravenous Fluids type: Lactated Ringer's Solution **Start @** 10:20 (am)/pm **Discontinue @** 11:37 (am)/pm
Fluid rate: 5 mL/kg/hr = 35 mL/hr = 0.09 drops/second **Total fluid volume infused:** 100 mL

Pre-medications

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Butorphanol (10 mg/mL)	0.3 mg/kg	3	0.3	IM	10:04	[redacted]

Anesthesia induction

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Propofol (10 mg/mL)	2 – 6 mg/kg	16 - 50	1.6 - 5	IV	10:28	[redacted]
	actual → 26 mg		2.6 mL			

Intra-Op Medications

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Glycopyrollate (0.2 mg/mL)	0.01 mg/kg	0.07	0.38	IV		

Constant Rate Infusions

Drug / Concentration	Dosage Range	Dosage Units	mL/hr	Start Time	End Time	Initials
Norepinephrine (0.01 mg/mL)	0.05 - 0.5	mcg/kg/min	n/a	~~10:n/a~~	n/a	
0.9% NaCl	3 - 20	mL/hr	TOTAL 14.15mL	10:35	11:35	[redacted]

Post-Op Medications - none required per protocol

Drug / Concentration	Dosage (mg/kg)	Amount (mg)	Volume (mL)	Route	Time	Initials

Euthanasia

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials

ANESTHESIA MONITORING RECORD

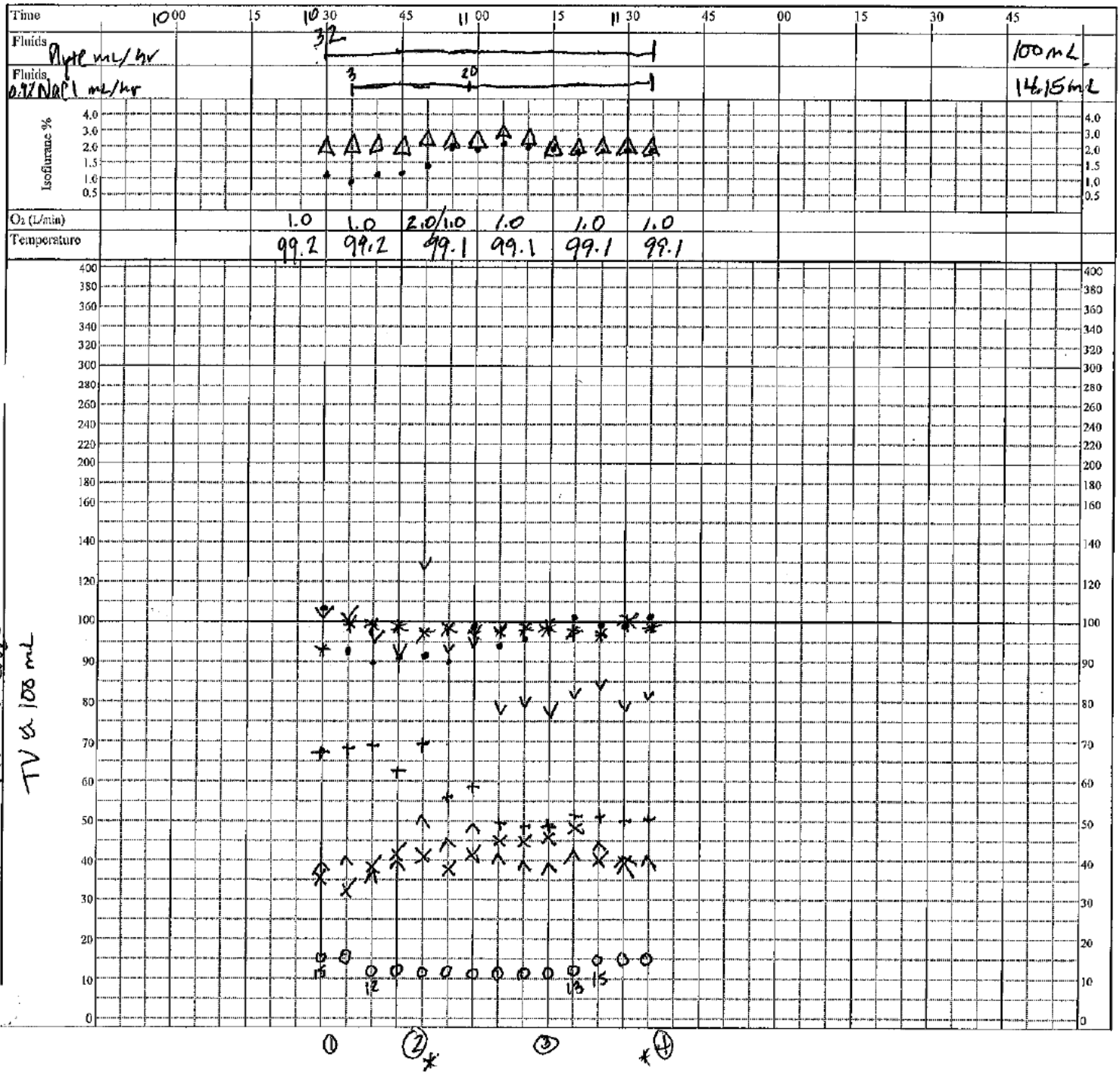
Animal ID	Species	Date	Protocol #	Initials	Page: 1 of: 2
AJC5	Canine - Beagle	2/1/2023	V006612	[redacted]	

Procedure:	Blood and interstitial glucose monitoring	Investigator: [redacted]
Surgeon: n/a	Assistant: [redacted]	Anesthetist: [redacted]

☐ Injectable Anesthesia:		Anesthesia Maintenance	Monitoring
☒ Inhalant Anesthesia: isoflurane	E.T. Tube Size: 7.0 mm	☒ Circle	☐ Temperature ☒ SPO_2
Intubation Time: 10:26	Extubation Time: 11:51	☐ Non-Rebreathing	☒ Respiratory Rate ☒ CO_2
Procedure Start Time: 10:52	Procedure End Time: 11:34	☒ Ventilator	☒ Heart Rate ☒ ECG
		☐ Mask	☒ NIBP ☒ IBP

T#2

Heart Rate: • **Respiratory Rate:** ° **SPO_2:** * **CO_2:** x **Bolus:** B **SAP:** ˅ **MAP:** + **DAP:** ^



PIP = 10 cm H2O
TV ≈ 100 mL

ANESTHESIA MONITORING RECORD

Procedure Details

Event #	Time	Comment
①	10:33	Placing arterial catheter
②	10:47	Start IBP monitoring
③	11:15	↑ TV slightly due to increasing $ETCO_2$
④	11:37	Inhalant off

Anesthesia Recovery Record

- After procedure finish time, animal must be observed **at least every 5-10 minutes until sternal, at minimum**
- Record time of observation and place a "√" in the appropriate column below.

✓	**Procedure Complete**	Time: 11:34a	✓	**IVC Removed**	Time: 12:20p
✓	**Animal Extubated**	Time: 11:51a	✓	**IVC Bandage Removed**	Time: 12:41p
✓	**Animal Standing**	Time: 12:57p	✓	**Returned to housing/fed**	Time: 12:41p

Time	Animal's Condition (√)				Initials	Comments
	Laying Down	Moving in Cage	Sitting Upright	Fully Recovered		
11:42					[redacted]	Intubated - HR 102 SpO_2 99%, 100.6
11:51	✓					Extubated HR 100, SpO_2 99, 100.6
12:00	✓					HR 96, SpO_2 96, T 100.1
12:10	✓	✓	✓			HR 96 T 100.1
12:20	✓	✓	✓			
12:30	✓	✓	✓	✓		

Anesthesia recovery was: (circle all that apply): quick / moderate / prolonged
Quality of Recovery: smooth / rough (vomit, ataxia, seizure, hypothermic, other _____

PI: [redacted] **Protocol #:** V006612 (approved: 8/3/2022, exp. 8/2/2025)

Accuracy of Flash Glucose Monitoring System in Healthy dogs during Isoflurane Anesthesia

Animal ID:	AJC2	**Species:**	canine	**Weight:**	8.4 kg	**Additional Info:**
Breed:	Beagle	**Sex:**	M / MC / F / FS	**Heart Rate:**	97	Emla cream placed on both forelimbs prior to transport @ 8:48am
Age:	1 year	**Study Date:**	2/8/23	**Resp Rate:**	13	
Procedure:	Blood and Interstitial glucose monitoring			**Temp (°F):**	99.0	
				ASA Status:	(I) II III IV V E	
				NPO:	(yes) no	
Study Participants:	[redacted]					

Catheters	Location	Size	Time Placed	Time Removed	Initials
Venous Catheter	L / (R) – Cephalic	20g	9:30	11:14	[redacted]
	(L) / R – Saphenous	22g	9:36	10:33	
Arterial Catheter	(L) / R – Dorsal Pedal	22g	9:43	10:33	
	L / R – Femoral				

Eyes Lubricated:	9:23
Endotracheal tube size:	7.0 mm
Intubation Time:	9:23
Extubation Time:	10:37

Anesthesia Maintenance: Isoflurane + O_2 **Start @** 9:24 (am)/pm **Discontinue @** 10:31 (am)/pm

Intravenous Fluids type: Lactated Ringer's Solution **Start @** 9:28 am/pm **Discontinue @** 10:34 (am)/pm
Fluid rate: 5 mL/kg/hr = 42 mL/hr = 0.11 drops/second **Total fluid volume infused:** 50 mL

Pre-medications

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Butorphanol (10 mg/mL)	0.3 mg/kg	3	0.3	IM	8:48a	[redacted]

Anesthesia Induction

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Propofol (10 mg/mL)	2 – 6 mg/kg	30	3	IV	9:33	[redacted]

Intra-Op Medications

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Glycopyrollate (0.2 mg/mL)	0.01 mg/kg	0.06mg	0.3mL	IV	9:32	[redacted]

Constant Rate Infusions

Drug / Concentration	Dosage Range	Dosage Units	mL/hr	Start Time	End Time	Initials
Norepinephrine (0.01 mg/mL)	0.05 - 0.5	mcg/kg/min	10 - 30	9:28	10:28	[redacted]
0.9% NaCl			Total volume	18.71 mL	(0.187mg)	

Post-Op Medications - none required per protocol

Drug / Concentration	Dosage (mg/kg)	Amount (mg)	Volume (mL)	Route	Time	Initials

Euthanasia

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials

ANESTHESIA MONITORING RECORD

Animal ID	Species	Date	Protocol #	Initials	Page #
AJ62	Canine	2/8/23	V006612	[redacted]	1

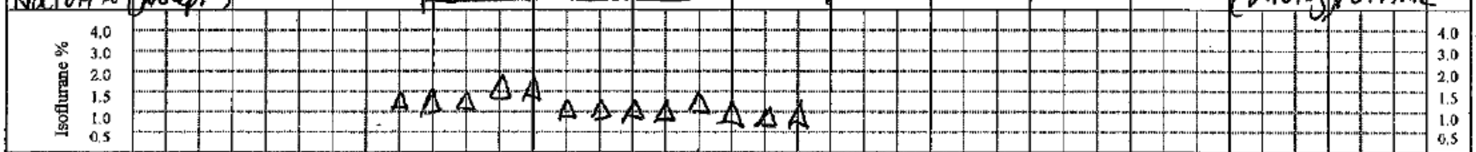
8.4kg

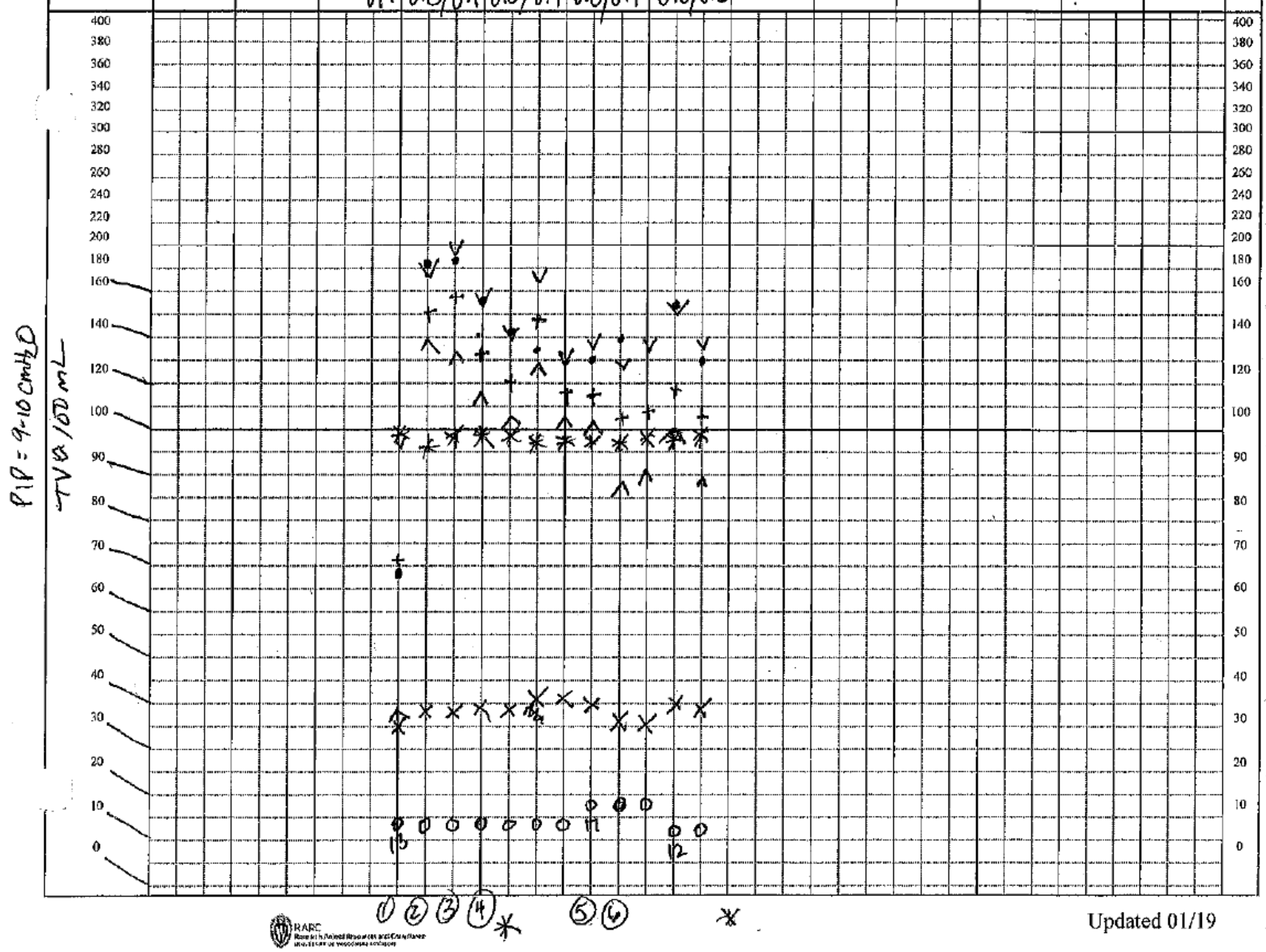
Procedure: Blood and interstitial glucose monitoring		**Investigator:** [redacted]	
Surgeon: n/a	**Assistant:** [redacted]	**Anesthetist:** [redacted]	
Inhalant Anesthesia: isoflurane **ETT Size:** 7.0	**Anesthesia Maintenance**	**Monitoring**	
Intubation Time: 9:23 / Extubation Time: 10:37	(Circle) / Ventilator (circled)	Non-Rebreathing Mask	(Temp) (SPO2) (CO2) (ECG)
Procedure Start: 9:50 / Procedure End: 10:			(Heartrate) (NIBP) (IBP) (Resp Rate)

#3

Heart Rate: · **Respiratory Rate:** ° **SPO2:** * **CO2:** x **Bolus:** B **SAP:** v **MAP:** + **DAP:** ^

Time	9 00	15	9 30	45	10 00	15	10 30	45	00	15	30	45
Fluids LRS		42 →					← 10:34					~50mL
Fluids NaCl 0.4% (Norepi)		10 →		20 15 20 25 30			← 10:28				(0.187mg) / 18.71mL	
O2 (L/min)		1.5	1.5	1.5	1.5	1.5						
Temperature		99.0	99.1	99.2	99.8	99.1						
ETiso		0.7	0.8/0.9	0.8/0.7	0.8/0.9	0.8/0.8						





Updated 01/19

ANESTHESIA MONITORING RECORD

Procedure Details

Event #	Time	Comment
(1)	9:28	Placing arterial catheter
(2)	9:32	Glycopyrrolate 0.016 mg IV
(3)	9:39	3mg Propofol IV (breathing against ventilator)
(4)	9:46	Start IBP monitoring
(5)	10:03	↑RR (breathing against vent)
(6)	10:08	Turned off bair hugger
	10:31	Inhalant off.

Anesthesia Recovery Record

- After procedure finish time, animal must be observed **at least every 5-10 minutes until sternal, at minimum**
- Record time of observation and place a "v" in the appropriate column below.

✔	**Procedure Complete**	Time:	10:30	✔	**IVC Removed**	Time:	11:14
✔	**Animal Extubated**	Time:	10:37	✔	**IVC Bandage Removed**	Time:	11:28
✔	**Animal Standing**	Time:	11:18	✔	**Returned to housing/fed**	Time:	11:38

Time	Animal's Condition (v)				Initials	Comments
	Laying Down	Moving in Cage	Sitting Upright	Fully Recovered		
10:40	✓				[redacted]	HR 90 RR- panT T- 101.4
10:43		✓	✓		[redacted]	
10:53	✓				[redacted]	HR 120 QAR RR. 30
11:00	✓	✓			[redacted]	HR 100 RR 20
11:10	✓	✓			[redacted]	HR 80 RR 20
11:14		✓		✓	[redacted]	QAR HR 80, RR 20
11:38				✓	[redacted]	BAR. return to housing, fed.

Anesthesia recovery was: (circle all that apply) quick / moderate / prolonged

Quality of Recovery: smooth / rough (vomit, ataxia, seizure, hypothermic, other _____

UW VETERINARY CARE

Patient Name (First & Last)	Med	Rec #	Procedure(s)
AJC-2	–		Research CT

Species/Breed	Age	Wt/Kg	Temp	Pulse	Resp	PCV	TP	BUN
K / Beagle	1 y 6	9	–	–	–	–	–	–

Date Feb 23/23 | Case Clinician [redacted] | ASA Status: I II III IV V | ER: Y (N) | System Type: Vent ☒ Circle ☒ Non-Reb ☐ | ETT SIZE: 7.0mm

M T W (R) F S SN

PREMEDS	DOSE	ROUTE	TIME
Dexmedetomidine	90 mg	IM	1203 am/pm
	mg		am/pm
	mg		am/pm

MONITORS: PULSE OX ☒ ECG ☐ ETCO2 ☒

FLUID PUMP ☐

VENOUS CATHETER(S): ☐ STERILE ☒ TEMPORARY ☐ EXISTING ☒ NEW

LOCATION: (R) Cephalic GA. 22g

IBP ☐ LOCATION

NIBP ☐ DOPPLER ☒ OSCILLOMETRIC Cuff Size 3 Location (L) FL

PREMED RESPONSE: Moderate (allowed for IVC placement)

HISTORY: (Needed to wait for CT to open to induce) Healthy research dog

(CPR)/DNR

TIME am/pm 14 00 15 30 45 15 00 15 30 45 16 00 15 30 45

FLUIDS
Propofol X 20 mg
Atipamezole X 0.9 mg
Omni 240 X 2.4 mL

INDUCTION MEDS

TEMPERATURE
exp gas %
O_2 L/Min.
ISOFLURANE △
SEVOFLURANE ○

SYMBOLS
V Systolic
+ Mean
^ Diastolic
• Pulse
X CO_2
O Respirations
A Assisted
C Controlled
★ SpO_2
Δ Doppler

CODES
S Surgery
(E) End Surgery
T Tourniquet
(T) Tourniquet Off

SPECIAL PROCEDURES
Epidural ☐
Nerve Block ☐
Site

time tgh= INP

post-op pain score Not assessed at

Codes and Remark Numbers

TOTALS
20mg
0.9mg
2.4mL

COMMENTS
① To CT
② Wait in CT for previous patient to be done
③ RSB block placed in ultrasound. R=42 sec L=40 sec
④ Finish CT, move inside

Block volume per side
L → 4.5mL → 1.2mL Omni 240 → 3.3mL saline

(R) ~~Delayed due to CT issues~~ Delayed due to CT traffic issues

Controlled Substance Transfer:
Drug:
Amount:
To Initials:
From Initials:
Drug:
Amount:
To Initials:
From Initials:

[redacted]

RECOVERY NOTES

Anesthetists:

LA Assisted ☐ / Sternal / Standing	Extubation Time	Post op Temp.	Recovery Notes & Analgesic Recommendations
	1510	97.8	Smooth + uneventful

UW VETERINARY CARE

Patient Name (First & Last)	Med Rec #	Procedure(s)					
AJ C-2	–	Research CT (TAP)					
Species/Breed	Age	Wt/Kg	Temp	Pulse	Resp	PCV	TP	BUN
K9 / Beagle	1y0	9	–	–	–	–	–	–

Date	Case Clinician	ASA Status	ER	System Type: Vent ☒ Circle ☒ Non-Reb ☐	ETT SIZE:
27/23 (M) T W R F S SN	[redacted]	(I) II III IV V	Y (N)		7.0mm

PREMEDS	DOSE	ROUTE	TIME
Dexmedetomidine	90 mcg	IM	850 am/pm
	mg		am/pm
	mg		am/pm

MONITORS: PULSE OX ☒ ECG ☐ ETCO2 ☒ IBP ☐ LOCATION NIBP ☐ DOPPLER ☒ OSCILLOMETRIC Cuff Size 3 Location (L) HL

FLUID PUMP ☐

VENOUS CATHETER(S): ☐ STERILE ☒ TEMPORARY ☐ EXISTING ☒ NEW LOCATION: (R) Cephalic GA. 20g

PREMED RESPONSE: Profound Cannulated IVC ᾱ minimal 135ul

HISTORY: Previously healthy patient → TAP block

CPR/DNR

TIME am/pm 9:00 15 30 45 10:00 15 30 45 11:00 15 30 45

FLUIDS		TOTALS
Propofol	X 30 mg	30mg
Atipamezole	X 0.9mg	0.9mg
Omni 240	2.4 X	2.4ml
INDUCTION		
MEDS		

COMMENTS

(1) To CT
(2) Block placed as below
(R) 53 sec
(L) 60 sec
(3) Move inside, Finish CT

TEMPERATURE exp gas %

O2 L/Min. ISOFLURANE △ SEVOFLURANE ○

SYMBOLS: V Systolic, + Mean, Λ Diastolic, • Pulse, × CO2, O Respirations, A Assisted, C Controlled, ★ SpO2, Δ Doppler

CODES: S Surgery, Ⓢ End Surgery, T Tourniquet, Ⓣ Tourniquet Off

SPECIAL PROCEDURES: Epidural ☐ Nerve Block ☐ Site____

time tgh= INP

post-op pain score: not assessed

Block volume per side
4.5mL per side
• 1.2mL Omni 240
• 3.3mL Saline

Controlled Substance Transfer:
Drug:
Amount:
To Initials:
From Initials:
Drug:
Amount:
To Initials:
From Initials:

Comment and Remark Numbers (1) (2) (3)

RECOVERY NOTES

Anesthetists: [redacted]

LA Assisted ☐ Sternal Standing	Extubation Time	Post op Temp.	Recovery Notes & Analgesic Recommendations
	1030	97.0	Smooth & uneventful

PS 1/2

UW VETERINARY CARE

Patient Name (First & Last)	Med Rec #		Procedure(s)				
EYVER AJ-C2	—		Terminal research procedure				
Species/Breed K9 / Beagle	**Age** 1	**Wt/Kg** 9	**Temp**	**Pulse**	**Resp**	**PCV**	**TP** / **BUN**
Date Mar 6/23 (M) T W R F S SN	**Case Clinician** [redacted]	**ASA Status** (I) II III IV V		**ER** Y (N)	**System Type:** Vent ☒ Circle ☑ Non-Reb ☐		**ETT SIZE:** 7.0mm

PREMEDS	DOSE	ROUTE	TIME
Hydromorphone	1 mg	IM	8:55 am/pm
Dexmedetomidine	0.025 mg	IM	8:55 am/pm
	mg		am/pm

PREMED RESPONSE: excellent sedation

HISTORY:

MONITORS: FLUID PUMP ☐
PULSE OX ☐ VENOUS CATHETER(S): ☐ STERILE ☐ TEMPORARY
ECG ☐ ☐ EXISTING ☐ NEW
ETCO2 ☐ LOCATION: GA.
IBP ☐ LOCATION
NIBP ☐ DOPPLER ☐ OSCILLOMETRIC Cuff Size Location

CPR/DNR

TIME am/pm 10 00 15 30 45 11 00 15 30 45 12 00 15 30 45

FLUIDS

INDUCTION MEDS
Propofol X35mg

TEMPERATURE
exp gas %
O_2 L/Min.
ISOFLURANE △
SEVOFLURANE ○

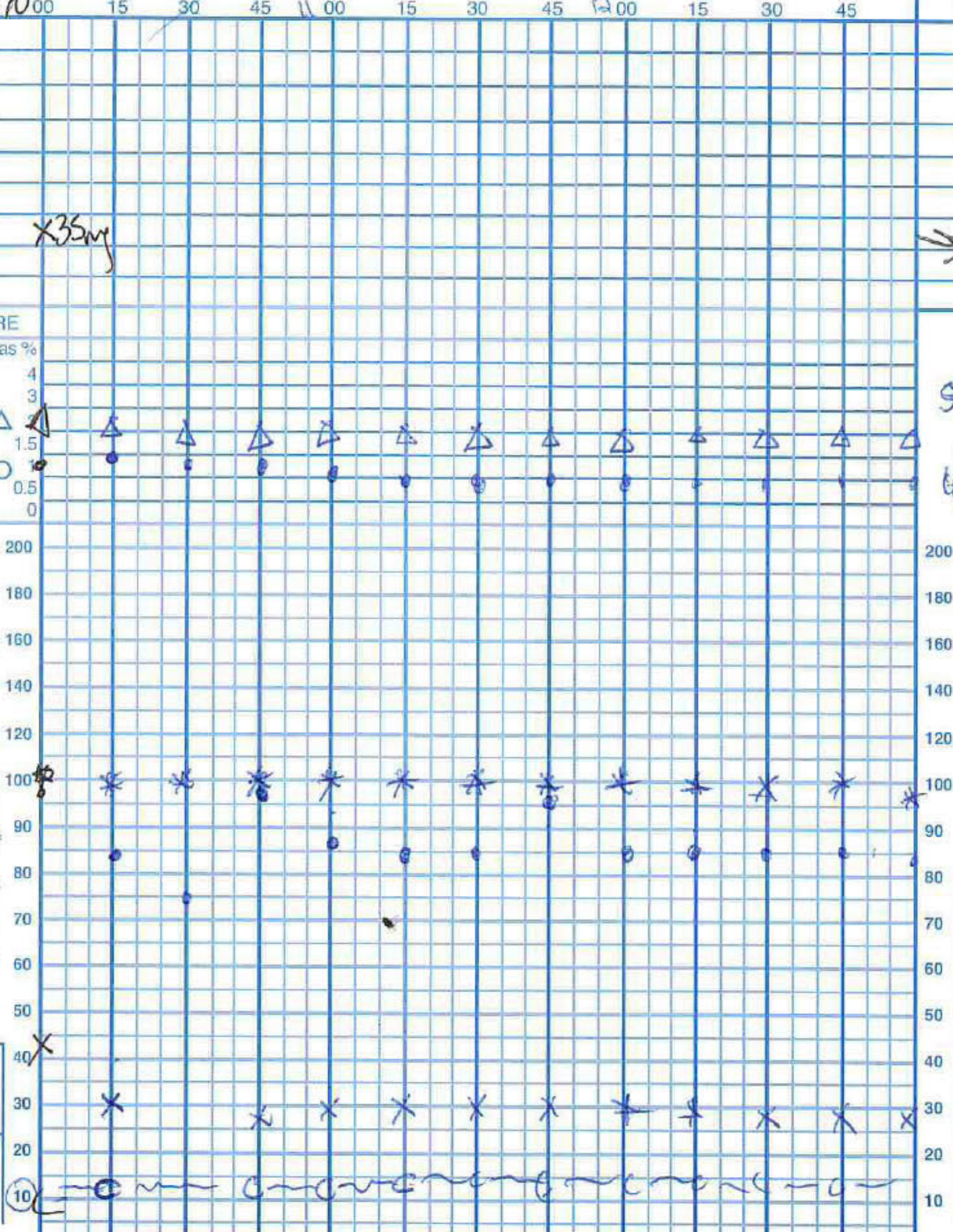
SYMBOLS
V Systolic
+ Mean
∧ Diastolic
• Pulse
× CO_2
O Respirations
A Assisted
C Controlled
★ SpO_2
Δ Doppler

CODES
S Surgery
Ⓢ End Surgery
T Tourniquet
Ⓣ Tourniquet Off

SPECIAL PROCEDURES
Epidural ☐
Nerve Block ☐
Site

time tgh=

post-op pain score



TOTALS
→

COMMENTS SIDE #1 (R)
10:20
Starting teeth removal flap dissection
End dissection 11:30
Teeth removal start 11:40
End 12:00

	FLAP	TONGUE	TIME
SpO2	99%	99%	11:30
post ligation	97%	97%	11:40
	97%-98%	99%	12:00
	99%	100%	1:18pm
	99%	98%	1:35p
	98%	100%	1:45p

SIDE #2 (L)
start 12:15
End 12:49
start teeth rem

Controlled Substance Transfer:
Drug:
Amount:
To Initials:
From Initials:
Drug:
Amount:
To Initials:
From Initials:

Codes and Remark Numbers

RECOVERY NOTES

LA Assisted ☐ Sternal Standing	Extubation Time	Post op Temp.	Recovery Notes & Analgesic Recommendations	Anesthetists:
		SCC PS	2 —	[redacted]

AJC2 pg 2/2

UW VETERINARY CARE

Patient Name (First & Last)	Med	Rec #	Procedure(s)
AJC2 ~~Baker~~ AJC2	–		Terminal study procedure

Species/Breed	Age	Wt/Kg	Temp	Pulse	Resp	PCV	TP	BUN
K9 / Beagle AJC2	1	9.99						

Date	Case Clinician	ASA Status	ER	System Type:	ETT SIZE:
Mar 6/23 (M) T W R F S SN	[redacted]	(I) II III IV V	Y (N)	Vent ☒ Circle ☒ Non-Reb ☐	7.0 mm

PREMEDS	DOSE	ROUTE	TIME
Hydromorphone	1 mg	IM	am/pm
Dexmedetomidine	0.025 mg	IM	am/pm
	mg		am/pm

MONITORS: FLUID PUMP ☐
PULSE OX ☐ VENOUS CATHETER(S): ☐ STERILE ☐ TEMPORARY
ECG ☐ ☐ EXISTING ☐ NEW
ETCO2 ☐ LOCATION: GA.
IBP ☐ LOCATION
NIBP ☐ DOPPLER ☐ OSCILLOMETRIC Cuff Size / Location

PREMED RESPONSE:

HISTORY: (see pg 1)

CPR/DNR

TIME am/pm \ 00 15 30 45 00 15 30 45 00 15 30 45

FLUIDS

INDUCTION MEDS

Propofol
Pentobarbital/Fatal plus x2mL
New Methylene Blue x6.75mL

TOTALS
35mg
2mL (780mg)
6.75mL*

TEMPERATURE

exp gas %
O_2 L/Min.
ISOFLURANE △
SEVOFLURANE ○

SYMBOLS
V Systolic
+ Mean
^ Diastolic
• Pulse
× CO_2
O Respirations
A Assisted
C Controlled
★ SpO_2
Δ Doppler

CODES
S Surgery
(S) End Surgery
T Tourniquet
(T) Tourniquet Off

SPECIAL PROCEDURES
Epidural ☐
Nerve Block ☐
Site

time tgh=

post-op pain score

COMMENTS
* Methylene blue injected L + R side in external oblique - internal oblique fascial plane 10 min prior to euthanasia as per protocol

SIDE #2

	FLAP	TONGUE	TIME
SPO2	99%	97%	12:50
	99%	99%	1:10
	98%	99%	1:20
	98%	99%	1:35

start teeth removal
1:20 pm Start
1:10 pm End
100%/100% 1:45

Controlled Substance Transfer:

Drug:	
Amount:	
To Initials:	
From Initials:	
Drug:	
Amount:	
To Initials:	
From Initials:	

Codes and Remark Numbers

RECOVERY NOTES

Anesthetists:

LA Assisted ☐ Sternal Standing	Extubation Time	Post op Temp.	Recovery Notes & Analgesic Recommendations
	Extubated		

VMTH-21 **ANESTHESIA RECORD** Revised 10/2020

Treatment Form for USDA covered species

Species:	Animal ID:	PI:	Protocol #:	Veterinarian:
Canine	AJC2 (F)	[redacted]	V006664	[redacted]

Drug: Albon 250 mg tab

Route & Frequency: Oral, once daily

Amount given/applied per treatment: 500 mg day 1. Then, 250 mg day 2-5

If any discomfort or general health concerns detected, please contact the Clinical veterinarian for examination and re-evaluation.

Date Given	Time Given	Initials
2-17-23	5:20 pm (500mg)	[redacted]
2-18-23	3:40 pm	[redacted]
2-19-23	1 pm	[redacted]
2/20/23	12p	[redacted]
2/21/23	9am	[redacted]

last dose

Research Animal Resources and Compliance
Physical Examination Form

Date 1/17/2023 **Animal** ADG-2 **Protocol#** V00L0L012 **Species** Canine.

D.O.B 2-16-22 **Sex:** M (F) M/C F/S **BCS: 1-5** 3 **WT:** ——— **kg/lb**

Exam Findings:	**Normal**	**ABN**	**N/A**	**Comments:**
1. General Appearance	☒	☐	☐	
2. Eyes	☒	☐	☐	
3. Ears	☒	☐	☐	mild debris OS
4. Oral Cavity	☒	☐	☐	
5. Gingivitis:	0 /4		☐	
6. Tarter	0 /3		☐	
7. Coat/Skin	☒	☐	☐	
8. Cardiovascular	☒	☐	☐	HR ~80
9. Respiratory	☒	☐	☐	
10. Lymphatic	☒	☐	☐	
11. Abdomen/GI	☒	☐	☐	
12. Urogenital	☒	☐	☐	
13. CNS	☒	☐	☐	
14. Limbs	☐	☒	☐	Rt Rear foot - between 1st & second digit
15. Nails	☒	☐	☐	small area of alopecia & redness

Assessment: Rt rear mild pododermatitis - monitor

Plan: ☒ Standard Housing ☒ Ok for use on approved protocol following acclimation period ☐ OK for continued use on study

Follow up needed? ☒ No ☐ Yes **Veterinarians Initials** [redacted]

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

RECORD OF DISPOSITION OF DOGS AND CATS

☒ SALE ☐ EXCHANGE OR TRANSFER ☐ DONATION

FORM APPROVED OMG NO. 0579-0036
DATE OF DISPOSITION: 01/17/2023

2. PAGE 1 OF 1

INSTRUCTIONS: COMPLETE APPLICABLE ITEMS 1 THROUGH 8. ORIGINAL AND USDA COPY TO BE RETAINED BY SELLER
BUYER'S COPY TO ACCOMPANY SHIPMENT. IT MUST BE RETAINED BY BUYER

3. SELLER OR DONOR *(NAME & ADDRESS)*
RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

4. BUYER OR RECEIVER *(NAME & ADDRESS)*
UNIVERSITY OF WI - VETERINARY SCHOOL
2015 LINDEN DRIVE
MADISON, WI 53706

3A. DEALER'S LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (SELLER)
35-A-0009

4A. USDA LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (IF ANY)

5. IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (SEE REVERSE FOR BREED ABBREVIATIONS FOR DOGS AND CATS) * IF MIXED BREED, LIST 2 DOMINANT BREEDS

COMPLETE ITEMS A THRU G FOR EACH ANIMAL

IDENTIFICATION NUMBER	DOG "X" M OR F	CAT "X" M OR F	AGE OR DATE OF BIRTH	WEIGHT	BREED OR TYPE	DESCRIPTION OF ANIMAL (COLOR, DISTINCTIVE MARKS, HAIR, TAIL, TATTOOS, ETC.)
AJC-2	M X F	M F	2/16/22	8.40	BEAGLE	TRICOLOR
DZC-2	M X F	M F	2/28/22	7.70	BEAGLE	TRICOLOR
ZYC-2	M X F	M F	2/16/22	7.00	BEAGLE	TRICOLOR
BJD-2	M X F	M F	2/25/22	11.70	BEAGLE	TRICOLOR
BXD-2	M X F	M F	2/15/22	11.80	BEAGLE	TRICOLOR
ZUD-2	M X F	M F	2/16/22	10.00	BEAGLE	TRICOLOR
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				

6. DELIVERY BY (CHECK ONE AND COMPLETE APPLICABLE ITEM 7 AND 8)
☐ COMMERCIAL SHIPPER ☐ BUYER'S VEHICLE ☒ SELLER'S VEHICLE

7. NAME AND ADDRESS OF COMPANY OR FIRM (INCLUDE ZIP CODE)
RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

8. NAME AND BUSINESS ADDRESS OF TRUCK DRIVER (INCLUDE ZIP CODE)
RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

9. RECEIVED BY	10. SIGNATURE	11. TITLE	12. DATE

AH- (rev 12/2014)

35 245749

WISCONSIN INTERSTATE SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

Ch. ATCP 10, Wis. Admin. Code; Ch. 95, Wis. Stats.

THIS FORM IS *NOT* FOR INTERNATIONAL MOVEMENT

SUBMIT ORIGINAL WITHIN 7 DAYS AFTER ISSUE TO:
Department of Agriculture, Trade and Consumer Protection
Division of Animal Health
P.O. Box 8911, Madison, WI 53708-8911
Phone: 608-224-4872 Fax: 608-224-4871

TYPE OF ANIMAL SHIPPED
☒ Dog ☐ Cat ☐ Non-human Primate
☐ Other: _____

PERMIT NUMBER (If applicable)

SHIPMENT
☐ Returning to WI ☒ Not returning to WI
Number of Animals in Shipment: 6
Shipping date: 1/17/2023

Owner or Consignor	RIDGLAN FARMS, INC.
Origin Street Address	10489 W. BLUE MOUNDS ROAD
Origin City / State / Zip	BLUE MOUNDS, WI 53517
Owner Mailing Address / City / State / Zip (If different than above)	P.O. Box 318 Mt. HOREB, WI 53572
Phone Number ( )	608-437-8670

Consignee or Destination	UNIVERSITY OF WI - VETERINARY SCHOOL
Destination Street Address	2015 LINDEN DRIVE
Destination City / State / Zip	MADISON, WI 53706
Destination Mailing Address / City / State / Zip (If different than above)	
Phone Number ( )	☐ Animals are traveling with owner on vacation

	Breed	Individual Identification (Name, Description of Markings, Microchip, etc.)	Sex	Age	Rabies Vaccination Date	Rabies Vaccination Exp. Date	Product & Vaccine Producer	Serial Number	Rabies Tag Number	Other Vaccinations	Date Vaccinated	Product & Vaccine Producer
1	BE	AJC-2	F	Adult	01/11/23	01/11/24	Nobivac 1-Rabies	570380	N/A	Canine 1-DAPPv	07/13/22	Nobivac
2	BE	DZC-2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
3	BE	ZYC-2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
4	BE	BJD-2	M	↓	↓	↓	↓	↓	↓	↓	↓	↓
5	BE	BXD-2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
6	BE	ZUD-2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
7												

VETERINARIAN: I certify as a veterinarian, accredited and certified by the State of Wisconsin, that the described animal(s) have been inspected by me and that they are not showing any signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are as indicated on this certificate. To the best of my knowledge, the animal(s) listed on this certificate meet the state of destination and Federal interstate requirements. No warranty is made or implied.

OWNER / AGENT STATEMENT: I certify the animal(s) in this shipment are as listed on this certificate.	ACCRED. / LIC. VETERINARIAN SIGNATURE	VETERINARIAN LIC. NO.	ADDRESS		DATE INSPECTED
	Richard J. Van Domelen DVM	4502	P.O. BOX 318 MT. HOREB, WI 53572		01/17/2023
OWNER / AGENT SIGNATURE	VETERINARIAN'S PRINTED NAME	NAT. ACCRED. NO. (NAN)	PHONE NUMBER	EMAIL ADDRESS	DATE CVI ISSUED
Randy Ridgway	RICHARD J. VAN DOMELEN, D.V.M	033491	(608-437-8670	ridglan@mhtc.net	01/17/2023

Personal information you provide may be used for purposes other than that for which it was originally collected – sec. 15.04(1)(m), Wis. Stats. Equal Opportunity Employer

FORM DISTRIBUTION: WHITE (WI State Veterinarian), CANARY (State Veterinarian of destination), PINK (accompany shipment), GOLDENROD (retained by issuing veterinarian)

RIDGLAN FARMS, INCORPORATED

P.O. BOX 318 • MOUNT HOREB, WISCONSIN 53572 • (608)-437-8670

Tattoo	**AJC-2**
Whelped	**02/16/2022**
Sire	**FAME**
Dam	**HGE9**
Sex	**FEMALE**
Litter	**MALES - 1 FEMALES - 6**
Color	**TRICOLOR**

ANIMAL PROFILE:

Weight **8.40** Kilograms As Of **01/11/2023**
Fecal Results **NEGATIVE** As Of **01/11/2023**

VACCINATIONS

DATE	CPI	DA2	CPV	BOR	R	C.PAP
03/31/2022			X			
04/11/2022			X			
04/12/2022				X		
04/20/2022						X
04/25/2022			X			
05/17/2022	X	X	X			X
07/13/2022	X	X	X			
01/11/2023					X	

DATE	EVENT
04/08/2022	Toltrazuril 20 mg per kilogram of body weight

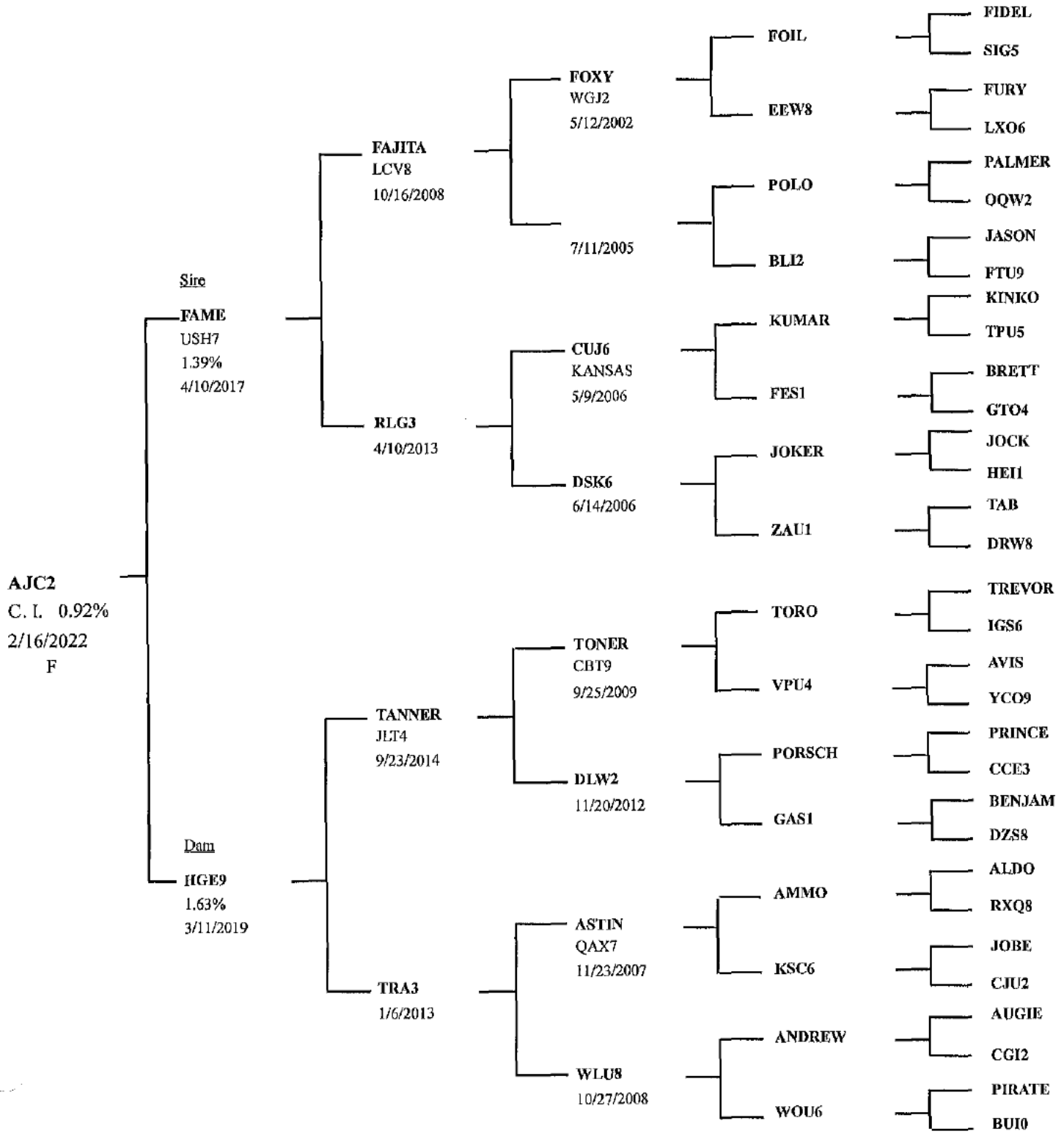
ADDITIONAL COMMENTS

PI	Canine Parainfluenza
DA2	Distemper, Adenovirus Type 2 Parainfluenza
CPV	Canine Parvo vaccine
BOR	Bordetella, AdenovirusType 2, Parainfluenza
R	Rabies
C.PAP	Canine Papilloma

RIDGLAN FARMS, INCORPORATED

P.O. BOX 318 • MOUNT HOREB, WISCONSIN 53572 • (608)-437-8670

Pedigree Report



ANIMAL MEDICAL RECORD
(Vendor)

University of Wisconsin-Madison
RARC

Rockstar

Animal ID# DXE2 (Dog 1) DATE REC'D: 7/26/2023

SPECIES: Canine STRAIN/BREED: Beagle GENDER: MN

DOB/AGE: 12-1-22 DESCRIPTION: tri

VENDOR: Ridgeland WEIGHT: 9.2 Kg

Protocol Assignment

Date	Protocol number	Investigator
7/26/2023	V006724	[redacted]
8-21-23	VS027-R03	[redacted]

Arrival Confirmation

Animal arrived for housing at vivarium.

☑ B.A.R., active, and appears comfortable.

☑ Facility veterinarian contacted.

Date: 7-26-23 Initial: [redacted]

Final Disposition (Fill out completely)

☐ Euthanized- state drug name, dose (total mg) and route, or other method used.

_____

_____

☐ Died- See medical records

Death verified by:

☐ Cardiac arrest

☐ Respiratory arrest

☐ Other (state): *Adopted 8-25-23 [redacted]

_____

Date _____ **Sign** _____

Was the animal submitted for Necropsy? _____ Initials _____

Revised 2019

University of Wisconsin – Madison
Research/Teaching Animal Adoption Request

I request to adopt a research or teaching animal from the University of Wisconsin – Madison. I request either:

1) To adopt the specific animal identified as "Rockstar" (Tri-color) DX22

This animal is a (indicate cat, dog, etc.) Dog

OR

2) The first (indicate cat, dog, etc.) Dog that becomes available for adoption.

I Verify that:

- I will be the the primary care-giver of this animal.
- I wish to adopt the animal for the sole purpose of being my pet.
- I do not intend to breed this animal.
- The number and species of animals that currently live in my home is within the limits of applicable local or state ordinances.
- I have never been convicted of a crime against animals in any jurisdiction.
- I have never been convicted of crimes against any animal enterprise as defined in the Animal Enterprise Terrorism Act, 18 USC §43.

[redacted] 8/25/23

Signature Date

[redacted]

Print Name

Address: [redacted]

Phone and/or Email Address (at least one required):

Phone: [redacted]

Email Address: [redacted]@wisc.edu

Mail this completed form to: Adoption Request
Research Animal Resources Center
1710 University Ave.
Madison, WI 53726-4087

OR Email a scanned image to: HELP@RARC.WISC.EDU

UW-Madison
Adoption Recommendation Form

The RARC Senior Program Veterinarian for the school/college housing the animal currently under protocol must complete this form.

INSTRUCTIONS:

Step 1: Complete Section 1 and sign

Step 2: Obtain signature for Section 2

Step 3: Obtain signature for Section 3

Step 4: Allow signatories to have copies if they wish. Present the completed original form to the Chief Campus Veterinarian or Assistant Chief Campus Veterinarian.

SECTION 1: Veterinary Information

In order to recommend adoption of University-owned animals covered by a research or teaching protocol, such disposition must have been approved through the **ANIMAL CARE AND USE PROTOCOL REVIEW** process.

Protocol Number the animal is currently assigned to: V005027

Is adoption approved in the protocol as a manner of disposition (circle one)?: (YES) / NO

Are there restrictions or covenants placed on the disposition of this animal by its previous owner (circle one)?: YES / (NO)

1. Identification of Animal

Animal Identification Number: DX2-2

Animal Name: Rockstar

Date of Birth: 12/1/22

Sex: Male

Species: Dog

Breed/Strain/Stock: Beagle

Color: Tri Color

Distinctive Markings: N/A

Other Identifying Characteristics: _____

Obtained From: Private Vendor

Date Obtained: 7/26/23

UW-Madison
Adoption Recommendation Form

Circle One: (Purchase) / Donation

Other relevant information:

2. **Describe the Animal's Health**

Is this animal genetically modified? (circle one, if yes please explain): YES / (NO)

Has this animal been exposed to an infectious disease that is potentially zoonotic, or to recombinant organisms? (circle one, if YES please explain): YES / ~~NO~~

Circle one: Spayed (Neutered) Intact

Weight: 9kg

Describe information about any inherited conditions:

Vaccination History (may attach and so note):

Other Health Information:

UW-Madison
Adoption Recommendation Form

3. **Adoption Recommendations**

To the best of your judgment, is this animal has a suitable temperament and is otherwise suitable for adoption to a person who is generally able to care for a companion animal of this type (circle one)?:
YES / NO

Any reservations, concerns or special instructions concerning adoption of this animal:

Senior Program Veterinarian:

[redacted] 4:45 pm

Sign Date

[redacted]

Print Name

UW-Madison
Adoption Recommendation Form

SECTION 2: PI Release of Animal

1) I no longer have any need to maintain this animal on my animal care and use protocol and I approve of RARC disposing of the animal outside the University through adoption as a companion animal.

2) I am not aware of any other research or teaching use for this animal within the University.

3) I am not aware of any circumstances that would make this animal unsuitable for adoption as a companion animal.

Principal Investigator:

[redacted]
Sign

8-23-23
Date

[redacted]
Print Name

UW-Madison
Adoption Recommendation Form

SECTION 3: Husbandry Approval

I am not aware of any circumstances that would make this animal unsuitable for adoption as a companion animal.

Husbandry Manager/Supervisor:

[redacted]

Sign

8/22/23
Date

Print Name

University of Wisconsin-Madison

Animal Adoption Agreement

Please review the following information. If you agree with the terms, please check each box and sign where indicated.

In exchange for receiving the animal I desire to adopt free of charge to me, I agree to the following terms and conditions:

- o I verify I am adopting this animal for the sole purpose that he/she will be my pet for the remainder of his/her life and I will provide a home to meet his/her physical and behavioral needs.

- o I understand that the animal has successfully passed a recent physical exam by a veterinarian and has been found to be in a state of good health and does not show signs of infectious, contagious, or communicable disease. I understand that, as with any examination, this does not guarantee that the animal to be adopted has no health issues, but indicates that none are known based upon that examination.

- o I understand that the animal's behavior and temperament have been assessed by a veterinarian and have been found to be normal in all aspects at the time of the assessment. I understand that this does not guarantee that the animal has no behavioral, or temperamental issues, but indicates that none are known based upon the examination.

- o I understand that prior to adoption the animal, if possible, was spayed or neutered. If spaying or neutering was not possible, I agree to refrain from breeding the animal.

- o I will not abandon the animal or release it into the wild.

- o I understand that following completion of the adoption the animal <u>cannot</u> be returned to the University of Wisconsin-Madison.

- o I understand that, following the completion of adoption, if for any reason I am unable to keep or provide for the animal that it will be my responsibility to find it a new home.

- o I agree that I will accept all responsibility for the animal that I am adopting which includes providing for adequate veterinary care. If the animal becomes sick or injured I understand that it is my responsibility to provide for the animal's veterinary care.

- o I acknowledge that I am adopting the animal "as is." THE UNIVERSITY OF WISCONSIN-MADISON MAKES NO WARRANTIES, EXPRESS OR

University of Wisconsin-Madison
Animal Adoption Agreement

IMPLIED, AS TO THE PHYSICAL CONDITION, BEHAVIOR, OR TEMPERAMENT OF THE ANIMAL. The animal specified on this form, upon receipt, will be my responsibility.

I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of the animal and/or adoption of other animals in the future.

Adopter's Signature [redacted] Date 8/25/23

Congratulations on the Adoption of:

Animal Name: Rockstar

Animal Identification Number: 0x2-2

Date of Birth: 12-1-22

Sex: MN

Species: canine

Breed: Beagle

Circle one: Spayed / (Neutered) / Intact

Attach all applicable:

- Vaccination History
- Health History
- Other (specify):

Acknowledged by:

[redacted] Date 8-23-23

Chief Campus Veterinarian or Assistant Chief Campus Veterinarian (strike inapplicable)

University of Wisconsin-Madison

Animal Adoption Agreement Release of Liability

RELEASE OF LIABILITY

In order to receive this animal, UW-Madison asks that you sign below to waive any claims against and release the Board of Regents of the University of Wisconsin System, and any of its officers, employees, and agents (the "UW"), from any liability associated with this adoption agreement or the animal you are adopting, except to the extent that the liability is due to gross negligence or willful misconduct. You may negotiate with the UW regarding the terms of this release; however, you may not receive the animal unless you and the UW mutually agree on the terms.

I HEREBY WAIVE ANY CLAIMS AGAINST AND RELEASE THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM, AND ITS OFFICERS, EMPLOYEES, AND AGENTS, FROM ANY AND ALL LIABILITY, DEMANDS, COSTS, DAMAGES, OR EXPENSES ARISING OUT OF THIS ADOPTION AGREEMENT OR IN CONNECTION WITH THE ANIMAL I AM ADOPTING, EXCEPT TO THE EXTENT THAT SUCH LIABILITY, DEMANDS, COSTS, DAMAGES, OR EXPENSES ARE CAUSED BY THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF AN OFFICER, EMPLOYEE, OR AGENT OF THE UNIVERSITY OF WISCONSIN SYSTEM.

Adopter's Signatur[redacted] Date 8/25/23

University of Wisconsin Madison
RARC

Animal Care Sheet

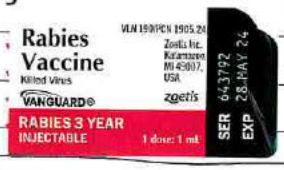
Animal ID: DXT 2 (Dog) **Gender** M **Species** Canine

Animals should be weighed and have ears and nails checked every _____ month(s) or as directed by the vet staff.

Date	Weight (kgs)	Other	Date	Weight (kgs)	Other
~~7-26-23~~	9.2				
8-22-23	9.016	[redacted]			

Animal ID: DXE-2 Rockstar Species: canine Gender: M

Initial, date, time each entry. Use ink pen. (NO pencil or gel pen)
Do not skip lines. Record all observations and treatments. Single line-out any error.
To correct an entry use next available blank line using current date/ time and start with "Late Entry correction for….."

Date	Time	S.O.A.P. (subjective, objective, assessment, plan), Monitoring/ Observations, Treatments
8-23-23	1:40 pm	neuter today See sheets. Rabies vaccine RR, SQ, 1yr. [redacted]
		
~~2~~	1:58 pm	8-23-23 BAR — NO signs of vaccine reaction. [redacted]
8-23-23	4pm	RAR. ecollar on. [redacted] 0.9mg meloxicam oral = 0.6ml PO. Incision clean dry & intact. Active. A: Doing well post neuter. P: OK to go home. No further meds needed.
8-24-23	8:20a	[redacted]
[redacted]		
8-24-23	8:25a	NEO post vaccine [redacted]
8-28-23	11:40	adopted 8-25-23 [redacted]

Revised 2020

Animal Record

University Wisconsin-Madison
RARC

Animal ID: 0X22 (Dog 1) **Species:** Canine **Gender:** M

Initial, date, time each entry. Use ink pen. (NO pencil or gel pen)
Do not skip lines. Record all observations and treatments. Single line-out any error.
To correct an entry use next available blank line using current date/ time and start with "Late Entry correction for….."

Date	Time	S.O.A.P. (subjective, objective, assessment, plan), Monitoring/ Observations, Treatments
8/10/23	6:15a	Up to lab for procedure [redacted]
8/10/23	9:35a	Returned and fed [redacted]
8/11/23	6:30am	BAR. Paws WNL. Looks good, eating well [redacted]
	1030a	Day 1 post op. BAR, E/D N, N Stool [redacted]
		Pen OK to NFO per RF [redacted]
8/11/23	2:56 pm	Small superficial skin wound below left eye. BAR, hydrated, not painful. No treatment
		indicated at this time. Monitor weekly. [redacted]
8/12/23	9 Am	Looks great BAR. Slight scab lowered by [redacted] Eye appears normal [redacted] Feet WNL [redacted]
8/13/23	9:45a	BAR pulled food - No burns on feet [redacted]
8/14/23	6:30a	Up to lab for procedure [redacted]
8/14/23	9:35a	Returned from lab and fed [redacted]
8/15/23	6:30am	Looks great - BAR. Feet WNL. E/D skin healing [redacted]
	745a	Day 1 post op BAR, E/D N, Stool Noted [redacted]
		wound under (L) eye healing WNL [redacted]
		OK to NFO Post Sx Monitoring per [redacted]
8/16/23	8Am	Looks great BAR Feet + eye WNL [redacted]
8/16/23	8pm	BAR - Feet WNL [redacted]
8/18/23	7am	BAR - Feet WNL [redacted]
8/17/23	—	Heart worm test - Negative [redacted]
8/17/23	8:00p	Pulled food [redacted]
8/18/23	6:35a	up to Lab [redacted]
8/18/23	10:05a	Back from Lab - Fed [redacted]
8/19/23	10:45a	Feet WNL [redacted]
8/19/23	1:40p	BAR, eld (N), uld (N), active/stable inj
8/20/23	1:00p	BAR feet wnl [redacted]
8/21/23	7:30am	BAR Feet WNL [redacted]
8/21/23	3:40 pm	transferred to Charmany Resting comfortable. [redacted]
		Needs planned this week.
8-23-23	8:55AM	Next day. See sheets. [redacted]

Revised 2020

8/23/2023
PI: [redacted]V5027
Surgeon: [redacted]

Canine DXZ-2 was clipped, prepped, and placed in dorsal recumbency. A drape was placed over the lower abdomen and the right testicle was advanced to the pre-scrotal area and a 2cm incision was made over the testicle. The skin and subcutaneous layers were incised so the testicle could be exteriorized. The spermatic fascia and gubernaculum were manually broken down to expose the spermatic cord. The spermatic cord was clamped using 2 curved Kelly hemostats. Two transfixation ligatures were placed between the hemostats using 2-0 monoweb. Once second ligature placed, spermatic cord cut just distal to proximal hemostat. Stump observed for hemorrhage before being returned to body. Left testicle then exteriorized and removed in the same fashion. Subcutaneous tissue closed using 3-0 vicryl in a simple interrupted pattern and skin closed in a subcuticular pattern using 3-0 vicryl.
Skin glue used at the most cranial aspect of incision.

"Rockstar"

ANESTHETIC RECORD

Page 1 of 1

PI: [redacted] Surgeon: [redacted] Assistant: [redacted]

Protocol: VS027

Procedure: Neuter

Wt: 9kg T: 100.6 P: 79 R: 8 Fasted: Y

IVC: 22 LF BP Cuff: 4 RF

Animal ID: Rockstar 042-3
Species: Canine
Sex: Male
VOC:
Anesthetist: [redacted]

Weight

Premedications/Induction Medications:

Drug	Volume	Dose	Route	Time
Dexmedatom	0.09 mL	45 mcg	IM	8:55
Butorphanol	0.45 mL	4.5 mg	IM	8:55
Ketamine	0.04 mL	4.5 mg	IM	8:55

Additional Medications

Drug	Volume	Dose	Route	Time
Meloxicam	0.36 mL	1.8 mg	SQ	9:14
Lidocaine	0.9 mL	18 mg	①	9:20
Antisedan	0.09 mL		IV	10:20

- ☐ Lidocaine: mg IV
- ☐ Atropine: mg IV
- ☐ Epinephrine mg IV
- ☐ MLK: 1: 2: 3:

Time: 9:00 AM | 15 | 30 | 45 | 0 | 15 | 30 | 45 | = | 15 | 30 | 45 | N | 15 | 30

IV Fluid: LRS 45 mL/hr | 45 | 45 | 45/18 | 45/ | 45/42

IV Fluid: mL/hr

Start Anes	9:20
Start Proc	9:40
End Proc	10:15
End Anes	10:18
Total Proc	0
Total Anes	0
Extubation	10:28
Sternal	10:31
Standing	10:35

Vaporizer Setting - %

Symbols:
SPO2 *
Temp ◇
Pulse
ET CO2 X
Blood pressure
Systolic ▽
Mean -
Diastolic △

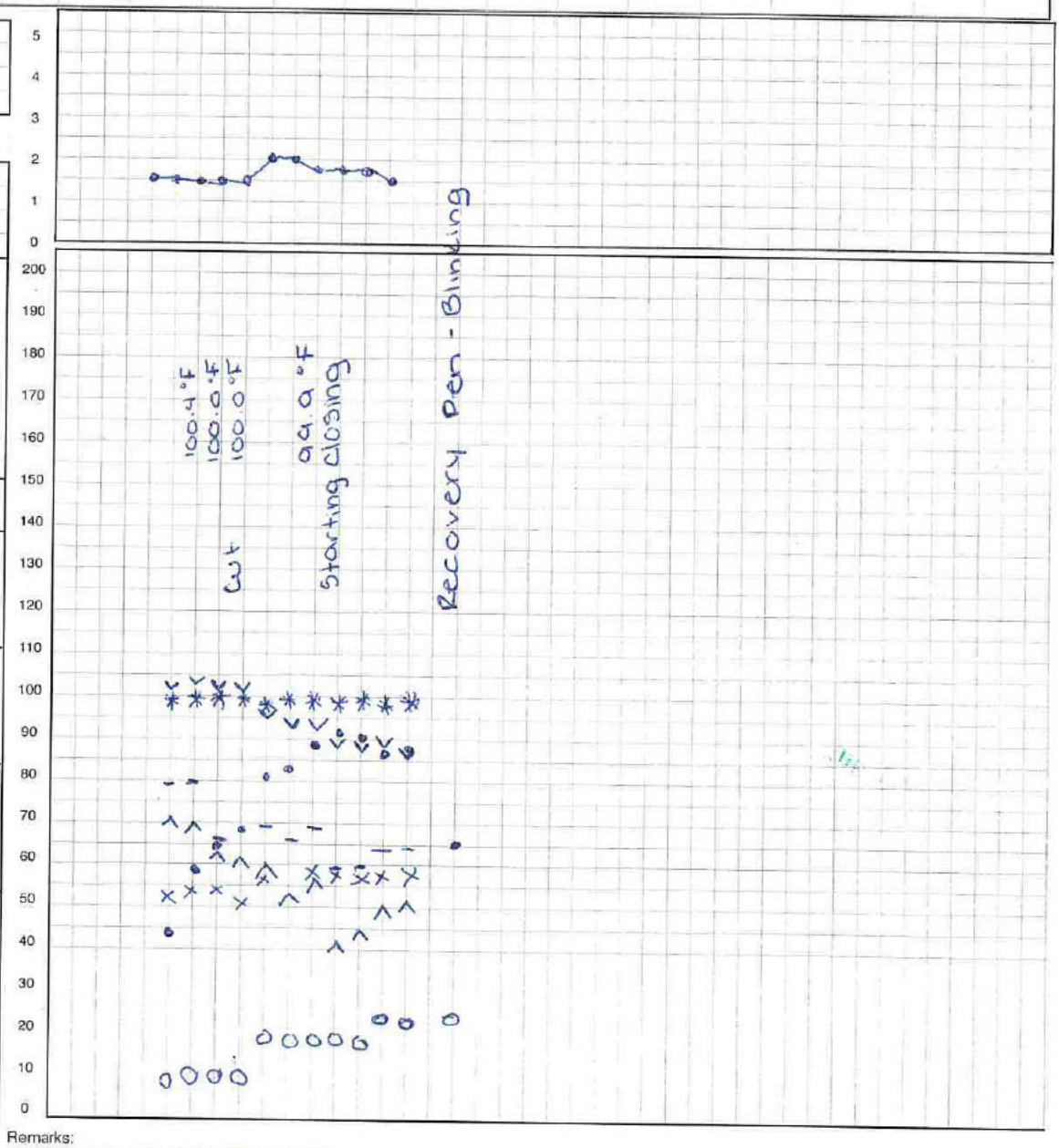
Anesthetic Maintenance:
Isoflurane

Airway Maintenance:
- ☐ Mask
- ☒ Trach
- ☒ ET Tube | Size: 7.5

System:
- ☒ Circle
- ☐ Bain
- ☒ Bag Size 1.0

Procedure Positioning:
- ☐ Right Lateral
- ☐ Left Lateral
- ☐ Sternal
- ☒ Dorsal 9:30

Complications:
- ☒ None
- ☐ Difficult Intubation
- ☐ Apnea/Resp.Distress
- ☐ Hypothermia (< 99 F)
- ☐ Hypotension (MAP <60)
- ☐ Shock
- ☐ Arrhythmia
- ☐ Prolonged Recovery



Remarks:

① Testicular block
10:23 - IVC pulled

Recovery - Smooth.

Total Fluids:
- Sol 1: 420 mL
- Sol 2: 0 mL
- Sol 3: 0 mL

UW Veterinary Care
University of Wisconsin-Madison

DIAGNOSTIC PATHOLOGY SERVICES
2015 Linden Dr · Madison, WI 53706

Telephone: (608) 263-9934
Fax: (608) 265-5626

Client	Patient	
SVM ARC 136 877230 136 877230 Research, WI 53706 Phone: / Fax:	DXZ2 Canine U 1 days Beagle	**Reference:** [redacted] lbs Unknown

UWVC Accession #	Priority	Status	Dates
23-27605 **sSoft#:** 46029 **Clinician:** [redacted]	ROUTINE	Final	**Requested by:** [redacted] **Received:** 08/14/23 3:43 PM **Reported:** 08/15/23 2:48 PM

Specimen: Blood **Sample/Site:** Serum

Case History

Question	Answer
Comments:	

Request: *Heartworm Antigen

HEARTWORM ANTIGEN RESULTS Verified on:08/15/23 [redacted]

Test	Result
ID: DXZ2	
Occult Heartworm Antigen	Negative

Comment: In patients with negative HW antigen result and strong clinical suspicion of HW infection, consult laboratory personnel about repeating the assay after heat treatment to rule out false negative result.

Research Animal Resources and Compliance
Physical Examination Form

Date 7-26-23 **Animal** DX72 (Dog1) **Protocol#** V 6724 **Species** K9

D.O.B _____ **Sex:** (M) F M/C F/S **BCS: 1-5** 3 **WT:** 9.2 (kg/lb)

Exam Findings:	**Normal**	**ABN**	**N/A**	**Comments:**
1. General Appearance	☒	☐	☐	
2. Eyes	☒	☐	☐	
3. Ears	☒	☐	☐	
4. Oral Cavity	☒	☐	☐	
5. Gingivitis:	1 /4		☐	
6. Tarter	0 /3		☐	
7. Coat/Skin	☒	☐	☐	
8. Cardiovascular	☒	☐	☐	pass resp arrhythmia
9. Respiratory	☒	☐	☐	
10. Lymphatic	☒	☐	☐	
11. Abdomen/GI	☒	☐	☐	
12. Urogenital	☒	☐	☐	
13. CNS	☒	☐	☐	
14. Limbs	☒	☐	☐	
15. Nails	☒	☐	☐	

Assessment: Appears healthy for use

Plan: ☒ Standard Housing ☒ Ok for use on approved protocol following acclimation period ☐ OK for continued use on study

Follow up needed? ☒ No ☐ Yes _____ **Veterinarians Initials** [redacted]

AH-IN-20 (rev 12/2014)

35 - 245599

WISCONSIN INTERSTATE SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

Ch. ATCP 10, Wis. Admin. Code; Ch. 95, Wis. Stats.

THIS FORM IS *NOT* FOR INTERNATIONAL MOVEMENT

SUBMIT ORIGINAL WITHIN 7 DAYS AFTER ISSUE TO:
Department of Agriculture, Trade and Consumer Protection
Division of Animal Health
P.O. Box 8911, Madison, WI 53708-8911
Phone: 608-224-4872 Fax: 608-224-4871

TYPE OF ANIMAL SHIPPED
☒ Dog ☐ Cat ☐ Non-human Primate
☐ Other: _____

PERMIT NUMBER (If applicable)

SHIPMENT
☐ Returning to WI
☒ Not returning to WI
Number of Animals in Shipment: 3
Shipping date: 7/26/2023

Owner or Consignor	RIDGLAN FARMS, INC.
Origin Street Address	10489 W. BLUE MOUNDS ROAD
Origin City / State / Zip	BLUE MOUNDS, WI 53517
Owner Mailing Address / City / State / Zip (if different than above)	P.O. Box 318 Mt. HOREB, WI 53572
Phone Number ( )	608-437-8670

Consignee or Destination	UNIVERSITY OF WISCONSIN -MADISON
Destination Street Address	5801 MINERAL POINT RD.
Destination City / State / Zip	MADISON, WI 53505
Destination Mailing Address / City / State / Zip (if different than above)	
Phone Number ( )	

☐ Animals are traveling with owner on vacation

	Breed	Individual Identification (Name, Description of Markings, Microchip, etc.)	Sex	Age	Rabies Vaccination Date	Rabies Vaccination Exp. Date	Product & Vaccine Producer	Serial Number	Rabies Tag Number	Other Vaccinations	Date Vaccinated	Product & Vaccine Producer
1	BE	DXZ-2	M	7 Mos	06/28/23	06/28/24	Nobivac 1-Rabies	588352	N/A	Canine 1-DAPPv	04/05/23	Nobivac
2	BE	FCZ-2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
3	BE	GPZ-2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
4												
5												
6												
7												

VETERINARIAN: I certify as a veterinarian, accredited and certified by the State of Wisconsin, that the described animal(s) have been inspected by me and that they are not showing any signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are as indicated on this certificate. To the best of my knowledge, the animal(s) listed on this certificate meet the state of destination and Federal interstate requirements. No warranty is made or implied.

OWNER / AGENT STATEMENT: I certify the animal(s) in this shipment are as listed on this certificate.	ACCRED / LIC VETERINARIAN SIGNATURE	VETERINARIAN LIC. NO.	ADDRESS		DATE INSPECTED
OWNER / AGENT SIGNATURE	VETERINARIAN'S PRINTED NAME	NAT. ACCRED. NO. (NAN)	PHONE NUMBER	EMAIL ADDRESS	DATE CVI ISSUED
	RICHARD J. VAN DOMELEN, D.V.M	033491	(608-) -437-8670	ridglan@mhtc.net	7/26/2023

Personal information you provide may be used for purposes other than that for which it was originally collected – sec. 15.04(1)(m), Wis. Stats. Equal Opportunity Employer

FORM DISTRIBUTION: WHITE (WI State Veterinarian), CANARY (State Veterinarian of destination), PINK (accompany shipment), GOLDENROD (retained by issuing veterinarian)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

RECORD OF DISPOSITION OF DOGS AND CATS

[X] SALE [ ] EXCHANGE OR TRANSFER [ ] DONATION

FORM APPROVED OMG NO. 0579-0036
DATE OF DISPOSITION

07/26/2023

2. PAGE

1 OF

INSTRUCTIONS: COMPLETE APPLICABLE ITEMS 1 THROUGH 8. ORIGINAL AND USDA COPY TO BE RETAINED BY SELLER
BUYER'S COPY TO ACCOMPANY SHIPMENT. IT MUST BE RETAINED BY BUYER

3. SELLER OR DONOR *(NAME & ADDRESS)*

RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

4. BUYER OR RECEIVER *(NAME & ADDRESS)*

UNIVERSITY OF WISCONSIN -MADISON
5801 MINERAL POINT RD.
MADISON, WI 53505

3A. DEALER'S LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (SELLER)

35-A-0009

4A. USDA LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (IF ANY)

5. IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (SEE REVERSE FOR BREED ABBREVIATIONS FOR DOGS AND CATS) * IF MIXED BREED, LIST 2 DOMINANT BREEDS

COMPLETE ITEMS A THRU G FOR EACH ANIMAL

IDENTIFICATION NUMBER	DOG "X" M OR F	CAT "X" M OR F	AGE OR DATE OF BIRTH	WEIGHT	BREED OR TYPE	DESCRIPTION OF ANIMAL (COLOR, DISTINCTIVE MARKS, HAIR, TAIL, TATTOOS, ETC.)
DXZ-2	M X F	M F	12/1/22	9.00	BEAGLE	TRICOLOR
FCZ-2	M X F	M F	12/2/22	7.90	BEAGLE	BLOND
GPZ-2	M X F	M F	12/2/22	8.00	BEAGLE	TRICOLOR
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				

6. DELIVERY BY (CHECK ONE AND COMPLETE APPLICABLE ITEM 7 AND 8)

[ ] COMMERCIAL SHIPPER [ ] BUYER'S VEHICLE [X] SELLER'S VEHICLE

7. NAME AND ADDRESS OF COMPANY OR FIRM (INCLUDE ZIP CODE)

RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

8. NAME AND BUSINESS ADDRESS OF TRUCK DRIVER (INCLUDE ZIP CODE)

RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

9. RECEIVED BY	10. SIGNATURE	11. TITLE	12. DATE

RIDGLAN FARMS, INCORPORATED

P.O. BOX 318 • MOUNT HOREB, WISCONSIN 53572 • (608)-437-8670

Tattoo	**DXZ-2**
Whelped	**12/01/2022**
Sire	**PERKY**
Dam	**DAE5**
Sex	**MALE**
Litter	**MALES - 3 FEMALES - 3**
Color	**TRICOLOR**

ANIMAL PROFILE:

Weight **9.00** Kilograms As Of **06/28/2023**
Fecal Results **NEGATIVE** As Of **06/28/2023**

VACCINATIONS

DATE	CPI	DA2	CPV	BOR	R	C.PAP
01/09/2023			X			
01/23/2023			X			
01/25/2023				X		
01/31/2023						X
02/06/2023			X			
02/22/2023						X
03/01/2023	X	X	X			
04/05/2023	X	X	X			
06/28/2023					X	

DATE	EVENT
01/10/2023	Toltrazuril 20 mg per kilogram of body weight

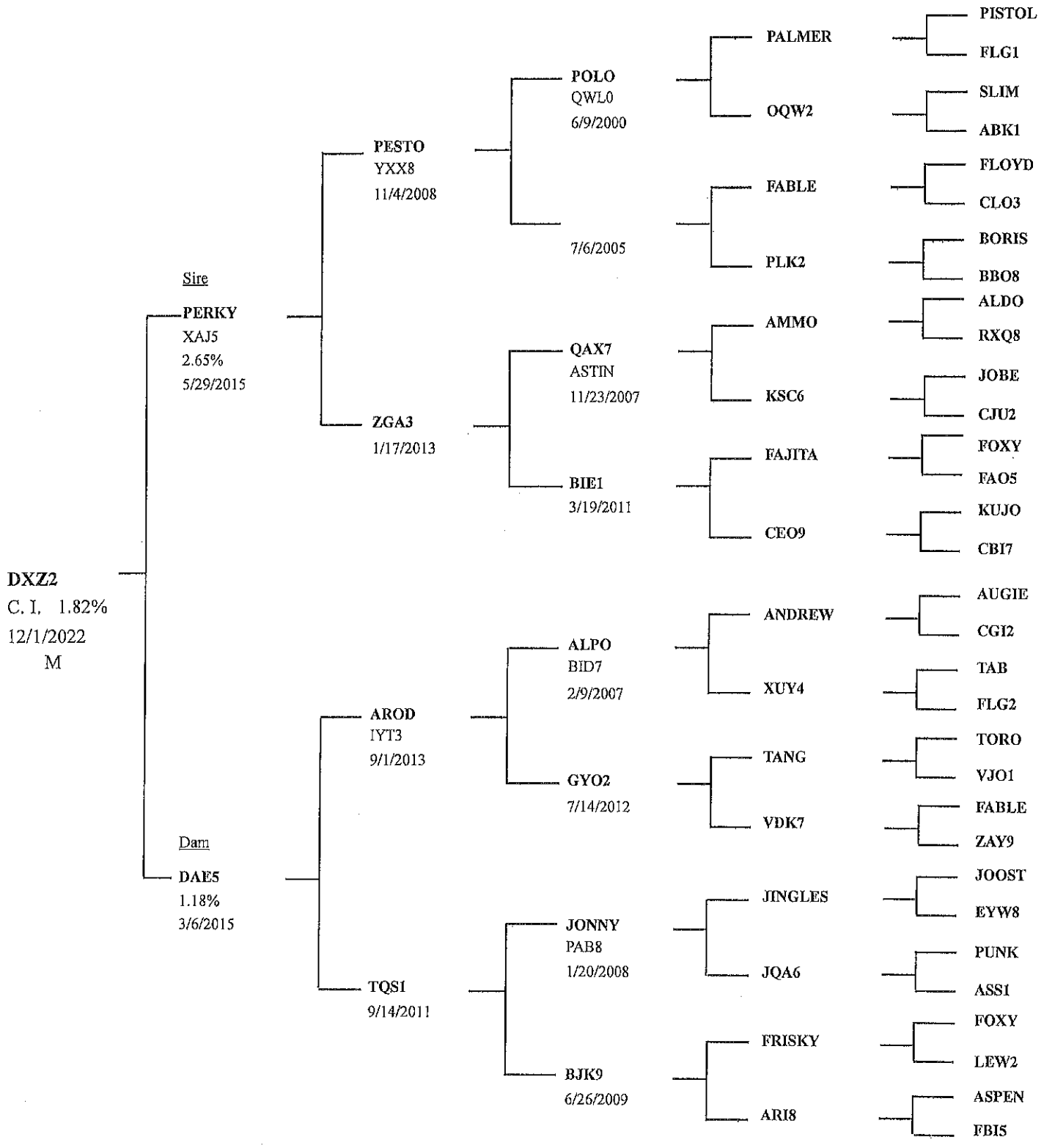
ADDITIONAL COMMENTS

CPI Canine Parainfluenza
DA2 Distemper, Adenovirus Type 2 Parainfluenza
CPV Canine Parvo vaccine
BOR Bordetella, AdenovirusType 2, Parainfluenza
R Rabies
C.PAP Canine Papilloma

RIDGLAN FARMS, INCORPORATED

P.O. BOX 318 • MOUNT HOREB, WISCONSIN 53572 • (608)-437-8670

Pedigree Report



Dog 1 7/31/23
Dex/AVA.

[redacted]

ANESTHETIC RECORD

Page 1 of 1

Date: 7/31/23
Assistant:
Protocol: V6724
Procedure: Dex + AVA

Wt: 9.2 kg T: P: R: Fasted: Yes
PCV: TP: BUN: UA: GIT:

IVC: 20G ET Cuff: 3.5

Label
Pt: [redacted]
Animal ID: Dog 1 [illegible]
Species: K9
Sex:
9.2 kg

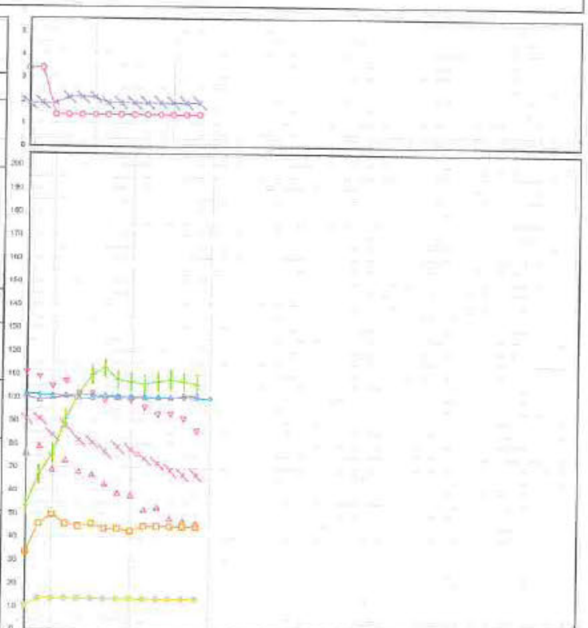
Preanesthetic Medication: Drug	Dosage (mcg/kg)	Total dose	Route	Time
Dexmedetomidine 0.5 mg/ml	5.00	46 mcg	IV	6:57 AM

Anesthetic Induction: Drug	Dosage (mg)	Route	Time
Propofol 10 mg/mL	20mg (1mg/kg)	IV	7:[illegible] AM

☐ Colloid: ml PO
☐ Hetastarch: mL IV
☐ Lidocaine: mL IV
☐ MLK 1. 2. 3.

Time 15 30 45 15 30 45 15 30 45 15 30
IV Sol 1: LRS 27 mL/hr
IV Sol 2:
IV Sol 3:

Start Anes: 7:14 AM
Start Proc:
End Proc:
End Anes: 8:27 AM
Total Proc:
Total Anes:
Extubation:
Sternal:
Standing:



Remarks:

Patient Data: Pre-op: Post-op: 1/2 Fluids:
Total Fluids: Sol 1: mL Sol 2: 0 mL Sol 3: 0 mL
Postop Temp:

Enter Time Here ↓

	(HOUR 1)			15			30			45			(HOUR 2)			15
IV Sol 1: Rate	27			27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0		
IV Sol 1: Vi																
IV Sol 2: Rate																
IV Sol 2: Vi																
IV Sol 3: Rate																
IV Sol 3: Vi																
Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75
O2 Flow	3.0	3.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0		
Vaporizer	1.5	1.5	1.8	1.8	1.8	1.8	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5		
Esophageal Temp	98.0	97.5	97.2	97.0	97.4	97.2	96.9	96.8	96.7	96.6	96.4	96.2	96.1	96.0	95.9	
Pulse	59	63	72	87	99	106	109	104	103	102	103	104	105	102		
Resp	7	10	10	10	10	10	10	10	10	10	10	10	10	10		
Systolic	107	105	101	103	98	98	95	99	95	92	89	89	87	82		
Mean	87	87	86	84	76	77	73	75	74	70	66	65	63	63		
Diastolic	72	75	65	69	64	63	59	55	54	48	49	44	45	42		
ET CO2	30	42	48	42	41	42	40	40	39	41	41	41	41	41		
SPO2	97	95	96	97	96	96	97	96	96	96	96	96	97	97		

		30			45			(HOUR 3)			15			30			45			(HOUR 4)			15			30
Minutes	80	85	90	95	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	

REMARKS: Room Temp: 69°F | 7:20 Warming Device added to paws. 8:25am- Calling complete for procedure due to termination on animal. 8:27am OFF ISO. 8:30am Starting recovery process w/ DVM (constant visual monitoring) recovering undisturbed per protocol. || 8:38am Extubated, holding head up. Not sternal. || 8:45am Sternal. Curious/BAR and sniffing around.

[redacted]

Dog #: 1
Date: 07/31/23
Treatment: Dexmedetomidine & AVACore

Experimental procedures (see data sheets for details):

Food pulled (date/time): 6^45 pm 7/30/23

Study Procedures:
1. Placed 22 g IV catheter awake in R cephalic vein – BG taken/recorded ✓

2. Temp probe placed and taped to tail - initial value recorded ✓

3. Neck clipped and CORE placed on neck via collar – initial value recorded ✓

4. Dog premedicated IV
   Dexmedetomidine (5 mcg/kg) = 46 µg 6:57 am

5. Temp recording started and continued every 3 minutes throughout procedure ✓

6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV ✓

7. Monitors placed and devices turned on ✓
   -*AVACore*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; IBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr

8. BG taken every 30 minutes ✓

9. ~~Recovered on floor pad when (circle one/strike others)~~
   a) rectal temp < 96.8°F (36°C) for 10 minutes
   ~~b) rectal temp > 103°F (39.5°C) for 10 minutes, or~~
   ~~c) after 2 hours between rectal temps of 96.8°F – 103°F~~

10. Recorded times on data sheet: ✓
    a) time to extubation
    b) time to sternal
    c) time to standing
    d) any shivering

12. BG taken 30 minutes post-recovery ✓

13. IV catheters removed ✓

14. Returned to run and fed dog at: 9^30 am
    BT = 98.1°F

Comments:

[redacted]

Dog #: 1
Date: 07/31/23
Treatment: Dexmedetomidine & AVACore

Experimental procedures (see data sheets for details):

Food pulled (date/time): 6:45 pm 7/30/23

Study Procedures:
1. Placed 22 g IV catheter awake in R cephalic vein – BG taken/recorded ✓

2. Temp probe placed and taped to tail - initial value recorded ✓

3. Neck clipped and CORE placed on neck via collar – initial value recorded ✓

4. Dog premedicated IV
   Dexmedetomidine (5 mcg/kg) = 46 µg 6:57 am

5. Temp recording started and continued every 3 minutes throughout procedure ✓

6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV ✓

7. Monitors placed and devices turned on ✓
   -*AVACore*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; IBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr

8. BG taken every 30 minutes ✓

9. Recovered ~~on floor pad when~~ (circle one/strike others)
   a) rectal temp < 96.8°F (36°C) for 10 minutes
   ~~b) rectal temp > 103°F (39.5°C) for 10 minutes, or~~
   ~~c) after 2 hours between rectal temps of 96.8°F – 103°F~~

10. Recorded times on data sheet: ✓
    a) time to extubation
    b) time to sternal
    c) time to standing
    d) any shivering

12. BG taken 30 minutes post-recovery ✓

13. IV catheters removed ✓

14. Returned to run and fed dog at: 9:30 am
    BT = 98.1°F

Comments:

Date/Week: 7/31/23 Wk1 Dog #: 3 GP2 "Monster" Pre-meds/treatment: Ace/AVA Cone [redacted]

Time		Clipped E	F	Rectal	Esophageal	Blood Glucose (Alpha3/PetTest) A	P
		Temperature (collar/rectal/esophageal)					
Pre-sedation:	1:15 pm	100.3	99.1	101.2		133	122
SEDATE DOG							
3 min:	1:18 pm	100.7	99.2	101.1			
6 min:	1:21 pm	100.8	99.3	100.7			
9 min:	1:24 pm	101.1	99.2	100.5			
12 min:	1:27 pm	101.3	99.2	100.4		113	97
INDUCE & INSTRUMENT DOG	@ 1:30						
3 min:	1:30 p	101.5	99.4	100.2			
6 min:	1:33 p	101.6	99.7	99.6		Add warming AVA cone	
9 min:	1:36 p	101.6	99.5	99.6			
12 min:	1:39 p	101.7	99.5	99.4	99.9		
15 min:	1:42 p	101.6	99.3	99.3	99.8		
? min:	1:45 p	101.6	99.2	99.2	99.8		
21 min:	1:48 p	101.7	99.1	99.1	99.7		
24 min:	1:51 p	101.6	99.0	99.0	99.6		
27 min:	1:54 p	101.5	98.9	99.0	99.4		
30 min:	1:57 p	101.5	98.8	98.7	99.3	118	81
33 min:	2:00 p	101.4	98.7	98.8	99.1		
36 min:	2:03 p	101.3	98.6	98.7	99.0		
39 min:	2:06 p	101.1	98.5	98.5	98.9		
42 min:	2:09 p	101.0	98.4	98.4	98.8		
45 min:	2:13 pm	100.8	98.3	98.3	98.7		
48 min:	2:16 pm	100.7	98.3	98.2	98.5		
51 min:	2:19 pm	100.7	98.3	98.0	98.3		
54 min:	2:22 pm	100.6	98.3	97.9	98.3		
min:	2:25 p	100.4	98.2	97.9	98.3		
60 min:	2:28 p	100.3	98.1	97.8	98.2	113	117

Date/Week: 7/31/23 Wk1 Dog #: 3 GP2 "Monster" Pre-meds/treatment: Ace/AVAcore [redacted]

Time	Clipped E	F	Rectal	Esophageal	Blood Glucose A (Alpha3)	Blood Glucose P (PetTest)
Pre-sedation: 1:15pm	100.3	99.1	101.2		133	122
SEDATE DOG						
3 min: 1:18pm	100.7	99.2	101.1			
6 min: 1:21pm	100.8	99.3	100.7			
9 min: 1:24pm	101.1	99.2	100.5			
12 min: 1:27pm	101.3	99.2	100.4		113	97
INDUCE & INSTRUMENT DOG @ 1:30						
3 min: 1:30p	101.5	99.4	100.2			
6 min: 1:33p	101.6	99.7	99.6		Add warming AVAcore	
9 min: 1:36p	101.6	99.5	99.6			
12 min: 1:39p	101.7	99.5	99.4	99.9		
15 min: 1:42p	101.6	99.3	99.3	99.8		
18 min: 1:45p	101.6	99.2	99.2	99.8		
21 min: 1:48p	101.7	99.1	99.1	99.7		
24 min: 1:51p	101.6	99.0	99.0	99.6		
27 min: 1:54p	101.5	98.9	99.0	99.4		
30 min: 1:57p	101.5	98.8	98.7	99.3	118	81
33 min: 2:00p	101.4	98.7	98.8	99.1		
36 min: 2:03p	101.3	98.6	98.7	99.0		
39 min: 2:06p	101.1	98.5	98.5	98.9		
42 min: 2:09p	101.0	98.4	98.4	98.8		
45 min: 2:13pm	100.8	98.3	98.3	98.7		
48 min: 2:16pm	100.7	98.3	98.2	98.5		
51 min: 2:19pm	100.7	98.3	98.0	98.3		
54 min: 2:22pm	100.6	98.3	97.9	98.3		
57 min: 2:25p	100.4	98.2	97.9	98.3		
60 min: 2:28p	100.3	98.1	97.8	98.2	113	117

	E	F	Rectal	Esophageal		
63 min: 2:31p	100.2	98.0	97.6	98.1		
66 min: 2:34p	100.1	97.9	97.6	98.1		
69 min: 2:37p	100.0	97.9	97.6	98.1		
72 min: 2:40p	99.9	97.8	97.5	97.9		
75 min: 2:43p	99.8	97.9	97.4	97.8		
78 min: 2:46p	99.7	97.9	97.3	97.8		
81 min: 2:49p	99.6	97.9	97.3	97.7		
84 min: 2:52p	99.5	98.0	97.2	97.6		
87 min: 2:55p	99.4	98.0	97.2	97.5	Alpha trak	pet test
90 min: 2:58pm	99.3	98.0	97.0	97.5	119	131
93 min: 3:01p	99.2	98.0	97.0	97.3		
96 min: 3:04p	99.2	98.0	97.0	97.1		
99 min: 3:07p	99.0	97.9	96.9	97.0		
102 min: 3:10p	98.9	97.9	96.8	97.0		
105 min: 3:13p	98.8	97.9	96.8	97.0		
108 min: 3:16p	98.7	97.8	96.7	97.0		
111 min: 3:19p	98.6	97.8	96.7	97.0		
114 min: 3:22p	98.5	97.8	96.6	96.9		
117 min: 3:25p	98.4	97.9	96.6	96.9		
120 min: 3:28p	98.3	97.9	96.5	96.8	116	68

End Anesthesia @ 3:30p

RECOVERY

Time extubated: 3:34p

Time to extubation (minutes): 4

Time sternal: 3:36p

Time to sternal (minutes): 6

Time standing: 3:39p

Time to standing (minutes): 9

Blood glucose (30 min post-recovery): Alpha 124 Pet test 150

Notes (shivering):
Shivering @ sternal

Time returned to run: 4:55pm

	E	F	Rectal	Esophageal		
63 min: 2:31p	100.2	98.0	97.6	98.1		
66 min: 2:34p	100.1	97.9	97.6	98.1		
69 min: 2:37p	100.0	97.9	97.6	98.1		
72 min: 2:40p	99.9	97.8	97.5	97.9		
75 min: 2:43p	99.8	97.9	97.4	97.8		
78 min: 2:46p	99.7	97.9	97.3	97.8		
81 min: 2:49p	99.6	97.9	97.3	97.7		
84 min: 2:52p	99.5	98.0	97.2	97.6		
87 min: 2:55p	99.4	98.0	97.2	97.5	Alpha trak	pet-test
90 min: 2:58pm	99.3	98.0	97.0	97.5	119	131
93 min: 3:01p	99.2	98.0	97.0	97.3		
96 min: 3:04p	99.2	98.0	97.0	97.1		
99 min: 3:07p	99.0	97.9	96.9	97.0		
102 min: 3:10p	98.9	97.9	96.8	97.0		
105 min: 3:13p	98.8	97.9	96.8	97.0		
108 min: 3:16p	98.7	97.8	96.7	97.0		
111 min: 3:19p	98.6	97.8	96.7	97.0		
114 min: 3:22p	98.5	97.8	96.6	96.9		
117 min: 3:25p	98.4	97.9	96.6	96.9		
120 min: 3:28p	98.3	97.9	96.5	96.8	116	68

End Anesthesia @ 3:30p

RECOVERY

Time extubated: 3:34p

Time to extubation (minutes): 4

Time sternal: 3:36p

Time to sternal (minutes): 6

Time standing: 3:39p

Time to standing (minutes): 9

Blood glucose (30 min post-recovery): Alpha 124 Pet test 150

Notes (shivering):
Shivering @ sternal

Time returned to run: 4:55pm

Dog #: 1
Date: 08/03/23
Treatment: Acepromazine & None

Completed by: [redacted]

Food pulled (date/time): 8/2/23 8pm

Study Procedures:

	Initials & time
1. Placed 22 g IV catheter awake in (R) or L cephalic vein – BG taken/recorded	[redacted] 6:30a
2. Temp probe placed and taped to tail - initial value recorded	[redacted] 6:33a
3. Neck clipped and CORE placed on neck via collar – initial value recorded	[redacted] 6:30a
4. Dog premedicated IV: *Acepromazine* (0.03 mg/kg)	[redacted] 6:36a
5. Temp recording started and continued every 3 minutes throughout procedure	[redacted] 6:36a
6. 10-15 minutes after pre-meds: a) BG taken & b) dog induced with propofol IV	[redacted] 6:51a
7. Monitors placed and devices turned on	[redacted] 6:51a
8. BG taken every 30 minutes	[redacted] 7:21, 7:51, 8:21
9. Recovered on floor pad when (circle one/strike others)	[redacted] 8:33a
10. Recorded times on data sheet:	[redacted]
12. BG taken 30 minutes post-recovery	☑ [redacted] 9:02am
13. IV catheter removed	☒ [redacted] 9:03am
14. Returned to run and fed dog at: 9:10a Temp: 98°	☒ [redacted]

-*No devices turned on*
-ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min
-IV fluids at 3 mL/kg/hr

9. a) ~~rectal temp < 95.5°F (35°C) for 10 minutes~~, b) ~~rectal temp > 103°F (39.5°C) for 10 minutes~~, or c) ~~after 2 hours between rectal temps of 95.5°F – 103°F~~

10. a) time to extubation – 8:45
b) time to sternal – 8:49
c) time to standing – 8:54
d) any shivering (No)

Comments:

Dog #: 1
Date: 08/03/23
Treatment: Acepromazine & None

Completed by: [redacted]

Food pulled (date/time): 8/2/23 8pm

Initials & time

Study Procedures:

1. Placed 22 g IV catheter awake in (R) or L cephalic vein – BG taken/recorded [redacted] 6:30a
2. Temp probe placed and taped to tail - initial value recorded [redacted] 6:33a
3. Neck clipped and CORE placed on neck via collar – initial value recorded [redacted] 6:30a
4. Dog premedicated IV: *Acepromazine* (0.03 mg/kg) [redacted] 6:36a
5. Temp recording started and continued every 3 minutes throughout procedure [redacted] 6:36a
6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV [redacted] 6:51a 6:51a
7. Monitors placed and devices turned on
   -*No devices turned on*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr
8. BG taken every 30 minutes [redacted] 7:21, 7:51, 8:21 8:33a
9. Recovered on floor pad when (circle one/strike others)
   a) ~~rectal temp < 95.5°F (35°C) for 10 minutes~~
   b) ~~rectal temp > 103°F (39.5°C) for 10 minutes~~, or
   c) ~~after 2 hours between rectal temps of 95.5°F – 103°F~~ [redacted]
10. Recorded times on data sheet: [redacted]
    a) time to extubation – 8:45
    b) time to sternal – 8:49
    c) time to standing – 8:54
    d) any shivering [redacted]
12. BG taken 30 minutes post-recovery ☒ [redacted] 9:02am
13. IV catheter removed ☒ [redacted] 9:03am
14. Returned to run and fed dog at: 9:10a Temp: 98° ☒ [redacted]

Comments:

Date: 8/2/23 Dog #: 1 Pre-meds/treatment: Acepromazine + None

Time	Temperature				Blood Glucose	
	clipped (E)	unclipped (F)	rectal	esophag	AlphaTrak	PetTest
Pre-sedation: 6:30a	~~99.6~~ 99.6	~~98.3~~ 98.3	~~100.0~~ 100.0		94	99
SEDATE DOG 6:36a						
3 min: 6:39a	99.7	98.4	99.9			
6 min: 6:42a	99.8	98.5	99.2			
9 min: 6:45a	99.9	98.5	99.5			
12 min: 6:48a	100.0	98.6	99.2		73	62
INDUCE & INSTRUMENT DOG @ 6:51a						
3 min: 6:53a	100.1	98.8	98.5	98.0		
6 min: 6:57a	100.2	98.8	98.4	98.6		
9 min: 7:00a	100.2	98.7	98.3	99.0		
12 min: 7:03a	100.2	98.6	98.3	99.0		
15 min: 7:06a	100.1	98.5	98.0	98.8		
18 min: 7:09a	99.9	98.3	98.0	98.8		
21 min: 7:12am	99.7	98.2	97.9	98.6		
24 min: 7:15a	99.5	98.1	97.7	98.5		
27 min: 7:18a	99.4	98.0	97.6	98.4		
30 min: 7:21a	99.3	97.8	97.5	98.3	99	53
33 min: 7:24a	99.2	97.8	97.5	98.1		
36 min: 7:27a	99.1	97.7	97.3	98.0		
39 min: 7:30a	99.0	97.6	97.1	97.8		
42 min: 7:33a	98.9	97.6	97.1	97.8		
45 min: 7:36a	98.9	97.5	96.9	97.6		
48 min: 7:39a	98.9	97.5	96.8	97.5		
51 min: 7:42a	98.9	97.5	96.8	97.4		
54 min: 7:45a	98.9	97.4	96.7	97.3		
57 min: 7:48a	98.8	97.5	96.9	97.3		
60 min: 7:51a	98.9	97.4	96.5	97.1	110	105

Date: 8/2/23 Dog #: 1 Pre-meds/treatment: Acepromazine + None

Time	Temperature				Blood Glucose	
	clipped (E)	unclipped (F)	rectal	esophag	AlphaTrak	PetTest
Pre-sedation: 6:30a	~~99.6~~ 99.6	~~98.3~~ 98.3	~~100.0~~ 100.0		94	99
SEDATE DOG 6:35a						
3 min: 6:39a	99.7	98.4	99.9			
6 min: 6:42a	99.8	98.5	99.2			
9 min: 6:45a	99.9	98.5	99.5			
12 min: 6:48a	100.0	98.6	99.2		73	62
INDUCE & INSTRUMENT DOG @ 6:51a						
3 min: 6:53a	100.1	98.8	98.5	98.0		
6 min: 6:57a	100.2	98.8	98.4	98.6		
9 min: 7:00a	100.2	98.7	98.3	99.0		
12 min: 7:03a	100.2	98.6	98.3	99.0		
15 min: 7:06a	100.1	98.5	98.0	98.8		
18 min: 7:09a	99.9	98.3	98.0	98.8		
21 min: 7:12am	99.7	98.2	97.9	98.6		
24 min: 7:15a	99.5	98.1	97.7	98.5		
27 min: 7:18a	99.4	98.0	97.6	98.4		
30 min: 7:21a	99.3	97.8	97.5	98.2	94	53
33 min: 7:24a	99.2	97.8	97.5	98.1		
36 min: 7:27a	99.1	97.7	97.3	98.0		
39 min: 7:30a	99.0	97.6	97.1	97.8		
42 min: 7:33a	98.9	97.6	97.1	97.8		
45 min: 7:36a	98.9	97.5	96.9	97.6		
48 min: 7:39a	98.9	97.5	96.8	97.5		
51 min: 7:42a	98.9	97.5	96.8	97.4		
54 min: 7:45a	98.9	97.4	96.7	97.3		
57 min: 7:48a	98.8	97.5	96.6	97.3		
60 min: 7:51a	98.9	97.4	96.5	97.1	110	105

	E	F	Rectal	Esophageal		
63 min: 7:54a	98.4	97.4	96.4	97.0		
66 min: 7:57a	98.4	97.4	96.3	97.0		
69 min: 8:00a	98.4	97.4	96.2	96.8		
72 min: 8:03a	98.8	97.4	96.2	96.7		
75 min: 8:06a	98.7	97.4	95.9	96.7		
78 min: 8:09a	98.5	97.4	95.9	96.5		
81 min: 8:12a	98.6	97.4	95.8	96.5		
84 min: 8:15a	98.5	97.4	95.8	96.4	Alpha	Petest
87 min: 8:18a	98.4	97.4	95.7	96.3		
90 min: 8:21a	98.4	97.4	95.6	96.3	115	64
93 min: 8:24a	98.3	97.4	95.5	96.1		
96 min: 8:27a	98.4	97.3	95.4	96.1		
99 min: 8:30a	98.4	97.4	95.3	96.0		
102 min: 8:33a	98.4	97.4	95.1	95.9	Begin Recover @ 8:33a	
105 min:						
108 min:						
111 min:						
114 min:						
117 min:						
120 min:						

RECOVERY

Time extubated: 8:45a

Time to extubation (minutes): 12

Time sternal: 8:49a

Time to sternal (minutes): 16

Time standing: 8:51a

Time to standing (minutes): 18

Blood glucose (30 min post-recovery): 78 (AlphaTrak) 100 (PetTest) @ 9:02a

Notes (shivering):

Shivering

Time returned to run: 9:10a

Body temperature: 98°

Completed by:

[redacted]

	E	F	Rectal	Esophageal		
63 min: 7:54a	98.4	97.4	96.4	97.0		
66 min: 7:57a	98.4	97.4	96.3	97.0		
69 min: 8:00a	98.4	97.4	96.2	96.8		
72 min: 8:03a	98.8	97.4	96.2	96.7		
75 min: 8:06a	98.7	97.4	95.9	96.7		
78 min: 8:09a	98.5	97.4	95.9	96.5		
81 min: 8:12a	98.6	97.4	95.8	96.5		
84 min: 8:15a	98.5	97.4	95.8	96.4	Alpha	Petest
87 min: 8:18a	98.4	97.4	95.7	96.3		
90 min: 8:21a	98.4	97.4	95.6	96.3	115	64
93 min: 8:24a	98.5	97.4	95.5	96.1		
96 min: 8:27a	98.4	97.3	95.4	96.1		
99 min: 8:30a	98.4	97.4	95.3	96.0		
102 min: 8:33a	~~98.4~~ 98.4	97.4	95.1	95.9	Begin Recover @ 8:33a	
105 min:						
108 min:						
111 min:						
114 min:						
117 min:						
120 min:						

RECOVERY

Time extubated: 8:45a

Time to extubation (minutes): 12

Time sternal: 8:49a

Time to sternal (minutes): 16

Time standing: 8:51a

Time to standing (minutes): 18

Blood glucose (30 min post-recovery): 78 (AlphaTrak) 100 (PetTest) @ 9:02a

Notes (shivering):

Shivering

Time returned to run: 9:10a

Body temperature: 98°

Completed by: [redacted]

08/03/23

Dog 1 Ace/None

ANESTHETIC RECORD

Page 1 of 1

Date: 8/2/23

Protocol: W...

Ace + None

Assistant:

Wt: 6.2 kg T: 100°F P: 140 R:

Fasted: Yes

Label

[redacted]

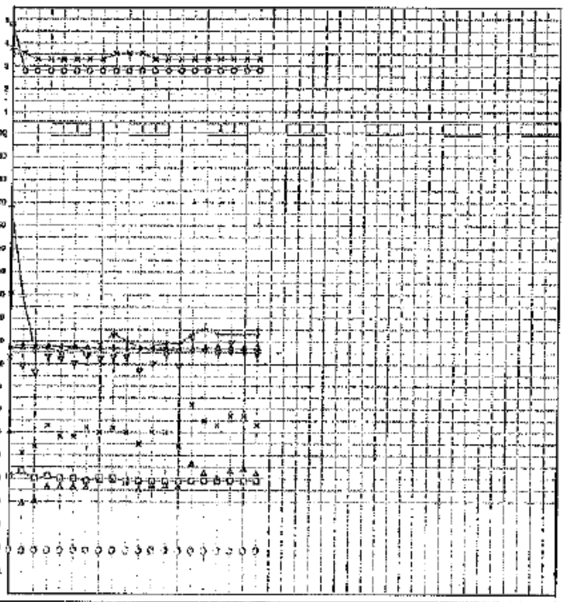
Animal ID: Dog 1 ...

Sex:

Time			15	30	45		15	30	45		15	30	45		15	30
IV Sol 1: LRS	20	mL/hr	11.0	17.9	24.9	32.0	38.5	45.1								

Start Anes: 8:01 AM

End Anes: 8:26 AM



Carry Data Here

	(HOUR 1)			15			30			45			(HOUR 2)			15			30	
LRS: Rate	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0
IV Sol 1: VI			4.1			11.0			17.9			24.9			32.0			38.5		45.1
IV Sol 2: Rate																				
IV Sol 2: VI																				
IV Sol 3: Rate																				
IV Sol 3: VI																				
Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95
O2 Flow	3.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Vaporizer	2.0	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.6	1.5	1.6	1.5	1.5	1.5	1.5
Esophageal Temp	98.5	99.1	98.9	98.7	98.5	98.2	98.1	97.8	97.6	97.5	97.3	97.3	97.0	96.8	96.8	96.5	96.3	96.2	96.0	95.9
Pulse	130	120	96	90	90	90	95	100	104	101	98	90	100	100	104	103	104	104	104	104
Resp	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Systolic	121	90	87	94	93	91	94	93	94	94	88	91	86	90	102	97	95	100	97	95
Mean	94	62	65	64	59	59	63	61	63	61	58	61	61	55	73	59	64	66	66	64
Diastolic	81	30	31	37	37	37	37	40	40	39	36	38	38	37	47	43	41	44	45	43
ET CO2	42	44	41	42	41	41	40	41	41	40	40	40	40	40	40	40	40	40	40	40
SPO2	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98
REMARKS:																				

	45				(HOUR 3)			15			30			45			(HOUR 4)			15	30
Minutes	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205

08/03/23

Dog 1   Ace/Nane

[redacted]

ANESTHETIC RECORD

Page 1 of 1

Date: 8/2/23
Protocol: V6724
Ace + Nano
Assistant:

Wt: 9.2 kg T: P: 140 R: Fasted: Yes
PCV: TP: BUN: Glu: CRT:

IVC: 22G RM BP Cuff
CV: 4

Label
PI: [redacted]
Animal ID: Dog 1 DXZ
Species: K9
Sex:

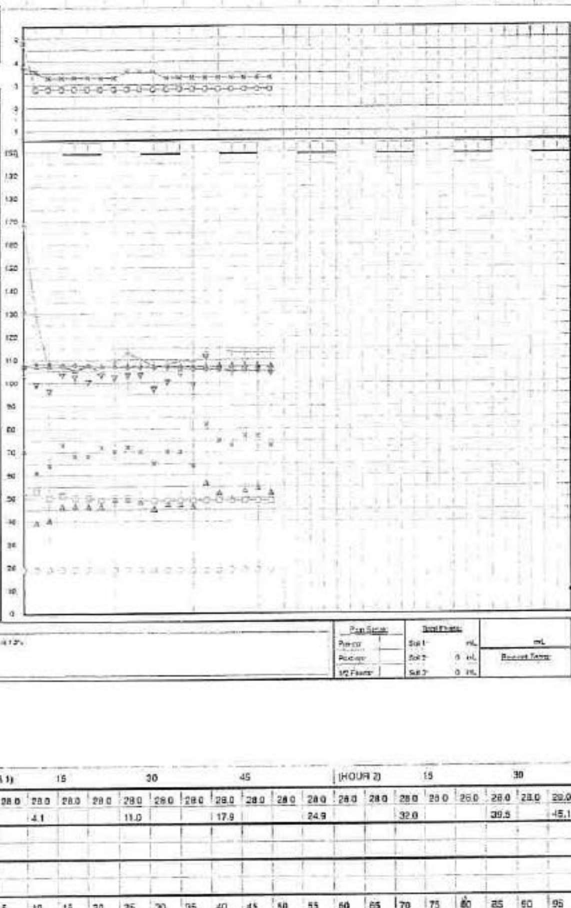
Premedication / Sedation: Drug	Dose	Total dose	Route	Time
Acepromazine Maleate	[illegible]	0.92	IV	[illegible]

Anesthetic Induction: Drug	Dosage mg/kg	Route	Time
Propofol 10 mg/ml	[illegible]	IV	[illegible]

☐ Carprofen mg PO
☐ Metoclopramide mL IV
☐ [illegible] mL IV
☐ MLK 1: 2: 3:

Time:		15	30	45	15	30	45	15	30	45	15	30
IV Sol 1: LRS 20 mL/hr		11.0	17.9	24.9	32.0	39.5	45.1					
IV Sol 2:												

Start Anes	9:01 AM
Start Proc	
End Proc	
End Anes	8:59 AM
Total Proc	
Total Anes	
Extubation	8:12 AM
Sternal	3:50 AM
Standing	8:53 AM



Symbols:
SPO2
Resp
Pulse

Blood pressure:
Systolic
Mean
Diastolic

Anesthetic Maintenance:
Isoflurane

Airway Maintenance:
☐ Mask
☐ Trach
☒ ET Tube | Size | 3

System:
☒ Circle
☐ Bain
☒ Bag Size | 3.0 L

Patient Positioning:
☐ Right Lateral
☐ Left Lateral
☐ Sternal
☒ Dorsal

Complications:
☐ None
☐ Difficult Intubation
☐ Apnea/Resp Distress
☐ Hypothermia (< 90 F)
☐ Hypotension (MAP <60)
☐ Shock
☐ Arrhythmia
☐ Prolonged Recovery

Remarks:
[illegible]

Post-Sedat: Pain: | Reserve: | 1/2 Fluids:
Total Fluids: Sol 1: mL | Sol 2: 0 mL | Sol 3: 0 mL
mL
Recovery Temp:

Enter Time Here 1

	(HOUR 1)			15			30			45			(HOUR 2)			15			30	
LRS: Rate	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	28.0	26.0	28.0	28.0	28.0
IV Sol 1: VI			4.1			11.0			17.9			24.9			32.0			39.5		45.1
IV Sol 2: Rate																				
IV Sol 2: VI																				
IV Sol 3: Rate																				
IV Sol 3: VI																				
Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95
O2 Flow	3.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Vaporizer	2.0	1.8	1.5	1.5	1.5	1.5	1.5	1.5	1.8	1.8	1.8	1.5	1.6	1.5	1.5	1.5	1.5	1.5	1.5	1.5
Esophageal Temp	98.5	99.1	98.9	98.7	98.5	98.2	98.1	97.8	97.6	97.5	97.3	97.3	97.0	96.8	96.6	96.5	96.3	96.2	96.0	95.9
Pulse	159	120	96	96	96	90	95	100	104	101	98	99	100	100	104	106	104	104	104	104
Resp	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Systolic	121	90	87	91	93	91	94	93	94	94	88	91	95	90	102	97	98	100	97	95
Mean	94	52	55	64	59	59	63	61	63	61	58	61	61	55	73	66	64	68	68	64
Diastolic	61	30	31	37	37	37	37	40	40	39	38	38	38	37	47	43	41	44	45	43
ET CO2	42	44	41	42	41	41	40	41	41	40	40	40	40	40	40	40	40	40	40	40
SPO2	98	98	98	96	96	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98
REMARKS:																				

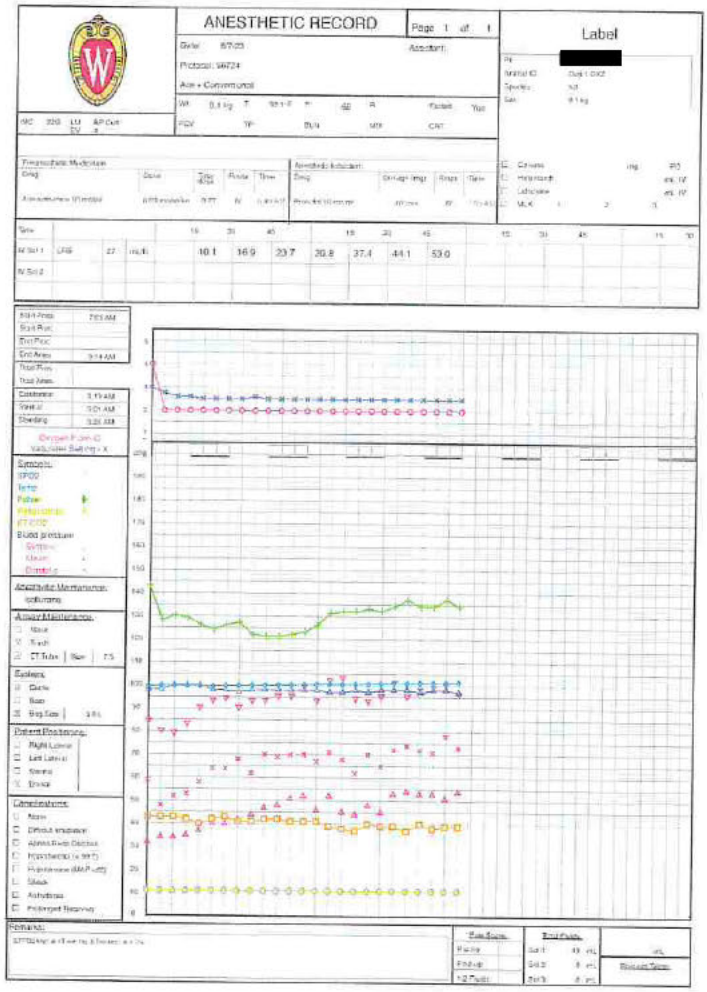
	45			(HOUR 3)			15			30			45			(HOUR 4)			15		30
Minutes	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205

8/7/23

Dog 1

Ace + CONV

[redacted]



	(HOUR 1)			15			30			45			(HOUR 2)			15			30			45			(HOUR 3)			15			30			45			(HOUR 4)			15			30
LRS: Rate	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0																		
IV Sol 1: Vl			3.5			10.1			16.9			23.7			30.8			37.4			44.1			50.9	53.0																	
IV Sol 2: Rate																																											
IV Sol 2: Vl																																											
IV Sol 3: Rate																																											
IV Sol 3: Vl																																											

Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205
O2 Flow	3.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0																		
Vaporizer	2.0	1.8	1.8	1.8	1.5	1.5	1.5	1.5	1.8	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5																		
Esophageal Temp	99.4	98.6	98.6	98.5	98.5	98.5	98.7	98.7	98.9	99.0	99.1	99.2	99.3	99.4	99.5	99.5	99.5	99.7	99.8	99.9	99.9	100.1	100.2	100.2	100.4																		
Pulse	142	127	129	130	135	133	135	126	121	120	120	121	122	125	130	131	131	130	131	133	136	130	133	136	133																		
Resp	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10																		
Systolic	83	79	78	82	89	92	93	89	92	92	94	94	98	92	101	102	93	92	91	100	94	97	98	99	95																		
Mean	58	47	51	52	57	63	63	67	61	69	68	69	69	68	70	67	61	68	64	71	72	71	73	77	72																		
Diastolic	31	33	33	34	38	39	39	41	43	46	47	50	51	45	51	44	43	47	44	52	53	52	52	50	53																		
ET CO2	42	42	42	41	39	41	42	40	40	41	41	40	40	40	38	37	36	35	38	38	36	39	37	38	38																		
SPO2	97	97	99	95	93	97	97	96	97	97	97	97	97	97	96	96	97	98	97	97	97	98	97	97	98																		
REMARKS:	ETCO2 test ~ 40 min Hg, ETiso 1.3%, at 70 min, dog breathing against vent (possibly getting lighter)																																									

Rockstar

Date: 8/7/23 Dog #: 1 DXZ Pre-meds/treatment: Ace /Conv

Time	Temperature clipped (E)	unclipped (F)	rectal	esophag	Blood Glucose AlphaTrak	PetTest	
Pre-sedation:	99.8	99.6	99.1		103	108	
SEDATE DOG @ 6:49a							
3 min: 6:52a	99.8	99.6	98.8				
6 min: 6:55a	99.9	99.7	98.9				
9 min: 6:58a	100.0	99.9	99.6				
12 min: 7:01a	100.2	99.8	98.9		101	104	
INDUCE & INSTRUMENT DOG @ 7:05a							
3 min: 7:08a	100.3	99.8	98.7				
6 min: 7:11a	100.3	99.7	98.7	98.7	Begin warming		
9 min: 7:14a	100.3	99.5	98.6	98.7			
12 min: 7:17a	100.2	99.5	98.5	98.6			
15 min: 7:20a	100.1	99.5	98.4	98.5			
18 min: 7:23	100.1	99.5	98.5	98.6			
21 min: 7:26	100.1	99.3	98.5	98.5			
24 min: 7:29	100.0	99.3	98.5	98.5			
27 min: 7:32	100.1	99.2	98.6	98.4			
30 min: 7:35	100.1	99.2	98.6	98.5	160	94	
33 min: 7:38	100.1	99.2	98.6	98.6			
36 min: 7:41	100.1	99.3	98.6	98.7			
39 min: 7:44	100.1	99.3	98.6	98.7			
42 min: 7:47	100.0	99.2	98.6	98.7			
45 min: 7:50	100.0	99.2	98.6	98.8			
48 min: 7:53	100.0	99.2	98.7	98.8			
51 min: 7:56	100.1	99.2	98.8	98.9			
54 min: 7:59	100.1	99.2	98.9	99.0			
57 min: 8:02	100.1	99.2	99.0	99.1			
60 min: 8:05	[illegible] 100.1	99.2	99.1	99.2	130	113	

	E	F unclipped	Rectal	Esophageal		
63 min: 8:08a	100.1	99.2	99.1	99.3		
66 min: 8:11a	100.1	99.2	99.1	99.3		
69 min: 8:14a	100.1	99.2	99.1	99.3		
72 min: 8:17a	100.1	99.2	99.0	99.4		
75 min: 8:20a	100.1	99.2	99.6	99.5		
78 min: 8:23a	100.4	98.7	99.0	99.5		
81 min: 8:26a	100.4	98.7	99.1	99.5		
84 min: 8:29a	100.5	98.7	[illegible] 99.1	99.5	Alpha	Pettest
87 min: 8:32a	100.5	98.8	99.2	99.5	114	118
90 min: 8:35a	100.5	98.9	99.3	99.6		
93 min: 8:38a	100.7	99.0	99.3	99.7		
96 min: 8:41a	100.8	99.1	99.3	99.8		
99 min: 8:44a	100.8	99.2	99.4	99.9		
102 min: 8:47a	100.9	99.2	99.5	99.9		
105 min: 8:50a [illegible]	101.0	99.3	99.5	99.9		
108 min: 8:53a [illegible]	101.1	99.3	99.6	99.9		
111 min: 8:56a [illegible]	101.1	99.4	99.6	100.1		
114 min: 8:59a [illegible]	101.2	99.4	99.7	100.2		
117 min: 9:02a [illegible]	101.3	99.4	99.7	100.2		
120 min: 9:05a [illegible]	101.4	99.4	99.7	100.2	106	100
9:08a	101.4	99.5	99.6	100.3		

END Anesthesia @ 9:14a

RECOVERY

Time extubated: 9:14a

Time to extubation (minutes): 5

Time sternal: 9:21a

Time to sternal (minutes): 7

Time standing: 9:26a

Time to standing (minutes): 12

Blood glucose (30 min post-recovery): 96 (AlphaTrak) 101 (PetTest)

Notes (shivering): Nine

Time returned to run: 9:37a

Body temperature: 100.0 @ 9:16a

Completed by: [redacted]

Dog #: 1 DX2
Date: 08/07/23
Treatment: Acepromazine & Conventional

Completed by: [redacted]

Food pulled (date/time): 8/6 @ 9:00p

Initials & time

Study Procedures:

1. Placed 22 g IV catheter awake in R or (L) cephalic vein – BG taken/recorded [redacted] 6:45a
2. Temp probe placed and taped to tail - initial value recorded [redacted] 6:47a
3. Neck clipped and CORE placed on neck via collar – initial value recorded [redacted] 6:47a
4. Dog premedicated IV: *Acepromazine* (0.03 mg/kg) [redacted] 6:49a
5. Temp recording started and continued every 3 minutes throughout procedure [redacted]
6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV [redacted] 7:05a
7. Monitors placed and devices turned on [redacted] 7:08a
   -*Conventional (circulating water blanket & forced air warmer) on*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr
8. BG taken every 30 minutes [redacted] 7:35 8:05 8:35, 9:05 9:14
9. Recovered on floor pad when (circle one/strike others)
   a) ~~rectal temp < 95.5°F (35°C) for 10 minutes~~
   b) ~~rectal temp > 103°F (39.5°C) for 10 minutes, or~~
   (c) after 2 hours between rectal temps of 95.5°F – 103°F
10. Recorded times on data sheet: [redacted]
    a) time to extubation @ 9:14
    b) time to sternal @ 9:21
    c) time to standing @
    d) any shivering
    None
12. BG taken 30 minutes post-recovery [redacted] 9:35a
13. IV catheter removed [redacted] 9:35a
14. Returned to run and fed dog at: 9:37a Temp: 100.0 @9:16a

Comments:

Dog #: 1 DX2
Date: 08/07/23
Treatment: Acepromazine & Conventional

Completed by: [redacted]

Food pulled (date/time): 8/6/23 9:00p

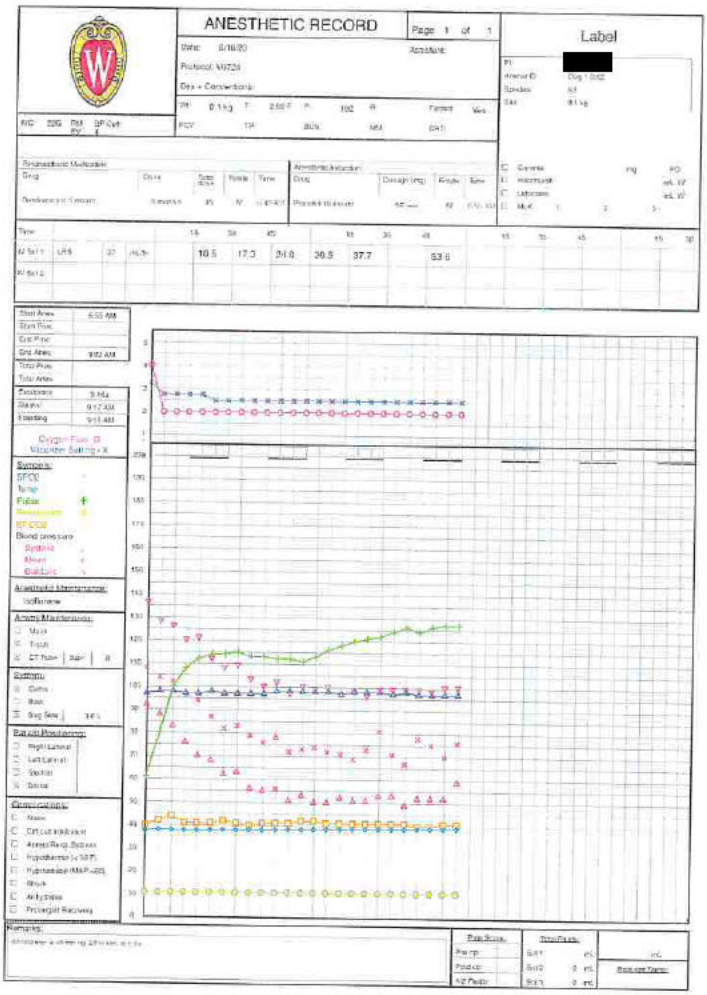
Initials & time

Study Procedures:

1. Placed 22 g IV catheter awake in R or (L) cephalic vein – BG taken/recorded [redacted] 6:45a
2. Temp probe placed and taped to tail - initial value recorded 6:47a
3. Neck clipped and CORE placed on neck via collar – initial value recorded 6:47a
4. Dog premedicated IV: *Acepromazine* (0.03 mg/kg) 6:49a
5. Temp recording started and continued every 3 minutes throughout procedure [redacted]
6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV [redacted] 7:05a 7:08a
7. Monitors placed and devices turned on
   -*Conventional (circulating water blanket & forced air warmer) on*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr
8. BG taken every 30 minutes [redacted] 7:35 8:05 8:35, 9:05 9:14
9. Recovered on floor pad when (circle one/strike others)
   a) ~~rectal temp < 95.5°F (35°C) for 10 minutes~~
   b) ~~rectal temp > 103°F (39.5°C) for 10 minutes~~, or
   (c) after 2 hours between rectal temps of 95.5°F – 103°F [redacted]
10. Recorded times on data sheet:
    a) time to extubation @ 9:19
    b) time to sternal @ 9:21
    c) time to standing @
    d) any shivering None
12. BG taken 30 minutes post-recovery [redacted] 9:35a
13. IV catheter removed 9:35a
14. Returned to run and fed dog at: 9:37a Temp: 100.0 @9:16a [redacted]

Comments:

8/10/23
Dog 1
Dex/[illegible]NV
[redacted]



	(HOUR 1)			15			30			45			(HOUR 2)			15			30			45			(HOUR 3)	15	30	45	(HOUR 4)	15	30
LRS; Rate	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0							
IV Sol 1: Vl			4.1			10.5			17.3			24.0			30.5			37.7			44.9			51.2	53.8						
IV Sol 2: Rate																															
IV Sol 2: Vl																															
IV Sol 3: Rate																															
IV Sol 3: Vl																															
Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120	125	130	135	140	145	150
O2 Flow	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0						
Vaporizer	2.3	1.8	1.8	1.8	1.8	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5						
Esophageal Temp	36.7	37.1	37.0	36.9	36.9	37.0	37.1	37.1	37.2	37.2	37.3	37.4	37.4	37.5	37.6	37.6	37.7	37.7	37.8	37.9	37.9	38.0	38.1	38.1	38.2						
Pulse	60	79	89	102	111	113	113	114	112	112	111	111	110	112	115	117	119	120	121	123	125	123	125	126	126						
Resp	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10						
Systolic	135	127	125	112	120	111	107	108	102	99	101	96	92	98	99	96	97	95	98	98	98	98	97	99	99						
Mean	107	103	101	99	93	86	81	82	78	75	83	71	72	73	71	70	68	72	80	70	85	77	74	69	75						
Diastolic	91	87	82	75	69	67	61	62	55	54	77	59	52	49	49	51	50	50	52	52	48	51	51	51	58						
ET CO2	39	41	43	40	40	40	41	40	39	40	40	40	41	41	40	40	40	40	40	40	40	39	39	40	40						
SPO2	98	97	97	96	96	97	96	96	96	96	97	97	97	97	97	96	97	97	97	96	97	96	96	96	96						
REMARKS:	ETCO2 kept ~ 40 mm Hg. ETiso 1.3%; temp in colder 4 minute 105 - dog starting breathing over vent																														

Date: 8/10/23 Dog #: 1 Pre-meds/treatment: Dex | ConV

Time	Temperature clipped (E)	Temperature unclipped (F)	Temperature rectal	Temperature esophag	Blood Glucose AlphaTrak	Blood Glucose PetTest
Pre-sedation: @6:40a	103.3 (39.61)	103.1 (39.5)	99.6 (37.56)		161	113
SEDATE DOG @ 6:41a						
3 min: 6:44a	104.0 (40)	103.8 (39.9)	99.5 (37.5)			
6 min: 6:47a	104.4 (40.2)	103.8 (39.9)	99.7 (37.6)			
9 min: 6:50a	104.3 (40.16)	103.7 (39.8)	99.7 (37.6)			
12 min: 6:53a	103.9 (39.4)	103.5 (39.72)	99.7 (37.6)		99	83
INDUCE & INSTRUMENT DOG @ 6:55a						
3 min: 7:00a	102.8 (39.3)	102.5 (39.16)	99.6 (37.56)	98.3 (36.83)		
6 min: 7:03a	102.6 (39.2)	101.8 (38.78)	99.4 (37.5)	98.6 (37.0)		
9 min: 7:06a	102.4 (39.1)	101.1 (38.39)	99.32 (37.4)	98.7 (37.05)		
12 min: 7:09a	102.2 (39)	100.5 (38.05)	99.1 (37.3)	98.6 (37.0)		
15 min: 7:12a	101.9 (38.83)	100.1 (37.03)	98.9 (37.2)	98.6 (37.0)		
18 min: 7:15a	101.6 (38.67)	99.8 (37.67)	98.8 (37.1)	98.5 (36.94)		
21 min: 7:18a	101.3 (38.5)	99.5 (37.5)	98.7 (37.1)	98.5 (36.94)		
24 min: 7:21a	101.0 (38.3)	99.4 (37.4)	98.7 (37.1)	98.5 (36.94)		
27 min: 7:24a	100.8 (38.2)	99.3 (36.83)	98.7 (37.1)	98.5 (36.94)		
30 min: 7:27a	100.7 (38.17)	99.3 (37.3)	98.7 (37.1)	98.6 (37.0)	113	142
33 min: 7:30a	100.6 (38.1)	99.3 (36.83)	98.7 (37.1)	98.7 (37.1)		
36 min: 7:33a	100.5 (38.05)	99.3 (36.83)	98.7 (37.1)	98.7 (37.1)		
39 min: 7:36a	100.3 (37.94)	99.3 (36.8)	98.7 (37.1)	98.8 (37.1)		
42 min: 7:39a	100.3 (37.94)	99.4 (37.4)	98.8 (37.1)	98.8 (37.1)		
45 min: 7:42a	100.1 (37.83)	99.4 (37.4)	98.9 (37.2)	98.9 (37.2)		
48 min: 7:45a	100.1 (37.83)	99.6 (37.56)	98.9 (37.2)	98.9 (37.2)		
51 min: 7:48a	100.0 (37.78)	99.6 (37.56)	99.0 (37.2)	99.0 (37.2)		
54 min: 7:51a	99.9 (37.72)	99.7 (37.6)	99.1 (37.3)	99.1 (37.3)		
57 min: 7:54a	100.0 (37.78)	99.8 (37.67)	99.2 (37.3)	99.2 (37.3)		
60 min: 7:57a	100.0 (37.78)	99.8 (37.67)	99.3 (37.38)	99.4 (37.4)	105	78

	clipped E	unclipped F	rectal	esoph
63 min: 8:00a	100.0 37.78	99.9 37.72	99.3 36.8	99.4 37.5
66 min: 8:03a	100.0 37.78	99.9 37.72	99.3 36.8	99.5 37.5
69 min: 8:06a	100.1 37.83	100.0 37.78	99.4 37.4	99.6 37.56
72 min: 8:09a	100.1 37.83	100.1 37.83	99.5 37.5	99.6 37.56
75 min: 8:12a	100.2 37.89	100.2 37.89	99.4 37.4	99.6 37.56
78 min: 8:15a	100.3 37.94	100.2 37.89	99.3 37.4	99.7 37.6
81 min: 8:18a	100.4 38	100.4 38	99.4 37.4	99.7 37.6
84 min: 8:21a	100.5 38.05	100.4 38	99.6 37.56	99.8 37.67
87 min: 8:24a	100.6 38.1	100.5 38.05	99.7 37.6	99.9 37.72
90 min: 8:27a	100.7 38.17	100.6 38.1	99.8 37.67	99.9 37.72
93 min: 8:30a	100.8 38.2	100.7 38.17	99.8 37.67	100.0 37.78
96 min: 8:33a	100.8 38.2	100.7 38.17	100.0 37.78	100.0 37.78
99 min: 8:36a	101.0 38.3	100.8 38.2	100.1 37.83	100.1 37.83
102 min: 8:39a	100.7 38.17	100.6 38.1	100.1 38	100.2 37.89
105 min: 8:42a	100.7 38.17	100.6 38.1	100.6 38.1	100.3 37.94
108 min: 8:45a	100.7 38.17	100.6 38.1	100.7 38.17	100.4 38
111 min: 8:48a	101.3 38.5	101.2 38.4	100.7 38.17	100.4 38
114 min: 8:51a	101.5 38.6	101.3 38.5	100.8 38.2	100.5 38.05
117 min: 8:54a	101.5 38.6	101.3 38.5	100.9 38.27	100.5 38.05
120 min: 8:57a	101.7 38.72	101.4 38.56	100.9 38.3	100.7 38.17

alpha 130 | pettest 87

*Restarted CORE @ 8:46a

123 | 101

END Anesthesia 9:02a

RECOVERY

Time extubated: 9:16a

Time to extubation (minutes): 15

Time sternal: 9:17a

Time to sternal (minutes): 16

Time standing: 9:18a

Time to standing (minutes): 17

Blood glucose (30 min post-recovery): 121 (AlphaTrak) 116 (PetTest)

Notes (shivering): None

Time returned to run: 9:35a Body temperature: 101.3°F

Completed by:

[redacted]

[redacted]

Dog #: 1
Date: 08/10/23
Treatment: Dexmedetomidine & Conventional

Completed by: [redacted]

Food pulled (date/time): 8/9/23 8:30 pm

Initials & time

Study Procedures:

1. Placed 22 g IV catheter awake in (R) or L cephalic vein – BG taken/recorded [redacted] 6:40a
2. Temp probe placed and taped to tail - initial value recorded 6:40a
3. Neck clipped and CORE placed on neck via collar – initial value recorded 6:40a
4. Dog premedicated IV: *Dexmedetomidine* (5 mcg/kg) 6:41a
5. Temp recording started and continued every 3 minutes throughout procedure
6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV [redacted] 6:53a
7. Monitors placed and devices turned on 6:57a
   -*Conventional (circulating water blanket & forced air warmer) on*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr
8. BG taken every 30 minutes [redacted] 7:27, 7:57, 8:27, 8:57, 9:00a
9. Recovered on floor pad when (circle one/strike others)
   ~~a) rectal temp < 95.5°F (35°C) for 10 minutes~~
   ~~b) rectal temp > 103°F (39.5°C) for 10 minutes, or~~
   (c) after 2 hours between rectal temps of 95.5°F – 103°F
10. Recorded times on data sheet: [redacted]
    a) time to extubation @ 9:16a
    b) time to sternal @ 9:17a
    c) time to standing @ 9:18a
    d) any shivering None
12. BG taken 30 minutes post-recovery [redacted] 9:30a
13. IV catheter removed 9:30a
14. Returned to run and fed dog at: 9:35a Temp: 101.3

Comments:

Smooth Recovery

Dog #: 1
Date: 08/10/23
Treatment: Dexmedetomidine & Conventional

Completed by: [redacted]

Food pulled (date/time): 8/9/23 8:30 pm

Initials & time

Study Procedures:

1. Placed 22 g IV catheter awake in (R) or L cephalic vein – BG taken/recorded [redacted] 6:40a
2. Temp probe placed and taped to tail - initial value recorded 6:40a
3. Neck clipped and CORE placed on neck via collar – initial value recorded 6:40a
4. Dog premedicated IV: *Dexmedetomidine* (5 mcg/kg) 6:41a
5. Temp recording started and continued every 3 minutes throughout procedure
6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV [redacted] 6:53a 6:57a
7. Monitors placed and devices turned on
   -*Conventional (circulating water blanket & forced air warmer) on*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr
8. BG taken every 30 minutes [redacted] 7:27, 7:57, 8:27 8:57 9:00a
9. Recovered on floor pad when (circle one/strike others)
   ~~a) rectal temp < 95.5°F (35°C) for 10 minutes~~
   ~~b) rectal temp > 103°F (39.5°C) for 10 minutes, or~~
   (c) after 2 hours between rectal temps of 95.5°F – 103°F
10. Recorded times on data sheet: [redacted]
    a) time to extubation @ 9:16a
    b) time to sternal @ 9:17a
    c) time to standing @ 9:18a
    d) any shivering None
12. BG taken 30 minutes post-recovery [redacted] 9:30a
13. IV catheter removed [redacted] 9:30a
14. Returned to run and fed dog at: 9:35a Temp: 101.3

Comments:

Smooth Recovery

8/14/23
Dog 1
Ace-AVA

ANESTHETIC RECORD

Page 1 of 1

Label

Date: 8/14/23

Protocol: V6724

Assistant:

Pt: [redacted]

Animal ID: Dog 1 ...

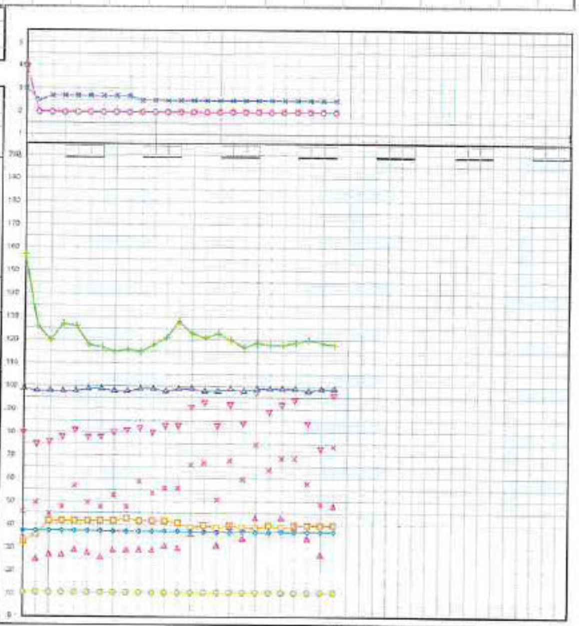
Wt: 9.1 kg

Preanesthetic Medication				
Drug	Dose	Total dose	Route	Time
Acepromazine 10 mg/mL	0.03 mg/kg	0.27 mL	IV	

Anesthetic Induction			
Drug	Dosage (mg)	Route	Time
Propofol 10 mg/mL	30 mg	IV	

Time					15	30	45		15	30	45		15	30	45		15	30
IV Sol 1	LRS				11.9	18.7	25.5	32.3	39.0		50.1							
IV Sol 2																		

Start Anes	8:59 AM
Start Proc	
End Proc	
End Anes	9:07 AM
Total Proc	
Total Anes	
Extubation	9:15 AM
Sternal	9:20 AM
Standing	9:25 AM



Remarks:

LRS: Rate	
IV Sol 1: VI	

	(HOUR 1)			15			30			45			(HOUR 2)			15			30			45			(HOUR 3)			15			30			45			(HOUR 4)			15		30
LRS: Rate	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0																	
IV Sol 1: VI			8.1			11.9			18.7			25.5			32.3			39.0			47.4			53.3	56.1																	
IV Sol 2: Rate																																										
IV Sol 2: VI																																										
IV Sol 3: Rate																																										
IV Sol 3: VI																																										
Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205
O2 Flow	3.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0																	
Vaporizer	2.0	1.5	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.5	1.5	1.5	1.6	1.6	1.6	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5																	
Esophageal Temp	36.7	36.6	36.6	36.7	36.6	36.6	36.6	36.4	36.4	36.4	36.4	36.4	36.4	36.2	36.1	36.1	36.1	36.3	36.0	36.1	36.2	36.1	36.2	36.2	36.2																	
Pulse	150	125	119	120	125	117	116	114	115	114	117	120	127	122	120	122	115	110	118	117	117	118	119	118	117																	
Resp	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10																	
Systolic	75	74	73	77	80	77	77	79	80	81	70	82	82	90	92	82	91	93	99	98	91	93	83	72	95																	
Mean	45	49	44	47	55	49	47	52	47	50	53	53	55	65	66	50	67	59	74	63	68	68	57	48	73																	
Diastolic	34	24	28	28	28	27	25	28	28	28	28	30	29	35	37	30	33	33	42	36	42	33	33	29	47																	
ET CO2	32	35	41	41	41	41	41	41	42	41	41	41	40	38	39	38	39	38	38	39	38	39	39	39	39																	
SPO2	98	97	97	97	97	98	98	97	97	99	99	97	98	98	97	97	98	97	96	98	99	98	97	98	98																	

REMARKS: ETCO2 kept ~40 mm Hg; ETiso 1.3%; temp in celsius

Date: 8/14/23 Dog #: "Rocketer" 1 Pre-meds/treatment: ACE / AVH Core

Time	Temperature				Blood Glucose	
	clipped (E)	unclipped (F)	rectal	esophag	AlphaTrak	PetTest
Pre-sedation: @6:40a	39.7	39.3	37.3		87	114
SEDATE DOG @6:42a						
3 min: @6:45a	39.7	39.3	37.1			
6 min: @6:48a	39.7	39.3	37.3			
9 min: @6:51a	39.5	39.1	37.1			
12 min: @6:54a	39.3	38.9	37.1		92	100
INDUCE & INSTRUMENT DOG @6:56a						
3 min: 7:02a	102.2 39.0	101 38.3	36.9	36.7		
6 min: 7:05a	38.83	38	36.4	36.5		
9 min: 7:08a	38.7	37.7	36.9	36.5		
12 min: 7:11a	38.38	37.5	36.8	36.6		
15 min: 7:14a	38.27	37.2	36.8	36.7		
18 min: 7:17a	38.1	37.1	36.7	36.7		
21 min: 7:20a	37.9	36.94	36.7	36.7		
24 min: 7:23a	37.9	36.9	36.7	36.6		
27 min: 7:26a	37.7	36.7	36.7	36.6		
30 min: 7:29a	37.6	36.7	36.7	36.6	99	101
33 min: 7:32a	37.4	36.6	36.4	36.6		
36 min: 7:35a	37.3	36.6	36.6	36.6		
39 min: 7:38a	37.3	36.6	36.6	36.5		
42 min: 7:41a	37.2	36.4	36.5	36.5		
45 min: 7:44a	37.2	36.4	36.5	36.5		
48 min: 7:47a	37.1	36.5	36.5	36.4		
51 min: 7:50	36.9	36.4	36.5	36.4		
54 min: 7:53a	36.9	36.4	36.5	36.4		
57 min: 7:56a	36.9	36.4	36.4	36.4		
60 min: 7:59a	36.78	36.3	36.4	36.4	72	122

	E	F	Rectal	Esoph		
63 min: 8:02a	36.8	36.3	36.4	36.4		
66 min: 8:05a	36.8	36.3	36.4	36.3		
69 min: 8:08a	36.72	36.27	36.4	36.2		
72 min: 8:11a	36.8	36.3	36.3	36.1		
75 min: 8:14a	36.8	36.3	36.4	36.1		
78 min: 8:17a	36.72	36.3	36.3	36.2		
81 min: 8:20a	36.72	36.3	36.3	36.2		
84 min: 8:23a	36.72	36.3	36.3	36.2	Alpha	PetTest
87 min: 8:26a	36.72	36.3	36.3	36.2		
90 min: 8:29	36.67	36.3	36.3	36.2	143	96
93 min: 8:32a	36.7	36.3	36.3	36.1		
96 min: 8:35a	36.7	36.3	36.3	36.2		
99 min: 8:38a	36.7	36.3	36.3	36.1		
102 min: 8:41a	36.7	36.3	36.3	36.2		
105 min: 8:44a	36.7	36.3	36.3	36.2		
108 min: 8:47a	36.7	36.3	36.2	36.1		
111 min: 8:50a	36.6	36.3	36.2	36.1		
114 min: 8:53a	36.7	36.4	36.2	36.2		
117 min: 8:56a	36.6	36.4	36.2	36.2		
120 min: 8:59a	36.7	36.4	36.2	36.2	124	129

RECOVERY END @ 9:05a

Time extubated: 9:15a

Time to extubation (minutes): 10

Time sternal: 9:20a

Time to sternal (minutes): 15

Time standing: 9:25a

Time to standing (minutes): 20

Blood glucose (30 min post-recovery): 82 (AlphaTrak) 88 (PetTest)

Notes (shivering):
Shivering

Time returned to run: 9:35a

Body temperature: 98.4

Completed by: [redacted]

Dog #: 1 14 (BB)
Date: 08/18/23
Treatment: Acepromazine & AVACore

Completed by: [redacted]

Food pulled (date/time): 9:45p 8/13/23

Initials & time

Study Procedures:

1. Placed 22 g IV catheter awake in R or (L) cephalic vein – BG taken/recorded [redacted] 6:35ap
2. Temp probe placed and taped to tail - initial value recorded 6:35a
3. Neck clipped and CORE placed on neck via collar – initial value recorded 6:35a
4. Dog premedicated IV: *Acepromazine* (0.03 mg/kg) 0.27mg = 0.027 ml 6:42a
5. Temp recording started and continued every 3 minutes throughout procedure
6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV [redacted] 6:56a 7:02a
7. Monitors placed and devices turned on
   -*Only AVACore turned on*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr
8. BG taken every 30 minutes [redacted] 7:29, 7:
9. Recovered on floor pad when (circle one/strike others) 9:07a
   a) ~~rectal temp < 95.5°F (35°C) for 10 minutes~~
   b) ~~rectal temp > 103°F (39.5°C) for 10 minutes, or~~
   (c) after 2 hours between rectal temps of 95.5°F – 103°F
10. Recorded times on data sheet: [redacted]
    a) time to extubation @ 9:15a
    b) time to sternal @ 9:20a
    c) time to standing @ 9:25am
    d) any shivering
    Shivering
12. BG taken 30 minutes post-recovery [redacted] 9:30a
13. IV catheter removed 9:30a
14. Returned to run and fed dog at: 9:35a Temp: 96.4 9:35a

Comments:
None

Dog #: 1 14 (BB)
Date: 08/18/23
Treatment: Acepromazine & AVACore

Completed by: [redacted]

Food pulled (date/time): 9:45p 8/13/23

Initials & time

Study Procedures:

1. Placed 22 g IV catheter awake in R or (L) cephalic vein – BG taken/recorded [redacted] 6:35p
2. Temp probe placed and taped to tail - initial value recorded 6:35a
3. Neck clipped and CORE placed on neck via collar – initial value recorded 6:35a
4. Dog premedicated IV: *Acepromazine* (0.03 mg/kg) 0.27mg = 0.027 mL 6:42a
5. Temp recording started and continued every 3 minutes throughout procedure
6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV [redacted] 6:56a 7:02a
7. Monitors placed and devices turned on
   -*Only AVACore turned on*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr
8. BG taken every 30 minutes [redacted] 7:29, 7:
9. Recovered on floor pad when (circle one/strike others) 9:07a
   a) ~~rectal temp < 95.5°F (35°C) for 10 minutes~~
   b) ~~rectal temp > 103°F (39.5°C) for 10 minutes,~~ or
   (c) after 2 hours between rectal temps of 95.5°F – 103°F
10. Recorded times on data sheet: [redacted]
    a) time to extubation @ 9:15a
    b) time to sternal @ 9:20a
    c) time to standing @ 9:25 am
    d) any shivering
    Shivering
12. BG taken 30 minutes post-recovery [redacted] 9:30a
13. IV catheter removed 9:30a
14. Returned to run and fed dog at: 9:35a Temp: 96.4 9:35a

Comments:
None

[redacted]

Dog 1
8/18/23

Dex + None

ANESTHETIC RECORD

Page 1 of 1

Label

[redacted]

Dog 1 DXZ

Date: 8/18/23

Protocol: V6724

Dex + None

Wt: 9 kg T: 37.4 F P: 72

Premedication: Dexmedetomidine — IV — 6:47 AM

Anesthetic Induction: Propofol 10 mg/mL — 20 mg — IV — 7:02 AM

Time	15	30	45	15	30	45
IV Sol 1: LRS 27 mL/hr	16.6	23.1	30.2	26.6		53.0
IV Sol 2						

Start Anes: 7:02 AM

Start Proc:

End Proc:

End Anes: 8:07 AM

Total Proc:

Total Anes:

Extubation: 8:25 AM

Sternal: 8:26 AM

Standing: 8:27 AM

Oxygen Flow – O

Vaporizer Setting – %

Symbols:

SPO2

Temp

Pulse +

Respiration

ET CO2

Blood pressure

Systolic

Mean

Diastolic

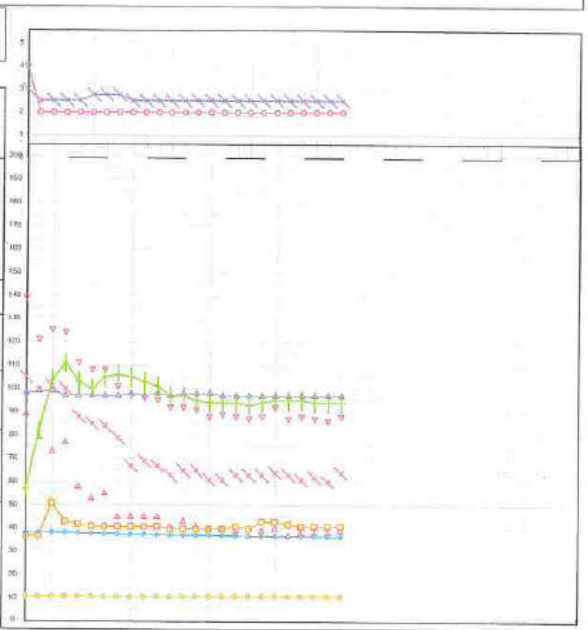
Anesthetic Maintenance:
Isoflurane

Airway Maintenance:
☐ Mask
☒ Trach
☒ ET Tube Size: 8

System:
☒ Circle
☐ Bain
☒ Bag Size 3.0 L

Patient Positioning:
☐ Right Lateral
☐ Left Lateral
☐ Sternal
☒ Dorsal

Complications:
☐ None
☐ Difficult Intubation
☐ Apnea/Resp Depression
☐ Hypothermia (<99 F)
☐ Hypotension (MAP <60)
☐ Shock
☐ Arrhythmia
☐ Prolonged Recovery



Remarks:

Pain Score: Pre-op / Post-op / IV Fluids

Total Fluids: Sol 1 mL; Sol 2 0 mL; Sol 3 0 mL

Enter Time Here

	(HOUR 1)			15			30			45			(HOUR 2)			15			30			45			(HOUR 3)
LRS: Rate	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0	27.0
IV Sol 1: VI			3.9						10.6			23.1			30.2			36.8			43.4			50.4	53.0
IV Sol 2: Rate																									
IV Sol 2: VI																									
IV Sol 3: Rate																									
IV Sol 3: VI																									
Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120
O2 Flow	3.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Vaporizer	2.0	1.5	1.5	1.5	1.5	1.8	1.8	1.8	1.6	1.6	1.6	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
Esophageal Temp	37.4	37.4	37.4	37.3	37.1	37.0	36.9	36.8	36.7	36.6	36.4	36.4	36.3	36.3	36.2	36.1	36.1	36.0	35.9	35.9	35.8	35.8	35.8	35.7	35.7
Pulse	56	81	103	110	102	99	104	105	104	102	100	98	98	94	93	93	93	92	93	94	94	94	93	93	93
Resp	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Systolic	128	120	124	123	118	107	107	100	98	95	94	91	91	90	87	88	87	86	87	91	88	87	86	85	87
Mean	104	99	100	95	87	84	83	78	68	68	66	62	64	64	60	60	62	62	62	63	62	60	61	59	63
Diastolic	88	78	72	76	57	53	54	44	44	44	44	40	42	40	39	39	38	36	38	39	36	37	37	37	38
ET CO2	30	36	50	42	41	40	40	40	40	40	40	39	39	39	39	39	40	39	42	42	41	40	40	40	40
SPO2	97	98	98	96	96	96	96	96	97	96	97	96	97	97	97	96	96	96	96	96	96	96	96	96	96

		15			30			45			(HOUR 4)			15			30
Minutes	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205

REMARKS: ETCO2 kept ~ 40 mm Hg, ETiso 1.3%, temp in celsius

Date: 8/18/23 Dog #: 1 Pre-meds/treatment: Dex | NONE

Time	Temperature				Blood Glucose	
	clipped (E)	unclipped (F)	rectal	esophag	AlphaTrak	PetTest
Pre-sedation: 6:39a	99.8 37.6	98.1 36.7	37.4		99	124
SEDATE DOG @ 6:46a						
3 min: 6:49a	37.6	36.7	37.6			
6 min: 6:52a	37.4	36.7	37.8			
9 min: 6:55a	37.4	36.8	37.9			
12 min: 6:58a	37.4	36.8	37.9		91	112
INDUCE & INSTRUMENT DOG 7:02a						
3 min: 7:07a	37.5	36.94	37.8	37.5		
6 min: 7:10a	37.6	36.94	37.6	37.4		
9 min: 7:13a	37.7	36.94	37.5	37.4		
12 min: 7:16a	37.7	36.94	37.4	37.4		
15 min: 7:19a	37.6	36.8	37.1	37.3		
18 min: 7:22a	37.5	36.7	37.0	37.2		
21 min: 7:25a	37.4	36.8	36.9	37.1		
24 min: 7:28a	37.41	36.7	36.8	37		
27 min: 7:31a	37.3	36.7	36.8	36.9		
30 min: 7:34a	37.2	36.7	36.7	36.8	112	109
33 min: 7:37a	37.2	36.7	36.6	36.7		
36 min: 7:40a	37.16	36.7	36.5	36.7		
39 min: 7:43a	37.16	36.7	36.4	36.7		
42 min: 7:46a	37.1	36.7	36.4	36.6		
45 min: 7:49a	37.1	36.7	36.3	36.5		
48 min: 7:52a	37	36.7	36.2	36.5		
51 min: 7:55a	37	36.7	36.2	36.5		
54 min: 7:58a	36.9	36.7	36.2	36.4		
57 min: 8:01a	36.9	36.7	36.2	36.4		
60 min: 8:04a	36.9	36.6	36.1	36.3	105	111

	clipped E	Unclipped F	Rectal	Esophx		
63 min: 8:07a	36.8	36.6	36.1	36.2		
66 min: 8:10a	36.9	36.6	36.0	36.3		
69 min: 8:13a	36.9	36.6	36.0	36.2		
72 min: 8:16a	36.9	36.6	35.9	36.2		
75 min: 8:19a	36.9	36.5	35.9	36.1		
78 min: 8:22a	36.9	36.5	35.8	36.1		
81 min: 8:25a	36.9	36.5	35.8	36.1		
84 min: 8:28a	36.9	36.5	35.8	36.0		
87 min: 8:31a	36.8	36.4	35.7	36.0	Alpha	PetTest
90 min: 8:34a	36.8	36.5	35.7	35.9	105	115
93 min: 8:37a	36.7	36.5	35.6	35.9		
96 min: 8:40a	36.7	36.5	35.6	35.8		
99 min: 8:43a	36.7	36.5	35.6	35.8		
102 min: 8:46a	36.7	36.5	35.5	35.8		
105 min: 8:49a	36.7	36.6	35.5	35.7		
108 min: 8:52a	36.7	36.6	35.5	35.7		
111 min: 8:55a	36.7	36.6	35.4	35.7		
114 min: 8:58am	36.7	36.6	35.4	35.7		
117 min: 9:01am	36.7	36.6	35.4	35.6		
120 min: 9:04am	36.7	36.6	35.3	35.6	98	102

END @ 9:08a

RECOVERY

Time extubated: 9:25 Time to extubation (minutes): 17

Time sternal: 9:26 Time to sternal (minutes): 18

Time standing: 9:27 Time to standing (minutes): 19

Blood glucose (30 min post-recovery): 110 (AlphaTrak) 122 (PetTest)

Notes (shivering): shivering

Time returned to run: 10:05a Body temperature: 98.0F

Completed by: [redacted]

Dog #: 1 18(68)
Date: 08/14/23
Treatment: Dexmedetomidine & None

Completed by: [redacted]

Food pulled (date/time): 8/17/23 8p

	Initials & time
Study Procedures:	
1. Placed 22 g IV catheter awake in (R) or L cephalic vein – BG taken/recorded	[redacted] 6:39a
2. Temp probe placed and taped to tail - initial value recorded	6:39a
3. Neck clipped and CORE placed on neck via collar – initial value recorded	6:39a
4. Dog premedicated IV: *Dexmedetomidine* (5 mcg/kg)	6:44
5. Temp recording started and continued every 3 minutes throughout procedure	
6. 10-15 minutes after pre-meds: a) BG taken & b) dog induced with propofol IV	[redacted] 7:02a
7. Monitors placed and devices turned on	7:04a
-*No devices turned on*	
-ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min	
-IV fluids at 3 mL/kg/hr	
8. BG taken every 30 minutes	[redacted] 7:34, 8:04, 8:34, 9:04
9. Recovered on floor pad when (circle one/strike others)	9:08a
a) rectal temp < 95.5°F (35°C) for 10 minutes	
b) rectal temp > 103°F (39.5°C) for 10 minutes, or	
c) after 2 hours between rectal temps of 95.5°F – 103°F	
10. Recorded times on data sheet:	[redacted]
a) time to extubation @ 9:25	
b) time to sternal @ 7:26	
c) time to standing @ 9:27	
d) any shivering ✓	
12. BG taken 30 minutes post-recovery	[redacted] 9:34a
13. IV catheter removed	9:34a
14. Returned to run and fed dog at: 10:05 Temp: 98.0°F	☐ [redacted]

Comments:
None

ANIMAL MEDICAL RECORD
(Vendor)

University of Wisconsin-Madison
RARC

Animal ID# DEC - 2 DATE REC'D: 1/17/2023

SPECIES: Canine STRAIN/BREED: beagle GENDER: F

DOB/AGE: 2-28-22 DESCRIPTION: tricolor

VENDOR: Ridgeland WEIGHT: _____

Protocol Assignment

Date	Protocol number	Investigator
1/17/2023	V006612	[redacted]
2-15-23	V006664	[redacted]

Arrival Confirmation

Animal arrived for housing at vivarium.

☒ B.A.R., active, and appears comfortable.

☐ Facility veterinarian contacted.

Date: 1-17-23 Initial: [redacted]

Final Disposition (Fill out completely)

☒ Euthanized- state drug name, dose (total mg) and route, or other method used.
Pentobarbital - 5mL IV
(under GA for study - dexmedetomidine/hydromorphone/isoflurane

☐ Died- See medical records

Death verified by:

☒ Cardiac arrest > verified by auscultation + palpation

☒ Respiratory arrest

☐ Other (state): _____

Date 3/2/23 Sign [redacted]

Was the animal submitted for Necropsy? NO Initials [redacted]

Revised 2019

[redacted]

Research Animal Resources and Compliance
Physical Examination Form

Date 1/17/2023 **Animal** DEC-2 **Protocol#** V0000612 **Species** Canine

D.O.B 2-26-22 **Sex:** M (F) M/C F/S **BCS: 1-5** 3/5 **WT:** ~~\~~ kg/lb

Exam Findings:	Normal	ABN	N/A	Comments:
1. General Appearance	~~X~~	□	□	
2. Eyes	~~X~~	□	□	
3. Ears	□ ~~X~~	□	□	dry crust (L) pinna
4. Oral Cavity	~~X~~	□	□	
5. Gingivitis:	0 /4		□	CRT -1sec
6. Tarter	0 /3		□	
7. Coat/Skin	~~X~~	□	□	
8. Cardiovascular	~~X~~	□	□	HR - 120
9. Respiratory	~~X~~	□	□	
10. Lymphatic	~~X~~	□	□	
11. Abdomen/GI	~~X~~	□	□	
12. Urogenital	□	~~X~~	□	Red vulvar discharge noted
13. CNS	~~X~~	□	□	
14. Limbs	~~X~~	□	□	
15. Nails	~~X~~	□	□	

Assessment: Suspect estrus

Plan: ~~X~~ Standard Housing □OK for use on approved protocol following acclimation period □OK for continued use on study

Follow up needed? ~~X~~ No □Yes _____ **Veterinarians Initials** [redacted]

Animal Record

University Wisconsin-Madison
RARC

Animal ID: DZC2 **Species:** K9 **Gender:** FS

Initial, date, time each entry. Use ink pen. (NO pencil or gel pen)
Do not skip lines. Record all observations and treatments. Single line-out any error.
To correct an entry use next available blank line using current date/ time and start with "Late Entry correction for….."

Date	Time	S.O.A.P. (subjective, objective, assessment, plan), Monitoring/ Observations, Treatments
2/23/23	1551	fast for procedure tomorrow ES
2/24/23	740a	Day 1 Post Procedure Check, BAR, N Stool in Pen. Appears comfortable, NFO per [redacted]
2/24/23	1418	taken to 3336 & CT trailer for procedure [redacted]
2/24/23	1637	returned to housing BAR
		☆ got pressure wrap from IVC site off- some blood staining as would not allow extensive cleaning. IVC site is clotted, but evidence of blood remains on (R) forelimb & neck ☆
2-25-23	945	BAR active & stable doing well [redacted]
2/28/23	1230p	BAR (R) ear has small scabs remaining & starting to fall off, NFO needed [redacted]
3-2-23	6:15am	NPO today for terminal procedure [redacted]
	10:37a	taken to Sx suite for terminal procedure [redacted]

Revised 2020

Animal Record

University Wisconsin-Madison
RARC

Animal ID: DZ02 **Species:** Canine **Gender:** FI

Initial, date, time each entry. Use ink pen. (NO pencil or gel pen)
Do not skip lines. Record all observations and treatments. Single line-out any error.
To correct an entry use next available blank line using current date/ time and start with "Late Entry correction for….."

Date	Time	S.O.A.P. (subjective, objective, assessment, plan), Monitoring/ Observations, Treatments
2/10/23	9:30a	BAR. Sensor in place. NPO overnight. Removed from housing for procedure [redacted]
2/10/23	12:10a	Returned to kennel. Refer to recovery log. Fed 1 cup kibble. Bandages removed. [redacted]
2/11/23	11:25A	BAR active + stable in good standing [redacted]
2/15/23	8:30am	BAR, 3 females housed together, 2 piles of soft but formed stool in cage, mucous present, small drops of darker looking stool in cage, possible blood drops 1 female in heat, alerted DVM & PI [redacted]
2/17/23	1215p.	Cage reported for diarrhea (3 dogs) All dogs BAR, per Dr Franklin collected fecal Smple fr. testing recheck 2/18 [redacted]
2-17-23	5:30pm	Fecal positive for coccidia. Rx: albon ≈ 55 mg/kg day 1 & ≈ 27.5 mg/kg day to 2-5. Tabs are 250mg each. Dog 1 given (500mg). [redacted]
2-19-23	1:15p	R pinna Superficial scratches x 3cm Long & Hair loss, L pinna at distal tip 4mm Notch w/ dry scabbed edges. Cleaned wounds w/ dilute chlorhex. Contacted VOC. Per LKH She will Be Kept Separate But in visual contact with other dogs overnight, and reassessed on 2-20-23. [redacted]
2/20/23	12p.	BAR, Scabbing on Ari dry, no redness healing cont, recheck next week [redacted]
2/22/23	11:30am	Albon completed 2/21/23. Stool reported wnl. [redacted]
2/23/23	340p	fasting request on cage for procedure 2/23 [redacted]
2/23/23	815 AM	taken to 3336 + CT trailer for procedure [redacted]
2/23/23	1004	Returned to cage BAR. Bandage removed [redacted]

Revised 2020

Animal Record

University Wisconsin-Madison
RARC

Animal ID: DZC-2 **Species:** Canine **Gender:** F

Initial, date, time each entry. Use ink pen. (NO pencil or gel pen)
Do not skip lines. Record all observations and treatments. Single line-out any error.
To correct an entry use next available blank line using current date/ time and start with "Late Entry correction for….."

Date	Time	S.O.A.P. (subjective, objective, assessment, plan), Monitoring/ Observations, Treatments
1-17-23	215	Open PE & new arrival [redacted]
1/20/23	10:15am	Blood draw left jugular vein - 5ml. Very good girl, mild blood
		droplets in kennel, swollen vulva -> in heat.
1/23/23	12:10p	Socialized with petting & talking. [redacted]
1/26/23	8:15a	BAR - small drops blood droplets in kennel. Vulva
		swollen - in heat.
1/26/23	2:50p	Shaved (R) side of neck & applied sensor. Placed light bandage around
		neck. Weight 16.3 lbs (7.4kg). Very nervous but ok if held. [redacted]
1/27/23	8:30a	bandage in place w/ sensor covered. NPO for procedure today [redacted]
		Removed from housing for procedure [redacted]
1/27/23	11:40a	Returned to kennel. BAR T-99.7 HR-146. Readily ate a bit of
		cheese. Vomited some clear liquid & foam. Did not put food back in
		kennel; should be ok to feed this afternoon. See post procedure
		log. [redacted]
1/27/23	2:38P	BAR. No V in kennel. Food available, takes treats readily.
1/28/23	9:45A	1 of 1 post procedure animal is BAR +
		active. Blood drops in kennel + bloody discharge
		with vulva swelling. Likely in heat. a/c
		monitoring.. ——— eac
2/2/23	3:48p	Wt: 7.4kg Placed new sensor (L) side of neck. Applied light bandage. [redacted]
2/3/23	8:43a	BAR sensor in place. NPO for procedure today. Removed from
		housing for procedure. Return later.
2/3/23	12:00p	Returned to kennel. Refer to recovery/post procedure record.
		BAR T-99.0 HR 168. Fed 1 cup kibble. [redacted]
2/4/23	9:00a	BAR. Doing well in post procedure w/ sensor sites WNL
		still in heat. O/C monitoring [redacted]
2/4/23	12:15p	BARH, Active EDUD [illegible] Appears Comfortable.
		Pcc OK NSO Post Procedure. [redacted]
2/9/23	2:30p	BAR. Apply sensor to (R) side neck, wt: 7.5 kg. Begin NPO

for procedure tomorrow.

Revised 2020

PI: Adrianna Sage, DVM, MS, DACVAA, cVMA **Protocol #:** V00612 (approved: 8/3/2022, exp. 8/2/2025)

Accuracy of Flash Glucose Monitoring System in Healthy dogs during Isoflurane Anesthesia

Post-Op Log (Continuation)

Post-Operative/Procedure Monitoring: Animals should be monitored for long-term recovery from anesthesia/surgery according to the timetable in the approved animal use protocol, utilizing the monitoring and endpoint criteria described in the aforementioned document.

If any of the following symptoms are noted, a member of the research group or veterinary staff should be contacted immediately.

- Excessive lethargy, depression, pain, decreased appetite, vomiting, diarrhea, or any other abnormal presentation.
- Monitor the IV catheter site for: redness, swelling, bruising, irritation, discomfort
- Monitor the site where Free-Style Libre sensor was placed on back of neck: redness, swelling, bruising, irritation, discomfort

Procedure: anesthesia, FreeStyle Libre sensor, IV catheter, arterial catheter, blood draw **Procedure Date:** (1) 1/27/23, (2) 2/3, (3) 2/10

Animal ID	Date	Time	Observations	Analgesics *drug name, dose, volume, route	Heart Rate/Temp *if applicable	Initials
(1) DZC2	1/27/23	11:40 a	QAR. return to housing fed → vomited	N/A	140 / 99.7	[redacted]
DZC2	1/27/23	1:45	showing after recovery. remove food. Did not consume. Will monitor			
DZC2	1/27/23	2:38	QAR. No V appreciated. Food available.	N/A	N/A	
(2) DZC2	2/3/23	12:01 p	QAR. Returned to housing. Fed 1 cup.	N/A	168 / 99.0	
DZC2	2/4/23	9:00 a	QAR. Appetite WNL. IV/Sensor site WNL.	N/A	N/A	
(#3) DZC2	2/10/23	12:10 p	QAR. Returned to kennel. Fed 1 cup	N/A	143 / 99.5	

Emergency Contact information:

Elizabeth Pollack, DVM c: 847-533-3215

Adrianna Sage, DVM, MS, DACVAA, cVMA c: 217-607-6975

PI: [redacted] DVM, MS, DACVAA, cVMA **Protocol #:** V006612 (approved: 8/3/2022, exp. 8/2/2025)

Accuracy of Flash Glucose Monitoring System in Healthy dogs during Isoflurane Anesthesia

Animal ID:	DZCZ (#1)	**Species:**	canine	**Weight:**	7.4 kg	**Additional Info:**
Breed:	Beagle	**Sex:**	M / F	**Heart Rate:**	90	Shaved both FL and applied EMLA @ 9:00 am
Age:	1 yr	**Study Date:**	1/27/23	**Resp Rate:**	18	
Procedure:	Blood & interstitial glucose measurements			**Temp (°F):**	100.7	
				ASA Status:	I II III IV V E	
				NPO:	yes no	
Study Participants:	[redacted]					

Catheters	Location	Size	Time Placed	Time Removed	Initials
Venous Catheter	L / R – Cephalic	22g	9:25	11:18	[redacted]
	L / R – Saphenous	22g	9:46	10:47	
Arterial Catheter	L / R – Dorsal Pedal	22g	9:41	10:47	
	L / R – Femoral				

Endotracheal tube size:	7.0
Intubation Time:	9:34
Extubation Time:	11:06

Anesthesia Maintenance: Isoflurane + O_2 Start @ 9:37 am/pm Discontinue @ 10:42 am/pm

Intravenous Fluids type: LRS
Fluid rate 5 mL/kg/hr = 37 mL/hr = 0.1 drops/s

Start @ 9:40 am/pm Discontinue @ 10:50 am/pm
Total fluid volume infused: 110 mL

Pre-medications

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Butorphanol (10mg/ml)	0.3-0.5	~~3-3.5~~ 2.2-3.7 actual 3	~~0.3-0.4~~ 0.22-0.37 0.3	IM	9:00	[redacted]

Anesthesia induction

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Propofol (10mg/ml)	2-6 actual →	14.8-45 40	1.5-4.5 4	IV IV	9:30	[redacted]

Intra-Op Medications

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials

Constant Rate Infusions

Drug / Concentration	Dosage Range	Dosage Units	Loading Dose	Start Time	End Time	Initials
NaCl 0.9%	3-30mL/hr	18.04mL	NA	9:40a	10:40a	[redacted]

Post-Op Medications

Drug / Concentration	Dosage (mg/kg)	Amount (mg)	Volume (mL)	Route	Time	Initials

Euthanasia

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials

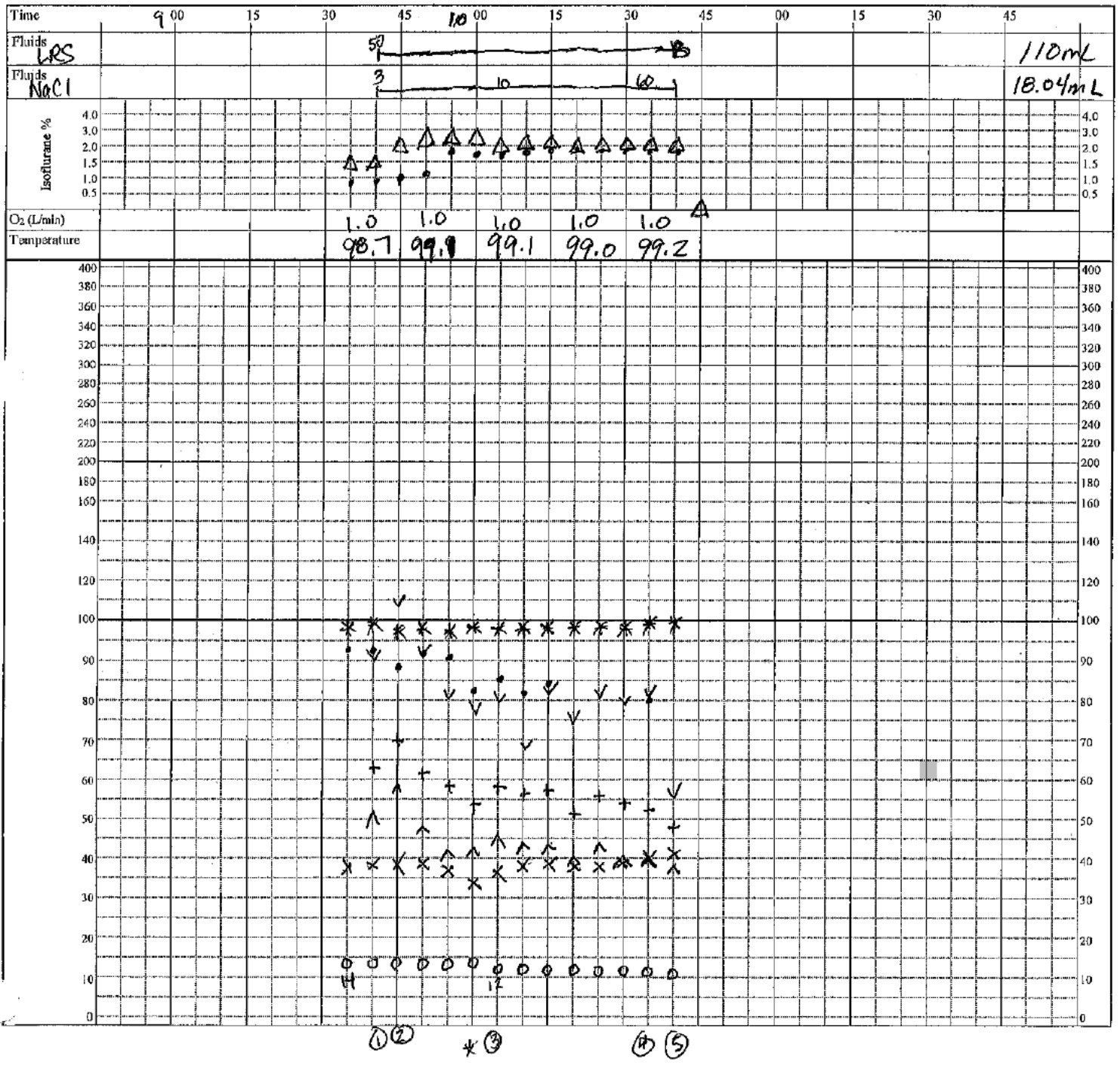
ANESTHESIA MONITORING RECORD

Animal ID	Species	Date	Protocol #	Initials	
DZC2	Canine - Beagle	1/27/23	V006612	AB	Page: 1 of:

Procedure: Blood and interstitial glucose monitoring		Investigator: [redacted]
Surgeon: n/a	Assistant: [redacted]	Anesthetist: [redacted]

☐ Injectable Anesthesia:		Anesthesia Maintenance	Monitoring
☒ Inhalant Anesthesia: isoflurane	E.T. Tube Size: 7.0 mm	☒ Circle	☒ Temperature ☒ SPO_2
Intubation Time: 9:36a	Extubation Time: 11:06a	☐ Non-Rebreathing	☒ Respiratory Rate ☒ CO_2
Procedure Start Time: 10:00a	Procedure End Time: 10:42	☒ Ventilator	☒ Heart Rate ☒ ECG
		☐ Mask	☒ NIBP ☒ IBP

Heart Rate: • **Respiratory Rate: °** **SPO_2: *** **CO_2: x** **Bolus: B** **SAP: v** **MAP: +** **DAP: ^**



PIP = 16 cmH2O
TV @ 100 mL

ANESTHESIA MONITORING RECORD

Procedure Details

Event #	Time	Comment
①	9:42	Placing arterial catheter
②	9:47	Start IBP monitoring
③	10:03	↓ RR because of dropping $EtCO_2$
④	10:32	Starting small fluid bolus (↓2 mL)
⑤	10:42	Isoflurane off. Gave additional 50 mL fluid bolus.

Anesthesia Recovery Record

- After procedure finish time, animal must be observed **at least every 5-10 minutes until sternal, at minimum**
- Record time of observation and place a "√" in the appropriate column below.

✓ **Procedure Complete**	Time: 10:42a	✓ **IVC Removed**	Time: 11:18
✓ **Animal Extubated**	Time: 11:06a	✓ **IVC Bandage Removed**	Time: 11:44
✓ **Animal Standing**	Time: 11:27	✓ **Returned to housing/fed**	Time: 11:40

Time	Animal's Condition (√) Laying Down	Moving in Cage	Sitting Upright	Fully Recovered	Initials	Comments
11:07	✓				[redacted]	T-99.1 HR-107 SpO_2 100%
11:14	✓	✓	✓			shivering/trembling HR-140 T-99.7
11:24	✓	✓	✓			shivering, nervous. Alert.
11:27		✓		✓		standing, grooming herself inquisitive
11:35						removed/covered IVC, started
						oozing. replace bandage.
11:44						vomited clear foam. Removed
						food, will monitor and feed
						later this afternoon.

Anesthesia recovery was: (circle all that apply): quick / (moderate) / prolonged
Quality of Recovery: (smooth) / rough (vomit, ataxia, seizure, hypothermic, other ____________

PI: [redacted] MS, DACVAA, cVMA **Protocol #:** V006612 (approved: 8/3/2022, exp. 8/2/2025)

Accuracy of Flash Glucose Monitoring System in Healthy dogs during Isoflurane Anesthesia

Animal ID:	D268	**Species:**	canine	**Weight:**	7.4 kg	**Additional Info:**
Breed:	Beagle	**Sex:**	M / MC / F / FS	**Heart Rate:**		Emla cream placed on both forelimbs prior to transport @ 8:50a
Age:	1 year	**Study Date:**	2/3/23	**Resp Rate:**		
Procedure:	Blood and Interstitial glucose monitoring			**Temp (°F):**		
				ASA Status:	(I) II III IV V E	
				NPO:	(yes) no	
Study Participants:	[redacted]					

*pooped in kennel during transport.
* Vomited clear foam 2x after premed

Catheters	Location	Size	Time Placed	Time Removed	Initials
Venous Catheter	L / R – Cephalic	20g	9:15	11:34	[redacted]
	L / R – Saphenous	22g	9:40	11:11	
Arterial Catheter	L / R – Dorsal Pedal	22g (1)	10:20	11:16	
	L / R – Femoral				

attempted, unable to feed, very difficult ART catheterization

Eyes Lubricated:	9:24
Endotracheal tube size:	7.0 mm
Intubation Time:	9:23
Extubation Time:	11:27

Anesthesia Maintenance: Isoflurane + O_2 **Start @** 9:25 (am)/pm **Discontinue @** 11:15 (am)/pm

Intravenous Fluids type: Lactated Ringer's Solution **Start @** 9:25 (am)/pm **Discontinue @** 11:10 am/pm
Fluid rate: 5 mL/kg/hr = 37 mL/hr = 0.1 drops/second **Total fluid volume infused:** 350 mL

Pre-medications

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Butorphanol (10 mg/mL)	0.3 mg/kg	3	0.3	IM	8:50	[redacted]

Anesthesia induction

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Propofol (10 mg/mL)	2 – 6 mg/kg	~~40~~ 45	4.5	IV	9:20	~~9:20~~ [redacted]

Intra-Op Medications

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Glycopyrollate (0.2 mg/mL)	0.01 mg/kg	0.05		IV	10:09	
See anesthesia notes						

Constant Rate Infusions

Drug / Concentration	Dosage Range	Dosage Units	mL/hr	Start Time	End Time	Initials
Norepinephrine (0.01 mg/mL)	0.05 - 0.5	mcg/kg/min				
0.9% NaCl		See anesthesia notes				

Post-Op Medications - none required per protocol

Drug / Concentration	Dosage (mg/kg)	Amount (mg)	Volume (mL)	Route	Time	Initials

Euthanasia

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials

ANESTHESIA MONITORING RECORD

Animal ID	Species	Date	Protocol #	Initials	Page #
DZL2	Canine	2/3/23	V006612	AR	1

7.4 kg

Procedure: Blood and interstitial glucose monitoring			**Investigator:** [redacted]
Surgeon: n/a	**Assistant:** [redacted]		**Anesthetist:** [redacted]
Inhalant Anesthesia: isoflurane **ETT Size:** 7.0	**Anesthesia Maintenance**		**Monitoring**
Intubation Time: 9:23	Extubation Time:	(Circle) Circle Ventilator	Non-Rebreathing Mask
Procedure Start: 10:28	Procedure End: 11:08		Temp, SPO2, CO2, ECG, Heartrate, NIBP, IBP, Resp Rate

Heart Rate: · **Respiratory Rate:** ° **SPO2:** * **CO2:** x **Bolus:** B **SAP:** v **MAP:** + **DAP:** ^

Time	00	15	30	45	10 00	15	10 30	45	11 00	15	30	45
Fluids LRS		37					B	B	B			350 mL
Fluids NaCl 0.9%		10										17.07mL
Isoflurane %		4.0 3.0 2.0 1.5 1.0 0.5										
O_2 (L/min)		1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5			
Temperature		99.1	98.9	98.9	97.9	97.9	97.3	97.0	96.6			
ET_{iso}		0.6	0.6/0.7	1.0/1.8	0.8/0.8	0.8/0.8	0.8/0.8	0.7/0.7	0.6/0.6			

PIP 9-10cmH2O
TV ~ 75-100 mL

B = 50 mL fluid bolus

RARC

Updated 01/19

ANESTHESIA MONITORING RECORD

Procedure Details

Event #	Time	Comment
(1)	9:29	Placing arterial catheter *had difficulties getting arterial access
(2)	10:09	Glycopyrrolate 0.05mg IV
(3)	10:25	Start IBP monitoring
(4)	10:27	Glycopyrrolate 0.06mg IV
(5)	10:35	Glycopyrrolate 0.06mg IV
(6)	10:46	Norepinephrine 0.1 mcg IV + 0.2 mcg
(7)	10:49	Norepinephrine 3.3 mcg IV
(8)	10:53	Norepinephrine 0.5 mcg IV
(9)	10:57	Norepinephrine 0.7 mcg IV + 1 mcg
(10)	11:01	Propofol 5mg IV
(11)	11:02	Norepinephrine 3.3 mcg IV
(12)	11:07	Norepinephrine 1 mcg IV
	11:15	Inhalant off

Anesthesia Recovery Record

After procedure finish time, animal must be observed **at least every 5-10 minutes until sternal, at minimum**
Record time of observation and place a "√" in the appropriate column below.

✓	**Procedure Complete**	Time:	11:08 ✓	**IVC Removed**	Time:	11:34
✓	**Animal Extubated**	Time:	11:27 ✓	**IVC Bandage Removed**	Time:	
✓	**Animal Standing**	Time:	11:35 ✓	**Returned to housing/fed**	Time:	

Time	Animal's Condition (√)				Initials	Comments
	Laying Down	Moving in Cage	Sitting Upright	Fully Recovered		
11:28	√	√			[redacted]	T-98.5, HR 180, RR 24
11:30		√				T:99.0 H:168 R:16 visually monitor. very skittish
11:40	√	√				standing on HV, pawing in kennel.
11:42				√		

Anesthesia recovery was: (circle all that apply): quick / (moderate) / prolonged
Quality of Recovery: smooth / (rough) (vomit, ataxia, seizure, hypothermic, other ___dysphonic recovery, improved when placed in kennel.

PI: [redacted] DVM, MS, DACVAA, cVMA **Protocol #:** V006612 (approved: 8/3/2022, exp. 8/2/2025)

Accuracy of Flash Glucose Monitoring System in Healthy dogs during Isoflurane Anesthesia

Animal ID:	0712	**Species:**	canine	**Weight:**	7.5 kg	**Additional Info:**
Breed:	Beagle	**Sex:**	M / MC (F) / FS	**Heart Rate:**	140	Emla cream placed on both forelimbs prior to transport @ 9:24
Age:	1 year	**Study Date:**	2/10/23	**Resp Rate:**	20	
Procedure:	Blood and Interstitial glucose monitoring			**Temp (°F):**	98.4	
				ASA Status:	(I) II III IV V E	
				NPO:	(yes) no	
Study Participants:	[redacted]					

Catheters	Location	Size	Time Placed	Time Removed	Initials
Venous Catheter	(L) / R – Cephalic	22	9:55	11:55	[redacted]
	L / (R) – Saphenous	22	10:17	11:27	
Arterial Catheter	L / (R) – Dorsal Pedal	22	10:26	11:27	
	L / R – Femoral				

Eyes Lubricated:	10:02
Endotracheal tube size:	7.0 mm
Intubation Time:	10:02
Extubation Time:	11:39

Anesthesia Maintenance: Isoflurane + O_2 **Start @** 10:03 (am)/pm **Discontinue @** 11:39 (am)/pm

Intravenous Fluids type: Lactated Ringer's Solution **Start @** 10:06 (am)/pm **Discontinue @** 11:23 (am)/pm

Fluid rate: 5 mL/kg/hr = 38 mL/hr = 0.1 drops/second **Total fluid volume infused:** 150 mL

Pre-medications

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Butorphanol (10 mg/mL)	0.3 mg/kg	4 mg	0.4 ml	IM	9:24	[redacted]

Anesthesia induction

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Propofol (10 mg/mL)	2 – 6 mg/kg	50 mg	5 ml	IV	9:58	[redacted]

Intra-Op Medications

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Glycopyrollate (0.2 mg/mL)	0.01 mg/kg	0.05	0.25	IV	10:15	[redacted]
		0.05	0.25	↓	10:30	
		0.02	0.1	↓	11:03	

Constant Rate Infusions

Drug / Concentration	Dosage Range	Dosage Units	mL/hr	Start Time	End Time	Initials
Norepinephrine (0.01 mg/mL)	0.05 - 0.5	mcg/kg/min	5-20	10:06	11:23	[redacted]
0.9% NaCl				Total 0.326 mg	(16.3 mL of 0.02mg/mL)	

Post-Op Medications - none required per protocol

Drug / Concentration	Dosage (mg/kg)	Amount (mg)	Volume (mL)	Route	Time	Initials

Euthanasia

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials

ANESTHESIA MONITORING RECORD

Animal ID	Species	Date	Protocol #	Initials	Page #
D262	Canine	2/10/23	V006612	[redacted]	1

7.5 kg

Procedure: Blood and interstitial glucose monitoring			**Investigator:** [redacted]
Surgeon: n/a	**Assistant:** [redacted]		**Anesthetist:** [redacted]
Inhalant Anesthesia: isoflurane **ETT Size:** 7.0	**Anesthesia Maintenance**		**Monitoring**
Intubation Time: 10:02 Extubation Time: 11:39	Circle: Ventilator	Non-Rebreathing Mask	Temp, SPO_2, CO_2, ECG, Heartrate, NIBP, IBP, Resp Rate
Procedure Start: 10:41 Procedure End: 11:23			

Heart Rate: · **Respiratory Rate:** ° **SPO_2:** * **CO_2:** x **Bolus:** B **SAP:** v **MAP:** + **DAP:** ^

Time: 10 00 15 10 30 45 11 00 15 11 30 45 00 15 30 45

Fluids LRS: 40 — B — B — 11:23 — 150 mL

Fluids Nexpi: 10:06 5 10 15 10 12 15 20 — 11:23 — 16.3 mL

Isoflurane %: 4.0 3.0 2.0 1.5 1.0 0.5

O_2 (L/min)	1.5	1.5	1.5	1.5	1.5	1.5
Temperature	98.4	98.5	98.5	99.0	99.2	99.1
ET_{Iso}	1/0.6	0.7/0.7	0.7/0.7	0.7/0.7	0.8/0.7	0.8/

400 380 360 340 320 300 280 260 240 220 200 180 160 140 120 100 90 80 70 60 50 40 30 20 10 0

BIP = 9-10 cmH2O

TV @ 75-100mL

B = 50mL fluid bolus

Updated 01/19

ANESTHESIA MONITORING RECORD

Procedure Details

Event #	Time	Comment
(1)	10:07a	Placing arterial catheter
(2)	10:15a	Glycopyrrolate 0.05mg IV
(3)	10:39a	Start IBP monitoring
(4)	10:30a	Glycopyrrolate 0.05 mg IV
(5)	10:35	Propofol 10 mg IV; woke up when trying to trouble shoot IV catheter
(6)	11:03	Glycopyrrolate 0.02 mg IV
(7)	11:12	Occasional VPC (interpolated)
	11:29	Inhalant off.

Anesthesia Recovery Record

After procedure finish time, animal must be observed **at least every 5-10 minutes until sternal, at minimum**
- Record time of observation and place a "V" in the appropriate column below.

✓	**Procedure Complete**	Time:	11:23a ✓	**IVC Removed**	Time:	11:55
✓	**Animal Extubated**	Time:	11:39 ✓	**IVC Bandage Removed**	Time:	12:15
✓	**Animal Standing**	Time:	11:58 ✓	**Returned to housing/fed**	Time:	12:15

Time	Animal's Condition (V)				Initials	Comments
	Laying Down	Moving in Cage	Sitting Upright	Fully Recovered		
11:35					[redacted]	HR 120, SPO2 96%, RR 22, T: 99.6
11:40	V					HR 155 SPO2 98% RR 20 T 99.6
11:49	✓					HR 143 SpO2 98% T-99.5
11:59		V		V		

Anesthesia recovery was: (circle all that apply): quick / moderate / prolonged

Quality of Recovery: smooth / rough (vomit, ataxia, seizure, hypothermic, other _____

UW VETERINARY CARE

Patient Name (First & Last)	Med	Rec #	Procedure(s)
D2C-2	—		Research CT

Species/Breed	Age	Wt/Kg	Temp	Pulse	Resp	PCV	TP	BUN
KC Beagle	1yo	8	—	—	—	—	—	—

Date Feb 23/23 | Case Clinician [redacted] | ASA Status: I II III IV V | ER: Y (N) | System Type: Vent ☒ Circle ☒ Non-Reb ☐ | ETT SIZE: 7.0mm

M T W (R) F S SN

PREMEDS	DOSE	ROUTE	TIME
Dexmedetomidine	80 mcg	IM	820 (am)/pm
	mg		am/pm
	mg		am/pm

MONITORS: PULSE OX ☒ ECG ☐ ETCO2 ☒ IBP ☐ NIBP ☐ DOPPLER ☒ OSCILLOMETRIC

FLUID PUMP ☐

VENOUS CATHETER(S): ☐ STERILE ☒ TEMPORARY ☐ EXISTING ☒ NEW

LOCATION: (L) Cephalic GA. 20g

IBP ☐ LOCATION

Cuff Size 3 Location (L) HL

PREMED RESPONSE: Moderate Calmed IVC placement)

HISTORY: Healthy research dog

CPR/DNR

TIME am/pm 8 00 15 30 45 9 00 15 30 45 10 00 15 30 45

FLUIDS: Propofol; Etomidate; Omni 240

INDUCTION MEDS

TEMPERATURE

exp gas %

O_2 L/M

ISOFLURANE △

SEVOFLURANE ○

SYMBOLS
V Systolic
+ Mean
Λ Diastolic
• Pulse
× CO_2
O Respirations
A Assisted
C Controlled
★ SpO_2
Δ Doppler

CODES
S Surgery
(S) End Surgery
T Tourniquet
(T) Tourniquet Off

SPECIAL PROCEDURES
Epidural ☐
Nerve Block ☒
Site R S B
Ultrasound guided CIBA

time tgh= INP

post-op pain score not assessed at

TOTALS
20mg
0.8mg
2mL

COMMENTS
(1) To CT
(2) Block placed @ 9:06
(R) side 57 sec
(L) side 49 sec
(3) Move inside finish CT

Block volume per side
4mL → 1mL Omni 240
→ 3mL saline

Controlled Substance Transfer:
Drug:
Amount:
To Initials:
From Initials:
Drug:
Amount:
To Initials:
From Initials:

Codes and Remark Numbers

RECOVERY NOTES

Anesthetists: [redacted]

LA / Sternal / Standing	Assisted ☐	Extubation Time	Post op Temp.	Recovery Notes & Analgesic Recommendations
		953	98.1	Smooth & uneventful

UW VETERINARY CARE

Patient Name (First & Last)	Med	Rec #	Procedure(s)
DZ-C2	—		Research TAP

Species/Breed	Age	Wt/Kg	Temp	Pulse	Resp	PCV	TP	BUN
K9 / Beagle	1	8	—	—	—	—	—	—

Da: Feb 24/23 (M T W R (F) S SN) | Case Clinician: [redacted] | ASA Status: (I) II III IV V | ER: Y (N) | System Type: Vent ☒ Circle ☒ Non-Reb ☐ | ETT SIZE: 7.0 mm

PREMEDS	DOSE	ROUTE	TIME
Dexmedetomidine	80 mg	IM	12/23 am/(pm)
	mg		am/pm
	mg		am/pm

MONITORS: FLUID PUMP ☐
PULSE OX ☒ | VENOUS CATHETER(S): ☐ STERILE ☒ TEMPORARY
ECG ☐ | ☐ EXISTING ☒ NEW
ETCO2 ☒ | LOCATION: (R) Cephalic GA. 20g
IBP ☐ LOCATION
NIBP ☐ DOPPLER ☒ OSCILLOMETRIC Cuff Size 3 Location (L) HL

PREMED RESPONSE: Moderate (allowed for IV placement)

HISTORY:
Research dog → TAP block

(CPR)/DNR

TIME am/pm: 15 00 15 30 45 16 00 15 30 45 17 00 15 30 45

FLUIDS
Propofol — X 40 mg
Atipamezole — 0.8 mg X
Omni 240 — X 2 mL

INDUCTION MEDS

TEMPERATURE
exp gas %
O_2 L/Min •
ISOFLURANE △
SEVOFLURANE ○

SYMBOLS
V Systolic
+ Mean
^ Diastolic
• Pulse
× CO_2
O Respirations
A Assisted
C Controlled
★ SpO_2
Δ Doppler

CODES
S Surgery
(S) End Surgery
T Tourniquet
(T) Tourniquet Off

SPECIAL PROCEDURES
Epidural ☐
Nerve Block ☐
Site _____

time tgh= INP

post-op pain score: not assessed

TOTALS
40 mg
0.8 mg
2 mL

COMMENTS
① To CT
② Block placed
③ 42 sec
④ 40 sec

③ Finished CT, move inside

Block volume
Lo + Hi per side
• 1 mL Omni 240
• 3 mL Saline

Controlled Substance Transfer:
Drug:
Amount:
To Initials:
From Initials:
Drug:
Amount:
To Initials:
From Initials:

Co[illegible]nd Remark Numbers: ① ② ③

RECOVERY NOTES

Anesthetists: [redacted]

LA / Sternal / Standing	Assisted ☐	Extubation Time	Post op Temp.	Recovery Notes & Analgesic Recommendations
		1630	96.3 °F	Smooth uneventful

D2C2 PS 1/2 –

UW VETERINARY CARE

Patient Name (First & Last)	Med	Rec #	Procedure(s)
D2-C2	–		Terminal Research Procedure

Species/Breed	Age	Wt/Kg	Temp	Pulse	Resp	PCV	TP	BUN
K9 / Beagle	1 YO	8	–	–	–	–	– –	

Date Mar 2/23 — M T W (R) F S SN — Case Clinician [redacted] — ASA Status (I) II III IV V — ER Y (N) — System Type: Vent ☐ Circle ☐ Non-Reb ☐ — ETT SIZE: 7.0mm

PREMEDS	DOSE	ROUTE	TIME
Dexmedetomidine	0.04 mg	IM	1045 (am/pm)
Hydromorphone	1 mg	IM	1045 (am/pm)
	mg		am/pm

PREMED RESPONSE: excellent sedation

HISTORY:

MONITORS: PULSE OX ☒ ECG ☐ ETCO2 ☒ IBP ☐ NIBP ☐ DOPPLER ☒ OSCILLOMETRIC

FLUID PUMP ☐

VENOUS CATHETER(S): ☐ STERILE ☐ TEMPORARY ☐ EXISTING ☐ NEW

LOCATION: GA.

☐ LOCATION

Cuff Size

Location

(CPR/DNR)

TIME am/pm | 1100 15 30 45 00 15 30 45 00 15 30 45

FLUIDS: Propofol x30mg ~~Atipamezole~~

INDUCTION MEDS

TEMPERATURE

exp gas %

O_2 L/Min.

ISOFLURANE △

SEVOFLURANE ○

SYMBOLS
V Systolic
+ Mean
^ Diastolic
• Pulse
× CO_2
O Respirations
A Assisted
C Controlled
★ SpO_2
Δ Doppler

CODES
S Surgery
(S) End Surgery
T Tourniquet
(T) Tourniquet Off

SPECIAL PROCEDURES
Epidural ☐
Nerve Block ☐
Site

time tgh=

post-op pain score

TOTALS →

COMMENTS

side #1
flap 95%
SpO2
2:07 pre ligation
post ligation 99%
2:20 96%
2:41 97%
3:15 100%
3:50 100%

Controlled Substance Transfer:
Drug:
Amount:
To Initials:
From Initials:

Drug:
Amount:
To Initials:
From Initials:

Codes and Remark Numbers

RECOVERY NOTES

Anesthetists:

LA Assisted ☐ / Sternal / Standing	Extubation Time	Post op Temp.	Recovery Notes & Analgesic Recommendations
		SCL	PS 2 –

[redacted]

VMTH-21 ANESTHESIA RECORD Revised 10/2020

UW VETERINARY CARE

Patient Name (First & Last)	Med Rec #	Procedure(s)
D2C2		terminal research procedure

Species/Breed	Age	Wt/Kg	Temp	Pulse	Resp	PCV	TP	BUN
K9/Beagle		8kg						

Date 3/2/23 — M T W (R) F S SN — Case Clinician [redacted]

ASA Status: (I) II III IV V

ER: Y (N)

System Type: Vent ☐ Circle ☐ Non-Reb ☐

ETT SIZE: 7.0 mm

PREMEDS	DOSE	ROUTE	TIME
	mg		am/pm
	1 mg		am/pm
Cyclosporine	mg		am/pm

MONITORS: PULSE OX ☐ ECG ☐ ETCO2 ☐ IBP ☐ NIBP ☐ DOPPLER ☐ OSCILLOMETRIC

FLUID PUMP ☐

VENOUS CATHETER(S): ☐ STERILE ☐ TEMPORARY ☐ EXISTING ☐ NEW

LOCATION: GA.

IBP ☐ LOCATION

Cuff Size

Location

PREMED RESPONSE:

HISTORY:

1:00 pm

CPR/DNR

TIME am/pm 00 15 30 45 3 00 15 30 45 4 00 15 30 45

FLUIDS

INDUCTION

MEDS Propofol — 30 mg

Pentobarbital/Fatal plus — 2340 mg

New Methylene Blue — 6 mL

x5mL

x6mL

TEMPERATURE

exp gas %

O_2 L/Min.•

ISOFLURANE △

SEVOFLURANE ○

SYMBOLS

V Systolic
\+ Mean
^ Diastolic
• Pulse
× CO_2
O Respirations
A Assisted
C Controlled
★ SpO_2
Δ Doppler

CODES

S Surgery
(S) End Surgery
T Tourniquet
(T) Tourniquet Off

SPECIAL PROCEDURES

Epidural ☐
Nerve Block ☐
Site

time tgh=

post-op pain score

TOTALS

COMMENTS

* methylene blue injected L + R side in external oblique - intercostal facial plane 10 min prior to euthanasia per protocol

2:00 pm starting side #2

Flap SpO_2

2:38 100%

2:45 95%

Ligation 99% 2:46

3:15

3:40 & 100%

Controlled Substance Transfer:	
Drug:	
Amount:	
To Initials:	
From Initials:	
Drug:	
Amount:	
To Initials:	
From Initials:	

Codes and Remark Numbers

RECOVERY NOTES

Anesthetists:

LA Assisted ☐
Sternal
Standing

Extubation Time	Post op Temp.	Recovery Notes & Analgesic Recommendations
	euthanized	

Treatment Form for USDA covered species

Species:	Animal ID:	PI:	Protocol #:	Veterinarian:
Canine	DZC2 (F)	[redacted]	V006664	[redacted]

Drug:	Albon 250 mg tab
Route & Frequency:	Oral, once daily
Amount given/applied per treatment:	500 mg day 1. Then, 250 mg day 2-5

If any discomfort or general health concerns detected, please contact the Clinical veterinarian for examination and re-evaluation.

Date Given	Time Given	Initials
2-17-23	5:15 pm (500 mg)	[redacted]
2-18-23	3:35 p	
2-19-23	1pm	
2/20/23	12P	
2/21/23	9am	Last dose

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

RECORD OF DISPOSITION OF DOGS AND CATS

[X] SALE [ ] EXCHANGE OR TRANSFER [ ] DONATION

FORM APPROVED OMG NO. 0579-0036
DATE OF DISPOSITION: 01/17/2023

2. PAGE 1 OF 1

INSTRUCTIONS: COMPLETE APPLICABLE ITEMS 1 THROUGH 8. ORIGINAL AND USDA COPY TO BE RETAINED BY SELLER
BUYER'S COPY TO ACCOMPANY SHIPMENT. IT MUST BE RETAINED BY BUYER

3. SELLER OR DONOR *(NAME & ADDRESS)*
RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

4. BUYER OR RECEIVER *(NAME & ADDRESS)*
UNIVERSITY OF WI - VETERINARY SCHOOL
2015 LINDEN DRIVE
MADISON, WI 53706

3A. DEALER'S LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (SELLER)
35-A-0009

4A. USDA LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (IF ANY)

5. IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (SEE REVERSE FOR BREED ABBREVIATIONS FOR DOGS AND CATS) * IF MIXED BREED, LIST 2 DOMINANT BREEDS

COMPLETE ITEMS A THRU G FOR EACH ANIMAL

IDENTIFICATION NUMBER	DOG "X" M OR F	CAT "X" M OR F	AGE OR DATE OF BIRTH	WEIGHT	BREED OR TYPE	DESCRIPTION OF ANIMAL (COLOR, DISTINCTIVE MARKS, HAIR, TAIL, TATTOOS, ETC.)
AJC-2	M X F	M F	2/16/22	8.40	BEAGLE	TRICOLOR
DZC-2	M X F	M F	2/28/22	7.70	BEAGLE	TRICOLOR
ZYC-2	M X F	M F	2/16/22	7.00	BEAGLE	TRICOLOR
BJD-2	M X F	M F	2/25/22	11.70	BEAGLE	TRICOLOR
BXD-2	M X F	M F	2/15/22	11.80	BEAGLE	TRICOLOR
ZUD-2	M X F	M F	2/16/22	10.00	BEAGLE	TRICOLOR
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				

6. DELIVERY BY (CHECK ONE AND COMPLETE APPLICABLE ITEM 7 AND 8)
[ ] COMMERCIAL SHIPPER [ ] BUYER'S VEHICLE [X] SELLER'S VEHICLE

7. NAME AND ADDRESS OF COMPANY OR FIRM (INCLUDE ZIP CODE)
RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

8. NAME AND BUSINESS ADDRESS OF TRUCK DRIVER (INCLUDE ZIP CODE)
RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

9. RECEIVED BY	10. SIGNATURE	11. TITLE	12. DATE

RIDGLAN FARMS, INCORPORATED

P.O. BOX 318 • MOUNT HOREB, WISCONSIN 53572 • (608)-437-8670

Tattoo	**DZC-2**
Whelped	**02/28/2022**
Sire	**HUMPTY**
Dam	**UOC3**
Sex	**FEMALE**
Litter	**MALES - 1 FEMALES - 4**
Color	**TRICOLOR**

ANIMAL PROFILE:

Weight **7.70** Kilograms As Of **01/11/2023**
Fecal Results **NEGATIVE** As Of **01/11/2023**

VACCINATIONS

DATE	CPI	DA2	CPV	BOR	R	C.PAP
04/14/2022			X			
04/25/2022			X			
05/02/2022				X		X
05/10/2022			X			
06/02/2022	X	X	X			
06/06/2022						X
07/13/2022	X	X	X			
01/11/2023					X	

DATE	EVENT
04/21/2022	Toltrazuril 20 mg per kilogram of body weight

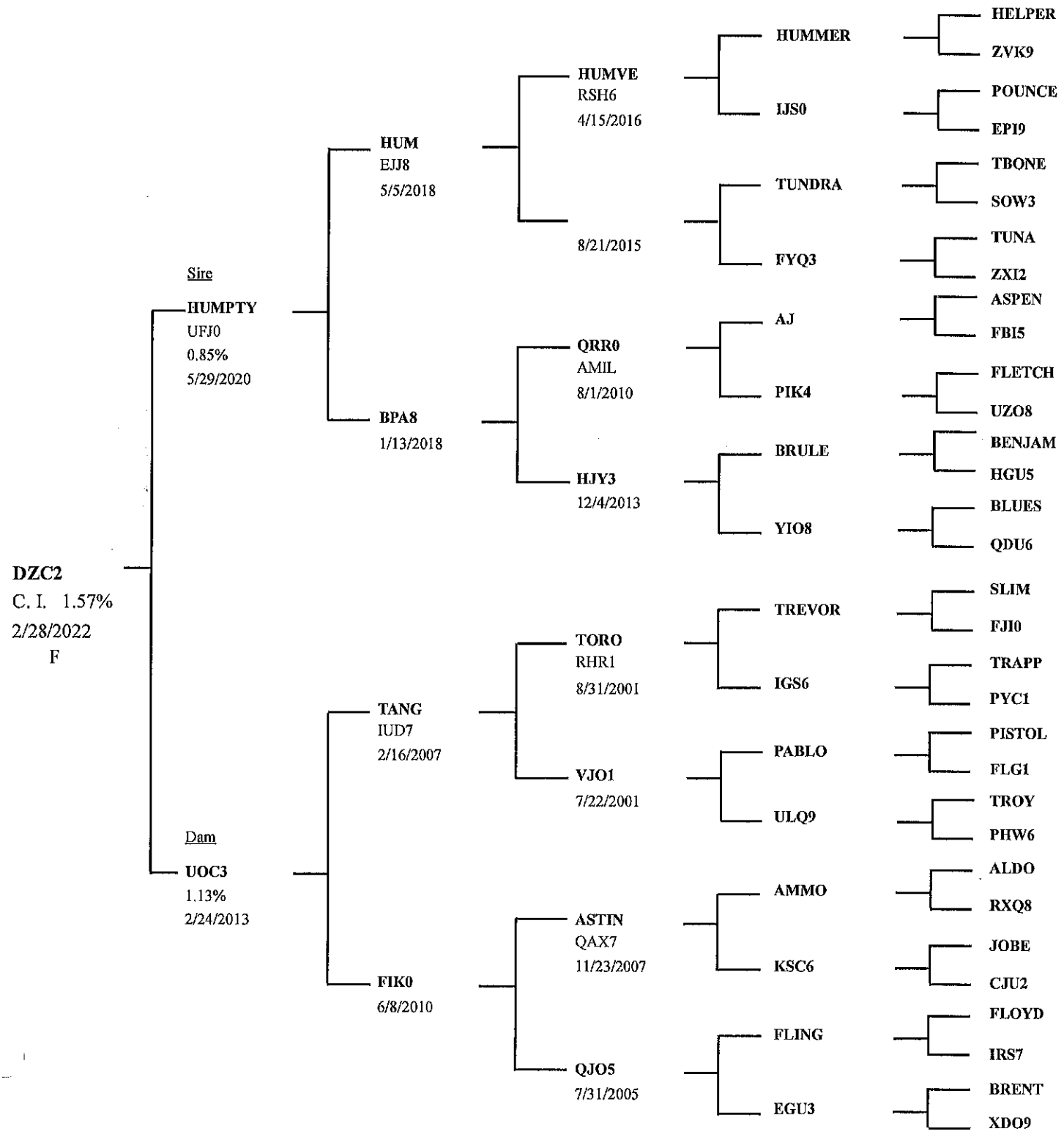
ADDITIONAL COMMENTS

PI Canine Parainfluenza
DA2 Distemper, Adenovirus Type 2 Parainfluenza
CPV Canine Parvo vaccine
BOR Bordetella, AdenovirusType 2, Parainfluenza
R Rabies
C.PAP Canine Papilloma

RIDGLAN FARMS, INCORPORATED

P.O. BOX 318 • MOUNT HOREB, WISCONSIN 53572 • (608)-437-8670

Pedigree Report



ANIMAL MEDICAL RECORD
(Vendor)

University of Wisconsin-Madison
RARC

Reign

Animal ID# FC~~Z~~-2 (Dog 2) DATE REC'D: 7/26/2023

SPECIES: Canine STRAIN/BREED: beagle GENDER: MN

DOB/AGE: 12-2-22 DESCRIPTION: ~~Tri~~ bicolor tan/white

VENDOR: Ridgeland WEIGHT: 8.02 kg

Protocol Assignment

Date	Protocol number	Investigator
7/26/2023	V006724	[redacted]
8-21-23	V00502 7-R03	[redacted]

Arrival Confirmation

Animal arrived for housing at vivarium.
- ☑ B.A.R., active, and appears comfortable.
- ☑ Facility veterinarian contacted.

Date: 7-26-23 Initial: [redacted]

Final Disposition (Fill out completely)

- ☐ Euthanized- state drug name, dose (total mg) and route, or other method used.

_____

_____

- ☐ Died- See medical records

adopted 8/24/23 - [redacted]

Death verified by:
- ☐ Cardiac arrest
- ☐ Respiratory arrest
- ☐ Other (state): _____

_____

Date _____ **Sign** _____

Was the animal submitted for Necropsy? _____ Initials _____

Revised 2019

2

University of Wisconsin-Madison

Animal Adoption Agreement Release of Liability

RELEASE OF LIABILITY

In order to receive this animal, UW-Madison asks that you sign below to waive any claims against and release the Board of Regents of the University of Wisconsin System, and any of its officers, employees, and agents (the "UW"), from any liability associated with this adoption agreement or the animal you are adopting, except to the extent that the liability is due to gross negligence or willful misconduct. You may negotiate with the UW regarding the terms of this release; however, you may not receive the animal unless you and the UW mutually agree on the terms.

I HEREBY WAIVE ANY CLAIMS AGAINST AND RELEASE THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM, AND ITS OFFICERS, EMPLOYEES, AND AGENTS, FROM ANY AND ALL LIABILITY, DEMANDS, COSTS, DAMAGES, OR EXPENSES ARISING OUT OF THIS ADOPTION AGREEMENT OR IN CONNECTION WITH THE ANIMAL I AM ADOPTING, EXCEPT TO THE EXTENT THAT SUCH LIABILITY, DEMANDS, COSTS, DAMAGES, OR EXPENSES ARE CAUSED BY THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF AN OFFICER, EMPLOYEE, OR AGENT OF THE UNIVERSITY OF WISCONSIN SYSTEM.

Adopter's Signature: [redacted] Date 8/24/23

University of Wisconsin-Madison

Animal Adoption Agreement

Please review the following information. If you agree with the terms, please check each box and sign where indicated.

In exchange for receiving the animal I desire to adopt free of charge to me, I agree to the following terms and conditions:

- o I verify I am adopting this animal for the sole purpose that he/she will be my pet for the remainder of his/her life and I will provide a home to meet his/her physical and behavioral needs.

- o I understand that the animal has successfully passed a recent physical exam by a veterinarian and has been found to be in a state of good health and does not show signs of infectious, contagious, or communicable disease. I understand that, as with any examination, this does not guarantee that the animal to be adopted has no health issues, but indicates that none are known based upon that examination.

- o I understand that the animal's behavior and temperament have been assessed by a veterinarian and have been found to be normal in all aspects at the time of the assessment. I understand that this does not guarantee that the animal has no behavioral, or temperamental issues, but indicates that none are known based upon the examination.

- o I understand that prior to adoption the animal, if possible, was spayed or neutered. If spaying or neutering was not possible, I agree to refrain from breeding the animal.

- o I will not abandon the animal or release it into the wild.

- o I understand that following completion of the adoption the animal cannot be returned to the University of Wisconsin-Madison.

- o I understand that, following the completion of adoption, if for any reason I am unable to keep or provide for the animal that it will be my responsibility to find it a new home.

- o I agree that I will accept all responsibility for the animal that I am adopting which includes providing for adequate veterinary care. If the animal becomes sick or injured I understand that it is my responsibility to provide for the animal's veterinary care.

- o I acknowledge that I am adopting the animal "as is." THE UNIVERSITY OF WISCONSIN-MADISON MAKES NO WARRANTIES, EXPRESS OR [redacted] 8/24/23

UW-Madison
Adoption Recommendation Form

SECTION 3: Husbandry Approval

I am not aware of any circumstances that would make this animal unsuitable for adoption as a companion animal.

Husbandry Manager/Supervisor:

[redacted] _____ 8/22/23
Date

[redacted]
Print Name

UW-Madison
Adoption Recommendation Form

3. **Adoption Recommendations**

To the best of your judgment, is this animal has a suitable temperament and is otherwise suitable for adoption to a person who is generally able to care for a companion animal of this type (circle one)?:
(YES) / NO

Any reservations, concerns or special instructions concerning adoption of this animal:

Senior Program Veterinarian:

[redacted] 8-21-23

Sign Date

[redacted]

Print Name

UW-Madison
Adoption Recommendation Form

The RARC Senior Program Veterinarian for the school/college housing the animal currently under protocol must complete this form.

INSTRUCTIONS:

Step 1: Complete Section 1 and sign

Step 2: Obtain signature for Section 2

Step 3: Obtain signature for Section 3

Step 4: Allow signatories to have copies if they wish. Present the completed original form to the Chief Campus Veterinarian or Assistant Chief Campus Veterinarian.

SECTION 1: Veterinary Information

In order to recommend adoption of University-owned animals covered by a research or teaching protocol, such disposition must have been approved through the **ANIMAL CARE AND USE PROTOCOL REVIEW** process.

Protocol Number the animal is currently assigned to: V005027

Is adoption approved in the protocol as a manner of disposition (circle one)?: (YES) / NO

Are there restrictions or covenants placed on the disposition of this animal by its previous owner (circle one)?: YES / (NO)

1. **Identification of Animal**

Animal Identification Number: FC22

Animal Name: Reign

Date of Birth: 12/2/22

Sex: Male

Species: Dog

Breed/Strain/Stock: Beagle

Color: Tan/White

Distinctive Markings: N/A Tattoo

Other Identifying Characteristics: N/A

Obtained From: Private Vendor

Date Obtained: 7/26/23

University of Wisconsin – Madison.
Research/Teaching Animal Adoption Request

I request to adopt a research or teaching animal from the University of Wisconsin – Madison. I request either:

1) To adopt the specific animal identified as "Reign" (tan/white) FC22

This animal is a (indicate cat, dog, etc.) dog

OR

2) The first (indicate cat, dog, etc.) or ~~kitten~~ other beagle puppy available that becomes available for adoption.

I Verify that:

- I will be the the primary care-giver of this animal.
- I wish to adopt the animal for the sole purpose of being my pet.
- I do not intend to breed this animal.
- The number and species of animals that currently live in my home is within the limits of applicable local or state ordinances.
- I have never been convicted of a crime against animals in any jurisdiction.
- I have never been convicted of crimes against any animal enterprise as defined in the Animal Enterprise Terrorism Act, 18 USC §43.

Signature 8/21/23 Date

Jenna Motz (& Jake Glahn)
Print Name

Address: [redacted]

Phone and/or Email Address (at least one required):

Phone [redacted]

Email Address: [redacted]@gmail.com

Mail this completed form to: Adoption Request
Research Animal Resources Center
1710 University Ave.
Madison, WI 53726-4087

OR Email a scanned image to: HELP@RARC.WISC.EDU

University of Wisconsin Madison
RARC

Animal Care Sheet

Animal ID: FBC-2 (Dog 2) **Gender** M **Species** Canine

Animals should be weighed and have ears and nails checked every 1 month(s) or as directed by the vet staff.

Date	Weight (kgs)	Other	Date	Weight (kgs)	Other
7-26-23	8.02Kg				
8-22-23	8 Kg				

Animal Record

University Wisconsin-Madison
RARC

Reign

Animal ID: FCE-2 **Species:** Canine **Gender:** M N

Initial, date, time each entry. Use ink pen. (NO pencil or gel pen)
Do not skip lines. Record all observations and treatments. Single line-out any error.
To correct an entry use next available blank line using current date/ time and start with "Late Entry correction for….."

Date	Time	S.O.A.P. (subjective, objective, assessment, plan), Monitoring/ Observations, Treatments
8-23-23	11:05am	neuter today. See sheets. [redacted]
8-23-23	1:40pm	Rabies RP, SQ, 1gr.
8-23-23	2pm	b+R, NO sign of vaccine RXN. [redacted]
8-23-23	4pm	b+R, e-collar on. [redacted]
8-24-23	8:25am	0.8mg meloxicam, 0.5ml, PO (1.5mg/ml). B+R incision CDI. No issues with vaccine. A: Doing well post neuter + vac. No pain meds ogts today. OK to go home P: Discharge today. [redacted]
8-24-23	12:45pm	adopted out today. [redacted]

Revised 2020

Animal Record

University Wisconsin-Madison
RARC

Animal ID: FCC-2 **Species:** Canine **Gender:** M

Initial, date, time each entry. Use ink pen. (NO pencil or gel pen)
Do not skip lines. Record all observations and treatments. Single line-out any error.
To correct an entry use next available blank line using current date/ time and start with "Late Entry correction for....."

Date	Time	S.O.A.P. (subjective, objective, assessment, plan), Monitoring/ Observations, Treatments
8/10/23	9:35a	Up to Lab for procedure [redacted]
	12:45p	Returned from lab - slight clipper burn (L) jugular [redacted]
		Fed kibble BAR
8/11/23	6am	BAR. Some food left in hopper. Active, feet WNL [redacted]
	1030A.	Day 1 POST op. BAR, ERD N N
		stool in pen. OK to NFO per [redacted]
		~~Stu~~
8/12/23	9AM	BAR Feet WNL [redacted]
8/13/23	9:49a	BAR feet WNL - Pulled food [redacted]
8/14/23	9:45a	Up to Lab for procedure [redacted]
8/14/23	12:55p	Returned from Lab - Fed [redacted]
8/15/23	6:30am	BAR. Slightly quiet though. Readily took treat [redacted]
	745a.	Day 1 Post op. BAR ERD N, Stool Noted, [redacted]
		OK to NFO Per [redacted]
8/16/23	8am	Looks great BAR Feet WNL [redacted]
8/16/23	8p	BAR feet WNL [redacted]
8/17/23	7am	BAR Feet WNL [redacted]
8/17/23	—	Heart worm test - Negative [redacted]
8/17/23	8p	Pulled food [redacted]
8/18/23	11am	Inadvertently ate a small amount of kibble. Consulted RARC
		vet staff. Will do experiment last today to let GI empty [redacted]
8/18/23	12:45p	Up to Lab [redacted]
8/18/23	4:15p	Back from Lab - Fed [redacted]
8/19/23	10:45a	Fed - WNL [redacted]
8/19/23	1:40p	BAR, eld (N), uld (N), active/stable jmf
8/20/23	100p	BAR Feet WNL [redacted]
8/21/23	730am	BAR Feet WNL [redacted]
8/21/23	3:40pm	BAR. transferred to charnay today. Plan to
		return this week. [redacted]

Revised 2020

Animal Record

University Wisconsin-Madison
RARC

Animal ID: FCZ-2 (Dog 2) **Species:** K9 **Gender:** M

Initial, date, time each entry. Use ink pen. (NO pencil or gel pen)
Do not skip lines. Record all observations and treatments. Single line-out any error.
To correct an entry use next available blank line using current date/ time and start with "Late Entry correction for....."

Date	Time	S.O.A.P. (subjective, objective, assessment, plan), Monitoring/ Observations, Treatments
7-26-23	9:53am	new arrival & PE. See sheet. KT
7-27-23	7:40A	BAR, acclimating well, ate all PM feed & has N stool in pen. [redacted]
7-28-23	11a.	BAR, all AM feed almost gone, clean pen, ok to NFO per [redacted]
7-30-23	6:45p	Pulled food [redacted]
7-31-23	1:50	on procedure today. See notes - Recovered well, on observation. RF
8-1-23	8:00a.	Day 1 post Op. BAR, ate all PM feed N Stool NFO per [redacted]
	9:30A	BAR Feet WNL. [redacted] No lesions [redacted]
8/2/23	8:00AM	BAR Feet WNL [redacted] Feed/Milk bones [redacted]
8/2/23	6:00p	No food in bowls - Pulled food [redacted]
8/3/23	9:15p	Taking up to lab for procedure [redacted]
8/3/23	12:29p	Returned from lab [redacted]
8/4/23	8:45A.	Day 1 post op BAR, E/O N, active, ok to NFO per [redacted]
8/4/23	12:36p	BAR No feet lesions [redacted]
8/5/23	1:55pm	BAR Feet WNL [redacted]
8/6/23	9:06pm	BAR feet wnl [redacted] Pulled food
8/7/23	9:37a	Up to lab for procedure 8.30 kg [redacted]
8/7/23	12:56p	Returned from Lab - Fed [redacted]
8/8/23	7:00a.	Day 1 post op BAR, E/D N, Stool in pen, ok to NFO per RF [redacted]
8/8/23	8:30	BAR - No Burns [redacted]
8/9/23	8:30	BAR - No Burns. Pulled food [redacted]

Revised 2020

Research Animal Resources and Compliance
Physical Examination Form

Date 7-26-23 **Animal** 5020-2 (Day 2) **Protocol#** V 6724 **Species** canine

D.O.B _____ **Sex:** (M) F M/C F/S **BCS: 1-5** 3/5 **WT:** 8.02 (kg)/lb

Exam Findings:	**Normal**	**ABN**	**N/A**	**Comments:**
1. General Appearance	X	☐	☐	
2. Eyes	X	☐	☐	
3. Ears	☐	X	☐	mild debris bilat on pinnae
4. Oral Cavity	X	☐	☐	
5. Gingivitis:	___/4		☐	
6. Tarter	___/3		☐	
7. Coat/Skin	X	☐	☐	
8. Cardiovascular	X	☐	☐	
9. Respiratory	X	☐	☐	
10. Lymphatic	X	☐	☐	
11. Abdomen/GI	X	☐	☐	
12. Urogenital	X	☐	☐	
13. CNS	X	☐	☐	
14. Limbs	X	☐	☐	
15. Nails	X	☐	☐	

Assessment: Appears healthy

Plan: ☐Standard Housing ☒Ok for use on approved protocol following acclimation period ☐OK for continued use on study

Follow up needed? ☒No ☐Yes _____ **Veterinarians Initials** [redacted]

AH-IN-20 (rev 12/2014)

35 - 245599

WISCONSIN INTERSTATE SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

Ch. ATCP 10, Wis. Admin. Code; Ch. 95, Wis. Stats.

THIS FORM IS *NOT* FOR INTERNATIONAL MOVEMENT

SUBMIT ORIGINAL WITHIN 7 DAYS AFTER ISSUE TO:
Department of Agriculture, Trade and Consumer Protection
Division of Animal Health
P.O. Box 8911, Madison, WI 53708-8911
Phone: 608-224-4872 Fax: 608-224-4871

TYPE OF ANIMAL SHIPPED
☒ Dog ☐ Cat ☐ Non-human Primate
☐ Other: _____

PERMIT NUMBER (If applicable)

SHIPMENT
☐ Returning to WI
☒ Not returning to WI
Number of Animals in Shipment: 3
Shipping date: 7/26/2023

Owner or Consignor	RIDGLAN FARMS, INC.
Origin Street Address	10489 W. BLUE MOUNDS ROAD
Origin City / State / Zip	BLUE MOUNDS, WI 53517
Owner Mailing Address / City / State / Zip (if different than above)	P.O. Box 318 Mt. HOREB, WI 53572
Phone Number ( )	608-437-8670

Consignee or Destination	UNIVERSITY OF WISCONSIN -MADISON
Destination Street Address	5801 MINERAL POINT RD.
Destination City / State / Zip	MADISON, WI 53505
Destination Mailing Address / City / State / Zip (if different than above)	
Phone Number ( )	

☐ Animals are traveling with owner on vacation

	Breed	Individual Identification (Name, Description of Markings, Microchip, etc.)	Sex	Age	Rabies Vaccination Date	Rabies Vaccination Exp. Date	Product & Vaccine Producer	Serial Number	Rabies Tag Number	Other Vaccinations	Date Vaccinated	Product & Vaccine Producer
1	BE	DXZ-2	M	7 Mos	06/28/23	06/28/24	Nobivac 1-Rabies	588352	N/A	Canine 1-DAPPv	04/05/23	Nobivac
2	BE	FCZ-2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
3	BE	GPZ-2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
4												
5												
6												
7												

VETERINARIAN: I certify as a veterinarian, accredited and certified by the State of Wisconsin, that the described animal(s) have been inspected by me and that they are not showing any signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are as indicated on this certificate. To the best of my knowledge, the animal(s) listed on this certificate meet the state of destination and Federal interstate requirements. No warranty is made or implied.

OWNER / AGENT STATEMENT: I certify the animal(s) in this shipment are as listed on this certificate.	ACCRED / LIC VETERINARIAN SIGNATURE	VETERINARIAN LIC. NO.	ADDRESS		DATE INSPECTED
	Richard J. Van Domelen DVM	4502	P.O. BOX 318 MT. HOREB, WI 53572		7/26/2023
OWNER / AGENT SIGNATURE	VETERINARIAN'S PRINTED NAME	NAT. ACCRED. NO. (NAN)	PHONE NUMBER	EMAIL ADDRESS	DATE CVI ISSUED
Phillip Ridge	RICHARD J. VAN DOMELEN, D.V.M	033491	(608-) -437-8670	ridglan@mhtc.net	7/26/2023

Personal information you provide may be used for purposes other than that for which it was originally collected – sec. 15.04(1)(m), Wis. Stats. Equal Opportunity Employer

FORM DISTRIBUTION: WHITE (WI State Veterinarian), CANARY (State Veterinarian of destination), PINK (accompany shipment), GOLDENROD (retained by issuing veterinarian)

8/23/2023
PI: [redacted] V5027
Surgeon: [redacted]

Canine FCZ-2 was clipped, prepped, and placed in dorsal recumbency. A drape was placed over the lower abdomen and the right testicle was advanced to the pre-scrotal area and a 2cm incision was made over the testicle. The skin and subcutaneous layers were incised so the testicle could be exteriorized. The spermatic fascia and gubernaculum were manually broken down to expose the spermatic cord. The spermatic cord was clamped using 2 curved Kelly hemostats. Two transfixation ligatures were placed between the hemostats using 2-0 monoweb. Once second ligature placed, spermatic cord cut just distal to proximal hemostat. Stump observed for hemorrhage before being returned to body. Left testicle then exteriorized and removed in the same fashion. Subcutaneous tissue closed using 3-0 vicryl in a simple interrupted pattern and skin closed in a subcuticular pattern using 3-0 vicryl. One simple interrupted suture placed at the cranial aspect of the incision using 3-0 vicryl.
Skin glue also used at the most cranial aspect of incision.

ANESTHETIC RECORD

Page 1 of 1

PI [redacted] Surgeon: [redacted] Assistant [redacted]

Protocol: VS027

Procedure: neuter

Wt: 8kg T: 100.9 P: 54 R: 10 Fasted: Y

IVC: 22 ga LF BP Cuff: 4 RF

Animal ID: "Reign" FCZ-2
Species: Canine
Sex: Male
VOC: R. Franklin
Anesthetist: E. Clem
weight: 8kg

Premedications/Induction Medications:

Drug	Volume	Dose	Route	Time
Dexmedetom	0.08 mL	40 mcg	IM	1036
Butorphanol	0.4 mL	4mg	IM	1036
Ketamine	0.04 mL	4mg	IM	1036

Additional Medications

Drug	Volume	Dose	Route	Time
Meloxicam	0.32 mL	1.6mg	SQ	1036
~~Butorphanol~~ Lidocaine	0.8 mL	16mg (1)		11:00
Antisedan	0.08 mL	40 mcg		11:40

- ☐ Lidocaine: mg IV
- ☐ Atropine: mg IV
- ☐ Epinephrine mg IV
- ☐ MLK: 1: 2: 3:

Time:	11:00 am	15	30	45	15	30	45	15	30	45	15	30
IV Fluid:	~~LRS~~ LRS 45 mL/hr	45/15	45/30	45/34								
IV Fluid:	mL/hr											

Start Anes	11:00
Start Proc	11:10
End Proc	11:40
End Anes	11:40
Total Proc	0
Total Anes	0
Extubation	11:43
Sternal	11:46
Standing	11:49

Vaporizer Setting - %

Symbols:
SPO2 *
~~Temp~~
ETCO2 X
Blood pressure
Systolic v
Mean -
Diastolic ^

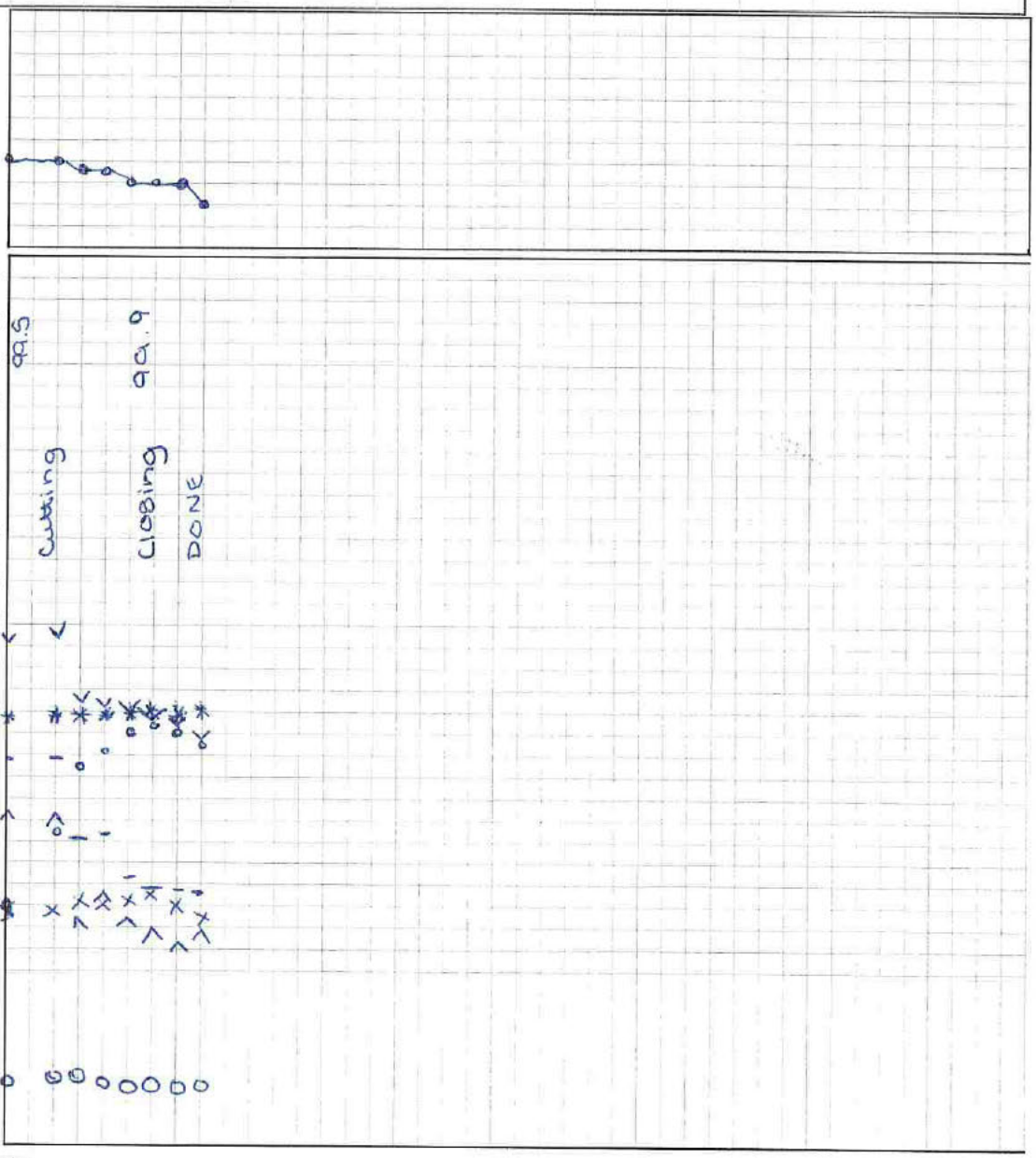
Anesthetic Maintenance:
Isoflurane

Airway Maintenance:
- ☐ Mask
- ☒ Trach
- ☒ ET Tube | Size: 7.5

System:
- ☒ Circle
- ☐ Bain
- ☒ Bag Size | 1.0

Procedure Positioning:
- ☐ Right Lateral
- ☐ Left Lateral
- ☐ Sternal
- ☒ Dorsal

Complications:
- ☐ None
- ☐ Difficult Intubation
- ☐ Apnea/Resp.Distress
- ☐ Hypothermia (< 99 F)
- ☐ Hypotension (MAP <60)
- ☐ Shock
- ☐ Arrhythmia
- ☐ Prolonged Recovery



Remarks:

x1 skin suture!

Total Fluids:

Sol 1:	0 mL
Sol 2:	0 mL
Sol 3:	0 mL

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

RECORD OF DISPOSITION OF DOGS AND CATS

[X] SALE [ ] EXCHANGE OR TRANSFER [ ] DONATION

FORM APPROVED OMG NO. 0579-0036
DATE OF DISPOSITION

07/26/2023

2. PAGE

1 OF

INSTRUCTIONS: COMPLETE APPLICABLE ITEMS 1 THROUGH 8. ORIGINAL AND USDA COPY TO BE RETAINED BY SELLER
BUYER'S COPY TO ACCOMPANY SHIPMENT. IT MUST BE RETAINED BY BUYER

3. SELLER OR DONOR *(NAME & ADDRESS)*

RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

4. BUYER OR RECEIVER *(NAME & ADDRESS)*

UNIVERSITY OF WISCONSIN -MADISON
5801 MINERAL POINT RD.
MADISON, WI 53505

3A. DEALER'S LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (SELLER)

35-A-0009

4A. USDA LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (IF ANY)

5. IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (SEE REVERSE FOR BREED ABBREVIATIONS FOR DOGS AND CATS) * IF MIXED BREED, LIST 2 DOMINANT BREEDS

COMPLETE ITEMS A THRU G FOR EACH ANIMAL

IDENTIFICATION NUMBER	DOG "X" M OR F	CAT "X" M OR F	AGE OR DATE OF BIRTH	WEIGHT	BREED OR TYPE	DESCRIPTION OF ANIMAL (COLOR, DISTINCTIVE MARKS, HAIR, TAIL, TATTOOS, ETC.)
DXZ-2	M X F	M F	12/1/22	9.00	BEAGLE	TRICOLOR
FCZ-2	M X F	M F	12/2/22	7.90	BEAGLE	BLOND
GPZ-2	M X F	M F	12/2/22	8.00	BEAGLE	TRICOLOR
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				

6. DELIVERY BY (CHECK ONE AND COMPLETE APPLICABLE ITEM 7 AND 8)

[ ] COMMERCIAL SHIPPER [ ] BUYER'S VEHICLE [X] SELLER'S VEHICLE

7. NAME AND ADDRESS OF COMPANY OR FIRM (INCLUDE ZIP CODE)

RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

8. NAME AND BUSINESS ADDRESS OF TRUCK DRIVER (INCLUDE ZIP CODE)

RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

9. RECEIVED BY	10. SIGNATURE	11. TITLE	12. DATE

RIDGLAN FARMS, INCORPORATED

P.O. BOX 318 • MOUNT HOREB, WISCONSIN 53572 • (608)-437-8670

Tattoo	**FCZ-2**
Whelped	**12/02/2022**
Sire	**TANNER**
Dam	**UBI1**
Sex	**MALE**
Litter	**MALES - 2 FEMALES - 0**
Color	**BLOND**

ANIMAL PROFILE:

Weight **7.90** Kilograms As Of **06/28/2023**
Fecal Results **NEGATIVE** As Of **06/28/2023**

VACCINATIONS

DATE	CPI	DA2	CPV	BOR	R	C.PAP
01/09/2023			X			
01/23/2023			X			
01/25/2023				X		
01/31/2023						X
02/06/2023			X			
02/22/2023						X
03/01/2023	X	X	X			
04/05/2023	X	X	X			
06/28/2023					X	

DATE	EVENT
01/10/2023	Toltrazuril 20 mg per kilogram of body weight

ADDITIONAL COMMENTS

CPI	Canine Parainfluenza
DA2	Distemper, Adenovirus Type 2 Parainfluenza
CPV	Canine Parvo vaccine
BOR	Bordetella, AdenovirusType 2, Parainfluenza
R	Rabies
C.PAP	Canine Papilloma

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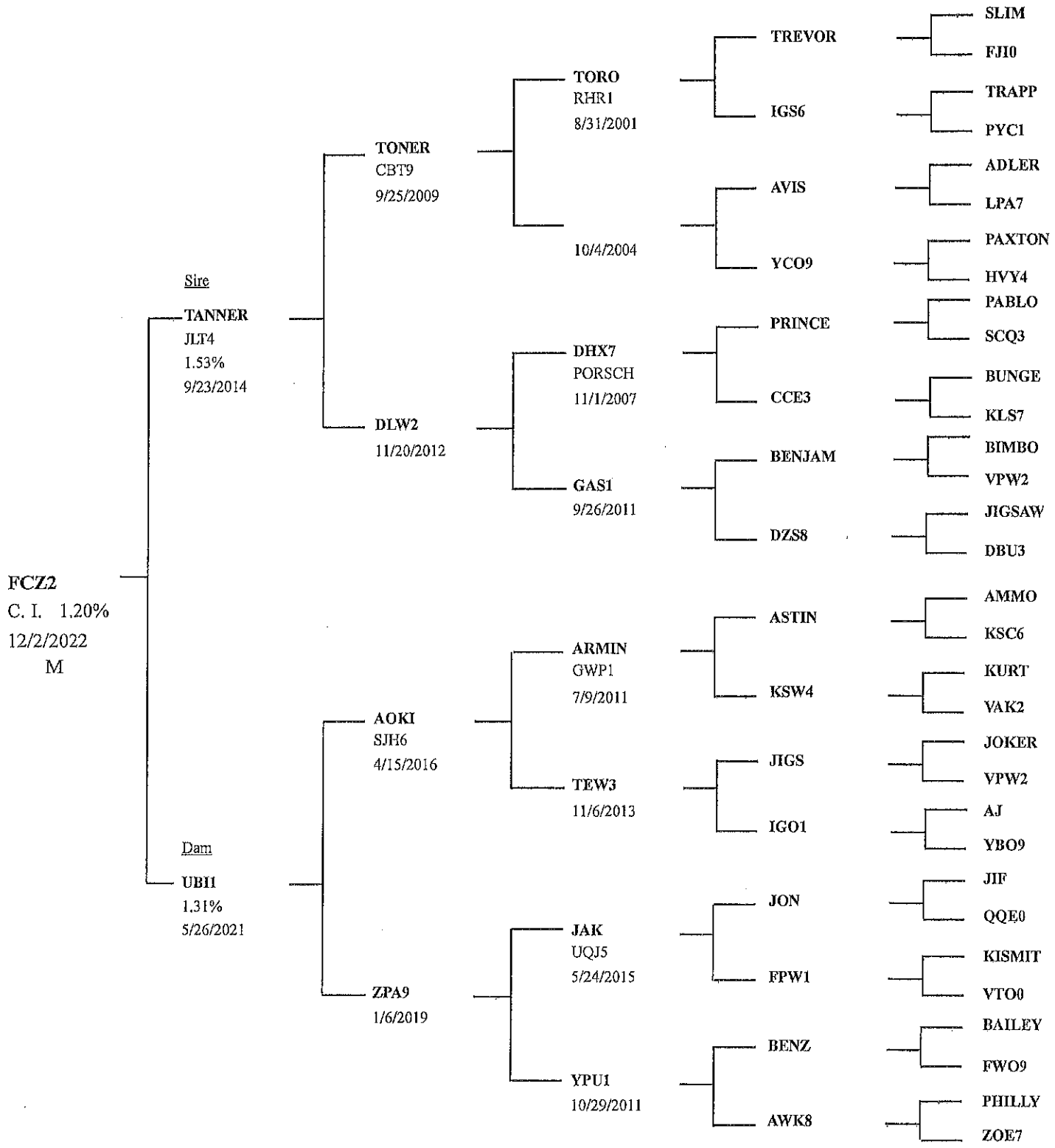
Pedigree Report



Dog 2 7/31/23
Ace \ conv

[redacted]

ANESTHETIC RECORD

Page 1 of 1

Date: 7/31/23
Assistant:
Protocol: V6724
Procedure: Dex + AVA

Wt: 8.0kg T: 100.8°F P: R: 117 Fasted: Yes
IVC: 22G BP Cuff: 0.3-6
PCV: TP: BUN: MM: CRT:

Label
PI: Johnson
Animal ID: Dog 2 FC2
Species: K9
Sex: 8.0kg

Premedication: Drug	Dose	Total dose	Route	Time
Acepromazine 10mg/mL	0.03mg/kg	0.24mg	IV	9:59 AM

Anesthetic Induction: Drug	Dosage (mg)	Route	Time
Propofol 10 mg/mL	30mg	IV	10:16

☐ Carprofen mg PO
☐ Hetastarch mL IV
☐ Lidocaine mL IV
☐ MLK 1 2 3

Time: 15 30 45 15 30 45 15 30 45 15 30
IV Sol 1: LRS 24 mL/hr 9.4 14.8 21.5 28.0 32.0 35.6 41.0 43.0
IV Sol 2:
IV Sol 3:

Start Anes	10:17 AM
Start Proc	9:58 AM
End Proc	12:10 PM
End Anes	12:12 PM
Total Proc	2h 12m
Total Anes	1h 55m
Extubation	12:29 PM
Sternal	12:30 PM
Standing	12:33 PM

Oxygen Flow: O
Vaporizer Setting: X

Symbols:
SPO2
Temp
Pulse +
Respiration
ET CO2
Blood pressure
Systolic
Mean
Diastolic

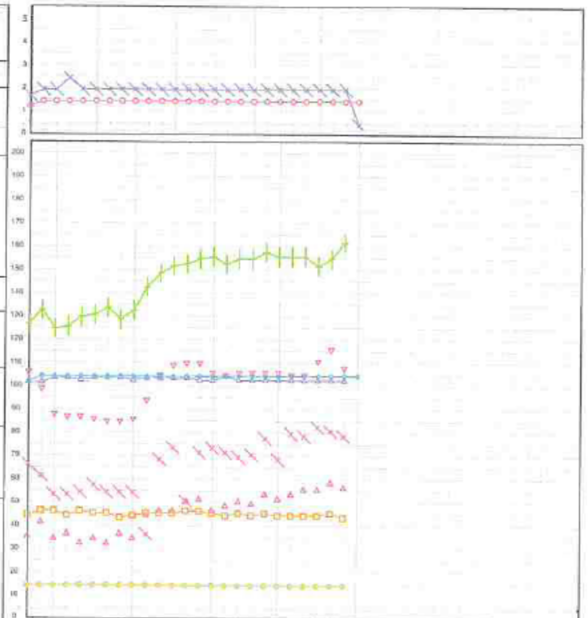
Anesthetic Maintenance:
Isoflurane

Airway Maintenance:
☐ Mask
☒ Trach
☒ ET Tube: Size: 8

System:
☒ Circle
☐ Bain
☒ Bag Size: 3.0 L

Patient Positioning:
☐ Right Lateral
☐ Left Lateral
☐ Sternal
☒ Dorsal

Complications:
☐ None
☐ Difficult Intubation
☐ Apnea/Resp Distress
☐ Hypothermia (< 99 F)
☐ Hypotension (MAP <60)
☐ Shock
☐ Arrhythmia
☐ Prolonged Recovery



Remarks: [illegible]

Pain Score: Pre-op: Post-op: 1/2 Flush:
Total Fluids: Sol 1: mL Sol 2: 0 mL Sol 3: 0 mL
mL
Post-op Temp:

Enter Time Here 1

	(HOUR 1)			15			30			45			(HOUR 2)
LRS: Rate	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0
IV Sol 1: VI						9.4			14.8			21.5	
IV Sol 2: Rate													
IV Sol 2: VI													
IV Sol 3: Rate													
IV Sol 3: VI													
Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60
O2 Flow	0.6	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Vaporizer	1.3	1.5	1.5	2.0	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
Esophageal Temp	97.5	99.7	99.5	99.5	99.5	99.7	99.7	99.6	99.5	99.6	99.6	99.6	99.7
Pulse	122	126	120	121	125	126	129	124	128	138	144	147	148
Resp	10	10	10	10	10	10	10	10	10	10	10	10	10
Systolic	101	94	83	82	82	81	80	80	81	89	100	104	105
Mean	62	57	49	49	50	53	50	50	50	32	64	69	46
Diastolic	31	37	30	32	36	30	28	32	30	40	42	42	46
ET CO2	40	42	42	40	42	41	41	39	40	41	41	41	42
SPO2	97	97	99	99	98	98	99	99	98	99	99	99	99

			15			30			45			(HOUR 3)	
LRS: Rate	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	
IV Sol 1: VI		28.0			32.0			35.6			41.0		43.0
IV Sol 2: Rate													
IV Sol 2: VI													
IV Sol 3: Rate													
IV Sol 3: VI													
Minutes	65	70	75	80	85	90	95	100	105	110	115	120	125
O2 Flow	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Vaporizer	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	0.0
Esophageal Temp	99.8	99.8	99.8	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
Pulse	150	151	148	150	150	153	151	151	151	147	150	157	
Resp	10	10	10	10	10	10	10	10	10	10	10	10	
Systolic	105	101	100	101	101	101	101	100	100	108	111	103	
Mean	67	69	67	65	66	73	64	75	74	78	76	74	
Diastolic	47	42	44	48	45	43	47	49	51	51	54	52	
ET CO2	42	41	40	41	40	41	40	40	40	40	41	39	
SPO2	98	98	100	99	98	98	98	98	98	98	98	98	

		15			30			45			(HOUR 4)			15		30
Minutes	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205

REMARKS: Room Temp: 69.5°F ll 10:16am Intubate and Start on Iso, ll 10:20am Start wait, attaching monitor equipment, adding warming devices. Bair Hugger set to 40°C. ll 11:54am Minor bucking vent noted. 12:12pm ISO Off, Removal of heat. Moved from procedure table to recovery mat. 12:30:03 PM Animal extubated and able to stand.

[redacted]

Dog #: 2
Date: 07/31/23
Treatment: Acepromazine & Conventional

Experimental procedures (see data sheets for details):

Food pulled (date/time): 7/30/23 6:45p

Study Procedures:
1. Placed 22 g IV catheter awake in ~~R~~ L cephalic vein – BG taken/recorded ✓

2. Temp probe placed and taped to tail - initial value recorded ✓

3. Neck clipped and CORE placed on neck via collar – initial value recorded ✓

4. Dog premedicated IV
   Acepromazine (~~0.05~~ 0.03 mg/kg) = 0.24 mg @ 9:58a

5. Temp recording started and continued every 3 minutes throughout procedure ✓

6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV ✓

7. Monitors placed and devices turned on ✓
   -*Conventional (circulating water blanket & forced air warmer)*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; IBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr
   (24mL/hr)
8. BG taken every 30 minutes ✓

9. Recovered on floor pad when (circle one/strike others)
   ~~a) rectal temp < 96.8°F (36°C) for 10 minutes~~
   ~~b) rectal temp > 103°F (39.5°C) for 10 minutes, or~~
   c) after 2 hours between rectal temps of 96.8°F – 103°F

10. Recorded times on data sheet:
    a) time to extubation
    b) time to sternal
    c) time to standing
    d) any shivering

12. BG taken 30 minutes post-recovery

13. IV catheters removed

14. Returned to run and fed dog at: 12:45pm

Comments: BT = 98.5° F

[redacted]

Dog #: 2
Date: 07/31/23
Treatment: Acepromazine & Conventional

Experimental procedures (see data sheets for details):

Food pulled (date/time): 7/30/23 6:45p

Study Procedures:
1. Placed 22 g IV catheter awake in ~~R~~ L cephalic vein – BG taken/recorded ✓

2. Temp probe placed and taped to tail - initial value recorded ✓

3. Neck clipped and CORE placed on neck via collar – initial value recorded ✓

4. Dog premedicated IV
   Acepromazine (~~0.05~~ 0.03 mg/kg) = 0.24 mg @ 9:58a

5. Temp recording started and continued every 3 minutes throughout procedure ✓

6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV ✓

7. Monitors placed and devices turned on ✓
   -*Conventional (circulating water blanket & forced air warmer)*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; IBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr (24 mL/hr)

8. BG taken every 30 minutes ✓

9. Recovered on floor pad when (circle one/strike others)
   ~~a) rectal temp < 96.8°F (36°C) for 10 minutes~~
   ~~b) rectal temp > 103°F (39.5°C) for 10 minutes, or~~
   ~~c) after 2 hours between rectal temps of 96.8°F – 103°F~~

10. Recorded times on data sheet:
    a) time to extubation
    b) time to sternal
    c) time to standing
    d) any shivering

12. BG taken 30 minutes post-recovery

13. IV catheters removed

14. Returned to run and fed dog at: 12:15pm

Comments: BT = 98.5° F

"Reiga"

Date/Week: 7/31/23 wk 1 Dog #: 2 FCR Pre-meds/treatment: Acepromazine Conventional

Time	(clipped)	Temperature (collar/rectal/esophageal)			Blood Glucose (Alpha3/PetTest)	
		collar F	esophageal / Rectal	Esophageal	Alpha	PetTest
Pre-sedation:	E 100.8	99.4	100.7		151	99
SEDATE DOG 9:58am						
3 min: 10:02am	101.2	99.7	100.5			
6 min: 10:05am	101.3	99.8	100.2			
9 min: 10:08am	101.5	99.9	100.3			
12 min: 10:11am	101.5	99.9	100.1		155	144
INDUCE & INSTRUMENT DOG 10:14a						
3 min: 10:15am	101.6	99.9	99.9			
6 min: 10:18am	101.7	99.9	100.0			warming device added
9 min: 10:21a	101.7	100.0	99.7	99.1		
12 min: 10:24a	101.6	100.0	99.5	99.7		
15 min: 10:27a	101.6	100.0	99.4	99.6		
18 min: 10:30a	101.6	100.0	99.3	99.5		
21 min: 10:33a	101.5	100.0	99.2	99.5		
24 min: 10:36a	101.5	100.0	99.2	99.5		
27 min: 10:39a	101.4	100.0	99.1	99.6		
30 min: 10:42a	101.3	99.9	99.1	99.6	108	130
33 min: 10:45a	101.2	99.9	99.1	99.6		
36 min: 10:48a	101.1	99.9	99.1	99.7		
39 min: 10:51a	101.0	99.9	99.1	99.7		
42 min: 10:54a	101.0	99.8	99.1	99.6		
45 min: 10:57a	100.9	99.8	99.1	99.5		
48 min: 11:00a	100.9	99.7	99.1	99.5		
51 min: 11:03a	100.8	99.6	99.2	99.5		
54 min: 11:06a	100.9	99.5	99.2	99.5		
min: 11:09a	100.8	99.3	99.2	99.6		
60 min: 11:12a	100.7	99.2	99.2	99.6	113	120

"Reiga"

Date/Week: 7/31/23 wk 1 Dog #: 2 Fcr Pre-meds/treatment: Acepromazine Conventional

Time		Temperature (collar/rectal/esophageal)			Blood Glucose (Alpha3/PetTest)	
	clipped	F	Rectal	Esophageal	Alpha	PetTest
Pre-sedation:	E 100.8	99.4	100.7		151	99
SEDATE DOG 9:58am						
3 min: 10:02 am	101.2	99.7	100.5			
6 min: 10:05am	101.3	99.8	100.2			
9 min: 10:08am	101.5	99.9	100.3			
12 min: 10:11am	101.5	99.9	100.1		188	144
INDUCE & INSTRUMENT DOG 10:14a						
3 min: 10:15am	101.6	99.9	99.9			
6 min: 10:18 am	101.7	99.9	100.0			warming device added
9 min: 10:21a	101.7	100.0	99.7	99.1		
12 min: 10:24a	101.6	100.0	99.5	99.7		
15 min: 10:27a	101.6	100.0	99.4	99.6		
18 min: 10:30a	101.6	100.0	99.3	99.5		
21 min: 10:33a	101.5	100.0	99.2	99.5		
24 min: 10:36a	101.5	100.0	99.2	99.5		
27 min: 10:39a	101.4	100.0	99.1	99.6	108	130
30 min: 10:42a	101.3	99.9	99.1	99.6		
33 min: 10:45a	101.2	99.9	99.1	99.6		
36 min: 10:48a	101.1	99.9	99.1	99.7		
39 min: 10:51a	101.0	99.9	99.1	99.7		
42 min: 10:54a	101.0	99.8	99.1	99.6		
45 min: 10:57a	100.9	99.8	99.1	99.5		
48 min: 11:00a	100.9	99.7	99.1	99.5		
51 min: 11:03a	100.8	99.6	99.2	99.5		
54 min: 11:06a	100.9	99.5	99.2	99.5		
57 min: 11:09a	100.8	99.3	99.2	99.6		
60 min: 11:12a	100.7	99.2	99.2	99.6	113	120

	E clipped	F	Rectal	Esophageal		
3 min: 11:15a	100.7	99.1	99.2	99.6		
66 min: 11:18a	100.7	99.1	99.2	99.2		
69 min: 11:21a	100.5	99.1	99.3	99.8		
72 min: 11:24a	100.5	98.9	99.3	99.8		
75 min: 11:27a	100.5	99.0	99.3	99.8		
78 min: 11:30a	100.4	98.9	99.4	99.8		
81 min: 11:33a	100.4	99.0	99.4	99.8		
84 min: 11:36a	100.3	99.0	99.4	99.9		
87 min: 11:39a	100.4	99.1	99.5	99.9		
90 min: 11:42a	100.4	99.2	99.5	99.9	110	71
93 min: 11:45a	100.3	99.3	99.6	99.9		
96 min: 11:48a	100.4	99.3	99.6	99.9		
99 min: 11:51a	100.4	99.3	99.7	99.9		
102 min: 11:54a	100.3	99.4	99.7	99.9		
105 min: 11:57a	100.3	99.4	99.7	99.9		
108 min: 12:00p	100.3	99.6	99.7	99.9		
111 min: 12:03p	100.3	99.7	99.8	99.9		
114 min: 12:06p	100.3	99.8	99.8	99.9		
117 min: 12:09p	100.4	99.9	99.8	99.9		
120 min: 12:12p	100.4	99.9	99.8	99.9	111	74

End anesthesia @ 12:12p

RECOVERY

Time extubated: 12:29:00 Time to extubation (minutes): 17

Time sternal: 12:30:45 Time to sternal (minutes): 18

Time standing: 12:32:00 Time to standing (minutes): 20

Blood glucose (30 min post-recovery): 104 (Alpha) 119 (Pet heat)

Notes (shivering):
No shivering

Time returned to run: 12:45p

	E clipped	F	Rectal	Esophageal		
3 min: 11:15a	100.7	99.1	99.2	99.6		
66 min: 11:18a	100.7	99.1	99.2	99.2		
69 min: 11:21a	100.5	99.1	99.3	99.8		
72 min: 11:24a	100.5	98.9	99.3	99.8		
75 min: 11:27a	100.5	99.0	99.3	99.8		
78 min: 11:30a	100.4	98.9	99.4	99.8		
81 min: 11:33a	100.4	99.0	99.4	99.8		
84 min: 11:36a	100.3	99.0	99.4	99.9		
87 min: 11:39a	100.4	99.1	99.5	99.9		
90 min: 11:42a	100.4	99.2	99.5	99.9	110	71
93 min: 11:45a	100.3	99.3	99.6	99.9		
96 min: 11:48a	100.4	99.3	99.6	99.9		
99 min: 11:51a	100.4	99.3	99.7	99.9		
102 min: 11:54a	100.3	99.4	99.7	99.9		
105 min: 11:57a	100.3	99.4	99.7	99.9		
108 min: 12:00p	100.3	99.6	99.7	99.9		
111 min: 12:03p	100.3	99.7	99.8	99.9		
114 min: 12:06p	100.3	99.8	99.8	99.9		
117 min: 12:09p	100.4	99.9	99.8	99.9		
120 min: 12:12p	100.4	99.9	99.8	99.9	111	74

End anesthesia @ 12:12p

RECOVERY

Time extubated: 12:29:00 Time to extubation (minutes): 17

Time sternal: 12:30:45 Time to sternal (minutes): 18

Time standing: 12:32:00 Time to standing (minutes): 20

Blood glucose (30 min post-recovery): 104 (Alpha) 119 (Pet test)

Notes (shivering):
No shivering

Time returned to run: 12:45p

Dog #: 2
Date: 08/03/23
Treatment: Acepromazine & AVACore

Completed by: [redacted]

Food pulled (date/time): 8/2/23 8pm

Study Procedures:

	Initials & time
1. Placed 22 g IV catheter awake in (R) or L cephalic vein – BG taken/recorded	[redacted] 9:27a
2. Temp probe placed and taped to tail - initial value recorded	9:28a
3. Neck clipped and CORE placed on neck via collar – initial value recorded	9:28a
4. Dog premedicated IV: *Acepromazine* (0.03 mg/kg)	9:32a
5. Temp recording started and continued every 3 minutes throughout procedure	
6. 10-15 minutes after pre-meds: a) BG taken & b) dog induced with propofol IV	[redacted] 9:45am
7. Monitors placed and devices turned on -*AVACore on* -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min -IV fluids at 3 mL/kg/hr	9:47am
8. BG taken every 30 minutes	[redacted]
9. Recovered on floor pad when (circle one/strike others) a) ~~rectal temp < 95.5°F (35°C) for 10 minutes~~ b) ~~rectal temp > 103°F (39.5°C) for 10 minutes, or~~ c) after 2 hours between rectal temps of 95.5°F – 103°F	[redacted] 11:54am
10. Recorded times on data sheet: a) time to extubation @12:05 b) time to sternal @12:07 c) time to standing @ 12:12 d) any shivering ✓	[redacted] 1'
12. BG taken 30 minutes post-recovery	[redacted] 12:22p
13. IV catheter removed	12:22p
14. Returned to run and fed dog at: 12:20 Temp: 98.0	

Comments:

Dog #: 2
Date: 08/03/23
Treatment: Acepromazine & AVACore

Completed by: [redacted]

Food pulled (date/time): 8/2/23 8pm

Initials & time

Study Procedures:

1. Placed 22 g IV catheter awake in (R) or L cephalic vein – BG taken/recorded [redacted] 9:27a
2. Temp probe placed and taped to tail - initial value recorded [redacted] 9:28a
3. Neck clipped and CORE placed on neck via collar – initial value recorded [redacted] 9:28a
4. Dog premedicated IV: *Acepromazine* (0.03 mg/kg) [redacted] 9:32a
5. Temp recording started and continued every 3 minutes throughout procedure [redacted]
6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV ☒ [redacted] 9:45am
7. Monitors placed and devices turned on [redacted] 9:47am
   -*AVACore on*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr
8. BG taken every 30 minutes ☒ [redacted] [redacted] 11:54am
9. Recovered on floor pad when (circle one/strike others)
   a) ~~rectal temp < 95.5°F (35°C) for 10 minutes~~
   b) ~~rectal temp > 103°F (39.5°C) for 10 minutes, or~~
   c) after 2 hours between rectal temps of 95.5°F – 103°F [redacted] 1'
10. Recorded times on data sheet:
    a) time to extubation @ 12:05
    b) time to sternal @ 12:07
    c) time to standing @ 12:12
    d) any shivering ✓
12. BG taken 30 minutes post-recovery [redacted] 12:22p
13. IV catheter removed [redacted] 12:22p
14. Returned to run and fed dog at: 12:20 Temp: 98.0

Comments:

Date: 8/3/23 Dog #: 2 FCZ Pre-meds/treatment: Ace | Avacore

Time	Temperature clipped (E)	unclipped (F)	rectal	esophag	Blood Glucose AlphaTrak	PetTest	
Pre-sedation: 9:27a	98.4	98.0	100.5	—	112	111	
SEDATE DOG @ 9:32a							
3 min: 9:35a	98.5	98.0	100.2				
6 min: 9:38a	98.8	98.1	99.9				
9 min: 9:41a	99.1	98.3	99.9				
12 min: 9:44a	99.3	98.3	99.7		103	114	
INDUCE & INSTRUMENT DOG 9:45am							
3 min: 9:47a	99.5	98.4	99.4				
6 min: 9:50a	99.7	98.5	99.2	99.4	Begin warming		
9 min: 9:53a	99.8	98.5	99.0	99.3			
12 min: 9:56a	99.6	98.6	98.9	99.2			
15 min: 9:59a	99.7	98.7	98.8	99.0			
18 min: 10:02a	99.5	98.8	98.7	98.9			
21 min: 10:05a	99.4	98.9	99.0	99.0			
24 min: 10:08a	99.3	98.9	98.9	98.9			
27 min: 10:11a	99.2	99.0	98.7	98.8			
30 min: 10:14a	99.2	98.9	98.7	98.8	111	127	
33 min: 10:17A	99.2	99.0	98.5	98.6			
36 min: 10:20a	99.1	98.9	98.4	98.5			
39 min: 10:23a	99.1	98.8	98.4	98.4			
42 min: 10:26a	99.0	98.6	98.3	98.3			
45 min: 10:29a	98.9	98.7	98.3	98.3			
48 min: 10:32a	98.8	98.6	98.2	98.2			
51 min: 10:35a	98.7	98.6	98.1	98.1			
54 min: 10:38a	98.6	98.5	98.1	98.1			
57 min: 10:41a	98.6	98.5	98.0	98.0			
60 min: 10:46A	98.5	98.3	98	98	116	122	

Date: 8/3/23 Dog #: 2 FCZ Pre-meds/treatment: Ace | Avacare

Time	Temperature clipped (E)	Temperature unclipped (F)	rectal	esophag	Blood Glucose AlphaTrak	Blood Glucose PetTest
Pre-sedation: 9:27a	98.4	98.0	100.5	—	112	111
SEDATE DOG @ 9:32a						
3 min: 9:35a	98.5	98.0	100.2			
6 min: 9:38a	98.8	98.1	99.9			
9 min: 9:41a	99.1	98.3	99.9			
12 min: 9:44a	99.3	98.3	99.7		103	114
INDUCE & INSTRUMENT DOG 9:45am						
3 min: 9:47a	99.5	98.4	99.4			
6 min: 9:50a	99.7	98.5	99.2	99.4	Begin warming	
9 min: 9:53a	99.8	98.5	99.0	99.3		
12 min: 9:56a	99.8	98.6	98.9	99.2		
15 min: 9:59a	99.7	98.7	98.8	99.0		
18 min: 10:02a	99.5	98.8	98.7	98.9		
21 min: 10:05a	99.4	98.9	99.0	99.0		
24 min: 10:08a	99.3	98.9	98.9	98.9		
27 min: 10:11a	99.2	99.0	98.7	98.8		
30 min: 10:14a	99.2	98.9	98.7	98.8	111	127
33 min: 10:17A	99.2	99.0	98.5	98.6		
36 min: 10:20a	99.1	98.9	98.4	98.5		
39 min: 10:23a	99.1	98.8	98.4	98.4		
42 min: 10:26a	99.0	98.8	98.3	98.3		
45 min: 10:29a	98.9	98.7	98.3	98.3		
48 min: 10:32a	98.8	98.6	98.2	98.2		
51 min: 10:35a	98.7	98.6	98.1	98.1		
54 min: 10:38a	98.6	98.5	98.1	98.1		
57 min: 10:41a	98.6	98.5	98.0	98.0		
60 min: 10:46A	98.5	98.3	98	98	116	122

	clipped E	unclipped F	rectal	esoph		
63 min: 10:49a	98.5	98.3	97.9	97.9		
66 min: 10:52a	98.5	98.2	97.8	97.9		
69 min: 10:55a	98.4	97.9	97.7	97.8		
72 min: 10:58a	98.3	97.8	97.7	97.8		
75 min: 11:01a	98.3	97.8	97.6	97.7		
78 min: 11:04a	98.3	97.6	97.6	97.8		
81 min: 11:07a	98.3	97.6	97.6	97.7		
84 min: 11:10a	98.3	97.6	97.6	97.7		
87 min: 11:12am	98.4	97.6	97.5	97.7	Alpha	PetTest
90 min: 11:16am	98.3	97.6	97.4	97.7	105	135
93 min: 11:18am	98.3	97.6	97.5	97.6		
96 min: 11:21am	98.3	97.5	97.4	97.6		
99 min: 11:24a	98.3	97.5	97.4	97.5		
102 min: 11:27a	98.3	97.4	97.4	97.5		
105 min: 11:30a	98.3	97.4	97.4	97.5		
108 min: 11:33a	98.3	97.3	97.3	97.4		
111 min: 11:36a	98.3	97.3	97.3	97.4		
114 min: 11:39a	98.3	97.3	97.3	97.4		
117 min: 11:42a	98.2	97.2	97.2	97.4		
120 min: 11:45a	98.1	97.2	97.3	97.3	101	85
125min: 11:48a	98.2	97.3	97.2	97.2		

END @ 11:50a

RECOVERY

Time extubated: 12:05

Time to extubation (minutes): 11

Time sternal: 12:07

Time to sternal (minutes): 13

Time standing: 12:12p

Time to standing (minutes): 5

Blood glucose (30 min post-recovery): 93 (AlphaTrak) 113 (PetTest)

Notes (shivering):

shivery + Nystagmus

Time returned to run: 12:18 Body temperature: 98.0°

Completed by:

[redacted]

[redacted]

	clipped E	unclipped F	rectal	esoph		
63 min: 10:49a	98.5	98.3	97.9	97.9		
66 min: 10:52a	98.5	99.2	97.8	97.9		
69 min: 10:55a	98.4	97.9	97.7	97.8		
72 min: 10:58a	98.3	97.8	97.7	97.8		
75 min: 11:01a	98.3	97.8	97.6	97.7		
78 min: 11:04a	98.3	97.6	97.6	97.8		
81 min: 11:07a	98.3	97.6	97.6	97.7		
84 min: 11:10a	98.3	97.6	97.6	97.7		
87 min: 11:12am	98.4	97.6	97.5	97.7	Alpha	PetTest
90 min: 11:16am	98.3	97.6	97.4	97.7	105	135
93 min: 11:18am	98.3	97.6	97.5	97.6		
96 min: 11:21am	98.3	97.5	97.4	97.6		
99 min: 11:24a	98.3	97.5	97.4	97.5		
102 min: 11:27a	98.3	97.4	97.4	97.5		
105 min: 11:30a	98.3	97.4	97.4	97.5		
108 min: 11:33a	98.3	97.3	97.3	97.4		
111 min: 11:36a	98.3	97.3	97.3	97.4		
114 min: 11:39a	98.3	97.3	97.3	97.4		
117 min: 11:42a	98.2	97.2	97.2	97.6		
120 min: 11:45a	98.1	97.2	97.3	97.3	101	85
125min: 11:48a	98.2	97.3	97.2	97.2		

END @ 11:54a

RECOVERY

Time extubated: 12:05

Time to extubation (minutes): 11

Time sternal: 12:07

Time to sternal (minutes): 13

Time standing: 12:12p

Time to standing (minutes): 5

Blood glucose (30 min post-recovery): 93 (AlphaTrak) 113 (PetTest)

Notes (shivering):

shivering + Nystagmus

Time returned to run: 12:18 Body temperature: 98.0°

Completed by:

[redacted]

[redacted]

8/3/23
Dog 2
Ace / AVA

ANESTHETIC RECORD

Page 1 of 1

Date: 8/2/23
Assistant:
Protocol: V8724
Ace + AVACore

Label
PI: Johnson
Animal ID: Dog 2 FCZ
Species: K9
Sex: 8 kg

IVC: 22G RH BP Cuff: EV 4

Wt: 8 kg T: 100.7°F P: 78 R: Fasted: Yes
PCV: TP: BUN: AM: CRT:

Preanesthetic Medication:

Drug	Dose	Total dose	Route	Time
Acepromazine 10 mg/ml	0.03mg/kg	0.24	IV	9:22 AM

Anesthetic Induction:

Drug	Dosage (mg)	Route	Time
Propofol 10 mg/ml	10 mg	IV	9:15 AM

☐ Constant: mg PO
☐ Hetastarch: mL IV
☐ Lidocaine: mL IV
☐ MLK: 1: 2: 3:

Time:					15	30	45		15	30	45		15	30	45		15	30
IV Sol 1:	LRS	24	mL/hr		10.1	16.1	21.6	27.8	34.0	40.6	46.9	2.3						
IV Sol 2:																		

Start Anes	9:45 AM
Start Proc	
End Proc	
End Anes	11:54 AM
Total Proc	
Total Anes	
Extubation	12:05 PM
Sternal	12:07 PM
Standing	12:10 PM

Oxygen Flow - O
Vaporizer Setting - X

Symbols:
SPO2
Temp
Pulse
ET CO2
Blood pressure
Systolic
Mean
Diastolic

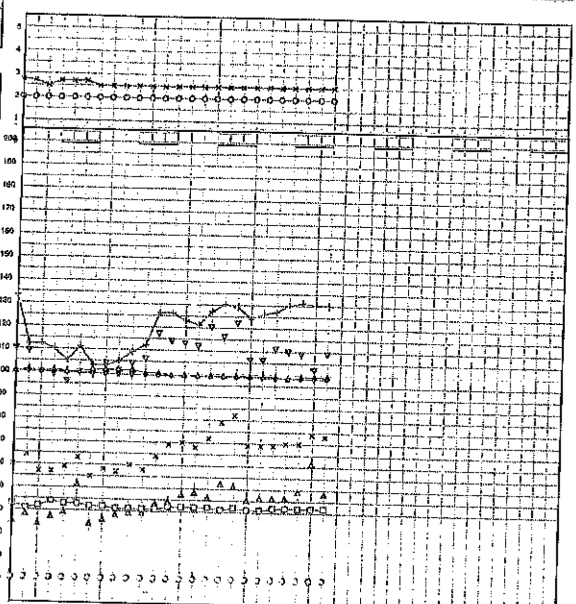
Anesthetic Maintenance:
Isoflurane

Airway Maintenance:
☐ Mask
☐ Trach
☒ ET Tube Size: 8

System:
☒ Circle
☐ Bain
☒ Bag Size 3.0 L

Patient Positioning:
☐ Right Lateral
☐ Left Lateral
☐ Sternal
☒ Dorsal

Complications:
☐ None
☐ Difficult Intubation
☐ Apnea/Resp. Distress
☐ Hypothermia (<99 F)
☐ Hypotension (MAP <60)
☐ Shock
☐ Arrhythmia
☐ Prolonged Recovery



Remarks:
ETCO2 kept ~ 40 mm Hg, ETiso kept at 1.3%

Pain Score:
Pre-op:
Post-op:
1/2 Fluids:

Total Fluids:
Sol 1: mL
Sol 2: 0 mL
Sol 3: 0 mL

mL
Patient Temp:

Enter Time Here: 1

	(HOUR 1)			15			30			45			(HOUR 2)
LRS: Rate	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0
IV Sol 1: Vl			4.1			10.1			16.1			21.6	
IV Sol 2: Rate													
IV Sol 2: Vl													
IV Sol 3: Rate													
IV Sol 3: Vl													
Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60
O2 Flow	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Vaporizer	1.8	1.7	1.5	1.7	1.7	1.7	1.6	1.5	1.5	1.5	1.6	1.5	1.5
Esophageal Temp	99.3	99.1	98.9	98.9	98.8	98.6	98.4	98.3	98.2	98.1	98.1	97.9	97.9
Pulse	132	111	111	109	104	110	102	102	104	100	111	125	125
Resp	10	10	10	10	10	10	10	10	10	10	10	10	10
Systolic	109	108	99	98	95	99	98	103	100	103	105	116	103
Mean	69	63	56	56	58	62	54	57	56	59	57	63	68
Diastolic	34	37	33	36	38	50	33	35	37	38	36	42	43
ET CO2	42	40	41	43	42	42	41	41	40	40	40	40	41
SPO2	99	100	99	100	99	99	100	100	100	100	99	99	98

		15			30			45			(HOUR 3)	
LRS: Rate	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	
IV Sol 1: Vl		27.8			34.0			40.6			46.8	48.9	
IV Sol 2: Rate													
IV Sol 2: Vl													
IV Sol 3: Rate													
IV Sol 3: Vl													
Minutes	65	70	75	80	85	90	95	100	105	110	115	120	125
O2 Flow	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	
Vaporizer	1.5	1.5	1.5	1.5	1.5	1.5	1.6	1.5	1.5	1.5	1.5	1.5	
Esophageal Temp	97.8	97.8	97.7	97.7	97.6	97.6	97.5	97.4	97.4	97.3	97.2	97.1	
Pulse	122	120	128	129	126	123	125	126	129	130	129	129	
Resp	10	10	10	10	10	10	10	10	10	10	10	10	
Systolic	112	111	119	116	121	105	105	110	109	106	101	108	
Mean	69	67	71	78	81	88	88	68	69	69	73	72	
Diastolic	46	47	45	51	50	44	45	45	45	48	60	47	
ET CO2	41	41	41	40	41	40	40	41	41	41	41	41	
SPO2	98	98	98	98	98	98	98	98	97	98	98	99	

		15			30			45			(HOUR 4)			15		30
Minutes	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205

REMARKS: ETCO2 kept ~ 40 mm Hg, ETiso 1.3%

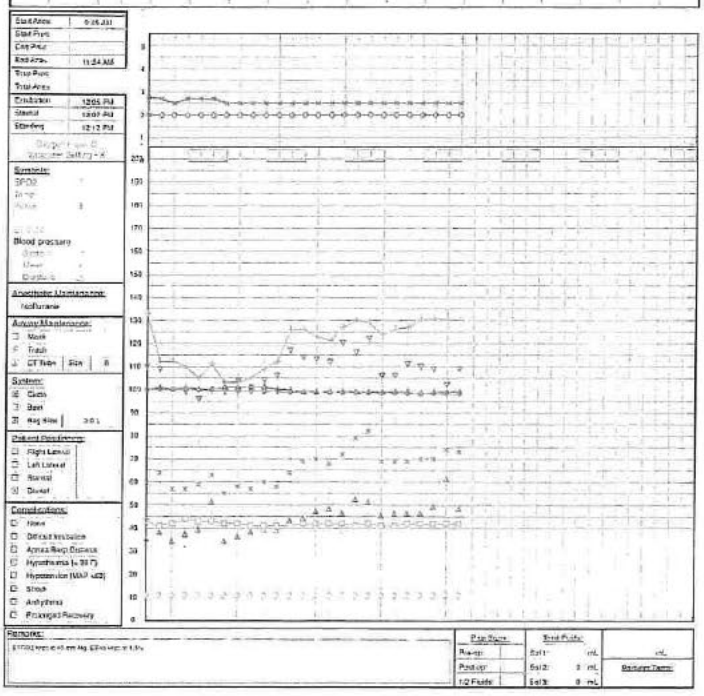
8/3/23
Dog 2
Ace / AVA

[redacted]

ANESTHETIC RECORD

Page 1 of 1

Label



	(HOUR 1)				15				30				45				(HOUR 2)				15				30				45				(HOUR 3)				15				30				45				(HOUR 4)				15				30	
LRS: Rate	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0																				
IV Sol 1: Vl			4.1				10.1				16.1				21.8				27.8				34.0				40.6				46.6	48.9																						
IV Sol 2: Rate																																																						
IV Sol 2: Vl																																																					
IV Sol 3: Rate																																																					
IV Sol 3: Vl																																																					
Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205								
O2 Flow	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0																										
Vaporizer	1.8	1.7	1.5	1.7	1.7	1.7	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5																										
Esophageal Temp	99.3	99.1	98.9	98.9	98.8	98.6	98.4	98.3	98.2	98.1	98.1	97.9	97.9	97.8	97.8	97.7	97.7	97.6	97.5	97.5	97.4	97.4	97.3	97.2	97.1																										
Pulse	102	111	111	109	104	110	102	102	104	108	111	125	125	122	120	126	129	128	123	125	126	129	130	129	129																										
Resp	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10																										
Systolic	109	108	99	98	95	99	98	103	100	100	105	116	113	112	111	119	115	121	105	105	110	109	105	101	108																										
Mean	59	63	58	58	58	62	54	57	58	59	57	63	68	69	67	71	76	81	68	68	68	69	69	73	72																										
Diastolic	34	37	33	36	36	50	33	35	37	38	38	42	43	48	47	45	51	50	44	45	45	45	48	60	47																										
ET CO2	42	40	41	43	42	42	41	41	40	40	40	40	41	41	41	41	40	41	40	40	40	41	41	41	41																										
SPO2	99	100	99	100	99	99	100	100	100	100	99	99	98	98	98	98	98	98	98	98	98	97	98	98	98																										
REMARKS:	ETCO2 kept – 40 mm Hg, ETiso 1.3%																																																	

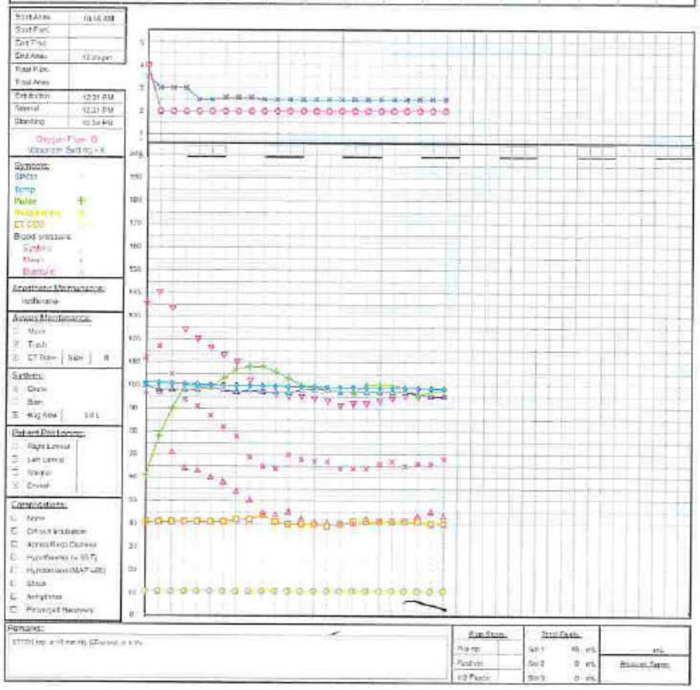
8/7/23
Dog 2
Dex+None

[redacted]

ANESTHETIC RECORD

Page 1 of 1

Label



	(HOUR 1)			15			30			45			(HOUR 2)			15			30			45		
LRS: Rate	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	27.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0
IV Sol 1: VI			3.8			9.7			15.7			21.7			27.8			33.7			35.8			40.1
IV Sol 2: Rate																								
IV Sol 2: VI																								
IV Sol 3: Rate																								
IV Sol 3: VI																								
Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	105	110	115
O2 Flow	3.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Vaporizer	2.5	2.0	2.0	2.0	1.5	1.5	1.0	1.6	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
Esophageal Temp	100.0	100.1	99.8	99.6	99.4	99.2	99.1	99.0	98.8	98.7	98.6	98.5	98.4	98.3	98.2	98.1	98.0	97.9	97.8	97.7	97.6	97.6	97.5	97.4
Pulse	60	77	89	99	98	98	102	108	107	107	105	102	99	98	97	98	96	99	99	99	98	95	96	97
Resp	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Systolic	131	139	132	123	119	115	112	109	101	96	95	94	94	93	92	90	91	91	92	90	94	94	94	94
Mean	111	116	104	93	90	86	81	77	68	64	63	69	67	66	66	63	63	63	65	66	64	65	65	67
Diastolic	96	98	70	63	62	59	57	53	45	44	43	44	41	40	40	39	39	41	40	40	41	42	44	42
ET CO2	40	40	40	40	40	40	40	41	41	43	40	39	39	39	38	38	40	40	40	40	40	40	39	39
SPO2	99	97	97	97	97	98	97	96	97	96	96	96	97	97	97	96	96	96	96	96	96	95	94	94

	(HOUR 3)			15			30			45			(HOUR 4)			15		30
Minutes	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205

REMARKS: ETCO2 kept ~ 40 mm Hg, ETiso 1.3%

Date: 8/7/23 Dog #: 2 (Leigh FC2) Pre-meds/treatment: Dex / None

Time	Temperature clipped (E)	Temperature unclipped (F)	Temperature rectal	Temperature esophag	Blood Glucose AlphaTrak	Blood Glucose PetTest
Pre-sedation: 10:00a	101.8	99.9	100.7		110	107
SEDATE DOG @ 10:05a						
3 min: 10:08a	102.1	100.5	100.7			
6 min: 10:11a	102.2	100.8	100.7			
9 min: 10:14a	102.1	101.0	100.6			
12 min: 10:17a	102.1	101.2	100.3		111	98
INDUCE & INSTRUMENT DOG @ 10:18a						
3 min: 10:21a	102.0	101.3	100.2	99.7		
6 min: 10:24a	101.8	101.3	100.0	100.1		
9 min: 10:27a	101.8	101.3	99.7	100.0		
12 min: 10:30a	101.7	101.2	99.4	99.9		
15 min: 10:33a	101.6	101.0	99.2	99.7		
18 min: 10:36a	101.4	100.6	99.0	99.6		
21 min: 10:39a	101.4	100.5	98.9	99.5		
24 min: 10:42a	101.2	100.1	98.7	99.4		
27 min: 10:45a	101.1	99.9	98.6	99.3		
30 min: 10:48a	100.9	99.5	98.5	99.2	112	104
33 min: 10:51a	100.9	99.4	98.4	99.1		
36 min: 10:54a	100.8	99.2	98.3	99.0		
39 min: 10:57a	100.6	98.9	98.2	99.0		
42 min: 11:00a	100.4	98.9	98.1	98.9		
45 min: 11:03a	100.3	98.8	98.0	98.8		
48 min: 11:06a	100.0	98.8	97.9	98.8		
51 min: 11:09a	100.0	98.6	97.9	98.7		
54 min: 11:12a	99.9	98.6	97.6	98.6		
57 min: 11:15a	99.8	98.5	97.7	98.5		
60 min: 11:18a	99.7	98.4	97.7	98.5	119	103

	E	F	Rectal 97.4	Esophageal		
63 min: 11:21a	99.5	98.2	[illegible]	98.4		
66 min: 11:24a	99.5	98.1	97.6	98.3		
69 min: 11:27a	99.4	98.0	97.5	98.3		
72 min: 11:30	99.4	98.0	97.4	98.2		
75 min: 11:33a	99.3	97.9	97.4	98.2		
78 min: 11:36a	99.2	97.9	97.3	98.1		
81 min: 11:39a	99.0	97.9	97.2	98.0		
84 min: 11:42a	99.0	97.8	97.2	98.0	Alpha	PetTest
87 min: 11:45a	98.9	97.8	97.2	98.0		
90 min: 11:46a	98.9	97.7	97.2	97.9	110	96
93 min: 11:51a	98.8	97.7	97.1	97.9		
96 min: 11:54a	98.6	97.6	97.0	97.8		
99 min: 11:57a	98.6	97.6	96.7	97.7		
102 min: 12:00p	98.6	97.5	96.9	97.7		
105 min: 12:03p	98.5	97.5	96.8	97.6		
108 min: 12:06p	98.5	97.5	96.8	97.6		
111 min: 12:09p	98.4	97.5	96.7	97.5		
114 min: 12:12p	98.3	97.5	96.7	97.4		
117 min: 12:15p	98.3	97.4	96.6	97.4		
120 min: 12:18p	98.3	97.4	96.6	97.4	112	90

End Anesthesia @ 12:20p

RECOVERY

Time extubated: 12:31 Time to extubation (minutes): 11

Time sternal: 12:31 Time to sternal (minutes): 11

Time standing: 12:34 Time to standing (minutes): 14

Blood glucose (30 min post-recovery): ~~86~~ 108 (AlphaTrak) ~~105~~ 96 (PetTest)

Notes (shivering):

shivering

Time returned to run: 12:50p Body temperature: 98.5

Completed by: [redacted]

Dog #: 2 FC2
Date: 08/07/23
Treatment: Dexmedetomidine & None

Completed by: [redacted]

Food pulled (date/time): 8/6/23 9:00p

Initials & time

Study Procedures:

1. Placed 22 g IV catheter awake in R or (L) cephalic vein – BG taken/recorded [redacted] 10:00p a
2. Temp probe placed and taped to tail - initial value recorded [redacted] 10:00p a
3. Neck clipped and CORE placed on neck via collar – initial value recorded [redacted] 10:00p a
4. Dog premedicated IV: *Dexmedetomidine* (5 mcg/kg) [redacted] 10:05 a
5. Temp recording started and continued every 3 minutes throughout procedure [redacted]
6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV [redacted] 10:18 a / 10:21 a
7. Monitors placed and devices turned on
   -*No devices turned on*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NiBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr
8. BG taken every 30 minutes [redacted] 10:48a, 11:18a, 11:48a / 12:18p
9. Recovered on floor pad when (circle one/strike others) [redacted] 12:20
   ~~a) rectal temp < 95.5°F (35°C) for 10 minutes~~
   ~~b) rectal temp > 103°F (39.5°C) for 10 minutes, or~~
   (c) after 2 hours between rectal temps of 95.5°F – 103°F
10. Recorded times on data sheet: [redacted]
    a) time to extubation @ 12:31
    b) time to sternal @ 12:31
    c) time to standing @ 12:34
    d) any shivering
    Shivering
12. BG taken 30 minutes post-recovery [redacted] 12:50p
13. IV catheter removed [redacted] 12:50p
14. Returned to run and fed dog at: 12:50p Temp: 98.5

Comments:

Dog #: 2 FC2
Date: 08/07/23
Treatment: Dexmedetomidine & None

Completed by: [redacted]

Food pulled (date/time): 8/6/23 9:00p

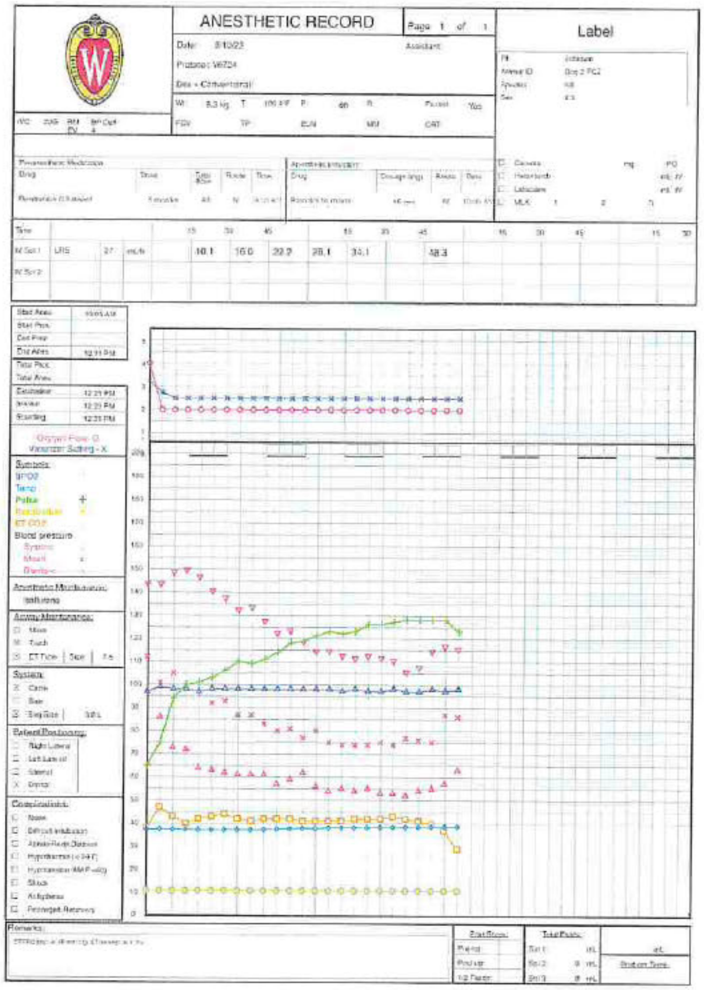
Initials & time

Study Procedures:

1. Placed 22 g IV catheter awake in R or (L) cephalic vein – BG taken/recorded [redacted] 10:00p a
2. Temp probe placed and taped to tail - initial value recorded [redacted] 10:00p a
3. Neck clipped and CORE placed on neck via collar – initial value recorded [redacted] 10:00p a
4. Dog premedicated IV: *Dexmedetomidine* (5 mcg/kg) [redacted] 10:05 a
5. Temp recording started and continued every 3 minutes throughout procedure [redacted]
6. 10-15 minutes after pre-meds:
   a) BG taken [redacted] 10:18 a & b) dog induced with propofol IV [redacted] 10:21 a
7. Monitors placed and devices turned on
   -*No devices turned on*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr
8. BG taken every 30 minutes [redacted] 10:48a, 11:18a, 11:48a, 12:18p
9. Recovered on floor pad when (circle one/strike others) [redacted] 12:20
   ~~a) rectal temp < 95.5°F (35°C) for 10 minutes~~
   ~~b) rectal temp > 103°F (39.5°C) for 10 minutes, or~~
   (c) after 2 hours between rectal temps of 95.5°F – 103°F
10. Recorded times on data sheet: [redacted]
    a) time to extubation @ 12:31
    b) time to sternal @ 12:31
    c) time to standing @ 12:34
    d) any shivering
    Shivering
12. BG taken 30 minutes post-recovery [redacted] 12:50p
13. IV catheter removed [redacted] 12:50p
14. Returned to run and fed dog at: 12:50p Temp: 98.5 [redacted]

Comments:

8/10/23
Dog 2
Dex/ CONV
[redacted]



	(HOUR 1)			15			30			45			(HOUR 2)
LRS: Rate	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0
IV Sol 1: VI			4.0			10.1			16.0			22.2	
IV Sol 2: Rate													
IV Sol 2: VI													
IV Sol 3: Rate													
IV Sol 3: VI													
Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60
O2 Flow	3.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Vaporizer	2.2	1.0	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
Esophageal Temp	36.3	36.5	36.4	36.3	36.2	36.2	36.3	36.3	36.3	36.4	36.6	36.8	36.9
Pulse	34	74	93	99	100	102	105	109	108	110	113	117	118
Resp	10	10	10	10	10	10	10	10	10	10	10	10	10
Systolic	142	142	147	140	145	139	136	131	132	126	121	122	117
Mean	111	100	104	98	95	91	92	86	88	82	79	80	78
Diastolic	96	85	72	71	63	62	61	60	60	60	56	59	61
ET CO2	37	46	43	39	41	42	43	41	40	41	41	41	40
SPO2	96	98	97	97	96	97	97	97	97	97	97	97	97

			15			30			45			(HOUR 3)
LRS: Rate	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0
IV Sol 1: VI		28.1			31.1			40.2			46.2	48.3
IV Sol 2: Rate												
IV Sol 2: VI												
IV Sol 3: Rate												
IV Sol 3: VI												
Minutes	65	70	75	80	85	90	95	100	105	110	115	120
O2 Flow	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Vaporizer	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
Esophageal Temp	36.9	37.1	37.1	37.2	37.3	37.4	37.4	37.5	37.6	37.6	37.6	37.7
Pulse	120	122	121	122	125	125	120	127	127	127	137	122
Resp	10	10	10	10	10	10	10	10	10	10	10	10
Systolic	113	113	111	110	111	110	109	104	106	113	115	114
Mean	79	74	73	73	73	74	73	76	75	74	86	85
Diastolic	55	53	54	53	54	52	52	51	53	54	56	62
ET CO2	40	40	40	41	41	41	42	41	40	39	36	28
SPO2	97	97	96	97	96	96	97	96	96	97	96	97

			15			30			45			(HOUR 4)			15		30
Minutes	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205

REMARKS: ETCO2 kept ~ 40 mm Hg, ETiso 1.3%, temp in celsius; minute 105 dog started breathing against vent

Date: 8/10/23 Dog #: 2 Pre-meds/treatment: Dex | Conventional

Time	Temperature				Blood Glucose	
	clipped (E)	unclipped (F)	rectal	esophag	AlphaTrak	PetTest
Pre-sedation: @ 9:49	98.6 37	98.6 37	100.5 38.05		111	117
SEDATE DOG @ 9:50a						
3 min: @ 9:53a	98.5 36.9	98.5 36.9	38.1°C			
6 min: @ 9:56a	37.4	37.4	38.1			
9 min: @ 9:59a	37.72	37.72	37.9			
12 min: @ 10:02a	37.9	37.72	37.8		102	109
INDUCE & INSTRUMENT DOG @ 10:05a						
3 min: 10:10a	38.16	37.72	37.7	36.44		
6 min: 10:13a	38.16	37.67	37.6	36.5		
9 min: 10:16a	38.22	37.67	37.5	36.5		
12 min: 10:19a	38.22	37.67	37.4	36.44		
15 min: 10:22a	38.27	37.61	37.4	36.53		
18 min: 10:25a	38.33	37.61	37.3	36.33		
21 min: 10:28a	38.33	37.61	37.3	36.28		
24 min: 10:31a	38.39	37.61	37.3	36.28		
27 min: 10:34a	38.39	37.61	37.4	36.22		
30 min: 10:37a	38.44	37.66	37.4	36.27	128	106
33 min: 10:40a	38.44	37.6	37.4	36.27		
36 min: 10:43a	38.5	37.6	37.4	36.27		
39 min: 10:46a	38.5	37.78	37.5	36.33		
42 min: 10:49a	38.6	37.83	37.5	36.39		
45 min: 10:52a	38.6	37.83	37.5	36.39		
48 min: 10:55a	38.6	37.83	37.8	36.44		
51 min: 10:58a	38.6	37.83	38.0	36.44		
54 min: 11:01a	38.6	37.94	38.1	36.5		
57 min: 11:04a	38.6	37.94	38.2	36.72		
60 min: 11:07a	38.7	38.1	37.9	36.89	140	98

	E	F	Rectal	Esoph		
63 min: 11:10a	38.7	38.1	37.7	36.89		
66 min: 11:13a	38.72	38.2	37.5	36.94		
69 min: 11:16a	38.72	38.27	37.8	37		
72 min: 11:19a	38.88	38.38	38.0	37.1		
75 min: 11:22a	38.8	38.4	38.1	37.1		
78 min: 11:25a	38.8	38.5	38.2	37.1		
81 min: 11:28a	38.83	38.5	38.2	37.2		
84 min: 11:31a	38.9	38.6	38.3	37.2		
87 min: 11:34a	38.9	38.6	38.3	37.3	Alpha	Petest
90 min: 11:37a	38.94	38.6	38.3	37.3	111	126
93 min: 11:40a	39	38.6	38.3	37.39		
96 min: 11:43a	39.1	38.7	38.4	37.4		
99 min: 11:46a	39.1	38.8	38.4	37.5		
102 min: 11:49a	39.1	38.8	38.4	37.5		
105 min: 11:52a	39.2	38.8	38.5	37.5		
108 min: 11:55a	39.1	38.9	38.5	37.56		
111 min: 11:58a	39.2	38.9	38.5	37.56		
114 min: 12:01a	39.2	39	38.5	37.61		
117 min: 12:04a	39.2	39	38.6	37.61		
120 min: 12:07a	39.2	39	38.6	37.66	114	104

END Anesthesia @12:11p

RECOVERY

Time extubated: @12:25p

Time to extubation (minutes): 14

Time sternal: 12:29pm

Time to sternal (minutes): 18

Time standing: 12:31pm

Time to standing (minutes): 20

Blood glucose (30 min post-recovery): 100 (AlphaTrak) 118 (PetTest)

Notes (shivering): None

Time returned to run: 12:40pm Body temperature: 101.8

Completed by: [redacted]

Dog #: 2
Date: 08/10/23
Treatment: Dexmedetomidine & Conventional

Completed by: [redacted]

Food pulled (date/time): 8/9/23 8:30pm

	Initials & time
Study Procedures:	
1. Placed 22 g IV catheter awake in (R) or L cephalic vein – BG taken/recorded	[redacted] 9:46a
2. Temp probe placed and taped to tail - initial value recorded	9:46a
3. Neck clipped and CORE placed on neck via collar – initial value recorded	9:46a
4. Dog premedicated IV: *Dexmedetomidine* (5 mcg/kg)	9:50a
5. Temp recording started and continued every 3 minutes throughout procedure	
6. 10-15 minutes after pre-meds: a) BG taken & b) dog induced with propofol IV	[redacted] 10:05a
	10:07a
7. Monitors placed and devices turned on	
-*Conventional (circulating water blanket & forced air warmer) on*	
-ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min	
-IV fluids at 3 mL/kg/hr	
8. BG taken every 30 minutes	[redacted] 10:37, 11:07, 11:37, 12:
	12:11p
9. Recovered on floor pad when (circle one/strike others)	
a) ~~rectal temp < 95.5°F (35°C) for 10 minutes~~	
b) ~~rectal temp > 103°F (39.5°C) for 10 minutes~~, or	
(c) after 2 hours between rectal temps of 95.5°F – 103°F	
10. Recorded times on data sheet:	[redacted]
a) time to extubation 12:25p	
b) time to sternal	
c) time to standing	
d) any shivering	
12. BG taken 30 minutes post-recovery	[redacted] 12:40pm
13. IV catheter removed	12:40pm
14. Returned to run and fed dog at: 12:40pm Temp: 101.8	[redacted]

Comments: Smooth Recovery

Dog #: 2
Date: 08/10/23
Treatment: Dexmedetomidine & Conventional

Completed by: [redacted]

Food pulled (date/time): 8/9/23 8:30 pm

	Initials & time
Study Procedures:	
1. Placed 22 g IV catheter awake in (R) or L cephalic vein – BG taken/recorded	[redacted] 9:46a
2. Temp probe placed and taped to tail - initial value recorded	9:46a
3. Neck clipped and CORE placed on neck via collar – initial value recorded	9:46a
4. Dog premedicated IV: *Dexmedetomidine* (5 mcg/kg)	9:50a
5. Temp recording started and continued every 3 minutes throughout procedure	
6. 10-15 minutes after pre-meds: a) BG taken & b) dog induced with propofol IV	[redacted] 10:05a
	10:07a
7. Monitors placed and devices turned on -*Conventional (circulating water blanket & forced air warmer) on* -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min -IV fluids at 3 mL/kg/hr	
8. BG taken every 30 minutes	[redacted] 10:37, 11:07, 11:37, 12:
	12:11p
9. Recovered on floor pad when (circle one/strike others) a) ~~rectal temp < 95.5°F (35°C) for 10 minutes~~ b) ~~rectal temp > 103°F (39.5°C) for 10 minutes~~, or (c) after 2 hours between rectal temps of 95.5°F – 103°F	
10. Recorded times on data sheet: a) time to extubation @ 12:35p b) time to sternal @ c) time to standing @ d) any shivering	[redacted]
12. BG taken 30 minutes post-recovery	[redacted] 12:40pm
13. IV catheter removed	12:40pm
14. Returned to run and fed dog at: 12:40pm Temp: 101.8	[redacted]

Comments: Smooth Recovery

8/14/23
Dog 2
Dex - AVA

ANESTHETIC RECORD

Page 1 of 1

Date: 8/14/23
Protocol: V6724
Dex + AVACure

Assistant:

Label

PI: Johnson
Animal ID: Dog 2 FCZ
Species: K9
Sex: 8.2 kg

Wt: 8.2 kg | T: 35.1°F | P: 60 | R: | Fasted: Yes
PCV: | TP: | BUN: | MM: | CRT:

IVC: 22G LM EV | BP Cuff: 4

4.0 μg (138)

Preanesthetic Medication: Drug	Dose	Total	Route	Time
Dexmedetomidine 0.5 mg/mL	5 mcg/kg	~~.41~~	IV	10:15 AM

Anesthetic Induction: Drug	Dosage (mg)	Route	Time
Propofol 10 mg/mL	15 mg	IV	10:20 AM

☐ Cerenia mg PO
☐ Hetastarch mL IV
☐ Lidocaine mL IV
☐ MLK 1 2 3

Time:				15	30	45		15	30	45		15	30	45		15	30
IV Sol 1	LRS	27	mL/h	10.7	16.8	22.9	28.7	34.9		48.6							
IV Sol 2																	

Start Anes	10:20 AM
Start Proc	
End Proc	
End Anes	12:28 PM
Total Proc	
Total Anes	
Extubation	12:40 PM
Sternal	12:41 PM
Standing	12:45 PM

Oxygen Flow - O
Vaporizer Setting - X

Symbols:
SPO2
Temp
Pulse +
Respiration
ET CO2
Blood pressure
Systolic
Mean x
Diastolic

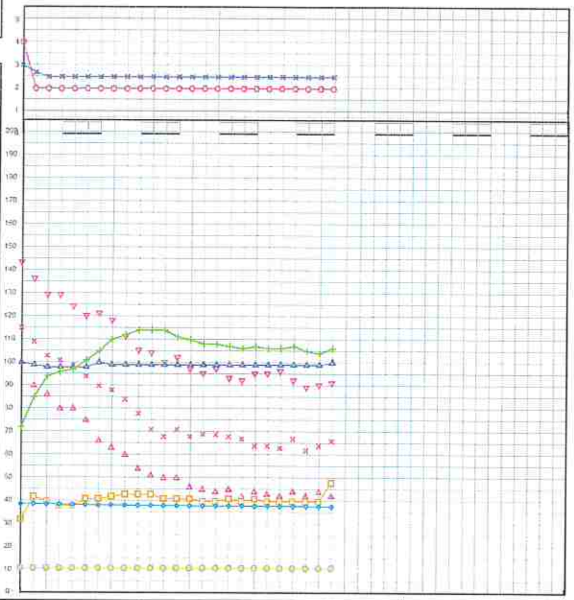
Anesthetic Maintenance:
Isoflurane

Airway Maintenance:
☐ Mask
☐ Trach
☒ ET Tube | Size | 7.5

System:
☒ Circle
☐ Bain
☒ Bag Size | 3.0 L

Patient Positioning:
☐ Right Lateral
☐ Left Lateral
☐ Sternal
☒ Dorsal

Complications:
☐ None
☐ Difficult Intubation
☐ Apnea/Resp Distress
☐ Hypothermia (< 99 F)
☐ Hypotension (MAP <60)
☐ Shock
☐ Arrhythmia
☐ Prolonged Recovery



Remarks:
ETCO2 kept at ~40 mm Hg, ETiso at 1.3%

Pain Score: Pre-op | Post-op | 1/2 Fluids:
Total Fluids: Sol 1: mL | Sol 2: 0 mL | Sol 3: 0 mL
mL
Estimated Temp:

Enter Table Here ↓

	(HOUR 1)			15			30			45			(HOUR 2)
LRS: Rate	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0
IV Sol 1: VI			4.7			10.7			16.8			22.9	
IV Sol 2: Rate													
IV Sol 2: VI													
IV Sol 3: Rate													
IV Sol 3: VI													
Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60
O2 Flow	3.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Vaporizer	2.0	1.7	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
Esophageal Temp	37.8	37.8	37.7	37.6	37.5	37.4	37.3	37.3	37.3	37.2	37.1	37.1	37.1
Pulse	71	84	93	95	96	100	104	109	111	113	113	113	110
Resp	10	10	10	10	10	10	10	10	10	10	10	10	10
Systolic	142	135	128	126	123	119	120	117	110	104	103	99	101
Mean	114	108	102	100	98	93	89	87	83	77	70	67	70
Diastolic	99	89	85	79	79	74	65	62	59	53	50	49	49
ET CO2	31	41	39	37	37	40	40	41	42	42	42	40	40
SPO2	99	98	97	97	97	97	99	98	98	98	98	98	98

			15			30			45			(HOUR 3)
LRS: Rate	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0
IV Sol 1: VI		28.7			34.9			40.9			46.9	48.6
IV Sol 2: Rate												
IV Sol 2: VI												
IV Sol 3: Rate												
IV Sol 3: VI												
Minutes	65	70	75	80	85	90	95	100	105	110	115	120
O2 Flow	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Vaporizer	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
Esophageal Temp	37.1	37.0	37.0	37.0	37.0	36.9	37.0	36.9	36.9	36.9	36.8	36.7
Pulse	109	107	107	106	105	106	105	105	106	104	103	105
Resp	10	10	10	10	10	10	10	10	10	10	10	10
Systolic	98	94	96	92	91	94	94	95	91	88	89	90
Mean	67	68	68	67	66	63	63	62	66	61	63	65
Diastolic	45	44	43	44	41	43	42	41	43	41	43	41
ET CO2	40	39	39	40	39	40	39	39	39	39	39	47
SPO2	98	98	98	98	98	98	98	98	98	98	98	99

			15			30			45			(HOUR 4)			15		30
LRS: Rate																	
IV Sol 1: VI																	
IV Sol 2: Rate																	
IV Sol 2: VI																	
IV Sol 3: Rate																	
IV Sol 3: VI																	
Minutes	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205
O2 Flow																	
Vaporizer																	
Esophageal Temp																	
Pulse																	
Resp																	
Systolic																	
Mean																	
Diastolic																	
ET CO2																	
SPO2																	

REMARKS: ETCO2 kept ~40 mm Hg, ETiso 1.3%; temp in celsius

"Reign"

Date: 8/14/23 Dog #: 2 Pre-meds/treatment: Dexmed - AVACore

Time	Temperature				Blood Glucose	
	clipped (E)	unclipped (F)	rectal	esophag	AlphaTrak	PetTest
Pre-sedation: 10:08a	36.7	36.6	38.0°c		94	111
SEDATE DOG 10:08a						
3 min: 10:11a	36.9	36.4	38.1°c			
6 min: 10:14a	37.2	37	38.3°c			
9 min: 10:17a	37.3	37.1	38.3°c			
12 min: 10:20a	37.5	37.2	38.3		100	94
INDUCE & INSTRUMENT DOG @ 10:20a						
3 min: 10:26a	37.9	37.38	38.1°C	37.83		
6 min: 10:29a	38	37.5	37.4	37.89		
9 min: 10:32a	38	37.6	37.7	37.83		
12 min: 10:35a	38	37.7	37.6	37.8		
15 min: 10:38a	38	37.7	37.5	37.72		
18 min: 10:41a	38	37.7	37.4	37.6		
21 min: 10:44a	38	37.7	37.3	37.6		
24 min: 10:47a	38	37.9	37.2	37.5		
27 min: 10:50a	38	38	37.1	37.4		
30 min: 10:53a	38	38	37.1	37.4	107	80
33 min: 10:56a	38.1	38	37.0	37.3		
36 min: 16:59a	38.1	37.8	37.0	37.3		
39 min: 11:02a	38	37.8	36.9	37.3		
42 min: 11:05a	37.9	37.7	36.9	37.27		
45 min: 11:09am	100.1 37.8	99.7 37.6	36.9	99 37.2		
48 min: 11:12am	100.0 37.8	99.6 37.6	36.8	37.2		
51 min: 11:15am	99.8 37.7	99.4 37.4	36.8	37.2		
54 min: 11:18a	37.6	37.4	36.8	37.2		
57 min: 11:21a	37.5	37.4	36.8	37.2		
60 min: 11:24am	37.4	37.3	36.7	37.2	133	120

	clipped	unclipped	Rectal	Esoph		
63 min: 11:27a	37.4	37.3	36.7	37.1		
66 min: 11:30a	37.3	37.2	36.7	37.1		
69 min: 11:33a	37.3	37.2	36.7	37.1		
72 min: 11:36a	37.2	37.2	36.7	37.1		
75 min: 11:39a	37.2	37.2	36.7	37.1		
78 min: 11:42a	37.2	37.1	36.6	37.1		
81 min: 11:45a	37.2	37.1	36.6	37		
84 min: 11:48a	37.2	37.1	36.6	37		
87 min: 11:51a	37.2	37.1	36.6	37	alpha	PetTest
90 min: 11:54a	37.2	37.1	36.6	37	108	95
93 min: 11:57a	37.1	37	36.6	37		
96 min: 12:00p	37.1	37	36.6	36.9		
99 min: 12:03p	37.1	36.9	36.5	36.9		
102 min: 12:06p	37.1	36.9	36.5	36.89		
105 min: 12:09p	37	37	36.5	36.89		
108 min 12:12p	37	37	36.5	36.89		
111 min: 12:15p	36.9	36.9	36.4	36.83		
114 min: 12:18p	36.89	36.89	36.4	36.83		
117 min: 12:21p	36.9	36.9	36.4	36.83		
120 min: 12:24p	36.9	36.9	36.4	36.8	106	85

END @ 12:27p

RECOVERY

Time extubated: 12:40p

Time to extubation (minutes): 13

Time sternal: 12:41p

Time to sternal (minutes): 14

Time standing: 12:43p

Time to standing (minutes): 16

Blood glucose (30 min post-recovery): 90 (AlphaTrak) 111 (PetTest)

Notes (shivering):

Time returned to run: 12:58p Body temperature: 36.7°C

Completed by:

[redacted]

[redacted]

Dog #: 2 (F)
Date: 08/18/23
Treatment: Dexmedetomidine & AVACore

Completed by: [redacted]

Food pulled (date/time): 8/13/23 945 am

	Initials & time
Study Procedures:	
1. Placed 22 g IV catheter awake in R or (L) cephalic vein – BG taken/recorded	[redacted] 10:00a
2. Temp probe placed and taped to tail - initial value recorded	10:00a
3. Neck clipped and CORE placed on neck via collar – initial value recorded	10:00a
4. Dog premedicated IV: *Dexmedetomidine* (5 mcg/kg)	10:08a
5. Temp recording started and continued every 3 minutes throughout procedure	
6. 10-15 minutes after pre-meds: a) BG taken & b) dog induced with propofol IV	[redacted] 10:20a
7. Monitors placed and devices turned on	10:26a
-*Only AVACore turned on*	
-ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min	
-IV fluids at 3 mL/kg/hr	
8. BG taken every 30 minutes	[redacted] 10:53, 11:24, 11:54a, 12:24p
9. Recovered on floor pad when (circle one/strike others)	12:26p
a) ~~rectal temp < 95.5°F (35°C) for 10 minutes~~	
b) ~~rectal temp ≥ 103°F (39.5°C) for 10 minutes, or~~	
(c) after 2 hours between rectal temps of 95.5°F – 103°F	
10. Recorded times on data sheet:	[redacted]
a) time to extubation @ 12:40 pm	
b) time to sternal @ 12:41 pm	
c) time to standing @ 12:43 pm	
d) any shivering None	
12. BG taken 30 minutes post-recovery	[redacted] 12:50p
13. IV catheter removed	12:50p

14. Returned to run and fed dog at: 12:55p Temp: 36.7°C

Comments:
None

Dog #: 2 (initialed)
Date: 08/18/23
Treatment: Dexmedetomidine & AVACore

Completed by: [redacted]

Food pulled (date/time): 8/13/23 945 am

Initials & time

Study Procedures:

1. Placed 22 g IV catheter awake in R or (L) cephalic vein – BG taken/recorded — [redacted] 10:00a
2. Temp probe placed and taped to tail - initial value recorded — [redacted] 10:00a
3. Neck clipped and CORE placed on neck via collar – initial value recorded — [redacted] 10:00a
4. Dog premedicated IV: *Dexmedetomidine* (5 mcg/kg) — [redacted] 10:08a
5. Temp recording started and continued every 3 minutes throughout procedure — [redacted] ______
6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV — [redacted] 10:20a
7. Monitors placed and devices turned on — [redacted] 10:26a
   -*Only AVACore turned on*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr
8. BG taken every 30 minutes — [redacted] 10:53, 11:24, 11:54, 12:24p
9. Recovered on floor pad when (circle one/strike others) — [redacted] 12:28p
   a) ~~rectal temp < 95.5°F (35°C) for 10 minutes~~
   b) ~~rectal temp ≥ 103°F (39.5°C) for 10 minutes, or~~
   (c) after 2 hours between rectal temps of 95.5°F – 103°F
10. Recorded times on data sheet: — [redacted] ______
    a) time to extubation @ 12:40 pm
    b) time to sternal @ 12:41 pm
    c) time to standing @ 12:43 pm
    d) any shivering None
12. BG taken 30 minutes post-recovery — [redacted] 12:50p
13. IV catheter removed — 12:56p
14. Returned to run and fed dog at: 12:58p Temp: 36.7°C

Comments:
None

UW Veterinary Care
University of Wisconsin-Madison

DIAGNOSTIC PATHOLOGY SERVICES
2015 Linden Dr · Madison, WI 53706

Telephone: (608) 263-9934
Fax: (608) 265-5626

Client	Patient	
SVM ARC 136 877230	FCZ-2	**Reference:** [redacted]
136 877230	Canine U 1 days	lbs
Research, WI 53706	Beagle	Unknown
Phone: / Fax:		

UWVC Accession #	Priority	Status	Dates
23-27606	ROUTINE	Final	**Requested by:** [redacted]
sSoft#: 46030			**Received:** 08/14/23 3:44 PM
Clinician: [redacted]			**Reported:** 08/15/23 2:49 PM

Specimen: Blood **Sample/Site:** Serum

Case History

Question	Answer
Comments:	

Request: *Heartworm Antigen

HEARTWORM ANTIGEN RESULTS Verified on:08/15/23 [redacted]

Test	Result
ID: FCZ-2	
Occult Heartworm Antigen	Negative

Comment: In patients with negative HW antigen result and strong clinical suspicion of HW infection, consult laboratory personnel about repeating the assay after heat treatment to rule out false negative result.

Dog 2
8/18/23 [redacted]
Ace + None

ANESTHETIC RECORD

Page 1 of 1

Label

Date: 8/18/23
Protocol: V6724
Ace + None

PI: Johnson
Animal ID: Dog 2 FC2
Species: K9
Sex:
8 kg

Wt: 8 kg | T: 101°F | P: 80 | R: | Fasted: Yes
PCV: | TP: | BUN: | MM: | CRT:

IVC: 20G | RH | BP Cuff: 4

Preanesthetic Medication

Drug	Dose	Total dose	Route	Time
Acepromazine 10 mg/mL	0.03 mg/kg	0.24	IV	1:27 PM

Anesthetic Induction

Drug	Dosage (mg)	Route	Time
Propofol 10 mg/mL	20 mg	IV	1:42 PM

☐ Cefazolin mg PO
☐ Fentanyl mL IV
☐ Lidocaine mL IV
☐ MLK 1: 2: 3:

Time: 15 30 45 15 30 45 15 30 45 15 30

IV Sol 1: LRS 24 mL/hr 9.9 15.8 22.8 29.0 34.9 47.4

IV Sol 2:

Start Anes: 1:42 PM
Start Proc:
End Proc:
End Anes: 3:40 PM
Total Proc:
Total Anes:
Extubation: 3:55 PM
Sternal: 3:58 PM
Standing: 3:59 PM

Oxygen Flow: O
Vaporizer Setting: X

Symbols:
SPO2
Temp
Pulse
Respiration
ET CO2
Blood pressure
Systolic
Mean
Diastolic

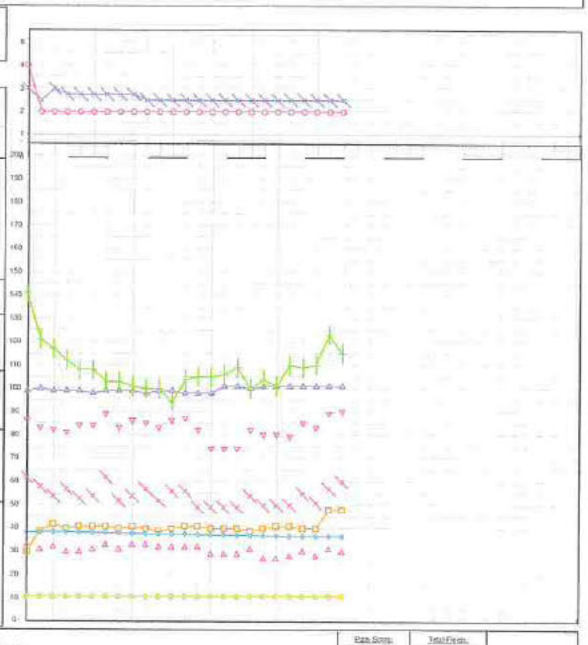
Anesthetic Maintenance:
Isoflurane

Airway Maintenance:
☐ Mask
☒ Trach
☒ ET Tube Size: 8

System:
☒ Circle
☐ Bain
☒ Bag Size: 3.0 L

Patient Positioning:
☐ Right Lateral
☐ Left Lateral
☐ Sternal
☒ Dorsal

Complications:
☐ None
☐ Difficult Intubation
☐ Apnea/Resp Distress
☐ Hypothermia (<99 F)
☐ Hypotension (MAP <60)
☐ Shock
☐ Arrhythmia
☐ Prolonged Recovery



Remarks:

Preop: | Sol 1: mL
Postop: | Sol 2: 0 mL | Post-op Temp
IV Fluids | Sol 3: 0 mL

Enter Time Here 1

	(HOUR 1)		15			30			45				(HOUR 2)			15			30			45			(HOUR 3)
LRS: Rate	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0
IV Sol 1: VI			4.0			9.9			15.8			22.8			29.0			34.9			41.4			45.5	47.4
IV Sol 2: Rate																									
IV Sol 2: VI																									
IV Sol 3: Rate																									
IV Sol 3: VI																									
Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120
O2 Flow	3.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Vaporizer	2.0	1.5	2.0	1.8	1.8	1.8	1.8	1.8	1.8	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
Esophageal Temp	37.5	37.6	37.6	37.5	37.4	37.3	37.2	37.1	37.0	36.9	36.8	36.7	36.6	36.5	36.3	36.3	36.2	36.1	36.0	35.9	35.8	35.7	35.7	35.7	35.7
Pulse	140	129	116	111	107	107	102	102	100	99	99	93	103	104	104	105	108	99	103	100	109	100	105	122	114
Resp	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
Systolic	85	82	81	80	83	83	88	82	85	84	82	85	86	81	73	73	73	81	79	79	78	84	82	88	89
Mean	61	57	53	56	52	53	61	51	53	56	61	55	55	48	48	48	48	53	45	49	49	54	50	56	59
Diastolic	32	30	31	29	29	30	32	33	32	32	31	31	31	31	28	28	28	30	26	26	27	29	27	30	28
ET CO2	29	38	41	39	40	40	43	39	40	39	38	39	40	40	39	39	38	38	39	40	40	39	39	47	47
SPO2	98	90	98	98	98	97	98	98	99	97	98	98	97	97	97	100	100	99	100	100	100	100	100	100	100

			15			30			45			(HOUR 4)			15		30
Minutes	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205

REMARKS: ETCO2 kept ~ 40 mm Hg, ETiso 1.3%; temp in celsius; minute 65 started breathing against vent

Date: 8/18/23 Dog #: 2 Pre-meds/treatment: Acl / None

Time	Temperature				Blood Glucose	
	clipped (E)	unclipped (F)	rectal	esophag	AlphaTrak	PetTest
Pre-sedation: 1:25p	37.4	37.3	38.3		87	97
SEDATE DOG 1:26p						
3 min: 1:29p	37.4	37.4	38.4			
6 min: 1:32p	37.5	37.5	38.3			
9 min: 1:35p	37.6	37.6	38.3			
12 min: 1:38p	37.7	37.6	38.2		97	111
INDUCE & INSTRUMENT DOG 1:40p						
3 min: 1:43p	38	37.7	38.6	37.5		
6 min: 1:46p	38.1	37.8	37.9	37.5		
9 min: 1:49p	38.2	38	37.8	37.7		
12 min: 1:52p	38.3	38	37.7	37.7		
15 min: 1:55p	38.3	38	37.7	37.6		
18 min: 1:58p	38.4	37.9	37.6	37.5		
21 min: 2:01p	38.4	37.7	37.5	37.5		
24 min: 2:04p	38.3	37.6	37.4	37.4		
27 min: 2:07p	38.3	37.7	37.4	37.4		
30 min: 2:10p	38.2	37.3	37.3	37.3	97	95
33 min: 2:13p	38.2	37.3	37.2	37.3		
36 min: 2:16p	38.2	37.2	37.2	37.2		
39 min: 2:19p	37.2	38.1	37.1	37.1		
42 min: 2:22p	38.1	37.2	37.1	37.1		
45 min: 2:25p	38.1	37.1	37.0	37.0		
48 min: 2:28p	38	37.0	36.9	36.9		
51 min: 2:31p	37.8	36.9	36.9	36.9		
54 min: 2:34p	37.8	36.8	36.8	36.8		
57 min: 2:37p	37.7	36.7	36.8	36.7		
60 min: 2:40p	37.6	36.7	36.7	36.7	101	102

	clipped E	unclipped F	Rectal	Esoph		
63 min: 2:43pm	37.6	36.6	36.7	36.7		
66 min: 2:46p	37.4	36.6	36.6	36.7		
69 min: 2:49p	37.4	36.6	36.6	36.6		
72 min: 2:52p	37.4	36.6	36.5	36.5		
75 min: 2:55p	37.4	36.5	36.5	36.4		
78 min: 2:58p	37.4	36.5	36.4	36.3		
81 min: 3:01p	37.3	36.4	36.3	36.3		
84 min: 3:04p	37.2	36.4	36.3	36.3		
87 min: 3:07p	37.2	36.4	36.3	36.2	alpha	PetTest
90 min: 3:10p	37.2	36.4	36.2	36.1	100	115
93 min: 3:13p	37.2	36.4	36.1	36.0		
96 min: 3:16p	37.2	36.4	36.1	36.0		
99 min: 3:19p	37.2	36.4	36.0	36.0		
102 min: 3:22p	37.1	36.4	36.0	36.0		
105 min: 3:25p	37.1	36.3	35.9	35.9		
108 min: 3:28p	37.1	36.3	35.9	35.8		
111 min: 3:31p	37	36.4	35.8	35.8		
114 min: 3:34p	36.8	36.3	35.8	35.78		
117 min: 3:37p	36.8	36.3	35.8	35.78		
120 min: 3:40p	36.8	36.3	35.7	35.78	94	91

END Anesthesia 3:40p

RECOVERY

Time extubated: 3:55p

Time to extubation (minutes): 15

Time sternal: 3:56p

Time to sternal (minutes): 16

Time standing: 3:58p

Time to standing (minutes): 18

Blood glucose (30 min post-recovery): 99 (AlphaTrak) 106 (PetTest)

Notes (shivering): shivering

Time returned to run: 412p

Body temperature: 98.1°F

Completed by: [redacted]

Dog #: 2
Date: 08/14/23
Treatment: Acepromazine & None

Completed by: [redacted]

Food pulled (date/time): 8/17/23 8pm

Study Procedures:

	Initials & time
1. Placed 22 g IV catheter awake in R or (L) cephalic vein – BG taken/recorded	[redacted] 1:25p
2. Temp probe placed and taped to tail - initial value recorded	1:25p
3. Neck clipped and CORE placed on neck via collar – initial value recorded	1:25p
4. Dog premedicated IV: *Acepromazine* (0.03 mg/kg)	1:26p
5. Temp recording started and continued every 3 minutes throughout procedure	
6. 10-15 minutes after pre-meds: a) BG taken & b) dog induced with propofol IV	[redacted] 1:40p / 1:40p
7. Monitors placed and devices turned on -*No devices turned on* -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min -IV fluids at 3 mL/kg/hr	
8. BG taken every 30 minutes	[redacted] 210, 240, 310, 340
9. Recovered on floor pad when (circle one/strike others) a) rectal temp < 95.5°F (35°C) for 10 minutes b) rectal temp > 103°F (39.5°C) for 10 minutes, or (c) after 2 hours between rectal temps of 95.5°F – 103°F	3:40p
10. Recorded times on data sheet: a) time to extubation - 3 55 b) time to sternal - 355 c) time to standing - 358 d) any shivering ✓	[redacted]
12. BG taken 30 minutes post-recovery	[redacted] 4:10
13. IV catheter removed	4:10
14. Returned to run and fed dog at: 4:12 pm Temp: 98.1 F	☒ [redacted]

Comments:

ANIMAL MEDICAL RECORD
(Vendor)

University of Wisconsin-Madison
RARC

Monster

Animal ID# GPE-2 (Dog 3) DATE REC'D: 7/26/2023

SPECIES: Canine STRAIN/BREED: beagle GENDER: M

DOB/AGE: 12-2-22 DESCRIPTION: tri

VENDOR: Ridgeland WEIGHT: 8.3 Kg

Protocol Assignment

Date	Protocol number	Investigator
7/26/2023	V006724	[redacted]
8-21-23	VS024-R03	[redacted]

Arrival Confirmation

Animal arrived for housing at vivarium.

☑ B.A.R., active, and appears comfortable.

☐ Facility veterinarian contacted.

Date: 7-26-23 Initial: [redacted]

Final Disposition (Fill out completely)

☐ Euthanized- state drug name, dose (total mg) and route, or other method used.

_____

_____

☐ Died- See medical records

Adopted 8-25-23 [redacted]

Death verified by:

☐ Cardiac arrest

☐ Respiratory arrest

☐ Other (state): _____

_____

Date _____ **Sign** _____

Was the animal submitted for Necropsy? ϕ Initials [redacted]

Revised 2019

University of Wisconsin – Madison
Research/Teaching Animal Adoption Request

I request to adopt a research or teaching animal from the University of Wisconsin – Madison. I request either:

1) To adopt the specific animal identified as "Monster" GP22

This animal is a (indicate cat, dog, etc.) Dog

OR

2) The first (indicate cat, dog, etc.) _____ that becomes available for adoption.

I Verify that:

- I will be the the primary care-giver of this animal.
- I wish to adopt the animal for the sole purpose of being my pet.
- I do not intend to breed this animal.
- The number and species of animals that currently live in my home is within the limits of applicable local or state ordinances.
- I have never been convicted of a crime against animals in any jurisdiction.
- I have never been convicted of crimes against any animal enterprise as defined in the Animal Enterprise Terrorism Act, 18 USC §43.

[redacted] 08-25-2023

Signature Date

[redacted]

Print Name

Address: [redacted]

Phone and/or Email Address (at least one required):

Phone: [redacted]

Email Address: [redacted]@wisc.edu

Mail this completed form to: Adoption Request
Research Animal Resources Center
1710 University Ave.
Madison, WI 53726-4087

OR Email a scanned image to: HELP@RARC.WISC.EDU

UW-Madison
Adoption Recommendation Form

The RARC Senior Program Veterinarian for the school/college housing the animal currently under protocol must complete this form.

INSTRUCTIONS:

Step 1: Complete Section 1 and sign

Step 2: Obtain signature for Section 2

Step 3: Obtain signature for Section 3

Step 4: Allow signatories to have copies if they wish. Present the completed original form to the Chief Campus Veterinarian or Assistant Chief Campus Veterinarian.

SECTION 1: Veterinary Information

In order to recommend adoption of University-owned animals covered by a research or teaching protocol, such disposition must have been approved through the ANIMAL CARE AND USE PROTOCOL REVIEW process.

Protocol Number the animal is currently assigned to: V005027

Is adoption approved in the protocol as a manner of disposition (circle one)?: (YES) / NO

Are there restrictions or covenants placed on the disposition of this animal by its previous owner (circle one)?: YES / (NO)

1. Identification of Animal

Animal Identification Number: GP22

Animal Name: "Monster"

Date of Birth: 12/2/22

Sex: Male

Species: Dog

Breed/Strain/Stock: Beagle

Color: Tri Color

Distinctive Markings: N/A Tattoo

Other Identifying Characteristics: N/A

Obtained From: Private Vendor

Date Obtained: 7/24/23

UW-Madison
Adoption Recommendation Form

Circle One: (Purchase) / Donation

Other relevant information:

2. **Describe the Animal's Health**

Is this animal genetically modified? (circle one, if yes please explain): YES / (NO)

Has this animal been exposed to an infectious disease that is potentially zoonotic, or to recombinant organisms? (circle one, if YES please explain): YES / (NO)

Circle one: Spayed (Neutered) Intact

Weight: 8kg

Describe information about any inherited conditions:

Vaccination History (may attach and so note):

Other Health Information:

UW-Madison
Adoption Recommendation Form

3. **Adoption Recommendations**

To the best of your judgment, is this animal has a suitable temperament and is otherwise suitable for adoption to a person who is generally able to care for a companion animal of this type (circle one)?:
YES / NO

Any reservations, concerns or special instructions concerning adoption of this animal:

Senior Program Veterinarian:

[redacted] 8-22-23

Sign Date

[redacted]

Print Name

UW-Madison
Adoption Recommendation Form

SECTION 2: PI Release of Animal

1) I no longer have any need to maintain this animal on my animal care and use protocol and I approve of RARC disposing of the animal outside the University through adoption as a companion animal.

2) I am not aware of any other research or teaching use for this animal within the University.

3) I am not aware of any circumstances that would make this animal unsuitable for adoption as a companion animal.

Principal Investigator:

[redacted] 8-23-23

Sign Date

[redacted]

Print Name

UW-Madison

Adoption Recommendation Form

SECTION 3: Husbandry Approval

I am not aware of any circumstances that would make this animal unsuitable for adoption as a companion animal.

Husbandry Manager/Supervisor:

[redacted]

Sign

8/22/23

Date

[redacted]

Print Name

University of Wisconsin-Madison

Animal Adoption Agreement

Please review the following information. If you agree with the terms, please check each box and sign where indicated.

In exchange for receiving the animal I desire to adopt free of charge to me, I agree to the following terms and conditions:

- o I verify I am adopting this animal for the sole purpose that he/she will be my pet for the remainder of his/her life and I will provide a home to meet his/her physical and behavioral needs.
- o I understand that the animal has successfully passed a recent physical exam by a veterinarian and has been found to be in a state of good health and does not show signs of infectious, contagious, or communicable disease. I understand that, as with any examination, this does not guarantee that the animal to be adopted has no health issues, but indicates that none are known based upon that examination.
- o I understand that the animal's behavior and temperament have been assessed by a veterinarian and have been found to be normal in all aspects at the time of the assessment. I understand that this does not guarantee that the animal has no behavioral, or temperamental issues, but indicates that none are known based upon the examination.
- o I understand that prior to adoption the animal, if possible, was spayed or neutered. If spaying or neutering was not possible, I agree to refrain from breeding the animal.
- o I will not abandon the animal or release it into the wild.
- o I understand that following completion of the adoption the animal cannot be returned to the University of Wisconsin-Madison.
- o I understand that, following the completion of adoption, if for any reason I am unable to keep or provide for the animal that it will be my responsibility to find it a new home.
- o I agree that I will accept all responsibility for the animal that I am adopting which includes providing for adequate veterinary care. If the animal becomes sick or injured I understand that it is my responsibility to provide for the animal's veterinary care.
- o I acknowledge that I am adopting the animal "as is." THE UNIVERSITY OF WISCONSIN-MADISON MAKES NO WARRANTIES, EXPRESS OR

NW 6-25-2023

University of Wisconsin-Madison
Animal Adoption Agreement

IMPLIED, AS TO THE PHYSICAL CONDITION, BEHAVIOR, OR TEMPERAMENT OF THE ANIMAL. The animal specified on this form, upon receipt, will be my responsibility.

I certify that the above information is true and correct to the best of my knowledge. I also acknowledge falsification of the above can result in my being denied adoption of the animal and/or adoption of other animals in the future.

Adopter's Signature: [redacted] Date 08-25-2023

Congratulations on the Adoption of:

Animal Name: "Monster"

Animal Identification Number: GP22

Date of Birth: 12/2/22

Sex: Male

Species: Dog

Breed: Beagle

Circle one: Spayed / Neutered / Intact

Attach all applicable:

- Vaccination History
- Health History
- Other (specify):

Acknowledged by: [redacted] Date 8.23.23

Chief Campus Veterinarian or Assistant Chief Campus Veterinarian (strike inapplicable)

University of Wisconsin-Madison

Animal Adoption Agreement Release of Liability

RELEASE OF LIABILITY

In order to receive this animal, UW-Madison asks that you sign below to waive any claims against and release the Board of Regents of the University of Wisconsin System, and any of its officers, employees, and agents (the "UW"), from any liability associated with this adoption agreement or the animal you are adopting, except to the extent that the liability is due to gross negligence or willful misconduct. You may negotiate with the UW regarding the terms of this release; however, you may not receive the animal unless you and the UW mutually agree on the terms.

I HEREBY WAIVE ANY CLAIMS AGAINST AND RELEASE THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM, AND ITS OFFICERS, EMPLOYEES, AND AGENTS, FROM ANY AND ALL LIABILITY, DEMANDS, COSTS, DAMAGES, OR EXPENSES ARISING OUT OF THIS ADOPTION AGREEMENT OR IN CONNECTION WITH THE ANIMAL I AM ADOPTING, EXCEPT TO THE EXTENT THAT SUCH LIABILITY, DEMANDS, COSTS, DAMAGES, OR EXPENSES ARE CAUSED BY THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF AN OFFICER, EMPLOYEE, OR AGENT OF THE UNIVERSITY OF WISCONSIN SYSTEM.

Adopter's Signature: [redacted] Date 08-25-2023

University of Wisconsin Madison
RARC

Animal Care Sheet

Animal ID: GPE-2 (Dog 3) **Gender** M **Species** Canine

Animals should be weighed and have ears and nails checked every 1 month(s) or as directed by the vet staff.

Date	Weight (kgs)	Other	Date	Weight (kgs)	Other
7-26-23	8.3kg				
8-22-23	8 kg				

Animal Record

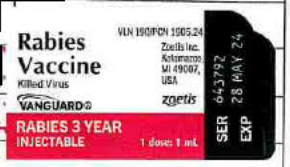
University Wisconsin-Madison
RARC

Monstar

Animal ID: GPE-2 **Species:** Canine **Gender:** M N

Initial, date, time each entry. Use ink pen. (NO pencil or gel pen)
Do not skip lines. Record all observations and treatments. Single line-out any error.
To correct an entry use next available blank line using current date/ time and start with "Late Entry correction for....."

Date	Time	S.O.A.P. (subjective, objective, assessment, plan), Monitoring/ Observations, Treatments
8-23-23	12:05	pm neuter today - See sheets - [redacted]
8-23-23	1:45	pm Rabies Vaccine RR, SQ, 1yr [redacted]
8-23-23	2:00	pm BAR, no signs of Vaccine Reac [redacted]
8-23-23	4 pm	BAR, e collar on [redacted]
~~8-23-23~~ 8-24-23 RF	8:25	am BAR. melexica 0.1mg/kg, 0.8mg, 0.5ml, PO. Mild bruising on scrotum. Incision CDI. seems comfortable. no issues post. Vet. A. Doing well post Neuter. P: ok to go home. No further meds needed. [redacted]
8-28-23	11:40	am - adopted on 8-25-23 [redacted]



Revised 2020

Animal Record

University Wisconsin-Madison
RARC

Animal ID: Dog 3 (GP2-2) **Species:** K-9 **Gender:** M

Initial, date, time each entry. Use ink pen. (NO pencil or gel pen)
Do not skip lines. Record all observations and treatments. Single line-out any error.
To correct an entry use next available blank line using current date/ time and start with "Late Entry correction for….."

Date	Time	S.O.A.P. (subjective, objective, assessment, plan), Monitoring/ Observations, Treatments
8/8/23	7:40A.	Day 1 post op BAR, E/D N, Stool in pen, OK to NFO per PF [redacted]
8/8/23	8:30p	BAR No Burrs [redacted]
8/9/23	8:30p	BAR No Burrs Allowed food [redacted]
8/10/23	12:45pm	Up to lab for ultrasound [redacted]
	3:30pm	Returned from lab + fed [redacted]
8/11/23	6:30am	BAR Eating well. Active, Feet WNL [redacted]
	10:30A.	Day 1 post op BAR, E/D N, N Stool in pen, OK to NFO per [redacted] [redacted]
8/12/23	9Am	BAR Feet WNL [redacted]
8/13/23	9:45p	BAR - feet wnl - Allowed food [redacted]
8/14/23	12:50p	Up to Lab for procedure [redacted]
8/14/23	3:50	Back from Lab - fed [redacted]
8/15/23	6:30am	BAR Looks great - Feet WNL [redacted]
	7:45a	BAR, Day 1 post op E/D N, Stool Noted in pen OK to NFO per [redacted] [redacted]
8/16/23	8Am	Looks great BAR feet WNL [redacted]
8/16/23	6p	BAR feet wnl [redacted]
8/17/23	7am	BAR Feet WNL Some soft stool [redacted]
8/17/23	—	Heartworm test - negative [redacted]
8/17/23	8p	Pulled food [redacted]
8/18/23	10:05a	Up to Lab for procedure [redacted]
8/18/23	12:59p	Back from procedure fed [redacted]
8/19/23	10:45a	Feet wnl - 2 bumps on Dorsal medial aspect paws on each foot [redacted]
8/19/23	1:40p	BAR, e/d N, u/d N, active/WNL inj [redacted]
8/20/23	10a	BAR feet wnl [redacted]
8/21/23	7:30 am	BAR feet WNL [redacted]
8/21/23	3:45pm	BAR, transferred to charney today for neuter [redacted]

Revised 2020

Animal Record

University Wisconsin-Madison
RARC

Animal ID: GPZ-2 (Dog 3) **Species:** K9 **Gender:** M

Initial, date, time each entry. Use ink pen. (NO pencil or gel pen)
Do not skip lines. Record all observations and treatments. Single line-out any error.
To correct an entry use next available blank line using current date/ time and start with "Late Entry correction for….."

Date	Time	S.O.A.P. (subjective, objective, assessment, plan), Monitoring/ Observations, Treatments
7-26-23	9:55am	New arrival + PE. See sheet. RF
7-27-23	7:40A	BAR, acclimating well Ø urine/stool, ate over 1/2 feed offered. [redacted]
7-28-23	11a.	BAR, N ur.ne/stool, ~ 1/2 Am feed remains, But ate all yesterday feed OK to NFO per [redacted]
7-30-23	6:45p	Pulled food [redacted]
7-31-23	1:50 pm	- procedure [redacted] today. Noted abrasion at (R) front medial metacarpal joint. Lab to clip + clean. See notes - [redacted]
8-1-23	8:00A	Day 1 Post o.p. BAR, ate all feed overnight, N Stool, [redacted] abrasion healing covered OK to NFO per [redacted]
	8:30A	BAR Acting WNL [redacted] Feet WNL - No lesions [redacted]
8-2-23	8:00AM	BAR Feet covered in feces but look WNL [redacted] Fed milkbone [redacted]
8-2-23	600 pm	Pulled food - No food in bowls No burns on feet, [redacted]
8/3/23	12:29p	Take upstairs for procedure [redacted]
8/3/23	8:48p	Returned from Lab [redacted]
8/4/23	8:45a	Day 1 Post Op. BAR, F/O N active OK to NFO per [redacted]
8/4/23	12:30p	BAR No feet lesions [redacted]
8/5/23	1:55pm	BAR Feet WNL [redacted]
8/6/23	9:30pm	BAR, feet unch [redacted] Pulled food
8/7/23	1:00p	Up to Lab for procedure @ 7.95kg [redacted]
8/11/23	3:35p	Returned from Lab, Gave food [redacted]

Revised 2020

Research Animal Resources and Compliance
Physical Examination Form

Date 7-26-23 **Animal** 613-2 (Dog3) **Protocol#** V 6724 **Species** canine

D.O.B _____ **Sex:** (M) F M/C F/S **BCS: 1-5** 3 **WT:** 8.3 (kg/lb)

Exam Findings:	**Normal**	**ABN**	**N/A**	**Comments:**
1. General Appearance	☒	☐	☐	
2. Eyes	☒	☐	☐	
3. Ears	☒	☐	☐	
4. Oral Cavity	☐	☒	☐	
5. Gingivitis:	1 /4		☐	
6. Tarter	/3		☐	
7. Coat/Skin	☐	☒	☐	small scratch (R) knee
8. Cardiovascular	☒	☐	☐	HR 60, then ~90-100
9. Respiratory	☒	☐	☐	
10. Lymphatic	☒	☐	☐	
11. Abdomen/GI	☒	☐	☐	
12. Urogenital	☒	☐	☐	
13. CNS	☒	☐	☐	
14. Limbs	☒	☐	☐	
15. Nails	☒	☐	☐	

Assessment: Appears healthy. Heart rate went to more normal level after picking up to move.

Plan: ☑ Standard Housing ☐ Ok for use on approved protocol following acclimation period ☐ OK for continued use on study

Follow up needed? ☒ No ☐ Yes _____ **Veterinarians Initials** [redacted]

8/23/2023
PI: [redacted]V5027
Surgeon: [redacted]

Canine GPZ-2 was clipped, prepped, and placed in dorsal recumbency. A drape was placed over the lower abdomen and the right testicle was advanced to the pre-scrotal area and a 2cm incision was made over the testicle. The skin and subcutaneous layers were incised so the testicle could be exteriorized. The spermatic fascia and gubernaculum were manually broken down to expose the spermatic cord. The spermatic cord was clamped using 2 curved Kelly hemostats. Two transfixation ligatures were placed between the hemostats using 2-0 monoweb. Once second ligature placed, spermatic cord cut just distal to proximal hemostat. Stump observed for hemorrhage before being returned to body. Left testicle then exteriorized and removed in the same fashion. Subcutaneous tissue closed using 3-0 vicryl in a simple interrupted pattern and skin closed in a subcuticular pattern using 3-0 vicryl.
Skin glue used at the most cranial aspect of incision.

[redacted]

"Monster"

ANESTHETIC RECORD

Page 1 of 1

PI [redacted] Surgeon: [redacted] Assistant:

Protocol: V5027

Procedure: neuter

Wt: 10.5 T: 101.5 P: 62 BPM R: 14 RPM Fasted: Y

IVC: BP Cuff:

Animal ID: Monster 6P22
Species: Canine
Sex: Male
VOC:
Anesthetist: [redacted]
~~Wt~~ weight 8 kg

Premedications/Induction Medications:					Additional Medications				
Drug	Volume	Dose	Route	Time	Drug	Volume	Dose	Route	Time
Dexmedetom	0.08 mL	40 mcg	IM	1200	Meloxicam	0.32	1.6 mg	SQ	12:15
Butorphanol	0.4 mL	4 mg	IM	1206	Lidocaine	0.8 mL	16 mg (1)		12:20
Ketamine	~~0.04 mL~~ 0.4 mL	4 mg	IM	1206	Antisedan	0.08 mL	40 mcg	IV	1307

- ☐ Lidocaine: mg IV
- ☐ Atropine: mg IV
- ☐ Epinephrine mg IV
- ☐ MLK: 1: 2: 3:

Time:	1200			15	30	45	1300	15	30	45	15	30	45	15	30
IV Fluid:	LRS	45	mL/hr				45/16	45/28							
IV Fluid:			mL/hr												

Start Anes	1230
Start Proc	1236
End Proc	1305
End Anes	1305
Total Proc	0
Total Anes	0

Extubation	1:10p
Sternal	1:10p
Standing	1:15pm

Vaporizer Setting - X

Symbols:
SPO2 *
Temp ◇
ET CO2 X (1)
Blood pressure
Systolic ▽
Mean -
Diastolic △

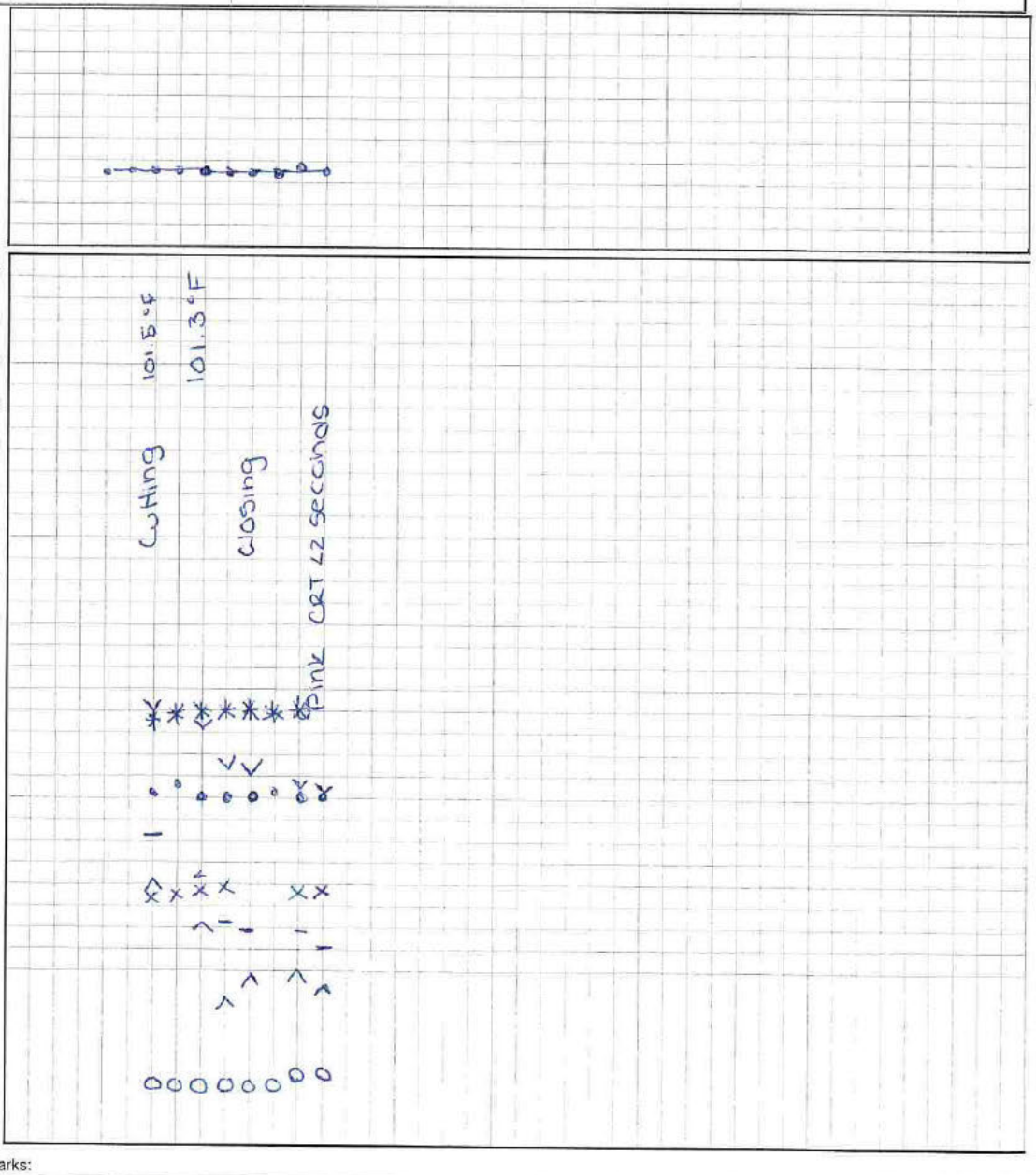
Anesthetic Maintenance:
Isoflurane

Airway Maintenance:
- ☐ Mask
- ☐ Trach
- ☐ ET Tube | Size:

System:
- ☐ Circle
- ☐ Bain
- ☐ Bag Size

Procadure Positioning:
- ☐ Right Lateral
- ☐ Left Lateral
- ☐ Sternal
- ☐ Dorsal

Complications:
- ☐ None
- ☐ Difficult Intubation
- ☐ Apnea/Resp.Distress
- ☐ Hypothermia (< 99 F)
- ☐ Hypotension (MAP <60)
- ☐ Shock
- ☐ Arrhythmia
- ☐ Prolonged Recovery



Remarks:

(1) High reading likely due to dead space.

Total Fluids:
- Sol 1: 33 mL
- Sol 2: 0 mL
- Sol 3: 0 mL

UW Veterinary Care
University of Wisconsin-Madison

DIAGNOSTIC PATHOLOGY SERVICES
2015 Linden Dr · Madison, WI 53706

Telephone: (608) 263-9934
Fax: (608) 265-5626

Client	Patient	
SVM ARC 136 877230	GPZ-2	**Reference:** [redacted]
136 877230	Canine U 1 days	lbs
Research, WI 53706	Beagle	Unknown
Phone: / Fax:		

UWVC Accession #	Priority	Status	Dates
23-27607	ROUTINE	Final	**Requested by:** [redacted]
sSoft#: 46031			**Received:** 08/14/23 3:45 PM
Clinician: [redacted]			**Reported:** 08/15/23 2:49 PM
Specimen: Blood	**Sample/Site:** Serum		

Case History

Question	Answer
Comments:	

Request: *Heartworm Antigen

HEARTWORM ANTIGEN RESULTS Verified on:08/15/23 JM

Test	Result
ID: GPZ-2	
Occult Heartworm Antigen	Negative

Comment: In patients with negative HW antigen result and strong clinical suspicion of HW infection, consult laboratory personnel about repeating the assay after heat treatment to rule out false negative result.

AH-IN-20 (rev 12/2014)

35 - 245599

WISCONSIN INTERSTATE SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

Ch. ATCP 10, Wis. Admin. Code; Ch. 95, Wis. Stats.

THIS FORM IS *NOT* FOR INTERNATIONAL MOVEMENT

SUBMIT ORIGINAL WITHIN 7 DAYS AFTER ISSUE TO:
Department of Agriculture, Trade and Consumer Protection
Division of Animal Health
P.O. Box 8911, Madison, WI 53708-8911
Phone: 608-224-4872 Fax: 608-224-4871

TYPE OF ANIMAL SHIPPED
☒ Dog ☐ Cat ☐ Non-human Primate
☐ Other: _____

PERMIT NUMBER (If applicable)

SHIPMENT
☐ Returning to WI
☒ Not returning to WI
Number of Animals in Shipment: 3
Shipping date: 7/26/2023

Owner or Consignor	RIDGLAN FARMS, INC.
Origin Street Address	10489 W. BLUE MOUNDS ROAD
Origin City / State / Zip	BLUE MOUNDS, WI 53517
Owner Mailing Address / City / State / Zip (if different than above)	P.O. Box 318 Mt. HOREB, WI 53572
Phone Number ( )	608-437-8670

Consignee or Destination	UNIVERSITY OF WISCONSIN -MADISON
Destination Street Address	5801 MINERAL POINT RD.
Destination City / State / Zip	MADISON, WI 53505
Destination Mailing Address / City / State / Zip (if different than above)	
Phone Number ( )	

☐ Animals are traveling with owner on vacation

	Breed	Individual Identification (Name, Description of Markings, Microchip, etc.)	Sex	Age	Rabies Vaccination Date	Rabies Vaccination Exp. Date	Product & Vaccine Producer	Serial Number	Rabies Tag Number	Other Vaccinations	Date Vaccinated	Product & Vaccine Producer
1	BE	DXZ-2	M	7 Mos	06/28/23	06/28/24	Nobivac 1-Rabies	588352	N/A	Canine 1-DAPPv	04/05/23	Nobivac
2	BE	FCZ-2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
3	BE	GPZ-2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
4												
5												
6												
7												

VETERINARIAN: I certify as a veterinarian, accredited and certified by the State of Wisconsin, that the described animal(s) have been inspected by me and that they are not showing any signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are as indicated on this certificate. To the best of my knowledge, the animal(s) listed on this certificate meet the state of destination and Federal interstate requirements. No warranty is made or implied.

OWNER / AGENT STATEMENT: I certify the animal(s) in this shipment are as listed on this certificate.	ACCRED / LIC VETERINARIAN SIGNATURE	VETERINARIAN LIC. NO.	ADDRESS	DATE INSPECTED
	Richard J. Van Domelen DVM	4502	P.O. BOX 318 MT. HOREB, WI 53572	7/26/2023
OWNER / AGENT SIGNATURE	**VETERINARIAN'S PRINTED NAME**	**NAT. ACCRED. NO. (NAN)**	**PHONE NUMBER**	**EMAIL ADDRESS** / **DATE CVI ISSUED**
Madison Ridglan	RICHARD J. VAN DOMELEN, D.V.M	033491	(608-) 437-8670	ridglan@mhtc.net / 7/26/2023

Personal information you provide may be used for purposes other than that for which it was originally collected – sec. 15.04(1)(m), Wis. Stats. Equal Opportunity Employer

FORM DISTRIBUTION: WHITE (WI State Veterinarian), CANARY (State Veterinarian of destination), PINK (accompany shipment), GOLDENROD (retained by issuing veterinarian)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

RECORD OF DISPOSITION OF DOGS AND CATS

[X] SALE [ ] EXCHANGE OR TRANSFER [ ] DONATION

FORM APPROVED OMG NO. 0579-0036
DATE OF DISPOSITION

07/26/2023

2. PAGE

1 OF

INSTRUCTIONS: COMPLETE APPLICABLE ITEMS 1 THROUGH 8. ORIGINAL AND USDA COPY TO BE RETAINED BY SELLER
BUYER'S COPY TO ACCOMPANY SHIPMENT. IT MUST BE RETAINED BY BUYER

3. SELLER OR DONOR *(NAME & ADDRESS)*

RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

4. BUYER OR RECEIVER *(NAME & ADDRESS)*

UNIVERSITY OF WISCONSIN -MADISON
5801 MINERAL POINT RD.
MADISON, WI 53505

3A. DEALER'S LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (SELLER)

35-A-0009

4A. USDA LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (IF ANY)

5. IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (SEE REVERSE FOR BREED ABBREVIATIONS FOR DOGS AND CATS) * IF MIXED BREED, LIST 2 DOMINANT BREEDS

COMPLETE ITEMS A THRU G FOR EACH ANIMAL

IDENTIFICATION NUMBER	DOG "X" M OR F	CAT "X" M OR F	AGE OR DATE OF BIRTH	WEIGHT	BREED OR TYPE	DESCRIPTION OF ANIMAL (COLOR, DISTINCTIVE MARKS, HAIR, TAIL, TATTOOS, ETC.)
DXZ-2	M X F	M F	12/1/22	9.00	BEAGLE	TRICOLOR
FCZ-2	M X F	M F	12/2/22	7.90	BEAGLE	BLOND
GPZ-2	M X F	M F	12/2/22	8.00	BEAGLE	TRICOLOR
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				

6. DELIVERY BY (CHECK ONE AND COMPLETE APPLICABLE ITEM 7 AND 8)

[ ] COMMERCIAL SHIPPER [ ] BUYER'S VEHICLE [X] SELLER'S VEHICLE

7. NAME AND ADDRESS OF COMPANY OR FIRM (INCLUDE ZIP CODE)

RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

8. NAME AND BUSINESS ADDRESS OF TRUCK DRIVER (INCLUDE ZIP CODE)

RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

9. RECEIVED BY	10. SIGNATURE	11. TITLE	12. DATE

RIDGLAN FARMS, INCORPORATED

P.O. BOX 318 • MOUNT HOREB, WISCONSIN 53572 • (608)-437-8670

Tattoo	**GPZ-2**
Whelped	**12/02/2022**
Sire	**FIB**
Dam	**OKI0**
Sex	**MALE**
Litter	**MALES - 1 FEMALES - 4**
Color	**TRICOLOR**

ANIMAL PROFILE:

Weight **8.00** Kilograms As Of **06/28/2023**
Fecal Results **NEGATIVE** As Of **06/28/2023**

VACCINATIONS

DATE	CPI	DA2	CPV	BOR	R	C.PAP
01/09/2023			X			
01/23/2023			X			
01/25/2023				X		
01/31/2023						X
02/06/2023			X			
02/22/2023						X
03/01/2023	X	X	X			
04/05/2023	X	X	X			
06/28/2023					X	

DATE	EVENT
01/10/2023	Toltrazuril 20 mg per kilogram of body weight

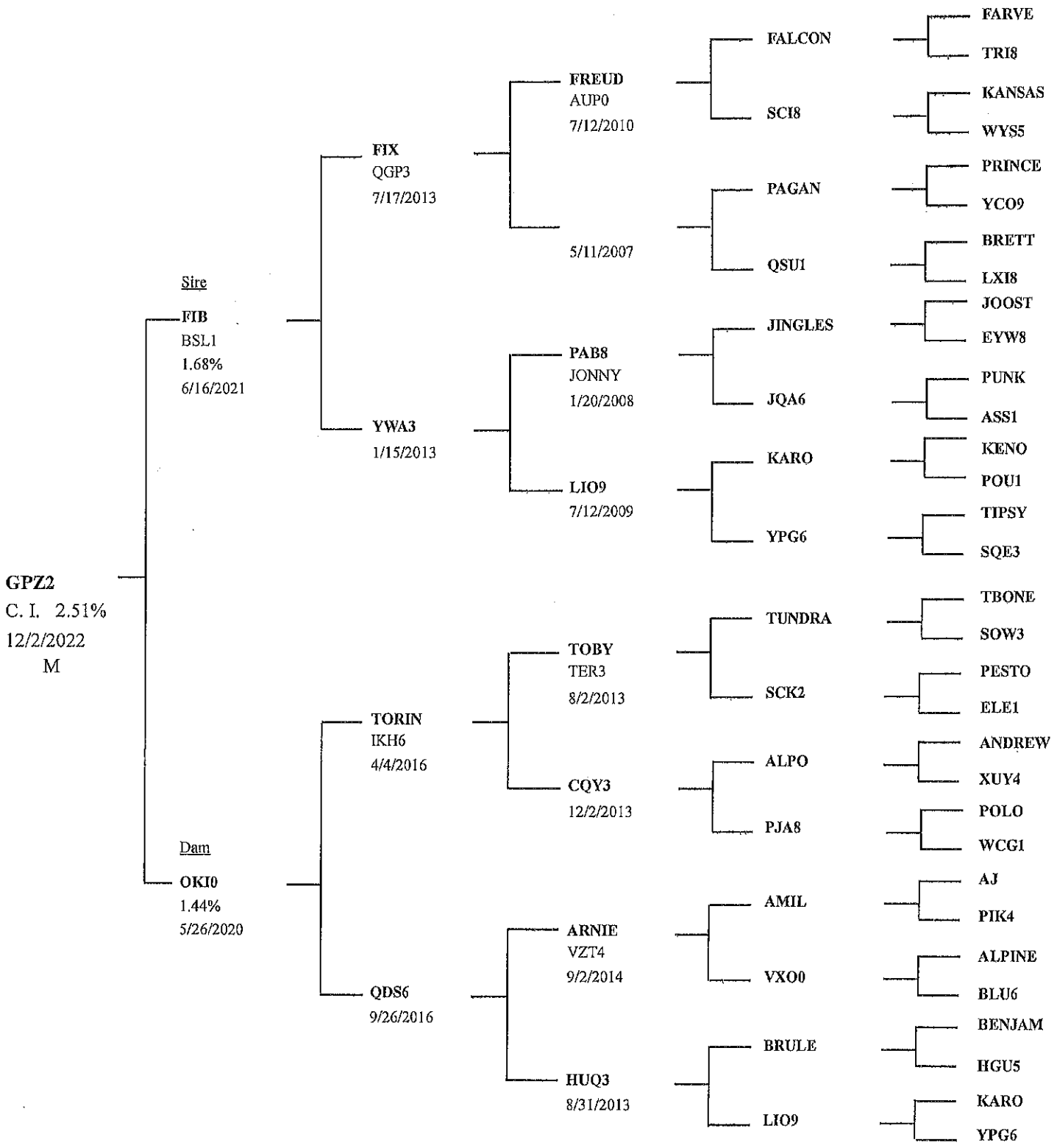
ADDITIONAL COMMENTS

CPI Canine Parainfluenza
DA2 Distemper, Adenovirus Type 2 Parainfluenza
CPV Canine Parvo vaccine
BOR Bordetella, AdenovirusType 2, Parainfluenza
R Rabies
C.PAP Canine Papilloma

RIDGLAN FARMS, INCORPORATED

P.O. BOX 318 • MOUNT HOREB, WISCONSIN 53572 • (608)-437-8670

Pedigree Report



Dog 3 7/31/23
Ace | AVA

[redacted]

ANESTHETIC RECORD

Page 1 of 1

Date: 7/31/23 Assistant:

Protocol: V6724

Ace + AVA

Wt 8.3# T 101.2°F P R 117 Fasted Yes

IVC 20G EP Cuff 0.3-6 PCV TP BUN UM CRT

Label

PI: Johnson
Animal ID: Dog 3 GP2
Species: K9
Sex: 8.3kg

Preanesthetic Medication:

Drug	Dose	Total dose	Route	Time
Acepromazine 10 mg/mL	0.03mg/kg	0.3cc 8	IV	1:15 PM

Anesthetic Induction:

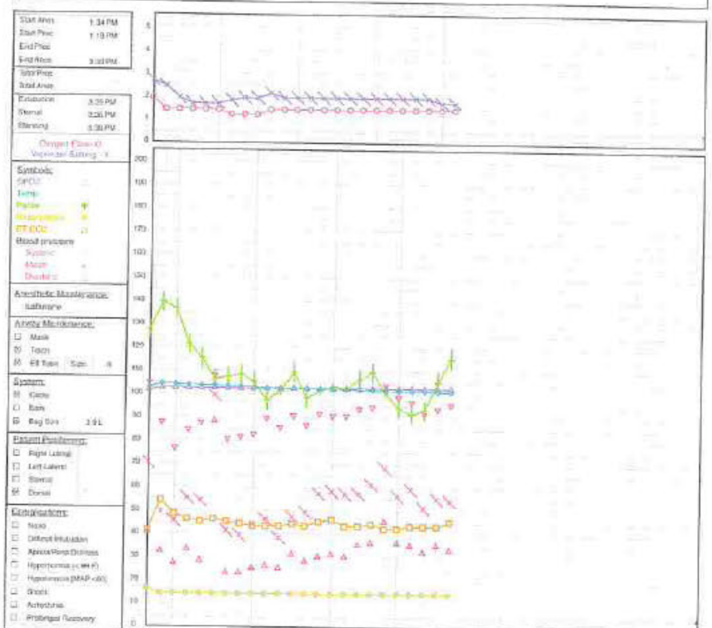
Drug	Dosage (mg)	Route	Time
Propofol 10 mg/mL	42mg	IV	1:35 PM

Time: 15 30 45 15 30 45 15 30 45 15 30

IV Sol 1: LRS 24 mL/hr 8.6 15.0 20.0 26.0 32.5 38.4 44.2

IV Sol 2:

IV Sol 3:



Remarks:

1:15pm- PreMedication. Animal appears calm prior to sedation. || 1:35pm Vent and ISO start. || 1:45pm- Adjusted tidal volume due to high ETCo2 || ETiso = 1.3%

	(HOUR 1)			15			30			45			(HOUR 2)			15			30			45			(HOUR 3)			15			30			45			(HOUR 4)			15		30
LRS: Rate	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0																		
IV Sol 1: VI						8.6			15.0			20.0			26.0			32.5			38.4			44.2																		
IV Sol 2: Rate																																										
IV Sol 2: VI																																										
IV Sol 3: Rate																																										
IV Sol 3: VI																																										
Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205
O2 Flow	1.5	1.0	1.0	1.0	1.0	1.0	0.8	0.8	0.8	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.5	1.0	1.0	1.0	1.0	1.0	1.0																		
Vaporizer	2.3	2.0	1.5	1.3	1.3	1.3	1.4	1.5	1.5	1.7	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.3	1.3																		
Esophageal Temp	98.4	99.8	99.6	99.4	99.3	99.2	99.0	98.9	98.6	98.3	98.3	98.2	98.1	98.0	97.8	97.7	97.5	97.4	97.1	97.1	97.0	97.0	96.9	96.8																		
Pulse	123	135	132	117	111	102	103	104	101	93	97	105	94	97	95	98	102	109	90	90	87	89	101	111																		
Resp	12	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10																		
Systolic	100	83	72	80	83	103	70	77	78	85	81	86	82	97	80	86	89	90	99	94	92	87	89	91																		
Mean	61	45	41	51	50	55	57	35	40	42	34	43	45	53	54	53	53	57	64	52	55	47	51	50																		
Diastolic	36	28	23	29	24	34	19	19	21	22	21	27	24	38	27	26	31	32	41	32	31	28	31	29																		
ET CO2	37	50	44	42	41	42	41	40	39	39	33	40	39	41	42	39	39	40	38	38	39	39	39	41																		
SPO2	97	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98																		

REMARKS: 1:15pm- PreMedication. Animal appears calm prior to sedation. || 1:35pm Vent and ISO start. || 1:45pm- Adjusted tidal volume due to high ETCo2 || ETiso = 1.3%

Dog #: 3
Date: 07/31/23
Treatment: Acepromazine & AVACore

[redacted]

Experimental procedures (see data sheets for details):

Food pulled (date/time): 10:45 pm 7/30/23

Study Procedures:

✓ 1. Placed 22 g IV catheter awake in ~~R~~ L cephalic vein – BG taken/recorded
1:12 pm

✓ 2. Temp probe placed and taped to tail - initial value recorded
1:13 pm

✓ 3. Neck clipped and CORE placed on neck via collar – initial value recorded
1:15 pm

✓ 4. Dog premedicated IV 0.03
1:15 *Acepromazine (~~0.05~~ mg/kg)* = 0.35mg @ 1:15

✓ 5. Temp recording started and continued every 3 minutes throughout procedure
1:30 p

✓ 6. 10-15 minutes after pre-meds:
a) BG taken & b) dog induced with propofol IV
1:30 p

✓ 7. Monitors placed and devices turned on
-AVACore
-ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; IBP in tail or limb; O2 flow = 1 L/min
1:36 p -IV fluids at 3 mL/kg/hr

✓ 8. BG taken every 30 minutes

✓ 9. Recovered on floor pad when (circle one/strike others)
~~a) rectal temp < 96.8°F (36°C) for 10 minutes~~ 97.5°F
~~b) rectal temp > 103°F (39.5°C) for 10 minutes; or~~
c) after 2 hours between rectal temps of 96.8°F – 103°F

✓ 10. Recorded times on data sheet:
a) time to extubation
b) time to sternal
c) time to standing
d) any shivering

4:53 pm ✓ 12. BG taken 30 minutes post-recovery

13. IV catheters removed

14. Returned to run and fed dog at: 4:55pm

Comments: BT = 98.2°F

Dog #: 3
Date: 07/31/23
Treatment: Acepromazine & AVACore

[redacted]

Experimental procedures (see data sheets for details):

Food pulled (date/time): 6:45 pm 7/30/23

Study Procedures:

✓ 1. Placed 22 g IV catheter awake in ~~R~~ L cephalic vein – BG taken/recorded
1:12 pm

✓ 2. Temp probe placed and taped to tail - initial value recorded
1:13 pm

✓ 3. Neck clipped and CORE placed on neck via collar – initial value recorded
1:15 pm

✓ 4. Dog premedicated IV 0.03
1:15 *Acepromazine (~~0.05~~ mg/kg)* = 0.25mg @ 1:15

✓ 5. Temp recording started and continued every 3 minutes throughout procedure
1:30 p

✓ 6. 10-15 minutes after pre-meds:
a) BG taken & b) dog induced with propofol IV
1:30 p

✓ 7. Monitors placed and devices turned on
-*AVACore*
-ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; IBP in tail or limb; O2 flow = 1 L/min
1:36 p -IV fluids at 3 mL/kg/hr

✓ 8. BG taken every 30 minutes

✓ 9. Recovered on floor pad when (circle one/strike others)
~~a) rectal temp < 96.8°F (36°C) for 10 minutes~~ 95.5
~~b) rectal temp > 103°F (39.5°C) for 10 minutes, or~~
c) after 2 hours between rectal temps of 96.8°F – 103°F

✓ 10. Recorded times on data sheet:
a) time to extubation
b) time to sternal
c) time to standing
d) any shivering

4:53 pm ✓ 12. BG taken 30 minutes post-recovery

13. IV catheters removed

14. Returned to run and fed dog at: 4:55pm

Comments: BT = 98.2°F

"Rockstar"

[redacted]

Date/Week: 7/31/23 Wk1 Dog #: 1 DX2 Pre-meds/treatment: Dexmedetomidine AVACore

Time	Temperature (collar/rectal/esophageal)			Blood Glucose (Alpha3/PetTest)	
	clipped. E	F			
Pre-sedation: 6:57am	99.5	98.7	~~99.6~~ 100.0 esoph	107	104
SEDATE DOG					
3 min: 7:02am	99.5	98.8	100.0		
6 min: 7:05am	99.5	98.8	100.0		
9 min: 7:08am	99.5	98.8	100.0		
12 min: 7:11am	99.5	98.7	99.0	99	88
INDUCE & INSTRUMENT DOG					
3 min: 7:14a	99.4	98.7	99.6	____	Lindubation 6mm
6 min: 7:17a	99.3	98.8	99.5	____	
9 min: 7:20a	99.3	98.8	99.4	____	warming device added
12 min: 7:23a	99.2	98.8	99.2	98.1	
15 min: 7:26a	99.2	98.8	99.0	97.6	
18 min: 7:29a	99.2	98.7	98.8	97.4	
21 min: 7:32a	99.2	98.7	98.6	97.2	
24 min: 7:35a	99.2	98.6	98.4	97.0	
27 min: 7:38a	99.2	98.5	98.2	97.5	
30 min: 7:41a	99.2	98.5	98.0	97.3	118 73
33 min: 7:44a	99.2	98.4	97.8	97.2	
36 min: 7:47a	99.1	98.4	97.6	97.1	
39 min: 7:50a	99.1	98.3	97.6	97.0	
42 min: 7:53a	99.1	98.2	97.4	96.8	
45 min: 7:56a	99.0	98.3	97.3	96.8	
48 min: 7:59a	98.9	98.3	97.1	96.7	
51 min: 8:02a	98.8	98.3	97.1	96.6	
54 min: 8:05a	98.8	98.3	97.0	96.5	
57 min: 8:08a	98.6	98.2	96.9	96.5	
60 min: 8:11a	98.6	98.3	96.7	96.4	127 61

"Rockstar"

[redacted]

Date/Week: 7/31/23 Wk1 Dog #: 1 DX2 Pre-meds/treatment: Dexmedetomidine AVACore

Time		Temperature (collar/rectal/esophageal)		Blood Glucose (Alpha3/PetTest)	
	clipped. E	F			
Pre-sedation: 6:57am	99.5	98.7	~~99.6~~ 100.0 eadOS	107	104
SEDATE DOG					
3 min: 7:02am	99.5	98.8	100.0		
6 min: 7:05am	99.5	98.8	100.0		
9 min: 7:08am	99.5	98.8	100.0		
12 min: 7:11am	99.5	98.7	99.0	99	88
INDUCE & INSTRUMENT DOG					
3 min: 7:14a	99.4	98.7	99.6	____	Lindubation 6mm
6 min: 7:17a	99.3	98.8	99.5	____	
9 min: 7:20a	99.3	98.8	99.4	____	warming device added
12 min: 7:23a	99.2	98.8	99.2	98.1	
15 min: 7:26a	99.2	98.8	99.0	97.6	
18 min: 7:29a	99.2	98.7	98.8	97.4	
21 min: 7:32a	99.2	98.7	98.6	97.2	
24 min: 7:35a	99.2	98.6	98.4	97.0	
27 min: 7:38a	99.2	98.5	98.2	97.5	
30 min: 7:41a	99.2	98.5	98.0	97.3	*18 73
33 min: 7:44a	99.2	98.4	97.8	97.2	
36 min: 7:47a	99.1	98.4	97.6	97.1	
39 min: 7:50a	99.1	98.3	97.6	97.0	
42 min: 7:53a	99.1	98.2	97.4	96.8	
45 min: 7:56a	99.0	98.3	97.3	96.8	
48 min: 7:59a	98.9	98.3	97.1	96.7	
51 min: 8:02a	98.8	98.3	97.1	96.6	
54 min: 8:05a	98.8	98.3	97.0	96.5	
57 min: 8:08a	98.6	98.2	96.9	96.5	
60 min: 8:11a	98.6	98.3	96.7	96.4	127 61

	E	T	Rectal	Esophageal		
		98.3	96.6			
63 min: 8:14 a	98.5	[redacted]	[redacted]	96.2		
66 min: 8:17 a	96.5	98.4	96.5	96.1		
69 min: 8:20 a	98.5	98.4	96.4	96.1		
72 min: 8:23 a	98.4	98.4	96.3	96.0		
75 min: 8:26 a	98.4	98.4	96.3	95.9	[redacted]	Begin Recovering
78 min: 8:29 a	98.4	98.4	96.0			End Anesthesia: 8:27.
81 min: 8:32 a	98.3	98.3	96.0			
84 min: 8:35 a	98.3	98.3	95.7			
87 min: 8:38 a	98.4	98.4	95.6			
90 min: 8:42 a	98.5	98.3	95.5		x	x
93 min: 8:43 a	98.5	98.4	95.4			
96 min: 8:48 a	98.4	98.4	95.2			
99 min:	98.4	98.4	95.2			
102 min: 8:54 am	98.7	98.4	95.4			
105 min:						
108 min:						
111 min:						
114 min:						
117 min:						
120 min:						

RECOVERY

Time extubated: 8:36:59

Time to extubation (minutes): 9

Time sternal: 8:44:09

Time to sternal (minutes): 17

Time standing: 8:51:15

Time to standing (minutes): 25

Blood glucose (30 min post-recovery): Alpha 114 @8:56am Advocate Perfect 79

Notes (shivering):

Shivering at sternal

Time returned to run: 9:30 am BT = 98.1°F

	E	T	Rectal	Esophageal		
		98.3	96.6			
63 min: 8:14a	98.5	[redacted]	[redacted]	96.2		
66 min: 8:17a	96.5	98.4	96.5	96.1		
69 min: 8:20a	98.5	98.4	96.4	96.1		
72 min: 8:23a	98.4	98.4	96.3	96.0		
75 min: 8:26a	98.4	98.4	96.3	95.9	[redacted] Begin Recovering	
78 min: 8:29a	98.4	98.4	96.0		End Anesthesia: 8:27.	
81 min: 8:32a	98.3	98.3	96.0			
84 min: 8:35a	98.3	98.3	95.7			
87 min: 8:38a	98.4	98.4	95.6			
90 min: 8:42a	98.5	98.3	95.5		x	x
93 min: 8:45a	98.5	98.4	95.4			
96 min: 8:48a	98.4	98.4	95.2			
99 min:	98.4	98.4	95.2			
102 min: 8:54am	98.7	98.4	99.4			
105 min:						
108 min:						
111 min:						
114 min:						
117 min:						
120 min:						

RECOVERY

Time extubated: 8:36:59 Time to extubation (minutes): 9

Time sternal: 8:44:09 Time to sternal (minutes): 17

Time standing: 8:51:15 Time to standing (minutes): 25

Blood glucose (30 min post-recovery): Alpha 114 Advocate Perfect 99 @8:56a

Notes (shivering):

Shivering at sternal

Time returned to run: 9:30 am BT = 98.1°F

Dog #: 3
Date: 08/03/23
Treatment: Dexmedetomidine & None

Completed by: [redacted]

Food pulled (date/time): 8/2/23 8pm

Study Procedures:

	Initials & time
1. Placed 22 g IV catheter awake in (R) or L cephalic vein – BG taken/recorded	[redacted] 12:40
2. Temp probe placed and taped to tail - initial value recorded	[redacted]
3. Neck clipped and CORE placed on neck via collar – initial value recorded	
4. Dog premedicated IV: *Dexmedetomidine* (5 mcg/kg)	12:44pm
5. Temp recording started and continued every 3 minutes throughout procedure	
6. 10-15 minutes after pre-meds: a) BG taken & b) dog induced with propofol IV	[redacted] 12:58pm 12:59pm
7. Monitors placed and devices turned on -*No devices turned on* -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min -IV fluids at 3 mL/kg/hr	
8. BG taken every 30 minutes	[redacted] 1:32, 2:02, 2:3 3:0 3:03
9. Recovered on floor pad when (circle one/strike others) a) rectal temp < 95.5°F (35°C) for 10 minutes ~~b) rectal temp > 103°F (39.5°C) for 10 minutes, or~~ c) after 2 hours between rectal temps of 95.5°F – 103°F	
10. Recorded times on data sheet: a) time to extubation @ 3:19 b) time to sternal @ 3:19 c) time to standing @ 3:21 d) any shivering ✓	[redacted]
12. BG taken 30 minutes post-recovery	☑ 3:28pm
13. IV catheter removed	[redacted] 3:32pm
14. Returned to run and fed dog at: 3:41pm Temp: 98°F	3:41pm

Comments:

Shivering

Dog #: 3
Date: 08/03/23
Treatment: Dexmedetomidine & None

Completed by: [redacted]

Food pulled (date/time): 8/2/23 8pm

Initials & time

Study Procedures:

1. Placed 22 g IV catheter awake in (R) or L cephalic vein – BG taken/recorded — [redacted] 12:40
2. Temp probe placed and taped to tail - initial value recorded — ☑ [redacted]
3. Neck clipped and CORE placed on neck via collar – initial value recorded — [redacted]
4. Dog premedicated IV: *Dexmedetomidine* (5 mcg/kg) — 12:44pm
5. Temp recording started and continued every 3 minutes throughout procedure — [redacted]
6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV — [redacted] 12:58pm / 12:59pm
7. Monitors placed and devices turned on
   -*No devices turned on*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr
8. BG taken every 30 minutes — [redacted] 1:32, 2:02, 2:3 / 3:0 / 3:03
9. Recovered on floor pad when (circle one/strike others)
   a) rectal temp < 95.5°F (35°C) for 10 minutes
   ~~b) rectal temp > 103°F (39.5°C) for 10 minutes, or~~
   c) after 2 hours between rectal temps of 95.5°F – 103°F — [redacted]
10. Recorded times on data sheet:
    a) time to extubation @ 3:19
    b) time to sternal @ 3:19
    c) time to standing @ 3:21
    d) any shivering ✓
12. BG taken 30 minutes post-recovery — ☑ 3:28pm
13. IV catheter removed — [redacted] 3:32pm / 3:41pm
14. Returned to run and fed dog at: 3:41pm Temp: 98°F

Comments:
Shivering

Date: 8/3/23 Dog #: 3GP2 Pre-meds/treatment: Dexmedetomidine / None

Time	Temperature clipped (E)	Temperature unclipped (F)	Temperature rectal	Temperature esophag	Blood Glucose AlphaTrak	Blood Glucose PetTest
Pre-sedation:	98.3	97.5	101.5		100	108
SEDATE DOG 12:44pm						
3 min: 12:47p	98.9	97.7	101.7			
6 min: 12:50p	99.0	97.8	101.7			
9 min: 12:53p	99.3	97.9	101.4			
12 min: 12:56p	99.4	98	101.0		108	118
INDUCE & INSTRUMENT DOG 12:58p						
3 min: 1:05p	99.7	98.3	100.3	99.9		
6 min: 1:08p	99.5	98.4	99.9	99.4		
9 min: 1:11pm	99.5	98.6	99.7	99.2		
12 min: 1:14pm	99.4	98.6	99.4	99.0		
15 min: 1:17pm	99.4	98.7	99.2	99.0		
18 min: 1:20pm	99.3	98.7	99.0	98.9		
21 min: 1:23p	99.1	98.7	98.8	98.7		
24 min: 1:26p	99.1	98.7	98.6	98.6		
27 min: 1:29p	99.0	98.6	98.5	98.5		
30 min: 1:32p	99.0	98.6	98.3	98.3	167	115
33 min: 1:35p	98.9	98.5	98.3	98.3		
36 min: 1:38p	98.8	98.4	98.1	98.1		
39 min: 1:41p	98.8	98.3	98.0	98.0		
42 min: 1:44p	98.6	98.3	97.9	97.9		
45 min: 1:47p	98.7	98.2	97.8	97.8		
48 min: 1:50p	98.5	98.2	97.6	97.7		
51 min: 1:53p	98.4	98.2	97.6	97.6		
54 min: 1:56p	98.2	98.1	97.5	97.4		
57 min: 1:59p	98.2	98.1	97.3	97.5		
60 min: 2:02pm	98.1	98.1	97.3	97.4	121	98

Date: 8/3/23 Dog #: 3GP2 Pre-meds/treatment: Dexmedetomidine / None

Time	Temperature clipped (E)	Temperature unclipped (F)	Temperature rectal	Temperature esophag	Blood Glucose AlphaTrak	Blood Glucose PetTest
Pre-sedation:	98.3	97.5	101.5		100	108
SEDATE DOG 12:44pm						
3 min: 12:47p	98.9	97.7	101.7			
6 min: 12:50p	99.0	97.8	101.7			
9 min: 12:53p	99.3	97.9	101.4			
12 min: 12:56p	99.4	98	101.0		108	118
INDUCE & INSTRUMENT DOG 12:58p						
3 min: 1:05p	99.7	98.3	100.3	99.9		
6 min: 1:08p	99.5	98.4	99.9	99.4		
9 min: 1:11pm	99.5	98.6	99.7	99.2		
12 min: 1:14pm	99.4	98.6	99.4	99.0		
15 min: 1:17pm	99.4	98.7	99.2	99.0		
18 min: 1:20pm	99.3	98.7	99.0	98.9		
21 min: 1:23p	99.1	98.7	98.8	98.7		
24 min: 1:26p	99.1	98.7	98.6	98.6		
27 min: 1:29p	99.0	98.6	98.5	98.5		
30 min: 1:32p	99.0	98.6	98.3	98.3	167	115
33 min: 1:35p	98.9	98.5	98.3	98.3		
36 min: 1:38p	98.8	98.4	98.1	98.1		
39 min: 1:41p	98.8	98.3	98.0	98.0		
42 min: 1:44p	98.6	98.3	97.9	97.9		
45 min: 1:47p	98.7	98.2	97.8	97.8		
48 min: 1:50p	98.5	98.2	97.6	97.7		
51 min: 1:53p	98.4	98.2	97.6	97.6		
54 min: 1:56p	98.2	98.1	97.5	97.4		
57 min: 1:59p	98.2	98.1	97.3	97.5		
60 min: 2:02pm	98.1	98.1	97.3	97.4	121	98

	dipped E	unclipped F	rectal	vaginal
63 min: 2:05p	98.1	98.0	97.2	97.3
66 min: 2:08p	98.0	98.0	97.1	97.2
69 min: 2:11p	98.0	97.9	96.9	97.2
72 min: 2:14p	97.9	97.9	96.9	97.2
75 min: 2:17p	97.9	97.9	96.8	97.1
78 min: 2:20p	97.9	97.8	96.7	97.1
81 min: 2:23p	97.9	97.7	96.6	97.0
84 min: 2:26p	97.9	97.7	96.5	96.9
87 min: 2:29p	97.8	97.7	96.4	96.9
90 min: 2:32p	97.7	97.6	96.3	96.7
93 min: 2:35pm	97.7	97.7	96.2	96.6
96 min: 2:38p	97.6	97.6	96.1	96.5
99 min: 2:41p	97.7	97.6	95.9	96.4
102 min: 2:44p	97.7	97.7	95.8	96.2
105 min: 2:47p	97.7	97.6	95.8	96.1
108 min: 2:50p	97.7	97.7	95.7	96.1
111 min: 2:53p	97.8	97.5	95.6	96.0
114 min: 2:56p	97.8	97.5	95.5	95.9
117 min: 2:59p	97.8	97.4	95.4	95.7
120 min: 3:02p	97.9	97.5	95.3	95.6

alpha 115 PetTest 93

111 67

END @ 3:04 Begin Recover

RECOVERY

Time extubated: 3:19

Time to extubation (minutes): 15

Time sternal: 3:19

Time to sternal (minutes): 15

Time standing: 3:21

Time to standing (minutes): 17

Blood glucose (30 min post-recovery): 107 (AlphaTrak) 121 (PetTest)

Notes (shivering):

Shivering

Time returned to run: 3:41pm Body temperature: 98°F

Completed by:

[redacted]

	dipped	undipped	rectal	esoph		
63 min: 2:05p	E 98.1	F 98.0	97.2	97.3		
66 min: 2:08p	98.0	98.0	97.1	97.2		
69 min: 2:11p	98.0	97.9	96.9	97.2		
72 min: 2:14p	97.9	97.9	96.9	97.2		
75 min: 2:17p	97.9	97.9	96.8	97.1		
78 min: 2:20p	97.9	97.8	96.7	97.1		
81 min: 2:23p	97.9	97.7	96.6	97.0		
84 min: 2:26p	97.9	97.7	96.5	96.9		
87 min: 2:29p	97.8	97.7	96.4	96.9	alpha	PetTest
90 min: 2:32p	97.7	97.6	96.3	96.7	115	93
93 min: 2:35pm	97.7	97.7	96.2	96.6		
96 min: 2:38p	97.6	97.6	96.1	96.5		
99 min: 2:41p	97.7	97.6	95.9	96.4		
102 min: 2:44p	97.7	97.7	95.8	96.2		
105 min: 2:47p	97.7	97.6	95.8	96.1		
108 min: 2:50p	97.7	97.7	95.7	96.1		
111 min: 2:53p	97.8	97.5	95.6	96.0		
114 min: 2:56p	97.8	97.5	95.5	95.9		
117 min: 2:59p	97.8	97.4	95.4	95.7		
120 min: 3:02p	97.9	97.5	95.3	95.6	111	67

END @ 3:04 Begin Recover

RECOVERY

Time extubated: 3:19 Time to extubation (minutes): 15

Time sternal: 3:19 Time to sternal (minutes): 15

Time standing: 3:21 Time to standing (minutes): 17

Blood glucose (30 min post-recovery): 107 (AlphaTrak) 121 (PetTest)

Notes (shivering):

Shivering

Time returned to run: 3:41pm Body temperature: 98.0 F

Completed by:

[redacted]

8/3/23
Dog 3
Dex/None

[redacted]

ANESTHETIC RECORD

Page 1 of 1

Label

PI	Johnson
Animal ID	Dog 3 GPE
Species	K9
Sex	

Date: 8/3/23 Assistant:

Protocol: V6734

Dex + None

Wt: 8.3 kg T: 101.2°F P: 62 R: Fasted: Yes

PCV: TP: BUN: UA: CRT:

WC: 226 BP Cuff: 4

Premedication/Induction

Drug	Dose	Total dose	Route	Time
Dexmedetomidine 0.5 mg/ml			IV	

Anesthetic Induction

Drug	Dosage (mg)	Route	Time
Propofol 10 mg/ml		IV	

☐ Carprofen mg PO
☐ Hetastarch mL IV
☐ Lidocaine mL IV
☐ MLK 1: 2: 3:

Time				15	30	45		15	30	45		15	30	45		15	30
IV Sol 1	LRS		mL/h	10.3	16.5	22.1	28.4	34.5	40.6	48.3							
IV Sol 2																	

Start Anes	12:59 PM
Start Proc	
End Proc	
End Anes	3:04 PM
Total Proc	
Total Anes	
Extubation	3:10 PM
Sternal	3:13 PM
Standing	3:20 PM

Oxygen Flow: O
Vaporizer Setting: X

Symbols:
SPO2
Temp
Pulse +
Blood pressure
Systolic
Mean
Diastolic

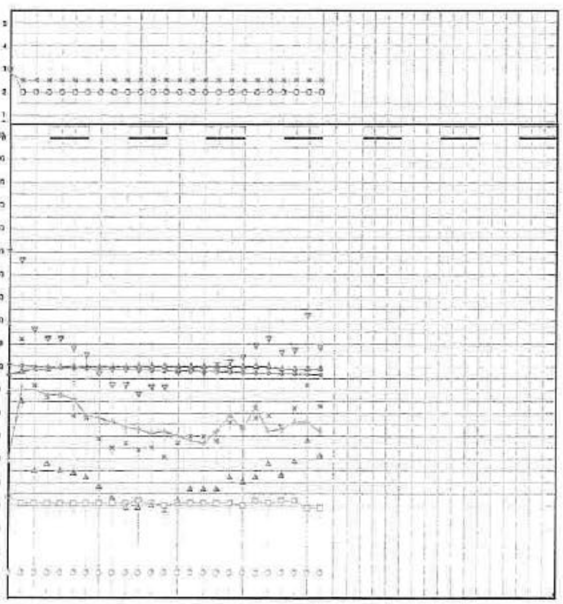
Anesthetic Maintenance:
Isoflurane

Airway Maintenance:
☐ Mask
☐ Trach
☒ ETTube Size 8

System:
☒ Circle
☐ Bain
☒ Bag Size 1.0 L

Patient Positioning:
☐ Right Lateral
☐ Left Lateral
☐ Sternal
☒ Dorsal

Complications:
☐ None
☐ Difficult Intubation
☐ Apnea/Resp Distress
☐ Hypothermia (< 98 F)
☐ Hypotension (MAP < 60)
☐ Shock
☐ Arrhythmia
☐ Prolonged Recovery



Remarks:

Fluids: Sol 1: 45 mL, Sol 2: 0 mL, Sol 3: 0 mL

Draw Time Here ↓

	(HOUR 1)			15			30			45			(HOUR 2)			15			30			45			(HOUR 3)			15			30			45			(HOUR 4)			15		30
LRS: Rate	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0																	
IV Sol 1: VI			4.2			10.3			16.5			22.1			28.4			34.5			40.6			46.6	48.3																	
IV Sol 2: Rate																																										
IV Sol 2: VI																																										
IV Sol 3: Rate																																										
IV Sol 3: VI																																										
Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205
O2 Flow	2.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0																	
Vaporizer	1.8	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5																	
Esophageal Temp	100.1	99.4	99.0	99.0	98.7	98.5	98.3	98.1	97.9	97.8	97.6	97.5	97.3	97.2	97.2	97.1	97.0	96.9	96.6	96.5	96.3	96.1	96.0	95.8	95.6																	
Pulse	59	89	89	87	87	85	78	77	75	73	72	70	71	69	67	66	71	78	72	82	71	72	75	75	71																	
Resp	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10																	
Systolic	149	145	115	111	111	107	104	96	91	91	87	90	90	96	97	98	100	101	103	108	111	105	108	121	107																	
Mean	118	111	91	86	87	78	77	68	64	66	63	64	60	68	69	69	87	75	73	77	78	73	81	91	82																	
Diastolic	88	84	54	57	54	53	51	47	42	38	38	39	37	41	48	48	46	51	49	51	57	52	58	67	60																	
ET CO2	43	40	40	40	40	40	40	40	40	40	41	40	39	40	40	40	40	40	39	41	40	41	41	38	38																	
SPO2	98	97	98	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	98	98	98	98																	
REMARKS:	ETCO2 kept ~ 40 mm Hg, ETiso 1.3%																																									

8/3/23
Dog 3
Dex / None

ANESTHETIC RECORD

Page 1 of 1

Date: 8/2/23 Assistant:
Protocol: V6724
Dex + None

Wt: 8.3 kg T: 101.7°F P: 52 R: Fasted: Yes
PCV: TP: BUN: MM: CRT:

IVC: 22G RM BP Cuff: EV 4

Label
PI: Johnson
Animal ID: Dog 3 GPZ
Species: K9
Sex: 8.3 kg

Preanesthetic Medication: Drug	Dose	Total dose	Route	Time
Dexdomitor 0.5 mg/ml	8 mcg/kg	47	IV	12:14 PM

Anesthetic Induction: Drug	Dosage (mg)	Route	Time
Propofol 10 mg/ml	20 mg	IV	12:50 PM

☐ Carprofen mg PO
☐ Hetastarch mL, IV
☐ Lidocaine mL, IV
☐ MLK:

Time					15	30	45		15	30	45		15	30	45		15	30
IV Sol 1	LRS	24	mL/hr		10.3	16.5	22.1	28.4	34.5	40.6	48.3							
IV Sol 2																		

Start Anes	12:58 PM
Start Proc	
End Proc	
End Anes	3:04 PM
Total Proc	
Total Anes	
Extubation	3:16 PM
Sternal	3:19 PM
Standing	3:20 PM

Oxygen Flow: O
Vaporizer Setting: X

Symbols:
SPO2
Temp
Pulse
ETCO2
Blood pressure
Systolic
Mean
Diastolic

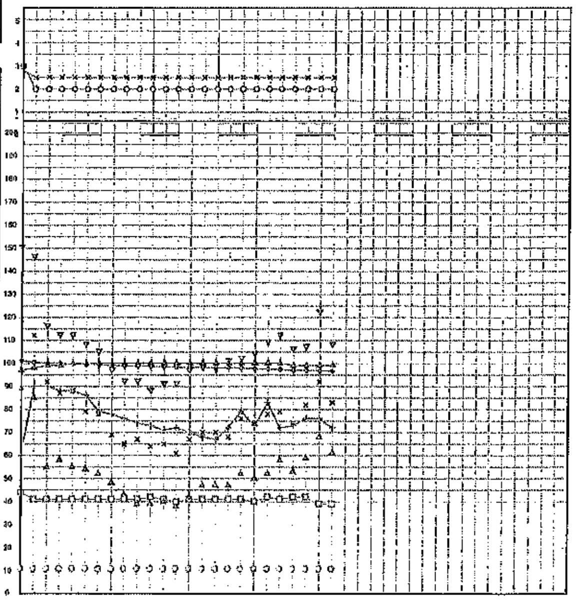
Anesthetic Maintenance:
Isoflurane

Airway Maintenance:
☐ Mask
☒ Trach
☒ ET Tube | Size: 8

System:
☒ Circle
☐ Bain
☒ Bag Size 3.0 L

Patient Positioning:
☐ Right Lateral
☐ Left Lateral
☐ Sternal
☒ Dorsal

Complications:
☐ None
☐ Difficult Intubation
☐ Apnea/Resp. Distress
☐ Hypothermia (<99 F)
☐ Hypotension (MAP <60)
☐ Shock
☐ Arrhythmia
☐ Prolonged Recovery



Remarks:
ETCO2 kept at 40 mm Hg, ETIso kept at 1.3%

Pain Score:
Pre-op:
Post-op:
1/2 Fluids:

Total Fluids:
Sol 1: 40 mL
Sol 2: 0 mL
Sol 3: 0 mL

mL

Post-op Temp:

Enter Time Here ↓

	(HOUR 1)			15			30			45		
LRS: Rate	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0
IV Sol 1: VI			4.3			10.3			16.5			22.1
IV Sol 2: Rate												
IV Sol 2: VI												
IV Sol 3: Rate												
IV Sol 3: VI												
Minutes	0	5	10	15	20	25	30	35	40	45	50	55
O2 Flow	2.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Vaporizer	1.8	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
Esophageal Temp	100.1	99.4	99.0	99.0	98.7	98.5	98.3	98.1	97.8	97.6	97.6	97.5
Pulse	59	89	89	87	87	85	76	77	75	73	72	70
Resp	10	10	10	10	10	10	10	10	10	10	10	10
Systolic	149	145	115	111	111	107	104	98	91	91	87	90
Mean	116	111	91	86	87	78	77	68	64	66	63	64
Diastolic	88	84	54	57	54	53	51	47	42	38	38	39
ET CO2	43	40	40	40	40	40	40	40	40	40	41	40
SPO2	98	97	98	98	99	99	99	99	99	99	99	99

	(HOUR 2)			15			30			45			(HOUR 3)
LRS: Rate	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0
IV Sol 1: VI			28.4			34.5			40.6			46.6	48.3
IV Sol 2: Rate													
IV Sol 2: VI													
IV Sol 3: Rate													
IV Sol 3: VI													
Minutes	60	65	70	75	80	85	90	95	100	105	110	115	120
O2 Flow	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Vaporizer	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
Esophageal Temp	97.3	97.2	97.2	97.1	97.0	96.9	96.6	96.5	96.3	96.1	96.0	95.8	95.6
Pulse	71	69	67	68	71	78	72	82	71	72	75	75	71
Resp	10	10	10	10	10	10	10	10	10	10	10	10	10
Systolic	90	96	97	96	100	101	103	108	111	105	106	121	107
Mean	60	68	69	69	67	76	73	77	78	73	81	91	82
Diastolic	37	41	46	46	46	51	49	51	57	52	58	67	60
ET CO2	39	40	40	40	40	40	39	41	40	41	41	38	38
SPO2	99	99	99	99	98	99	99	99	99	98	98	98	98

			15			30			45			(HOUR 4)			15		30
Minutes	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205

REMARKS: ETCO2 kept ~ 40 mm Hg, ETIso 1.3%

8/7/23
Dog 3
Dex + Conv

[redacted]

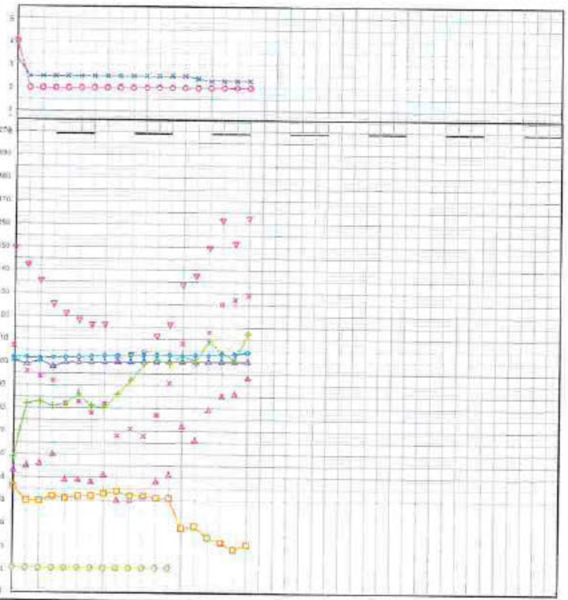
ANESTHETIC RECORD

Page 1 of 1

Label

Date: 8/7/23

Dex + Conventional



	(HOUR 1)			15			30			45			(HOUR 2)			15			30
LRS: Rate	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0
IV Sol 1: VI			4.3			10.1			16.4			22.3			28.5			34.2	35.8
IV Sol 2: Rate																			
IV Sol 2: VI																			
IV Sol 3: Rate																			
IV Sol 3: VI																			
Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
O2 Flow	3.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Vaporizer	2.3	1.5	1.5	1.5	1.6	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.4	1.3	1.3	1.3	1.3
Esophageal Temp	101.0	101.0	100.9	101.0	101.1	101.2	101.4	101.6	101.8	101.9	102.1	101.9	102.1	101.8	102.1	101.6	102.4	102.4	103.2
Pulse	58	81	82	80	81	85	80	79	85	91	98	100	98	102	99	108	103	100	111
Resp	10	10	10	10	10	10	10	10	10	10	10	10	10	pant	pant	pant	pant	pant	pant
Systolic	148	141	131	124	120	117	115	115	100	102	103	110	115	132	136	148	150	150	161
Mean	105	95	93	91	81	82	77	81	67	70	67	76	90	107	98	112	124	126	128
Diastolic	52	51	55	59	48	48	47	50	39	39	41	47	50	71	65	75	84	85	92
ET CO2	45	30	30	41	40	41	41	42	43	41	41	40	40	27	28	23	21	18	20
SPO2	100	98	100	97	99	99	99	98	99	99	99	99	99	99	99	99	99	99	99

			45			(HOUR 3)			15			30			45			(HOUR 4)			15		30
Minutes	95	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205

REMARKS: ETCO2 kept ~ 40 mm Hg. ETiso 1.3% at minute 55, dog started breathing against vent (possibly light +/- warm); stopping study at 90 minutes - dog is warm (102.5 rectal, 103.1 esophageal)

Monitor

Date: 8/7/23 Dog #: 3 GP2 Pre-meds/treatment: Dex/ Conventional

Time	Temperature				Blood Glucose	
	clipped (E)	unclipped (F)	rectal	esophag	AlphaTrak	PetTest
Pre-sedation: 1:12p	98.3	97.7	101.6		103	97
SEDATE DOG @ 1:14p						
3 min: 1:18p	98.5	98.0	101.6			
6 min: 1:21p	98.7	98.1	101.7			
9 min: 1:24p	98.4	99.0	101.8			
12 min: 1:27p	99.0	98.7	101.7		103	119
INDUCE & INSTRUMENT DOG @ [redacted] 1:28p						
3 min: 1:33p	99.7	99.2	100.9	100.1		
6 min: 1:36p	99.8	99.3	100.7	100.9		
9 min: 1:39p	100.0	99.5	100.7	101.0		
12 min: 1:42p	100.2	99.9	100.7	100.9		
15 min: 1:45p	100.4	100.1	100.7	100.9		
18 min: 1:48p	100.6	100.4	100.7	101.0		
21 min: 1:51p	100.8	100.7	100.7	101.0		
24 min: 1:54p	100.9 [redacted]	101.0	100.9	101.1		
27 min: 1:57p	101.1	101.1	101.0	101.2		
30 min: 2:00	101.2	101.2	101.4	101.2	120	159
33 min: 2:03p	101.4	101.4	101.6	101.3		
36 min: 2:06p	101.5	101.5	101.9	101.3		
39 min: 2:09p	101.6	101.6	102.0	101.6		
42 min: 2:12p	101.7	101.7	102.2	101.7		
45 min: 2:15p	101.8	101.8	102.3	101.8		
48 min: 2:18p	101.9	101.8	102.4	101.9		
51 min: 2:21p	101.9	101.9	102.5	102.0		
54 min: 2:24p	102.2	101.9	102.6	102.1		
57 min: 2:27p	102.3	102.0	102.7	102.1		
60 min: 2:30p	102.3	102.1	102.6	101.9	131	120

	E	F	Rectal	Esophageal		
63 min: 2:33p	102.5	102.2	102.3	101.9		
66 min: 2:36p	102.6	102.3	102.1	102.1		
69 min: 2:39p	102.6	102.4	102.2	101.8		
72 min: 2:42p	102.6	102.4	102.2	101.8		
75 min: 2:45p	102.7	102.4	102.3	102.1		
78 min: 2:48p	102.8	102.6	102.4	101.9		
81 min: 2:51p	102.9	102.6	102.4	101.8		
84 min: 2:54p	103	102.7	102.4	102.7		
87 min: 2:57p	103.1	102.8	102.4	102.4	Alpha	Pet test
90 min: 3:00p	103.2	102.9	102.4	102.4	126	88
93 min: 3:03p					~~END~~ END @ 3:05p	
96 min: 3:06p						
99 min: 3:09p						
102 min: 3:12p						
105 min: 3:15p						
108 min: 3:18p						
111 min: 3:21p						
114 min: 3:24p						
117 min: 3:27p						
120 min: 3:30p						

RECOVERY

Time extubated: 3:08pm Time to extubation (minutes): 3

Time sternal: ~~3:08pm~~ 3:12p Time to sternal (minutes): 7

Time standing: 3:13p Time to standing (minutes): 8

Blood glucose (30 min post-recovery): 99 (AlphaTrak) 115 (PetTest)

Notes (shivering): Nine

Time returned to run: 3:35p Body temperature: 101.6

Completed by: [redacted]

Dog #: 3 GP2 ***Completed by:*** [redacted]

Date: 08/07/23

Treatment: Dexmedetomidine & Conventional

Food pulled (date/time): 8/6/23 9pm

Initials & time

Study Procedures:

1. Placed 22 g IV catheter awake in R or (L) cephalic vein – BG taken/recorded — [redacted] 1:08
2. Temp probe placed and taped to tail - initial value recorded — 1:10
3. Neck clipped and CORE placed on neck via collar – initial value recorded — 1:10
4. Dog premedicated IV: *Dexmedetomidine* (5 mcg/kg) @ 1:14 pm — 1:14pm
5. Temp recording started and continued every 3 minutes throughout procedure
6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV — [redacted] 1:29p, 1:30p
7. Monitors placed and devices turned on
   -*Conventional (circulating water blanket & forced air warmer) on*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr
8. BG taken every 30 minutes — [redacted] 2:00p, 2:30p, 3:00p, 3:05p
9. Recovered on floor pad when (circle one/strike others)
   ~~a) rectal temp < 95.5°F (35°C) for 10 minutes~~
   (b) rectal temp > ~~103~~ 102.5°F (39.5°C) for 10 minutes, or
   ~~c) after 2 hours between rectal temps of 95.5°F – 103°F~~
10. Recorded times on data sheet: — [redacted]
    a) time to extubation @ 3:08p
    b) time to sternal @ 3:12p
    c) time to standing @ 3:13p
    d) any shivering
    None
12. BG taken 30 minutes post-recovery — [redacted] 3:32p
13. IV catheter removed — 3:27p
14. Returned to run and fed dog at: 3:35p Temp: 101.6

Comments:

Dog #: 3 GP2 ***Completed by:*** [redacted]

Date: 08/07/23

Treatment: Dexmedetomidine & Conventional

Food pulled (date/time): 8/6/23 9pm

	Initials & time
Study Procedures:	[redacted]
1. Placed 22 g IV catheter awake in R or (L) cephalic vein – BG taken/recorded	1:08
2. Temp probe placed and taped to tail - initial value recorded	1:10
3. Neck clipped and CORE placed on neck via collar – initial value recorded	1:10
4. Dog premedicated IV: *Dexmedetomidine* (5 mcg/kg) @ 1:14 pm	1:14pm
5. Temp recording started and continued every 3 minutes throughout procedure	
6. 10-15 minutes after pre-meds: a) BG taken & b) dog induced with propofol IV	1:29p
7. Monitors placed and devices turned on	1:30p
-*Conventional (circulating water blanket & forced air warmer) on*	
-ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min	
-IV fluids at 3 mL/kg/hr	
8. BG taken every 30 minutes	[redacted] 2:00p, 2:30p, 3:00p
	3:05p
9. Recovered on floor pad when (circle one/strike others)	
~~a) rectal temp < 95.5°F (35°C) for 10 minutes~~	
(b) rectal temp > ~~103~~ 102.5°F (39.5°C) for 10 minutes, or	
~~c) after 2 hours between rectal temps of 95.5°F – 103°F~~	
10. Recorded times on data sheet:	[redacted]
a) time to extubation @ 3:08p	
b) time to sternal @ 3:12p	
c) time to standing @ 3:13p	
d) any shivering	
None	
12. BG taken 30 minutes post-recovery	[redacted] 3:32p
13. IV catheter removed	3:27p
14. Returned to run and fed dog at: 3:35p Temp: 101.6	

Comments:

8/10/23
Dog 3
Ace/CONV

[redacted]

ANESTHETIC RECORD

Page 1 of 1

Date: 8/10/23
Protocol: V8724
Ace + Conventional
Assistant:

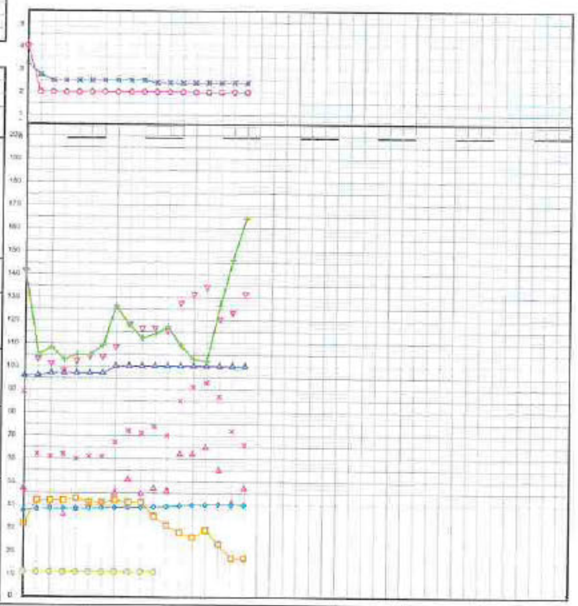
Wt: 8.1 kg T: P: 92 R: Fasted: Yes

Label

IV Sol 1: LRS 22 mL/hr — 10.2 | 16.2 | 22.4 | 28.2 | 34.3

Start Anes: 1:18 PM
End Anes: 2:48 PM
Extubation: 2:54 PM
Sternal: 3:17 PM
Standing: 3:23 PM

Oxygen Flow - O
Vaporizer Setting - X



Enter Time Here ↓

	(HOUR 1)			15			30			45			(HOUR 2)			15		
LRS: Rate	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0
IV Sol 1: VI			4.2			10.2			16.2			22.4			28.2			34.3
IV Sol 2: Rate																		
IV Sol 2: VI																		
IV Sol 3: Rate																		
IV Sol 3: VI																		
Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85
O2 Flow	3.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Vaporizer	2.3	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4
Esophageal Temp	36.5	37.3	37.3	37.4	37.4	37.6	37.7	37.8	37.8	37.9	38.1	38.2	38.8	38.8	39.1	39.2	39.6	39.0
Pulse	140	104	107	102	104	104	108	125	117	111	113	116	108	102	101	125	145	163
Resp	10	10	10	10	10	10	10	10	10	10	10	[illegible]	pant	pant	pant	pant	pant	pant
Systolic	140	102	100	97	101	103	103	107	117	115	115	114	126	130	133	119	122	130
Mean	86	61	60	61	59	60	60	66	71	70	73	69	84	90	92	86	71	65
Diastolic	46	37	39	35	37	39	40	44	50	44	40	45	61	61	64	54	40	46
ET CO2	31	41	41	41	42	40	40	41	40	40	24	30	27	25	28	22	16	16
SPO2	95	95	96	98	98	98	98	99	99	99	99	99	99	99	99	99	99	99

	30			45			(HOUR 3)			15			30			45			(HOUR 4)			15			30
IV Sol 1: VI	34.5																								
Minutes	90	95	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	

REMARKS: ETCO2 kept ~ 40 mm Hg, ETiso 1.3%; temp in celsius; minute 55 started breathing against vent

Date: 8/10/23 Dog #: 3 Pre-meds/treatment: Ace | Convenzo

Time	Temperature clipped (E)	Temperature unclipped (F)	Temperature rectal	Temperature esophag	Blood Glucose AlphaTrak	Blood Glucose PetTest
Pre-sedation:	102.8 39.3	102.6 39.2	101.3 38.5		112	117
SEDATE DOG 1:02 pm	F C	F C	C			
3 min: 1:05 p	103.0 39.4	102.8 39.3	38.3			
6 min: 1:08 p	102.9 39.4	102.8 39.3	38.2			
9 min: 1:11 p	102.7 39.3	102.6 39.2	38.1			
12 min: 1:14 p	102.5 39.2	102.4 39.1	38.1		104	111
INDUCE & INSTRUMENT DOG 1:16 pm				F C		
3 min: 1:20 p	102.3 39.1	102.0 38.9	38.0	97.8 36.6		
6 min: 1:23 p	102.2 39	102.0 38.9	37.9	98 36.7		
9 min: 1:26 p	102.1 38.9	101.8 38.8	37.8	98.9 37.2		
12 min: 1:29 p	102.0 38.9	101.6 38.7	37.8	99.3 37.4		
15 min: 1:32 p	102.0 38.9	101.4 38.6	37.8	99.2 37.3		
18 min: 1:35 pm	101.9 38.8	101.2 38.4	37.8	99.2 37.3		
21 min: 1:38 pm	101.9 38.8	101.0 38.3	37.8	99.3 37.3		
24 min: 1:41 pm	101.8 38.8	100.9 38.3	37.9	99.4 37.4		
27 min: 1:44 pm	101.8 38.8	100.8 38.2	37.9	99.6 37.6		
30 min: 1:47 pm	101.8 38.8	100.8 38.2	38.0	99.6 37.6	120	88
33 min: 1:50 pm	101.7 38.7	100.8 38.2	38.1	99.7 37.6		
36 min: 1:53 pm	101.7 38.7	100.7 38.2	38.2	99.9 37.7		
39 min: 1:56 pm	101.8 38.8	100.7 38.2	38.3	99.9 37.7		
42 min: 1:59 pm	101.7 38.7	100.7 38.2	38.3	100 37.8		
45 min: 2:02 pm	101.8 38.8	100.8 38.2	38.4	100 37.8		
48 min: 2:05 pm	101.9 38.8	101 38.3	38.4	100.1 37.8		
51 min: 2:08 pm	101.9 38.8	101.1 38.4	38.5	100.2 37.9		
54 min: 2:11 pm	101.9 38.8	101.2 38.4	38.6	100.4 38		
57 min: 2:14 pm	102.0 38.9	101.3 38.5	38.6	100.7 38.2		
60 min: 2:17 pm	102.0 38.9	101.4 38.6	38.7	101.2 38.4	188	113

	clipped F	C	unclipped F	C	Rectal	esoph F	C
63 min: 2:20pm	102[1]	38.9	101[4]	38.6	38.8	101[5]	38.6
66 min: 2:23pm	102[2]	39	101[5]	38.6	38.9	101[8]	38.8
69 min: 2:26pm	102[3]	39[1]	101[6]	38.7	38.9[102.1]	102	38.9
72 min: 2:29pm	102[4]	39.1	101[6]	38.7	39	102[2]	39
75 min: 2:32pm	102[4]	39.1	101[6]	38.7	39.1	102[4]	39.1
78 min: 2:35pm	102[5]	39.2	101[7]	38.7	39.1	102[6]	39.2
81 min: 2:38pm	102[5]	39.2	101[7]	38.7	39.2[102.5]	102[4]	39.1
84 min: 2:42pm	102[6]	39.2	101[8]	38.8	39.2	102	38.9
87 min: 2:45pm	102[7]	39[3]	101[9]	38.8	39.3	102	38.9
90 min: 2:48pm	102[7]	39[3]	101[9]	38.8	39.4	102[1]	38.9
93 min:							
96 min:							
99 min:							
102 min:							
105 min:							
108 min:							
111 min:							
114 min:							
117 min:							
120 min:							

Alpha 116 PetTest 96

Stopped at 102°F = 39.3C due to panting

118 129
Recovery values

T° = 39.1°C

RECOVERY 2:48pm

Time extubated: 2:54pm
Time to extubation (minutes): 6 min

Time sternal: 3:17pm
Time to sternal (minutes): 29 min

Time standing: 3:23pm
Time to standing (minutes): 35 min

Blood glucose (30 min post-recovery): 118 (AlphaTrak) 129 (PetTest)

Notes (shivering): None; Prolonged Recovery

Time returned to run: 3:27pm Body temperature: 100.1F

Completed by: [redacted]

100.1°F

Dog #: 3 **Completed by:** [redacted]

Date: 08/10/23

Treatment: Acepromazine & Conventional

Food pulled (date/time): 8/9/23 8:30 pm

Initials & time

Study Procedures:

1. Placed 22 g IV catheter awake in R or L cephalic vein – BG taken/recorded [redacted] 1:00 pm
2. Temp probe placed and taped to tail - initial value recorded 1:00 pm
3. Neck clipped and CORE placed on neck via collar – initial value recorded 1:00 pm
4. Dog premedicated IV: *Acepromazine* (0.03 mg/kg) 1:02 pm
5. Temp recording started and continued every 3 minutes throughout procedure ☒ [redacted]
6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV [redacted] 1:16 pm
7. Monitors placed and devices turned on
   -*Conventional (circulating water blanket & forced air warmer) on*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr
8. BG taken every 30 minutes [redacted] 2:48 pm
9. Recovered on floor pad when (circle one/strike others) 2:48 pm
   a) ~~rectal temp < 95.5°F (35°C) for 10 minutes~~
   (b) rectal temp > 103°F (39.5°C) for 10 minutes, or 102.5
   c) ~~after 2 hours between rectal temps of 95.5°F – 103°F~~
10. Recorded times on data sheet: [redacted]
    a) time to extubation
    b) time to sternal
    c) time to standing
    d) any shivering
12. BG taken 30 minutes post-recovery 3:20 pm [redacted]
13. IV catheter removed
14. Returned to run and fed dog at: 3:21 pm Temp: 100.1F

Comments:

Dog #: 3 ***Completed by:*** [redacted]

Date: 08/10/23

Treatment: Acepromazine & Conventional

Food pulled (date/time): 8/9/23 8:30 pm

Initials & time

Study Procedures:

1. Placed 22 g IV catheter awake in R or L cephalic vein – BG taken/recorded [redacted] 1:00 pm
2. Temp probe placed and taped to tail - initial value recorded 1:00 pm
3. Neck clipped and CORE placed on neck via collar – initial value recorded 1:00 pm
4. Dog premedicated IV: *Acepromazine* (0.03 mg/kg) 1:02 pm
5. Temp recording started and continued every 3 minutes throughout procedure ☒ [redacted]
6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV [redacted] 1:16pm
7. Monitors placed and devices turned on [redacted]
   -*Conventional (circulating water blanket & forced air warmer) on*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr
8. BG taken every 30 minutes [redacted] 2:48pm
9. Recovered on floor pad when (circle one/strike others) 2:48pm
   a) ~~rectal temp < 95.5°F (35°C) for 10 minutes~~
   (b) rectal temp > 103°F (39.5°C) for 10 minutes, or 102.5
   c) ~~after 2 hours between rectal temps of 95.5°F – 103°F~~
10. Recorded times on data sheet: [redacted]
    a) time to extubation
    b) time to sternal
    c) time to standing
    d) any shivering
12. BG taken 30 minutes post-recovery 3:20pm [redacted]
13. IV catheter removed
14. Returned to run and fed dog at: 3:21pm Temp: 100.1F

Comments:

8/14/23
Dog 3
Dex - AVA

ANESTHETIC RECORD

Page 1 of 1

Date: 8/14/23
Protocol: V6724
Dex + AVACore
Assistant:

Label
PI: Johnson
Animal ID: Dog 3 GPZ
Species: K9
Size: 9 kg

Wt: 9 kg T: 35.3°F P: 72 R: Fasted: Yes
PCV TP BUN MM CRT

IVC: 22G LM CV BP Cuff: 4

Preanesthetic Medication Drug	Dose	Total dose	Route	Time
Dexdomitor 0.5 mg/mL	5 mcg/kg	45	IV	1:05 PM

Anesthetic Induction Drug	Dosage (mg)	Route	Time
Propofol 10 mg/mL	18 mg	IV	1:22 PM

☐ Carprofen mg PO
☐ Hetastarch mL IV
☐ Lidocaine mL IV
☐ MLK 1 2 3

Time					15	30	45		15	30	45		15	30	45		15	30
IV Sol 1	LRS	27	mL/hr		11.2	17.2	23.2	29.3	35.6		48.3							
IV Sol 2																		

Start Anes	1:22 PM
Start Proc	
End Proc	
End Anes	3:29 PM
Total Proc	
Total Anes	
Extubation	3:31 PM
Sternal	3:31 PM
Standing	3:53 PM

Oxygen Flow - O
Vaporizer Setting - X

Symbols:
SPO2
Temp
Pulse +
Respiration
ET CO2
Blood pressure
Systolic
Mean
Diastolic

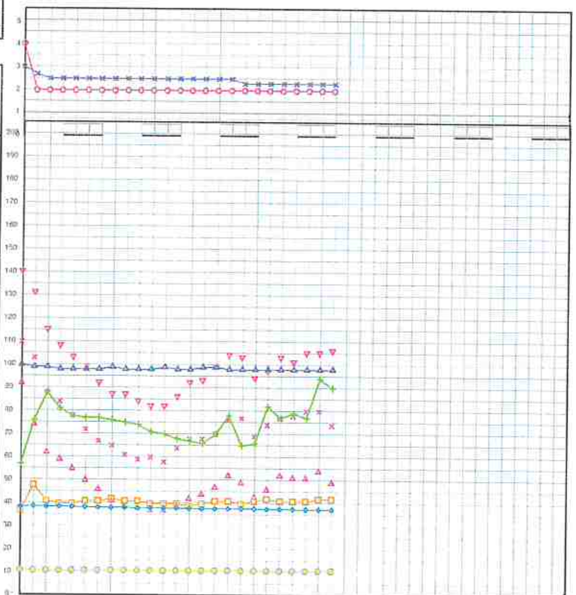
Anesthetic Maintenance:
Isoflurane

Airway Maintenance:
☐ Mask
☒ Trach
☒ ET Tube | Size | 7.5

System:
☒ Circle
☐ Bain
☒ Bag Size | 3.0 L

Patient Positioning:
☐ Right Lateral
☐ Left Lateral
☐ Sternal
☒ Dorsal

Complications:
☐ None
☐ Difficult Intubation
☐ Apnea/Resp Distress
☐ Hypothermia (< 99 F)
☐ Hypotension (MAP < 60)
☐ Shock
☐ Arrhythmia
☐ Prolonged Recovery



Remarks:
ETCO2 kept ≈ 40 mm Hg, ETisoflurane ≈ 1.3%

Pain Score: Pre-op / Post-op / 1/2 Fluids
Total Fluids: Sol 1 mL / Sol 2 0 mL / Sol 3 0 mL
mL
Post-op Temp

Enter Time Here ↓

	(HOUR 1)			15			30			45			(HOUR 2)
LRS: Rate	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0
IV Sol 1: VI			5.2			11.2			17.2			23.2	
IV Sol 2: Rate													
IV Sol 2: VI													
IV Sol 3: Rate													
IV Sol 3: VI													
Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60
O2 Flow	3.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Vaporizer	2.0	1.7	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
Esophageal Temp	37.4	37.8	37.6	37.6	37.5	37.4	37.3	37.2	37.2	37.1	37.1	37.1	37.0
Pulse	56	75	87	80	77	76	76	75	74	73	70	69	67
Resp	10	10	10	10	10	10	10	10	10	10	10	10	10
Systolic	139	130	114	107	102	95	91	88	86	83	81	81	85
Mean	109	102	87	83	77	71	66	64	60	58	59	57	63
Diastolic	91	73	61	58	54	49	45	40	38	37	36	36	38
ET CO2	36	47	40	39	39	40	40	41	40	40	39	39	39
SPO2	99	98	98	97	97	97	97	98	97	97	97	98	97

			15			30			45			(HOUR 3)
LRS: Rate	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0	24.0
IV Sol 1: VI		29.3			35.6			41.6			47.6	48.3
IV Sol 2: Rate												
IV Sol 2: VI												
IV Sol 3: Rate												
IV Sol 3: VI												
Minutes	65	70	75	80	85	90	95	100	105	110	115	120
O2 Flow	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Vaporizer	1.5	1.5	1.5	1.5	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3
Esophageal Temp	36.9	36.8	36.8	36.6	36.9	36.9	36.7	36.7	36.7	36.6	36.6	36.5
Pulse	66	65	69	77	64	65	81	76	76	76	93	89
Resp	10	10	10	10	10	10	10	10	10	10	10	10
Systolic	91	92	96	103	102	93	96	102	100	104	104	105
Mean	67	67	69	75	76	68	73	76	77	79	79	73
Diastolic	41	43	46	51	48	42	45	51	50	50	53	48
ET CO2	38	39	40	40	39	40	41	40	40	40	41	41
SPO2	97	98	98	97	97	97	97	97	97	97	97	97

			15			30			45			(HOUR 4)			15		30
Minutes	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205

REMARKS: ETCO2 kept ~ 40 mm Hg, ETiso 1.3%; temp in celsius; minute 85 starting breathing against vent

	clipped E	unclipped F	rectal	esoph		
63 min: 2:28p	38.4	37.5	37.4	36.9		
66 min: 2:31p	38.4	37.5	37.4	36.9		
69 min: 2:34p	38.4	37.4	37.3	36.9		
72 min: 2:37p	38.3	37.4	37.3	36.9		
75 min: 2:40p	38.27	37.4	37.3	36.9		
78 min: 2:41p	38.37	37.4	37.3	36.9		
81 min: 2:44p	38.27	37.4	37.3	36.9		
84 min: 2:47p	38.27	37.3	37.2	36.8		
87 min: 2:50p	38.2	37.2	37.2	36.8	alpha	PetTest
90 min: 2:53p	38.2	37.2	37.2	37	112	114
93 min: 2:56p	38.2	37.2	37.2	36.9		
96 min: 2:59p	38.2	37.1	37.2	36.8		
99 min: 3:02p	38.2	37.1	37.1	36.8		
102 min: 3:05p	38.2	37.1	37.1	36.8		
105 min: 3:08p	38.2	37.1	37.0	36.7		
108 min: 3:11p	38.2	37	37.0	36.7		
111 min: 3:14p	38.2	36.9	37.0	36.7		
114 min: 3:17p	38.2	36.9	36.9	36.7		
117 min: 3:20p	38.2	36.9	36.9	36.7		
120 min: 3:23p	38.2	36.8	36.9	36.6	178	139

END Anesthesia @ 3:28p

RECOVERY

Time extubated: 3:31p

Time to extubation (minutes): 3

Time sternal: 3:31p

Time to sternal (minutes): 3

Time standing: 3:33p

Time to standing (minutes): 5

Blood glucose (30 min post-recovery): 80 (AlphaTrak) 117 (PetTest)

Notes (shivering): Slight shivering

Time returned to run: 3:45pm Body temperature: 98.8 F

Completed by: [redacted]

Dog #: 3 ~~14~~ 18
Date: 08/~~18~~/23
Treatment: Dexmedetomidine & AVACore

Completed by: [redacted]

Food pulled (date/time): 8/13/23 9:45 pm

Initials & time

Study Procedures:

1. Placed 22 g IV catheter awake in R or L cephalic vein – BG taken/recorded [redacted] 1:05
2. Temp probe placed and taped to tail - initial value recorded 1:05
3. Neck clipped and CORE placed on neck via collar – initial value recorded 1:05
4. Dog premedicated IV: *Dexmedetomidine* (5 mcg/kg) 1:09
5. Temp recording started and continued every 3 minutes throughout procedure
6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV [redacted] 1:22
7. Monitors placed and devices turned on 1:25
   -*Only AVACore turned on*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr
8. BG taken every 30 minutes [redacted] 1:35, 2:25, 255, 325, 3:37p
9. Recovered on floor pad when (circle one/strike others)
   a) ~~rectal temp < 95.5°F (35°C) for 10~~ minutes
   b) ~~rectal temp > 103°F (39.5°C) for 10 minutes, or~~
   (c) after 2 hours between rectal temps of 95.5°F – 103°F
10. Recorded times on data sheet: [redacted]
    a) time to extubation @ 3:31p
    b) time to sternal @ 3:31p
    c) time to standing @ 3:33p
    d) any shivering
12. BG taken 30 minutes post-recovery [redacted] 3:40pm
13. IV catheter removed 3:40pm
14. Returned to run and fed dog at: 3:45pm Temp: 98.8°F

Comments:

Dog #: 3 1A 1B
Date: 08/18/23
Treatment: Dexmedetomidine & AVACore

Completed by: [redacted]

Food pulled (date/time): 8/13/23 9:45 pm

Initials & time

Study Procedures:

1. Placed 22 g IV catheter awake in R or L cephalic vein – BG taken/recorded [redacted] 1:05
2. Temp probe placed and taped to tail - initial value recorded 1:05
3. Neck clipped and CORE placed on neck via collar – initial value recorded 1:05
4. Dog premedicated IV: *Dexmedetomidine* (5 mcg/kg) 1:09
5. Temp recording started and continued every 3 minutes throughout procedure [redacted]
6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV [redacted] 1:22 / 1:25
7. Monitors placed and devices turned on
   -*Only AVACore turned on*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr
8. BG taken every 30 minutes [redacted] 1:55, 2:25, 255, 325 / 3:37p
9. Recovered on floor pad when (circle one/strike others)
   a) ~~rectal temp < 95.5°F (35°C) for 10 minutes~~
   b) ~~rectal temp > 103°F (39.5°C) for 10 minutes, or~~
   (c) after 2 hours between rectal temps of 95.5°F – 103°F
10. Recorded times on data sheet: [redacted]
    a) time to extubation @ 3:31p
    b) time to sternal @ 3:31p
    c) time to standing @ 3:33p
    d) any shivering
12. BG taken 30 minutes post-recovery [redacted] 3:40 pm / 3:40 pm
13. IV catheter removed
14. Returned to run and fed dog at: 3:45 pm Temp: 98.8°F

Comments:

Dog 3
8/18/23 KB

Acu + None

ANESTHETIC RECORD

Page 1 of 1

Date: 8/18/23 Assistant:

Protocol: V6724

Acu + None

Label

Pt: Johnson
Animal ID: Dog 3 GPZ
Species: K9
Sex: 8 kg

IVC: 22G IM IV: 4 BP Cuff:

W: 8 kg T: 38.6°F P: 76/42 R: Fasted: Yes

PCV: TP: BUN: MM: CRT:

Preanesthetic Medication:

Drug	Dose	Total dose	Route	Time
Acepromazine 10 mg/mL	0.03 mg/kg	0.24	IV	10:20 AM

Anesthetic Induction:

Drug	Dosage (mg)	Route	Time
Propofol 10 mg/mL	30 mg	IV	10:35 AM

☐ Cerenia: mg PO
☐ Hetastarch: mL IV
☐ Lidocaine: mL IV
☐ MLK: 1 2 3

Time:	15	30	45	15	30	45	15	30	45	15	30
IV Sol 1: LRS 24 mL/hr	10.9	16.4	22.7	28.6	34.6	46.6					
IV Sol 2:											

Start Anes: 10:35 AM
Start Proc:
End Proc:
End Anes: 12:40 PM
Total Proc:
Total Anes:

Extubation: 12:58 PM
Sternal: 1:01 PM
Standing: 1:02 PM

Oxygen Flow- O
Vaporizer Setting - X

Symbols:
SPO2
Temp
Pulse +
Respiration
ETCO2
Blood pressure
Systolic
Mean
Diastolic

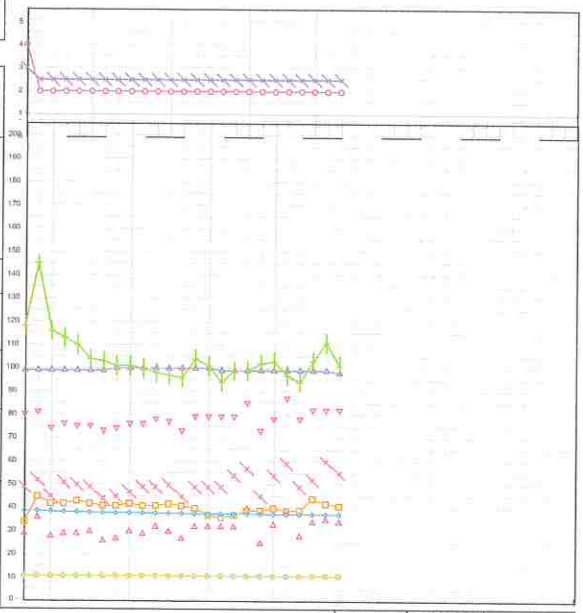
Anesthetic Maintenance:
Isoflurane

Airway Maintenance:
☐ Mask
☒ Trach
☒ ET Tube Size: 6

System:
☒ Circle
☐ Bain
☒ Bag Size 3.0 L

Patient Positioning:
☐ Right Lateral
☐ Left Lateral
☐ Sternal
☒ Dorsal

Complications:
☐ None
☐ Difficult Intubation
☐ Apnea/Resp Distress
☐ Hypothermia (< 99 F)
☐ Hypotension (MAP <60)
☐ Shock
☐ Arrhythmia
☐ Prolonged Recovery



Remarks:
ETCO2 kept at 40 mm Hg, ETiso kept at 1.3%.

Pain Score:
Pre-op:
Post-op:
1/2 Fluids:

Total Fluids:
Sol 1: mL
Sol 2: 0 mL
Sol 3: 0 mL
mL
Post-op Temp:

Enter Time Here ↓

	(HOUR 1)	15	30	45	(HOUR 2)	15	30	45	(HOUR 3)	15	30	45	(HOUR 4)	15	30
LRS: Rate	24.0 24.0 24.0	24.0 24.0 24.0	24.0 24.0 24.0	24.0 24.0 24.0	24.0 24.0 24.0	24.0 24.0 24.0	24.0 24.0 24.0	24.0 24.0 24.0	24.0						
IV Sol 1: Vl	5.0	10.9	16.4	22.7	28.6	34.6	40.6	46.6	48.0						
IV Sol 2: Rate															
IV Sol 2: Vl															
IV Sol 3: Rate															
IV Sol 3: Vl															

Minutes	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205
O2 Flow	3.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0																	
Vaporizer	2.0	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5																	
Esophageal Temp	37.8	37.8	37.7	37.5	37.3	37.2	37.1	37.0	37.0	37.0	36.9	36.8	36.8	36.7	36.5	36.5	36.5	36.6	36.6	36.5	36.4	36.4	36.4	36.4	36.4																	
Pulse	117	144	115	112	109	103	102	100	100	99	97	96	95	103	100	93	98	98	101	102	96	93	102	110	100																	
Resp	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10																	
Systolic	79	80	73	75	74	74	72	73	75	75	77	76	72	78	78	78	78	84	72	77	86	77	81	81	81																	
Mean	48	51	44	50	49	48	43	44	46	48	48	49	44	48	48	48	53	56	44	53	58	48	51	59	54																	
Diastolic	28	35	27	28	28	29	25	28	29	28	31	29	26	31	31	31	31	39	24	32	38	27	33	34	33																	
ET CO2	33	44	41	41	42	41	40	40	41	40	40	41	40	39	36	35	36	38	38	39	38	38	43	41	40																	
SPO2	98	98	98	98	98	98	98	99	99	99	99	99	99	99	99	98	98	98	98	98	98	98	98	98	97																	

REMARKS: ETCO2 kept – 40 mm Hg, ETiso 1.3%; temp in celsius; minute 65 started breathing against vent

Date: 8/18/23 Dog #: 3 Pre-meds/treatment: Ace | None

Time	Temperature clipped (E)	unclipped (F)	rectal	esophag	Blood Glucose AlphaTrak	PetTest
Pre-sedation: 10:18a	36.8	36.7	~~38.5~~ 38.6°C (OK)		112	118
SEDATE DOG @ 10:20a						
3 min: 10:23a	36.8	36.7	38.5°C			
6 min: 10:26a	37	36.9	38.4°C			
9 min: 10:29a	37	36.9	38.3°C			
12 min: 10:32a	37.3	37	37.9		109	111
INDUCE & INSTRUMENT DOG @ 10:35a						
3 min: 10:38a	37.5	37.2	37.7	37.8		
6 min: 10:41a	37.5	37.1	37.6°C	37.7		
9 min: 10:44a	37.5	37.1	37.5	37.7		
12 min: 10:47a	37.4	37	37.4	37.7		
15 min: 10:50a	37.4	36.9	37.3	37.6		
18 min: 10:53a	37.4	36.9	37.3	37.5		
21 min: 10:56a	37.4	36.9	37.2	37.5		
24 min: 10:59a	37.3	36.8	37.1	37.4		
27 min: 11:02a	37.3	36.8	37.1	37.3		
30 min: 11:05a	37.3	36.7	37.0	37.2	109	118
33 min: 11:08a	37.3	36.7	36.9	37.2		
36 min: 11:11a	37.3	36.7	36.9	37.1		
39 min: 11:14am	37.4	36.7	36.9	37.1		
42 min: 11:17a	37.4	36.6	36.8	37.0		
45 min: 11:20a	37.4	36.6	36.8	37.0		
48 min: 11:23a	37.3	36.6	36.7	37.0		
51 min: 11:26a	37.3	36.5	36.7	37.0		
54 min: 11:29a	37.3	36.5	36.7	36.94		
57 min: 11:32a	37.3	36.4	36.7	36.9		
60 min: 11:35a	37.3	36.4	36.6	36.9	104	120

	Clipped E	Unclipped F	Rectal	Esop		
63 min: 11:38 am	37.3	36.4	36.6	36.8		
66 min: 11:41a	37.3	36.4	36.6	36.7		
69 min: 11:44a	37.3	36.4	36.5	36.7		
72 min: 11:47a	37.3	36.4	36.5	36.5		
75 min: 11:50a	37.3	36.4	36.5	36.5		
78 min: 11:53a	37.3	36.4	36.5	36.5		
81 min: 11:56a	37.3	36.3	36.4	36.5		
84 min: 11:59a	37.3	36.3	36.4	36.5		
87 min: 12:02p	37.2	36.3	36.4	36.5	Alpha	PetTest
90 min: 12:05p	37.2	36.3	36.4	36.6	114	148
93 min: 12:08p	37.1	36.3	36.4	36.5		
96 min: 12:11pm	37.1	36.3	36.4	36.5		
99 min: 12:14pm	37.1	36.4	36.4	36.6		
102 min: 12:17pm	37.1	36.4	36.3	36.5		
105 min: 12:20pm	37.1	36.3	36.3	36.5		
108 min: 12:23pm	37.1	36.4	36.3	36.5		
111 min: 12:26pm	37.1	36.4	36.3	36.4		
114 min: 12:29pm	37.2	36.4	36.3	36.4		
117 min: 12:32pm	37.1	36.6	36.3	36.5		
120 min: 12:35pm	37.1	36.4	36.2	36.5	129	122

END @ 12:40p

RECOVERY

Time extubated: 12:58p

Time to extubation (minutes): 18

Time sternal: 1:01p

Time to sternal (minutes): 21

Time standing: 1:02p

Time to standing (minutes): 22

Blood glucose (30 min post-recovery): 115 (AlphaTrak) 142 (PetTest)

Notes (shivering): slight shivering

Time returned to run: 1:14pm Body temperature: 98°F

Completed by: [redacted]

Dog #: 3 ~~18~~
Date: 08/~~14~~/23
Treatment: Acepromazine & None

Completed by: [redacted]

Food pulled (date/time): 8/17/23 8pm

Initials & time

Study Procedures:

1. Placed 22 g IV catheter awake in (R) or L cephalic vein – BG taken/recorded [redacted] 10:16a
2. Temp probe placed and taped to tail - initial value recorded 10:18a
3. Neck clipped and CORE placed on neck via collar – initial value recorded 10:16a
4. Dog premedicated IV: *Acepromazine* (0.03 mg/kg) 10:20a
5. Temp recording started and continued every 3 minutes throughout procedure
6. 10-15 minutes after pre-meds:
   a) BG taken & b) dog induced with propofol IV [redacted] 10:38a
7. Monitors placed and devices turned on 10:35a
   -*No devices turned on*
   -ETiso = 1.3%; ETCO2 ~40 mm Hg; ECG; pulse ox; NIBP in tail or limb; O2 flow = 1 L/min
   -IV fluids at 3 mL/kg/hr
8. BG taken every 30 minutes [redacted] 1105, 1135, 1205, 1235
9. Recovered on floor pad when (circle one/strike others) 12:40p
   a) rectal temp < 95.5°F (35°C) for 10 minutes
   b) rectal temp > 103°F (39.5°C) for 10 minutes, or
   (c) after 2 hours between rectal temps of 95.5°F – 103°F
10. Recorded times on data sheet: [redacted]
    a) time to extubation @ 1258pm
    b) time to sternal @ 1:01pm
    c) time to standing @ 1:02pm
    d) any shivering Slight
12. BG taken 30 minutes post-recovery [redacted] 1:05pm
13. IV catheter removed [redacted]
14. Returned to run and fed dog at: 1:14pm Temp: 98°F [redacted]

Comments:

ANIMAL MEDICAL RECORD
(Vendor)

University of Wisconsin-Madison
RARC

Animal ID# ZYC-2 DATE REC'D: 1/17/2023

SPECIES: Canine STRAIN/BREED: beagle GENDER: F

DOB/AGE: 2-16-22 DESCRIPTION: tricolor

VENDOR: Ridgeland WEIGHT: _____

Protocol Assignment

Date	Protocol number	Investigator
1/17/2023	V006612	[redacted]
2-15-23	V006664	[redacted]

Arrival Confirmation

Animal arrived for housing at vivarium.

☒ B.A.R., active, and appears comfortable.

☐ Facility veterinarian contacted.

Date: 1-17-23 Initial: [redacted]

Final Disposition (Fill out completely)

☒ Euthanized- state drug name, dose (total mg) and route, or other method used.
2mL (780mg) pentobarbital IV
(already under GA)

☐ Died- See medical records

Death verified by:

☒ Cardiac arrest palpation + auscultation

☒ Respiratory arrest

☐ Other (state): _____

Date 3/6/23 **Sign** [signature]

Was the animal submitted for Necropsy? NO Initials [redacted]

Revised 2019

[redacted]

Animal Record

University Wisconsin-Madison
RARC

Animal ID: 4402 **Species:** Canine **Gender:** F

Initial, date, time each entry. Use ink pen. (NO pencil or gel pen)
Do not skip lines. Record all observations and treatments. Single line-out any error.
To correct an entry use next available blank line using current date/ time and start with "Late Entry correction for….."

Date	Time	S.O.A.P. (subjective, objective, assessment, plan), Monitoring/ Observations, Treatments
2/27/23	3:40p	returned to housing, BAR [redacted] after GA/CT
2/28/23	1230p.	Day 1 post op. BAR, fresh pen Ø urine/feces, appears comfortable NAD per [redacted]
3-5-23	200pm	fasted for terminal procedure tmrw [redacted]
3-6-23	1325	taken to surgical suite for terminal procedure [redacted]

Revised 2020

Animal Record

University Wisconsin-Madison
RARC

Animal ID: ZYC2 **Species:** Canine **Gender:** F

Initial, date, time each entry. Use ink pen. (NO pencil or gel pen)
Do not skip lines. Record all observations and treatments. Single line-out any error.
To correct an entry use next available blank line using current date/ time and start with "Late Entry correction for….."

Date	Time	S.O.A.P. (subjective, objective, assessment, plan), Monitoring/ Observations, Treatments
2/9/23	745a.	Day 1 Post op BAR, N stool, neck looks
		great, LF foot appears fully healed, ate all
		food overnight, gave AM Clavamox, NFO
		per [redacted] [redacted]
2/10/23	10:50am	L Front looks good. Stop clavamox after 2/10/23
		pm dose. Rimadyl stopped on 2/6/23. [redacted]
2/10/23	4:10p	Gave last dose of Clavamox PO with some canned food. [redacted]
2/15/23	800a.	BAR, 3 females housed together, 2
		piles of soft but formed stool in
		cage, mucous present, small drops of
		darker stool in cage, could be blood
		from 1 female in heat, contacted DVM
		& PT [redacted]
2/17/23	1215p	Case reported for ~~diarrhea~~ for diarrhea, (3 dogs)
		Small areas of red K[illegible] in stool, All
		dogs BAR collected fecal per Dr
		Franklin, recheck 2/18 [redacted]
2-17-23	5:30pm	Fecal positive for coccidia. Start albon
		55 mg/kg day 1 & 27.5 mg/kg day 2-5. Gave 250 mg
		PO today. [redacted]
2-22-23	11:30am	Albon tx completed. Normal stool reported. NEO [redacted]
2-22-23	340p	fasting request on cage for procedure 2/23 [redacted]
2/23/23	1005AM	taken to 3336 & CT for procedure [redacted]
2-23-23	1153	Returned to cage after procedure. BAR, active,
		bandage removed [redacted]
2/24/23	740a.	Day 1 post op. BAR, N stool in pen
		appears comfortable NFO per RF [redacted]
2-26-23	1230	NPO for procedure tomorrow [redacted]
2-27-23	1:20p	taken to 3336 + CT trailer [illegible]

Revised 2020

Animal Record

University Wisconsin-Madison
RARC

Animal ID: 2402 **Species:** canine **Gender:** F

Initial, date, time each entry. Use ink pen. (NO pencil or gel pen)
Do not skip lines. Record all observations and treatments. Single line-out any error.
To correct an entry use next available blank line using current date/ time and start with "Late Entry correction for….."

Date	Time	S.O.A.P. (subjective, objective, assessment, plan), Monitoring/ Observations, Treatments
2/2/23	8a.	BAR, gave abx, LF foot healing well no drainage from area, active, puts pressure on limb [redacted]
2/2/23	4:04pm	BAR, LF foot less red & swollen compared to yesterday. No lameness. Eating/drinking fine. Gave 125mg Clavamox & carprofen 25mg (1/4 of 100mg tab) PO in a bit of canned food. Ate readily. [redacted]
2/3/23	8:43a	BAR. Foot much improved! continue Clavamox 125 mg BID, Carprofen 25mg (pm).
2/3/23	4:45p	BAR. TOOK meds in canned food readily - Carprofen/Clavamox
2/4/23	9:03a	BAR. TOE improving, minimal swelling, no lameness noted. minimal redness. Comfortable on palpation. Takes Clavamox (125mg) PO readily in Canned food. [redacted]
2/4/23	12:20p	BAR. LF Healing WNL. No drainage, Normal Ambulation. [redacted]
2/4/23	9:50a	BAR. LF almost completely healed. Very minimal swelling no lameness/heat/pain appreciated. Clavamox 125mg PO in meatball - takes readily. [redacted]
2/6/23	2/6/23.	BAR, LF has small scab, but overall healed, gave Am meds [redacted]
2/7/23	4:45p	BAR. Applied sensor to left side of neck & placed light bandage. Gave 125mg Clavamox. Discontinued carprofen since toe is almost healed & no further swelling. [redacted] NPO overnight. Wt. 60.7 lbs
2/8/23	9:47a	BAR. NPO for procedure today. Sensor/bandage in place [redacted]
2/8/23	11:30a	Took for procedure. [redacted]
2/8/23	3:15p	Returned to kennel. Refer to recovery log. Foot appears to be completely healed → no swelling/discomfort/lesions. Fed 1 cup kibble. [redacted]

Revised 2020

PI: Adrianna Sage, DVM, MS, DACVAA, cVMA **Protocol #:** V006612 (approved: 8/3/2022, exp. 8/2/2025)

Accuracy of Flash Glucose Monitoring System in Healthy dogs during Isoflurane Anesthesia

Post-Op Log (Continuation)

Post-Operative/Procedure Monitoring: Animals should be monitored for long-term recovery from anesthesia/surgery according to the timetable in the approved animal use protocol, utilizing the monitoring and endpoint criteria described in the aforementioned document.

If any of the following symptoms are noted, a member of the research group or veterinary staff should be contacted immediately.

- Excessive lethargy, depression, pain, decreased appetite, vomiting, diarrhea, or any other abnormal presentation.
- Monitor the IV catheter site for: redness, swelling, bruising, irritation, discomfort
- Monitor the site where Free-Style Libre sensor was placed on back of neck: redness, swelling, bruising, irritation, discomfort.

Procedure: anesthesia, FreeStyle Libre sensor, IV catheter, arterial catheter, blood draw **Procedure Date:** #1 1/25/23, #2 2/1/23, #3 2/8/23

Animal ID	Date	Time	Observations	Analgesics *drug name, dose, volume, route	Heart Rate/Temp *if applicable	Initials
#1 ZYCZ	1/25/23	12:50 p	Returned to kennel. BAR. Gave few kibble BAR	n/a	HR 72/T 100.1	[redacted]
ZYCZ	1/26/23	8:15 a	BAR. IVC/sensor site appear normal.	n/a	n/a	
ZYCZ	1/27/23	930 a	BAR. No concerns	n/a	n/a	
#2 ZYCZ	2/1/23	340 p	BAR. Fed 1 cup kibble + canned. Gave carprofen 25mg po.	Carprofen 25mg po	HR 108/100.9	
ZYCZ	2/2/23	9:00 a	BAR. Sensor/IVC site [illegible] digit 4 appears mildly [illegible].	Clavamox 125mg	N/A	
#3 ZYCZ	2/8/23	3:15 p	BAR. Returned to kennel. Fed 1 cup kibble.	N/A	HR 126 T 101.9	
ZYCZ	2/9/23	9:00 a	BAR. Ate well overnight. Foot looks great	N/A	N/A	

Emergency Contact information:

Elizabeth Pollack, DVM c: 847-533-3215

Adrianna Sage, DVM, MS, DACVAA, cVMA c: 217-607-6975

PI: [redacted] DVM, MS, DACVAA, cVMA **Protocol #:** V006612 (approved: 8/3/2022, exp. 8/2/2025)

Accuracy of Flash Glucose Monitoring System in Healthy dogs during Isoflurane Anesthesia

Animal ID:	ZYC2 (#3)	**Species:**	canine	**Weight:**	7.0 kg (6.4 kg)	**Additional Info:**
Breed:	Beagle	**Sex:**	M / (F)	**Heart Rate:**	90	Shave Rt FL apply EMLA @ 9:45
Age:	1 YR	**Study Date:**	1/25/23	**Resp Rate:**	9	
Procedure:	Blood & interstitial glucose measurements			**Temp (°F):**	98.9	
				ASA Status:	(I) II III IV V E	
				NPO:	(yes) / no	
Study Participants:	[redacted]					

Catheters	Location	Size	Time Placed	Time Removed	Initials
Venous Catheter	L / (R) – Cephalic	20g	10:07	12:17	[redacted]
	L / R – Saphenous				
Arterial Catheter	(L) / R – Dorsal Pedal	22g	10:33	11:09	[redacted]
	L / R – Femoral				

Endotracheal tube size:	7.0
Intubation Time:	10:24
Extubation Time:	11:47

Eyes lubed : 10:26

Anesthesia Maintenance: Isoflurane + O_2 **Start @** 10:26 (am)/pm **Discontinue @** 11:39 am/pm

Intravenous Fluids type: LRS
Fluid rate 5 mL/kg/hr = 35 mL/hr = 0.1 drops/s

Start @ 10:30 (am)/pm **Discontinue @** 11:45 (am)/pm
Total fluid volume infused: 275 mL

Pre-medications

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Butorphanol (10 mg/mL)	0.3	2.1	0.20	IM	9:45	[redacted]

Anesthesia induction

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Propofol (10 mg/mL)	2-4	14-42 28 mg	1.4-4.2 ~2.8 mL (actual)	IV	10:24	[redacted]

Intra-Op Medications

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Glycopyrrolate 0.2 mg/mL	0.01	0.064	0.32	IV	10:54	[redacted]
↓	↓	↓	↓	↓	11:00	
					11:15	
					11:25	
					11:35	

Constant Rate Infusions

Drug / Concentration	Dosage Range	Dosage Units	Loading Dose	Start Time	End Time	Initials
Norepinephrine 0.9% NaCl		7 ml total	N/A	10:50a	11:40a	[redacted]

Post-Op Medications

Drug / Concentration	Dosage (mg/kg)	Amount (mg)	Volume (mL)	Route	Time	Initials

Euthanasia

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials

ANESTHESIA MONITORING RECORD

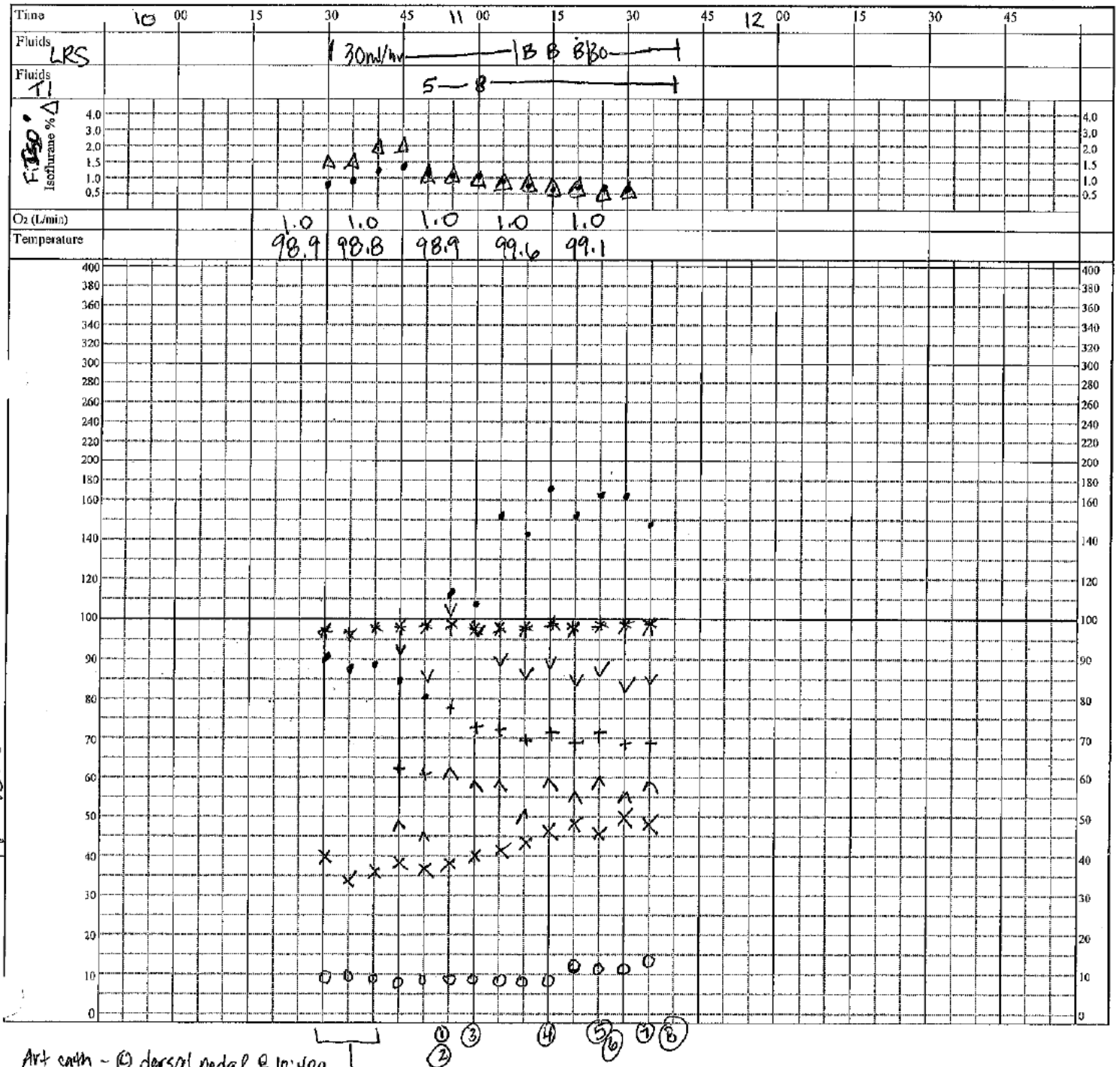
Animal ID	Species	Date	Protocol #	Initials	
ZYC2	Canine - Beagle	1/25/23	V006612	[redacted]	Page: 1 of:

Procedure:	Blood and interstitial glucose monitoring	Investigator:	[redacted]
Surgeon: n/a	Assistant:	Anesthetist:	[redacted]

☐ Injectable Anesthesia:		Anesthesia Maintenance	Monitoring	
☒ Inhalant Anesthesia: isoflurane	E.T. Tube Size: 7.0	☒ Circle	☒ Temperature	☒ SPO_2
Intubation Time: 10:26a	Extubation Time: 11:42	☐ Non-Rebreathing	☒ Respiratory Rate	☒ CO_2
Procedure Start Time: 10:55	Procedure End Time: 11:39	☒ Ventilator	☒ Heart Rate	☒ ECG
		☐ Mask	☐ NIBP	☒ IBP

Wt: 6.4 kg

Heart Rate: • **Respiratory Rate:** ° **SPO_2:** * **CO_2:** x **Bolus:** B **SAP:** v **MAP:** + **DAP:** ^



B = 10 ml/kg bolus

① 64 mcg glycopyrrolate
② start procedure
③ 64 mcg glyco
④ 64 mcg glyco
⑤ 64 mcg glyco
⑥ started breathing against vent
⑦ 64 mcg glyco

ANESTHESIA MONITORING RECORD

Procedure Details

Event #	Time	Comment
(1)	10:54a	Gave 64mcg IV glycopyrrolate
(2)	10:55a	Start procedure
(3)	11:00a	Gave 64mcg IV glycopyrrolate
(4)	11:15a	Gave 64mcg IV glycopyrrolate
(5)	11:25a	Gave 64mcg IV glycopyrrolate
(6)	11:27a	Breathing against ventilator. Adjusted rate to 14bpm
(7)	11:35	Gave 64mcg IV glycopyrrolate
(8)	11:39	End procedure. Turn off isoflurane.

Anesthesia Recovery Record

- After procedure finish time, animal must be observed **at least every 5-10 minutes until sternal, at minimum**
- Record time of observation and place a "√" in the appropriate column below.

✓ **Procedure Complete** Time: 11:39		✓ **IVC Removed** Time: 12:17	
✓ **Animal Extubated** Time: 11:42		✓ **IVC Bandage Removed** Time: 12:36	
✓ **Animal Standing** Time: 11:50		✓ **Returned to housing/fed** Time: 12:40	

Time	Animal's Condition (√) Laying Down	Moving in Cage	Sitting Upright	Fully Recovered	Initials	Comments
11:45	√	√			[redacted]	HR 186, T100.4, RR 16, CRT<2
11:50		√	√			standing in transport kennel
12:12	√	√	√			T-100.V HR 72 RR sniff CRT<2
12:35				√		running around room w/o ataxia
						remove bandage, clean IVC sites
						mild bruising @ R saphenous site
12:40						BAR, return to housing

Anesthesia recovery was: (circle all that apply): (quick) / moderate / prolonged

Quality of Recovery: (smooth) / rough (vomit, ataxia, seizure, hypothermic, other ______________

2/01/2023

PI: [redacted] DVM, MS, DACVAA, cVMA **Protocol #:** V006612 (approved: 8/3/2022, exp. 8/2/2025)

Accuracy of Flash Glucose Monitoring System in Healthy dogs during Isoflurane Anesthesia

Animal ID:	7402	**Species:**	canine	**Weight:**	6.4 kg (actual)	**Additional Info:**
Breed:	Beagle	**Sex:**	M / MC (F) / FS	**Heart Rate:**	140	Emla cream placed on both forelimbs prior to transport @ 12:45
Age:	1 year	**Study Date:**	2/1/2023	**Resp Rate:**	20	
Procedure:	Blood and Interstitial glucose monitoring + Wound care LFL digit 4			**Temp (°F):**	100.4 F	
				ASA Status:	(I) II III IV V E	
				NPO:	(yes) / no	
Study Participants:	[redacted]					

VOCAL during transport. required more time to dose Butorphanol.

Catheters	Location	Size	Time Placed	Time Removed	Initials
Venous Catheter	(L) / R – Cephalic	20g	1:05	3:15	[redacted]
	(L) / R – Saphenous	22g	1:16	2:20	
Arterial Catheter	(L) / R – Dorsal Pedal	24g	1:35	2:20	
	L / R – Femoral				

Eyes Lubricated:	1:15
Endotracheal tube size:	7.0 mm
Intubation Time:	1:15
Extubation Time:	2:51

Anesthesia Maintenance: Isoflurane + O_2 **Start @** 1:14 am/(pm) **Discontinue @** 2:35 am/(pm)

Intravenous Fluids type: Lactated Ringer's Solution **Start @** 1:17 am/(pm) **Discontinue @** 2:20 am/(pm)

Fluid rate: 5 mL/kg/hr = 32 mL/hr = 0.08 drops/second **Total fluid volume infused:** 75 mL

Pre-medications

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Butorphanol (10 mg/mL)	0.3 mg/kg	2	0.2	IM	12:45	[redacted]
Butorphanol (10 mg/ml)	0.2 mg/kg	1	0.1	IM	12:58	

gave fentanyl and was very anxious

Anesthesia induction

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Propofol (10 mg/mL)	2 – 6 mg/kg	12 - 40	1.2 - 4	IV	1:08	[redacted]
	actual	45mg	4.5mL	IV		

Intra-Op Medications

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Glycopyrollate (0.2 mg/mL)	0.01 mg/kg	0.06	0.32	IV	1:29	[redacted]

Constant Rate Infusions

Drug / Concentration	Dosage Range	Dosage Units	mL/hr	Start Time	End Time	Initials
Norepinephrine (0.01 mg/mL)	0.05 - 0.5	mcg/kg/min	5 - 15 mL/hr	1:20p	2:20p	[redacted]
0.9% NaCl			Total = 0.116mg			

Post-Op Medications - none required per protocol

Drug / Concentration	Dosage (mg/kg)	Amount (mg)	Volume (mL)	Route	Time	Initials

Euthanasia

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials

ANESTHESIA MONITORING RECORD

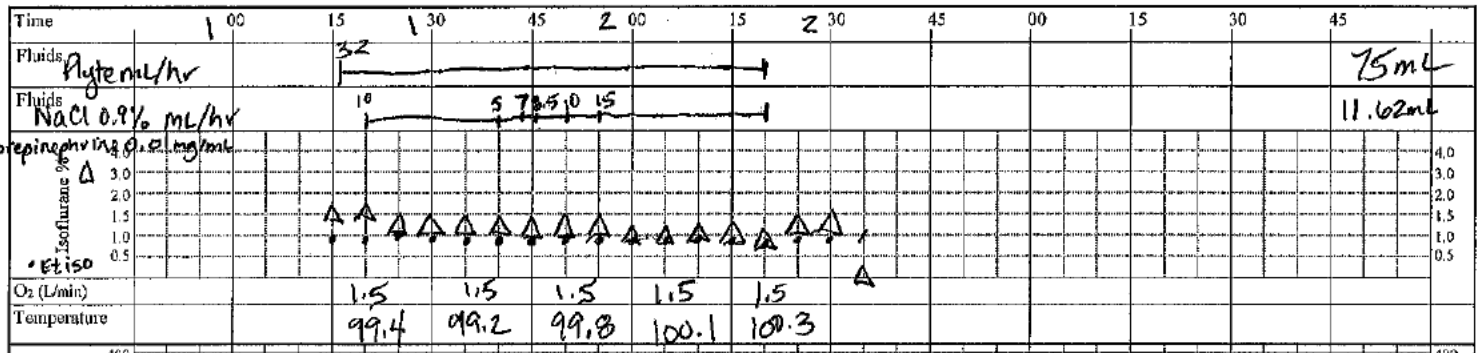
Animal ID	Species	Date	Protocol #	Initials	
Z160	Canine - Beagle	7/1/2023	V006612	R	Page: 1 of:

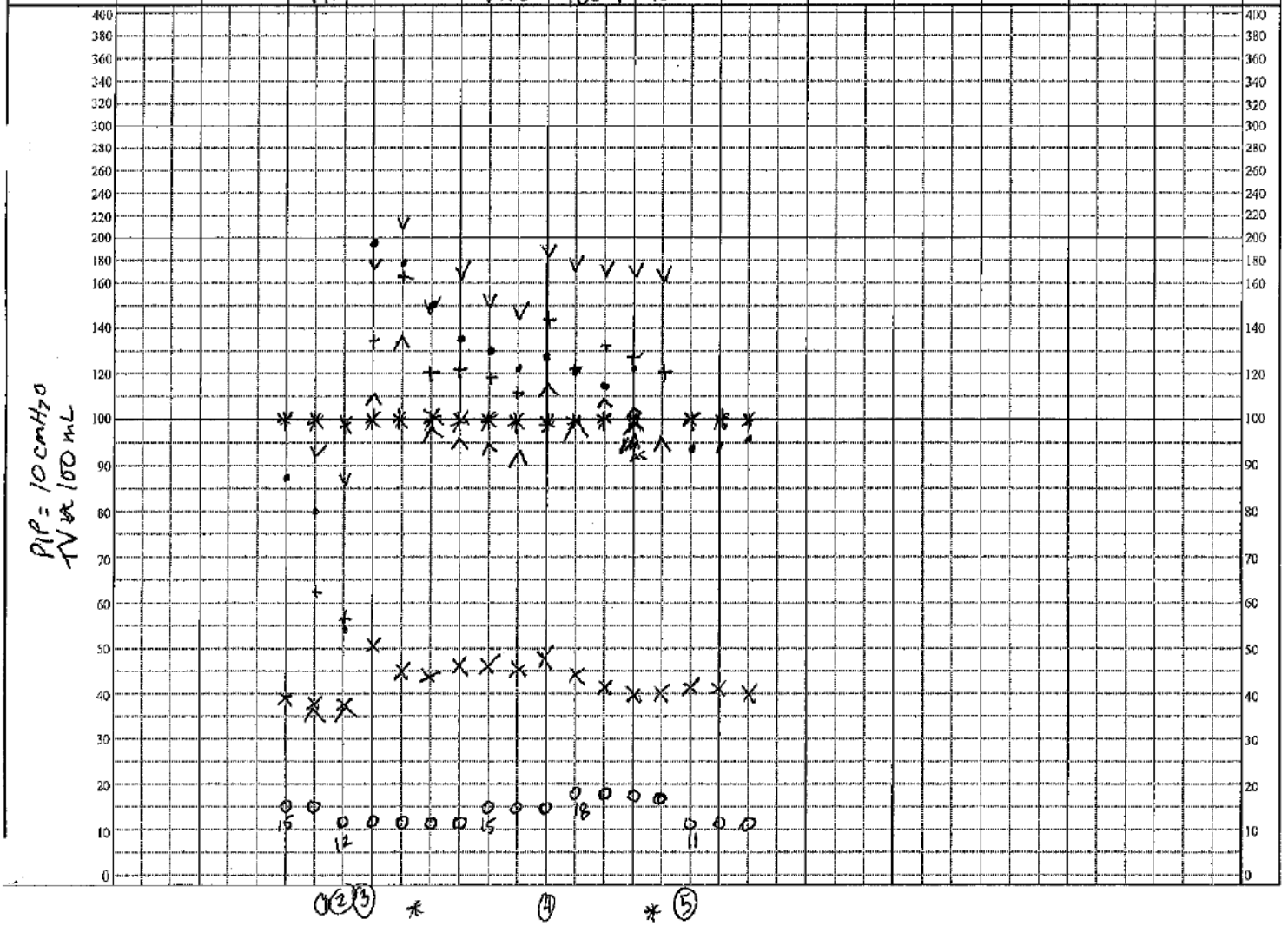
Procedure: Blood and interstitial glucose monitoring			Investigator: [redacted]
Surgeon: n/a	Assistant: [redacted]		Anesthetist: [redacted]
☐ Injectable Anesthesia:		Anesthesia Maintenance	Monitoring
☑ Inhalant Anesthesia: isoflurane	E.T. Tube Size: 7.0	☑ Circle	☑ Temperature ☑ SPO_2
Intubation Time: 1:15p	Extubation Time: 2:51p	☐ Non-Rebreathing	☑ Respiratory Rate ☑ CO_2
Procedure Start Time: 1:38p	Procedure End Time: 2:20p	☑ Ventilator	☑ Heart Rate ☑ ECG
		☐ Mask	☑ NIBP ☑ IBP

Treatment # 8

6.4 kg

Heart Rate: • Respiratory Rate: ° SPO_2: * CO_2: x Bolus: B SAP: v MAP: + DAP: ^





ANESTHESIA MONITORING RECORD

Procedure Details

Event #	Time	Comment
①	1:23	Placing arterial catheter
②	1:24	2nd degree AV block on ECG w/ 1 per 3-4 screens
③	1:29	Glycopyrrolate 0.06 mg IV
④	2:02	↑ RR due to increasing ETCO2
⑤	2:24	Clipping & cleaning toe wound LF 4th digit
	2:35	Inhalant off

Anesthesia Recovery Record

- After procedure finish time, animal must be observed **at least every 5-10 minutes until sternal, at minimum**
- Record time of observation and place a "√" in the appropriate column below.

✓	**Procedure Complete**	Time: 2:20p	✓	**IVC Removed**	Time: 3:15p
✓	**Animal Extubated**	Time: 2:51p	✓	**IVC Bandage Removed**	Time: 3:40p
✓	**Animal Standing**	Time: 3:10p	✓	**Returned to housing/fed**	Time: 3:40p

Time	Animal's Condition (√)				Initials	Comments
	Laying Down	Moving in Cage	Sitting Upright	Fully Recovered		
2:56	✓				[redacted]	HR 130 T- 100.4
3:06	✓	✓				HR 108 T- 100.9
3:10	✓	✓	✓			scratching at cage door; ruminated.

Anesthesia recovery was: (circle all that apply): quick / moderate / prolonged
Quality of Recovery: smooth / rough (vomit, ataxia, seizure, hypothermic, other _____

PI: [redacted] DVM, MS, DACVAA, cVMA **Protocol #:** V006612 (approved: 8/3/2022, exp. 8/2/2025)

Accuracy of Flash Glucose Monitoring System in Healthy dogs during Isoflurane Anesthesia

Animal ID:	ZYCT	**Species:**	canine	**Weight:**	6.7kg	**Additional Info:**
Breed:	Beagle	**Sex:**	M / MC / F / FS	**Heart Rate:**	109	Emla cream placed on both forelimbs prior to transport @ 11:34a
Age:	1 year	**Study Date:**	2/8/23	**Resp Rate:**	10	
Procedure:	Blood and Interstitial glucose monitoring			**Temp (°F):**	101.7F	
				ASA Status:	I II III IV V E	
				NPO:	yes / no	
Study Participants:	[redacted]					

Catheters	Location	Size	Time Placed (L)	Time Removed (R) 1:19p	Initials
Venous Catheter	L / R – Cephalic	22g	12:07	3:05p	[redacted]
	L / R – Saphenous				
Arterial Catheter	L / R – Dorsal Pedal	20g	1:05	2:07p	[redacted]
	L / R – Femoral				

Eyes Lubricated:	10:14
Endotracheal tube size:	7.0 mm
Intubation Time:	10:18
Extubation Time:	2:35p

Anesthesia Maintenance: Isoflurane + O_2 Start @ 12:15 am/pm Discontinue @ 2:08 am/pm

Intravenous Fluids type: Lactated Ringer's Solution Start @ 12:15 am/pm Discontinue @ 2:07 am/pm
Fluid rate: 5 mL/kg/hr = 34 mL/hr = 0.09 drops/second Total fluid volume infused: 160 mL

Pre-medications

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Butorphanol (10 mg/mL)	0.3 mg/kg	3.0mg	0.3	IM	11:34a	[redacted]

Anesthesia induction

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Propofol (10 mg/mL)	2 – 6 mg/kg	50	5	IV	12:01	[redacted]

Intra-Op Medications

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials
Glycopyrollate (0.2 mg/mL)	0.01 mg/kg	0.03	0.16	IV	12:42	[redacted]

Constant Rate Infusions

Drug / Concentration	Dosage Range	Dosage Units	mL/hr	Start Time	End Time	Initials
Norepinephrine (0.01 mg/mL)	0.05 - 0.5	mcg/kg/min				
0.9% NaCl	Total 18.2mL		10	12:18p	2:07	[redacted]

Post-Op Medications - none required per protocol

Drug / Concentration	Dosage (mg/kg)	Amount (mg)	Volume (mL)	Route	Time	Initials

Euthanasia

Drug / Concentration	Dosage (mg/kg)	Dose (mg)	Volume (mL)	Route	Time	Initials

ANESTHESIA MONITORING RECORD

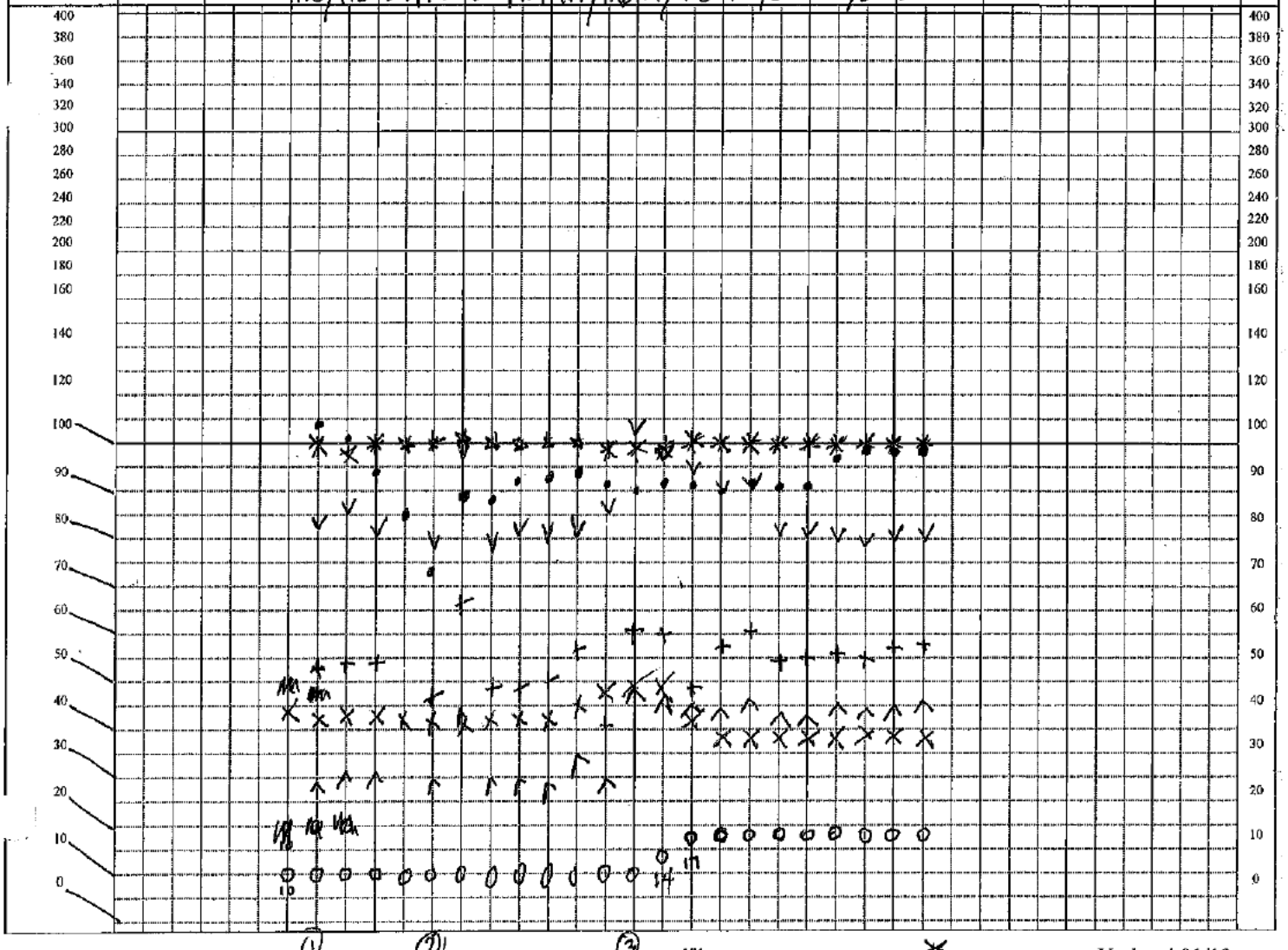
Animal ID	Species	Date	Protocol #	Initials	Page #
2402	Canine	2/8/23	V006612	[redacted]	1

6.7 kg

Procedure:	Blood and interstitial glucose monitoring		**Investigator:** [redacted]
Surgeon: n/a	**Assistant:** [redacted]		**Anesthetist:** [redacted]
Inhalant Anesthesia: isoflurane **ETT Size:** 7.0	**Anesthesia Maintenance**		**Monitoring**
Intubation Time: 12:14	Extubation Time: 2:35	Circle: Ventilator / Non-Rebreathing Mask	Temp, SPO2, CO2, ECG, Heartrate, NIBP, IBP, Resp Rate
Procedure Start: 1:25	Procedure End: 2:07		

Heart Rate: · **Respiratory Rate:** ° **SPO2:** * **CO2:** x **Bolus:** B **SAP:** v **MAP:** + **DAP:** ^

Time	12:00	15	12:30	45	1:00	15	1:30	45	2:00	15	30	45
Fluids LRS	12:17	315										60 mL
Fluids NaCl 0.9%	12:18	10							2:07			18.2 mL
Isoflurane %	4.0 3.0 2.0 1.5 1.0 0.5											
O_2 (L/min)		1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5			
Temperature		98.9	99.0	99.0	99.6	99.4	99.7	100.3	100.8			
ET_{iso}		1.3/1.5	2.1/1.8	2.2/1.9	1.7/1.6	1.6/1.8	1.8/2.0	2.1/2.2	2.2			



ANESTHESIA MONITORING RECORD

Procedure Details

Event #	Time	Comment
①	12:20	Placing arterial catheter
②	12:42	Glycopyrrolate 0.005 mg/kg - 0.03 mg
③	1:14	Start BP monitoring
	2:08	Inhalant off

Anesthesia Recovery Record

- After procedure finish time, animal must be observed **at least every 5-10 minutes until sternal, at minimum**
- Record time of observation and place a "✓" in the appropriate column below.

✓	**Procedure Complete**	Time:	2:07	✓	**IVC Removed**	Time:	3:05
✓	**Animal Extubated**	Time:	2:35	✓	**IVC Bandage Removed**	Time:	3:14
✓	**Animal Standing**	Time:	2:51	✓	**Returned to housing/fed**	Time:	3:15

Time	Animal's Condition (√)				Initials	Comments
	Laying Down	Moving in Cage	Sitting Upright	Fully Recovered		
2:37	✓				[redacted]	T-101.7 HR-108 RR-30
2:46	✓					HR-126 T-101.9
2:50		✓	✓			
3:05				✓		BAR

Anesthesia recovery was: (circle all that apply): quick / moderate / prolonged

Quality of Recovery: smooth / rough (vomit, ataxia, seizure, hypothermic, other _____

UW VETERINARY CARE

Patient Name (First & Last)	Med Rec #	Procedure(s)					
ZYC-2	–	Research CT					
Species/Breed	**Age**	**Wt/Kg**	**Temp**	**Pulse**	**Resp**	**PCV**	**TP**
K[illegible] Beagle	1yo	7	–	–	–	–	–

BUN: –

Date	Case Clinician	ASA Status	ER	System Type	ETT SIZE
Feb 23/23 — M T W (R) F S SN	[redacted]	(I) II III IV V	Y (N)	Vent ☒ Circle ☒ Non-Reb ☐	7.0mm

PREMEDS	DOSE	ROUTE	TIME
Dexmedetomidine	70 µg	IM	1009 (am)/pm
	mg		am/pm
	mg		am/pm

MONITORS: PULSE OX ☒ ECG ☐ ETCO2 ☒ IBP ☐ LOCATION ______ NIBP ☐ DOPPLER ☒ OSCILLOMETRIC — Cuff Size 3, Location (L) HL

FLUID PUMP ☐

VENOUS CATHETER(S): ☐ STERILE ☒ TEMPORARY ☐ EXISTING ☒ NEW
LOCATION: (L) Cephalic GA. 20g

PREMED RESPONSE: Moderate (allowed IVC placement)

HISTORY: Research dog, otherwise healthy

(CPR/DNR)

TIME am/pm 10:00 15 30 45 11:00 15 30 45 12:00 15 30 45

	Chart entries	TOTALS
FLUIDS		
Propofol	20 mg × (~10:30)	20mg
Atipamezole	0.7 mg × (~11:35)	0.7mg
Omni 240	× 0.8ml (~11:00)	0.8ml
INDUCTION		
MEDS		

COMMENTS
(1) Move to CT
(2) Block placed c 1056
(R) = 80 secs
(L) = 22 secs
(3) Finish CT move inside

TEMPERATURE
exp gas %
O_2 L/Min.
ISOFLURANE △
SEVOFLURANE O

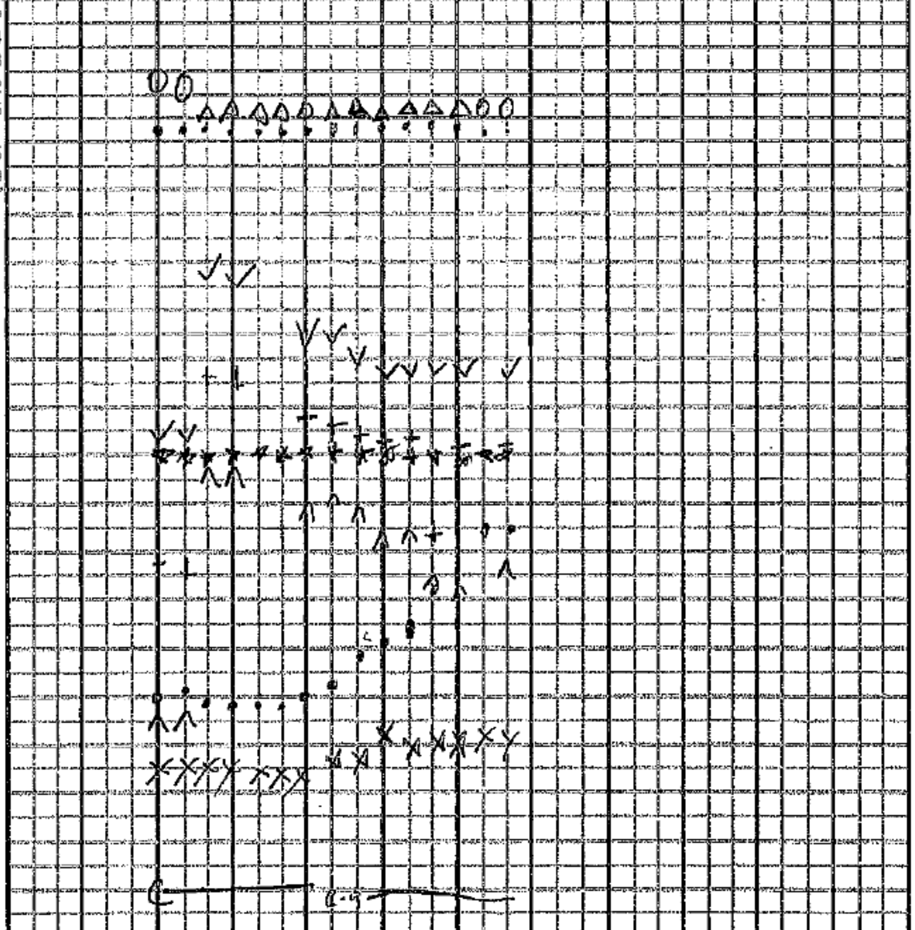
SYMBOLS
V Systolic
+ Mean
Λ Diastolic
• Pulse
× CO_2
O Respirations
A Assisted
C Controlled
* SpO_2
Δ Doppler

CODES
S Surgery
(S) End Surgery
T Tourniquet
(T) Tourniquet Off

SPECIAL PROCEDURES
Epidural ☐
Nerve Block ☐
Site______

time tgh= INP

post-op pain score
Not assessed



Block volume per side
→ 3.5ml → 0.9ml Omni 240
→ 2.6ml saline

*very hard to enter fascia on (R) side

Controlled Substance Transfer:
Drug:
Amount:
To Initials:
From Initials:
Drug:
Amount:
To Initials:
From Initials:

Codes and Remark Numbers: (1) (2) (3)

RECOVERY NOTES

Anesthetists: Swanton

LA	Extubation Time	Post op Temp.	Recovery Notes & Analgesic Recommendations
Assisted ☐ Sternal ____ Standing ____	1144	97.9°F	Smooth & uneventful

VMTH-21 **ANESTHESIA RECORD** Revised 10/2020

Lumboiliacus almost sub costal; imaged/injected peri-umbilical

UW VETERINARY CARE

Patient Name (First & Last)	Med	Rec #	Procedure(s)
ZYC-2	—	—	Research CT (TAP)

Species/Breed	Age	Wt/Kg	Temp	Pulse	Resp	PCV	TP	BUN
K9 / Beagle	1yo	7	—	—	—	—	—	—

Date 6/27/23 (M) T W R F S SN | Case Clinician Schroeder/Swanton | ASA Status (I) II III IV V | ER Y (N) | System Type: Vent ☒ Circle ☒ Non-Reb ☐ | ETT SIZE:

PREMEDS	DOSE	ROUTE	TIME
Dexmedetomidine	70 mg	IM	1325 am/pm (m)
	mg		am/pm
	mg		am/pm

MONITORS: PULSE OX ☒ ECG ☒ ETCO2 ☒ IBP ☐ NIBP ☐ DOPPLER ☒ OSCILLOMETRIC

FLUID PUMP ☐

VENOUS CATHETER(S): ☐ STERILE ☒ TEMPORARY ☒ EXISTING ☒ NEW

LOCATION: (L) Cephalic GA. 20g

☐ LOCATION

Cuff Size 3 Location (L) HL

PREMED RESPONSE: Profound Callowd IVC placement)

HISTORY:

Research dog → TAP block

CPR/DNR

TIME am/pm 14 00 15 30 45 15 00 15 30 45 16 00 15 30 45

FLUIDS

	TOTALS
Propofol	30mg
Atipamezole	0.7mg
Omni 240	1.8mL
INDUCTION MEDS	

TEMPERATURE

exp gas %

O_2 L/Min

ISOFLURANE △

SEVOFLURANE ○

SYMBOLS
V Systolic
+ Mean
^ Diastolic
• Pulse
× CO_2
O Respirations
A Assisted
C Controlled
☆ SpO_2
Δ Doppler

CODES
S Surgery
(S) End Surgery
T Tourniquet
(T) Tourniquet Off

SPECIAL PROCEDURES
Epidural ☐
Nerve Block ☐
Site

time tgh= INP

post-op pain score not assessed

COMMENTS
(1) To CT
(2) Blocks placed
R → 45
L → 76
(L) SI. blocked, may have been sm. amt in muscle but good picture of layers just on top of screen
(3) Move inside

Block volume per side
up 3.5mL per side
- 0.9mL Omni 240
- 2.6mL Saline

Controlled Substance Transfer:
Drug:
Amount:
To Initials:
From Initials:
Drug:
Amount:
To Initials:
From Initials:

Code Id
Remark Numbers

RECOVERY NOTES

Anesthetists: [redacted]

LA Assisted ☐ Sternal Standing	Extubation Time	Post op Temp.	Recovery Notes & Analgesic Recommendations
	1530	97.2	Smooth & uneventful

UW VETERINARY CARE

Patient Name (First & Last)	Med Rec #			Procedure(s)			
ZYC2				Intercostal block + Infraorbital flap			
Species/Breed	**Age**	**Wt/Kg**	**Temp**	**Pulse**	**Resp**	**PCV**	**TP** / **BUN**
K-9 Beagle	~8-12mo	7kg	—			—	
Date 3/6/2023	**Case Clinician** [redacted]	**ASA Status**		**ER**	**System Type:** Vent ☒		**ETT SIZE:** 7.0mm
(M) T W R F S SN		(I) II III IV V		Y (N)	Circle ☒ Non-Reb ☐		

PREMEDS	DOSE	ROUTE	TIME
Dexmedetomidine	0.025 mg	IM	1:45 pm
Hydromorphone	1 mg	IM	1:45 pm
	mg		am/pm

PREMED RESPONSE: adequate for IVC

HISTORY:

MONITORS: PULSE OX ☒ ECG ☐ ETCO2 ☒ IBP NIBP ☐ DOPPLER ☐ OSCILLOMETRIC Cuff Size ____ Location ____

FLUID PUMP ☐

VENOUS CATHETER(S): ☐ STERILE ☒ TEMPORARY ☐ EXISTING ☒ NEW

LOCATION: L cephalic GA. 20g

☐ LOCATION

CPR/DNR

2:00 pm

TIME am/(pm) 00 15 30 45 3 00 15 30 45 4 00 15 30 45

FLUIDS

INDUCTION MEDS

Propofol 30mg

Pentobarbital

New Methylene blue

TEMPERATURE

exp gas %

O2 L/Min. • 4 3

ISOFLURANE △ 2 1.5

SEVOFLURANE ○ 1 0.5 0

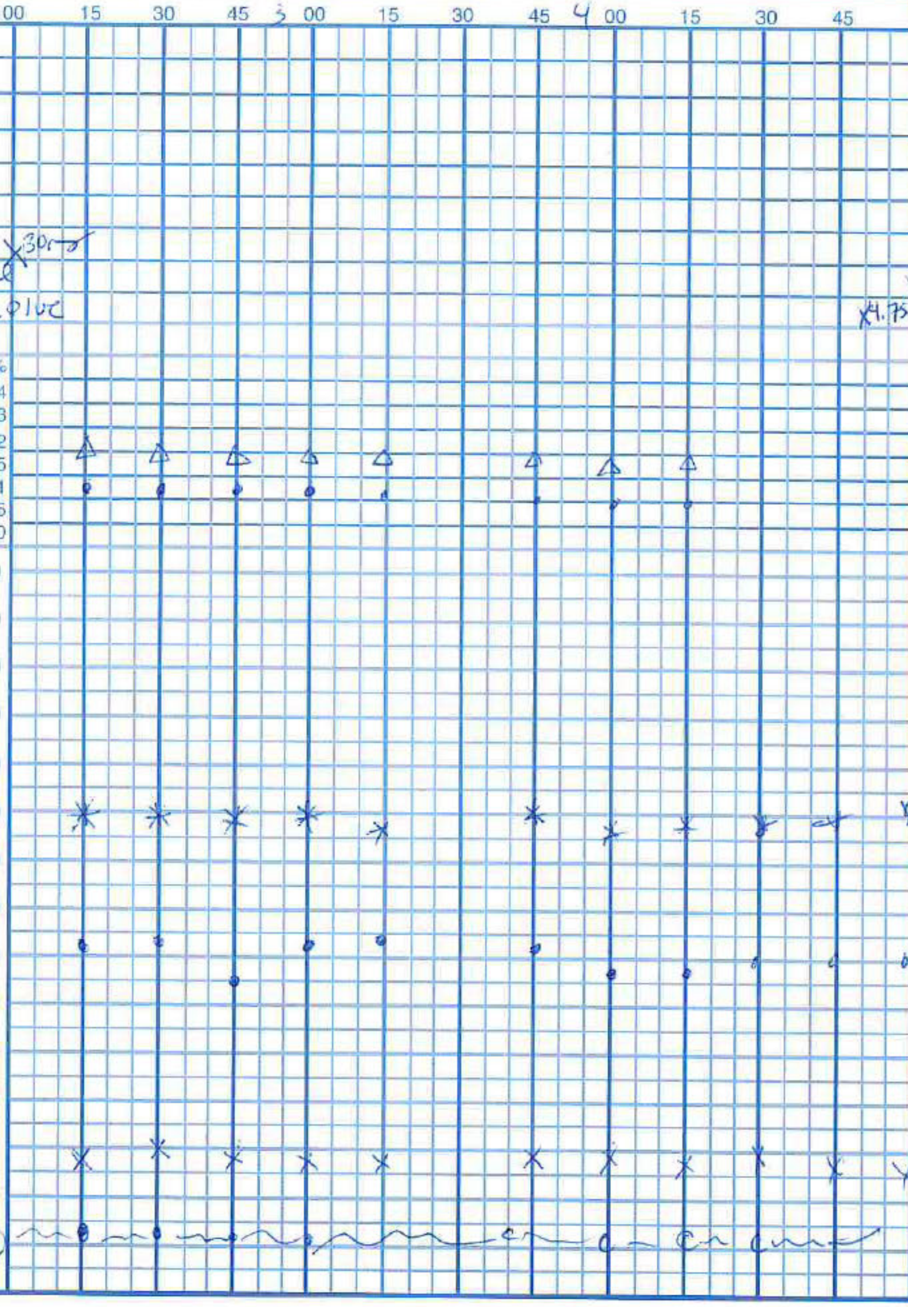
SYMBOLS
V Systolic
+ Mean
Λ Diastolic
• Pulse
× CO_2
O Respirations
A Assisted
C Controlled
★ SpO_2
Δ Doppler

CODES
S Surgery
Ⓢ End Surgery
T Tourniquet
Ⓣ Tourniquet Off

SPECIAL PROCEDURES
Epidural ☐
Nerve Block ☐
Site ____

time tgh=

post-op pain score



TOTALS	COMMENTS
30mg	
X2mL (750mg)	Side #1 (R)
X4.75 4.75mL	Thin dissection

Start dissection: 2:15 pm
Finish 3:00 pm

SpO_2	Flap	Tongue	Time
	98%	98%	3:07
	97%	99%	3:15
	97%	100%	4:30
	97%	97%	4:52

SIDE #2 (L)
Start dissection 3:30
End dissection 4:05

SpO_2	FLAP	TONGUE	TIME
	94		4:08
	96	98	4:10
	92		4:25
	98	97	4:26
	99%		4:50

Controlled Substance Transfer:
Drug:
Amount:
To Initials:
From Initials:

Drug:
Amount:
To Initials:
From Initials:

Codes and Remark Numbers

RECOVERY NOTES

Anesthetists: [redacted]

LA Assisted ☐	Extubation Time	Post op Temp.	Recovery Notes & Analgesic Recommendations
Sternal ____ Standing ____	Ø	euthanized	

Research Animal Resources and Compliance
Physical Examination Form

Date 1/17/2023 **Animal** ZYC-2 **Protocol#** 10000612 **Species** Canine

D.O.B 2-16-22 **Sex:** M (F) M/C F/S **BCS: 1-5** 3 **WT:** 6.4 **kg/lb**

Exam Findings:	**Normal**	**ABN**	**N/A**	**Comments:**
1. General Appearance	X	☐	☐	
2. Eyes	X	☐	☐	
3. Ears	X	☐	☐	
4. Oral Cavity	X	☐	☐	
5. Gingivitis:	0 /4		☐	
6. Tarter	0 /3		☐	
7. Coat/Skin	X	☐	☐	
8. Cardiovascular	☐	☐	☐	HR - 85
9. Respiratory	X	☐	☐	
10. Lymphatic	X	☐	☐	
11. Abdomen/GI	X	☐	☐	
12. Urogenital	X	☐	☐	
13. CNS	X	☐	☐	
14. Limbs	X	☐	☐	
15. Nails	X	☐	☐	

Assessment: appears healthy

Plan: ☒ Standard Housing ☒ Ok for use on approved protocol following acclimation period ☐ OK for continued use on study

Follow up needed? ☒ No ☐ Yes _____ **Veterinarians Initials** [redacted]

Treatment Form for USDA covered species

Species:	Animal ID:	PI:	Protocol #:	Veterinarian:
Canine	Z4 ~~DC2~~	Sage	Yule12	[redacted]

Drug: Clavamox ~~Liquid~~ tablet 125mg

Route & Frequency: 1 tab ~~2 mL~~ PO BID x 14d.

Amount given/applied per treatment:

If any discomfort or general health concerns detected, please contact the Clinical veterinarian for examination and re-evaluation.

Date Given	Time Given	Initials
~~2/2/23~~	9:55 am	[redacted]
2/2/23	4:04 pm	
2/3/23	730 am	
2/3/23	4:45 pm	
2/4/23	9:02 am	
2/4/23	7:52 pm	
2/5/23	9:80 am	
2/5/23	7:40 pm	
2/6/23	730 am	
2/6/23	525 pm	
2/7/23	900am	
2/7/23	5:00 pm	
2/8/23	7:45a	
2/8/23	4:55p	
2/9/23	745am	
2/9/23	415 pm	
2/10/23	730a	
2/10/23	4:10 pm	

Start tablets 2/2 PM

LAB Please Report

~~stop after~~ PM dose on 2/10/23 RP 2/10/23 11:50 am

★ Sheet 1 of 2 ★

★ Update Sheet when tablets start ★

Treatment Form for USDA covered species

Species:	Animal ID:	PI:	Protocol #:	Veterinarian:
Canine	Zy[redacted]2	[redacted]	V16612	[redacted]
Drug:	Carprofen 25mg			
Route & Frequency:	Give IM PO SID			
Amount given/applied per treatment:				

If any discomfort or general health concerns detected, please contact the Clinical veterinarian for examination and re-evaluation.

* Start 2/2 PM *

Date Given	Time Given	Initials
2/2/23	4:04pm	[redacted]
2/3/23	4:45pm	
2/4/23	7:52 pm	
2/5/23	7:40 pm	
2/6/23	5:25 pm	
2/7/23	Discontinued	

Lab please report

* Sheet 2 of 2 *

Treatment Form for USDA covered species

Species:	Animal ID:	PI:	Protocol #:	Veterinarian:
Canine	ZYC2 Femal	[redacted]	V006664	[redacted]

Drug: Albon 250 mg tab

Route & Frequency: Oral, once daily

Amount given/applied per treatment: 250 mg day 1. Then, 125 mg day 2-5

If any discomfort or general health concerns detected, please contact the Clinical veterinarian for examination and re-evaluation.

Date Given	Time Given	Initials	
2-17-23	5 pm (big dose)	[redacted]	
2-18-23	3:30p		
2-19-23	1pm		
2/20/23	12p		
2/21/23	9a		last dose

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

RECORD OF DISPOSITION OF DOGS AND CATS

[X] SALE [ ] EXCHANGE OR TRANSFER [ ] DONATION

FORM APPROVED OMG NO. 0579-0036
DATE OF DISPOSITION

01/17/2023

2. PAGE

1 OF 1

INSTRUCTIONS: COMPLETE APPLICABLE ITEMS 1 THROUGH 8. ORIGINAL AND USDA COPY TO BE RETAINED BY SELLER
BUYER'S COPY TO ACCOMPANY SHIPMENT. IT MUST BE RETAINED BY BUYER

3. SELLER OR DONOR *(NAME & ADDRESS)*

RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

4. BUYER OR RECEIVER *(NAME & ADDRESS)*

UNIVERSITY OF WI - VETERINARY SCHOOL
2015 LINDEN DRIVE
MADISON, WI 53706

3A. DEALER'S LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (SELLER)

35-A-0009

4A. USDA LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (IF ANY)

5. IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (SEE REVERSE FOR BREED ABBREVIATIONS FOR DOGS AND CATS) * IF MIXED BREED, LIST 2 DOMINANT BREEDS

COMPLETE ITEMS A THRU G FOR EACH ANIMAL

IDENTIFICATION NUMBER	DOG "X" M OR F	CAT "X" M OR F	AGE OR DATE OF BIRTH	WEIGHT	BREED OR TYPE	DESCRIPTION OF ANIMAL (COLOR, DISTINCTIVE MARKS, HAIR, TAIL, TATTOOS, ETC.)
AJC-2	M X F	M F	2/16/22	8.40	BEAGLE	TRICOLOR
DZC-2	M X F	M F	2/28/22	7.70	BEAGLE	TRICOLOR
ZYC-2	M X F	M F	2/16/22	7.00	BEAGLE	TRICOLOR
BJD-2	M X F	M F	2/25/22	11.70	BEAGLE	TRICOLOR
BXD-2	M X F	M F	2/15/22	11.80	BEAGLE	TRICOLOR
ZUD-2	M X F	M F	2/16/22	10.00	BEAGLE	TRICOLOR
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				

6. DELIVERY BY (CHECK ONE AND COMPLETE APPLICABLE ITEM 7 AND 8)

[ ] COMMERCIAL SHIPPER [ ] BUYER'S VEHICLE [X] SELLER'S VEHICLE

7. NAME AND ADDRESS OF COMPANY OR FIRM (INCLUDE ZIP CODE)

RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

8. NAME AND BUSINESS ADDRESS OF TRUCK DRIVER (INCLUDE ZIP CODE)

RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

9. RECEIVED BY	10. SIGNATURE	11. TITLE	12. DATE

AH- (rev 12/2014)

Page 1 of 1

35 245749

WISCONSIN INTERSTATE SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

Ch. ATCP 10, Wis. Admin. Code; Ch. 95, Wis. Stats.

THIS FORM IS *NOT* FOR INTERNATIONAL MOVEMENT

SUBMIT ORIGINAL WITHIN 7 DAYS AFTER ISSUE TO:
Department of Agriculture, Trade and Consumer Protection
Division of Animal Health
P.O. Box 8911, Madison, WI 53708-8911
Phone: 608-224-4872 Fax: 608-224-4871

TYPE OF ANIMAL SHIPPED
☒ Dog ☐ Cat ☐ Non-human Primate
☐ Other: _____

PERMIT NUMBER (If applicable)

SHIPMENT
☐ Returning to WI ☒ Not returning to WI
Number of Animals in Shipment: 6
Shipping date: 1/17/2023

Owner or Consignor	RIDGLAN FARMS, INC.
Origin Street Address	10489 W. BLUE MOUNDS ROAD
Origin City / State / Zip	BLUE MOUNDS, WI 53517
Owner Mailing Address / City / State / Zip (if different than above)	P.O. Box 318 Mt. HOREB, WI 53572
Phone Number ( )	608-437-8670

Consignee or Destination	UNIVERSITY OF WI - VETERINARY SCHOOL
Destination Street Address	2015 LINDEN DRIVE
Destination City / State / Zip	MADISON, WI 53706
Destination Mailing Address / City / State / Zip (if different than above)	
Phone Number ( )	

☐ Animals are traveling with owner on vacation

	Breed	Individual Identification (Name, Description of Markings, Microchip, etc.)	Sex	Age	Rabies Vaccination Date	Rabies Vaccination Exp. Date	Product & Vaccine Producer	Serial Number	Rabies Tag Number	Other Vaccinations	Date Vaccinated	Product & Vaccine Producer
1	BE	AJC-2	F	Adult	01/11/23	01/11/24	Nobivac 1-Rabies	570380	N/A	Canine 1-DAPPv	07/13/22	Nobivac
2	BE	DZC-2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
3	BE	ZYC-2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
4	BE	BJD-2	M	↓	↓	↓	↓	↓	↓	↓	↓	↓
5	BE	BXD-2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
6	BE	ZUD-2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
7												

VETERINARIAN: I certify as a veterinarian, accredited and certified by the State of Wisconsin, that the described animal(s) have been inspected by me and that they are not showing any signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are as indicated on this certificate. To the best of my knowledge, the animal(s) listed on this certificate meet the state of destination and Federal interstate requirements. No warranty is made or implied.

OWNER / AGENT STATEMENT: I certify the animal(s) in this shipment are as listed on this certificate.	ACCRED. / LIC VETERINARIAN SIGNATURE	VETERINARIAN LIC. NO.	ADDRESS		DATE INSPECTED
OWNER / AGENT SIGNATURE	VETERINARIAN'S PRINTED NAME	NAT. ACCRED. NO. (NAN)	PHONE NUMBER	EMAIL ADDRESS	DATE CVI ISSUED
	RICHARD J. VAN DOMELEN, D.V.M	033491	(608-437-8670	ridglan@mhtc.net	01/17/2023

	4502	P.O. BOX 318 MT. HOREB, WI 53572

Personal information you provide may be used for purposes other than that for which it was originally collected – sec. 15.04(1)(m), Wis. Stats. Equal Opportunity Employer

FORM DISTRIBUTION: WHITE (WI State Veterinarian), CANARY (State Veterinarian of destination), PINK (accompany shipment), GOLDENROD (retained by issuing veterinarian)

RIDGLAN FARMS, INCORPORATED

P.O. BOX 318 • MOUNT HOREB, WISCONSIN 53572 • (608)-437-8670

Tattoo	**ZYC-2**
Whelped	**02/16/2022**
Sire	**TUF**
Dam	**EPG9**
Sex	**FEMALE**
Litter	**MALES - 2 FEMALES - 3**
Color	**TRICOLOR**

ANIMAL PROFILE:

Weight **7.00** Kilograms As Of **01/11/2023**
Fecal Results **NEGATIVE** As Of **01/11/2023**

VACCINATIONS

DATE	CPI	DA2	CPV	BOR	R	C.PAP
03/31/2022			X			
04/11/2022			X			
04/12/2022				X		
04/20/2022						X
04/25/2022			X			
05/17/2022	X	X	X			X
07/13/2022	X	X	X			
01/11/2023					X	

DATE	EVENT
04/08/2022	Toltrazuril 20 mg per kilogram of body weight

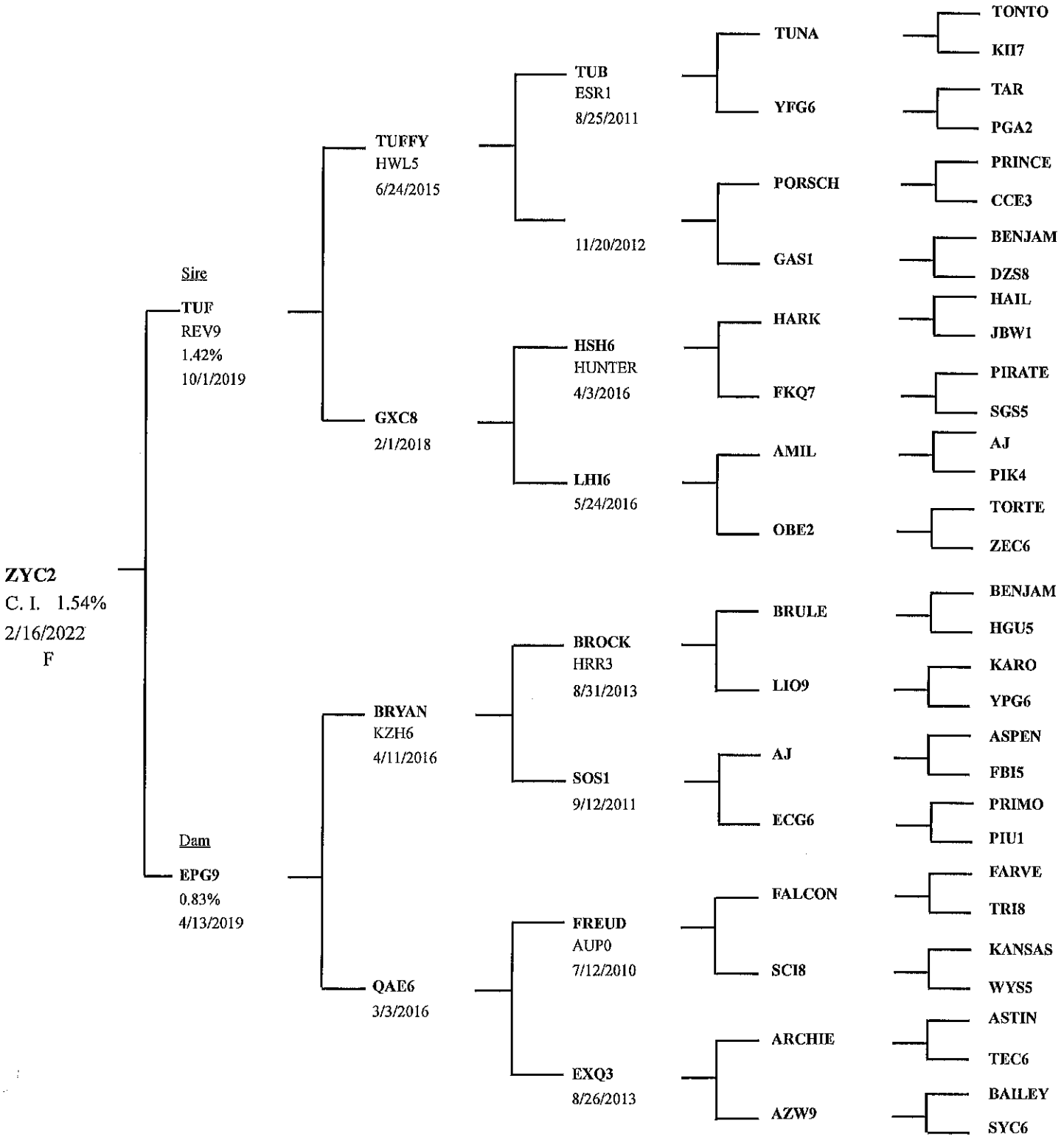
ADDITIONAL COMMENTS

PI Canine Parainfluenza
DA2 Distemper, Adenovirus Type 2 Parainfluenza
CPV Canine Parvo vaccine
BOR Bordetella, AdenovirusType 2, Parainfluenza
R Rabies
C.PAP Canine Papilloma

RIDGLAN FARMS, INCORPORATED

P.O. BOX 318 • MOUNT HOREB, WISCONSIN 53572 • (608)-437-8670

Pedigree Report



ORDERING USE ONLY
P070223

PROCUREMENT FORM

Animal Resource Center
UW-School of Veterinary Medicine

ORDERING USE ONLY
☒ EMAILED: 6/14 AP
☒ COPY GIVEN: 6/14/AP
☐ CONFIRMATION SENT: _____
☐ VET NOTIFIED: _____

I: [redacted] Phone #: [redacted] Protocol #: V672

Contact Person: [redacted] Phone #: [redacted]

COPY

Animal Care Funding: 233-875100-AAL7347-4 Purchase Funding: 233-875100-AAL7347-4

Date Needed: 7/20/2023 Housed: [redacted] Activity Type: Research ☒ Teaching ☐

Housing: ☒Single-Housed ☐Group-Housed-# Per Cage. Special Handling/Feed/Water/Housing Requirements none

Quantity	Vendor	Species	Strain	Sex	Age/Weight	ROOM	Housed	Isolation	To Lab
3	OTHER	Canine	Beagles	M ☒ F ☒	7-8 months	[redacted]	☒	☐	☐
Text Here	Text Here	Text Here	Text Here	M ☐ F ☐	Text Here	Text Here	☐	☐	☐
Text Here	Text Here	Text Here	Text Here	M ☐ F ☐	Text Here	Text Here	☐	☐	☐
Text Here	Text Here	Text Here	Text Here	M ☐ F ☐	Text Here	Text Here	☐	☐	☐

Will a hazard agent be administered while animals are housed in ARC facilities?
☒NO
☐YES
☐Biological
Specify agent: Text Here
☐Chemical
Specify agent: Text Here
☐Other
Specify agent: Text Here

Additional Instructions: Can be either males or females.
Anticipated experimental start date 07/24/23

REQUIRED Use Information (MUST Complete)

Category B (Animals to be held or used for breeding) ☐

Category C (Animals to be used not involving pain & distress ☐

Category D (Animals to be used with appropriate anesthetic, analgesic or tranquilizer administered to avoid pain & distress) ☒

Category E (Animals to be used involving pain & distress without administering anesthetics, analgesic or tranquilizer) ☐

ORDERING USE ONLY
Projected Arrival Date: 07/26/2023
PO #: [redacted]
Ordered By: Andy
Date Ordered: 6/13/2023
Contact: Pam
Confirmation #:_____

Date Animals Received: 7/26/23

BILLING USE ONLY
Invoice #:_____
Date Charged: _____

TOTAL CHARGED: _____

AH-II[illegible] (rev 12/2014)

Page 1 of 1

35 245599

WISCONSIN INTERSTATE SMALL ANIMAL CERTIFICATE OF VETERINARY INSPECTION

Ch. ATCP 10, Wis. Admin. Code; Ch. 95, Wis. Stats.

THIS FORM IS *NOT* FOR INTERNATIONAL MOVEMENT

SUBMIT ORIGINAL WITHIN 7 DAYS AFTER ISSUE TO:
Department of Agriculture, Trade and Consumer Protection
Division of Animal Health
P.O. Box 8911, Madison, WI 53708-8911
Phone: 608-224-4872 Fax: 608-224-4871

TYPE OF ANIMAL SHIPPED
☒ Dog ☐ Cat ☐ Non-human Primate
☐ Other: _____

PERMIT NUMBER (If applicable)

SHIPMENT
☐ Returning to WI
☒ Not returning to WI
Number of Animals in Shipment: 3
Shipping date: 7/26/2023

Owner or Consignor: RIDGLAN FARMS, INC.	Consignee or Destination: UNIVERSITY OF WISCONSIN -MADISON
Origin Street Address: 10489 W. BLUE MOUNDS ROAD	Destination Street Address: 5801 MINERAL POINT RD.
Origin City / State / Zip: BLUE MOUNDS, WI 53517	Destination City / State / Zip: MADISON, WI 53505
Owner Mailing Address / City / State / Zip (if different than above): P.O. Box 318 Mt. HOREB, WI 53572	Destination Mailing Address / City / State / Zip (if different than above):
Phone Number ( ) 608-437-8670	Phone Number ( ) ☐ Animals are traveling with owner on vacation

	Breed	Individual Identification (Name, Description of Markings, Microchip, etc.)	Sex	Age	Rabies Vaccination Date	Rabies Vaccination Exp. Date	Product & Vaccine Producer	Serial Number	Rabies Tag Number	Other Vaccinations	Date Vaccinated	Product & Vaccine Producer
1	BE	DXZ-2	M	7 Mos	06/28/23	06/28/24	Nobivac 1-Rabies	588352	N/A	Canine 1-DAPPv	04/05/23	Nobivac
2	BE	FCZ-2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
3	BE	GPZ-2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
4												
5												
6												
7												

VETERINARIAN: I certify as a veterinarian, accredited and certified by the State of Wisconsin, that the described animal(s) have been inspected by me and that they are not showing any signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are as indicated on this certificate. To the best of my knowledge, the animal(s) listed on this certificate meet the state of destination and Federal interstate requirements. No warranty is made or implied.

OWNER / AGENT STATEMENT: I certify the animal(s) in this shipment are as listed on this certificate.	ACCRED / LIC VETERINARIAN SIGNATURE	VETERINARIAN LIC. NO.	ADDRESS		DATE INSPECTED
	Richard J. Van Domelen DVM	4502	P.O. BOX 318 MT. HOREB, WI 53572		7/26/2023
OWNER / AGENT SIGNATURE	**VETERINARIAN'S PRINTED NAME**	**NAT. ACCRED. NO. (NAN)**	**PHONE NUMBER**	**EMAIL ADDRESS**	**DATE CVI ISSUED**
Rhonda J. Bucker	RICHARD J. VAN DOMELEN, D.V.M	033491	(608-) -437-8670	ridglan@mhtc.net	7/26/2023

Personal information you provide may be used for purposes other than that for which it was originally collected – sec. 15.04(1)(m), Wis. Stats. Equal Opportunity Employer

FORM DISTRIBUTION: WHITE (WI State Veterinarian), CANARY (State Veterinarian of destination), PINK (accompany shipment), GOLDENROD (retained by issuing veterinarian)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

RECORD OF DISPOSITION OF DOGS AND CATS

[X] SALE [ ] EXCHANGE OR TRANSFER [ ] DONATION

FORM APPROVED OMG NO. 0579-0036
DATE OF DISPOSITION

07/26/2023

2. PAGE

1 OF 1

INSTRUCTIONS: COMPLETE APPLICABLE ITEMS 1 THROUGH 8. ORIGINAL AND USDA COPY TO BE RETAINED BY SELLER
BUYER'S COPY TO ACCOMPANY SHIPMENT. IT MUST BE RETAINED BY BUYER

3. SELLER OR DONOR *(NAME & ADDRESS)*

RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

4. BUYER OR RECEIVER *(NAME & ADDRESS)*

UNIVERSITY OF WISCONSIN -MADISON
5801 MINERAL POINT RD.
MADISON, WI 53505

3A. DEALER'S LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (SELLER)

35-A-0009

4A. USDA LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (IF ANY)

5. IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (SEE REVERSE FOR BREED ABBREVIATIONS FOR DOGS AND CATS) * IF MIXED BREED, LIST 2 DOMINANT BREEDS

COMPLETE ITEMS A THRU G FOR EACH ANIMAL

IDENTIFICATION NUMBER	DOG "X" M OR F	CAT "X" M OR F	AGE OR DATE OF BIRTH	WEIGHT	BREED OR TYPE	DESCRIPTION OF ANIMAL (COLOR, DISTINCTIVE MARKS, HAIR, TAIL, TATTOOS, ETC.)
DXZ-2	M X F	M F	12/1/22	9.00	BEAGLE	TRICOLOR
FCZ-2	M X F	M F	12/2/22	7.90	BEAGLE	BLOND
GPZ-2	M X F	M F	12/2/22	8.00	BEAGLE	TRICOLOR
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				

6. DELIVERY BY (CHECK ONE AND COMPLETE APPLICABLE ITEM 7 AND 8)

[ ] COMMERCIAL SHIPPER [ ] BUYER'S VEHICLE [X] SELLER'S VEHICLE

7. NAME AND ADDRESS OF COMPANY OR FIRM (INCLUDE ZIP CODE)

RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

8. NAME AND BUSINESS ADDRESS OF TRUCK DRIVER (INCLUDE ZIP CODE)

RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

9. RECEIVED BY	10. SIGNATURE	11. TITLE	12. DATE

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

RECORD OF DISPOSITION OF DOGS AND CATS

[X] SALE [ ] EXCHANGE OR TRANSFER [ ] DONATION

FORM APPROVED OMG NO. 0579-0036
DATE OF DISPOSITION

07/26/2023

2. PAGE

1 OF 1

INSTRUCTIONS: COMPLETE APPLICABLE ITEMS 1 THROUGH 8. ORIGINAL AND USDA COPY TO BE RETAINED BY SELLER
BUYER'S COPY TO ACCOMPANY SHIPMENT. IT MUST BE RETAINED BY BUYER

3. SELLER OR DONOR *(NAME & ADDRESS)*

RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

4. BUYER OR RECEIVER *(NAME & ADDRESS)*

UNIVERSITY OF WISCONSIN -MADISON
5801 MINERAL POINT RD.
MADISON, WI 53505

3A. DEALER'S LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (SELLER)

35-A-0009

4A. USDA LICENSE NO. OR RESEARCH FACILITY REGISTRATION NO. (IF ANY)

5. IDENTIFICATION OF EACH ANIMAL BEING DELIVERED (SEE REVERSE FOR BREED ABBREVIATIONS FOR DOGS AND CATS) * IF MIXED BREED, LIST 2 DOMINANT BREEDS

COMPLETE ITEMS A THRU G FOR EACH ANIMAL

IDENTIFICATION NUMBER	DOG "X" M OR F	CAT "X" M OR F	AGE OR DATE OF BIRTH	WEIGHT	BREED OR TYPE	DESCRIPTION OF ANIMAL (COLOR, DISTINCTIVE MARKS, HAIR, TAIL, TATTOOS, ETC.)
DXZ-2	M X F	M F	12/1/22	9.00	BEAGLE	TRICOLOR
FCZ-2	M X F	M F	12/2/22	7.90	BEAGLE	BLOND
GPZ-2	M X F	M F	12/2/22	8.00	BEAGLE	TRICOLOR
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				
	M F	M F				

6. DELIVERY BY (CHECK ONE AND COMPLETE APPLICABLE ITEM 7 AND 8)

[ ] COMMERCIAL SHIPPER [ ] BUYER'S VEHICLE [X] SELLER'S VEHICLE

7. NAME AND ADDRESS OF COMPANY OR FIRM (INCLUDE ZIP CODE)

RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

8. NAME AND BUSINESS ADDRESS OF TRUCK DRIVER (INCLUDE ZIP CODE)

RIDGLAN FARMS, INC.
P.O. BOX 318
MT. HOREB, WI 53572

9. RECEIVED BY	10. SIGNATURE	11. TITLE	12. DATE

RIDGLAN FARMS, INCORPORATED

P.O. BOX 318 • MOUNT HOREB, WISCONSIN 53572 • (608)-437-8670

Tattoo	**DXZ-2**
Whelped	**12/01/2022**
Sire	**PERKY**
Dam	**DAE5**
Sex	**MALE**
Litter	**MALES - 3 FEMALES - 3**
Color	**TRICOLOR**

ANIMAL PROFILE:

Weight **9.00** Kilograms As Of **06/28/2023**
Fecal Results **NEGATIVE** As Of **06/28/2023**

VACCINATIONS

DATE	CPI	DA2	CPV	BOR	R	C.PAP
01/09/2023			X			
01/23/2023			X			
01/25/2023				X		
01/31/2023						X
02/06/2023			X			
02/22/2023						X
03/01/2023	X	X	X			
04/05/2023	X	X	X			
06/28/2023					X	

DATE	EVENT
01/10/2023	Toltrazuril 20 mg per kilogram of body weight

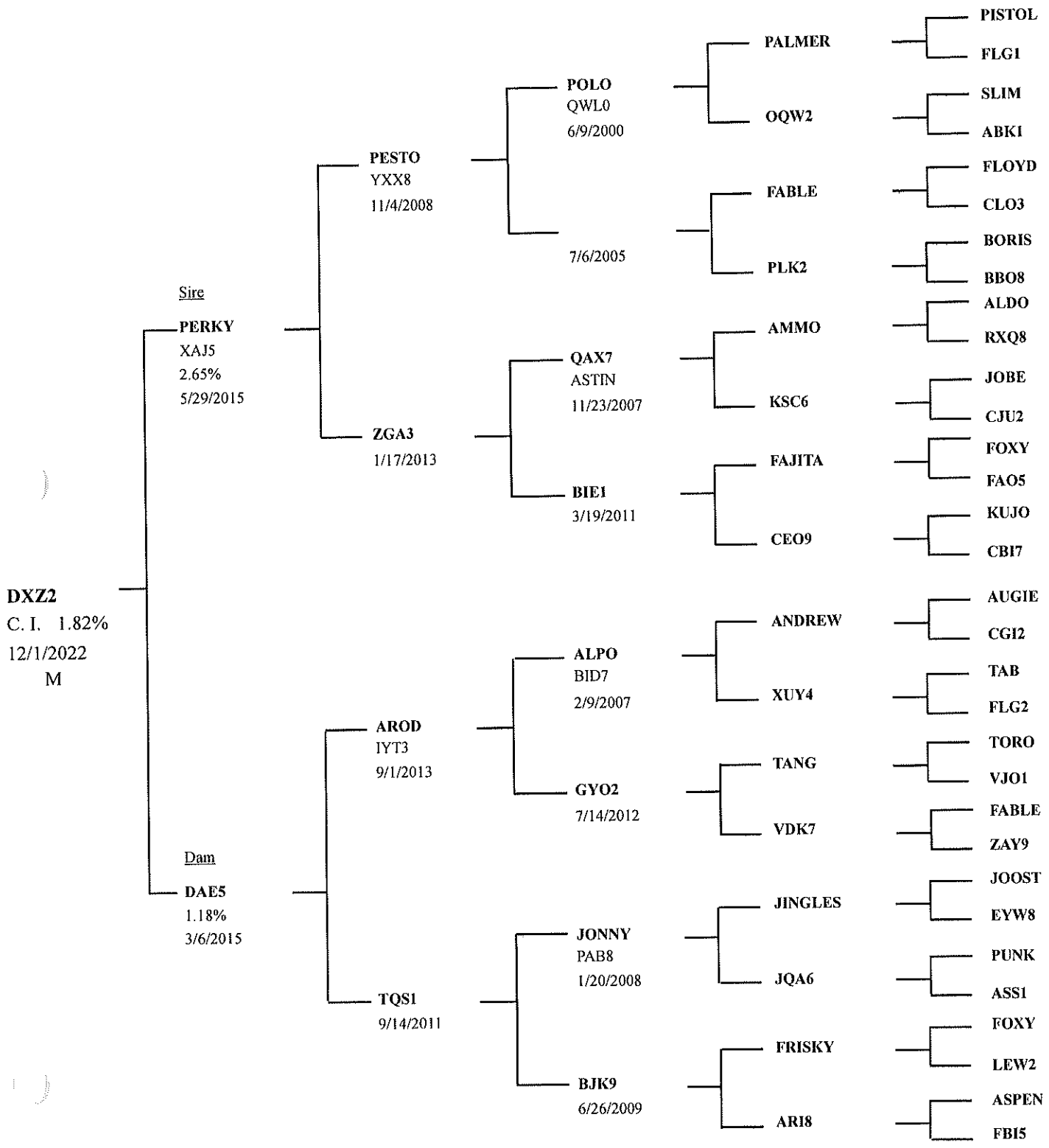
ADDITIONAL COMMENTS

CPI Canine Parainfluenza
DA2 Distemper, Adenovirus Type 2 Parainfluenza
CPV Canine Parvo vaccine
BOR Bordetella, AdenovirusType 2, Parainfluenza
R Rabies
C.PAP Canine Papilloma

RIDGLAN FARMS, INCORPORATED

P.O. BOX 318 • MOUNT HOREB, WISCONSIN 53572 • (608)-437-8670

Pedigree Report



RIDGLAN FARMS, INCORPORATED

P.O. BOX 318 • MOUNT HOREB, WISCONSIN 53572 • (608)-437-8670

Tattoo	**FCZ-2**
Whelped	**12/02/2022**
Sire	**TANNER**
Dam	**UBI1**
Sex	**MALE**
Litter	**MALES - 2 FEMALES - 0**
Color	**BLOND**

ANIMAL PROFILE:

Weight **7.90** Kilograms As Of **06/28/2023**
Fecal Results **NEGATIVE** As Of **06/28/2023**

VACCINATIONS

DATE	CPI	DA2	CPV	BOR	R	C.PAP
01/09/2023			X			
01/23/2023			X			
01/25/2023				X		
01/31/2023						X
02/06/2023			X			
02/22/2023						X
03/01/2023	X	X	X			
04/05/2023	X	X	X			
06/28/2023					X	

DATE	EVENT
01/10/2023	Toltrazuril 20 mg per kilogram of body weight

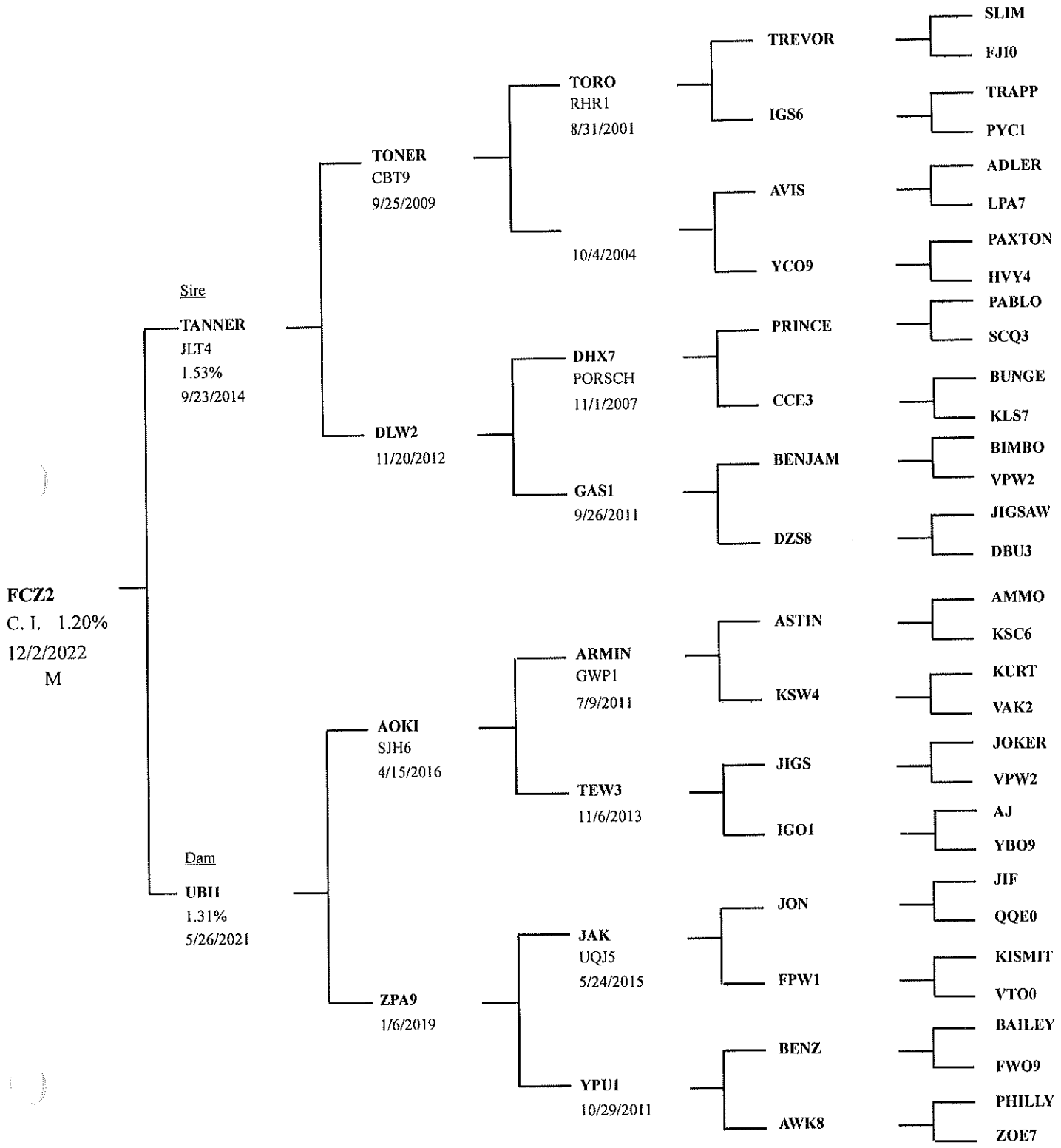
ADDITIONAL COMMENTS

CPI Canine Parainfluenza
DA2 Distemper, Adenovirus Type 2 Parainfluenza
CPV Canine Parvo vaccine
BOR Bordetella, AdenovirusType 2, Parainfluenza
R Rabies
C.PAP Canine Papilloma

RIDGLAN FARMS, INCORPORATED

P.O. BOX 318 • MOUNT HOREB, WISCONSIN 53572 • (608)-437-8670

Pedigree Report



RIDGLAN FARMS, INCORPORATED

P.O. BOX 318 • MOUNT HOREB, WISCONSIN 53572 • (608)-437-8670

Tattoo	**GPZ-2**
Whelped	**12/02/2022**
Sire	**FIB**
Dam	**OKI0**
Sex	**MALE**
Litter	**MALES - 1 FEMALES - 4**
Color	**TRICOLOR**

ANIMAL PROFILE:

Weight **8.00** Kilograms As Of **06/28/2023**
Fecal Results **NEGATIVE** As Of **06/28/2023**

VACCINATIONS

DATE	CPI	DA2	CPV	BOR	R	C.PAP
01/09/2023			X			
01/23/2023			X			
01/25/2023				X		
01/31/2023						X
02/06/2023			X			
02/22/2023						X
03/01/2023	X	X	X			
04/05/2023	X	X	X			
06/28/2023					X	

DATE	EVENT
01/10/2023	Toltrazuril 20 mg per kilogram of body weight

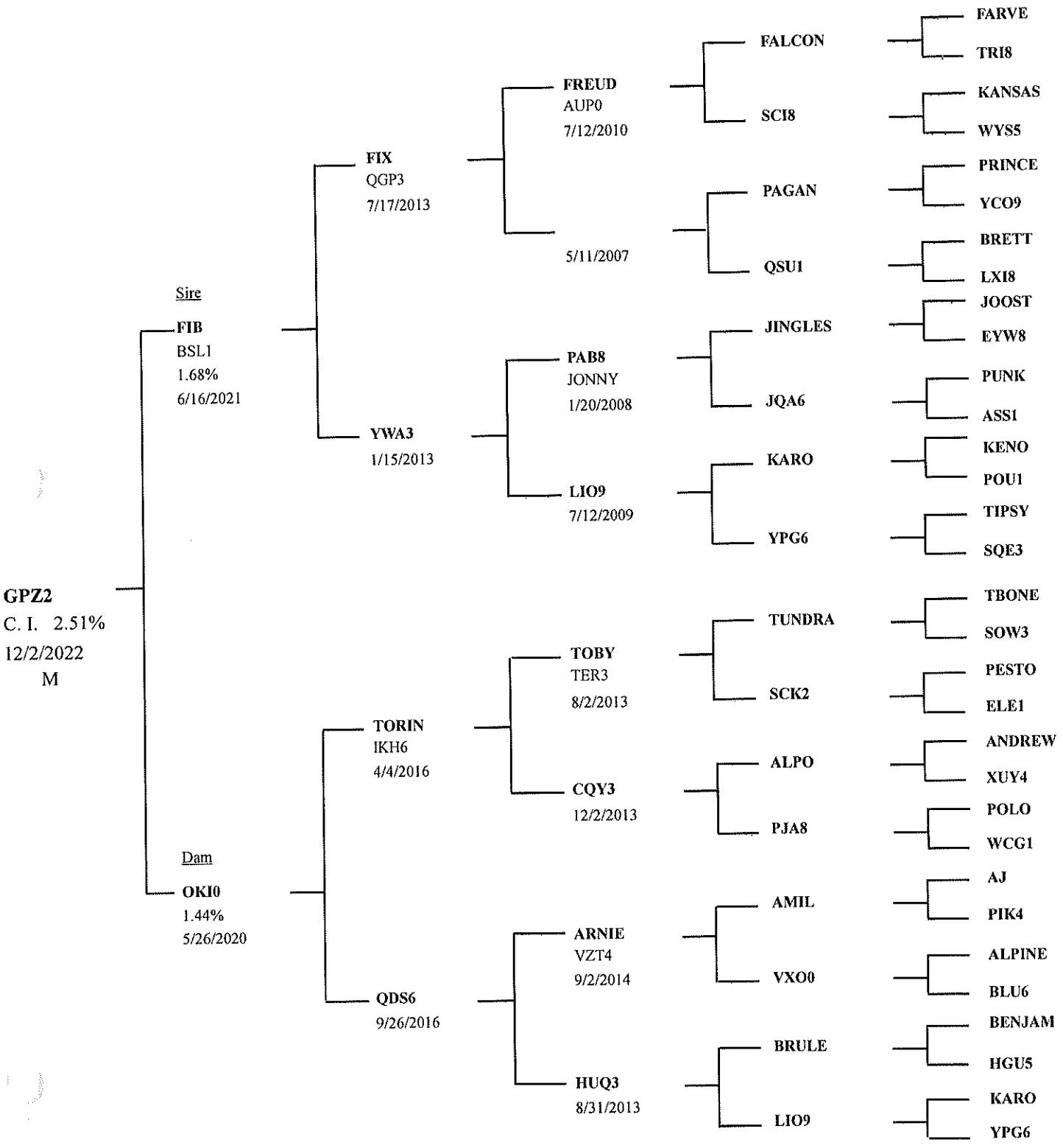
ADDITIONAL COMMENTS

C	Canine Parainfluenza
DA2	Distemper, Adenovirus Type 2 Parainfluenza
CPV	Canine Parvo vaccine
BOR	Bordetella, AdenovirusType 2, Parainfluenza
R	Rabies
C.PAP	Canine Papilloma

RIDGLAN FARMS, INCORPORATED

P.O. BOX 318 • MOUNT HOREB, WISCONSIN 53572 • (608)-437-8670

Pedigree Report



RIDGLAN FARMS, INC.

Invoice

Ridglan Farms, Inc.
P.O. Box 318
Mt. Horeb, WI 53572

E-mail
ridglan@mhtc.net

Date	Invoice #
8/2/2023	17128

Bill To
University of Wisconsin-Madison Accounts Payable 21 N. Park Suite 5301 Madison, WI 53715-1218

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
[redacted]	Net 30	PB	7/26/2023	Trucking		

Quantity	Item Code	Description	Price Each	Amount
3	01	M Beagle	1,000.00	3,000.00
	04	Trucking	100.00	100.00

Phone #
608-437-8670

Total $3,100.00

From: RARC SMPH Animal Transfers
To: [redacted]
Cc: [redacted] Sick Animal Reporting | Animal Health & Welfare; [redacted]
Subject: updated: Domestic dog-0011-0011-03/28/2022 Transfer from [redacted] Instructional PI: [redacted] (V006362) to [redacted] PI: [redacted] (V006080)
Date: Tuesday, March 29, 2022 12:39:35 PM
Attachments: Domestic dog-0011-0011-03282022_updated.RF.docx

Resending with corrected email address for [redacted]

From: RARC SMPH Animal Transfers
Sent: Tuesday, March 29, 2022 12:37 PM
To: ARM [redacted] ; [redacted]
Cc: [redacted] ; [redacted] wisc.edu ; [redacted] ; [redacted] ; [redacted] ; [redacted] ; Sick Animal Reporting | Animal Health & Welfare
Subject: Domestic dog-0011-0011-03/28/2022 Transfer from [redacted] Instructional PI: [redacted] (V006362) to SVM-[redacted] PI: [redacted] (V006080)

Hello [redacted] & ARM Transport,

I have an approved request to transfer (6) dogs (ID's attached) from PI: [redacted] (V6362) [redacted] dog housing to PI: [redacted] (V6080) [redacted] (Gen_Surgery/Opthalmology) for EMG procedure. Dogs will then will return to PI: [redacted] (V6362) "on the table" for terminal use same day.

Please transport (2) dogs # ISH-1 and # VIJ-1 on Friday April 1, 2022.

[redacted] please *reply-all* as soon as subsequent transport/transfer dates are known for the remaining 4 dogs.

[redacted] **Vet staff**- please update MR blue sheets with protocol assignment, once transfer date(s) known.

Should you need any further information, please do not hesitate to contact me.

Thank you,
[redacted] **(she/her/hers)**
[redacted]
Compliance Specialist I
University of Wisconsin-Madison, OVCRGE-RARC
[redacted] (office); [redacted] (cell)
Animal Transfers
Office Hours: M/W/F 8:30am-3:30pm; T/TH 10am-3pm

From: Animal Health and Welfare
Sent: Monday, March 28, 2022 6:02 PM
To: RARC SMPH Animal Transfers ; [redacted] ; [redacted] wisc.edu ; [redacted]
Subject: Domestic dog-0011-0011-03/28/2022 Transfer from [redacted] Instructional PI: [redacted] (V006362) to [redacted] Instructional PI: [redacted] (V006080)

[redacted] submitted a transfer request from [redacted] lab (V006362) to [redacted] lab

(V006080).
Animal Transfers Coordinator will process your request at their next availability, within 3 business days. If approved, at that time, transportation service will be contacted, if requested. Please contact facility staff to obtain purple transfer tags and place on cage(s) as soon as possible.
If you have an urgent request, please contact your RARC Facility Veterinarian.
If you have any questions regarding the animal or protocol transfers process, please contact the RARC Transfers Coordinator at transfers@ahw.wisc.edu.
If you have questions or issues using the online submission system, please contact IT at help@brms.wisc.edu

From: [redacted]
To:
Cc:
Subject: Re: Beagle ages
Date: Tuesday, March 1, 2022 8:06:57 AM

Thank you!

[redacted]
UW Veterinary Care

From: [redacted]
Sent: Tuesday, March 1, 2022 8:00:40 AM
To: [redacted]
Cc: [redacted]
Subject: RE: Beagle ages
FBL-1– DOB 6/24/21
ISH-1– DOB 4/2/21
TAH-1– DOB 4/14/21
VJJ-1 – DOB 5/26/21
[redacted]
School of Veterinary Medicine
Animal Resource Center
[redacted]

From: [redacted]
Sent: Monday, February 28, 2022 4:52 PM
To: [redacted]
Cc: [redacted]
Subject: Beagle ages
Hi [redacted]
Do you happen to have the beagles DOB on hand? Thanks!
[redacted]
UW Veterinary Care

From: [redacted]
To: [redacted]
Cc: [redacted]
Subject: Re: Dogs arrived at SVM
Date: Tuesday, January 17, 2023 4:06:43 PM

Hi [redacted] and [redacted],
[redacted] and I looked at the dogs this afternoon. They are pretty shy, but seem nice and started to warm up. There were two with abnormal (minor) findings.

One is a female, DZC-2, that had some small amounts of vulvar discharge (reddish), consistent with estrus. Another, AJC2 had a small granuloma between first and second digit of right rear toes. It wasn't swollen or moist, so I don't think it needs treatment at this time.

Before starting your research, just a reminder that we have a policy that a 72 hour acclimation period is needed to let them adjust. https://policy.wisc.edu/library/UW-4106 . You can get to know them in that time. Do you have any restrictions on dog treats? I can ask [redacted] to bring some, or if you have your own, just let me know the type, and will likely approve them for use. We also have Kongs that can be brought in to campus from [redacted]

Thank you! Please let me know if you have any questions.

[redacted]

[redacted]

Research Animal Resources and Compliance (RARC)

Office of the Vice Chancellor for Research and Graduate Education | University of Wisconsin-Madison

cell: [redacted]

[redacted]rarc.wisc.edu
pronouns: she/her/hers

On Jan 17, 2023, at 10:36 AM, [redacted] <[redacted]rarc.wisc.edu> wrote:

Hi [redacted]
[redacted] and [redacted] said the 6 dogs have arrived, and they are getting them settled in.

We have their medical records, and will do basic physical exams this afternoon at 3. [redacted] staff is bringing a dog sized scale over tomorrow.

For record keeping, there will be a binder outside the kennel room doors, and each animal has a record with a blue cover sheet. As a researcher, please let us know when you are starting and ending the project, and if you are ready to transfer the animals to [redacted]. Please write in the medical record, and/or have your own research records, but we will need copies of those at the end. At a minimum, write in the records for days that you will be sedating and doing procedures. The clinical record pages should be filled out with Date and Time, a brief description (do not feed placed on date, the procedure that was done, and the time they were placed back in the kennels, and your initials.)

If you have any need to change the protocol for drugs, doses, etc, please contact me as soon as possible, and we can do a VVC change. You should also be getting weekly emails asking if you have any procedures for the week. I believe there is an online system you can use to fill in that information or just reply. If you need an animal fasted, there are pink Do not feed signs that can be posted on the door, and [redacted] staff will need to be notified so they can either pull the food, or not feed in the morning.

Thank you!

[redacted]

[redacted]

Research Animal Resources and Compliance (RARC)

Office of the Vice Chancellor for Research and Graduate Education | University of Wisconsin-Madison

cell: [redacted]

[redacted]rarc.wisc.edu
pronouns: she/her/hers

From: [redacted]
To: [redacted]
Cc: [redacted]
Subject: Re: New dogs
Date: Thursday, July 27, 2023 7:53:02 AM

Oh good. I am upstairs and will check on them before I leave today and will give them some Nylabones :)
Am I allowed to see if they will eat milk bones too?
[redacted]

From: [redacted]
Sent: Thursday, July 27, 2023 7:49 AM
To: [redacted] ; [redacted]
Cc: [redacted] ; [redacted] ; [redacted]
Subject: Re: New dogs
Morning!
I just checked on the boys! They all seem to be acclimating well. They are SO sweet!

[redacted]

Get Outlook for iOS

From: [redacted]
Sent: Wednesday, July 26, 2023 10:22:30 AM
To: [redacted]
Cc: [redacted] ; [redacted] ; [redacted] ; [redacted]
Subject: Re: New dogs
Hi! Yes you can see if they like nylabones :)
You can post the pink /do not feed signs on Friday if you like. You may want to put them on both the door and the cage? Not sure what is best. No one is here after about 2-3 on Sunday, so unless you do it, the food will be pulled then.

Thank you,
[redacted]

[redacted]

Research Animal Resources and Compliance (RARC)
Office of the Vice Chancellor for Research and Graduate Education
University of Wisconsin, Madison

cell: [redacted]

[redacted]rarc.wisc.edu

she/her/hers

On Jul 26, 2023, at 10:08 AM, [redacted] wrote:

Thanks! I'll check them out. I have some nylabones - am I allowed to give those to them (even though they may not know what to do with them).
Also, I have "No Food" signs. Do I come in Sunday evening to put them up or can I put them on Friday saying "no food after 6pm Sunday"?
[redacted]

From: [redacted]
Sent: Wednesday, July 26, 2023 10:01 AM
To: [redacted] ; [redacted] ; [redacted] ; [redacted]
Subject: New dogs

Good morning! The 3 dogs arrived and are at Svm. 2435. All are very sweet.

FCZ-2 8.02 kg, mild debris both ears.

DXZ-2 9.2 kg, possible respiratory arrhythmia.

GPZ-2 8.3 kg, slower heart rate at first- 60 bpm, but increased to 90-100 when I picked him up.

Thank you,

[redacted]

Research Animal Resources and Compliance (RARC)
Office of the Vice Chancellor for Research and Graduate Education
University of Wisconsin, Madison

cell: [redacted]

[redacted]rarc.wisc.edu
she/her/hers

From: [redacted]
To: [redacted]
Cc: [redacted]
Subject: RE: Research dogs
Date: Wednesday, January 19, 2022 7:18:00 AM

[redacted]
We are sending JCH-1 and SRH-1 this morning.
[redacted]
School of Veterinary Medicine
Animal Resource Center
[redacted]

From: [redacted]
Sent: Tuesday, January 18, 2022 3:35 PM
To: [redacted]
Cc: [redacted]
Subject: RE: Research dogs
Here are all of their weights I received from the vendor. I don't have the ID's with me of the two I was going to send over tomorrow.
JCH-1: 12.3kg
KTH-1: 14KG
KXH-1: 12.8KG
LSH-1: 14KG
LWH-1: 12.80
SRH-1: 14KG
[redacted]
School of Veterinary Medicine
Animal Resource Center
[redacted]

From: [redacted] <[redacted]wisc.edu>
Sent: Tuesday, January 18, 2022 1:59 PM
To: [redacted] <[redacted]wisc.edu>; [redacted] <[redacted]wisc.edu>; [redacted] <[redacted]rarc.wisc.edu>
Cc: [redacted] <[redacted]wisc.edu>
Subject: Re: Research dogs
Hello [redacted]
Can you send me the information on what dogs are being transported each day, please?
I need their body weight specifically to plan for the endotracheal tubes ahead of time.
Thank you so much!
[redacted]

[redacted]
Department of Surgical Sciences
School of Veterinary Medicine

University of Wisconsin-Madison
Madison, WI 53706

From: [redacted] <[redacted]wisc.edu>
Date: Tuesday, January 18, 2022 at 1:46 PM
To: [redacted] <[redacted]wisc.edu>, [redacted] <[redacted]wisc.edu>, [redacted] <[redacted]rarc.wisc.edu>
Cc: [redacted] <[redacted]wisc.edu>
Subject: Re: Research dogs

That works great [redacted]
Thanks a lot!
[redacted]

[redacted]
Department of Surgical Sciences
School of Veterinary Medicine
University of Wisconsin-Madison
Madison, WI 53706

From: [redacted] <[redacted]wisc.edu>
Date: Tuesday, January 18, 2022 at 12:15 PM
To: [redacted] <[redacted]wisc.edu>, [redacted] <[redacted]wisc.edu>, [redacted] <[redacted]rarc.wisc.edu>
Cc: [redacted] <[redacted]wisc.edu>
Subject: RE: Research dogs

[redacted]
Would this work better to make sure you have enough time with the transporters.
Wed 1/19/22- drop off 2 dogs in 2 transporters in AM
Thur 1/20/22- drop off 2 dogs in 2 transporters and pick up 2 transporters from yesterday in AM
Fri 1/21/22- drop off 2 dogs in 2 transporters and pick up 2 transporters from yesterday in AM
Mon 1/24/22- pick up 2 transporters from Friday dogs.
Let me know what your thoughts are.
Thank you
[redacted]
[redacted]
School of Veterinary Medicine
Animal Resource Center
[redacted]/[redacted]

From: [redacted] <[redacted]wisc.edu>
Sent: Sunday, January 16, 2022 8:54 AM
To: [redacted] <[redacted]wisc.edu>; [redacted] <[redacted]rarc.wisc.edu>; [redacted] <[redacted]wisc.edu>
Cc: [redacted] <[redacted]wisc.edu>
Subject: Re: Research dogs
Thanks for the reminders [redacted]

[redacted] told us that the dog transporters will be picked up on the afternoon of Wed-Fri. I can send a copy of the anesthesia records and procedures then. Are the dogs coming with their medical records OR their records stay in [redacted]? If their medical records are coming with them, I'll make sure I make a note of our protocol there as well.
[redacted]
What is the latest time you guys can pick up the transporters? It would be better for us if we are done with the study by then just so I can have all the documentation ready to go. Otherwise, I'll drop off all the documentation later in the week or on the following week.
Thanks everyone!!!
[redacted]
Get Outlook for iOS

From: [redacted] <[redacted]wisc.edu>
Sent: Saturday, January 15, 2022 3:52:28 PM
To: [redacted] <[redacted]rarc.wisc.edu>; [redacted] <[redacted]wisc.edu>
Cc: [redacted] <[redacted]wisc.edu>; [redacted]
<[redacted]wisc.edu>
Subject: Re: Research dogs
Hi [redacted]
Thanks for reaching out. I've cc'd [redacted] as she will be running the anesthesia side of things. If you could fast the dogs on the day of the procedure that would be great. They will be used for both protocols now listed under [redacted] as PI.
Let me know if there are other questions.
[redacted]

From: [redacted] <[redacted]rarc.wisc.edu>
Date: Friday, January 14, 2022 at 3:32 PM
To: [redacted] <[redacted]wisc.edu>
Cc: [redacted] <[redacted]wisc.edu>, [redacted] <[redacted]wisc.edu>
Subject: Re: Research dogs

Hi [redacted],
When either group of dogs (depending on your source and timeline) arrives, we will do intake exams at [redacted] and start their medical records. If you would like the dogs fasted before the procedure, please let us know and we can post a fasting sign for the night before. As they are terminal procedures, they don't need a 72 hour acclimation period. On the day of the procedure, please make an entry in the record (time/date and signed) that they were undergoing a protocol procedure (name, etc) and to see the attached records.
We'll need the completed records back, with procedure and anesthesia sheets, after they are euthanized. You can use the UWVC anesthesia sheets, or another of your choosing, but please be complete, and follow doses and monitoring from your protocol. If there are immediate changes needed, we can adjust the protocol by VVC. For emergencies, please proceed as needed, and notify me asap. VVC (veterinary verification and consultation) can be used for changes to anesthesia and to approved procedures as long as they don't increase pain and distress.
Will these dogs be used on two protocols? I thought [redacted] was collaborating on one of the past projects. Please let me know if you have any questions!
Thank you,

[redacted]

[redacted]

Research Animal Resources and Compliance (RARC)
Office of the Vice Chancellor for Research and Graduate Education | University of Wisconsin-Madison
364 Enzyme Institute |1710 University Avenue
Madison, WI 53726
cell: [redacted]
office: [redacted]
[redacted] rarc.wisc.edu
pronouns: she/her/hers

On Jan 14, 2022, at 12:38 PM, [redacted] <[redacted]wisc.edu> wrote:

[redacted]

I can cancel the order if you would like. I did hear something about the live donation yesterday after your order had already been placed. I think there are some steps that still need to be done in order for you to receive live animals from them. I don't know much yet. If this is a time sensitive project I would recommend purchasing the dogs, if not we can then contact [redacted]

Let me know how you would like me to proceed. I would need to know ASAP. I'm not sure what riglans cancellation policy is.

[redacted]

School of Veterinary Medicine
Animal Resource Center
[redacted]/[redacted]

From: [redacted] <[redacted]wisc.edu>
Sent: Friday, January 14, 2022 12:34 PM
To: [redacted] <[redacted]wisc.edu>
Subject: Re: Research dogs

Hi [redacted]

I learned this morning that the labcorp live dog donation program is back online. Are you aware of this?

If so, is there any way I could cancel this order? I would much rather utilize this program than consume more dogs for this project.

Let me know if you can. Cheers,

[redacted]

From: [redacted] <[redacted]wisc.edu>
Date: Tuesday, January 11, 2022 at 4:27 PM
To: [redacted] <[redacted]wisc.edu>
Cc: ARM [redacted] [redacted]@vetmed.wisc.edu>
Subject: RE: Research dogs

[redacted]

With the new purchasing system it is taking a little longer than expected to get the PO

for this order. Hopefully I hear something tomorrow.
I have called the vendor and told them what we need and when we need them to arrive at [redacted] We are now only waiting on the PO.
The plan if everything goes well, the dogs should arrive to the [redacted] around 830am on Wed, Thur and Friday next week in [redacted] My staff will need to pick up the [redacted] that afternoon if that's ok as well.
Does this plan sound ok?

[redacted]
[redacted]
School of Veterinary Medicine
Animal Resource Center
[redacted]/[redacted]

From: [redacted] <[redacted]wisc.edu>
Sent: Monday, January 10, 2022 8:25 PM
To: [redacted] <[redacted]wisc.edu>
Subject: Re: Research dogs

Hi [redacted]
Do you mind sharing transport details for these dogs on next week Wed? I was curious what time they would arrive to the SVM- I presume the [redacted]. And also will they be in transport cages?
Thank you,

[redacted]

From: [redacted] <[redacted]wisc.edu>
Date: Wednesday, December 29, 2021 at 11:14 AM
To: [redacted] <[redacted]wisc.edu>
Cc: ARM [redacted] <arm@vetmed.wisc.edu>
Subject: RE: Research dogs

[redacted]
I will be ordering your dog's next week. Is everything still correct on this procurement form?

[redacted]
[redacted]
School of Veterinary Medicine
Animal Resource Center
[redacted]/[redacted]

From: [redacted] <[redacted]wisc.edu>
Sent: Monday, December 6, 2021 12:48 PM
To: [redacted] <[redacted]wisc.edu>
Subject: Re: Research dogs

Hi [redacted]
I've completed the form to the best of my ability. 'For the funding and protocols- the word document would not allow enough character input to the space.
RE: Funding- can this be split between two grants: 233-AAD2553 and 133-AAD2695 ?
Re: IACUC protocols: V005663-R01-A01 and V005961-R01

RE: dogs - no specific breed or age, just a weight range of 8-15kg. I wasn't sure how to indicate the location or housing, if this was meant for the dog delivery from the supplier, or for delivery to vetmed. There is nothing specific to our study, so whatever is easiest for you and your staff at [redacted]
Let me know if other details are needed.
[redacted]

> On Dec 6, 2021, at 12:16 PM, [redacted] <[redacted]wisc.edu> wrote:
>
> Sounds great! can you please fill out the attached procurement form and then I can set up the order.
>
> [redacted]
> [redacted]
> School of Veterinary Medicine
> Animal Resource Center
> [redacted]/[redacted]
>
> **From:** [redacted] <[redacted]wisc.edu>
> **Sent:** Monday, December 6, 2021 12:14 PM
> **To:** [redacted] <[redacted]wisc.edu>
> **Subject:** Re: Research dogs
>
> Great- thanks [redacted]
> Let's plan for 6 dogs to be delivered to [redacted] on Tues 1/18/22, then we could have them brought over to the vet school 1st thing on Wed/Thurs/Fri. Let me know if this sounds OK.
> The funding will be split between two grants, both under [redacted] name. One is being transferred at the moment. Once they are sorted I can send these details to you.
> Cheers,
> [redacted]
>
> > On Dec 6, 2021, at 7:03 AM, [redacted] <[redacted]wisc.edu> wrote:
> >
> > [redacted]
> > The dog per diem is 14.75/per dog/per day. Attached is the latest per diems list, it also can be found on the Vet med website under SVM only section.
> >
> > [redacted]
> > [redacted]
> > School of Veterinary Medicine
> > Animal Resource Center
> > 608.263.7892/[redacted]
> >
> > **From:** [redacted] <[redacted]wisc.edu>
> > **Sent:** Friday, December 3, 2021 12:49 PM
> > **To:** [redacted] <[redacted]wisc.edu>
> > **Subject:** Re: Research dogs
> >
> > Very helpful- thanks!
> > What is the per diem dog charge at [redacted] for some

reason this info is so hard to find!
[redacted]

> On Dec 3, 2021, at 12:36 PM, [redacted] <[redacted]wisc.edu> wrote:
> I answered the questions below. Hopefully this helps. Let me know if you have any other questions.
> [redacted]
> School of Veterinary Medicine
> Animal Resource Center
> [redacted]
>
> **From:** [redacted]
> <[redacted]wisc.edu>
> **Sent:** Friday, December 3, 2021 12:32 PM
> **To:** [redacted] <[redacted]wisc.edu>
> **Subject:** Re: Research dogs
>
> Thanks [redacted] A few questions as I've never done this before:
> 1. If we had delivery straight to SVM, any idea of arrival time? we could ask the vendor what time they would arrive. Usually its mid-morning but I cannot guarantee that without talking to them. They are a local company out of WI.
> 2. Does either option impact the overall cost? For the option above you would have to pay 3 delivery charges from the vendor, for the other you would have to pay per diem on the dogs until they go down to SVM.
> 3. If they came on the week before, is there care for the dogs at [redacted] over the long weekend (Jan 14-16 with MLK holiday)? I only ask as I know I will be out of town this weekend. yes there would be care for the dogs over the long weekend. Care staff would do the daily cleaning and health checks of the dogs while housed at [redacted]
> I appreciate your help!
> [redacted]
>
> > On Dec 3, 2021, at 10:25 AM, [redacted]
> > <[redacted]wisc.edu> wrote:
> > [redacted]

Unfortunetly Meechelle, my contact at Covance said it is still not opened back up. We can order dogs for you no problem. (I wish it was for you and other PI's) It is up to you how you would like them. do you want me to arrange 3 delieveries from the vendor straight down to SVM? Or would you like us to get them in the week before and house at [redacted] for a few days, then bring them down 2 at a time to SVM in the morning.

[redacted]

School of Veterinary Medicine
Animal Resource Center
[redacted]

From: [redacted]
<[redacted]wisc.edu>
Sent: Thursday, December 2, 2021 9:55 AM
To: [redacted]
<[redacted]wisc.edu>
Cc: [redacted]
<[redacted]wisc.edu>
Subject: Research dogs

Hi [redacted]
I was hoping to tentatively schedule a research project using live dogs for January. This is the regional limb perfusion project (IACUC: Protocol V005663-R01-A01) under [redacted]
Our hope was to do 6 dogs total for a live animal terminal study. We can do 2 dogs per day. We have Jan 18-21, 2022 open. Since Monday 1/17 is a holiday- how might this work

for dog purchase/transport? Also, I learned yesterday that the Covance live dog donation program may be back online again? Do you have any information on this topic? Of course to limit the number of dogs sacrificed, as well as budget, that would be our preference.
Thanks so much,
[redacted]

From: [redacted]
To: Sick Animal Reporting | Animal Health & Welfare
Cc: [redacted]; OVCRGE Vet Management
Subject: Re: SVM-Veterinary Medicine, 0093 - Room: [redacted] - #1874 - Sick Animal Health Reports Submission (Protocol V006612)
Date: Tuesday, January 31, 2023 12:38:16 PM

Good afternoon's b. This is dog Zyc-2. She does not have Amy onions open wounds. Her left front, 4th digit looks a little reddened, and mildly swollen but she is bearing weight and active and not painful. She may have an early dermatitis or small scratch . We will recheck her tomorrow.

Thank you!

[redacted]

Research Animal Resources and Compliance (RARC)
Office of the Vice Chancellor for Research and Graduate Education
University of Wisconsin, Madison

cell: [redacted]

[redacted]rarc.wisc.edu
she/her/hers

On Jan 31, 2023, at 9:08 AM, sar@ahw.wisc.edu wrote:

A new Sick Animal Report has been filed.

Please review this report carefully.

VET CARD 1874
Found on 31 January, 2023

Protocol V006612
PI: [redacted]

SVM-Veterinary Medicine, 0093; Room: [redacted]

Rack #first cage on right side (females)

Sick Ferret Found: 1 (of 1 animals in cage)

We observed the following conditions:

- wound

Additional Notes

Appears to have wound on front left paw. Blood.

Reported by: [redacted]
Report sent to: [redacted]@wisc.edu, [redacted]wisc.edu, [redacted]@wisc.edu, [redacted]wisc.edu, [redacted], [redacted], [redacted], [redacted], sar@ahw.wisc.edu, vmm@research.wisc.edu, [redacted]@wisc.edu

From: [redacted]
To: [redacted]
Cc: [redacted]
Subject: [redacted]
Date: Thursday, February 2, 2023 5:45:08 PM

Thank you[redacted]

[redacted]

Research Animal Resources and Compliance (RARC)
Office of the Vice Chancellor for Research and Graduate Education
University of Wisconsin, Madison

cell [redacted]

[redacted] rarc.wisc.edu
[redacted]

> On Feb 2, 2023, at 5:05 PM[redacted] wrote:
>
> Hello,
> I can take care of AM treatments M-F.
>
> Discussions will be made tomorrow about the weekend. Vet staff is only on campus from 9:30-4 on the weekends. So that may not be 100% doable. But I will certainly check for you!
>
> [redacted]
>
> Get Outlook for iOS
>
> **From** [redacted]
> **Sent:** Thursday, February 2, 2023 4:53:28 PM
> **To:** [redacted]
> **Cc:** [redacted]
> **Subject:** Re: ZYC-2
> Thank you. Are the vet techs able to take care of the AM treatment? We can take care of aftarnoons. Our only hang up right now is the 2/11 and 2/12 both AM and PM treatments. Are we able to arrange to have RARC staff administer those days?
>
> Thank you,
> [redacted]
>
> Get Outlook for iOS
>
> **From** [redacted]
> **Sent:** Thursday, February 2, 2023 4:32:02 PM
> **To:** [redacted]
> **Cc:** [redacted]
> **Subject:** Re: ZYC-2
> Hi [redacted] and [redacted]
> Please remember that your (lab staff) are the default for treatments, unless arranged otherwise.
>
> Thank you!
> [redacted]
>
> [redacted]
> Research Animal Resources and Compliance (RARC)
> Office of the Vice Chancellor for Research and Graduate Education | University of Wisconsin-Madison
> cell [redacted]
> [redacted] rarc.wisc.edu
> pronouns: she/her/hers
>
> > On Feb 2, 2023, at 8:35 AM[redacted] <[redacted]wisc.edu> wrote:
> >
> > Morning!
> >
> > I have given the Clavamox dose this morning. Her paw is healing WNL & she appears comfortable.
> >
> > There are treatment sheets hanging on the cage. Whenever there is an agreement about treatments & who is doing them, please let me know! The oral tablets (Both clavamox & carprofen) are in an empty cage in the dog room in a clean rodent cage.
> >
> > Thanks!
> > ———
> > [redacted]
> > Veterinary Technician
> > Research Animal Resources and Compliance (RARC)
> > Cell [redacted] | E-mail: [redacted]wisc.edu
> >
> > **From:** [redacted] rarc.wisc.edu>
> > **Sent:** Wednesday, February 1, 2023 4:47 PM
> > **To:** [redacted]wisc.edu>
> > **Cc:** [redacted]wisc.edu>; [redacted]wisc.edu>; [redacted]@wisc.edu>; [redacted]wisc.edu>; [redacted]wisc.edu>
> > **Subject:** Re: ZYC-2
> > Thank you[redacted]
> >
> > [redacted]
> > Research Animal Resources and Compliance (RARC)
> > Office of the Vice Chancellor for Research and Graduate Education | University of Wisconsin-Madison
> > cell [redacted]
> > [redacted] rarc.wisc.edu
> > pronouns: she/her/hers
> >
> > > On Feb 1, 2023, at 4:42 PM[redacted] <[redacted]wisc.edu> wrote:
> > >
> > > I can give it in the morning tomorrow for sure until we have a game plan moving forward
> > >
> > > [redacted]
> > >
> > > Get Outlook for iOS
> > >
> > > **From** [redacted]wisc.edu>
> > > **Sent:** Wednesday, February 1, 2023 4:41:44 PM
> > > **To:** [redacted]rarc.wisc.edu>; [redacted]wisc.edu>; [redacted]wisc.edu>; [redacted]@wisc.edu>
> > > **Cc:** [redacted]wisc.edu>; [redacted]wisc.edu>
> > > **Subject:** Re: ZYC-2
> > > [redacted]
> > >
> > > I'm actually out the next couple of days. If any issues arise or if you have questions about ARC please contact [redacted] (CIF) or [redacted] (SVM[redacted]
> > >
> > > My staff would unfortunetly not be available for Friday dose, they have to be back at [redacted] for training by 2pm.
> > >
> > > [redacted]
> > > School of Veterinary Medicine
> > > Animal Resource Center
> > > [redacted]

From: [redacted] rarc.wisc.edu>
Sent: Wednesday, February 1, 2023 4:39 PM
To: [redacted] wisc.edu>; [redacted] wisc.edu>; [redacted] @wisc.edu>; [redacted] wisc.edu>
Subject: ZYC-2

Hello!
Thank you to [redacted] and [redacted] for your help with ZYC-2. She had small abscess that they drained and flushed while she was sedated.

She was given 25 mg rimadyl by mouth. Plan is to give for two more days, once daily in afternoon.

I gave her a dose of liquid clavamox 125 mg po just now. I ordered the 125 mg tablets from SVM and we can pick up at 8 tomorrow. The liquid won't be enough total, but after consideration, I decided it is best to start tonight. The bottle is in the fridge in [redacted] (Dose is 2 mls).

For treatments [redacted] are you available in the morning to give a dose? Or lab members? Generally we have lab staff treat, but occasionally will have care staff treat. We can discuss with [redacted] tomorrow.

Thank you!
[redacted]

[redacted]

Research Animal Resources and Compliance (RARC)
Office of the Vice Chancellor for Research and Graduate Education
University of Wisconsin, Madison

cell [redacted]

[redacted] rarc.wisc.edu
she/her/hers

From: [redacted]
To: [redacted]
Cc: [redacted]
Subject: [redacted]
Date: Thursday, February 2, 2023 5:05:43 PM

Hello,
I can take care of AM treatments M-F.

Discussions will be made tomorrow about the weekend. Vet staff is only on campus from 9:30-4 on the weekends. So that may not be 100% doable. But I will certainly check for you!

[redacted]

Get Outlook for iOS

From: [redacted]
Sent: Thursday, February 2, 2023 4:53:28 PM
To: [redacted]
Cc: [redacted]
Subject: Re: ZYC-2

Thank you. Are the vet techs able to take care of the AM treatment? We can take care of afternoons. Our only hang up right now is the 2/11 and 2/12 both AM and PM treatments. Are we able to arrange to have RARC staff administer those days?

Thank you,
[redacted]

Get Outlook for iOS

From: [redacted]
Sent: Thursday, February 2, 2023 4:32:02 PM
To: [redacted]
Cc: [redacted]
Subject: Re: ZYC-2

Hi [redacted] and [redacted]
Please remember that you (lab staff) are the default for treatments, unless arranged otherwise.

Thank you!
[redacted]

[redacted]

Research Animal Resources and Compliance (RARC)

Office of the Vice Chancellor for Research and Graduate Education | University of Wisconsin-Madison

cell [redacted]

[redacted]@rarc.wisc.edu
pronouns: she/her/hers

On Feb 2, 2023, at 8:35 AM, [redacted] <[redacted]@wisc.edu> wrote:

Morning!

I have given the Clavamox dose this morning. Her paw is healing WNL & she appears comfortable.

There are treatment sheets hanging on the cage. Whenever there is an agreement about treatments & who is doing them, please let me know! The oral tablets (Both clavamox & carprofen) are in an empty cage in the dog room in a clean rodent cage.

Thanks!

[redacted]
Veterinary Technician
Research Animal Resources and Compliance (RARC)
Cell [redacted] | E-mail: [redacted]@wisc.edu

From: [redacted]@rarc.wisc.edu>
Sent: Wednesday, February 1, 2023 4:47 PM
To: [redacted]@wisc.edu>
Cc: [redacted]@wisc.edu>; [redacted]@wisc.edu>; [redacted] <[redacted]@wisc.edu>; [redacted]@wisc.edu>; [redacted]@wisc.edu>
Subject: Re: ZYC-2
Thank you [redacted]

[redacted]

Research Animal Resources and Compliance (RARC)

Office of the Vice Chancellor for Research and Graduate Education | University of Wisconsin-Madison

cell [redacted]

[redacted]@rarc.wisc.edu
pronouns: she/her/hers

On Feb 1, 2023, at 4:42 PM, [redacted]@wisc.edu> wrote:

I can give it in the morning tomorrow for sure until we have a game plan moving forward

[redacted]

Get Outlook for iOS

From: [redacted]@wisc.edu>
Sent: Wednesday, February 1, 2023 4:41:44 PM
To: [redacted]@rarc.wisc.edu>; [redacted]@wisc.edu>; [redacted]@wisc.edu>; POLLACK <epollack3@wisc.edu>
Cc: [redacted]@wisc.edu>; [redacted]@wisc.edu>
Subject: RE: ZYC-2

[redacted]

I'm actually out the next couple of days. If any issues arise or if you have questions about ARC please contact [redacted] (CIF) or [redacted] (SVM [redacted]

My staff would unfortunetly not be available for Friday dose, they have to be back at [redacted] for training by 2pm.

[redacted]
School of Veterinary Medicine
Animal Resource Center
608.263.7892 [redacted]

From: [redacted]@rarc.wisc.edu>
Sent: Wednesday, February 1, 2023 4:39 PM
To: [redacted]@wisc.edu>; [redacted]@wisc.edu>; [redacted]@wisc.edu>; [redacted]@wisc.edu>
Subject: ZYC-2

Hello!
Thank you to [redacted] and [redacted] for your help with ZYC-2. She had small abscess that they drained and flushed while she was sedated.

She was given 25 mg rimadyl by mouth. Plan is to give for two more days, once daily in afternoon.

I gave her a dose of liquid clavamox 125 mg po just now. I ordered the 125 mg tablets from SVM and we can pick up at 8 tomorrow. The liquid won't be enough total, but after consideration, I decided it is best to start tonight. The bottle is in the fridge in [redacted] (Dose is 2 mls).

For treatment [redacted] are you available in the morning to give a dose? Or lab members? Generally we have lab staff treat, but occasionally will have care staff treat. We can discuss with [redacted] tomorrow.

Thank you!

[redacted]

[redacted]

Research Animal Resources and Compliance (RARC)
Office of the Vice Chancellor for Research and Graduate Education
University of Wisconsin, Madison

cell [redacted]

[redacted] rarc.wisc.edu
she/her/hers

Quote/Packing

Ridglan Farms, Inc.
P.O. Box 318 Mt. Horeb, WI 53572

Date: March 30, 2026
Invoice #: 900

To: UW-Madiosn
[redacted]

Delivery

Qty	Description	Unit Price	Line Total
2.00	Males/Females	$ 875.00	$ 1,750.00
	Deivery charge	100.00	100.00
		Subtotal	$ 1,850.00
		Sales Tax	
		Total	**$ 1,850.00**

Thank you for your business!

WISCONSIN UNIVERSITY OF WISCONSIN–MADISON	University of Wisconsin-Madison Institutional Animal Care and Use Committee (IACUC)	Protocol # : V006612 Date Approved : 8/3/2022 Expiration date : 8/2/2025

Protocol Basics

1. Protocol Title

* Give your protocol a title.

> Accuracy of a flash glucose monitoring system in healthy dogs during isoflurane anesthesia

2. Principal Investigator (PI)

If you cannot find the name you want, email arrow_help@rarc.wisc.edu.

* Select the Principal Investigator (PI).

[redacted]

3. PI Status

* Select the current status of the listed PI.

- (•) **Faculty**
- ( ) Emeritus appointment
- ( ) Other

4. PI Department

* Enter the PI's department name.

> Surgical Sciences

5. Protocol Renewal

* Is this application a renewal of a previously approved paper protocol?

○ Yes ◉ **No**

6. Protocol Writers

If you cannot find a name or have other questions, email arrow_help@rarc.wisc.edu

Other than the PI, choose people to help prepare, edit and submit protocols.

Person
There are no items to display

7. Email Contacts

If you cannot find the name you want, email arrow_help@rarc.wisc.edu

Along with the PI and protocol writers, add up to two people who should receive pertinent protocol notfications.

Person
There are no items to display

8. Emergency Contacts

* Add at least one person authorized to act in an animal emergency if the Principal Investigator is not available. This person must understand the research and be able to answer questions in the PI's absence.

Person
[redacted]
[redacted]

Funding

Identify all funding sources that support your protocol. If you have questions about grant-protocol congruence, email or submit the **Congruence Review Request Form** to **congruence@rarc.wisc.edu**.

1. Research and Sponsored Program (RSP) Managed Funding

Add any grants or contracts that are funding this project (federal or non-federal).

PI Name	Award Number (MSN #)	Project Title	Sponsor Reference Number	Project ID	Sponsor (Source)	Congruence Determination	Reporting Required
There are no items to display							

2. Other Funding

Add any other funding that is not listed above.

	Project Title	PI Name	Award Number (MSN #) / Project ID (PRJXXX)	Start Date	End Date	Grant Status	Sponsor (Source)	Congruence Determination	Reporting Required
View	CA-10 CANINE FLASH GLUCOSE IN ANESTHESIA	[redacted]	[redacted]	7/1/2022	6/30/2024	Active	UWF - UNIVERSITY OF WISCONSIN FOUNDATION		

3. Public Health Service (PHS), NSF, NASA, DOD Funding

See https://en.wikipedia.org/wiki/United_States_Public_Health_Service for a list of PHS agencies.

* Are any of the funding sources above (RSP Managed or Other Funding) directly from or subawards from NIH (or other PHS agencies), NSF, NASA, or DOD Funding?

○ ◉

Yes **No**

Protocol Type

Biomedical Research, Basic Biology, Teaching and/or Colony Management

For protocols that involve any of the following:

- Basic biological processes, human clinical medicine, or medical trials intended as models of human (not animal) diseases
- Instruction related to topics listed above
- Breeding and colony management practices for animals used in basic biology and biomedical research and teaching
- Wildlife species brought to campus for more than temporary procedures
- The use of horses to teach students veterinary medicine (the prevention, diagnosis and treatment of disease, disorder and injury in non-human animals)

Agricultural Research, Teaching, and/or Herd Management

For protocols that involve any of the following:

- Improving animals' use in production agriculture
- Trials intended to improve animal welfare
- Breeding and herd management practices for animals used in agricultural research and teaching
- The use of horses to study or teach equine science (the study of the reproduction, physiology, behavior and

nutrition of horses)

Wildlife Study with No Housing OR Educational Display Only	**Wildlife Study** For protocols that involve: • Only wildlife • No Housing And may also involve: • Observation or field instruction* • Modification of animals' environment • Capture • Handling • Use of anesthesia • Procedures in the field • Procedures at a campus location for a period lasting NO MORE than 24 hours **Educational Display** For protocols that involve: • Housing or no housing • No experimental procedures • Wildlife and/or domestic/lab animals *If the study involves no animal handling and no modification of the animals' environment, a protocol requirement may be waived. Contact an **IACUC administrator** for more information.
Other	You must consult with an **IACUC administrator** before selecting.

1. Infectious Disease

* Does this protocol include work with infectious disease?

Yes **No**

2. Protocol Type

For help, email arrow_help@rarc.wisc.edu.

* What type of protocol are you submitting? Biomedical Research and Basic Biology and/or Teaching and/or Colony Management

VA ACORP

VA researchers must complete the entire UW protocol application to provide answers about procedures and/or housing at UW facilities.

1. VA Status

Indicate if any of the following apply to this study or project. Select all that apply.

There are no items to display

2. Veterans Administration ACORP

* Is your work also described in an approved Veterans Administration Animal Component of Research Protocol (ACORP)?

Yes **No**

Significance and Justification

1. Significance of Research

* Using language that a high school student would understand (avoid technical grant application language), briefly describe the goals of your

study including an explanation of how your work will advance knowledge, improve human or animal health, or benefit society. At the end of your response, briefly and in nonscientific language describe how you plan to interpret the collected data to meet the goals of the study.

The FreeStyle Libre is a glucose (blood sugar) monitoring system created for humans to easily measure and monitor glucose levels in diabetic patients. This monitor is very easy to use and quickly gives a glucose reading when the included scanner or a cellphone (using a downloadable app) is passed over it. The FreeStyle Libre has been validated for use in dogs with diabetes and is often used by veterinarians in the hospital and by pet owners to monitor their dog's glucose levels at home. The sensor is placed on an area of skin where the fur has been clipped and a tiny flexible needle continuously measures the glucose found in the spaces between skin cells. This system may be a helpful tool for glucose monitoring during anesthesia since it is simple to use and does not hurt the dog. The overall goal of this study is to find out if the Freestyle Libre is an accurate way to monitor glucose in dogs during anesthesia.

Before a diabetic dog goes under anesthesia, it does not get any food for about 12 hours and a lower dose of insulin is then given that morning. This can result in unpredictable blood glucose levels under anesthesia. Additionally, non-diabetic dogs less than 8-12 weeks of age and dogs weighing less than 3 kg may not be able to control their own blood glucose levels making them prone to hypoglycemia (low blood sugar), and this can lead to death in severe cases. Dogs that are at risk of low or high blood glucose should be monitored every 30-60 minutes during anesthesia and this typically requires taking blood directly from a vein multiple times, placing an invasive catheter in an artery, or pricking the skin in areas like the ear, lip, or foot pads to obtain glucose measurements, all of which can be uncomfortable to the dog or put it at risk for infection. The FreeStyle Libre is a newer method for monitoring glucose that gives a reading every 60 seconds via a disposable round sensor with a small needle placed under the skin and a handheld reader that displays the value. It is becoming more common for a diabetic dog to present for anesthesia with a FreeStyle Libre already in place, and placement of one before anesthesia for those at risk of large glucose changes would be minimally invasive and non-painful. Less blood sampling would also be needed during anesthesia and continuous glucose monitoring by the veterinary care team and pet owner can be continued for up to 2 weeks after placement.

To test whether the FreeStyle Libre is accurate in dogs during anesthesia, the glucose readings from the sensor will be compared to a handheld glucose monitor (AlphaTRAK 2) and to laboratory measured blood samples. Additionally, changes in blood pressure during anesthesia will be looked at to see if they change glucose levels and the accuracy of the FreeStyle Libre. If the glucose values from the FreeStyle Libre during anesthesia meet the accuracy criteria of the International Organization for Standardization, then the use of this tool for glucose monitoring in dogs and other species during anesthesia should be further studied in a clinical setting.

2. Justify Use of Animals

* Explain why you must use live vertebrate animals instead of nonanimal alternatives such as computer simulation or in vitro systems.

> This study is intended to determine the accuracy of the FreeStyle Libre glucose monitoring system during general anesthesia prior to its use for clinical studies. Since this monitor measures interstitial glucose values, and interstitial glucose can be affected by many variables in a live animal such as hydration status, diet, pancreatic function, fasting, stress, autonomic responses, etcetera, the use of a computer simulation or in vitro system would not provide a realistic representation of the data collected. Additionally, anesthesia has multiple effects on the central and autonomic nervous systems which are variable from one individual to the next and difficult to mimic in a simulation.

Experimental Narrative

1. Experimental Narrative Summary

If you are unsure if your study-specific husbandry practices are different from the standards provided by the vivarium staff, consult with a RARC research animal veterinarian, WNPRC veterinarian, or the supervisor of the animal facility.

* In language that scientific colleagues outside your discipline would understand, provide a global, chronological summary of your experiments that focuses on the experience of the animals from initial assignment to final disposition. Briefly outline all proposed surgeries, non-surgical procedures, and other manipulations. Do Not Include: breeding schemes, blood draws, housing arrangements, complete surgical descriptions, euthanasia methods, drug doses, drug routes, or other standard practices.

Dogs will undergo a physical examination and routine clinical pathology results (complete blood count, serum biochemistry) to determine health status. They will then undergo a minimum 72 hour acclimation period before starting the study. Each dog will be fasted for approximately 12 hours prior to anesthesia. Each dog will receive three treatments administered in a randomized, crossover study design with a minimum 7-day washout period between each treatment, for a total study duration of no more than 35 days.

For each treatment, dogs will have a new FreeStyle Libre sensor applied the evening before anesthesia to account for the manufacturer recommended 12-hour acclimation period. The sensor will be placed on a 5 x 5-inch clipped area on the side of the neck after aseptic preparation and a light bandage applied around the neck to protect it from accidental removal overnight. The side placement will be randomized (left or right neck) for each new sensor.

On the day of treatment, each dog will receive butorphanol for sedation followed by placement of an intravenous (IV) catheter in a cephalic vein after 20 minutes using aseptic technique. Propofol will be administered to effect to facilitate endotracheal intubation. General anesthesia will be maintained using isoflurane delivered in 100% oxygen via the endotracheal tube. Mechanical ventilation will be used to maintain respiratory parameters within normal limits.

Dogs will be positioned in lateral recumbency with the sensor facing upwards. A second

catheter will then be placed aseptically in a dorsal pedal or coccygeal artery for direct blood pressure measurement. Total anesthetic duration is expected to be 45-60 minutes.

Animals will be monitored with a pulse oximeter (SpO_2), electrocardiogram (ECG), capnometer ($ETCO_2$), esophageal thermometer, and direct arterial blood pressure connected to a multiparameter monitor. Heart rate, respiratory rate, SpO_2, systolic (SAP), mean (MAP) and diastolic (DAP) arterial blood pressures, isoflurane %, ET iso %, and oxygen flow rate will be recorded every 5 minutes, while temperature, will be recorded every 15 minutes. Temperature support will be provided (to maintain temperature > 99°F) as needed for all phases with a forced-air warming device.

Treatment one will consist of maintaining normal blood pressure (MAP 80-120 mmHg) under isoflurane anesthesia for 40 minutes. Treatment two will involve increasing the isoflurane concentration to induce and maintain hypotension (MAP 45-60 mmHg) for 40 minutes. For treatment three, norepinephrine will be administered as a constant rate infusion to induce hypertension (MAP 130-150 mmHg) for 40 minutes.Treatment one and treatment two will receive 0.9% sodium chloride at a rate of 0.6-3.0 mL/kg/hr.

All anesthetic induction, maintenance, and recovery will be closely monitored or supervised by a Diplomate of the American College of Anesthesia and Analgesia or resident in Anesthesia and Pain Management. After the last measurements are recorded for each treatment, the dog will recover from anesthesia and the sensor removed. Following data collection on a given day, animals will be returned to their normal housing. After study completion, animals will be transferred to another protocol or may be adopted with RARC veterinary approval.

2. Research Cores

* Do you plan to transfer animals for services under a research core protocol?

○ Yes ◉ **No**

3. Supporting Publications or Manuscripts

Do not list standard husbandry references.

List the title/name of manuscripts, abstracts, or other references supporting your research that the IACUC may find helpful in evaluating this protocol.

BSI Standards Publication, in vitro diagnostic test systems – Requirements for blood-glucose monitoring systems for self-testing in managing diabetes mellitus (EN ISO 15197:2013).
Corradini S, Pilosio B, Dondi F, et al. Accuracy of a Flash Glucose Monitoring System in Diabetic Dogs. J Vet Intern Med. 2016;30(4):983-988.
Del Baldo F, Canton C, Testa S, et al. Comparison between a flash glucose monitoring system and a portable blood glucose meter for monitoring dogs with diabetes mellitus. J Vet Intern Med. 2020;34(6):2296-2305.
Del Baldo F, Fracassi F, Pires J, et al. Accuracy of a flash glucose monitoring system

in cats and determination of the time lag between blood glucose and interstitial glucose concentrations. J Vet Intern Med. 2021;35(3):1279-1287.
Malerba E, Cattani C, Del Baldo F, et al. Accuracy of a flash glucose monitoring system in dogs with diabetic ketoacidosis. J Vet Intern Med. 2020;34(1):83-91.
Parkes JL, Slatin SL, Pardo S, et al. A new Consensus Error grid to evaluate the clinical significance of inaccuracies in the measurement of blood glucose. Diabetes Care. 2000;23:1143– 1148.
Silva DD, Cecci GR, Biz G, et al. Evaluation of a flash glucose monitoring system in dogs with diabetic ketoacidosis. Domestic Animal Endocrinology. 2021 Jan 1;74:106525.

4. Summary Files

Attach file(s) with timelines, illustrations, figures, or other supplemental information that provides an overview of the protocol. Do not attach copies of grant applications.

FreeStyle Libre images.docx
Timeline image.pdf

Duplication

Animal welfare regulations do not allow unnecessary duplication of previous experiments.

1. Experiment Duplication

* Do the proposed activities duplicate previous work?

- ○ Yes
- ◉ **No**
- ○ Not Applicable - This is a teaching activity involving different student groups

Selected Species

Questions regarding each species can be found in the Species Details section of the protocol.

Click on the Species Details button next to the species you would like to work on. When you are finished answering questions for all species, click Continue or save and exit. You can exit before answering all questions and return later to finish.

1. Species Details

To add additional species not shown below, check the box:

> No

Species Details	Species	Max. Number	Surgery?	MSS?	Breeding?	GM?	USDA Code	Print	Complete?
Species Details	Domestic dog	6	no	no	no	D			

Select Study Team

1. Study Team

For help, email arrow_help@rarc.wisc.edu.

* Add all research personnel, including the PI, who will work with a species under this protocol. Do NOT include animal facility supervisors, professional animal care staff, rotating students, or research animal veterinary staff. DO add protocol writers and email contacts if they will work with a species.

	Name	Office phone	Lab phone	Cell phone	Email
View	[redacted]				[redacted]@wisc.edu
View	[redacted]	[redacted]		[redacted]	[redacted]wisc.edu

2. Study Team Groups

List team groupings that will work on this protocol (e.g., 4th year veterinary students, BRMS Breeding Core, SPI). Do not name individuals or include any assignments.

> Veterinary [redacted] residents, 2nd year veterinary students

3. PI Oversight

If the PI (him or herself) will not be handling or working with a live species, explain how the PI will provide the oversight necessary for compliance with animal program regulations and requirements.

> *No Answer Provided*

4. Supervisor/Trainer for Staff

* Please state who will train and supervise study team members.

> PI - [redacted]

5. Confirm Training

For assistance, contact Randy Hentschel at University Health Services, 262-0924

* Confirm that all study team members have completed the Animal Contact Risk Questionnaire and are medically cleared to handle animals.

> Yes

Assignments and Qualifications

1. Study Team Member Assignments

For help email, arrow_help@rarc.wisc.edu

Click 'Add' below to associate each team member with a species and/or a procedure. Each member must be associated with at least one species and each procedure must be associated with at least one member.

View

Name	[redacted]
Species	Domestic Dog
Surgeries	*No value entered*
RARC Classes	Dog Training - 2022-11-07 Animal User Orientation - 2022-09-09
EHS/UHS Training	Animal Contact Risk Questionnaire - 10/13/2023 Risk Communication in Animal Facilities - 9/19/2025 Safety for Personnel with Animal Contact - 9/19/2027
Education	*No Value Entered*
Experience	*No Value Entered*
Painful nonsurgical procedures	Data collection
Physical euthanasia methods	*No value entered*
Anesthesia Analgesia Sedation Assignment	Sedation and general anesthesia for data collection
Transport Method Assignment	*No value entered*

Name	[redacted]
Species	Domestic Dog
Surgeries	*No value entered*
RARC Classes	Dog Training - 2022-09-09 Animal User Orientation - 2022-03-03
EHS/UHS Training	Animal Contact Risk Questionnaire - 10/16/2023 Risk Communication in Animal Facilities - 7/25/2025 Safety for Personnel with Animal Contact - 7/25/2027
Education	

View

	[redacted]
Experience	As a veterinarian and veterinary anesthesia specialist I have experience with the following species: Dogs, cats, horses, cattle, pigs, sheep, goats, rabbits, birds, guinea pigs, hedgehogs, various reptiles, large and small exotic felids (tigers, lions, cheetahs, mountain lions, bobcats, cervals, etc), seals, non-human primates, rhinoceroses, tapirs, wild ungulates, porcupines, and many more.
Painful nonsurgical procedures	*No value entered*
Physical euthanasia methods	*No value entered*
Anesthesia Analgesia Sedation Assignment	Sedation and general anesthesia for data collection
Transport Method Assignment	*No value entered*

2. Other Relevant Experience or Training

Include any protocol-specific experience and/or relevant training for a given study team member that is not found above.

> *No Answer Provided*

Occupational Health

Use of hazardous materials requires separate review and approval by EH&S. The Principal Investigator is responsible for obtaining all relevant approval(s) prior to initiating work with hazardous materials.

1. Occupational Hazards

If you have any questions regarding this section, contact biosafety@fpm.wisc.edu.

* Are any of the following used in the research involving live animals under this application? Check all that apply:

- ☐ Biological hazards (zoonotic agents, human or animal pathogens, human cells, prions, etc.)
- ☑ **Chemical hazards (carcinogens, flammables, highly reactive, corrosives, etc.)**
- ☐ Physical hazards (UV light, magnetic fields, noise, electric shock, temperature, etc.)
- ☐ Radiation and/or radioactive materials (administration of radionuclides, etc.)
- ☐ Other hazards (zoonotic agents, BSL1 agents that do not require a biosafety protocol, farm work safety precautions, other.)
- ☐ NONE. None of the hazards listed above apply to research performed on living animals under this application.

Chemical Hazards

Chemical hazards include chemicals that present a health hazard or physical risk. Chemicals that present a health hazard include carcinogens, drugs, mutagens, and teratogens. They also include chemicals that are irritants or toxins to the skin, eyes, lungs, neurologic system, or any other

body part or system. Physically hazardous chemicals include flammables, combustibles, oxidizers, strong reactives, and compressed gas. Note that the use of chemical hazards must be addressed in the Laboratory Chemical Hygiene Plan (CHP). Read additional information through the help icon above or contact the Chemical Safety Department at 265-5000 or **chemsafety@fpm.wisc.edu.**

1. Chemical Hygiene Plan

To ensure accurate and timely safety precautions for you and your lab staff, and to meet the Occupational Safety and Health Administration (OSHA) Laboratory Standard, every laboratory must have a Laboratory Chemical Hygiene Plan (CHP). If your laboratory does not have a CHP, contact the Chemical Safety Office to request the template form (265-5000 or chemsafety@fpm.wisc.edu). the Chemical Safety Office staff are also available to review existing CHP for completeness and accuracy.

You may attach your current Chemical Hygiene Plan (CHP) here for reference. The ACUC will not review the CHP.

There are no items to display

2. Chemical Details

* The table below lists chemical hazards that have been added.

View

Regimen/Substance	Sedation and general anesthesia for data collection
Drugs and Compounds	Butorphanol Propofol Isoflurane Norepinephrine
Containment Preparation	Fume hood, Other - The anesthesia vaporizer will be filled in a well ventilated area or under a chemical fume hood if possible. Required PPE to include gloves, lab coat, and safety glasses.
Species	Domestic dog
Agents	Reproductive Hazard/Teratogen
Containment Animals	No special containment needed
PPE needed	Exam gloves - Nitrile, Lab coat or Disposable gown, Safety glasses / Goggles
Waste	No special precautions needed for waste/dirty bedding

Carcasses	Pick up by EH&S for incineration
Chemical Risk	Although there is no specific data regarding the health risks of isoflurane in humans, halogenated anesthetics in general have been associated with reproductive problems. When using isoflurane, staff will be notified of the potential hazards and safety signage will be posted by anesthetic machines for staff to reference proper isoflurane handling and use.
Chemical SDS	Yes

3. Chemical Safety Signage

Upload any chemical safety signage associated with this protocol.

There are no items to display

Species: Domestic dog

Justify Species Choice

1. Species or Group Choice Justification

* Explain why you chose this species or target group.

> Dogs are the most common species seen in small animal clinical veterinary medicine and likely to undergo procedures requiring general anesthesia. The accuracy of the flash glucose monitoring system to be used in this study has been determined in awake dogs and thus justifies the exploration of its accuracy in anesthetized dogs.

Number of Animals

1. Maximum 3-year Total

* What is the maximum number of this species that you will use during your protocol's three-year period?
Include control and replacement, breeding colony, preweaned, and euthanized animals.

> 6

2. Animal Number Justification

* Provide a justification for the maximum number of animals requested.
For renewals, provide an updated justification for the animals you require for the next three years.

This will be a crossover study so each dog will receive each of the 3 treatments in a random order with a minimum 7-day washout period between each treatment.

To detect a 15 mg/dL difference in glucose concentration between the FreeStyle Libre and the reference method with a power of 0.8 and a level of significance of 5%, a

sample size of 10 paired measurements for each treatment group is required. The calculation assumed an SD of ±11.4 mg/dL (obtained from reference lab for glucose analyzer). For Bland-Altman analysis it is recommended to have an overall total of at least 100 data points for narrower confidence intervals, therefore 6 dogs were chosen to provide 36 paired measurements for each treatment group, resulting in 108 total paired measurements.

3. Justifications and/or Experience

See policy UW-4131, Justification of Numbers, for guidance and examples of acceptable justifications.

Provide a statistical justification or cite your past experience.

> *No Answer Provided*

4. Upload Number Documentation

Attach file(s) that support your determination of animal numbers. If possible, use tables to organize your information.

There are no items to display

Bio Species Source

1. Species Source

Animals arriving from outside the main UW-Madison campus will require a time period of acclimation before use. For details, see policy UW-4106 ,Acclimation After Transport.

* Check all sources that apply for this species.

☑	**Investigator at UW-Madison / including another protocol held by PI (check for maximum flexibility in animal transfers)**
☑	**Approved vendor (e.g. Jackson labs, BRMS Breeding Core, etc.)**
☐	Bred under this protocol
☑	**Investigator at non-UW Madison institution (Covance, other university)**
☐	Unapproved vendor
☐	Capture or collection from wild (free-living) population

- [ ] Herd, flock, etc
- [ ] Client/privately owned animals
- [ ] Other

Class B Source

Class B dealers, as licensed by the USDA, may acquire random source dogs and cats for resale. Random source means dogs and cats obtained from animal pounds or shelters, auction sales, or from any person who did not breed and raise them on his/her premises. Random source animals may exhibit greater anatomical and genetic variation than purpose-bred animals.

1. Class B Dealer

* Will any of these animals be received from a USDA-licensed Class B dealer?

○ Yes ◉ **No**

Prior Use

Animals that have undergone a major surgical procedure, permanent physiologic alteration, or substantial impairment on a previous protocol are not eligible for major surgical procedures on subsequent protocols.

1. Prior Use of Animals

* Were any of these animals used in another protocol?

◉ **Yes** ○ No

1.1. Prior Use Description

* Describe previous nutritional manipulations, blood draws, administered drugs or other materials, or any other past manipulations, and explain how you determined that the animals' assignment to past projects will not compromise your research or the animals' health.

> Prior use will not compromise my research or the health of the animals.

Breeding and Genetically Modified Y/N

1. Breeding

* Does your protocol design include breeding of this species?

Yes **No**

2. Genetically Modified

* Will any of this species be genetically modified? Include animals modified through breeding schemes, purchase of genetically modified animals, or modified using CRISPR-cas9.

Yes **No**

Substance Administration Checklist

Include delivery of materials to animals via injection, infusion, inhalation, implantation, ingestion of food/water, and other means. Include administration of radionuclides. Include nonstandard diets under all other substances.

1. Substance Type Selection

* If you will administer substances, check all purposes that apply.

☑	**analgesics/anesthetics/sedatives to relieve pain or distress caused by nonsurgical and/or surgical procedures**
☑	**euthanasia substance(s)**
☑	**all other substances**
☐	I will not administer any substances.

Anesthesia/Analgesia/Sedation

Used to relieve pain or distress an animal may experience as a result of the procedures and manipulations described in this species/group. For guidance on organizing information, click on the help icon above.

1. Anesthesia/Analgesia/Sedation Details

* Provide details for any anesthesia/analgesia/sedation substance or regimen you will use.

View

Name	Sedation and general anesthesia for data collection
Drugs and Compounds	Butorphanol Propofol Isoflurane Norepinephrine
Description	Butorphanol 10 mg/mL - 0.3 mg/kg intramuscular for sedation 20 minutes prior to IV catheter placement and induction of anesthesia. Duration of sedation is approximately 2 hours. Provides mild analgesia for 40-60 minutes. Propofol 10 mg/mL - 2-6 mg/kg intravascular to effect for induction of general anesthesia. Administered slowly at a rate of 1-2 mg/kg/min, assessing for loss of palpebral reflexes, loss of jaw tone, and lack of response to pulling of the tongue. Short duration of action (approximately 10 minutes). Isoflurane - administered via an endotracheal tube in 100% oxygen. Dispensed from a precision vaporizer and anesthesia machine connected to a rebreathing circuit. Percentage administered based on anesthetic depth and end tidal isoflurane concentration. Norepinephrine 1 mg/mL (diluted to 0.01 mg/mL) - administered as a constant rate infusion IV at 0.1-0.5 mcg/kg/min for 40 minutes to induce hypertension (mean arterial pressure between 130-150 mmHg). Duration of action is approximately 2 minutes as

	a single bolus dose.
Monitoring Plan	Dogs will be monitored with a pulse oximeter (SpO2 %), electrocardiogram (ECG), capnometer (ETCO2), esophageal thermometer, and direct arterial blood pressure (IBP) connected to a multiparameter monitor. Heart rate, respiratory rate, SpO2, systolic (SAP), mean (MAP) and diastolic (DAP) arterial blood pressures, ETCO2, ET iso %, and oxygen flow rate will be recorded every 5 minutes, while temperature, will be recorded every 15 minutes. Dogs will be mechanically ventilated to maintain an ETCO2 between 35 and 45 mmHg. Heat support will be provided using a forced air warmer to maintain esophageal temperature between 99.0-101.5 F.

Euthanasia Substance

If a substance is used to euthanize this species, it should be entered here. Include CO_2.

1. Euthanasia Substance Details

* Provide details on each euthanasia substance you will use.

View

Name	Pentobarbital euthanasia
Drugs or Compounds	Propofol (10 mg/mL) Pentobarbital sodium (260-392mg/ml)
Euthanasia Procedure Description	Animal will first be sedated/induced under anesthesia with a calculated dose of propofol via IV injection (4 mg/kg) followed by euthanasia with a calculated dose of pentobarbital sodium via IV injection (≥120mg/kg for the first 4.5kg of body weight ≥60mg/kg per 4.5kg of body weight thereafter). If animal is already under general anesthesia, animal will be euthanized with a calculated dose of pentobarbital sodium via IV injection (≥120mg/kg for the first 4.5kg of body weight ≥60mg/kg per 4.5kg of body weight thereafter).

All Other Substances

For each substance or regimen, click "Add" to answer questions about its

administration.

Describe the materials delivered to animals via injection, infusion, inhalation, implantation, ingestion in food or water, nonstandard diets, and by other means. Include administration of radionuclides via injection or in food.

Do not include substances used for **clinical relief** of pain or distress (anesthesia/analgesia) or for euthanasia of this species. See help for additional guidance.

1. Other Substances Details

* Provide details on all other substances you will use.

Name	Anesthesia and instrumentation support
Drugs or Compounds	Fluids such as LRS, normosol, NaCl 0.9%, other Eye lubricant Tissue adhesive Medical adhesive removal spray Providone-iodine 7.5% surgical scrub Isopropyl alcohol 70% Glycopyrrolate 0.2 mg/mL (anticholinergic) Lidocaine 20 mg/mL (Class 1b antiarrhythmic)
Category	*No Value Entered*
Dosing Details	Fluids will be administered IV at a total rate of 5 mL/kg/hr. Eyes will be lubricated after induction. Tissue adhesive will be applied in small amounts along the edge of the glucose sensor to ensure appropriate adhesion to the skin and minimize accidental removal. An IVC will be placed, and iv fluids may be administered at rates of 5 mL/kg/hr for maintenance, or bolused at 5 mL/kg over 5-10 min. Providone-iodine 7.5% surgical scrub will be applied to skin as part of aseptic preparation for IV and arterial catheter placement. Isopropyl alcohol will be applied to a cotton ball which will be used to wipe the dog's skin prior to glucose sensor placement and as part of aseptic preparation for IV and arterial catheter placement. Glycopyrrolate 0.01 mg/kg administered IV if bradycardia present (HR <60 bpm). Lidocaine 2 mg/kg administered IV in the presence of ventricular arrhythmias (ventricular tachycardia, multi-focal ventricular premature contractions, accelerated

View		idioventricular rhythm with subsequent hypotension).
	Purpose of Use/Monitoring	Eye lubricant is used to prevent the eyes from drying. IV fluids are used to help maintain homeostasis. Tissue adhesive is used to ensure the glucose sensor does not fall off or is easily removed from the dog once placed. Adhesive removal spray will be applied to the skin at the seam of the glucose sensor during removal to break down the tissue adhesive bond. Providone-iodine surgical scrub is used to disinfect skin surface. Isopropyl alcohol is used to help remove oil from skin and disinfect skin surface. Glycopyrrolate is an anticholinergic that is used to increase heart rate during anesthesia. Lidocaine is an antiarrhythmic use to treat various ventricular arrhythmias that may occur during anesthesia. Fluid pump and bag will be checked to ensure appropriate delivery of the desired volume and prevent fluid overload. Dogs will be observed for any abnormal behaviour associated with application of the tissue adhesive, and skin will be checked for any redness, rash or tissue damage after removal. Using the adhesive removal spray will make removal more comfortable for the dog and reduce the presence of residue after removal. Dogs will be monitored using ECG, invasive arterial blood pressure, end tidal carbon dioxide concentration for the presence of bradycardia and other arrhythmias, as well as for response to treatment if needed.
	Painful/Distressful?	No
	Anesthesia/Analgesia Regimen	Sedation and general anesthesia for data collection

Special Substances Checklist

1. Special Substances Selection

* If you are using any special substances, select all that apply.

- ☐ cells, cell lines, tissues, or tissue products (animal and/or human)
- ☐ complete Freund's adjuvant (CFA)
- ☑ **controlled substances (requiring DEA and sometimes SUA registration)**
- ☐ nonpharmaceutical-grade compounds
- ☐ paralytic agents

☐ none of the above

Controlled Substances

Controlled substances are drugs regulated by the Drug Enforcement Administration (DEA) and Wisconsin's Controlled Substances Board, which issue Special Use Authorizations (SUAs) for research use of controlled substances by DEA registrants. Get more information on the **RARC Controlled Substances page**.

1. Controlled Substances Selection

* Check all regimens that contain controlled substances.

	Regimen/Substance Name	Drugs or Compounds	Species
☐	Anesthesia and instrumentation support	Fluids such as LRS, normosol, NaCl 0.9%, other Eye lubricant Tissue adhesive Medical adhesive removal spray Providone-iodine 7.5% surgical scrub Isopropyl alcohol 70% Glycopyrrolate 0.2 mg/mL (anticholinergic) Lidocaine 20 mg/mL (Class 1b antiarrhythmic)	Domestic dog
☑	Pentobarbital euthanasia	**Propofol (10 mg/mL) Pentobarbital sodium (260-392mg/ml)**	**Domestic dog**
☐	Sedation and general anesthesia for data collection	**Butorphanol Propofol Isoflurane Norepinephrine**	**Domestic dog**

2. DEA and SUA Registrant

* Name the DEA registrant and, if required, the SUA registrant for the controlled substances.

PIs are responsible for ensuring that all controlled substances are purchased and dispensed under approved WI SUA (required for most PIs) and DEA registrations.

Obtaining or renewing an SUA can take eight to 12 weeks or more. Please plan accordingly.

[redacted] (DEA)

Nonsurgical Procedures Checklist

1. Nonsurgical Procedures Selection

* Check all types of nonsurgical procedures that will be performed.

- [x] **Blood collection**
  Sampling by nonsurgical procedures
- [ ] **Food and/or fluid regulation**
  Applies to scheduled or restricted access to food or fluids for experimental purposes.
  Do NOT check this box for fasting before sedation or use of anesthesia or for standard presurgical fasting or fluid regulation. Presurgical fasting will be described in Surgery Summary.
- [ ] **Genotyping/identification**
- [ ] **Imaging**
  CT scans, MRIs, ultrasound examinations, X-rays, and other imaging procedures, including those that expose the animal to small amounts of radiation for the purpose of producing a visual image of bodies or processes.
  If a dye is used for imaging, add details about the dye in Substance Administration.
- [ ] **Irradiation**
  Exposure to gamma irradiation and other ionizing radiation for the purpose of affecting animal tissue or physiology.
  Administration of radionuclides via injection or in food should be described in Substance Administration.
- [ ] **Physical restraint**
  Applies to the use of manual or mechanical means to limit some or all of an animal's movement.
  Does NOT apply to brief procedures that are part of normal handling or husbandry.
  Does NOT apply to normal wildlife-capturing techniques.
- [x] **Other nonsurgical procedures**
  Applies to a wide range of other experimental manipulations of animals such as behavioral assays, gastric lavage, maze trials, oocyte collection, preference tests, and more.
- [ ] **I will not perform any nonsurgical procedures.**

Blood Collection

For each blood collection regimen, provide details of the procedure.

1. Blood Collection Details

* The table below lists regimens of blood collection that have been added.

View

Name	Baseline and treatment data collection
Collect Site	Lateral saphenous veins, lip mucosa
Blood Collection Process	1 mL of whole blood will be collected from a lateral saphenous vein. A 22 gauge needle attached to a 3 mL syringe will be used to puncture the vein while applying slight traction to the syringe plunger. Confirmation of correct placement will be by visualizing blood entering the syringe. After the sample is collected, pressure will be applied to the area for up to 30 seconds. Immediately after, a new 22 gauge needle will be used to superficially puncture an area on the lip mucosa, allowing for a small bleb of blood to form to be used for a point-of-care glucometer reading. Pressure may be applied to the area if it continues to bleed.
Blood Collection Monitoring	After pressure is released from the area of blood collection, check for any hemorrhage from the site or hematoma formation.
Max. Single Draw Vol. (ml)	1 mL + 0.3 uL
Max. Single Draw Vol. (percent)	0.08%
# Samples	6 x 3 treatments = 18 total over course of study
Interval	5 minutes
Blood Terminal?	No
Painful/Distressful?	No
Analgesic/Anesthetic Regimen	Sedation and general anesthesia for data collection

Name	CBC & Chemistry
Collect Site	jugular veins, lateral saphenous veins
Blood Collection Process	The dog will be manually restrained by one person while a second performs the blood draw. For a jugular sample, the dog will be sitting or laying in sternal recumbency and its head will be tilted upwards slightly. One of the jugular veins will be held off at the thoracic inlet. A 22 gauge needle attached to a 6 mL syringe will be used to puncture the jugular vein while applying slight traction to the syringe plunger. Confirmation of correct placement will be by visualizing blood entering the syringe. Once 3-4 mL is collected, the needle will be removed and pressure applied to the area for a minimum of 60 seconds. For a lateral saphenous sample, the dog will be manually

View		restrained in lateral recumbency and the vein held off on the up pelvic limb by the restrainer. A 22 gauge needle attached to a 6 mL syringe will be used to puncture the jugular vein while applying slight traction to the syringe plunger. Confirmation of correct placement will be by visualizing blood entering the syringe. Once 3-4 mL is collected, the needle will be removed and pressure applied to the area for a minimum of 60 seconds.
	Blood Collection Monitoring	After pressure is released from the area of blood collection, check for any hemorrhage from the site or hematoma formation.
	Max. Single Draw Vol. (ml)	4 mL
	Max. Single Draw Vol. (percent)	0.3%
	# Samples	1
	Interval	*No Value Entered*
	Blood Terminal?	No
	Painful/Distressful?	No
	Analgesic/Anesthetic Regimen	*No value entered*

2. Blood Collection Exceed Limits

For any survival blood collection regimens that approach or exceed the maximum collection limits as outlined in the RARC guidelines, describe monitoring and supportive care procedures.

> *No Answer Provided*

3. Blood Collection Justification

Provide justification for survival blood collection regimen limits stated in question #2 or justification for multiple collections in a short period of time.

> *No Answer Provided*

Other Nonsurgical Procedures

1. Other Nonsurgical Procedures Details

* Provide details for other nonsurgical procedures you will use.

View

Name	Data collection
Pre and Post Care and/or Treatment	*No Value Entered*
Description	A venous blood sample will be drawn from a lateral saphenous vein using a 22 g needle attached to a 3 mL syringe and placed in a green top collection tube followed immediately by the recording of a Free Style Libre sensor reading prior to induction (baseline), and at 5, 10, 20, 30 and 40 minutes after start of treatment. A point of care glucose measurement (AlphaTRAK) will also be recorded at each time point by pricking the inside of the lip mucosa with a new 25 g needle to allow a small bleb of blood to form and placing the glucose strip next to it for collection. Light digital pressure will be applied to areas of blood collection for 10-30 seconds to ensure hemostasis. Monitoring: Dogs will be monitored with a pulse oximeter (SpO2 %), electrocardiogram (ECG), capnometer (ETCO2), esophageal thermometer, and direct arterial blood pressure (IBP) connected to a multiparameter monitor. Heart rate, respiratory rate, SpO2, systolic (SAP), mean (MAP) and diastolic (DAP) arterial blood pressures, ETCO2, ET iso %, and oxygen flow rate will be recorded every 5 minutes, while temperature, will be recorded every 15 minutes.
Frequency	18 times (6 collections during each of 3 separate treatments)
Painful/Distressful?	Yes
Files	
Analgesic/Anesthetic Regimen	Sedation and general anesthesia for data collection

Name	Flash Glucose Monitoring System Application
Pre and Post Care and/or Treatment	The skin will be clipped in a 5 x 5-inch area on the side of the neck (alternating sides for each treatment) and aseptically prepped with providone-iodine scrub and isopropyl alcohol. After the sensor is placed, a light bandage will also be applied loosely around the neck using self-adhesive bandage wrap to protect the sensor from accidental removal.
Description	A FreeStyle Libre glucose monitoring sensor will be

View		applied the evening before each anesthesia. The sensor will be loaded into the insertion device as per the manufacturer's instructions. A few drops of tissue adhesive will be applied around the edge of the sensor. While a second person gently holds the dog, the applicator is then held against the skin in the clipped and prepped area and pressure applied until a clicking sound is heard. The applicator is then removed gently to make sure the sensor stays in place. The sensor will be checked to make sure there is good skin adhesion and then scanned with the reader to link them prior to applying the bandage.
	Frequency	Three times, with up to 3 replacements in case the animal removes the sensor or there is a sensor failure.
	Painful/Distressful?	No
	Files	Free Style Libre quick start guide.pdf
	Analgesic/Anesthetic Regimen	*No value entered*

View	Name	Physical exams
	Pre and Post Care and/or Treatment	*No Value Entered*
	Description	A physical exam will be performed including a limited oral exam, auscultation of the heart and lungs, pulse palpation, abdominal palpation, skin examination for lesions or wounds, and rectal temperature. A baseline Modified Glasgow pain assessment score will also be taken in case of future injuries, trauma.
	Frequency	4 - initial health exam and briefly before each anesthetic event.
	Painful/Distressful?	No
	Files	
	Analgesic/Anesthetic Regimen	*No value entered*

Surgery Y/N

1. Surgery Performed

Surgical procedures that are initiated on a live animal prior to confirmation of death, such as thoracotomy for terminal perfusion, are considered surgeries.

Not surgery: Fine-needle biopsies, intravitreal or subcutaneous injections, simple catheter insertions. These should be described in Other Nonsurgical Procedures.

* Will major, minor, or nonsurvival surgery be performed on any of this species?

○ Yes ◉ **No**

Alternatives Search

Review the following procedures and genetic modifications (if applicable) you described that cause more than momentary pain or distress. Then answer the questions that follow to explain how you determined that there weren't less painful or distressful alternatives to the procedures.

Nonsurgical Procedures

Procedure Name	Procedure Type	Anesthesia/Analgesia Regimen
Data collection	Other Non Surgical Procedures	Sedation and general anesthesia for data collection

Surgical Procedures

Surgery Title	Survival Procedures	Anesthesia/Analgesia Regimen

There are no items to display

1. Alternatives Databases

* List one or two databases you searched (e.g., AltWeb, Biological Abstracts, NORINA, PubMed, etc.) to look for alternatives.

> PubMed, Google Scholar, NORINA

2. Alternatives Years Covered

* What years did your search cover? (yyyy-yyyy)

> 2000-2022

3. Alternatives Recent Search

* What was the date of your most recent search?

> 7/25/2022

4. Alternatives Other

What methods did you use beyond database searches to look for alternatives to painful or distressful procedures (e.g. conference attendance, professional expertise, journal articles, training)?

> Professional expertise ([redacted])

5. Alternatives Search Strategy

* Describe your search strategy, including the scientifically relevant keywords you used.

> Key words: glucose, measurement, site, alternative, dog, anesthesia, simulator, replacement
> Including Boolean operators, spelling variations (eg anaesthesia and anesthesia)

6. Alternatives Narrative

* Evaluate the information you've gathered and explain any alternatives or refined methods that cannot be used in this research.

> Given that both blood and interstitial glucose values are to be measured, and anesthetic parameters need to be representative of a clinical scenario, no models or simulators can mimic the proposed study.

Complications

In previous sections, you identified the pain and discomfort animals might experience from each procedure. Now consider your procedures from a broader perspective.

1. Potential Complications

* What are the potential complications animals may experience from any of your procedures (e.g., internal bleeding after liver biopsy, Graft Versus Host Disease (GVHD) with transplant) or from any chronic condition resulting from the procedures (e.g., lameness, disease) and how will the complications be managed?

> Flash glucose monitor sensor application - localized area of erythema around the sensor, a bent catheter, or the possibility of ingestion if not placed in an inaccessible location or applied appropriately. Prevention by using aseptic, correct placement on the side of the neck, and application of a light bandage around the sensor. If a dog should ingest a sensor, abdominal radiographs may be required to confirm location; inducing emesis may be required in certain situations. (This follow up will be clinical, under direction of a RARC veterinarian).
>
> IV or arterial catheter placement - phlebitis or infection of site, clot formation, hemorrhage. Prevention by using aseptic technique, applying a light pressure bandage after removal for minimum of 20 minutes and monitoring of site after removal of bandage.
>
> General anesthesia - hypotension, hypertension, hypoxemia, hypothermia, hyperthermia, hypoventilation, hyperventilation, bradycardia, tachycardia, other cardiac arrhythmias, regurgitation, aspiration, cardiopulmonary arrest. Continuous monitoring of anesthetic depth, oxygen saturation, heart rate, respiration/ventilation, ECG, invasive arterial blood pressure, and temperature will be performed during the procedure and continued during recovery from anesthesia. Severe hypotension (MAP <45 mmHg in hypotension treatment or MAP <60 mmHg in normotensive treatment group) isoflurane % will be decreased and additional agents administered as appropriate (glycopyrrolate 0.01 mg/kg IV, crystalloid fluid bolus at 5 mL/kg over 5-10 minutes, norepinephrine 0.1-0.5 mcg/kg/min). Ventricular cardiac arrhythmias may be treated with lidocaine 2 mg/kg IV. In the even of cardiopulmonary arrest, animal will be humanely euthanized.
>
> Emergence delirium/dysphoria during recovery - if occurs, first administer 1 mg/kg propofol IV. If continues to exhibit distress, administer 0.1-0.2 mg/kg butorphanol IV

> for mild sedation.

2. Unrelieved Pain or Distress

Will treatment for pain or distress be withheld from any animals of this species?

○ Yes ◉ **No**

USDA Designation

The United States Department of Agriculture (USDA) established the following B-E categories based on levels of pain, discomfort, and distress associated with procedures.

1. USDA Designation Code

* Choose the highest category of pain/distress that this species will experience as part of this protocol.

○	B	Animals bred or held for use in teaching, testing, experiments, research, or surgery but not used for such purposes
○	C	Teaching, research, experiments or tests conducted that involve no pain or distress that require use of analgesics
◉	**D**	**Experiments, teaching, research, surgery or tests conducted that involve accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic or tranquilizing drugs or palliative measures are used (including surgery or procedures under anesthesia that without the anesthesia would be painful)**
○	E	Teaching, experiments, research, surgery or tests conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic or tranquilizing drugs are not used because they would adversely affect the procedures, results or interpretation of the teaching, research, experiments, surgery or tests
○	Not USDA-covered activity or species	USDA animal welfare regulations do not apply to the use of this species as described in this protocol

Endpoints/Euthanasia Methods

The RARC veterinary staff has recommendations for euthanizing the most commonly used species on campus. Your euthanasia plans must follow these recommendations unless your alternative method is scientifically justified and approved by your IACUC. Click on the blue question mark icon to view these recommendations and the AVMA Guidelines for the Euthanasia of Animals.

1. Criteria for Anticipated Euthanasia

What are your study endpoints?

> Euthanasia is not a part of the study. Endpoints are completion of the three treatments, in a period of approximately 35 days.

2. Criteria for Unanticipated Euthanasia

* For unanticipated events or nonstudy-related health issues, what criteria or clinical signs will you use to determine an unanticipated endpoint for an animal?

> If cardiopulmonary arrest occurs under anesthesia (absence of pulse, ventricular arrhythmia requiring defibrillation)
> Medical complication requiring surgical intervention - fracture, gastric dilation and volvulus, severe internal hemorrhage, etc.
> Unmanageable pain.
> Poor quality of life related to underlying metabolic disease.
> If unable to transfer dogs to another study protocol as initially planned and unable to find acceptable adoptable homes.

3. Plan for Anticipated Euthanasia

Select all applicable euthanasia methods for planned study procedures.

	Regimen/Substance Name	Drugs or Compounds	Species
☑	Pentobarbital euthanasia	**Propofol (10 mg/mL) Pentobarbital sodium (260-392mg/ml)**	**Domestic dog**

4. Plan for Unanticipated Euthanasia

Select all applicable euthanasia methods for unanticipated events or nonstudy-related health issues.

	Regimen/Substance Name	Drugs or Compounds	Species
	Pentobarbital euthanasia	**Propofol (10 mg/mL) Pentobarbital sodium (260-392mg/ml)**	**Domestic dog**

5. Plan for Physical Methods of Euthanasia

After discussing with an RARC veterinarian, describe your plan for physical methods of euthanasia.

Name	Description
There are no items to display	

6. Other Euthanasia Methods

Describe other planned and unplanned euthanasia methods not included above, including euthanasia performed by the RARC veterinary staff.

> *No Answer Provided*

7. Nonstandard Euthanasia Justification

For methods of euthanasia described above that are NOT listed in RARC Veterinary Standards for this species, justify the use of this method.

> *No Answer Provided*

8. Ensure Death

* Describe the methods you'll use to ensure death following euthanasia procedures.

> Death will be assessed by absence of a heartbeat.
>
> Death will be confirmed by absence of corneal reflex.

Disposition

Indicate the final arrangements for animals assigned to this protocol.

1. Disposition Plan

* At the end of their assignment in this protocol, animals will be:

☑	**Made available to other investigators.**
☐	Returned to a UW colony, herd or flock for other use.
☐	Returned to their client-owners.
☐	Maintained at a privately owned herd or flock.
☑	**Made available for adoption. Adoption must be preapproved by a laboratory animal veterinarian.**
☐	Sold at market.
☑	**Euthanized.**
☐	Other.

2. Consumption

* Is there a possibility that animals or humans will consume your animals or their byproducts at the end of your study?

○ Yes ◉ **No**

Nonstandard Husbandry Checklist

Don't include medically justified, standard pre- or post-anesthetic/surgical exceptions, such as short term withholding of food and water. Describe these in SURGICAL PROCEDURES.

Don't include longer-term food or fluid regulation. Describe these in NONSURGICAL PROCEDURES.

Don't describe the use of wire bottom caging here if non-avian animals will be on wire-bottomed caging for less than 12 hours. That should be included in the EXPERIMENTAL NARRATIVE.

This protocol assumes that social animals (including Nonhuman Primates) may be housed singly for non-experimental reasons (e.g. husbandry management, veterinary clinical management) in accordance with campus policies and SOPs.

Don't check 'Single housing of social species' if the reason for single housing is approved in the **UW-Madison Animal Social Housing and Enrichment Requirements (ASHER)** document. If you are using Nonhuman Primates and are unsure if you should check this box, consult with your research animal veterinarian.

1. Nonstandard Husbandry Selection

* Check ALL non-standard conditions that apply to this species.

- ☐ **Housing animals outside dedicated animal facility**
  Animals will be kept for greater than 12 hours for USDA covered animals, or 24 hours for non-USDA covered animals in any location that is not a dedicated animal facility.
- ☐ **Lab staff provide husbandry in facility**
  Laboratory or research staff, rather than professional facility animal-care staff, will provide animal husbandry for a subset of animals housed in facilities.
- ☐ **Single housing of social species**
  Social species are singly housed for periods longer than 12 hours for experimentally-driven reasons. This does not include: clinical reasons, recovery from anesthesia/surgery, social incompatibility, final animal in an experiment, and female rodents near parturition (see ASHER document).
- ☐ **Enrichment withholding**
  Animals are not provided with the minimum required enrichment as outlined in the facility SOP.
- ☐

	Exercise withholding for dogs Dogs are not provided with the minimum exercise as required by the facility SOP.
☐	**Ambient Noise** Animals will be exposed to white noise that is not part of the standard environmental enrichment for the species.
☐	**Nonstandard lighting** Animals will be exposed to lighting paradigm of non-standard wavelength, intensity, or altered light/dark.
☐	**Vibration** Animals will be exposed to vibrations of an amplitude and or frequency known to cause clinical effect.
☐	**Cleaning/sanitation schedule different than facility standard**
☐	**Enclosure smaller or denser than standard for species** Animals will be housed in an enclosure that is smaller than the facility standard or at a density higher than the standard for the cage size.
☐	**High velocity air** Animals will be directly exposed to high velocity air that is not a normal part of their husbandry.
☐	**Bare floor (no bedding) with no structure for resting or sleeping**
☐	**Wire bottom cage for more than 12 hours (NOT AVIAN)**
☐	**Temperature outside recommended range** Animals will be exposed to temperatures outside of the normal reference ranges for the species.
☐	**Other nonstandard housing or husbandry** Animals are subject to other non-standard housing or husbandry conditions.
☑	**Not applicable** **There will be no non-standard husbandry for this study.**

Select Locations

Add all housing and procedure locations for this species. Use only one of the following three questions to add a location.

Add your location in question 1, if it has been approved by the IACUC.
If you will house animals and perform procedures in the same established animal facility:
Type "vivarium" in the search box and select from the results. To allow flexibility and avoid possible protocol violations, do not select a specific room.

If you will use space in UW Veterinary Care (fka Veterinary Medicine Teaching Hospital (VMTH)):

Type "SVM_UWVetCare" in the search box and select from the results. Do not select a specific room.

If you will use a non-vivarium PI laboratory to hold animals and/or perform procedures:
Type the room number in the search box and select from the results. Include the building module (e.g. K4/123) for the Clinical Sciences Center (CSC). Add each room separately; you cannot add room ranges.

Add your location in question 2, if it is a UW-Madison location that you did not find in the search box for question 1.

Add your location in question 3, if it is not controlled by UW-Madison or its affiliates.

1. Current ACUC Approved Locations

Location Common Name	Room Name	Location Type	Committee	Housing Allowed	Procedure Allowed	Surgery Level
[redacted]	[redacted]	facility	SVM	yes	yes	Survival USDA or Lesser Allowed
[redacted]	[redacted]	facility	SVM	no	yes	Most Surgeries Allowed
[redacted]	[redacted]	facility	SVM	yes	yes	Most Surgeries Allowed
[redacted]	[redacted]	lab	SVM	no	yes	Survival USDA or Lesser Allowed

2. Locations Not Found under Current ACUC Approved Locations

You must request ACUC approval for these locations.

Building Name	Building Address	Room Name
There are no items to display		

3. Locations Not Controlled by UW-Madison or Its Affiliates

Location	Location Address
There are no items to display	

Select Purpose Of Locations

1. Locations Details

* Click on the name of each selected location. On the pop-up, indicate which of the following procedures and housing will occur at that location. Check all that apply for each location.

Location name	Facility housing	Laboratory housing	Nonsurgical Procedures	Surgical Procedures	Euthanasia
[redacted]	no	no	Anesthesia and instrumentation support, Baseline and treatment data collection, CBC & Chemistry, Data collection, Flash Glucose Monitoring System Application, Pentobarbital euthanasia, Physical exams, Sedation and general anesthesia for data collection	*No value entered*	yes
[redacted]	yes	no	CBC & Chemistry, Flash Glucose Monitoring System Application, Physical exams	*No value entered*	no
[redacted]	no	no	Anesthesia and instrumentation support, Baseline and treatment data collection, CBC & Chemistry, Data collection, Flash Glucose Monitoring System Application, Pentobarbital euthanasia, Physical exams, Sedation and general anesthesia for data collection	*No value entered*	yes
[redacted]	yes	no	CBC & Chemistry, Flash Glucose Monitoring System Application, Physical exams	*No value entered*	no

Transport

See **policy UW-4099**, Campus Transportation of Laboratory Animals, for guidance on transporting laboratory animals outside the animal facility. A minimum acclimation period is not required for animals intended for use after intra-campus transport or in non-survival procedures; it is however strongly recommended animals receive at least 72 hours post-transport acclimation prior to use in a research protocol. See **policy UW-4106**, Acclimation After Transport.

1. Animal Transport

* Animals will NOT be transported.

○ True ◉ **False**

1.1. Transport Routes

* Check all transport routes you will use.

- ☐ within, or between adjacent rooms within, a vivarium (animal never leaves the vivarium - e.g. [redacted] to [redacted])
- ☑ **within a building or between connected buildings (animal moves from lab to lab - e.g. [redacted] to [redacted])**
- ☐ between buildings (e.g. [redacted] to [redacted]
- ☐ to or from field site (e.g. [redacted] to [redacted] and back to [redacted])
- ☐ no transport of animals will occur

1.2. Order of Movement

In 2-4 sentences describe animal movement and transport method.

> *No Answer Provided*

1.3. Transport Methods

* How will you transport animals?

☐	in a dedicated animal transport vehicle or trailer
☑	**hand-carried in a covered cage, in an animal-transport container, or covered on a cart**
☐	in a privately owned vehicle, non-dedicated departmental vehicle, or non-dedicated fleet vehicle
☐	other

1.4. Transport Files

Upload supplemental information (i.e. SOPs, maps) here.

There are no items to display

End of Species Details

You are done answering questions about this species.

Click on "Species Complete." You will be redirected to the Species start page where you can answer questions about additional species in your protocol or continue to the next section.

University of Wisconsin-Madison Institutional Animal Care and Use Committee (IACUC)

Protocol # : V006664-A01

Date Approved : 11/10/2022

Expiration date : 11/9/2025

Protocol Basics

1. Protocol Title

* Give your protocol a title.

> Evaluation of the effectiveness and spread of three fascial plane blocks for analgesia in dogs with secondary [unrelated] assessment of an infraorbital artery myomucosal island flap in dogs.

2. Principal Investigator (PI)

If you cannot find the name you want, email arrow_help@rarc.wisc.edu.

* Select the Principal Investigator (PI).

[redacted]

3. PI Status

* Select the current status of the listed PI.

- (•) **Faculty**
- ( ) Emeritus appointment
- ( ) Other

4. PI Department

* Enter the PI's department name.

> Surgical Sciences

5. Protocol Renewal

* Is this application a renewal of a previously approved paper protocol?

○ Yes ◉ **No**

6. Protocol Writers

If you cannot find a name or have other questions, email arrow_help@rarc.wisc.edu

Other than the PI, choose people to help prepare, edit and submit protocols.

Person
[redacted]

7. Email Contacts

If you cannot find the name you want, email arrow_help@rarc.wisc.edu

Along with the PI and protocol writers, add up to two people who should receive pertinent protocol notfications.

Person
There are no items to display

8. Emergency Contacts

* Add at least one person authorized to act in an animal emergency if the Principal Investigator is not available. This person must understand the research and be able to answer questions in the PI's absence.

Person
[redacted]
[redacted]

Funding

Identify all funding sources that support your protocol. If you have questions about grant-protocol congruence, email or submit the **Congruence Review Request Form** to **congruence@rarc.wisc.edu**.

1. Research and Sponsored Program (RSP) Managed Funding

Add any grants or contracts that are funding this project (federal or non-federal).

PI Name	Award Number (MSN #)	Project Title	Sponsor Reference Number	Project ID	Sponsor (Source)	Congruence Determination	Reporting Required
[redacted]		CA-10 DOG PLANEBLOCK ANALGESIA	03/19/2021	AAI9457	UWF - UNIVERSITY OF WISCONSIN FOUNDATION		

2. Other Funding

Add any other funding that is not listed above.

Project Title	PI Name	Award Number (MSN #) / Project ID (PRJXXX)	Start Date	End Date	Grant Status	Sponsor (Source)	Congruence Determination	Reporting Required
There are no items to display								

3. Public Health Service (PHS), NSF, NASA, DOD Funding

See https://en.wikipedia.org/wiki/United_States_Public_Health_Service for a list of PHS agencies.

* Are any of the funding sources above (RSP Managed or Other Funding) directly from or subawards from NIH (or other PHS agencies),

NSF, NASA, or DOD Funding?

Yes **No**

Protocol Type

Biomedical Research, Basic Biology, Teaching and/or Colony Management

For protocols that involve any of the following:

- Basic biological processes, human clinical medicine, or medical trials intended as models of human (not animal) diseases
- Instruction related to topics listed above
- Breeding and colony management practices for animals used in basic biology and biomedical research and teaching
- Wildlife species brought to campus for more than temporary procedures
- The use of horses to teach students veterinary medicine (the prevention, diagnosis and treatment of disease, disorder and injury in non-human animals)

Agricultural Research, Teaching, and/or Herd Management

For protocols that involve any of the following:

- Improving animals' use in production agriculture
- Trials intended to improve animal welfare
- Breeding and herd management practices for animals used in agricultural research and teaching
- The use of horses to study or teach equine science (the study of the

reproduction, physiology, behavior and nutrition of horses)

Wildlife Study with No Housing OR Educational Display Only

Wildlife Study
For protocols that involve:

- Only wildlife
- No Housing

And may also involve:

- Observation or field instruction*
- Modification of animals' environment
- Capture
- Handling
- Use of anesthesia
- Procedures in the field
- Procedures at a campus location for a period lasting NO MORE than 24 hours

Educational Display
For protocols that involve:

- Housing or no housing
- No experimental procedures
- Wildlife and/or domestic/lab animals

*If the study involves no animal handling and no modification of the animals' environment, a protocol requirement may be waived. Contact an **IACUC administrator** for more information.

Other You must consult with an **IACUC administrator** before selecting.

1. Infectious Disease

* Does this protocol include work with infectious disease?

Yes **No**

2. Protocol Type

For help, email arrow_help@rarc.wisc.edu.

* What type of protocol are you submitting? Biomedical Research and Basic Biology and/or Teaching and/or Colony Management

VA ACORP

VA researchers must complete the entire UW protocol application to provide answers about procedures and/or housing at UW facilities.

1. VA Status

Indicate if any of the following apply to this study or project. Select all that apply.

There are no items to display

2. Veterans Administration ACORP

* Is your work also described in an approved Veterans Administration Animal Component of Research Protocol (ACORP)?

Yes **No**

Significance and Justification

1. Significance of Research

* Using language that a high school student would understand (avoid technical grant application language), briefly describe the goals of your study including an explanation of how your work will advance knowledge, improve human or animal health, or benefit society. At the end of your response, briefly and in nonscientific language describe how you plan to interpret the collected data to meet the goals of the study.

Abdominal surgical procedures are commonly performed in dogs, requiring pain relief by several means, including systemic analgesics and regional anesthetic techniques. Fascial plane blocks are a category of regional anesthesia ('local blocks') that rely on local anesthetic injection into a plane that contains multiple nerves, rather than targeting discrete nerves for blockade. This allows for a large area of pain relief with minimal injection points. Fascial plane blocks provide analgesia to the abdominal wall and include the transversus abdominis plane (TAP) block and rectus sheath block (RSB). Cadaveric studies in dogs have characterized the injectate spread with these blocks, but *in vivo* spread and analgesic efficacy data are lacking. The goals of this foundational study will be to evaluate the spread of injectate following TAP block and RSB in anesthetized dogs and the extent of cutaneous sensory blockade (efficacy) of the TAP block and RSB in conscious dogs. Our hypothesis is that the pattern of sensory blockade for these two blocks will demonstrate different clinical applications for surgical analgesia; specifically, the TAP block will provide analgesia to the lateral aspect of the abdominal wall and the RSB will provide analgesia to the midline of the abdomen. Furthermore, we hypothesize that the TAP block and RSB performed with radiographic contrast medium will spread in a manner consistent with the area of observed cutaneous sensory blockade.

Characterization of these novel blocks in dogs will improve the pain control of patients undergoing painful abdominal surgical procedures and may allow for reductions in opioid usage following surgery.

Amendment 2/2/23: In addition to these established fascial plane blocks in dogs, I will add a two-phase assessment of the external oblique intercostal block in dogs. This is a novel block in dogs; cadaveric assessment has been performed in rabbits and as in vivo assessment of efficacy in horses is being performed currently by our research group.

2/6/2023

Amendment

Significance of this research: Immediate, short-term assessment of an infraorbital artery myomucosal island flap in dogs

Defects of the hard and soft palate in dogs are very challenging to treat due to the limited amount of local tissue available for reconstruction. The main limiting factor for most reconstructive procedures is the lack of adequate blood supply to the tissue being used to close a defect.

The infraorbital artery myomucosal island flap is a novel technique designed for reconstruction of defects of the hard palate such as oral nasal fistulas or after extensive tumor resection in dogs.

The flap is based on the infraorbital artery that exits the infraorbital foramen on the lateral aspect of the maxilla. The flap is created from the mucosa and muscle surrounding the artery on the lateral aspect of the maxilla and lip and is approximately 3.5 x 3.5 cm in size. The flap is then rotated medially to cover the defect in the hard

palate and sutured into place providing a robust, vascularized, tissue flap for reconstruction. Depending upon the location of the defect on the hard palate, the adjacent third or fourth premolar tooth may be removed, if necessary, to provide a suitable gap for the infraorbital artery to pass avoiding any kinking or compression.

Currently, there are no other veterinary / canine studies that have utilized the infraorbital artery to support a pedicle flap in this way. The findings from this study will provide preliminary data for a future experimental study evaluating the long-term viability of the flap and the feasibility of this technique in clinical cases.

2. Justify Use of Animals

* Explain why you must use live vertebrate animals instead of nonanimal alternatives such as computer simulation or in vitro systems.

Despite an ever-increasing body of literature supporting the use of fascial plane blocks in human surgical patients, there are a paucity of studies in veterinary medicine on their in vivo effects. Multiple cadaveric studies in veterinary medicine exist for the TAP block; the spread of local anesthetic solution has been characterized in cadavers both by dissection and computed tomography. No in vivo assessments of spread have been performed. The RSB is even less described in the veterinary literature, with only three cadaveric studies at the time of this writing. No in-vivo assessments of efficacy or spread of the RSB have been performed.

These cadaveric studies have limitations in their comparison to living patients as spread of injectate in fresh or thawed cadavers may be impacted by tissue compression, lack of lymphatic or blood flow, and autolysis. Despite widespread acceptance as an analgesic technique suitable for perioperative analgesia for abdominal procedures, limited clinical reports or prospective studies exist to confirm analgesic efficacy.

Thus, all phases of the foundational studies proposed here will lead to immediately applicable, novel results and will be the first to objectively quantify sensory blockade from these blocks in companion animals.

2/6/2023

Amendment

Justification for the use of animals: Immediate, short-term assessment of an infraorbital artery myomucosal island flap in dogs

The current gap in knowledge with the development of this technique is the status of the venous outflow from the flap since the infraorbital vein is not directly adjacent to the infraorbital artery and thus not incorporated into the flap. As a result, there is some concern that the lack of venous return from the flap would result in congestion of the flap and ultimately impact viability. To address this concern, we propose to use dogs under general anesthesia to subjectively and objectively assess the perfusion of the flap in the immediate period after creation to determine the early viability of the flap. It is our presumption that smaller collateral

> veins directly adjacent to the infraorbital artery would provide adequate venous drainage from the flap and thus maintain viability. This technique requires a live subject to assess the perfusion (venous and arterial) to the flap and ultimately its impact of early viability.

Experimental Narrative

1. Experimental Narrative Summary

If you are unsure if your study-specific husbandry practices are different from the standards provided by the vivarium staff, consult with a RARC research animal veterinarian, WNPRC veterinarian, or the supervisor of the animal facility.

* In language that scientific colleagues outside your discipline would understand, provide a global, chronological summary of your experiments that focuses on the experience of the animals from initial assignment to final disposition. Briefly outline all proposed surgeries, non-surgical procedures, and other manipulations. Do Not Include: breeding schemes, blood draws, housing arrangements, complete surgical descriptions, euthanasia methods, drug doses, drug routes, or other standard practices.

Healthy, purpose-bred adult dogs will be obtained and housed for an anticipated total duration of 45 days. Dogs will undergo a minimum 72 hour acclimation period before starting the study.
Four treatments of this study will be performed in a randomized manner with a 7-day washout in between treatments. Each dog will be fasted for approximately 12 hours prior to each anesthetic event. Animals will be monitored with a pulse oximeter, capnometer, and oscillometric blood pressure monitor for treatments 1 and 2 and with a pulse oximeter for treatments 3 and 4. Temperature support will be provided (to maintain temperature > 99°F) as needed for all phases with a forced-air warming device. All anesthetic induction, maintenance, and recovery will be closely monitored or supervised by a Diplomate of the American College of Anesthesia and Analgesia or resident in Anesthesia and Pain Management.

Some dogs may have been previously assigned to protocol V006612, and if acceptable for transfer, will be transferred to this protocol. No invasive procedures will have been performed on that protocol.

Treatment 1:

Dogs will have a 22-gauge intravenous (IV) catheter placed in the cephalic vein without sedation using aseptic technique. Propofol will be administered to effect in order to facilitate endotracheal intubation. General anesthesia will be maintained using isoflurane delivered in 100% oxygen via the endotracheal tube for the duration of the treatment. Block duration is expected to be 5 minutes while total anesthetic duration is expected to be 45-60 minutes. Transversus abdominis plane blocks will be performed by the PI via two injections per side, as previously described and performed clinically by the PI. Both L and R hemiabdomen will be injected with radiographic contrast medium

(Omnipaque™/iohexol, 0.4 ml kg^{-1} $site^{-1}$). Dogs will be maintained in dorsal recumbency for 30 minutes and a computed tomography (CT) scan will be performed following that period. Following CT scan, dogs will be recovered routinely from general anesthesia and returned to their housing. Images will be evaluated by the co-investigator for cranial-caudal and dorsal-ventral spread from the point of injection (as marked by a radiopaque marker) and evaluated for presence or absence (Y/N) of injectate within the correct fascial plane and presence or absence (Y/N) of injectate within the abdomen. Since the measurements will be made objectively using computer-based measurements (point of injection to edge of contrast pool), no attempt at blinding will be made.

Treatment 2:

Dogs will have a 22-gauge intravenous (IV) catheter placed in the cephalic vein without sedation using aseptic technique. Propofol will be administered to effect in order to facilitate endotracheal intubation. General anesthesia will be maintained using isoflurane delivered in 100% oxygen via the endotracheal tube for the duration of the treatment. Block duration is expected to be 5 minutes while total anesthetic duration is expected to be 45-60 minutes. Rectus sheath blocks will be performed by the PI via single injections per side, as previously described and performed clinically by the PI. Both hemiabdomen will be injected with radiographic contrast medium (Omnipaque™/iohexol, 0.5 ml $kg^{-1}site^{-1}$). Dogs will be maintained in dorsal recumbency for 30 minutes and a computed tomography (CT) scan will be performed following that period. Following CT scan, dogs will be recovered routinely from general anesthesia and returned to their housing. Images will be evaluated in the same manner as treatment 1.

Treatment 3:

Dogs will have a 22-gauge intravenous (IV) catheter placed in the cephalic vein without sedation using aseptic technique. Propofol will be administered to effect while the treatment is performed. Block duration is anticipated to last 5 minutes; additional propofol will be titrated IV as needed during this time. Oxygen supplementation will be provided via face mask. Transversus abdominis plane blocks will be performed by the PI via two injections per hemiabdomen, as previously described and performed clinically by the PI. One hemiabdomen will be randomly assigned to receive saline solution while the other will be assigned to receive 0.5% bupivacaine solution, diluted accordingly with saline; the co-investigator will be blinded to the contents of the injectate syringe. Dogs will be kept in dorsal recumbency during anesthetic recovery. Recovery of consciousness will be defined when the dogs will no longer maintain this position and will be defined as time point 0. Mechanical testing by the co-investigator at distinct time points will ensue immediately as described below.

Treatment 4:

Dogs will have a 22-gauge intravenous (IV) catheter placed in the cephalic vein without sedation using aseptic technique. Propofol will be administered to effect while the treatment is performed. Block duration is anticipated to last 5 minutes; additional propofol will be titrated IV as needed during this time. Oxygen supplementation will be provided via face mask. Rectus sheath blocks will be performed by the PI via single injections per hemiabdomen, as previously described and performed clinically by the PI. One hemiabdomen will be randomly assigned to receive saline solution while the other will be assigned to receive 0.5% bupivacaine solution, diluted accordingly with saline; the co-investigator will be blinded to the contents of the injectate syringe. Dogs will be kept in dorsal recumbency during anesthetic recovery. Recovery of consciousness will be defined when the dogs will no longer maintain this position and will be defined as time point 0. Mechanical testing at distinct time points will ensue immediately as described below.

Following TAP block or RSB as described above, cutaneous sensation will be tested using a Von Frey anesthesiometer (VFA) device. Dogs will be placed in lateral recumbency on a cushioned surface and acclimated to this position for 2 minutes prior to testing. An electronic VFA device will be applied at a 90° angle to testing points and pressure will

be gently applied until an aversive behavior (e.g. turning, licking, vocalizing) is exhibited or until the maximum force (800 g) is applied. The force measurement will then be recorded. Sensation will be tested at discrete points that will be determined and marked on the dog using a marker prior to baseline measurement. To determine points, the distance between the lateral process of the L1 vertebrae to the ventral midline will be measured on right and left sides on each dog and this distance on each side will be divided into four equally-spaced points. These points will be tested in a dorsal-to-ventral orientation in lines corresponding to T13-L3 vertebrae for a total of 24 points. The same, blinded co-investigator will perform all testing to minimize variability in testing application and technique. This procedure will be repeated immediately so that two measurements will be taken at each point and the mean value will be used. Cutaneous sensation will be tested in this manner immediately prior to any anesthesia or treatments and will be defined as baseline (BL). Time 0 will be defined as the recovery from anesthesia as described above and sensation will be tested at time 0 and again at 30, 60, 120, 180, and 360 minutes.

Following data collection on a given day, animals will be returned to their normal housing.

After study completion, animals will either be transferred to another protocol or humanely euthanized. Adoption will be considered if the animals can be socialized or rehabilitated to be suitable as companion animals.

Amendment:

Treatment 5: *THREE dogs to receive treatment as a pilot investigation for treatment 6 as an event prior to and separate from treatment 6*

Dogs will have a 22-gauge intravenous (IV) catheter placed in the cephalic vein without sedation using aseptic technique. Propofol will be administered to effect in order to facilitate endotracheal intubation. General anesthesia will be maintained using isoflurane delivered in 100% oxygen via the endotracheal tube for the duration of the treatment. Block duration is expected to be 5 minutes while total anesthetic duration is expected to be 45-60 minutes. External oblique intercostal (EOI) blocks will be performed by the PI via one injection per side at the level of T10 in the lower 1/3 of the lateral thorax. Both L and R sides will be injected with radiographic contrast medium (Omnipaque™/iohexol, 0.5 ml kg^{-1} $site^{-1}$). Dogs will be maintained in dorsal recumbency for 30 minutes and a computed tomography (CT) scan will be performed following that period. Following CT scan, dogs will be recovered routinely from general anesthesia and returned to their housing. Images will be evaluated by the co-investigator for cranial-caudal and dorsal-ventral spread from the point of injection (as marked by a radiopaque marker) and evaluated for presence or absence (Y/N) of injectate within the correct fascial plane and presence or absence (Y/N) of injectate within the thorax. Since the measurements will be made objectively using computer-based measurements (point of injection to edge of contrast pool), no attempt at blinding will be made.

Treatment 6: *ALL dogs will receive treatment following surgical procedure and prior to euthanasia*

Following an unrelated surgical procedure (amendment by [redacted]), general anesthesia will continue to be maintained using isoflurane delivered in 100% oxygen via the endotracheal tube for the duration of the treatment. Block duration is expected to be 5-10 minutes. External oblique intercostal (EOI) blocks will be performed by the PI via one injection per side at the level of T10 in the lower 1/3 of the lateral thorax. Both L and R sides will be injected with new methylene blue. Ten minutes following injection, dogs will be humanely euthanized; dissection will immediately follow to assess the spread of injectate.

Amendment

Experimental narrative: Immediate, short-term assessment of an infraorbital artery myomucosal island flap in dogs.

Six dogs will be included in this study. The dogs will be under general anesthesia as per the existing protocol. The dogs will be placed in lateral recumbency with the head padded and maxilla slightly elevated. The dimensions of the flap will be marked on the mucosa of the maxilla and lip supplied by the infraorbital artery. The marked tissue (approximately 3.3 x 3.5 cm) will be incised with a scalpel and the flap created with blunt and sharp dissection using Metzenbaum scissors. Hemostasis will be maintained with direct pressure and bipolar cautery. The adjacent third or fourth premolar will be removed (or crown removed with high-speed burr) to provide a gap for the infraorbital artery to reside as the flap is rotated medially onto the hard palate. The flap will be positioned onto the hard palate simulating the clinical scenario. The flap donor site will be closed with 4-0 Biosyn (or similar) in a simple interrupted pattern. The flap will be evaluated for a approximately one hour. The variables that will be assessed include flap color, change in thickness (mm) or presence of swelling, pulse quality (weak, moderate, strong), presence of venous congestion or edema, and evidence of kinking or compression of the vascular pedicle when positioned onto the hard palate. After the evaluation period, an overall assessment of the flap perfusion and viability will be made, and the study concluded. The total time under anesthesia is anticipated to be approximately 2-3 hours. The dogs will then be managed according to the existing protocol.

To increase the data obtained from each dog, the same procedure will be conducted on the opposite side (n=12 flaps) assuming that no problems are encountered while undergoing general anesthesia.

Using this short-term evaluation protocol, we do not anticipate any significant complications related to the surgical procedure other than changes affecting the plane of anesthesia due to surgical stimulation or repositioning during the procedure.

2. Research Cores

* Do you plan to transfer animals for services under a research core protocol?

○ Yes ◉ **No**

3. Supporting Publications or Manuscripts

Do not list standard husbandry references.

List the title/name of manuscripts, abstracts, or other references supporting your research that the IACUC may find helpful in evaluating this protocol.

Schroeder CA, Schroeder KM, Johnson RA. 2010. Transversus abdominis plane block for exploratory laparotomy in a Canadian lynx (Lynx canadensis). J Zoo Wildl Med. 41: 338-341.

Castaneda-Herrera FE, Buritica-Gaviria EF, Echeverry-Bonilla DF. 2017. Anatomical evaluation of the thoracolumbar nerves related to the transversus abdominis plane block technique in the dog. Anat Histol Embryol. 46: 373-377.

Baldo CF, Almeida D, Wendt-Hornickle E, Guedes A. 2018. Transversus abdominis plane block in ponies: a preliminary anatomical study. Vet Anaesth Analg. 45: 392-396.

Bruggink SM, Schroeder KM, Baker-Herman TL, Schroeder CA. 2012. Weight-based volume of injection influences cranial to caudal spread of local anesthetic solution in ultrasound-guided transversus abdominis plane blocks in canine cadavers. Vet Surg. 21: 455-457.

Drozdzynska M, Monticelli P, Neilson D, Viscasillas J. 2017. Ultrasound-guided subcostal oblique transversus abdominis plane block in canine cadavers. Vet Anesth Analg. 44: 183-186.

Mirra A, von Rotz A, Schmidhalter M, et al. 2018. Ultrasound-guided lateral and subcostal transversus abdominis plane block in calves: a cadaveric study. Vet Anaesth Analg. 45: 384-391.

Schroeder CA, Snyder LBC, Tearney CC, et al. 2011. Ultrasound-guided transversus abdominis plane block in the dog: an anatomical evaluation. Vet Anaesth Analg. 38: 267-271.

Zoff A, Laborda-Vidal P, Mortier J, et al. 2017. Comparison of the spread of two different volumes of contrast medium when performing ultrasound-guided transversus abdominis plane injection in dog cadavers. J Small Anim Prac. 58: 269-275.

St James ML, Ferreira TH, Schroeder CA, et al. 2020. Ultrasound-guided rectus sheath block: an anatomic study in dog cadavers. Vet Anaesth Analg. 47: 95-102.

Freitag FA, Bozak VL, do Carmo MPW, et al. 2018. Continuous transversus abdominis plane block for analgesia in three dogs with abdominal pain. Vet Anaesth Analg. 45: 581-583.

Portela DA, Romano M, Briganti A. 2014. Retrospective clinical evaluation of ultrasound guided transverse [sic] abdominis plane bloc in dogs undergoing mastectomy. Vet Anaesth Analg. 41: 319-324.

Skouropoulou D, Lacitignola L, Centonze P, et al. 2018. Perioperative analgesic effects of an ultrasound-guided transversus abdominis plane block with a mixture of bupivacaine and lidocaine in cats undergoing ovariectomy. Vet Anaesth Analg. 45: 374-383.

Tran DQ, Bravo D, Leurcharusmee P, Neal JM. 2019. Transversus abdominis plane block: a narrative review. Anesthesiology. 131: 1166-1190.

Støving K, Rothe C, Rosenstock CV, et al. 2015. Cutaneous sensory block area, muscle relaxing effect, and block duration of the transversus abdominis plane block. Reg Anesth Pain Med. 40: 355-362.

Moore SA, Hettlich BF, Waln A. The use of an electronic von Frey device for evaluation of sensory threshold in neurologically normal dogs and those with acute spinal cord injury. Vet Journal. 197: 216-219.

Song RB, Basso DM, da Costa RC, et al. 2016. von Frey anesthesiometry to assess sensory impairment after spinal cord injury caused by thoracolumbar intervertebral disc extrusion in dogs. Vet Journal. 209: 144-149.

Moeschler SM, Murthy NS, Hoelzer BC, et al. 2013. Ultrasound-guided transversus abdominis plane injection with computed tomography correlation: a cadaveric study. J Pain Res. 6: 493-496.

Amendment 2/6/2023:
Elsharkawy H, Kolli S, Soliman LM, et al. 2021. The external oblique intercostal block: anatomic evaluation and case series. Pain Med. 22(11): 2436-2442.

4. Summary Files

Attach file(s) with timelines, illustrations, figures, or other supplemental information that provides an overview of the protocol. Do not attach copies of grant applications.

Diagram of cutaneous sensation testing

Duplication

Animal welfare regulations do not allow unnecessary duplication of previous experiments.

1. Experiment Duplication

* Do the proposed activities duplicate previous work?

- ○ Yes
- ◉ **No**
- ○ Not Applicable - This is a teaching activity involving different student groups

Selected Species

Questions regarding each species can be found in the Species Details section of the protocol.

Click on the Species Details button next to the species you would like to work on. When you are finished answering questions for all species, click Continue or save and exit. You can exit before answering all questions and return later to finish.

1. Species Details

To add additional species not shown below, check the box:

> No

Species Details	Species	Max. Number	Surgery?	MSS?	Breeding?	GM?	USDA Code	Print	Complete?
Species Details	Domestic dog	7	yes	no	no	no	D		

Select Study Team

1. Study Team

For help, email arrow_help@rarc.wisc.edu.

* Add all research personnel, including the PI, who will work with a species under this protocol.

Do NOT include:
*Rotating Students who will be in the lab for less than 30 days
*RARC Veterinary Staff
*RARC Training Staff

Only include **Animal Facility Supervisors, Animal Care Staff** and **Student Workers** if one of the following applies:
*This is a herd management or ART tracking protocol
*They will be performing procedures specifically listed on your lab protocol

	Name	Office phone	Lab phone	Cell phone	Email
View	[redacted]	[redacted]		[redacted]	[redacted]@wisc.edu
View	[redacted]	[redacted]		[redacted]	[redacted]@wisc.edu
View	[redacted]	[redacted]		[redacted]	[redacted]@wisc.edu
View	[redacted]				[redacted]@wisc.edu
View	[redacted]	[redacted]		[redacted]	[redacted]@wisc.edu
View	[redacted]			[redacted]	[redacted]@wisc.edu

2. Study Team Groups

List team groupings that will work on this protocol (e.g., 4th year veterinary students, BRMS Breeding Core, SPI). Do not name individuals or include any assignments.

> [redacted] residents:
> [redacted]
> These residents may assist with restraint or handling. If they are to provide any significant contribution, data collection, or intervention, I will add them as individuals to the protocol.

3. PI Oversight

If the PI (him or herself) will not be handling or working with a live species, explain how the PI will provide the oversight necessary for compliance with animal program regulations and requirements.

> *No Answer Provided*

4. Supervisor/Trainer for Staff

* Please state who will train and supervise study team members.

> PI-[redacted]

5. Confirm Training

For assistance, contact Randy Hentschel at University Health Services, 262-0924

* Confirm that all study team members have completed the Animal Contact Risk Questionnaire and are medically cleared to handle animals.

> Yes

Assignments and Qualifications

1. Study Team Member Assignments

For help email, arrow_help@rarc.wisc.edu

Click 'Add' below to associate each team member with a species and/or a procedure. Each member must be associated with at least one species and each procedure must be associated with at least one member.

Name	[redacted]
Species	Domestic Dog
Surgeries	*No value entered*
RARC Classes	Horse Training - 2022-02-21 Cat Training - 2021-08-20 Surgery Fundamentals - 2021-08-19 Dog Training - 2018-11-27 Animal User Orientation - 2018-07-17 Primate Orientation - 2017-01-23 Animal User Orientation - 2013-08-28
EHS/UHS Training	Agricultural Safety - 2/25/2027 Animal Contact Risk Questionnaire - 8/10/2023 Risk Communication in Animal Facilities - 2/25/2025 Safety for Personnel with Animal Contact - 9/26/2023
Education	

View

	[redacted]
Experience	Clinical experiance as veterinarian with Canine, Feline, Equine, Bovine, Caprine, Avian, Rodent, Lagomorph, Reptile and Primate since 2017
Painful nonsurgical procedures	*No value entered*
Physical euthanasia methods	*No value entered*
Anesthesia Analgesia Sedation Assignment	Propofol and isoflurane anesthesia, Regional anesthetic technique
Transport Method Assignment	*No value entered*

Name	[redacted]
Species	Domestic Dog
Surgeries	Infraorbital artery flap technique (Nonsurvival (> 5 mins and < 12 hrs))
RARC Classes	Primate Training - 2022-02-23 RARC Animal User Recertification - 2022-01-27 Animal User Orientation - 2018-02-10 Animal User Orientation - 2013-02-09 Animal User Orientation - 2008-02-07 Animal User Orientation - 2004-10-25 Animal User Orientation - 2000-09-18
EHS/UHS Training	Animal Contact Risk Questionnaire - 1/17/2024 Risk Communication in Animal Facilities - 1/10/2025 Safety for Personnel with Animal Contact - 1/10/2027
Education	[redacted]

View

[redacted]

[redacted]

Experience	20+ years experience with feline species as a small animal surgeon (Dipl ACVS) 20+ years expericene with canine species as a small animal surgeon (Dipl. ACVS) 20+ years of intermittant experience with various exotic animal species including rabbits, ferrets, birds, and rodents as a small animal surgeon (Dipl ACVS)
Painful nonsurgical procedures	*No value entered*
Physical euthanasia methods	*No value entered*
Anesthesia Analgesia Sedation Assignment	Propofol and isoflurane anesthesia
Transport Method Assignment	*No value entered*

Name	[redacted]
Species	Domestic Dog
Surgeries	*No value entered*
RARC Classes	Dog Training - 2022-09-09 Animal User Orientation - 2022-03-03
EHS/UHS Training	Animal Contact Risk Questionnaire - 10/14/2023 Risk Communication in Animal Facilities - 7/25/2025 Safety for Personnel with Animal Contact - 7/25/2027
Education	[redacted]

View

	[redacted]
Experience	As a veterinarian and veterinary anesthesia specialist I have experience with the following species: Dogs, cats, horses, cattle, pigs, sheep, goats, rabbits, birds, guinea pigs, hedgehogs, various reptiles, large and small exotic felids (tigers, lions, cheetahs, mountain lions, bobcats, cervals, etc), seals, non-human primates, rhinoceroses, tapirs, wild ungulates, porcupines, and many more.
Painful nonsurgical procedures	*No value entered*
Physical euthanasia methods	*No value entered*
Anesthesia Analgesia Sedation Assignment	Propofol and isoflurane anesthesia, Regional anesthetic technique
Transport Method Assignment	*No value entered*

Name	[redacted]
Species	Domestic Dog
Surgeries	*No value entered*
RARC Classes	RARC Animal User Recertification - 2022-08-03 Animal User Orientation - 2017-08-08 Animal User Orientation - 2012-08-22 Animal User Orientation - 2007-01-29

View

EHS/UHS Training	Agricultural Safety - 1/25/2027 Animal Contact Risk Questionnaire - 4/7/2023 Risk Communication in Animal Facilities - 4/1/2025 Safety for Personnel with Animal Contact - 4/20/2025
Education	[redacted]
Experience	As a veterinary anesthesiologist, I have experience with many species. I have anesthetized dogs, cats, horses, cattle, rabbits, rodents, reptiles, birds, and primates.
Painful nonsurgical procedures	*No value entered*
Physical euthanasia methods	*No value entered*
Anesthesia Analgesia Sedation Assignment	Propofol and isoflurane anesthesia, Regional anesthetic technique
Transport Method Assignment	*No value entered*

Name	[redacted]
Species	Domestic Dog
Surgeries	*No value entered*
RARC Classes	Animal User Orientation - 2018-11-12 Animal User Orientation - 2013-11-10 Animal User Orientation - 2008-11-16 Animal User Orientation - 2005-11-18
EHS/UHS Training	Agricultural Safety - 8/3/2025 Animal Contact Risk Questionnaire - 7/27/2023 Risk Communication in Animal Facilities - 5/23/2025 Safety for Personnel with Animal Contact - 5/7/2024
Education	

View

	[redacted]
Experience	As a veterinary anesthesiologist I have worked with everything from a chameleon to an elephant. Listing the species I have experience with is not practical. I work with all of these species in an anesthesia or analgesia capacity. My experience with such varied species began in 2001.
Painful nonsurgical procedures	*No value entered*
Physical euthanasia methods	*No value entered*
Anesthesia Analgesia Sedation Assignment	Propofol and isoflurane anesthesia, Regional anesthetic technique
Transport Method Assignment	*No value entered*

Name	[redacted]
Species	Domestic Dog
Surgeries	*No value entered*
RARC Classes	Dog Training - 2023-02-13 Horse Training - 2022-12-09 Animal User Orientation - 2022-11-10
EHS/UHS Training	Agricultural Safety - 11/30/2027 Animal Contact Risk Questionnaire - 8/5/2023 Risk Communication in Animal Facilities - 11/30/2025 Safety for Personnel with Animal Contact - 2/12/2028
Education	[redacted]

View

Experience	*No Value Entered*
Painful nonsurgical procedures	*No value entered*
Physical euthanasia methods	*No value entered*
Anesthesia Analgesia Sedation Assignment	Opioid intraoperative analgesia, Propofol and isoflurane anesthesia, Regional anesthetic technique
Transport Method Assignment	*No value entered*

2. Other Relevant Experience or Training

Include any protocol-specific experience and/or relevant training for a given study team member that is not found above.

> *No Answer Provided*

Occupational Health

Use of hazardous materials requires separate review and approval by EH&S. The Principal Investigator is responsible for obtaining all relevant approval(s) prior to initiating work with hazardous materials.

1. Occupational Hazards

If you have any questions regarding this section, visit the Animal Research Safety Protocol Guidance Website.

* Are any of the following used in the research involving live animals under this application? Check all that apply:

- ☐ Biological hazards (zoonotic agents, human or animal pathogens, human cells, prions, etc.)

- [x] **Chemical hazards (carcinogens, flammables, highly reactive, corrosives, etc.)**
- [ ] Physical hazards (UV light, magnetic fields, noise, electric shock, temperature, etc.)
- [ ] Radiation and/or radioactive materials (administration of radionuclides, etc.)
- [ ] Other hazards (zoonotic agents, BSL1 agents that do not require a biosafety protocol, farm work safety precautions, other.)
- [ ] NONE. None of the hazards listed above apply to research performed on living animals under this application.

Chemical Hazards

Chemical hazards include chemicals that present a health hazard or physical risk. Chemicals that present a health hazard include mutagens, carcinogens, reproductive hazards/teratogens, irritants (respiratory/skin/eye), and acutely toxic materials. A list of commonly used chemical hazards in animal research can be found at **this link**. Physically hazardous chemicals include flammables, combustibles, oxidizers, reactives, and compressed gases. All laboratory hazardous chemicals must be addressed in the Laboratory Chemical Hygiene Plan (CHP).

1. Chemical Hygiene Plan

To ensure accurate and timely safety precautions for you and your lab staff, and to meet the Occupational Safety and Health Administration (OSHA) Laboratory Standard, every laboratory must have a Laboratory Chemical Hygiene Plan (CHP). For more information about CHP and to find templates visit the Chemical Hygiene Plan safety webpage. The Chemical Safety Office staff are also available to review existing CHP for completeness and accuracy.

You may attach your current Chemical Hygiene Plan (CHP) here for reference. The ACUC will not review the CHP.

Use of isoflurane

2. Chemical Details

* The table below lists chemical hazards that have been added.

View

Regimen/Substance	Propofol and isoflurane anesthesia
Drugs and Compounds	Propofol Isoflurane
Containment Preparation	Fume hood
Species	Domestic dog
Agents	Reproductive Hazard/Teratogen, Irritant (respiratory/skin/eye)
Containment Animals	No special containment needed
PPE needed	Exam gloves - Nitrile, Exam gloves - Latex, Safety glasses / Goggles
Waste	No special precautions needed for waste/dirty bedding
Carcasses	Pick up by EH&S for incineration
Chemical Risk	Although there is no specific data regarding the health risks of isoflurane in humans, halogenated anesthetics in general have been associated with reproductive problems. When using isoflurane, staff will be notified of the potential hazards and safety signage will be posted by anesthetic machines for staff to reference proper isoflurane handling and use.
Chemical SDS	Yes

3. Chemical Safety Signage

Upload any chemical safety signage associated with this protocol.

There are no items to display

Species: Domestic dog

Justify Species Choice

1. Species or Group Choice Justification

* Explain why you chose this species or target group.

> Dogs are a common species that present for surgery (e.g. exploratory laparotomy) in small animal practice. The validation of these regional anesthetic techniques can improve perioperative analgesia in these patients.
>
> Dogs are the species of interest for developing this new technique for managing palatal defects using the infraorbital artery flap.

Number of Animals

1. Maximum 3-year Total

* What is the maximum number of this species that you will use during your protocol's three-year period?
Include control and replacement, breeding colony, preweaned, and euthanized animals.

> 7

2. Animal Number Justification

* Provide a justification for the maximum number of animals requested.
For renewals, provide an updated justification for the animals you require for the next three years.

A power analysis for this study shows that 7 dogs will be required to achieve 80% power with an alpha of 0.05 assuming a large effect (G*Power 3.1). Predicted means of sensory threshold values were extrapolated from studies assessing sensory thresholds

using a Von Frey anesthesiometer (VFA) in normal dogs and dogs following a local anesthetic block. Evaluation of regional analgesic coverage in non-painful animals using a VFA may prove difficult; multiple time points rather than a single descriptive evaluation have been chosen to increase the data points for evaluation. The clinical evaluation of these blocks on surgical patients using this method would be impractical given the variability of clinical presentations, surgical procedures, and concurrent administration of sedatives and analgesics. Future studies will test these blocks clinically to evaluate their analgesic and opioid-sparing effects.

Amendment to EOI study by [redacted]- power analysis for a previously undescribed block is difficult. Similar cadaveric studies generally utilize 6-10 animals. As this is largely a description of a new technique, the 6 dogs that are currently in housing should suffice to describe the technique and spread. CT evaluation is to provide further description and will not be involved in statistical analysis.

As a pilot study, there is not a statistical significance to be achieved for the infraorbital flap technique. The goal is to determine the vascular perfusion of the flap using objective and subjective assessments for which a positive outcome (i.e. good venous outflow, minimal venous congestion) in 6 dogs would provide the necessary information to consider a future experimental study.

3. Justifications and/or Experience

See policy UW-4131, Justification of Numbers, for guidance and examples of acceptable justifications.

Provide a statistical justification or cite your past experience.

> *No Answer Provided*

4. Upload Number Documentation

Attach file(s) that support your determination of animal numbers. If possible, use tables to organize your information.

There are no items to display

Bio Species Source

1. Species Source

Animals arriving from outside the main UW-Madison campus will require a time period of acclimation before use. For details, see policy UW-4106 ,Acclimation After Transport.

* Check all sources that apply for this species.

☑	**Investigator at UW-Madison / including another protocol held by PI (check for maximum flexibility in animal transfers)**
☑	**Approved vendor (e.g. Jackson labs, BRMS Breeding Core, etc.)**
☐	Bred under this protocol
☑	**Investigator at non-UW Madison institution (Covance, other university)**
☐	Unapproved vendor
☐	Capture or collection from wild (free-living) population
☐	Herd, flock, etc
☐	Client/privately owned animals
☐	Other

Class B Source

Class B dealers, as licensed by the USDA, may acquire random source dogs and cats for resale. Random source means dogs and cats obtained from animal pounds or shelters, auction sales, or from any person who did not breed and raise them on his/her premises. Random source animals may exhibit greater anatomical and genetic variation than purpose-bred animals.

1. Class B Dealer

* Will any of these animals be received from a USDA-licensed Class B dealer?

○ Yes ◉ **No**

Prior Use

Animals that have undergone a major surgical procedure, permanent physiologic alteration, or substantial impairment on a previous protocol are

not eligible for major surgical procedures on subsequent protocols.

1. Prior Use of Animals

* Were any of these animals used in another protocol?

Yes No

1.1. Prior Use Description

* Describe previous nutritional manipulations, blood draws, administered drugs or other materials, or any other past manipulations, and explain how you determined that the animals' assignment to past projects will not compromise your research or the animals' health.

> These dogs will be utilized following an unrelated study that assesses the efficacy of blood glucose monitoring (V006612). This study will have not affect the health of these animals nor will it impact data collection. The prior study will involve general anesthesia that could compromise the accuracy of data collection if a proper washout time was not followed. To ensure this is not the case, a 5-7 day washout will be allowed before initiating treatments in the present protocol. Animals may be transferred to this study with RARC veterinary approval.

Breeding and Genetically Modified Y/N

1. Breeding

* Does your protocol design include breeding of this species?

Yes **No**

2. Genetically Modified

* Will any of this species be genetically modified? Include animals modified through breeding schemes, purchase of genetically modified

animals, or modified using CRISPR-cas9.

○ Yes ◉ **No**

Substance Administration Checklist

Include delivery of materials to animals via injection, infusion, inhalation, implantation, ingestion of food/water, and other means. Include administration of radionuclides. Include nonstandard diets under all other substances.

1. Substance Type Selection

* If you will administer substances, check all purposes that apply.

☑	**analgesics/anesthetics/sedatives to relieve pain or distress caused by nonsurgical and/or surgical procedures**
☑	**euthanasia substance(s)**
☑	**all other substances**

☐ I will not administer any substances.

Anesthesia/Analgesia/Sedation

Used to relieve pain or distress an animal may experience as a result of the procedures and manipulations described in this species/group. For guidance on organizing information, click on the help icon above.

1. Anesthesia/Analgesia/Sedation Details

* Provide details for any anesthesia/analgesia/sedation substance or regimen you will use.

Name	Opioid intraoperative analgesia
Drugs and Compounds	Hydromorphone Alternative: Fentanyl

View

Description	For the surgical procedure, 0.1-0.2 mg/kg IV hydromorphone (alternative: 0.003-0.005 mg/kg IV fentanyl) will be administered prior to propofol administration. Additional intraoperative boluses of hydromorphone will be administered as needed, if HR increases above 80 bpm or MAP above 100 mmHg. If hydromorphone is unavailable, a constant rate infusion of fentanyl (0.005-0.020 mg/kg/hr IV) will be used.
Monitoring Plan	Animals will be monitored intraoperatively with a pulse oximeter, capnometer, and oscillometric blood pressure monitor for treatments 1 and 2 and with a pulse oximeter for treatments 3 and 4. Temperature support will be provided (to maintain temperature > 99°F) as needed for all phases with a forced-air warming device. Parameters will be written down every 5-10 minutes. All anesthetic induction, maintenance, and recovery will be closely monitored or supervised by a Diplomate of the American College of Anesthesia and Analgesia or resident in Anesthesia and Pain Management.

View

Name	Pre-anesthetic sedation
Drugs and Compounds	Dexmedetomidine Atipamazole
Description	Dexmedetomidine 0.010 mg/kg IM prior to intravenous catheterization Atimapazole 0.1 mg/kg IM for drug antagonism prior to anesthetic recovery OR following intravenous catheterization if vasoconstriction is to be avoided (i.e., concerns for surgical flap perfusion)
Monitoring Plan	Patients will be visually observed for untoward effects (e.g., vomiting, cyanosis, excessive sedation) during the onset of sedation.

View

Name	Propofol and isoflurane anesthesia
Drugs and Compounds	Propofol Isoflurane
Description	Treatment 1 and 2: Propofol (2-6 mg kg-1) will be administered IV (via 22-gauge catheter) to effect in order to facilitate endotracheal intubation. General anesthesia will be maintained using isoflurane (1.5-2.5%) delivered in 100% oxygen (1-2 L min-1) via the endotracheal tube for the duration of the treatment. Treatment 3 and 4: Propofol (2-6 mg kg-1) will be administered IV (via 22-gauge catheter) to effect while the treatment is performed. Block duration is anticipated to last 5 minutes; additional propofol will be titrated IV as needed (0.5-1 mg kg-1) during this time. Oxygen supplementation (5 L min-1) will be provided via face mask.
Monitoring Plan	Animals will be monitored with a pulse oximeter, capnometer, and oscillometric blood pressure monitor for treatments 1 and 2 and with a pulse oximeter for treatments 3 and 4. Temperature support will be provided (to maintain temperature > 99°F) as needed for all phases with a forced-air warming device. Parameters will be written down every 5-10 minutes. All anesthetic induction, maintenance, and recovery will be closely monitored or supervised by a Diplomate of the American College of Anesthesia and Analgesia or resident in Anesthesia and Pain

	Management.

View

Name	Regional anesthetic technique
Drugs and Compounds	0.5% bupivacaine
Description	Dogs will receive 2 mg kg-1 of bupivacaine per treatment. 0.5% bupivacaine will be diluted to achieve injectate volumes that have been previously described for each fascial plane block (i.e., 0.2 ml kg-1 in four injection sites for transversus abdominis plane block for a total of 0.8 ml kg-1 or 0.5 ml kg-1 in two injection sites for rectus sheath block for a total of 1.0 ml kg-1). Injections will be made into the correct fascial plane via ultrasound-guidance by either the PI or a co-investigator that has been trained in ultrasound-guided regional anesthetic techniques. Details of these ultrasound-guided techniques are described in the following references: Transversus abdominis plane block: Schroeder CA, Snyder LBC, Tearney CC, et al. 2011. Ultrasound-guided transversus abdominis plane block in the dog: an anatomical evaluation. Vet Anaesth Analg. 38: 267-271. *technique will be the same, but with modifications to a two-point per side technique, in subcostal and caudal locations Rectus sheath block: St James ML, Ferreira TH, Schroeder CA, et al. 2020. Ultrasound-guided rectus sheath block: an anatomic study in dog cadavers. Vet Anaesth Analg. 47: 95-102.
Monitoring Plan	Animals will be monitored as described previously (propofol and isoflurane anesthesia) during the regional anesthetic injection. Parameters will be written down every 5-10 minutes.

Euthanasia Substance

If a substance is used to euthanize this species, it should be entered here. Include CO_2.

1. Euthanasia Substance Details

* Provide details on each euthanasia substance you will use.

Name	Propofol and pentobarbital for euthanasia
Drugs or Compounds	Propofol Pentobarbital (a commercial solution will be used, containing approximately 390mg/ml sodium pentobarbital)
Euthanasia Procedure Description	Dogs will have a 22-gauge intravenous (IV) catheter placed in the cephalic vein without sedation using aseptic technique.

View		Propofol (6 mg kg-1) will be administered IV to facilitate anesthesia followed by euthanasia with a calculated dose of pentobarbital sodium via IV injection (≥120mg/kg for the first 4.5kg of body weight ≥60mg/kg per 4.5kg of body weight thereafter). If animal is already under general anesthesia, animal will be euthanized with a calculated dose of pentobarbital sodium via IV injection (≥120mg/kg for the first 4.5kg of body weight ≥60mg/kg per 4.5kg of body weight thereafter).

All Other Substances

For each substance or regimen, click "Add" to answer questions about its administration.

Describe the materials delivered to animals via injection, infusion, inhalation, implantation, ingestion in food or water, nonstandard diets, and by other means. Include administration of radionuclides via injection or in food.

Do not include substances used for **clinical relief** of pain or distress (anesthesia/analgesia) or for euthanasia of this species. See help for additional guidance.

1. Other Substances Details

* Provide details on all other substances you will use.

Name	Anesthesia support
Drugs or Compounds	Epinephrine 1 mg ml-1 Diphenhydramine 50 mg ml-1 Glycopyrrolate 0.2 mg/mL (anticholinergic) Eye lubricant Providone-iodine 7.5% surgical scrub Isopropyl alcohol 70% Fluids such as LRS, normosol, NaCl 0.9%, other
Category	*No Value Entered*
Dosing Details	Providone-iodine 7.5% surgical scrub will be applied to skin as part of aseptic preparation for IV catheter placement. Isopropyl alcohol will be applied to a cotton ball which will be used to wipe the dog's skin as part of aseptic

View

	preparation for IV catheter placement. Epinephrine 0.01 mg kg-1 will be administered IV if anaphylaxis is encountered. Diphenhydramine 1-2 mg kg-1 will be administered IV if anaphylaxis is encountered. Glycopyrrolate 0.01 mg kg-1 will be administered IV if bradycardia is present (HR <40 bpm). Eyes will be lubricated after induction Fluids will be administered IV at a total rate of 5 mL/kg/hr for treatments 1 and 2
Purpose of Use/Monitoring	Eye lubricant is used to prevent the eyes from drying. IV fluids are used to help maintain homeostasis in treatments 1 and 2. Providone-iodine surgical scrub is used to disinfect skin surface. Isopropyl alcohol is used to help remove oil from skin and disinfect skin surface. Glycopyrrolate is an anticholinergic that is used to increase heart rate during anesthesia. Epinephrine and diphenhydramine may be used to treat anaphylactic reactions to iodinated contrast medium (i.e., iohexol)
Painful/Distressful?	No
Anesthesia/Analgesia Regimen	Propofol and isoflurane anesthesia

View

Name	New Methylene Blue
Drugs or Compounds	New Methylene Blue 1%
Category	*No Value Entered*
Dosing Details	Bilateral external abdominal oblique blocks will be performed using this substance (0.25-0.5 ml/kg) 10 minutes prior to euthanasia. Animals will be under general anesthesia for injection and euthanasia.
Purpose of Use/Monitoring	New methylene blue is used for cadaveric research to assess spread of injectate of novel regional anesthetic techniques. Adverse effects of injection that are reported [in human patients] include dizziness, fever, headache, and dyspnea. As animals will be humanely euthanized following injection, moderate- to long-term monitoring for adverse effects will not occur. If animals express any untoward effects of injection evident under anesthesia, euthanasia will not be delayed for the 10 minutes and will occur immediately.
Painful/Distressful?	No
Anesthesia/Analgesia Regimen	Propofol and isoflurane anesthesia

Name	Radiographic contrast medium
Drugs or Compounds	Iohexol
Category	Radiographic contrast medium
Dosing Details	Iohexol will be administered in the same manner as described for bupivacaine treatment groups: ultrasound-guided transversus abdominis plane block; a total of 0.8 ml kg-1

View		ultrasound-guided rectus sheath block; a total of 1.0 ml kg-1 Amendment 2/2/23: ultrasound-guided rectus sheath block; a total of 0.75-1.0 ml kg-1 Details of these ultrasound-guided techniques are described in the following references: Transversus abdominis plane block: Schroeder CA, Snyder LBC, Tearney CC, et al. 2011. Ultrasound-guided transversus abdominis plane block in the dog: an anatomical evaluation. Vet Anaesth Analg. 38: 267-271. *technique will be the same, but with modifications to a two-point per side technique, in subcostal and caudal locations Rectus sheath block: St James ML, Ferreira TH, Schroeder CA, et al. 2020. Ultrasound-guided rectus sheath block: an anatomic study in dog cadavers. Vet Anaesth Analg. 47: 95-102.
	Purpose of Use/Monitoring	This contrast medium will be used to assess spread within the fascial plane following injection. Dogs will receive one of two possible ultrasound-guided injections (randomly assigned). Following injection, dogs will be maintained in dorsal recumbency for 30 minutes and a computed tomography (CT) scan will be performed following that period. Following CT scan, dogs will be recovered routinely from general anesthesia and returned to their housing. Dogs will be monitored in a standard manner under general anesthesia, described elsewhere. Dogs will be specifically monitored for anaphylactic reactions via careful assessment of cardiovascular, respiratory, and dermatologic parameters. Signs of tachycardia, tachypnea, hypotension, erythema, etc will be carefully assessed. Should an anaphylactic reaction be encountered, epinephrine and/or diphenhydramine will be administered at the discretion of the PI.
	Painful/Distressful?	No
	Anesthesia/Analgesia Regimen	Propofol and isoflurane anesthesia

Special Substances Checklist

1. Special Substances Selection

* If you are using any special substances, select all that apply.

- ☐ cells, cell lines, tissues, or tissue products (animal and/or human)
- ☐

	complete Freund's adjuvant (CFA)
☑	**controlled substances (requiring DEA and sometimes SUA registration)**
☐	nonpharmaceutical-grade compounds
☐	paralytic agents
☐	none of the above

Controlled Substances

Controlled substances are drugs regulated by the Drug Enforcement Administration (DEA) and Wisconsin's Controlled Substances Board, which issue Special Use Authorizations (SUAs) for research use of controlled substances by DEA registrants. Get more information on the **RARC Controlled Substances page**.

1. Controlled Substances Selection

* Check all regimens that contain controlled substances.

	Regimen/Substance Name	Drugs or Compounds	Species
☐	Anesthesia support	Epinephrine 1 mg ml-1 Diphenhydramine 50 mg ml-1 Glycopyrrolate 0.2 mg/mL (anticholinergic) Eye lubricant Providone-iodine 7.5% surgical scrub Isopropyl alcohol 70% Fluids such as LRS, normosol, NaCl 0.9%, other	Domestic dog
☐	New Methylene Blue	New Methylene Blue 1%	Domestic dog
☑	Opioid intraoperative analgesia	**Hydromorphone Alternative: Fentanyl**	**Domestic dog**
☐	Pre-anesthetic sedation	Dexmedetomidine Atipamazole	Domestic dog
☑	Propofol and isoflurane anesthesia	**Propofol Isoflurane**	**Domestic dog**
☑	Propofol and pentobarbital for euthanasia	**Propofol Pentobarbital (a commercial solution will be used, containing approximately 390mg/ml sodium pentobarbital)**	**Domestic dog**
☐	Radiographic contrast medium	Iohexol	Domestic dog
☐	Regional anesthetic	0.5% bupivacaine	Domestic

technique dog

2. DEA and SUA Registrant

* Name the DEA registrant and, if required, the SUA registrant for the controlled substances.

PIs are responsible for ensuring that all controlled substances are purchased and dispensed under approved WI SUA (required for most PIs) and DEA registrations.

Obtaining or renewing an SUA can take eight to 12 weeks or more. Please plan accordingly.

[redacted] (DEA licensed)

Nonsurgical Procedures Checklist

1. Nonsurgical Procedures Selection

* Check all types of nonsurgical procedures that will be performed.

☐	**Blood collection** Sampling by nonsurgical procedures
☐	**Food and/or fluid regulation** Applies to scheduled or restricted access to food or fluids for experimental purposes. Do NOT check this box for fasting before sedation or use of anesthesia or for standard presurgical fasting or fluid regulation. Presurgical fasting will be described in Surgery Summary.
☐	**Genotyping/identification**
☑	**Imaging** CT scans, MRIs, ultrasound examinations, X-rays, and other imaging procedures, including those that expose the animal to small amounts of radiation for the purpose of producing a visual image of bodies or processes. If a dye is used for imaging, add details about the dye in Substance Administration.
☐	**Irradiation** Exposure to gamma irradiation and other ionizing radiation for the purpose of affecting animal tissue or physiology. Administration of radionuclides via injection or in food should be described in Substance Administration.
☐	**Physical restraint** Applies to the use of manual or mechanical means to limit some or all of an

animal's movement.
Does NOT apply to brief procedures that are part of normal handling or husbandry.
Does NOT apply to normal wildlife-capturing techniques.

Other nonsurgical procedures

Applies to a wide range of other experimental manipulations of animals such as behavioral assays, gastric lavage, maze trials, oocyte collection, preference tests, and more.

I will not perform any nonsurgical procedures.

Imaging

Imaging includes X-rays, PET scans, CAT scans, MRIs, etc.

1. Imaging Details

* Provide details for each imaging regimen you will use.

View

Name	computed tomography
Modality	CT
Contrast	Iohexol
Duration	45 minutes
Freq./Animal	single imaging study
Description/Monitoring	Dogs will undergo a single computed tomography scan of the abdominal wall under general anesthesia. AMENDMENT: a single scan PER treatment. Three treatments will be assessed: RSB, TAP, and EOI. Dogs will have a 22-gauge intravenous (IV) catheter placed in the cephalic vein without sedation using aseptic technique. Propofol (2-6 mg kg-1) will be administered IV to effect in order to facilitate endotracheal intubation. General anesthesia will be maintained using isoflurane (1.5-2.5%) delivered in 100% oxygen (1-2 L min-1) via the endotracheal tube for the duration of the treatment. Block duration is expected to be 5 minutes while total anesthetic duration is expected to be 45-60 minutes. Animals will be monitored with a pulse oximeter, capnometer, and oscillometric blood pressure monitor. Fluid support will be provided, if needed, via a balanced crystalloid solution at 5 ml kg-1 hour-1. Temperature support will be provided (to maintain temperature > 99°F) as needed for all phases with a forced-air warming device. All anesthetic induction, maintenance, and

	recovery will be closely monitored or supervised by a Diplomate of the American College of Anesthesia and Analgesia or resident in Anesthesia and Pain Management. Parameters will be recorded every 5-10 minutes.
Painful/Distressful?	No
Analgesia/Anesthesia	Propofol and isoflurane anesthesia

Other Nonsurgical Procedures

1. Other Nonsurgical Procedures Details

* Provide details for other nonsurgical procedures you will use.

Name	Fascial plane block
Pre and Post Care and/or Treatment	Dogs will be acclimated to the Von Frey anesthesiometer device in the week prior to the initiation of testing. This will consist of placing them in lateral recumbency and moving towards placement of the device on their abdomen while giving treats. If any distress is observed, a more gradual introduction with positive reinforcement will occur.
Description	Dogs will have a 22-gauge intravenous (IV) catheter placed in the cephalic vein without sedation using aseptic technique. Propofol (2-6 mg kg-1) will be administered to effect while the treatment is performed. Block duration is anticipated to last 5 minutes; additional propofol will be titrated IV as needed (0.5-1 mg kg-1) during this time. Oxygen supplementation (5 L min-1) will be provided via face mask. Animals will be with a pulse oximeter. Temperature support will be provided (to maintain temperature > 99°F) as needed for all phases with a forced-air warming device. All anesthetic induction, maintenance, and recovery will be closely monitored or supervised by a Diplomate of the American College of Anesthesia and Analgesia or resident in Anesthesia and Pain Management. Parameters will be recorded every 5-10 minutes. Prior to any treatments, the abdomen will be shaved and scrubbed with a dilute chlorhexidine solution. If dogs allow the shave, this will occur prior to administration of any anesthetics. If shaving causes any distress to the animals, it will occur under anesthesia. Treatments 1 and 3: Transversus abdominis plane block will be administered via ultrasound-guidance using an echogenic 23G needle placed in the fascial plane

View		overlying the transversus abdominis muscle roughly 3-4 cm lateral from midline in four sites: L and R subcostal locations and L and R caudal locations. Either iohexol (treatment 1) or bupivacaine (treatment 3) [0.2 ml kg-1 in four sites for a total of 0.8 ml kg-1] will be injected in each location. The dog will then be allowed to recover. Treatments 2 and 4: Rectus sheath block will be administered via ultrasound-guidance using an echogenic 23G needle placed in the fascial plane superficial to the interior rectus sheath, roughly 1-2 cm lateral from midline in both left and right sides. Either iohexol (treatment 2) or bupivacaine (treatment 4) solution [0.5 ml kg-1 in two sites for a total of 1.0 ml kg-1] will be injected in each location. The dog will then be allowed to recover. AMENDMENT: Treatments 5 and 6: External oblique intercostal block (EOI) will be administered via ultrasound-guidance using an echogenic 23G needle placed in the fascial plane superficial to the external intercostal muscle, in roughly the middle 1/3 of the lateral thorax on both left and right sides. Either iohexol (treatment 5) or methylene blue (treatment 6) solution [0.25-0.5 ml kg-1 in two sites for a total of 0.75-1.0 ml kg-1] will be injected in each location. The dog will be allowed to recover from treatment 5; treatment 6 will be terminal, with subjects humanely euthanized 10 minutes following treatment. Following anesthetic recovery, cutaneous sensory testing will begin: Dogs will be placed in lateral recumbency on a cushioned surface and acclimated to this position for 2 minutes prior to testing. An electronic Von Frey anesthesiometer device will be applied at a 90° angle to testing points and pressure will be gently applied until an aversive behavior (e.g. turning, licking, vocalizing) is exhibited or until the maximum force (800 g) is applied. The force measurement will then be recorded. Sensation will be tested at discrete points that will be determined and marked on the dog using a marker prior to baseline measurement. To determine points, the distance between the lateral process of the L1 vertebrae to the ventral midline will be measured on right and left sides on each dog and this distance on each side will be divided into four equally-spaced points. These points will be tested in a dorsal-to-ventral orientation in lines corresponding to T13-L3 vertebrae for a total of 24 points.
	Frequency	Each dog will receive each block for a maximum total of six treatments: 1-TAP/CT 2-TAP/cutaneous testing 3-RSB/CT 4-RSB/cutaneous testing 5-EOI/CT 6-EOI/terminal procedure

Painful/Distressful?	No
Files	Cutaneous sensory testing
Analgesic/Anesthetic Regimen	Propofol and isoflurane anesthesia, Regional anesthetic technique

Surgery Y/N

1. Surgery Performed

Surgical procedures that are initiated on a live animal prior to confirmation of death, such as thoracotomy for terminal perfusion, are considered surgeries.

Not surgery: Fine-needle biopsies, intravitreal or subcutaneous injections, simple catheter insertions. These should be described in Other Nonsurgical Procedures.

* Will major, minor, or nonsurvival surgery be performed on any of this species?

(•) **Yes** ( ) No

Surgery Summary

1. Surgery Details

* Provide details for each surgical procedure for this species or group.

Name	Infraorbital artery flap technique
Surgery Type	Nonsurvival (> 5 mins and < 12 hrs)
Max. No. of Animals	6
Analgesic/Anesthesia Regimen	Opioid intraoperative analgesia, Propofol and isoflurane anesthesia, Regional anesthetic technique
Euthanasia Regimen	Propofol and pentobarbital for euthanasia
Physical Euthanasia	No
Presurgery Fasting	12 hours.
Duration	1 hour for the surgical procedure (infraorbital artery flap) and 1-2 hours for observation of perfusion.
Description	Experimental narrative: Immediate, short-term assessment of an infraorbital artery myomucosal island flap in dogs.

View		Six dogs will be included in this study. The dogs will be under general anesthesia as per the existing protocol. The dogs will be placed in lateral recumbency with the head padded and maxilla slightly elevated. The dimensions of the flap will be marked on the mucosa of the maxilla and lip supplied by the infraorbital artery. The marked tissue (approximately 3.3 x 3.5 cm) will be incised with a scalpel and the flap created with blunt and sharp dissection using Metzenbaum scissors. Hemostasis will be maintained with direct pressure and bipolar cautery. The adjacent third or fourth premolar will be removed (or crown removed with high-speed burr) to provide a gap for the infraorbital artery to reside as the flap is rotated medially onto the hard palate. The flap will be positioned onto the hard palate simulating the clinical scenario. The flap donor site will be closed with 4-0 Biosyn (or similar) in a simple interrupted pattern. The flap will be evaluated for a approximately one hour. The variables that will be assessed include flap color, change in thickness (mm) or presence of swelling, pulse quality (weak, moderate, strong), presence of venous congestion or edema, and evidence of kinking or compression of the vascular pedicle when positioned onto the hard palate. After the evaluation period, an overall assessment of the flap perfusion and viability will be made, and the study concluded. The total time under anesthesia is anticipated to be approximately 2-3 hours. The dogs will then be managed according to the existing protocol. To increase the data obtained from each dog, the same procedure will be conducted on the opposite side (n=12 flaps) assuming that no problems are encountered while undergoing general anesthesia. Using this short-term evaluation protocol, we do not anticipate any significant complications related to the surgical procedure other than changes affecting the plane of anesthesia due to surgical stimulation or repositioning during the procedure.

2. Pre and Post Operative Care and/or Treatment

Describe any pre and post care and/or treatment (e.g., antibiotics) related to procedures. Do not enter analgesics or anesthetics.

> None- terminal procedure

3. Patient Preparation

* Describe how patient(s) will be prepared to create an appropriate surgical field for the proposed surgery (e.g., clipping hair, scrubbing with chlorhexidine solution and sterile water).

> The mouth will be cleaned and prepped for creation of the infraorbital artery flap using dilute chlorhexidine solution as per standard surgical preparation.

4. Sterile Field

* Select which of the following will be used to maintain a sterile field during surgery. If a sterile field does not apply, check 'None'.

- [ ] Sterile instruments (autoclave, gas sterilization)
- [ ] Bead sterilizer
- [ ] Sterile gown/garb
- [ ] Sterile gloves
- [ ] Sterile drapes
- [ ] Surgical mask
- [ ] Surgeon scrub
- [ ] Other
- [x] **None**

5. Surgery Monitoring

* Beginning with induction and through the immediate postsurgery period, how will you monitor animals during surgery and anesthesia? Only include details about monitoring; do not enter specifics about substances.

> Dogs will be monitored as per the non-surgical elements of the procedure including heart rate, SPO2, body temperature, end tidal CO2, and respiration rate. As a non survival procedure there will be no postoperative monitoring.

6. Postsurgery Analgesia Regimens

Select all regimens for the treatment of pain and distress after surgery.

	Regimen/Substance	Drugs and Compounds	Species	Monitoring
☐	Opioid intraoperative analgesia	Hydromorphone Alternative: Fentanyl	Domestic dog	Animals will be monitored intraoperatively with a pulse oximeter, capnometer, and oscillometric blood pressure monitor for treatments 1 and 2 and with a pulse oximeter for treatments 3 and 4. Temperature support will be provided (to maintain temperature > 99°F) as needed for all phases with a forced-air warming device. Parameters will be written down every 5-10 minutes. All anesthetic induction, maintenance, and recovery will be closely monitored or supervised by a Diplomate of the American College of Anesthesia and Analgesia or resident in Anesthesia and Pain Management.
☐	Pre-anesthetic sedation	Dexmedetomidine Atipamazole	Domestic dog	Patients will be visually observed for untoward effects (e.g., vomiting, cyanosis, excessive sedation) during the onset of sedation.
☐	Propofol and isoflurane anesthesia	Propofol Isoflurane	Domestic dog	Animals will be monitored with a pulse oximeter, capnometer, and oscillometric blood pressure monitor for treatments 1 and 2 and with a pulse oximeter for treatments 3 and 4. Temperature support will be provided (to maintain temperature > 99°F) as needed for all phases with a forced-air warming device. Parameters will be written down every 5-10 minutes. All anesthetic induction, maintenance, and recovery will be closely monitored or supervised by a Diplomate of the American College of Anesthesia and Analgesia or resident in Anesthesia and Pain Management.
☐	Regional anesthetic technique	0.5% bupivacaine	Domestic dog	Animals will be monitored as described previously (propofol and isoflurane anesthesia) during the regional anesthetic injection. Parameters will be written down every 5-10 minutes.

7. Postsurgery Pain and Monitoring

In addition to the substance monitoring plan selected above, which you entered on the Substance Administration: Analgesic/Anesthetic/Sedation page, describe any other post-op monitoring of pain and distress to be followed.

> *No Answer Provided*

---

8. Surgery Files

Add file(s) with illustrations, figures, standard operating procedures, or other supplementary information about this surgical procedure.

There are no items to display

Concurrent Surgical Procedures

1. Concurrent Surgeries Y/N

* Will you perform two or more surgical procedures under a single anesthetic event?

○ Yes ◉ **No**

Multiple Survival Surgery

1. Multiple Survival Surgeries Y/N

* Will any single animal or group of animals of this species survive two or more surgical procedures in separate anesthetic events?

○ Yes ◉ **No**

Alternatives Search

Review the following procedures and genetic modifications (if applicable)

you described that cause more than momentary pain or distress. Then answer the questions that follow to explain how you determined that there weren't less painful or distressful alternatives to the procedures.

Nonsurgical Procedures

Procedure Name	Procedure Type	Anesthesia/Analgesia Regimen

There are no items to display

Surgical Procedures

Surgery Title	Survival Procedures	Anesthesia/Analgesia Regimen
Infraorbital artery flap technique	Nonsurvival (> 5 mins and < 12 hrs)	Opioid intraoperative analgesia, Propofol and isoflurane anesthesia, Regional anesthetic technique

1. Alternatives Databases

* List one or two databases you searched (e.g., AltWeb, Biological Abstracts, NORINA, PubMed, etc.) to look for alternatives.

> PubMed

2. Alternatives Years Covered

* What years did your search cover? (yyyy-yyyy)

> 2000-2023

3. Alternatives Recent Search

* What was the date of your most recent search?

> 1/1/2023

4. Alternatives Other

What methods did you use beyond database searches to look for alternatives to painful or distressful procedures (e.g. conference attendance, professional expertise, journal articles, training)?

> Searched related text and journals to see if this particular procedure has been described. Personal communication with Diplomates ACVD regarding rationale for developing the infraorbital artery flap for use in repair of palatal defects in dogs.

5. Alternatives Search Strategy

* Describe your search strategy, including the scientifically relevant keywords you used.

> I searched for 'fascial plane block', 'transversus abdominis plane block', and 'rectus sheath block'. I used the filter 'other animals' and, additionally, 'dog'.
>
> I searched for references related to "infraorbital artery flap", "canine", "palatal defects" to determine if any relevant data exists that would support this study.

6. Alternatives Narrative

* Evaluate the information you've gathered and explain any alternatives or refined methods that cannot be used in this research.

> While the assessment of analgesic efficacy in vivo has been reported (via post-operative pain scores) for the transversus abdominis plane block, similar reports have not yet been published for the rectus sheath block. Furthermore, there has not yet been an objective assessment of dermatomal coverage for these regional anesthetic techniques. Due to the complexity of the cutaneous innervation, this cannot be mimicked by simulation or cadaveric assessments.
>
> No other studies or information was identified directly mimicking the information to be gathered from the infraorbital artery flap study.

Complications

In previous sections, you identified the pain and discomfort animals might experience from each procedure. Now consider your procedures from a broader perspective.

1. Potential Complications

* What are the potential complications animals may experience from any of your procedures (e.g., internal bleeding after liver biopsy, Graft Versus Host Disease (GVHD) with transplant) or from any chronic condition resulting from the procedures (e.g., lameness, disease) and how will the complications be managed?

> Anaphylactic reactions from the administration of iodinated contrast is possible. This is a rare complication and largely associated with intravenous administration. Although unlikely, anaphylaxis will be treated with epinephrine, diphenhydramine, and supportive care as dictated by the PI (a Diplomate of the American College of Veterinary Anesthesia and Analgesia).
>
> Hematoma from intravenous catheterization and/or injection sites of fascial plane blocks is possible. Such complications will be treated with either pressure wrap or icing as needed.
>
> Intravenous administration of local anesthetic will be avoided by carefully aspirating to detect presence of blood prior to injection.
>
> Potential complications associated with the infraorbital after flap technique include disruption to the plane of anesthesia (getting light) due to the dissection of the flap or removal of the adjacent premolar teeth and hemorrhage from the dissected tissues (to be controlled with bipolar cautery).

2. Unrelieved Pain or Distress

Will treatment for pain or distress be withheld from any animals of this species?

○ Yes ◉ **No**

USDA Designation

The United States Department of Agriculture (USDA) established the following B-E categories based on levels of pain, discomfort, and distress associated with procedures.

1. USDA Designation Code

* Choose the highest category of pain/distress that this species will experience as part of this protocol.

○	B	Animals bred or held for use in teaching, testing, experiments, research, or surgery but not used for such purposes
○	C	Teaching, research, experiments or tests conducted that involve no pain or distress that require use of analgesics
◉	**D**	**Experiments, teaching, research, surgery or tests conducted that involve accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic or tranquilizing drugs or palliative measures are used (including surgery or procedures under anesthesia that without the anesthesia would be painful)**
○	E	Teaching, experiments, research, surgery or tests conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic or tranquilizing drugs are not used because they would adversely affect the procedures, results or interpretation of the teaching, research, experiments, surgery or tests
○	Not USDA-covered activity or species	USDA animal welfare regulations do not apply to the use of this species as described in this protocol

Endpoints/Euthanasia Methods

The RARC veterinary staff has recommendations for euthanizing the most commonly used species on campus. Your euthanasia plans must follow these recommendations unless your alternative method is scientifically justified and approved by your IACUC. Click on the blue question mark icon to view these recommendations and the AVMA Guidelines for the Euthanasia of Animals.

1. Criteria for Anticipated Euthanasia

What are your study endpoints?

> Endpoints are completion of the six treatment groups and the surgical procedure; study duration is anticipated to be no longer than 45 days.

2. Criteria for Unanticipated Euthanasia

* For unanticipated events or nonstudy-related health issues, what criteria or clinical signs will you use to determine an unanticipated endpoint for an animal?

> If cardiopulmonary arrest occurs under anesthesia (e.g., absence of pulse, ventricular arrhythmia requiring defibrillation)
> Medical complication requiring surgical intervention - fracture, gastric dilation and volvulus, severe internal hemorrhage, etc.
> Unmanageable pain.
> Poor quality of life related to underlying metabolic disease.
> If unable to transfer dogs to another study protocol following completion of the study.

3. Plan for Anticipated Euthanasia

Select all applicable euthanasia methods for planned study procedures.

	Regimen/Substance Name	Drugs or Compounds	Species
☑	Propofol and pentobarbital for euthanasia	**Propofol Pentobarbital (a commercial solution will be used, containing approximately 390mg/ml sodium pentobarbital)**	**Domestic dog**

4. Plan for Unanticipated Euthanasia

Select all applicable euthanasia methods for unanticipated events or nonstudy-related health issues.

	Regimen/Substance Name	Drugs or Compounds	Species
☑	Propofol and pentobarbital for euthanasia	**Propofol Pentobarbital (a commercial solution will be used, containing approximately 390mg/ml sodium pentobarbital)**	**Domestic dog**

5. Plan for Physical Methods of Euthanasia

After discussing with an RARC veterinarian, describe your plan for physical methods of euthanasia.

Name	Description
There are no items to display	

6. Other Euthanasia Methods

Describe other planned and unplanned euthanasia methods not included above, including euthanasia performed by the RARC veterinary staff.

> *No Answer Provided*

7. Nonstandard Euthanasia Justification

For methods of euthanasia described above that are NOT listed in RARC Veterinary Standards for this species, justify the use of this method.

> *No Answer Provided*

8. Ensure Death

* Describe the methods you'll use to ensure death following euthanasia procedures.

> Death will be assessed via cardiac auscultation as well as visual assessment of ventilation and corneal reflex.
> Lack of heart sounds, ventilatory effort, and corneal reflex will ensure death.

Disposition

Indicate the final arrangements for animals assigned to this protocol.

1. Disposition Plan

* At the end of their assignment in this protocol, animals will be:

☑	**Made available to other investigators.**
☐	Returned to a UW colony, herd or flock for other use.
☐	Returned to their client-owners.
☐	Maintained at a privately owned herd or flock.
☑	**Made available for adoption. Adoption must be preapproved by a laboratory animal veterinarian.**
☐	Sold at market.
☑	**Euthanized.**
☐	Other.

2. Consumption

* Is there a possibility that animals or humans will consume your animals or their byproducts at the end of your study?

○ Yes ◉ **No**

Nonstandard Husbandry Checklist

Don't include medically justified, standard pre- or post-anesthetic/surgical exceptions, such as short term withholding of food and water. Describe these in SURGICAL PROCEDURES.

Don't include longer-term food or fluid regulation. Describe these in NONSURGICAL PROCEDURES.

Don't describe the use of wire bottom caging here if non-avian animals will be on wire-bottomed caging for less than 12 hours. That should be included in the EXPERIMENTAL NARRATIVE.

This protocol assumes that social animals (including Nonhuman Primates) may be housed singly for non-experimental reasons (e.g. husbandry management, veterinary clinical management) in accordance with campus policies and SOPs.

Don't check 'Single housing of social species' if the reason for single housing is approved in the **UW-Madison Animal Social Housing and Enrichment Requirements (ASHER)** document. If you are using Nonhuman Primates and are unsure if you should check this box, consult with your research animal veterinarian.

1. Nonstandard Husbandry Selection

* Check ALL non-standard conditions that apply to this species.

- ☐ **Housing animals outside dedicated animal facility**
  Animals will be kept for greater than 12 hours for USDA covered animals, or 24 hours for non-USDA covered animals in any location that is not a dedicated animal facility.
- ☐ **Lab staff provide husbandry in facility**
  Laboratory or research staff, rather than professional facility animal-care staff, will provide animal husbandry for a subset of animals housed in facilities.
- ☐ **Single housing of social species**
  Social species are singly housed for periods longer than 12 hours for experimentally-driven reasons. This does not include: clinical reasons, recovery from anesthesia/surgery, social incompatibility, final animal in an experiment, and female rodents near parturition (see ASHER document).
- ☐ **Enrichment withholding**
  Animals are not provided with the minimum required enrichment as outlined in the facility SOP.
- ☐ **Exercise withholding for dogs**
  Dogs are not provided with the minimum exercise as required by the facility SOP.
- ☐ **Ambient Noise**
  Animals will be exposed to white noise that is not part of the standard environmental enrichment for the species.
- ☐ **Nonstandard lighting**
  Animals will be exposed to lighting paradigm of non-standard wavelength, intensity, or altered light/dark.
- ☐ **Vibration**
  Animals will be exposed to vibrations of an amplitude and or frequency known to cause clinical effect.
- ☐ **Cleaning/sanitation schedule different than facility standard**
- ☐ **Enclosure smaller or denser than standard for species**
  Animals will be housed in an enclosure that is smaller than the facility standard or

at a density higher than the standard for the cage size.

☐	**High velocity air** Animals will be directly exposed to high velocity air that is not a normal part of their husbandry.
☐	**Bare floor (no bedding) with no structure for resting or sleeping**
☐	**Wire bottom cage for more than 12 hours (NOT AVIAN)**
☐	**Temperature outside recommended range** Animals will be exposed to temperatures outside of the normal reference ranges for the species.
☐	**Other nonstandard housing or husbandry** Animals are subject to other non-standard housing or husbandry conditions.
☑	**Not applicable** **There will be no non-standard husbandry for this study.**

Select Locations

Add all housing and procedure locations for this species. Use only one of the following three questions to add a location.

Add your location in question 1, if it has been approved by the IACUC.
If you will house animals and perform procedures in the same established animal facility:
Type "vivarium" in the search box and select from the results. To allow flexibility and avoid possible protocol violations, do not select a specific room.

If you will use space in UW Veterinary Care (fka Veterinary Medicine Teaching Hospital (VMTH)):
Type "SVM_UWVetCare" in the search box and select from the results. Do not select a specific room.

If you will use a non-vivarium PI laboratory to hold animals and/or perform procedures:
Type the room number in the search box and select from the results. Include the building module (e.g. K4/123) for the Clinical Sciences Center (CSC). Add each room separately; you cannot add room ranges.

Add your location in question 2, if it is a UW-Madison location that you

did not find in the search box for question 1.

Add your location in question 3, if it is not controlled by UW-Madison or its affiliates.

1. Current ACUC Approved Locations

Location Common Name	Room Name	Location Type	Committee	Housing Allowed	Procedure Allowed	Surgery Level
[redacted]	vivarium	facility	SVM	yes	yes	Survival USDA or Lesser Allowed
[redacted]	CT/Endoscopy	facility	SVM	yes	yes	Most Surgeries Allowed
[redacted]	vivarium ([redacted])	facility	SVM	yes	yes	Most Surgeries Allowed
[redacted]	[redacted]	lab	SVM	no	yes	Most Surgeries Allowed
[redacted]	[redacted]	lab	SVM	no	yes	Survival USDA or Lesser Allowed

2. Locations Not Found under Current ACUC Approved Locations

You must request ACUC approval for these locations.

Building Name	Building Address	Room Name
There are no items to display		

3. Locations Not Controlled by UW-Madison or Its Affiliates

Location	Location Address
There are no items to display	

Select Purpose Of Locations

1. Locations Details

* Click on the name of each selected location. On the pop-up, indicate which of the following procedures and housing will occur at that location. Check all that apply for each location.

Location name	Facility housing	Laboratory housing	Nonsurgical Procedures	Surgical Procedures	Euthanasia
[redacted]	yes	no	Anesthesia support, Fascial plane block, Propofol and isoflurane anesthesia, Propofol and pentobarbital for euthanasia, Regional anesthetic technique	*No value entered*	yes
[redacted]	no	no	computed tomography, Fascial plane block, Propofol and isoflurane anesthesia, Radiographic contrast medium	*No value entered*	no
[redacted]	no	no	Anesthesia support, Fascial plane block, New Methylene Blue, Opioid intraoperative analgesia, Propofol and isoflurane anesthesia, Propofol and pentobarbital for euthanasia, Regional anesthetic technique	Infraorbital artery flap technique	yes
[redacted]	no	no	Anesthesia support, Fascial plane block, New Methylene Blue, Opioid intraoperative analgesia, Pre-anesthetic sedation, Propofol and isoflurane anesthesia, Propofol and pentobarbital for euthanasia, Regional anesthetic technique	*No value entered*	yes
[redacted]	yes	no	*No value entered*	*No value entered*	no

Transport

See **policy UW-4099**, Campus Transportation of Laboratory Animals, for guidance on transporting laboratory animals outside the animal facility. A

minimum acclimation period is not required for animals intended for use after intra-campus transport or in non-survival procedures; it is however strongly recommended animals receive at least 72 hours post-transport acclimation prior to use in a research protocol. See **policy UW-4106**, Acclimation After Transport.

1. Animal Transport

* Animals will NOT be transported.

○ True ◉ **False**

1.1. Transport Routes

* Check all transport routes you will use.

- ☐ within, or between adjacent rooms within, a vivarium (animal never leaves the vivarium - e.g. [redacted] to [redacted])
- ☑ **within a building or between connected buildings (animal moves from lab to lab - e.g. [redacted] to [redacted])**
- ☑ **between buildings (e.g. [redacted] to [redacted])**
- ☐ to or from field site (e.g. [redacted] to [redacted] and back to [redacted])
- ☐ no transport of animals will occur

1.2. Order of Movement

In 2-4 sentences describe animal movement and transport method.

> Animals will only be moved from [redacted] to [redacted] if they cannot be housed in the [redacted]. In this case, they will need to be moved to the [redacted] for computed tomography.
> Otherwise, they will only be moved within the building from the [redacted] to [redacted] space.

1.3. Transport Methods

* How will you transport animals?

☑	**in a dedicated animal transport vehicle or trailer**
☑	**hand-carried in a covered cage, in an animal-transport container, or covered on a cart**
☐	in a privately owned vehicle, non-dedicated departmental vehicle, or non-dedicated fleet vehicle
☐	other

1.4. Transport Files

Upload supplemental information (i.e. SOPs, maps) here.

There are no items to display

End of Species Details

You are done answering questions about this species.

Click on "Species Complete." You will be redirected to the Species start page where you can answer questions about additional species in your protocol or continue to the next section.

University of Wisconsin-Madison Institutional Animal Care and Use Committee (IACUC)

Protocol # : V006724-A01

Date Approved : 4/13/2023

Expiration date : 4/12/2026

Protocol Basics

1. Protocol Title

* Give your protocol a title.

> Stabilizing core body temperature of anesthetized animals using the innovative AVAcore warming device

2. Principal Investigator (PI)

If you cannot find the name you want, email arrow_help@rarc.wisc.edu.

* Select the Principal Investigator (PI).

[redacted]

3. PI Status

* Select the current status of the listed PI.

- (•) **Faculty**
- ( ) Emeritus appointment
- ( ) Other

4. PI Department

* Enter the PI's department name.

> Surgical Sciences

5. Protocol Writers

If you cannot find a name or have other questions, email arrow_help@rarc.wisc.edu

Other than the PI, choose people to help prepare, edit and submit protocols.

Person
[redacted]

6. Email Contacts

If you cannot find the name you want, email arrow_help@rarc.wisc.edu

Along with the PI and protocol writers, add up to two people who should receive pertinent protocol notfications.

Person
[redacted]

7. Emergency and Animal Care Contacts

* Add all personnel authorized to receive and respond to sick animal reports or act in an animal emergency if the Principal Investigator is not available. This person must understand the research and be able to answer questions in the PI's absence.

Person
[redacted]

Funding

Identify all funding sources that support your protocol. If you have questions about grant-protocol congruence, email or submit the **Congruence Review Request Form** to **congruence@rarc.wisc.edu**.

1. Funding Administered by UW-Madison

NOTE: All funding proposals or awards in RAMP must be selected here to link this IACUC protocol to funding.

Select any pending or awarded funding that is managed by Research and Sponsored programs (RSP) or has a funding string.

PI Name	Funding ID	Title	Sponsor	Primary Sponsor	Primary Reference #	Sponsor Reference #	Status	Congruence Determination	Reporting Required

There are no items to display

2. Other Funding

NOTE: Funding listed below will NOT link this IACUC protocol to funding in RAMP.

If you have any funding that is not listed above, please provide the name of the funder or sponsor (e.g. department) and a brief title or description of the funding.

Project Title	PI Name	Sponsor (Source)	Start Date	End Date
Stabilizing core body temperature of anesthetized dogs using the innovative AVAcore warming device	[redacted]	Companion Animal Fund - SVM	6/1/2023	5/31/2025

3. Public Health Service (PHS), NSF, NASA, DOD Funding

See https://en.wikipedia.org/wiki/United_States_Public_Health_Service for a list of PHS agencies.

* Are any of the funding sources above (RSP Managed or Other Funding) directly from or subawards from NIH (or other PHS agencies), NSF, NASA, or DOD Funding?

○ Yes ◉ **No**

Protocol Type

Biomedical Research, For protocols that involve any of the

Basic Biology, Teaching and/or Colony Management	following: • Basic biological processes, human clinical medicine, or medical trials intended as models of human (not animal) diseases • Instruction related to topics listed above • Breeding and colony management practices for animals used in basic biology and biomedical research and teaching • Wildlife species brought to campus for more than temporary procedures • The use of horses to teach students veterinary medicine (the prevention, diagnosis and treatment of disease, disorder and injury in non-human animals)
Agricultural Research, Teaching, and/or Herd Management	For protocols that involve any of the following: • Improving animals' use in production agriculture • Trials intended to improve animal welfare • Breeding and herd management practices for animals used in agricultural research and teaching • The use of horses to study or teach equine science (the study of the reproduction, physiology, behavior and nutrition of horses)
Wildlife Study with No Housing OR Educational Display Only	**Wildlife Study** For protocols that involve: • Only wildlife

- No Housing

And may also involve:

- Observation or field instruction*
- Modification of animals' environment
- Capture
- Handling
- Use of anesthesia
- Procedures in the field
- Procedures at a campus location for a period lasting NO MORE than 24 hours

Educational Display
For protocols that involve:

- Housing or no housing
- No experimental procedures
- Wildlife and/or domestic/lab animals

*If the study involves no animal handling and no modification of the animals' environment, a protocol requirement may be waived. Contact an **IACUC administrator** for more information.

Other You must consult with an **IACUC administrator** before selecting.

1. Infectious Disease

* Does this protocol include work with infectious disease?

Yes **No**

2. Protocol Type

For help, email arrow_help@rarc.wisc.edu.

* What type of protocol are you submitting?

- (●) **Biomedical Research, Basic Biology, Teaching and/or Colony Management**
- ( ) Agricultural Research, Teaching, and/or Herd Management
- ( ) Wildlife Study with No Housing OR Educational Display Only
- ( ) Other

VA ACORP

VA researchers must complete the entire UW protocol application to provide answers about procedures and/or housing at UW facilities.

1. VA Status

Indicate if any of the following apply to this study or project. Select all that apply.

There are no items to display

2. Veterans Administration ACORP

* Is your work also described in an approved Veterans Administration Animal Component of Research Protocol (ACORP)?

( ) Yes (●) **No**

Significance and Justification

1. Significance of Research

* Using language that a high school student would understand (avoid technical grant application language), briefly describe the goals of your

study including an explanation of how your work will advance knowledge, improve human or animal health, or benefit society. At the end of your response, briefly and in nonscientific language describe how you plan to interpret the collected data to meet the goals of the study.

Temperature regulation in animals is significantly impaired during general anesthesia with up to 85% quickly becoming cold (hypothermic). Uncontrolled hypothermia results in significant issues such as blood clotting impairments, reduced drug metabolism, prolonged anesthetic recovery, increased stress responses including nausea and vomiting, and greater infection rates. Current warming methods are frequently ineffective since conventional devices such as forced air warmers or circulating water blankets are placed externally on the patient's trunk, an area not specific for heat transfer. Specialized skin on the paw allows for rapid heat control from this area and is a potential target for treatments to delay hypothermia. Thus, the Primary Aim of this proposal focuses on answering a clinically important yet untested question: Can application of directed heat to the paw reduce hypothermia during anesthesia? By using an innovative device that hastens return to normothermia in humans (AVAcore), we will test the hypotheses that, compared with no warming interventions and conventional warming methods, the AVAcore placed on the front paw(s) at anesthetic induction will: 1) reduce hypothermia during general anesthesia, even when agents that differentially affect opening or closing of blood vessels are used, 2) cause animals to recover from anesthesia quicker and reduce increases in blood sugar and shivering, and 3) not injure the paw. Information will be novel since no investigations exist in companion animals as to this unique, easily applied technique. Inferences gained from these studies may greatly affect the clinical management of anesthetized patients since with reduced side effects associated with hypothermia and quicker anesthetic recovery times, patient care will be significantly improved.

2. Justify Use of Animals

* Explain why you must use live vertebrate animals instead of nonanimal alternatives such as computer simulation or in vitro systems.

> There are no nonanimal alternatives to study the complex pharmacologic and physiologic effects of therapeutic interventions aimed at controlling and reducing hypothermia during general anesthesia in dogs and cats. Since many physiologic systems interact to produce whole-body responses, computer simulations or in vitro systems are not viable alternatives.

Experimental Narrative

1. Experimental Narrative Summary

If you are unsure if your study-specific husbandry practices are different from the standards provided by the vivarium staff, consult with a RARC research animal veterinarian, WNPRC veterinarian, or the supervisor of the animal facility.

* In language that scientific colleagues outside your discipline would understand, provide a global, chronological summary of your experiments that focuses on the experience of the animals from initial assignment to final disposition. Briefly outline all proposed surgeries, non-surgical procedures, and other manipulations. Do Not Include: breeding schemes, blood draws, housing arrangements, complete surgical descriptions, euthanasia methods, drug doses, drug routes, or other standard practices.

Study Aims: The Primary Objective of this proposal focuses on answering a clinically important yet untested question: can directed heat application (via circulating warm water) to front paws of dogs and cats reduce heat loss during anesthesia? By using the AVAcore sleeve, we will test the hypotheses that, compared with no warming interventions and conventional warming methods (circulating water blanket, forced air warmer), the AVAcore placed at anesthetic induction will: 1) reduce hypothermia during all general anesthesia stages, even when agents with opposing effects on vascular resistance are used (Aim 1), 2) expedite anesthetic recovery times and reduce hyperglycemia and shivering (Aim 2), and 3) not produce thermal damage to the paw (Aim 3).

Animal Subjects: Three healthy (based on normal PE, PCV, TP, glucose and Azostick) beagles of either sex will be purchased for use in this Pilot Study. In addition, up to 8 healthy cats purchased for a separate study (V006708 [redacted], PI) may be used in a separate Pilot Study. Experiments will be performed after a minimum 72 hour acclimation period. Each dog or cat will be fasted for approximately 12 hours prior to experiments and returned to their normal housing following data collection. After this study completion, dogs may be adopted out or transferred to another protocol and cats will return to V006708 to complete the study.

Treatments:

Dogs: Each dog will undergo two different anesthetic protocols: acepromazine-propofol-isoflurane and dexmedetomidine-propofol-isoflurane and receive three treatments administered in a randomized, crossover study design. Under each drug combination, a dog will undergo three treatment groups: 1) all warming devices placed but not turned on (NONE), 2) all warming devices placed but only conventional warming devices including a circulating warm water blanket and forced air warmer turned on (CONV), and 3) all warming devices placed but only the AVAcore warm water blanket turned on (AVA). Thus, each dog will undergo 6 experiments with at least 3 days between experiments.

Cats: Each cat will be anesthetized using the same, standardized anesthetica for an imaging procedure according to protocol V006708 (ketamine-midazolam-methadone/hydromorphone +/- dexmedetomidine followed by propofol and isoflurane). Cats will undergo three treatment groups: 1) all warming devices placed but not turned on (NONE), 2) all warming devices placed but only the forced air warmer turned on (CONV), and 3) all warming devices placed but only the AVAcore warm water blanket turned on (AVA). Cats will have this procedure once during imaging, prior to the surgical procedure in V006708 and twice between 30-120 days following the surgery so all cats will receive all treatments. A warm water blanket will not be placed since it interferes with imaging quality.

Anesthetic Protocol: Following premedication and anesthetic induction (see above for agents), dogs and cats may be mechanically ventilated and be positioned in dorsal or lateral recumbency on a thin blue pad. In dogs, a dorsal pedal or coccygeal artery will be used for direct blood pressure measurement to assess degree of vasodilation or vasoconstriction (based on diastolic pressures); non-invasive blood pressure monitoring may be used alternatively. Cats will have a non-invasive oscillometric blood pressure device placed. Heart rate, respiratory rate, SpO2, systolic (SAP), mean (MAP) and diastolic (DAP) blood pressures, ETCO2, ETisoflurane, and oxygen flow rate may be recorded every 5 minutes, while rectal, skin and esophageal temperatures will be recorded every 3 minutes.

Blood glucose measurements (AlphaTrak, Zoetis, Parsipanny, NJ and/or PetTest glucose monitor) may be taken prior to pre-medication (at time of PE), 10-15 minutes following premedication, every 30-60 minutes throughout the procedure and 30 minutes post-recovery from the existing IV catheter. Room temperature will be kept at 65-70°F (18-21C) and IV crystalloids administered during anesthesia

Prior to anesthesia, a non-invasive wearable thermometer collar will be placed, with or without a small fur clip, and either a rectal temperature taken or a rectal thermometer (YSI 4600) placed and taped to the tail and temperature readings taken prior to sedation and throughout the experimentation protocols including recovery as detailed above. Animals may have a circulating warm water blanket placed underneath (dogs only; Gaymar T/Pump Classic; 42°C), a forced-air warming blanket (Bair Hugger, Avante Animal Health, Louisville, KY; 43°C) placed on top and secured with 4 pieces of small tape on the corners, and the AVAcore sleeve placed on one to four paws and connected to a circulating water pump (Gaymar T/Pump Classic; 42°C) immediately after anesthetic induction and treatment will start as soon as they are placed as detailed above. Dogs will be maintained under anesthesia for ~2 hours, and cats will be maintained as long as the imaging procedure takes (~60-90 minutes); both are sufficient times to develop mild hypothermia, defined as a body temperature of <36°C. When an animal becomes moderately hypothermic (<35°C) or becomes hyperthermic (>39.5°C), they will be maintained for 10 minutes, then anesthesia will be discontinued, devices removed, and the recovery period begun. During recovery, animals will be placed on a floor or cage pad until fully recovered and standing with no active stimulation. Times to extubation, sternal recumbency and standing will be recorded along with any noticeable shivering. Paws will be inspected immediately after recovery and every day for 7 days for signs of irritation or injury (discoloration, swelling, licking, etc.). Immediately following the final AVAcore treatment with either acepromazine or dexmedetomidine sedation (randomized), while dogs are still under anesthesia, small punch biopsies (3-6 mm) of the glabrous skin on the ventral paw will be taken following a small aseptic scrub using chlorhexidine and warm water and submitted for histopathology to assess for any injury caused by two applications of the device, along with a control site not touched by the device for comparison. Cat paws will not be biopsied.

2. Research Cores

* Some campus Research Cores conduct unique procedures (e.g. breeding or imaging) where ALL OF THE PROCEDURES they conduct are described on the CORE protocol. In these situations, animals are formally transferred to the core protocol for these specialized activities.

Note, if service personnel are conducting procedures described on your IACUC protocol, do not select them here, but rather choose them on the Select Study Team page.

Do you plan to transfer animals for services under a research core protocol?

○ Yes ◉ **No**

3. Supporting Publications or Manuscripts

Do not list standard husbandry references.

List the title/name of manuscripts, abstracts, or other references supporting your research that the IACUC may find helpful in evaluating this protocol.

> *No Answer Provided*

4. Summary Files

Attach file(s) with timelines, illustrations, figures, or other supplemental information that provides an overview of the protocol. Do not attach copies of grant applications.

There are no items to display

Duplication

Animal welfare regulations do not allow unnecessary duplication of previous experiments.

1. Experiment Duplication

* Do the proposed activities duplicate previous work?

○

Yes

No

Not Applicable - This is a teaching activity involving different student groups

Selected Species

Questions regarding each species can be found in the Species Details section of the protocol.

Click on the Species Details button next to the species you would like to work on. When you are finished answering questions for all species, click Continue or save and exit. You can exit before answering all questions and return later to finish.

1. Species Details

Species	Max. Number	Surgery?	MSS?	Breeding?	GM?	USDA Code	Print	Complete?
Domestic cat	8	no		no	no	D		
Domestic dog	5	yes	no	no	no	D		

Select Study Team

1. Study Team

For help, email arrow_help@rarc.wisc.edu.

Do NOT include:
*Rotating Students who will be in the lab for less than 30 days
*RARC Veterinary Staff
*RARC Training Staff

Only include **Animal Facility Supervisors, Animal Care Staff** and **Student Workers** if one of the following applies:
*This is a herd management or ART tracking protocol

*They will be performing procedures specifically listed on your lab protocol

* Add all research personnel, including the PI, who will work with a species under this protocol.

	Name	Office phone	Lab phone	Cell phone	Email
View	[redacted]	[redacted]		[redacted]	[redacted]@wisc.edu
View	[redacted]			[redacted]	[redacted]@wisc.edu

2. Research Service Groups

Please select service provider group(s) that will directly handle live animals on this protocol or conduct any of the procedures listed on your protocol. Study teams must contact service providers to coordinate services and ensure they have the resources to provide the services.

	Name	Protocol	Manager
☐	BRMS Research Services	M006662-A03	[redacted]
☐	Center for Biomedical Swine Research and Innovation (CBSRI)	A006847	[redacted]
☐	RARC Veterinary Analgesia and Anesthesia Services	G006750	[redacted]
☐	RARC Veterinary Research Services	G006750	[redacted]
☐	Small Animal Imaging & Radiotherapy Facility (SAIRF)	M005532-R02-A01	[redacted]
☐	UW Gnotobiotic Shared Resource	M006250-R01-A02	[redacted]
☐	Waisman Center Behavioral Testing Services (BTS)	G005373-R02-A02	[redacted]
☐	WNPRC Animal Services Division	G005980-R02-A02	[redacted]

3. Groups of Supervised Individuals

List groups (not service providers or cores) working under supervision on this protocol (for example, 4th year vet students). Do not name

individuals or include any assignments.

> *No Answer Provided*

4. PI Oversight

If the PI (him or herself) will not be handling or working with a live species, explain how the PI will provide the oversight necessary for compliance with animal program regulations and requirements.

> *No Answer Provided*

5. Supervisor/Trainer for Staff

* Please state who will train and supervise study team members.

> [redacted]

Assignments and Qualifications

1. Study Team Member Assignments

For help email, arrow_help@rarc.wisc.edu

Click 'Add' below to associate each team member with a species and/or a procedure. Each member must be associated with at least one species and each procedure must be associated with at least one member.

Name	[redacted]
Species	Domestic Cat, Domestic Dog
Surgeries	Punch biopsy (Minor survival)

RARC Classes	IACUC Semiannual Inspection Training - 2025-07-07 RARC Animal User Recertification - 2022-11-07 UW Microisolator Technique - 2022-08-17 Animal User Orientation - 2017-12-04 UW Animal Program Emergency Orientation - 2016-10-17 Animal User Orientation - 2013-01-02 Transport Certificate - 2011-12-19 Animal User Orientation - 2008-01-30 Animal User Orientation - 2004-12-20 Animal User Orientation - 1994-08-15
EHS/UHS Training	Advanced Macaque Safety Training - Expired Agricultural Safety - 1/12/2027 Animal Contact Risk Questionnaire - 12/30/2025 Risk Communication in Animal Facilities - 9/25/2028 Safety for Personnel with Animal Contact - 10/4/2029
Education	[redacted]

View

[redacted]

[redacted]

Experience

As a Veterinary Anesthesiologist, I have worked with almost every common animal species.

Rats: Experience since 1995 including survival surgeries, tissue harvesting, neurophysiological recordings, plethysmography, etc.

Mice: Experience since 1995 including plethysmography, behavioral assessment, tissue perfusion, neurologic injection techniques, etc.

Reptiles: Experience since 1954 including anesthesia, handling procedures, tissue harvest, brainstem recordings, etc.

Dogs: Experience since 1995 including anesthetic techniques, tissue sampling, cardiovascular monitoring, etc

Ruminants: Experience since 1995 including anesthetic techniques, physiologic (respiratory) recordings, cardiopulmonary analyses (blood gas sampling), etc.

Cats: Experience since 1995 and analgesic including anesthetic techniques and cardiorespiratory monitoring

Primates: Experience since 1995 including anesthetic techniques and cardiorespiratory monitoring

Rabbits: Experience since 1995 including anesthetic techniques and cardiorespiratory monitoring

Avian sp.: Experience since 1995 including anesthetic techniques and cardiorespiratory monitoring

Other pocket pets (hamsters, guinea pigs, etc.): Experience sine 1995 including anesthetic and analgesic techniques and

	cardiorespiratory monitoring
Painful nonsurgical procedures	*No value entered*
Physical euthanasia methods	*No value entered*
Anesthesia Analgesia Sedation Assignment	Anesthesia, Carprofen, Vasoconstriction protocol, Vasodilation protocol
Transport Method Assignment	*No value entered*

View

Name	[redacted]
Species	Domestic Cat, Domestic Dog
Surgeries	*No value entered*
RARC Classes	Dog Training - 2023-07-05 Cat Training - 2023-06-08 Animal User Orientation - 2022-05-09
EHS/UHS Training	Animal Contact Risk Questionnaire - Expired Risk Communication in Animal Facilities - Expired Safety for Personnel with Animal Contact - 5/13/2027
Education	[redacted]
Experience	Dogs, Cats, Bovine, Equine, Caprine Graduate school training in Veterinary Medicine - UW-Madison 2021-present Dog, Cat, Avian handling and restraint in hospital setting. VCA Emergency Hospital Milwaukee 2021 Dog, Cat surgical preparation, operation, restraint, safety MyPetSurgery Milwaukee 2022-Present Dog, Cat handling and restraint in hospital setting. Grand Valley Animal Hospital Grand Forks, ND 2019-2021 Rat handling UW-Madison - 2022

Painful nonsurgical procedures	*No value entered*
Physical euthanasia methods	*No value entered*
Anesthesia Analgesia Sedation Assignment	Anesthesia, Carprofen, Vasoconstriction protocol, Vasodilation protocol
Transport Method Assignment	*No value entered*

2. Research Service Group Assignments

Assign species, surgeries, and procedures to the service group. At least one species must be assigned to each service group.

There are no items to display

3. Other Relevant Experience or Training

Include any protocol-specific experience and/or relevant training for a given study team member that is not found above.

> *No Answer Provided*

Occupational Health

Use of hazardous materials requires separate review and approval by EH&S. The Principal Investigator is responsible for obtaining all relevant approval(s) prior to initiating work with hazardous materials.

1. Occupational Hazards

If you have any questions regarding this section, visit the Animal Research Safety Protocol Guidance Website.

* Are any of the following used in the research involving live animals under this application? Check all that apply:

- [ ] Biological hazards (zoonotic agents, human or animal pathogens, human cells, prions, etc.)
- [x] **Chemical hazards (carcinogens, flammables, highly reactive, corrosives, etc.)**
- [ ] Physical hazards (UV light, magnetic fields, noise, electric shock, temperature, etc.)
- [ ] Radiation and/or radioactive materials (administration of radionuclides, etc.)
- [ ] Other hazards (zoonotic agents, BSL1 agents that do not require a biosafety protocol, farm work safety precautions, other.)
- [ ] NONE. None of the hazards listed above apply to research performed on living animals under this application.

Chemical Hazards

Chemical hazards include chemicals that present a health hazard or physical risk. Chemicals that present a health hazard include mutagens, carcinogens, reproductive hazards/teratogens, irritants (respiratory/skin/eye), and acutely toxic materials. A list of commonly used chemical hazards in animal research can be found at **this link**. Physically hazardous chemicals include flammables, combustibles, oxidizers, reactives, and compressed gases. All laboratory hazardous chemicals must be addressed in the Laboratory Chemical Hygiene Plan (CHP).

1. Chemical Hygiene Plan

To ensure accurate and timely safety precautions for you and your lab staff, and to meet the Occupational Safety and Health Administration (OSHA) Laboratory Standard, every laboratory must have a Laboratory Chemical Hygiene Plan (CHP). For more information about CHP and to find templates visit the Chemical Hygiene Plan safety webpage. The Chemical Safety Office staff are also available to review existing CHP for completeness and accuracy.

You may attach your current Chemical Hygiene Plan (CHP) here for reference. The ACUC will not review the CHP.

There are no items to display

2. Chemical Details

* The table below lists chemical hazards that have been added.

View

Regimen/Substance	Vasodilation protocol
Drugs and Compounds	Acepromazine Propofol Isoflurane
Containment Preparation	Fume hood, Other - The anesthesia vaporizer will be filled in a well ventilated area or under a chemical fume hood if possible. Required PPE to include gloves and lab coat.
Species	Domestic dog
Agents	Reproductive Hazard/Teratogen, Irritant (respiratory/skin/eye)
Containment Animals	No special containment needed
PPE needed	Exam gloves - Nitrile, Exam gloves - Latex, Exam gloves - Other, Lab coat or Disposable gown
Waste	No special precautions needed for waste/dirty bedding
Carcasses	Pick up by EH&S for incineration
Chemical Risk	Although there is no specific data regarding the health risks of isoflurane in humans, halogenated anesthetics in general have been associated with reproductive problems. When using isoflurane, staff will be notified of the potential hazards and safety signage will be posted by anesthetic machines for staff to reference proper isoflurane handling and use.
Chemical SDS	Yes

Regimen/Substance	Vasoconstriction protocol
Drugs and Compounds	Dexmedetomidine Propofol Isoflurane
Containment Preparation	Fume hood, Other - The anesthesia vaporizer will be filled in a well ventilated area or under a chemical fume hood if possible. Required PPE to include gloves and

View

	lab coat.
Species	Domestic dog
Agents	Reproductive Hazard/Teratogen, Irritant (respiratory/skin/eye)
Containment Animals	No special containment needed
PPE needed	Exam gloves - Nitrile, Exam gloves - Latex, Exam gloves - Other, Lab coat or Disposable gown
Waste	No special precautions needed for waste/dirty bedding
Carcasses	Pick up by EH&S for incineration
Chemical Risk	Although there is no specific data regarding the health risks of isoflurane in humans, halogenated anesthetics in general have been associated with reproductive problems. When using isoflurane, staff will be notified of the potential hazards and safety signage will be posted by anesthetic machines for staff to reference proper isoflurane handling and use.
Chemical SDS	Yes

3. Chemical Safety Signage

Upload any chemical safety signage associated with this protocol.

There are no items to display

Species: Domestic dog

Justify Species Choice

Species: Domestic dog

1. Species or Group Choice Justification

* Explain why you chose this species or target group.

> We are studying the generation of and treatment for hypothermia in dogs. Although any results found here may lead to further studies in other species, our targeted audience is dogs since they comprise the majority of anesthetized veterinary patients and hypothermia is a significant issue during anesthesia.

Number of Animals

Species: Domestic dog

1. Maximum 3-year Total

* What is the maximum number of this species that you will use during your protocol's three-year period?
Include control and replacement, breeding colony, preweaned, and euthanized animals.

> 5

2. Animal Number Justification

* Provide a justification for the maximum number of animals requested.
For renewals, provide an updated justification for the animals you require for the next three years.

Statistical analyses will be performed by our statistician ([redacted]) using R who is aware of our small sample size (n=3) for these preliminary investigations due to financial limitations of the grant and has suggested our crossover design. In previous studies, seven dogs per group were determined to be necessary to detect a difference between groups of 0.5°C with an alpha of 0.05 and power of 0.80. Thus, our study may be

somewhat underpowered but is meant to provide Preliminary Data for a more substantial grant (possibly AKC or AVMF).

2 additional animals are requested in the event of unexpected issues (e.g. dog illness or injury).

3. Justifications and/or Experience

See policy UW-4131, Justification of Numbers, for guidance and examples of acceptable justifications.

Provide a statistical justification or cite your past experience.

> *No Answer Provided*

4. Upload Number Documentation

Attach file(s) that support your determination of animal numbers. If possible, use tables to organize your information.

There are no items to display

Bio Species Source

Species: Domestic dog

1. Species Source

Animals arriving from outside the main UW-Madison campus will require a time period of acclimation before use. For details, see policy UW-4106 ,Acclimation After Transport.

* Check all sources that apply for this species.

☑	**Investigator at UW-Madison / including another protocol held by PI (check for maximum flexibility in animal transfers)**
☑	**Approved vendor (e.g. Jackson labs, BRMS Breeding Core, etc.)**
☐	Bred under this protocol
☐	Investigator at non-UW Madison institution (Labcorp, other university)
☐	Unapproved vendor
☐	Capture or collection from wild (free-living) population

- [ ] Herd, flock, etc
- [ ] Client/privately owned animals
- [ ] Other

Class B Source

Species: Domestic dog

Class B dealers, as licensed by the USDA, may acquire random source dogs and cats for resale. Random source means dogs and cats obtained from animal pounds or shelters, auction sales, or from any person who did not breed and raise them on his/her premises. Random source animals may exhibit greater anatomical and genetic variation than purpose-bred animals.

1. Class B Dealer

* Will any of these animals be received from a USDA-licensed Class B dealer?

○ Yes ◉ **No**

Prior Use

Species: Domestic dog

Animals that have undergone a major surgical procedure, permanent physiologic alteration, or substantial impairment on a previous protocol are not eligible for major surgical procedures on subsequent protocols.

1. Prior Use of Animals

* Were any of these animals used in another protocol?

◉ **Yes** ○ No

1.1. Prior Use Description

* Describe previous nutritional manipulations, blood draws,

administered drugs or other materials, or any other past manipulations, and explain how you determined that the animals' assignment to past projects will not compromise your research or the animals' health.

> Prior use will not compromise my research or the health of the animals.

Breeding and Genetically Modified Y/N

Species: Domestic dog

1. Breeding

* Does your protocol design include breeding of this species?

○ Yes ◉ **No**

2. Genetically Modified

* Will any of this species be genetically modified? Include animals modified through breeding schemes, purchase of genetically modified animals, or modified using CRISPR-cas9.

○ Yes ◉ **No**

Substance Administration Checklist

Species: Domestic dog

Include delivery of materials to animals via injection, infusion, inhalation, implantation, ingestion of food/water, and other means. Include administration of radionuclides. Include nonstandard diets under all other substances. Refer to **RARC guidance for substance administration checklist** for additional information.

1. Substance Type Selection

* If you will administer substances, check all purposes that apply.

- [x] **analgesics/anesthetics/sedatives to relieve pain or distress caused by nonsurgical and/or surgical procedures**
- [x] **euthanasia substance(s)**
- [x] **all other substances**
- [ ] I will not administer any substances.

Anesthesia/Analgesia/Sedation

Species: Domestic dog

Used to relieve pain or distress an animal may experience as a result of the procedures and manipulations described in this species/group. Refer to **RARC guidance for Anesthesia/Analgesia/Sedation** for additional information.

1. Anesthesia/Analgesia/Sedation Details

* Provide details for any anesthesia/analgesia/sedation substance or regimen you will use.

View

Name	Carprofen
Drugs and Compounds	Carprofen
Description	4.4 mg/kg SC once following punch biopsy
Monitoring Plan	Dogs will be pain scored every 8-12 hours for 2 days post-procedure using validated scoring systems (Glascow pain scale). If scoring 6/24 or greater, RARC vet staff will be contacted and additional doses of carprofen will be given.

View

Name	Vasoconstriction protocol
Drugs and Compounds	Dexmedetomidine Propofol Isoflurane
Description	Premedication: Dexmedetomidine (5 mcg/kg IV) Anesthetic induction: Propofol (1-6 mg/kg IV) Maintenance: 0.5-3% isoflurane in 100% oxygen delivered by endotracheal tube
Monitoring Plan	General anesthesia will be maintained using isoflurane delivered in 100% oxygen (1-2 L/min) targeting an end tidal isoflurane (ETiso) of 1.3%. Mechanical ventilation will be initiated, with a tidal volume of 10-15 mL/kg, respiratory rate of 8-12 bpm, and peak inspiratory pressure of 8-10 cm H2O to maintain end tidal carbon

	dioxide (ETCO2) between 35-45 mmHg. Dogs will be positioned in dorsal recumbency on a thin blue pad and a 22-gauge catheter will be placed in a dorsal pedal or coccygeal artery for direct blood pressure measurement to assess degree of vasodilation or vasoconstriction (based on diastolic pressures). Animals will also be monitored with a pulse oximeter (SpO2), electrocardiogram (ECG), capnometer (ETCO2), and esophageal, dermal and rectal thermometers connected to a multiparameter monitor. Heart rate, respiratory rate, SpO2, systolic (SAP), mean (MAP) and diastolic (DAP) blood pressures, ETiso, and oxygen flow rate will be recorded every 5 minutes, while rectal, dermal and esophageal temperatures will be recorded every 3 minutes.

View

Name	Vasodilation protocol
Drugs and Compounds	Acepromazine Propofol Isoflurane
Description	Premedication: acepromazine (0.03-0.05 mg/kg IV) Anesthetic induction: propofol (1-6 mg/kg IV) Maintenance: 0.5-3% isoflurane in 100% oxygen delivered by endotracheal tube
Monitoring Plan	General anesthesia will be maintained using isoflurane delivered in 100% oxygen (1-2 L/min) targeting an end tidal isoflurane (ETiso) of 1.3%. Mechanical ventilation will be initiated, with a tidal volume of 10-15 mL/kg, respiratory rate of 8-12 bpm, and peak inspiratory pressure of 8-10 cm H2O to maintain end tidal carbon dioxide (ETCO2) between 35-45 mmHg. Dogs will be positioned in dorsal recumbency on a thin blue pad and a 22-gauge catheter will be placed in a dorsal pedal or coccygeal artery for direct blood pressure measurement to assess degree of vasodilation or vasoconstriction (based on diastolic pressures). Animals will also be monitored with a pulse oximeter (SpO2), electrocardiogram (ECG), capnometer (ETCO2), and esophageal, dermal and rectal thermometers connected to a multiparameter monitor. Heart rate, respiratory rate, SpO2, systolic (SAP), mean (MAP) and diastolic (DAP) blood pressures, ETiso, and oxygen flow rate will be recorded every 5 minutes, while rectal, dermal and esophageal temperatures will be recorded every 3 minutes.

Euthanasia Substance

Species: Domestic dog

If a substance is used to euthanize this species, it should be entered here. Include CO_2. Refer to **RARC guidance for Euthanasia Methods** for additional information.

1. Euthanasia Substance Details

* Provide details on each euthanasia substance you will use.

View

Name	pentobarbital sodium for euthanasia
Drugs or Compounds	pentobarbital sodium
Euthanasia Procedure Description	Animal will be euthanized with a calculated dose of pentobarbital sodium via IV injection (≥120mg/kg for the first 4.5kg of body weight ≥60mg/kg per 4.5kg of body weight thereafter).

All Other Substances

Species: Domestic dog

For each substance or regimen, click "Add" to answer questions about its administration.

Describe the materials delivered to animals via injection, infusion, inhalation, implantation, ingestion in food or water, nonstandard diets, and by other means. Include administration of radionuclides via injection or in food.

Do not include substances used for **clinical relief** of pain or distress (anesthesia/analgesia) or for euthanasia of this species. See help for additional guidance.

1. Other Substances Details

* Provide details on all other substances you will use. Refer to **RARC guidance for All other Substance Administration** for additional information.

View

Name	Balanced crystalloid solution
Drugs or Compounds	Balanced crystalloid solution (LRS, Normosol, Plasmalyte, etc.)
Category	*No Value Entered*
Dosing Details	During anesthesia, 3-5 mL/kg/hr balanced crystalloid will be administered IV throughout the procedure
Purpose of Use/Monitoring	Balanced crystalloids are used to combat fluid loss, maintain circulating volume and ensure vascular access.
Painful/Distressful?	No

Anesthesia/Analgesia Regimen	*No value entered*

View

Name	Sterile ophthalmic lubricant
Drugs or Compounds	Sterile ophthalmic lubricant
Category	*No Value Entered*
Dosing Details	Sterile ophthalmic lubricant will be placed topically on the eye for lubrication during general anesthesia.
Purpose of Use/Monitoring	THis is used to keep eyes lubricated.
Painful/Distressful?	No
Anesthesia/Analgesia Regimen	*No value entered*

Special Substances Checklist

Species: Domestic dog

1. Special Substances Selection

* If you are using any special substances, select all that apply. Refer to the **RARC guidance for Special Substance** page for more information.

- [ ] cells, cell lines, tissues, or tissue products (animal and/or human)
- [ ] complete Freund's adjuvant (CFA)
- [x] **controlled substances (requiring DEA and sometimes SUA registration)**
- [ ] nonpharmaceutical-grade compounds
- [ ] paralytic agents
- [ ] none of the above

Controlled Substances

Species: Domestic dog

Controlled substances are drugs regulated by the Drug Enforcement Administration (DEA) and Wisconsin's Controlled Substances Board, which issue Special Use Authorizations (SUAs) for research use of controlled

substances by DEA registrants. Get more information on the **RARC Controlled Substances page**.

1. Controlled Substances Selection

* Check all regimens that contain controlled substances.

	Regimen/Substance Name	Drugs or Compounds	Species
☐	Balanced crystalloid solution	Balanced crystalloid solution (LRS, Normosol, Plasmalyte, etc.)	Domestic dog
☐	Carprofen	Carprofen	Domestic dog
☑	pentobarbital sodium for euthanasia	**pentobarbital sodium**	**Domestic dog**
☐	Sterile ophthalmic lubricant	Sterile ophthalmic lubricant	Domestic dog
☐	Vasoconstriction protocol	Dexmedetomidine Propofol Isoflurane	Domestic dog
☐	Vasodilation protocol	Acepromazine Propofol Isoflurane	Domestic dog

2. DEA and SUA Registrant

* Name the DEA registrant and, if required, the SUA registrant for the controlled substances.

PIs are responsible for ensuring that all controlled substances are purchased and dispensed under approved WI SUA (required for most PIs) and DEA registrations.

Obtaining or renewing an SUA can take eight to 12 weeks or more. Please plan accordingly.

[redacted]

Nonsurgical Procedures Checklist

Species: Domestic dog

1. Nonsurgical Procedures Selection

* Check all types of nonsurgical procedures that will be performed.

- [x] **Blood collection**
  Sampling by nonsurgical procedures

Food and/or fluid regulation

- [ ] Applies to scheduled or restricted access to food or fluids for experimental purposes.
  Do NOT check this box for fasting before sedation or use of anesthesia or for standard presurgical fasting or fluid regulation. Presurgical fasting will be described in Surgery Summary.

- [ ] **Genotyping/identification**

Imaging

- [ ] CT scans, MRIs, ultrasound examinations, X-rays, and other imaging procedures, including those that expose the animal to small amounts of radiation for the purpose of producing a visual image of bodies or processes.
  If a dye is used for imaging, add details about the dye in Substance Administration.

Irradiation

- [ ] Exposure to gamma irradiation and other ionizing radiation for the purpose of affecting animal tissue or physiology.
  Administration of radionuclides via injection or in food should be described in Substance Administration.

Physical restraint

- [ ] Applies to the use of manual or mechanical means to limit some or all of an animal's movement.
  Does NOT apply to brief procedures that are part of normal handling or husbandry.
  Does NOT apply to normal wildlife-capturing techniques.

Other nonsurgical procedures

- [x] Applies to a wide range of other experimental manipulations of animals such as behavioral assays, gastric lavage, maze trials, oocyte collection, preference tests, and more.

- [ ] **I will not perform any nonsurgical procedures.**

Blood Collection

Species: Domestic dog

For each blood collection regimen, provide details of the procedure. Refer

to the **RARC guidance for Blood Collection** for blood volumes of commonly used animals and help responding to the questions on this page.

1. Blood Collection Details

* The table below lists regimens of blood collection that have been added.

View

Name	Blood glucose
Collect Site	Intravenous catheter, paw pad, cephalic/saphenous vein
Blood Collection Process	Blood will be taken from the IV catheter, paw pad or cephalic/saphenous vein for serial blood glucose sampling. Point-of-care sampling will be taken from the paw pad or IV catheter. If the catheter is used, 0.5 mL blood will be withdrawn and discarded, then 0.25 mL whole blood used for sampling, then the IV catheter will be flushed with 0.5-1 mL 0.9% saline. If the blood glucose is analyzed by the SVM lab, it will be taken directly from a vein and up to 4 ml of whole blood will be drawn per sample to get an ample volume of plasma for laboratory sampling. Samples will be taken prior to premedication, 15 minutes after premedication, and every 30 minutes for 2 hours under general anesthesia and 30 minutes post-recovery.
Blood Collection Monitoring	*No Value Entered*
Max. Single Draw Vol. (ml)	Up to 4 mls
Max. Single Draw Vol. (percent)	8 kg X 90 ml/kg = 720 ml. 7 samples per dog X 4 ml = 28 ml. 28 ml in a dog with a 720 ml blood volume = 3.8% max
# Samples	7 samples during each treatment
Interval	There will be a minimum of 3 days between each set of blood draws.
Blood Terminal?	No
Painful/Distressful?	No
Analgesic/Anesthetic Regimen	*No value entered*

Name	PCV/TP/Azostick
Collect Site	Cephalic vein
Blood Collection	Prior to experimentation, 0.5-1 mL blood will be

View

Process	obtained from the cephalic vein for baseline bloodwork
Blood Collection Monitoring	*No Value Entered*
Max. Single Draw Vol. (ml)	0.5-1 mL
Max. Single Draw Vol. (percent)	< 1% of total blood volume
# Samples	once per treatment (total = 6)
Interval	*No Value Entered*
Blood Terminal?	No
Painful/Distressful?	No
Analgesic/Anesthetic Regimen	*No value entered*

2. Blood Collection Exceed Limits

For any survival blood collection regimens that approach or exceed the maximum collection limits as outlined in the RARC guidelines, describe monitoring and supportive care procedures.

> *No Answer Provided*

3. Blood Collection Justification

Provide justification for survival blood collection regimen limits stated in question #2 or justification for multiple collections in a short period of time.

> *No Answer Provided*

Other Nonsurgical Procedures

Species: Domestic dog

1. Other Nonsurgical Procedures Details

* Provide details for other nonsurgical procedures you will use.

View

Name	External Temperature Monitoring
Pre and Post Care and/or Treatment	*No Value Entered*
Description	Prior to sedation/anesthesia a rectal temperature probe and a non-invasive dermal temperature collar will be placed to measure temperature throughout all procedures including recovery. A small fur clip may be performed on the neck prior to collar placement. As part of routine anesthetic monitoring, an esophageal temperature will also be placed while anesthetized.
Frequency	6 times per dog (2 pre-meds [dexmedetomidine pre-med/vasoconstriction, acepromazine pre-med/vasodilation] X 3 treatments [control, conventional heat source, AVAcore = 6 treatment combinations)
Painful/Distressful?	No
Files	
Analgesic/Anesthetic Regimen	Vasoconstriction protocol, Vasodilation protocol

View

Name	Heating Device Testing
Pre and Post Care and/or Treatment	*No Value Entered*
Description	All dogs will have a circulating warm water blanket placed underneath (Gaymar T/Pump Classic; 42°C), a forced-air warming blanket (Bair Hugger, Avante Animal Health, Louisville, KY; 43°C) placed on top and secured with 4 pieces of small tape on the corners, and the AVAcore sleeve placed on one to four limbs and connected to a circulating water pump (Gaymar T/Pump Classic; 42°C) immediately after anesthetic induction. Under each drug combination, a dog will undergo three treatment groups: 1) all warming devices placed but not turned on (NONE), 2) all warming devices placed but only conventional warming devices including a circulating warm water blanket and forced air warmer turned on (CONV), and 3) all warming devices placed but only the AVAcore warm water blanket turned on (AVA). Thus, each dog will undergo 6 experiments with at least 3 days between experiments. When a dog becomes moderately hypothermic (<35°C) or hyperthermic (>39.5°C), they will be maintained for 10 minutes, then anesthesia will be discontinued, devices removed, and the recovery period begun. If they remain normothermic, anesthesia will be continued for up to 2 hours then they will be recovered.
Frequency	6 as described above (3 treatments with 2 anesthetic protocols)
Painful/Distressful?	No
Files	
Analgesic/Anesthetic	Carprofen, Vasoconstriction protocol, Vasodilation

Regimen	protocol

View

Name	Recovery Monitoring
Pre and Post Care and/or Treatment	*No Value Entered*
Description	During recovery, dogs will be placed undisturbed on a floor pad until fully recovered and standing. Times to extubation, sternal recumbency and standing will be recorded along with any noticeable shivering. Paws will be inspected immediately after recovery and every day for 7 days for signs of irritation or injury (discoloration, swelling, licking, etc.).
Frequency	Once per treatment (total = 6 times)
Painful/Distressful?	No
Files	
Analgesic/Anesthetic Regimen	Vasoconstriction protocol, Vasodilation protocol

View

Name	Rectal Temperature Monitoring
Pre and Post Care and/or Treatment	*No Value Entered*
Description	Prior to anesthesia, a rectal thermometer (YSI 4600) will be placed, taped to the tail and temperature readings taken prior to sedation and throughout the experimentation protocols including recovery.
Frequency	Once per treatment (total = 6 times)
Painful/Distressful?	No
Files	
Analgesic/Anesthetic Regimen	Vasoconstriction protocol, Vasodilation protocol

Surgery Y/N

Species: Domestic dog

1. Surgery Performed

Surgical procedures that are initiated on a live animal prior to confirmation of death, such as thoracotomy for terminal perfusion, are considered surgeries.

Not surgery: Fine-needle biopsies, intravitreal or subcutaneous injections, simple catheter insertions. These should be described in Other Nonsurgical Procedures.

* Will major, minor, or nonsurvival surgery be performed on any of this species?

(•) **Yes** ( ) No

Surgery Summary

Species: Domestic dog

1. Surgery Details

* Provide details for each surgical procedure for this species or group.

View

Name	Punch biopsy
Surgery Type	Minor survival
Max. No. of Animals	5
Analgesic/Anesthesia Regimen	Vasoconstriction protocol, Vasodilation protocol
Euthanasia Regimen	pentobarbital sodium for euthanasia
Physical Euthanasia	No
Presurgery Fasting	Approximately 12 hours
Duration	10 minutes or less
Description	Immediately following the final AVAcore treatment with either acepromazine or dexmedetomidine sedation (randomized), while dogs are still under anesthesia, a small punch biopsy (~3-6 mm) of the glabrous skin on the ventral paw will be taken following a small aseptic scrub and submitted for histopathology to assess for any injury caused by two applications of the device. A control site not touched by the device may also be sampled. The skin may be closed with a subcuticular absorbable suture or tissue glue if necessary.

2. Pre and Post Operative Care and/or Treatment

Describe any pre and post care and/or treatment (e.g., antibiotics) related to procedures. Do not enter analgesics or anesthetics.

> None

3. Patient Preparation

* Describe how patient(s) will be prepared to create an appropriate surgical field for the proposed surgery (e.g., clipping hair, scrubbing with chlorhexidine solution and sterile water).

> Fur will be clipped near the large ventral paw pad, and the area cleaned with betadine and alcohol.

4. Sterile Field

* Select which of the following will be used to maintain a sterile field during surgery. If a sterile field does not apply, check 'None'.

☑	**Sterile instruments (autoclave, gas sterilization)**
☑	**Bead sterilizer**
☐	Sterile gown/garb
☑	**Sterile gloves**
☐	Sterile drapes
☑	**Surgical mask**
☑	**Surgeon scrub**
☐	Other
☐	None

5. Surgery Monitoring

* Beginning with induction and through the immediate postsurgery period, how will you monitor animals during surgery and anesthesia? Only include details about monitoring; do not enter specifics about substances.

> Dogs will be anesthetized and intensly monitored every 5 minutes throughout the procedure as part of the study directives with ECG, SPO2, temperature, BP and

> ETCO2 and inhalants. Dogs will be monitored throughout recovery and times to extubation, sternal recumbency and standing recorded as part of the study directives as well.

6. Postsurgery Analgesia Regimens

Select all regimens for the treatment of pain and distress after surgery.

	Regimen/Substance	Drugs and Compounds	Species	Monitoring
☑	Carprofen	**Carprofen**	**Domestic dog**	**Dogs will be pain scored every 8-12 hours for 2 days post-procedure using validated scoring systems (Glascow pain scale). If scoring 6/24 or greater, RARC vet staff will be contacted and additional doses of carprofen will be given.**
☐	Vasoconstriction protocol	Dexmedetomidine Propofol Isoflurane	Domestic dog	General anesthesia will be maintained using isoflurane delivered in 100% oxygen (1-2 L/min) targeting an end tidal isoflurane (ETiso) of 1.3%. Mechanical ventilation will be initiated, with a tidal volume of 10-15 mL/kg, respiratory rate of 8-12 bpm, and peak inspiratory pressure of 8-10 cm H2O to maintain end tidal carbon dioxide (ETCO2) between 35-45 mmHg. Dogs will be positioned in dorsal recumbency on a thin blue pad and a 22-gauge catheter will be placed in a dorsal pedal or coccygeal artery for direct blood pressure measurement to assess degree of vasodilation or vasoconstriction (based on diastolic pressures). Animals will also be monitored with a pulse oximeter (SpO2), electrocardiogram (ECG), capnometer (ETCO2), and esophageal, dermal and rectal thermometers connected to a multiparameter monitor. Heart rate, respiratory rate, SpO2, systolic (SAP), mean (MAP) and diastolic (DAP) blood pressures, ETiso, and oxygen flow rate will be recorded every 5 minutes, while rectal, dermal and esophageal temperatures will be recorded every 3 minutes.

General anesthesia will be maintained using isoflurane delivered in 100% oxygen (1-2

☐	Vasodilation protocol	Acepromazine Propofol Isoflurane	Domestic dog	L/min) targeting an end tidal isoflurane (ETiso) of 1.3%. Mechanical ventilation will be initiated, with a tidal volume of 10-15 mL/kg, respiratory rate of 8-12 bpm, and peak inspiratory pressure of 8-10 cm H2O to maintain end tidal carbon dioxide (ETCO2) between 35-45 mmHg. Dogs will be positioned in dorsal recumbency on a thin blue pad and a 22-gauge catheter will be placed in a dorsal pedal or coccygeal artery for direct blood pressure measurement to assess degree of vasodilation or vasoconstriction (based on diastolic pressures). Animals will also be monitored with a pulse oximeter (SpO2), electrocardiogram (ECG), capnometer (ETCO2), and esophageal, dermal and rectal thermometers connected to a multiparameter monitor. Heart rate, respiratory rate, SpO2, systolic (SAP), mean (MAP) and diastolic (DAP) blood pressures, ETiso, and oxygen flow rate will be recorded every 5 minutes, while rectal, dermal and esophageal temperatures will be recorded every 3 minutes.

7. Postsurgery Pain and Monitoring

In addition to the substance monitoring plan selected above, which you entered on the Substance Administration: Analgesic/Anesthetic/Sedation page, describe any other post-op monitoring of pain and distress to be followed.

> Although not anticipated, dogs will be monitored for pain every 8-12 hours for 2 days post-procedure using validated pain scoring systems (Glasgow pain scale).

8. Surgery Files

Add file(s) with illustrations, figures, standard operating procedures, or other supplementary information about this surgical procedure.

There are no items to display

Concurrent Surgical Procedures

Species: Domestic dog

1. Concurrent Surgeries Y/N

* Will you perform two or more surgical procedures under a single anesthetic event?

○ Yes ◉ **No**

Multiple Survival Surgery

Species: Domestic dog

1. Multiple Survival Surgeries Y/N

* Will any single animal or group of animals of this species survive two or more surgical procedures in separate anesthetic events?

○ Yes ◉ **No**

Alternatives Search

Species: Domestic dog

Review the following procedures and genetic modifications (if applicable) you described that cause more than momentary pain or distress. Then answer the questions that follow to explain how you determined that there weren't less painful or distressful alternatives to the procedures.

Nonsurgical Procedures

Procedure Name	Procedure Type	Anesthesia/Analgesia Regimen

There are no items to display

Surgical Procedures

Surgery Title	Survival Procedures	Anesthesia/Analgesia Regimen

Punch biopsy	Minor survival	Vasoconstriction protocol, Vasodilation protocol

1. Alternatives Databases

* List one or two databases you searched (e.g., AltWeb, Biological Abstracts, NORINA, PubMed, etc.) to look for alternatives.

> Pub Med

2. Alternatives Years Covered

* What years did your search cover? (yyyy-yyyy)

> 1966-2023

3. Alternatives Recent Search

* What was the date of your most recent search?

> 7/10/2023

4. Alternatives Other

What methods did you use beyond database searches to look for alternatives to painful or distressful procedures (e.g. conference attendance, professional expertise, journal articles, training)?

> *No Answer Provided*

5. Alternatives Search Strategy

* Describe your search strategy, including the scientifically relevant

keywords you used.

> We search all relevant literature for alternatives. Keywords include: alternative, dog, warming, arteriovenous anastomoses, temperature

6. Alternatives Narrative

* Evaluate the information you've gathered and explain any alternatives or refined methods that cannot be used in this research.

> No alternatives were found to investigate the complex, multisystemic effects of thermoregulation in anesthetized dogs and interventions aimed at stabilizing body tempreature in the face of perturbations. Thus, live, anesthetized dogs will be used.

Complications

Species: Domestic dog

In previous sections, you identified the pain and discomfort animals might experience from each procedure. Now consider your procedures from a broader perspective.

1. Potential Complications

* What are the potential complications animals may experience from any of your procedures (e.g., internal bleeding after liver biopsy, Graft Versus Host Disease (GVHD) with transplant) or from any chronic condition resulting from the procedures (e.g., lameness, disease) and how will the complications be managed?

> Significant complications are not expected with these experiments. However, we will monitor for signs of discomfort associated with hypothermia (post-anesthesia nausea and vomiting), and any tissue damage associated with device application. If seen, RARC veterinary personnel will be notified. During anesthesia, complications such as hypotension, hypertension, hypothermia, hyperthermia, hypoxemia, arrhythmias and death may occur, although they are not anticipated. If seen, RARC vet personnel will be contacted and treatment options discussed during the procedure.

2. Unrelieved Pain or Distress

* Will treatment for pain or distress be withheld from any animals of this species?

○ Yes ◉ **No**

USDA Designation

Species: Domestic dog

The United States Department of Agriculture (USDA) established the following B-E categories based on levels of pain, discomfort, and distress associated with procedures.

1. USDA Designation Code

* Choose the highest category of pain/distress that this species will experience as part of this protocol.

○	B	Animals bred or held for use in teaching, testing, experiments, research, or surgery but not used for such purposes
○	C	Teaching, research, experiments or tests conducted that involve no pain or distress that require use of analgesics
◉	**D**	**Experiments, teaching, research, surgery or tests conducted that involve accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic or tranquilizing drugs or palliative measures are used (including surgery or procedures under anesthesia that without the anesthesia would be painful)**
○	E	Teaching, experiments, research, surgery or tests conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic or tranquilizing drugs are not used because they would adversely affect the procedures, results or interpretation of the teaching, research, experiments, surgery or tests
○	Not USDA-covered activity or species	USDA animal welfare regulations do not apply to the use of this species as described in this protocol. If your research is funded by the Department of Defense (DOD) or the USDA Agricultural Research Service (ARS), do not select this. Instead, select the appropriate pain category above regardless of species.

Endpoints/Euthanasia Methods

Species: Domestic dog

Your euthanasia plans must follow the RARC veterinary staff recommendations (refer to **RARC guidelines for Euthanasia by Species**) unless your alternative method is scientifically justified and approved by your IACUC. Refer to the **Help for Euthanasia Methods** to view the AVMA

guidelines and guidance about how to complete this page.

1. Criteria for Anticipated Euthanasia

What are your study endpoints?

> The study endpoint is when all dogs have received all treatments. Euthanasia is not anticipated during the procedures.

2. Criteria for Unanticipated Euthanasia

* For unanticipated events or nonstudy-related health issues, what criteria or clinical signs will you use to determine an unanticipated endpoint for an animal?

> If unanticipated issues arise (such as severe tissue damage), RARC veterinary personnel will be contacted to assess if clinical signs are severe enough for euthanasia or if they can be treated.

3. Plan for Anticipated Euthanasia

Select all applicable euthanasia methods for planned study procedures.

	Regimen/Substance Name	Drugs or Compounds	Species
☑	pentobarbital sodium for euthanasia	**pentobarbital sodium**	**Domestic dog**

4. Plan for Unanticipated Euthanasia

Select all applicable euthanasia methods for unanticipated events or nonstudy-related health issues.

	Regimen/Substance Name	Drugs or Compounds	Species
☑	pentobarbital sodium for euthanasia	**pentobarbital sodium**	**Domestic dog**

5. Plan for Physical Methods of Euthanasia

After discussing with an RARC veterinarian, describe your plan for physical methods of euthanasia.

Name	Description
There are no items to display	

6. Other Euthanasia Methods

Describe other planned and unplanned euthanasia methods not included above, including euthanasia performed by the RARC veterinary staff.

> *No Answer Provided*

7. Nonstandard Euthanasia Justification

For methods of euthanasia described above that are NOT listed in RARC Veterinary Standards for this species, justify the use of this method.

> *No Answer Provided*

8. Ensure Death

* Describe the methods you'll use to ensure death following euthanasia procedures.

> Death will be confirmed by respiratory and cardiac arrest.

Disposition

Species: Domestic dog

Indicate the final arrangements for animals assigned to this protocol.

1. Disposition Plan

* At the end of their assignment in this protocol, animals will be:

☑	**Made available to other investigators.**
☐	Returned to a UW colony, herd or flock for other use.
☐	Returned to their client-owners.
☐	Maintained at a privately owned herd or flock.
☑	**Made available for adoption. Adoption must be preapproved by a laboratory animal veterinarian.**
☐	Sold at market.
☑	**Euthanized.**
☐	Other.

2. Consumption

* Is there a possibility that animals or humans will consume your animals or their byproducts at the end of your study?

○ Yes ◉ **No**

Nonstandard Husbandry Checklist

Species: Domestic dog

Don't include medically justified, standard pre- or post-anesthetic/surgical exceptions, such as short term withholding of food and water. Describe these in SURGICAL PROCEDURES.

Don't include longer-term food or fluid regulation. Describe these in NONSURGICAL PROCEDURES.

Don't describe the use of wire bottom caging here if non-avian animals will be on wire-bottomed caging for less than 12 hours. That should be included in the EXPERIMENTAL NARRATIVE.

This protocol assumes that social animals (including Nonhuman Primates) may be housed singly for non-experimental reasons (e.g. husbandry management, veterinary clinical management) in accordance with campus policies and SOPs.

Don't check 'Single housing of social species' if the reason for single housing is approved in the **UW-Madison Animal Social Housing and Enrichment Requirements (ASHER)** document. If you are using Nonhuman Primates and are unsure if you should check this box, consult with your research animal veterinarian.

1. Nonstandard Husbandry Selection

* Check ALL non-standard conditions that apply to this species.

- ☐ **Housing animals outside dedicated animal facility**
  Animals will be kept for greater than 12 hours for USDA covered animals, or 24 hours for non-USDA covered animals in any location that is not a dedicated animal facility.
- ☐ **Lab staff provide husbandry in facility**
  Laboratory or research staff, rather than professional facility animal-care staff, will provide animal husbandry for a subset of animals housed in facilities.
- ☐ **Single housing of social species**
  Social species are singly housed for periods longer than 12 hours for experimentally-driven reasons. This does not include: clinical reasons, recovery from anesthesia/surgery, social incompatibility, final animal in an experiment, and female rodents near parturition (see ASHER document).
- ☐ **Enrichment withholding**
  Animals are not provided with the minimum required enrichment as outlined in the facility SOP.
- ☐ **Exercise withholding for dogs**
  Dogs are not provided with the minimum exercise as required by the facility SOP.
- ☐ **Ambient Noise**
  Animals will be exposed to white noise that is not part of the standard environmental enrichment for the species.
- ☐ **Nonstandard lighting**
  Animals will be exposed to lighting paradigm of non-standard wavelength, intensity, or altered light/dark.
- ☐ **Vibration**
  Animals will be exposed to vibrations of an amplitude and or frequency known to cause clinical effect.
- ☐ **Cleaning/sanitation schedule different than facility standard**
- ☐ **Enclosure smaller or denser than standard for species**
  Animals will be housed in an enclosure that is smaller than the facility standard or at a density higher than the standard for the cage size.

☐	**High velocity air** Animals will be directly exposed to high velocity air that is not a normal part of their husbandry.
☐	**Bare floor (no bedding) with no structure for resting or sleeping**
☐	**Wire bottom cage for more than 12 hours (NOT AVIAN)**
☐	**Temperature outside recommended range** Animals will be exposed to temperatures outside of the normal reference ranges for the species.
☐	**Other nonstandard housing or husbandry** Animals are subject to other non-standard housing or husbandry conditions.
☑	**Not applicable** **There will be no non-standard husbandry for this study.**

Select Locations

Species: Domestic dog

Add all housing and procedure locations for this species. Use only one of the following three questions to add a location.

Add your location in question 1, if it has been approved by the IACUC.
If you will house animals and perform procedures in the same established animal facility:
Type "vivarium" in the search box and select from the results. To allow flexibility and avoid possible protocol violations, do not select a specific room.

If you will use clinical space in the School of Veterinary Medicine-North or South do not select a specific room. Choose "department": Oncology, Internal Medicine etc.:
Type "SVM" in the search box and select from the results scrolling to find North and South buildings.

If you will use a non-vivarium PI laboratory to hold animals and/or perform procedures:
Type the room number in the search box and select from the results. Include the building module (e.g. K4/123) for the Clinical Sciences Center (CSC). Add each room separately; you cannot add room ranges.

Add your location in question 2, if it is a UW-Madison location that you

did not find in the search box for question 1.

Add your location in question 3, if it is not controlled by UW-Madison or its affiliates.

1. Current ACUC Approved Locations

Location Common Name	Room Name	Location Type	Committee	Housing Allowed	Procedure Allowed	Surgery Level
[redacted]	vivarium	facility	SVM	yes	yes	Survival USDA or Lesser Allowed
[redacted]	[redacted] Vivarium	facility	SVM	yes	yes	Most Surgeries Allowed
[redacted]	[redacted]	lab	SVM	no	yes	Most Surgeries Allowed
[redacted]	[redacted]	lab	SVM	no	yes	Survival USDA or Lesser Allowed
[redacted]	[redacted]	lab	SVM	no	yes	Survival USDA or Lesser Allowed
[redacted]	[redacted]	facility	SVM	yes	yes	Survival USDA or Lesser Allowed
[redacted]	[redacted]	lab	SVM	no	yes	Most Surgeries Allowed

2. Locations Not Found under Current ACUC Approved Locations

You must request ACUC approval for these locations.

Building Name	Building Address	Room Name
There are no items to display		

3. Locations Not Controlled by UW-Madison or Its

Affiliates

Location	Location Address
There are no items to display	

Select Purpose Of Locations

Species: Domestic dog

1. Locations Details

* Click on the name of each selected location. On the pop-up, indicate which of the following procedures and housing will occur at that location. Check all that apply for each location.

Location name	Facility housing	Lab husbandry	Laboratory housing	Nonsurgical Procedures	Surgical Procedures	Euthanasia
[redacted]	yes		no	Balanced crystalloid solution, Blood glucose, Carprofen, External Temperature Monitoring, Heating Device Testing, PCV/TP/Azostick, pentobarbital sodium for euthanasia, Recovery Monitoring, Rectal Temperature Monitoring, Sterile ophthalmic lubricant, Vasoconstriction protocol, Vasodilation protocol	Punch biopsy	yes
[redacted]	no		no	Balanced crystalloid solution, Blood glucose, Carprofen, External Temperature Monitoring, Heating Device Testing, PCV/TP/Azostick, pentobarbital sodium for euthanasia, Recovery Monitoring, Rectal Temperature Monitoring, Sterile ophthalmic lubricant,	Punch biopsy	yes

			Vasoconstriction protocol, Vasodilation protocol		
[redacted]	yes	no	*No value entered*	*No value entered*	no
[redacted]	no	no	Balanced crystalloid solution, Blood glucose, Carprofen, External Temperature Monitoring, Heating Device Testing, PCV/TP/Azostick, pentobarbital sodium for euthanasia, Recovery Monitoring, Rectal Temperature Monitoring, Sterile ophthalmic lubricant, Vasoconstriction protocol, Vasodilation protocol	*No value entered*	yes
[redacted]	no	no	Balanced crystalloid solution, Blood glucose, Carprofen, External Temperature Monitoring, Heating Device Testing, PCV/TP/Azostick, pentobarbital sodium for euthanasia, Recovery Monitoring, Rectal Temperature Monitoring, Sterile ophthalmic lubricant, Vasoconstriction protocol, Vasodilation protocol	Punch biopsy	yes
[redacted]	no	no	Balanced crystalloid solution, Blood glucose, Carprofen, External Temperature Monitoring, Heating Device Testing, PCV/TP/Azostick, pentobarbital sodium for euthanasia, Recovery Monitoring, Rectal Temperature	Punch biopsy	yes

			Monitoring, Sterile ophthalmic lubricant, Vasoconstriction protocol, Vasodilation protocol		
[redacted]	yes	no	Balanced crystalloid solution, Blood glucose, Carprofen, External Temperature Monitoring, Heating Device Testing, PCV/TP/Azostick, pentobarbital sodium for euthanasia, Recovery Monitoring, Rectal Temperature Monitoring, Sterile ophthalmic lubricant, Vasoconstriction protocol, Vasodilation protocol	Punch biopsy	yes

Transport

Species: Domestic dog

See **policy UW-4099**, Campus Transportation of Laboratory Animals, for guidance on transporting laboratory animals outside the animal facility. A minimum acclimation period is not required for animals intended for use after intra-campus transport or in non-survival procedures; it is however strongly recommended animals receive at least 72 hours post-transport acclimation prior to use in a research protocol. See **policy UW-4106**, Acclimation After Transport.

1. Animal Transport

* Animals will NOT be transported.

○ True ◉ **False**

1.1. Transport Routes

* Check all transport routes you will use.

- [x] **within, or between adjacent rooms within, a vivarium (animal never leaves the vivarium - e.g. [redacted] to [redacted])**
- [x] **within a building or between connected buildings (animal moves from lab to lab - e.g. [redacted] to [redacted])**
- [x] **between buildings (e.g. [redacted] to [redacted])**
- [ ] to or from field site (e.g. [redacted] to [redacted] and back to [redacted]
- [ ] no transport of animals will occur

1.2. Order of Movement

In 2-4 sentences describe animal movement and transport method.

> *No Answer Provided*

1.3. Transport Methods

* How will you transport animals?

- [x] **in a dedicated animal transport vehicle or trailer**
- [x] **hand-carried in a covered cage, in an animal-transport container, or covered on a cart**
- [ ] in a privately owned vehicle, non-dedicated departmental vehicle, or non-dedicated fleet vehicle
- [x] **other**

1.3.1. Other Transport Description

* Provide a justification for this transport method as well as the name of department, contact person and/or owner.

> [redacted] may be used between rooms.

1.4. Transport Files

Upload supplemental information (i.e. SOPs, maps) here.

There are no items to display

End of Species Details

Species: Domestic dog

You are done answering questions about this species.

Click on "Species Complete." You will be redirected to the Species start page where you can answer questions about additional species in your protocol or continue to the next section.

Species: Domestic cat

Justify Species Choice

Species: Domestic cat

1. Species or Group Choice Justification

* Explain why you chose this species or target group.

> We are studying the generation of and treatment for hypothermia in cats. Although any results found here may lead to further studies in other species, our targeted audience is cats since they comprise many of the anesthetized veterinary patients and hypothermia is a significant issue during anesthesia.

Number of Animals

Species: Domestic cat

1. Maximum 3-year Total

* What is the maximum number of this species that you will use during your protocol's three-year period?
Include control and replacement, breeding colony, preweaned, and euthanized animals.

> 8

2. Animal Number Justification

* Provide a justification for the maximum number of animals requested.
For renewals, provide an updated justification for the animals you require for the next three years.

Statistical analyses will be performed by our statistician ([redacted]) using R who is aware of our small sample size (n=6-8) for these preliminary investigations. In previous studies, seven dogs per group were determined to be necessary to detect a difference between groups of 0.5°C with an alpha of 0.05 and power of 0.80. Thus, our study, albeit in cats, is meant to provide Preliminary Data for a more substantial grant.

3. Justifications and/or Experience

See policy UW-4131, Justification of Numbers, for guidance and examples of acceptable justifications.

Provide a statistical justification or cite your past experience.

> *No Answer Provided*

4. Upload Number Documentation

Attach file(s) that support your determination of animal numbers. If possible, use tables to organize your information.

There are no items to display

Bio Species Source

Species: Domestic cat

1. Species Source

Animals arriving from outside the main UW-Madison campus will require a time period of acclimation before use. For details, see policy UW-4106 ,Acclimation After Transport.

* Check all sources that apply for this species.

☑	**Investigator at UW-Madison / including another protocol held by PI (check for maximum flexibility in animal transfers)**
☑	**Approved vendor (e.g. Jackson labs, BRMS Breeding Core, etc.)**
☐	Bred under this protocol
☐	Investigator at non-UW Madison institution (Labcorp, other university)
☐	Unapproved vendor
☐	Capture or collection from wild (free-living) population
☐	Herd, flock, etc
☐	

Client/privately owned animals

☐ Other

Class B Source

Species: Domestic cat

Class B dealers, as licensed by the USDA, may acquire random source dogs and cats for resale. Random source means dogs and cats obtained from animal pounds or shelters, auction sales, or from any person who did not breed and raise them on his/her premises. Random source animals may exhibit greater anatomical and genetic variation than purpose-bred animals.

1. Class B Dealer

* Will any of these animals be received from a USDA-licensed Class B dealer?

○ Yes ◉ **No**

Prior Use

Species: Domestic cat

Animals that have undergone a major surgical procedure, permanent physiologic alteration, or substantial impairment on a previous protocol are not eligible for major surgical procedures on subsequent protocols.

1. Prior Use of Animals

* Were any of these animals used in another protocol?

◉ **Yes** ○ No

1.1. Prior Use Description

* Describe previous nutritional manipulations, blood draws, administered drugs or other materials, or any other past

manipulations, and explain how you determined that the animals' assignment to past projects will not compromise your research or the animals' health.

> Prior use will not compromise my research or the health of the animals. They may be used in the [redacted] V006708 protocol.

Breeding and Genetically Modified Y/N

Species: Domestic cat

1. Breeding

* Does your protocol design include breeding of this species?

○ Yes ◉ **No**

2. Genetically Modified

* Will any of this species be genetically modified? Include animals modified through breeding schemes, purchase of genetically modified animals, or modified using CRISPR-cas9.

○ Yes ◉ **No**

Substance Administration Checklist

Species: Domestic cat

Include delivery of materials to animals via injection, infusion, inhalation, implantation, ingestion of food/water, and other means. Include administration of radionuclides. Include nonstandard diets under all other substances. Refer to **RARC guidance for substance administration checklist** for additional information.

1. Substance Type Selection

* If you will administer substances, check all purposes that apply.

- [x] **analgesics/anesthetics/sedatives to relieve pain or distress caused by nonsurgical and/or surgical procedures**
- [x] **euthanasia substance(s)**
- [x] **all other substances**
- [ ] I will not administer any substances.

Anesthesia/Analgesia/Sedation

Species: Domestic cat

Used to relieve pain or distress an animal may experience as a result of the procedures and manipulations described in this species/group. Refer to **RARC guidance for Anesthesia/Analgesia/Sedation** for additional information.

1. Anesthesia/Analgesia/Sedation Details

* Provide details for any anesthesia/analgesia/sedation substance or regimen you will use.

View

Name	Anesthesia
Drugs and Compounds	Ketamine Midazolam Methadone Hydromorphone Dexmedetomidine Propofol Isoflurane
Description	Pre-medication: Ketamine (3-5 mg/kg) IM Midazolam (0.3-0.5 mg/kg) IM Methadone (0.1-0.2 mg/kg) IM OR Hydromorphone (0.1 mg/kg) IM +/- Dexmedetomidine (3-5 mcg/kg) IM Induction: Propofol (1-6 mg/kg) IV Maintenance: Isoflurane (0.5-3%) in 100% oxygen via endotracheal tube
Monitoring Plan	General anesthesia will be maintained using isoflurane delivered in 100% oxygen (~1 L/min). Mechanical ventilation may be initiated, with a tidal volume of 10-15 mL/kg, respiratory rate of 8-12 bpm, and peak inspiratory pressure of 8-10 cm H2O to maintain end tidal carbon dioxide (ETCO2) between 35-45 mmHg. Cats will be positioned in dorsal or lateral recumbency on a thin blue pad and

	a oscillometric blood pressure cuff used to measure blood pressure. Animals will also be monitored with a pulse oximeter (SpO2), electrocardiogram (ECG), capnometer (ETCO2), and esophageal and rectal thermometer connected to a multiparameter monitor. Heart rate, respiratory rate, SpO2, systolic (SAP), mean (MAP) and diastolic (DAP) blood pressures and oxygen flow rate will be recorded every 5 minutes, while rectal and esophageal temperatures will be recorded every 3 minutes

Euthanasia Substance

Species: Domestic cat

If a substance is used to euthanize this species, it should be entered here. Include CO_2. Refer to **RARC guidance for Euthanasia Methods** for additional information.

1. Euthanasia Substance Details

* Provide details on each euthanasia substance you will use.

View

Name	pentobarbital sodium for euthanasia
Drugs or Compounds	pentobarbital sodium
Euthanasia Procedure Description	Animals will be euthanized with a calculated dose of pentobarbital sodium via IV injection (≥120mg/kg for the first 4.5kg of body weight ≥60mg/kg per 4.5kg of body weight thereafter).

All Other Substances

Species: Domestic cat

For each substance or regimen, click "Add" to answer questions about its administration.

Describe the materials delivered to animals via injection, infusion, inhalation, implantation, ingestion in food or water, nonstandard diets, and by other means. Include administration of radionuclides via injection or in food.

Do not include substances used for **clinical relief** of pain or

distress (anesthesia/analgesia) or for euthanasia of this species. See help for additional guidance.

1. Other Substances Details

* Provide details on all other substances you will use. Refer to **RARC guidance for All other Substance Administration** for additional information.

View

Name	Balanced crystalloid solution
Drugs or Compounds	Balanced crystalloid solution (LRS, Normosol, Plasmalyte, etc.)
Category	*No Value Entered*
Dosing Details	During anesthesia, 3-5 mL/kg/hr balanced crystalloid will be administered IV throughout the procedure
Purpose of Use/Monitoring	Balanced crystalloids are used to combat fluid loss, maintain circulating volume and ensure vascular access.
Painful/Distressful?	No
Anesthesia/Analgesia Regimen	*No value entered*

View

Name	Sterile ophthalmic lubricant
Drugs or Compounds	Sterile ophthalmic lubricant
Category	*No Value Entered*
Dosing Details	Sterile ophthalmic lubricant will be placed topically on the eye for lubrication during general anesthesia.
Purpose of Use/Monitoring	This is used to keep eyes lubricated
Painful/Distressful?	No
Anesthesia/Analgesia Regimen	*No value entered*

Special Substances Checklist

Species: Domestic cat

1. Special Substances Selection

* If you are using any special substances, select all that apply. Refer to the **RARC guidance for Special Substance** page for more information.

☐	cells, cell lines, tissues, or tissue products (animal and/or human)
☐	complete Freund's adjuvant (CFA)
☑	**controlled substances (requiring DEA and sometimes SUA registration)**
☐	nonpharmaceutical-grade compounds
☐	paralytic agents
☐	none of the above

Controlled Substances

Species: Domestic cat

Controlled substances are drugs regulated by the Drug Enforcement Administration (DEA) and Wisconsin's Controlled Substances Board, which issue Special Use Authorizations (SUAs) for research use of controlled substances by DEA registrants. Get more information on the **RARC Controlled Substances page**.

1. Controlled Substances Selection

* Check all regimens that contain controlled substances.

	Regimen/Substance Name	Drugs or Compounds	Species
☑	Anesthesia	**Ketamine Midazolam Methadone Hydromorphone Dexmedetomidine Propofol Isoflurane**	**Domestic cat**
☐	Balanced crystalloid solution	Balanced crystalloid solution (LRS, Normosol, Plasmalyte, etc.)	Domestic cat
☑	pentobarbital sodium for euthanasia	**pentobarbital sodium**	**Domestic cat**
☐	Sterile ophthalmic	Sterile ophthalmic lubricant	Domestic

lubricant	Sterile ophthalmic lubricant	cat

2. DEA and SUA Registrant

* Name the DEA registrant and, if required, the SUA registrant for the controlled substances.

PIs are responsible for ensuring that all controlled substances are purchased and dispensed under approved WI SUA (required for most PIs) and DEA registrations.

Obtaining or renewing an SUA can take eight to 12 weeks or more. Please plan accordingly.

[redacted] as per protocol V006708

Nonsurgical Procedures Checklist

Species: Domestic cat

1. Nonsurgical Procedures Selection

* Check all types of nonsurgical procedures that will be performed.

☑ **Blood collection**
Sampling by nonsurgical procedures

Food and/or fluid regulation

☐ Applies to scheduled or restricted access to food or fluids for experimental purposes.
Do NOT check this box for fasting before sedation or use of anesthesia or for standard presurgical fasting or fluid regulation. Presurgical fasting will be described in Surgery Summary.

☐ **Genotyping/identification**

Imaging

☐ CT scans, MRIs, ultrasound examinations, X-rays, and other imaging procedures, including those that expose the animal to small amounts of radiation for the purpose of producing a visual image of bodies or processes.
If a dye is used for imaging, add details about the dye in Substance Administration.

Irradiation

☐ Exposure to gamma irradiation and other ionizing radiation for the purpose of

affecting animal tissue or physiology.
Administration of radionuclides via injection or in food should be described in Substance Administration.

Physical restraint

☐ Applies to the use of manual or mechanical means to limit some or all of an animal's movement.
Does NOT apply to brief procedures that are part of normal handling or husbandry.
Does NOT apply to normal wildlife-capturing techniques.

Other nonsurgical procedures

☐ Applies to a wide range of other experimental manipulations of animals such as behavioral assays, gastric lavage, maze trials, oocyte collection, preference tests, and more.

☐ **I will not perform any nonsurgical procedures.**

Blood Collection

Species: Domestic cat

For each blood collection regimen, provide details of the procedure. Refer to the **RARC guidance for Blood Collection** for blood volumes of commonly used animals and help responding to the questions on this page.

1. Blood Collection Details

* The table below lists regimens of blood collection that have been added.

Name	Blood glucose
Collect Site	IV catheter
Blood Collection Process	Blood will be taken from the IV catheter for serial blood glucose sampling. 0.2 mL blood will be withdrawn and discarded, then 0.2 mL whole blood used for sampling, then the IV catheter will be flushed with 1 mL 0.9% saline. It will be taken 15 minutes after premedication, and every 30 minutes until general anesthesia is discontinued (~60-90 minutes) and the following 2 hours of recovery.
Blood Collection Monitoring	*No Value Entered*

View

Max. Single Draw Vol. (ml)	0.4 mL
Max. Single Draw Vol. (percent)	Assuming the cat weighs at least 3 kg and a blood volume of 60 mL/kg (180 mL), each blood sample represents <1% of the blood volume
# Samples	8 samples (8 X 0.4 mL = 3.2 mL; < 2% of blood volume) during each treatment
Interval	*No Value Entered*
Blood Terminal?	No
Painful/Distressful?	No
Analgesic/Anesthetic Regimen	*No value entered*

View

Name	PCV/TP/Azostick
Collect Site	Cephalic or saphenous vein
Blood Collection Process	*No Value Entered*
Blood Collection Monitoring	*No Value Entered*
Max. Single Draw Vol. (ml)	0.5-1 mL
Max. Single Draw Vol. (percent)	<1% of total blood volume
# Samples	once per treatment (total = 3)
Interval	*No Value Entered*
Blood Terminal?	No
Painful/Distressful?	No
Analgesic/Anesthetic Regimen	*No value entered*

2. Blood Collection Exceed Limits

For any survival blood collection regimens that approach or exceed the maximum collection limits as outlined in the RARC guidelines, describe monitoring and supportive care procedures.

> *No Answer Provided*

3. Blood Collection Justification

Provide justification for survival blood collection regimen limits stated in question #2 or justification for multiple collections in a short period of time.

> *No Answer Provided*

Other Nonsurgical Procedures

Species: Domestic cat

1. Other Nonsurgical Procedures Details

* Provide details for other nonsurgical procedures you will use.

View

Name	Heating Device Testing
Pre and Post Care and/or Treatment	*No Value Entered*
Description	Cats will have a forced-air warming blanket (Bair Hugger, Avante Animal Health, Louisville, KY; 43°C) placed on top and secured with 4 pieces of small tape on the corners, and the AVAcore sleeve placed on the opposite front limb as the IV catheter and connected to a circulating water pump (Gaymar T/Pump Classic; 42°C) immediately after anesthetic induction. A cat will undergo three treatment groups: 1) all warming devices placed but not turned on (NONE), 2) all warming devices placed but only the forced air warmer turned on (CONV), and 3) all warming devices placed but only the AVAcore warm water blanket turned on (AVA). Thus, each cat will undergo 3 experiments with at least 1 week between experiments. When a cat becomes hypothermic (<36°C) or hyperthermic (>38.3°C), they will be maintained for 10 minutes, then anesthesia will be discontinued, devices removed, and the recovery period begun. If they remain normothermic, anesthesia will be continued until the imaging procedure is completed (~60-90 minutes) then they will be recovered.
Frequency	*No Value Entered*
Painful/Distressful?	No
Files	
Analgesic/Anesthetic Regimen	Anesthesia

Name	Recovery Monitoring

View

Pre and Post Care and/or Treatment	*No Value Entered*
Description	During recovery, cats will be placed on a cage pad until fully recovered and standing with no active stimulation. Times to extubation, sternal recumbency and standing will be recorded along with any noticeable shivering. Paws will be inspected immediately after recovery and every day for 7 days for signs of irritation or injury (discoloration, swelling, licking, etc.).
Frequency	*No Value Entered*
Painful/Distressful?	No
Files	
Analgesic/Anesthetic Regimen	Anesthesia

View

Name	Rectal Temperature Monitoring
Pre and Post Care and/or Treatment	*No Value Entered*
Description	Prior to anesthesia, a rectal temperature may be taken. Immediately following sedation, a rectal thermometer (YSI 4600) will be placed, taped to the tail and temperature readings taken prior to sedation and throughout the experimentation protocols including recovery.
Frequency	*No Value Entered*
Painful/Distressful?	No
Files	
Analgesic/Anesthetic Regimen	Anesthesia

Surgery Y/N

Species: Domestic cat

1. Surgery Performed

Surgical procedures that are initiated on a live animal prior to confirmation of death, such as thoracotomy for terminal perfusion, are considered surgeries.

Not surgery: Fine-needle biopsies, intravitreal or subcutaneous injections, simple catheter insertions. These should be described in Other Nonsurgical Procedures.

* Will major, minor, or nonsurvival surgery be performed on any of

this species?

Yes **No**

Alternatives Search

Species: Domestic cat

Review the following procedures and genetic modifications (if applicable) you described that cause more than momentary pain or distress. Then answer the questions that follow to explain how you determined that there weren't less painful or distressful alternatives to the procedures.

Nonsurgical Procedures

Procedure Name	Procedure Type	Anesthesia/Analgesia Regimen

There are no items to display

1. Alternatives Databases

* List one or two databases you searched (e.g., AltWeb, Biological Abstracts, NORINA, PubMed, etc.) to look for alternatives.

> Pubmed

2. Alternatives Years Covered

* What years did your search cover? (yyyy-yyyy)

> 1966-2023

3. Alternatives Recent Search

* What was the date of your most recent search?

> 4/25/2023

4. Alternatives Other

What methods did you use beyond database searches to look for alternatives to painful or distressful procedures (e.g. conference attendance, professional expertise, journal articles, training)?

> *No Answer Provided*

5. Alternatives Search Strategy

* Describe your search strategy, including the scientifically relevant keywords you used.

> We search all relevant literature for alternatives. Keywords include: alternative, cat, warming, arteriovenous anastomoses, temperature

6. Alternatives Narrative

* Evaluate the information you've gathered and explain any alternatives or refined methods that cannot be used in this research.

> No alternatives were found to investigate the complex, multisystemic effects of thermoregulation in anesthetized cats and interventions aimed at stabilizing body tempreature in the face of perturbations. Thus, live, anesthetized cats will be used.

Complications

Species: Domestic cat

In previous sections, you identified the pain and discomfort animals might experience from each procedure. Now consider your procedures from a broader perspective.

1. Potential Complications

* What are the potential complications animals may experience from any of your procedures (e.g., internal bleeding after liver biopsy, Graft Versus Host Disease (GVHD) with transplant) or from any chronic condition resulting from the procedures (e.g., lameness, disease) and how will the complications be managed?

> Significant complications are not expected with these experiments. However, we will monitor for signs of discomfort associated with hypothermia (post-anesthesia nausea and vomiting), and any tissue damage associated with device application. If seen, RARC veterinary personnel will be notified. During anesthesia, complications such as hypotension, hypertension, hypothermia, hyperthermia, hypoxemia, arrhythmias and death may occur, although they are not anticipated. If seen, RARC vet personnel will be contacted and treatment options discussed during the procedure.

2. Unrelieved Pain or Distress

* Will treatment for pain or distress be withheld from any animals of this species?

○ Yes ◉ **No**

USDA Designation

Species: Domestic cat

The United States Department of Agriculture (USDA) established the following B-E categories based on levels of pain, discomfort, and distress associated with procedures.

1. USDA Designation Code

* Choose the highest category of pain/distress that this species will experience as part of this protocol.

○	B	Animals bred or held for use in teaching, testing, experiments, research, or surgery but not used for such purposes
○	C	Teaching, research, experiments or tests conducted that involve no pain or distress that require use of analgesics
◉		**Experiments, teaching, research, surgery or tests conducted that involve accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic or tranquilizing drugs or palliative**

	D	**measures are used (including surgery or procedures under anesthesia that without the anesthesia would be painful)**
○	E	Teaching, experiments, research, surgery or tests conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic or tranquilizing drugs are not used because they would adversely affect the procedures, results or interpretation of the teaching, research, experiments, surgery or tests
○	Not USDA-covered activity or species	USDA animal welfare regulations do not apply to the use of this species as described in this protocol. If your research is funded by the Department of Defense (DOD) or the USDA Agricultural Research Service (ARS), do not select this. Instead, select the appropriate pain category above regardless of species.

Endpoints/Euthanasia Methods

Species: Domestic cat

Your euthanasia plans must follow the RARC veterinary staff recommendations (refer to **RARC guidelines for Euthanasia by Species**) unless your alternative method is scientifically justified and approved by your IACUC. Refer to the **Help for Euthanasia Methods** to view the AVMA guidelines and guidance about how to complete this page.

1. Criteria for Anticipated Euthanasia

What are your study endpoints?

> The study endpoint is when all cats have received all treatments. Euthanasia is not anticipated during the procedures.

2. Criteria for Unanticipated Euthanasia

* For unanticipated events or nonstudy-related health issues, what criteria or clinical signs will you use to determine an unanticipated endpoint for an animal?

> If unanticipated issues arise, RARC veterinary personnel will be contacted to assess if clinical signs are severe enough for euthanasia or if they can be treated.

3. Plan for Anticipated Euthanasia

Select all applicable euthanasia methods for planned study procedures.

	Regimen/Substance Name	Drugs or Compounds	Species
	pentobarbital sodium for euthanasia	**pentobarbital sodium**	**Domestic cat**

4. Plan for Unanticipated Euthanasia

Select all applicable euthanasia methods for unanticipated events or nonstudy-related health issues.

	Regimen/Substance Name	Drugs or Compounds	Species
	pentobarbital sodium for euthanasia	**pentobarbital sodium**	**Domestic cat**

5. Plan for Physical Methods of Euthanasia

After discussing with an RARC veterinarian, describe your plan for physical methods of euthanasia.

Name	Description
There are no items to display	

6. Other Euthanasia Methods

Describe other planned and unplanned euthanasia methods not included above, including euthanasia performed by the RARC veterinary staff.

> *No Answer Provided*

7. Nonstandard Euthanasia Justification

For methods of euthanasia described above that are NOT listed in RARC Veterinary Standards for this species, justify the use of this

method.

> *No Answer Provided*

8. Ensure Death

* Describe the methods you'll use to ensure death following euthanasia procedures.

> Death will be confirmed by respiratory and cardiac arrest.

Disposition

Species: Domestic cat

Indicate the final arrangements for animals assigned to this protocol.

1. Disposition Plan

* At the end of their assignment in this protocol, animals will be:

☑	**Made available to other investigators.**
☐	Returned to a UW colony, herd or flock for other use.
☐	Returned to their client-owners.
☐	Maintained at a privately owned herd or flock.
☐	Made available for adoption. Adoption must be preapproved by a laboratory animal veterinarian.
☐	Sold at market.
☑	**Euthanized.**
☐	Other.

2. Consumption

* Is there a possibility that animals or humans will consume your animals or their byproducts at the end of your study?

○ Yes ◉ **No**

Nonstandard Husbandry Checklist

Species: Domestic cat

Don't include medically justified, standard pre- or post-anesthetic/surgical exceptions, such as short term withholding of food and water. Describe these in SURGICAL PROCEDURES.

Don't include longer-term food or fluid regulation. Describe these in NONSURGICAL PROCEDURES.

Don't describe the use of wire bottom caging here if non-avian animals will be on wire-bottomed caging for less than 12 hours. That should be included in the EXPERIMENTAL NARRATIVE.

This protocol assumes that social animals (including Nonhuman Primates) may be housed singly for non-experimental reasons (e.g. husbandry management, veterinary clinical management) in accordance with campus policies and SOPs.

Don't check 'Single housing of social species' if the reason for single housing is approved in the **UW-Madison Animal Social Housing and Enrichment Requirements (ASHER)** document. If you are using Nonhuman Primates and are unsure if you should check this box, consult with your research animal veterinarian.

1. Nonstandard Husbandry Selection

* Check ALL non-standard conditions that apply to this species.

☐ **Housing animals outside dedicated animal facility**
Animals will be kept for greater than 12 hours for USDA covered animals, or 24 hours for non-USDA covered animals in any location that is not a dedicated animal facility.

☐ **Lab staff provide husbandry in facility**
Laboratory or research staff, rather than professional facility animal-care staff, will

provide animal husbandry for a subset of animals housed in facilities.

- [ ] **Single housing of social species**
Social species are singly housed for periods longer than 12 hours for experimentally-driven reasons. This does not include: clinical reasons, recovery from anesthesia/surgery, social incompatibility, final animal in an experiment, and female rodents near parturition (see ASHER document).
- [ ] **Enrichment withholding**
Animals are not provided with the minimum required enrichment as outlined in the facility SOP.
- [ ] **Exercise withholding for dogs**
Dogs are not provided with the minimum exercise as required by the facility SOP.
- [ ] **Ambient Noise**
Animals will be exposed to white noise that is not part of the standard environmental enrichment for the species.
- [ ] **Nonstandard lighting**
Animals will be exposed to lighting paradigm of non-standard wavelength, intensity, or altered light/dark.
- [ ] **Vibration**
Animals will be exposed to vibrations of an amplitude and or frequency known to cause clinical effect.
- [ ] **Cleaning/sanitation schedule different than facility standard**
- [ ] **Enclosure smaller or denser than standard for species**
Animals will be housed in an enclosure that is smaller than the facility standard or at a density higher than the standard for the cage size.
- [ ] **High velocity air**
Animals will be directly exposed to high velocity air that is not a normal part of their husbandry.
- [ ] **Bare floor (no bedding) with no structure for resting or sleeping**
- [ ] **Wire bottom cage for more than 12 hours (NOT AVIAN)**
- [ ] **Temperature outside recommended range**
Animals will be exposed to temperatures outside of the normal reference ranges for the species.
- [ ] **Other nonstandard housing or husbandry**
Animals are subject to other non-standard housing or husbandry conditions.
- [x] **Not applicable**
There will be no non-standard husbandry for this study.

Select Locations

Species: Domestic cat

Add all housing and procedure locations for this species. Use only one of the following three questions to add a location.

Add your location in question 1, if it has been approved by the IACUC.

If you will house animals and perform procedures in the same established animal facility:
Type “vivarium” in the search box and select from the results. To allow flexibility and avoid possible protocol violations, do not select a specific room.

If you will use clinical space in the School of Veterinary Medicine-North or South do not select a specific room. Choose “department”: Oncology, Internal Medicine etc.:
Type “SVM” in the search box and select from the results scrolling to find North and South buildings.

If you will use a non-vivarium PI laboratory to hold animals and/or perform procedures:
Type the room number in the search box and select from the results. Include the building module (e.g. K4/123) for the Clinical Sciences Center (CSC). Add each room separately; you cannot add room ranges.

Add your location in question 2, if it is a UW-Madison location that you did not find in the search box for question 1.

Add your location in question 3, if it is not controlled by UW-Madison or its affiliates.

1. Current ACUC Approved Locations

Location Common Name	Room Name	Location Type	Committee	Housing Allowed	Procedure Allowed	Surgery Level
[redacted]	vivarium	facility	SVM	yes	yes	Survival USDA or Lesser Allowed
[redacted]	Imaging/Radiology	facility	SVM	yes	yes	Surgeries Not Allowed
[redacted]	CT/Endoscopy	facility	SVM	yes	yes	Most Surgeries Allowed
[redacted]	[redacted] Vivarium	facility	SVM	yes	yes	Most Surgeries Allowed

[redacted]	[redacted]	lab	SVM	no	yes	Survival USDA or Lesser Allowed
[redacted]	[redacted]	lab	SVM	no	yes	Survival USDA or Lesser Allowed
[redacted]	[redacted]	lab	SVM	no	yes	Survival USDA or Lesser Allowed
[redacted]	[redacted]	lab	SVM	no	yes	Survival USDA or Lesser Allowed

2. Locations Not Found under Current ACUC Approved Locations

You must request ACUC approval for these locations.

Building Name	Building Address	Room Name

There are no items to display

3. Locations Not Controlled by UW-Madison or Its Affiliates

Location	Location Address

There are no items to display

Select Purpose Of Locations

Species: Domestic cat

1. Locations Details

* Click on the name of each selected location. On the pop-up, indicate which of the following procedures and housing will occur at that location. Check all that apply for each location.

Location name	Facility housing	Lab husbandry	Laboratory housing	Nonsurgical Procedures	Surgical Procedures	Euthanasia
[redacted]	yes		no	Blood glucose, PCV/TP/Azostick, pentobarbital sodium for euthanasia, Recovery Monitoring, Rectal Temperature Monitoring	*No value entered*	yes
[redacted]	no		no	Anesthesia, Balanced crystalloid solution, Blood glucose, Heating Device Testing, PCV/TP/Azostick, Rectal Temperature Monitoring, Sterile ophthalmic lubricant	*No value entered*	no
[redacted]	no		no	Anesthesia, Balanced crystalloid solution, Blood glucose, Heating Device Testing, PCV/TP/Azostick, Rectal Temperature Monitoring, Sterile ophthalmic lubricant	*No value entered*	no
[redacted]	no		no	Anesthesia, Balanced crystalloid solution, Blood glucose, Heating Device Testing, PCV/TP/Azostick, Recovery Monitoring, Rectal Temperature Monitoring, Sterile ophthalmic lubricant	*No value entered*	no
[redacted]	no		no	Anesthesia, Balanced crystalloid solution, Blood glucose, Heating Device Testing, PCV/TP/Azostick, pentobarbital sodium for euthanasia,	*No value entered*	yes

			Recovery Monitoring, Rectal Temperature Monitoring, Sterile ophthalmic lubricant		
[redacted]	no	no	Anesthesia, Balanced crystalloid solution, Blood glucose, Heating Device Testing, PCV/TP/Azostick, Recovery Monitoring, Rectal Temperature Monitoring, Sterile ophthalmic lubricant	*No value entered*	no
[redacted]	no	no	Anesthesia, Balanced crystalloid solution, Blood glucose, Heating Device Testing, PCV/TP/Azostick, Recovery Monitoring, Rectal Temperature Monitoring, Sterile ophthalmic lubricant	*No value entered*	no
[redacted]	no	no	Blood glucose, PCV/TP/Azostick, pentobarbital sodium for euthanasia, Recovery Monitoring, Rectal Temperature Monitoring	*No value entered*	yes

Transport

Species: Domestic cat

See **policy UW-4099**, Campus Transportation of Laboratory Animals, for guidance on transporting laboratory animals outside the animal facility. A minimum acclimation period is not required for animals intended for use after intra-campus transport or in non-survival procedures; it is however strongly recommended animals receive at least 72 hours post-transport acclimation prior to use in a research protocol. See **policy UW-4106**,

Acclimation After Transport.

1. Animal Transport

* Animals will NOT be transported.

○ True ◉ **False**

1.1. Transport Routes

* Check all transport routes you will use.

- ☑ **within, or between adjacent rooms within, a vivarium (animal never leaves the vivarium - e.g. [redacted] to [redacted])**
- ☑ **within a building or between connected buildings (animal moves from lab to lab - e.g. [redacted] to [redacted])**
- ☐ between buildings (e.g. [redacted] to [redacted]
- ☐ to or from field site (e.g. [redacted] to [redacted] and back to [redacted]
- ☐ no transport of animals will occur

1.2. Order of Movement

In 2-4 sentences describe animal movement and transport method.

> *No Answer Provided*

1.3. Transport Methods

* How will you transport animals?

- ☑ **in a dedicated animal transport vehicle or trailer**
- ☑ **hand-carried in a covered cage, in an animal-transport container, or covered on a cart**
- ☐ in a privately owned vehicle, non-dedicated departmental vehicle, or non-dedicated fleet vehicle
- ☐

other

1.4. Transport Files

Upload supplemental information (i.e. SOPs, maps) here.

There are no items to display

End of Species Details

Species: Domestic cat

You are done answering questions about this species.

Click on "Species Complete." You will be redirected to the Species start page where you can answer questions about additional species in your protocol or continue to the next section.