

ENCOUNTER SUMMARY

Provider: Dr. Rodolfo Torres Galván

Patient: Daisy aka Penelope

Date Generated: Jul 13, 2025



Hell's Kitchen

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PATIENT

Daisy | 4 YO | Female (Spayed) | French Bulldog
| 9.5 kg

Patient ID: 360632368 | Canine

DOB: Jul 01, 2021 | Color: Black Brindle

Allergies: None Recorded

EXAM with Dr. Rodolfo Torres Galván

HELL'S KITCHEN July 13, 2025 at 5:00 pm

SUBJECTIVE

Chief Complaint

Urinary issue

History

Daisy is a 4-year-old FS Canine who presented for urinary issues. Daisy doesn't seem to be in pain, but is urinating every few steps. There is blood in her urine. Daisy has been having diarrhea for a day. O mentioned she switched Daisy's food. O has been giving Daisy probiotics since the diarrhea started.

Parasite Preventive Medications

none

Medications/Supplements (dose, frequency)

probiotics

Known Allergies:

No reported allergies, sensitivities or vaccine reactions.

Current Diet

Purina One chicken and rice

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Appetite:

Normal appetite reported

Coughing:

Energy:

Normal energy levels reported

Sneezing:

No coughing reported	No sneezing reported
Vomiting:	Diarrhea:
No vomiting reported	Changed diet
Polyuria (PU): Pollakuria reported	Polydipsia (PD): Normal drinking

VITALS

Heart Rate 130 bpm	Respiratory Rate panting	CSU Pain Score (0-4) 0 (0-4)
Temp 101.9 °F	Mucous Membrane p/m	
Weight 9.5 kg	CRT <2	
Attitude BAR	BCS (1-9) 6 (1-9)	

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Eyes: Normal

No ocular discharge, conjunctiva, corneas and lenses clear OU, pupils symmetrical, no blepharospasm OU.

Ears: Normal

Pinnae unremarkable and clear external canals AU.

Nose/Throat: Normal

Nares clear bilaterally, no nasal discharge.

Oral: Normal

No obvious oral ulcerations, or masses visualized. Normal occlusion. No obvious advanced periodontal disease, clean dentition.

Lymph Nodes: Normal

No peripheral lymphadenopathy palpated.

Cardiovascular: Not Examined

Hard to properly auscultate vs panting

Respiratory: Not Examined

Panting

Abdomen: Abnormal

Firm, rounded, mass 7cm palpated on caudal abdomen

Urogenital: Abnormal

Hematuria Pollakuria

Musculoskeletal: Normal

Ambulatory x 4, normal gait x 4. Full orthopedic exam not performed.

Neurologic: Normal

Appropriate mentation. No cranial nerve or proprioceptive deficits noted. Full neurologic exam not performed.

Rectal: Normal

Externally unremarkable, digital rectal exam not performed.

Skin/Coat: Normal

Skin and hair coat unremarkable. No ectoparasites seen. No dermal or subcutaneous masses palpated.

Hydration Status: Normal

Euhydrated, normal skin turgor.

PROBLEMS LIST

Pollakiuria - Jul 13, 2025

Urolithiasis - Jul 13, 2025

Hematuria - Jul 13, 2025

ASSESSMENT

DDx:

r/o Urolithiasis vs UTI vs Crystalluria vs Idiopathic vs Hormonal vs Tumors vs Others?

ORDERS

DIAGNOSTICS

DIAGNOSTICS	RESULTS	QUANTITY	COMMENTS
Labwork - Lactate Measurement (In-House)		1	4.2mmol

LAB ORDERS

RADIOLOGY (as of Jul 13, 2025)

TEST	RESULT	REFERENCE RANGE/COMMENTS

OTHER PRODUCTS

PRODUCT	QUANTITY	COMMENTS
Walk-in Examination and Consultation		
Radiograph Study	1	
Idexx Telemedicine: STAT Radiology Consult	1	

TREATMENTS

Medical Waste Disposal Fee

QUANTITY	COMMENTS
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PLAN

Doctor's Case Summary & Next Steps:

Discussed history, PE, and care plan recommendations.

SUBJECTIVE:

Daisy was presented for evaluation of pollakiuria. The owner expressed concern about the underlying cause and potential urgency. Daisy has been with the owner for only 3 days, and her spay status is unknown.

OBJECTIVE:

On physical exam, a firm, round, well-defined mass approximately 7 cm in diameter was palpated in the caudal abdomen. Daisy was stable on presentation. Temperature 101°F, pulse 130 bpm, respiratory rate elevated due to panting. No other abnormalities noted on physical exam.

ASSESSMENT:

A large abdominal mass with concurrent frequent urination raises concern for significant lower urinary or reproductive tract pathology. Differentials included cystic urolithiasis, neoplasia, or pyometra (if intact). Given the clinical signs and mass size, systemic involvement or emergency complications were considered likely.

PLAN:

- Recommended radiographs and full bloodwork to assess the nature of the mass and Daisy's overall condition.
- Lactate test performed to evaluate tissue perfusion and systemic impact; result was elevated at 4.2 mmol/L.

- Explained that imaging and bloodwork are complementary and necessary to guide treatment.
- Discussed possibility of pyometra if intact, or complicated urolithiasis requiring cystotomy.
- Outlined costs: consultation \$150, radiographs \$567, bloodwork \$400, lactate test \$64.
- Radiographs reviewed by radiologist within one hour.
- Due to the seriousness of findings, advised possible hospitalization and/or surgery at an ER facility.
- Owner opted for immediate transfer to BluePearl ER and declined in-house bloodwork, preferring to complete all testing at the ER.
- Blood samples were prepared and sent with Daisy to assist with ER continuity of care.
- Informed the owner that while some bladder stones can be managed medically, a stone of this size is unlikely to respond to dissolution and may require surgery as soon as tomorrow, depending on ER assessment and surgeon availability.
- Direct communication made with the ER clinician to update them on Daisy's case and expected arrival.
- Advised of extended waiting times and different range of prices. Asked O if she wanted me to call so they can give us an estimate before her visit to ER, O declined it and proceeded to the ER immediately
- POCUS compatible with radiological findings below

RADIOLOGY FINDINGS (IDEXX Telemedicine Report)

- A large ovoid, mildly heterogeneous, mineral-opaque calculus was identified in the urinary bladder. The bladder was mildly to moderately distended.
- No evidence of urethral obstruction or kidney/ureteral calculi.
- The uterus appeared normal in the radiographic field.
- Additional findings included congenital vertebral anomalies and mild scoliosis, likely incidental.
- Mild left coxofemoral osteoarthritis noted.
- **Conclusion: A large cystic calculus is present. While urinary obstruction is not currently suspected, cystitis is likely. Cystotomy is strongly recommended due to size and clinical signs. Urinalysis and urine culture are also advised. Dietary dissolution is theoretically possible but not practical in this case. Ultrasound could provide further information.**

Discussed patient's history, physical exam findings, and care plan recommendations with the owner.

- **Recommended diagnostic testing (e.g., bloodwork) for preventive wellness or further evaluation, but the owner declined at this time. Opted for performing it at the ER**
- **Emergency signs were reviewed, and the owner was advised to seek ER care if needed.**
- Encouraged the owner to reach out if symptoms worsen or if they have any concerns.
- **Discussed treatment plan, diagnostic options, potential progression, complications, and possible reactions as applicable.**
- **Owner understands and wants to continue care plan in ER. Blue pearl**
- No further questions from the owner at the end of the visit.

DISCHARGE INSTRUCTIONS

Client Communication

Emailed appointment information at the conclusion of the consult.

I recommend bringing the patient back for a progress exam in 7 days after ER visit to ensure everything is improving. However, if you notice any worsening symptoms, please don't wait—bring him in right away. For any emergencies, head straight to the ER. We're here to help if you have any concerns in the meantime!

FOLLOW-UP INFORMATION

Does this patient require a follow-up visit, diagnostics, and/or treatments?

Referred to an ER or Specialty Hospital

Checked by: Dr. Rodolfo Torres Galván on Jul 13, 2025 at 6:38 pm

What Type of Visit?

Progress Exam

When?

Other timing; see additional details

Additional Details:

Return as needed after ER visit —whether for worsening symptoms, a vaccine reaction follow-up (In case of vaccination), any other adverse reaction, or based on lab results. We're here for you, so don't hesitate to reach out if you have any concerns!



Dr. Rodolfo Torres Galván