## SUN CITY VETERINARY SURGERY CENTER EDWARD B. SILVERMAN, DVM, MBA, MS

EDWARD B. SILVERMAN, DVM, MBA, MS 7096 WESTWIND DR. EL PASO, TX 79912 TEL: (915) 201-7121 / FAX: (915) 760-8706



Receipt No.			Receptionist:		
Date Customer ID	4891				
		Pet Name	Vincent		
		Owner Name	Mandarin's Retreat Hamilton 915-342-3107		
		Cell Phone			
PAYMENT METHOD		CHECK NO.	TOTAL PAYMENT		
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SERVICE DATE	DESCRIPTION	AMOUNT	DISCOUNT	LINE TOTAL
1/27/2025	Initial Consultation (Credit)	\$ (295.00)		\$ (295.00
1/27/2025	Surgery Deposit (Credit)	\$(7,900.00)		\$ (7,900.00
1/31/2025	(3) EPOCs (\$170.00 ea), (1) Coag (\$135.00)—included with hospitalization and surgery	\$ -		\$ -
	Pre-anesthetic cardiac assessment: ECG and thoracic radiographs check—included with anesthesia/surgery	\$ -		\$ -
	Pre-operative surgery CT of skull	\$ 1,500.00		\$ 1,500.00
	Excision of mass on left ear with reconstruction and left total ear canal ablation with lateral bulla osteotomy— "Universal Care" includes uncomplicated rechecks and radiographs for up to 60 days post-op. Sedation, if needed for recheck exams or radiographs, incurs additional cost	\$ 7,900.00		\$ 7,900.00
	Standard anesthesia protocol with fentanyl CRI for pain management, local (NOCITA) anesthesia—included with surgery	\$ -		\$ -
	24-hour standard peri-operative care, Monday through Friday—included with surgery	\$ -		\$ -
	4 dental extractions: laser debridement of oral mucosa and closure (add-on)	\$ 2,100.00		\$ 2,100.00
	Bacteriology: Bacterial culture & susceptibility, aerobic, send out	\$ 295.00		\$ 295.00
	Histopathology, send out to reference laboratory: 2 sites (left ear canal and oral mucosa)	\$ 425.00		\$ 425.00
	Medications			
	Clindamycin 150mg #15	\$ 39.50		\$ 39.50
	Zorbium 20mg/mL .4mL	\$ 26.25		\$ 26.25
	Zorbium 20mg/mL .4mL	\$ 11.00		\$ 11.00
	Elizabethan collar size: 10	\$ -		\$ -
	TOTAL DISCOU	NT		
			SUBTOTAL	\$ 4,101.75
			SALES TAX	0
			TOTAL	\$ 4,101.75

## ETERINARY SURGERY CENTER

7096 WESTWIND DRIVE EL PASO, TEXAS 79912

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of excision of neoplasia. Pending findings of CT, cancelling surgery of the left ear may be recommended. Referral to a veterinary oncologist for additional management may be indicated.

Treatment: 27 January 2025, Vincent was presented for surgery. On pre-anesthetic physical exam, there were no other new findings or significant changes from the previous exam. Pre-anesthetic blood work (CBC, abbreviated pre-anesthetic screen/EPOC) and ECG were within normal limits. Except for significant anemia (PCV 20%) and mild azotemia. The owner was notified of the anesthetic risk associated with these findings, and the owner elected to proceed with advanced diagnostic imaging and surgery, if indicated. A CT of the skull was performed with Vincent under general anesthesia.

Severely advanced (end-stage) ear disease of the left ear was confirmed. The bone structure of the skull and the deep soft tissues around the left ear appeared intact. The cartilage of the external ear canal

had significant mineralization present. The left bulla (middle ear) was air-filled.

Vincent was taken to surgery and a left TECA-LBO was performed. An elliptical incision was made around the base of the pinna of the left ear and the approach was developed with surgical CO2 laser (15 watts, interrupted beam) through the subcutaneous tissue until the horizontal ear canal was encountered. The facial nerve was visualized. The soft tissues surrounding the facial nerve were retracted and protected while dissection was continued. The tympanic bulla was opened, removing mineralized cartilage, thickened epithelial lining and bone from the lateral and ventral aspects of the bulla. The lateral and ventral wall of the bulla was removed. The bulla was curetted and lavaged repeatedly. Intra-operative swabs were taken from left bulla of the left ear and submitted for culture and susceptibility testing. NOCITA local anesthetic was administer into the tissue layers of the surgical site.

Vincent was found to have severe otitis. Affected tissues in the mouth were debrided with laser and biopsies were collected. Several mandibular teeth were removed. Soft tissues defects were closed with

4-0 Monocryl suture.

Post-op care: Anesthetic recovery was smooth. Post-operatively, Vincent had absent facial nerve function as demonstrated with an absent palpebral reflex. Swelling around the left eye was marked. He did not have any head tilt or nystagmus. Vincent was kept for four nights post-op for monitoring and pain management with a fentanyl CRI. The first day following surgery, he was eating, drinking and taking oral medications. The incision was clean, dry and intact. Vincent appeared comfortable on the CRI which was tapered down over 48 hours. Transdermal buprenorphine was applied the day before Vincent's discharge. Vincent was discharged to the owner's care on 31 January 2025. Vincent was discharged to the owner's care with an e-collar and oral medications.

## Discharge instructions to the owner:

Medication instructions and information. If you suspect side effects of a medication, discontinue the medication and contact SCVSC or your referring veterinarian.

- 1. Clindamycin (150 mg; 15 capsules, 15 doses): This is an antibiotic. Give one (1) capsule by mouth due € every 24 hours. This medication may be given with or without food. Refills or changes of this antibiotic may be needed, depending on the results of the culture and susceptibility testing. Refills may be 211125 obtained from SCVSC or Vincent's referring veterinarian.
- 2. NOCITA was administered into the surgical sites during surgery. This is a sustained release local anesthetic that will provide pain relief for 3 to 4 days.

I have reviewed this letter with a SCVSC technician.

signature

1/3/12025

I have reviewed this letter with the client. DIPLOMATE, AMERICAN COLLEGE OF VETERNARY SURGEONS

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1/31 PORT OF THE OFFICIALIST IN SMALL ANIMAL SURGERY

SCVSC technician's signature Date

