

COMPLAINT FORM

TYPE OR PRINT CLEARLY. Please be specific, and describe who, what, when, where, why, and how the issue happened, including the past medical/surgical history, symptoms and condition (past and present) of your animal. Any correspondence, records receipts of invoices supporting your allegation should be included. If you have physical evidence, or if you have a deceased pet that is being temporarily preserved in a frozen state, it is important for you to retain that evidence in its original condition. Also, enclose any copies of records or reports from any other veterinarian that has been engaged for a second opinion or as a consultant, including his or her name, address and work telephone number. Please note that we do not have the authority to investigate fees you believe are too high or to intervene in fee disputes.

Mail to ASBVME, P. O. Box 1968, Decatur, AL 35602

Information About You:			
Name: Raymond Hale			
Home Phone: (Removed)		Work Phone: (Removed)	
Address: (Removed)			
City: Madison	ST: AL	ZIP: 35756	County: Limestone

Information regarding Veterinarian, Veterinary Technician or Individual Suspected of Practicing Without a License			
Names: 1. Dr Erica Fry/Dr Deborah Armes 2. Dr Tony Ballagas 3. Dr Michael Lowery			
Name of Hospital: 1. Madison Animal Care Hospital 2. Veterinary Surgery of Birmingham 3. Animal Emergency Clinic of North Alamama, Inc.			
Work Phone: 1. 256-461-7575 2. 205-967-9107 3. 256-533-7600			
Address: 1. 4044 S. Sullivan St., Madison AL 35758 2. 2864 Acton Rd, Birmingham AL 35243 3. 2306 S. Memorial Parkway, Huntsville AL 35801			
City (See Above)	ST (See Above)	ZIP (See Above)	County

Description of the Pet			
Animal's Name: Asproolee		Species: Canine	
Breed: Toy Poodle	Age: 13 Yrs	Original Weight: 10 lbs Weight Before Surg: 8 lbs	Male

History and Calendar of Events

We established Madison Animal Care Hospital as our vet in 09/07 because they were close to the apartment we were living in. We had just returned to the US after spending the last 9 years in Europe working for the Department of Defense with our last 5 years in Germany and had no idea who were the preferred vets in the area. We were assigned Dr. Fry, as we were told the other vets were not taking new patients. Dr. Fry seemed to be the newest vet with the least experience in this facility.

My wife, Tina, and I took Asproolee (10 lb toy poodle, 13 yrs old) in on 9/28/07 experiencing minor difficulty with his hips and back legs. They would sometimes not quite support him although he never acted as if he was in pain. .would just get lethargic and lay around in his bed. In 2004, he was diagnosed in Germany with an enlarged heart and was prescribed Enalapril. This was well documented in the U.S. Army medical records we provided to the vet. Dr. Ingrid Straeter-Knowlen here in Alabama diagnosed it as mitral valve insufficiency most likely due to endocardiosis.

On 10/12/07, we took him back to the vet with similar symptoms but additionally, he was shaking and had no appetite. The vet injected him with Buprenorphine and prescribed Metacam in addition and another drug, Tra?? (could not read vet writing-see record).

On 1/14/08, we took him back with the same symptoms plus we took a stool sample which contained blood! The vet finally said to stop the Metacam medication for one week. They prescribed Sucralfate and Pepcid to coat his stomach so he could go back on the Metacam.

On 2/5/08 we took him back, much worse again. Now he had all symptoms, lethargic, vomiting, no appetite, diarrhea, greenish stool. Over the next 1-2 days, the vet did various testing and observations and offered up some other exotic blood tests which would have to be sent out and take 2-3 weeks to return any results. The diagnosis was probable pancreatitis. They continued to administer Buprenorphine to him. (At no time did they suggest that, nor did it even seem to occur to them, that he was exhibiting all the classic symptoms of an adverse reaction to all the Metacam and Buprenorphine they were prescribing/administering to him!) They also administered him an enema.

We finally decided, from the options mentioned to us, that we would opt for an ultrasound with an internist in Birmingham, Dr. Clinton Lothrop, to expedite a concrete diagnosis.

Dr. Lothrop performed an abdominal ultrasound on 2/8/08. His results were not conclusive, but he suggested that, based on symptoms and his examination, Asproolee had an intestinal obstruction as the intestine looked narrow and like a thread at one point. He said the next step would be exploratory surgery to look for the blockage. We asked for other alternatives and he suggested a barium series to help confirm his diagnosis.

We took Asproolee home and cared for him over the weekend and until Wednesday 02/13/08, we didn't administer any medications of any kind. Asproolee began responding, taking water and soft chicken and rice with olive oil in it (olive oil was recommended by a Greek vet while we were stationed in Greece, as a preventative measure for good gastrointestinal function. He [Greek vet] had recommended adding a few drops of olive oil to the dogs' food. We now regret not following his advice for Asproolee until this time). Asproolee's stools now were almost normal, and we felt that he was on the way to recovery. At this time, he had lost 2 pounds which was nearly 25% of his total body weight, as he was normally a 10-pound, fairly healthy dog and that's what he was during his initial visit to Madison Animal Care Hospital. Now he was just 8 pounds, and the vets were aware of this!! No one would ever perform surgery on a human who had lost 25% of his body weight under similar circumstances, but these vets did NOT even consider this in making their recommendation to send Asproolee to surgery!!

On 2/11/08 Madison Animal Care Hospital performed the barium series. It took 6 hours for the barium to enter Asproolee's colon. Based on this, the vet basically agreed with Dr. Lothrop that we needed to have surgery performed. And again, as Dr. Lothrop told us, if it is a blockage, it could be life-threatening, and we needed to do something quickly. How long was the blockage there? Could it be there 1 month, 3 months, 1 year? If it could not have developed in a short period of time, that means the blockage was there for some time, and if so, no vet found it in Europe, but yet Asproolee was a normal little dog, with occasional straining when he defecated. We never felt comfortable with the surgery option, especially after the health improvement during his 6-day stay at home with us before his surgery, but we felt that the PROFESSIONALS knew better than us. We should have listened to our instincts and saved him all the pain and agony he, and we, went through.

Acting in what we thought was Asproolee's best interest AND based on the recommendation of three vets (the professionals who should always have the patient's BEST interest at HEART!), we once again went to Birmingham and talked to the surgeon, Dr. Tony Ballagas. He checked Asproolee over and said he looked healthy and there should be no problems with the surgery, even though there are risks with all surgeries, but he gave us no indication of mortality rates for this surgery or probable outcome. Again, at no time during the discussion did Dr. Ballagas mention the weight loss and the weakened condition of Asproolee as part of the surgery consideration or the additional risk this might create! Nothing was told to us to indicate that this might decrease the chances of his SURVIVAL after surgery. And no discussion of all the pain medications he had been on and what the side effects of the medications might do to his chances of pulling through the surgery. We also advised the surgeon that Asproolee's voice had changed in the last 2-3 days. The vet mentioned the possibility of a thyroid problem, and that it was unusual for a dog's voice to change but that did NOT deter him from encouraging the surgery. He only mentioned that the liver had abnormalities, but said that was due to his age. As pet owners, not veterinarians, we did not interpret that his liver condition could be a DEATH sentence for Asproolee. The tragic conclusion: The surgeon found **NOTHING WRONG** with his intestines! He cut a section of Asproolee's colon and sent it off for biopsy, and the results of the biopsy were **NEGATIVE**.

We listened to Dr. Ballagas and took his advice. . Asproolee was cut open on 2/14/08. . . on 2/21/08 he was **dead**. . **the surgery was a success but the patient died. .how many times have you heard that?** Asproolee never started drinking or eating again after the surgery but had continued diarrhea. We tried to feed him liquid diet and water with a syringe, but he would not accept it. We had only our own wits and logic in helping Asproolee recuperate, instead of a detailed surgeon's post-op instruction and care sheet because he never provided one!

On the evening of 2/20/08 was his last chance. . we rushed him to the Animal Emergency Clinic of N. Alabama after he experienced **a seizure**. We called Dr. Ballagas, and he told us "**Stop all the medications.**" At the Animal Emergency Clinic, Dr. Lowery looked at him and put him in an oxygen cage. We told him he hadn't been eating or drinking and needed to at least be put on fluids. The vet ignored our suggestion . . he rated his body condition as 4 out of 10 on their chart but did nothing to try to improve his condition. He did not put him on fluids, he did no blood work, nothing in an effort to diagnose and treat him. . . just enough to keep him alive until the next morning and give him back to us to die. When we finally talked to Dr. Ballagas about Asproolee's seizure, he asked us if Asproolee had any blood tests at the Emergency Clinic. He (Ballagas) said had no idea why the seizure occurred! What caused the seizure? Heart problem? Liver problem? What?

We had been trying to contact the surgeon, Dr. Ballagas, for 2-3 days, and he was never available to advise us. On 2/21/08, Dr. Milton of the same surgery hospital called us and told us to take Asproolee to the vet. By 2:30 PM on 2/21/08, Asproolee could not even move and we rushed him to the Madison Veterinary Hospital. By the time we got him there, he had gone into a coma and died at 3:45 P.M. When we frantically tried to reach Dr. Ballagas again to ask him the reasons that killed Asproolee, he was again out of town. We left a message again with the

receptionist and Dr. Milton called later that evening (2/21/08). When we told him that Asproolee was gone and asked him why, he said "I don't know, we have to perform an autopsy." We would never let them cut on Asproolee again and humiliate him in death. If Dr. Ballagas had been available or had designated a veterinarian to cover for him, whom we had contact information for, Asproolee might be alive today!

Para IIIA3 of the VMA Principles of Veterinary Medical Ethics states:

"The veterinarian is readily available, or has arranged for emergency coverage, for follow-up evaluation in the event of adverse reactions or the failure of the treatment regimen."

We have been trying to collect Asproolee's medical records from all these vets since his death to try to determine what happened. The Madison Animal Care Hospital was reluctant to release his records but finally gave us a partial copy of what they had. We got other parts of their record from partial reports from the Birmingham vets we had seen.

We asked for the surgeon's post-op report and anesthesia results from his treatment of Asproolee during the week of February 25. We contacted them 2-3 times after that to release his records to us. Finally, on 13 March we received a partial report but it did not include a surgical and anesthesia report.

SPECIFICS OF OUR COMPLAINT:

The above lays out the sequence of events that ended Asproolee's life and gives you insight into the errors and mistakes that three different vets made in their treatment of him. Below are specific items of our complaint:

Dr. Fry, Madison Animal Care Hospital, is young and inexperienced and lacks compassion for her patients.

1. She is more concerned about her work schedule than the health of her patients. Several times we called her vet clinic when we thought Asproolee was in serious trouble and got the story that "she was booked up and didn't have time to see him...make an appointment when she was available."
2. She gave Asproolee a lethal combination of drugs which probably caused his problem/symptoms and then never recognized them as a possible side effect of the drugs she was giving him. She NEVER gave us a copy of the drug warning/side effects sheet that should be given to the pet owner so they can make an informed decision about the drugs. She administered drugs without ever consulting us or getting our consent.
3. They kept Asproolee 2 nights at their clinic, yet we are told the only clinic in the Huntsville/Madison area that is staffed at night is the Animal Emergency Clinic of N. Alabama. To our knowledge, this means that he was placed on drugs (buprenaphene and others) and an IV and left alone overnight in a cage, with no one monitoring him or caring about/for him. She gave us Metacam to give to a dog with a heart problem taking Enalapril! The drug manufacturer specifically warns against giving the medication to an animal on Enalapril!
4. She gave us a syringe with instructions to give him the Metacam orally. The manufacturer says the drug should always be placed in their food, never given orally. The FDA says the drug should be given with caution to pets with heart problems and intestinal problems and this is what she was treating him for!
5. This set of circumstances is a plain case of negligent, incompetent, inexperienced care for a sick geriatric patient. Do the vets ignore the drugs manufacturers' instructions?

6. The vets at Madison Animal Care Hospital failed to accurately diagnose Asproolee's condition, causing him to undergo unnecessary surgery, and eventually his death. We were hesitant to inflict surgery on Asproolee, but they continued to emphasize that it was a time-critical problem and we needed to take action. Why the referral to a surgical hospital 150 miles away from Madison? Were there any other surgeons in close proximity? Should the surgeon have been in closer proximity, we could have returned Asproolee to him for further treatment and care after his initial release. Dr. Fry was the attending/referring physician for Asproolee's surgery. She never performed any patient follow-up on him from the day of his surgery (by contacting us to ascertain his condition and offer assistance) and he died.

7. It is important to note here that Asproolee never exhibited these symptoms of vomiting, diarrhea, blood in his stools and lack of appetite until she started giving him this cocktail of pain and opiate medications. (Again, without any prior discussion with us or our consent or warning of possible side effects!)

Dr. Lowery, of Animal Emergency Clinic of N. Alabama, did nothing to improve or diagnose Asproolee's condition. He merely took the necessary actions to keep the animal alive through the night. He took no initiative to determine what had caused the seizure. He gave him no blood tests, no fluids via IV, even though we had asked that it be done, and did nothing to improve the dog's quality of life. Had he taken proper action that night, he could have improved Asproolee's condition and his chance of survival. Dr. Lowery's lack of action is another example of negligence in caring for a very ill geriatric patient, or any patient for that matter.

In fact, his lack of action is in direct violation of the Alabama Veterinary Practice Code definition of an emergency clinic, which states:

"f. Emergency Clinic. A facility established to receive patients and to treat illnesses and injuries of an emergency nature requiring treatment. The clinic shall provide professional diagnostic and emergency treatment during hours when local veterinary hospitals are normally closed. Emergency clinics shall meet all mandatory requirements of a veterinary hospital or clinic."

Dr. Ballagas, of Veterinary Surgery of Birmingham, elected to perform surgery on an animal that had lost nearly 25% of his body weight and was in an extremely weak condition. He never advised us before hand of any possible specific complications of the surgery. He released Asproolee to us 4 days after surgery, yet the dog had not begun to eat or drink normally. (Dr. Ballagas told us this himself—why would he release an animal that had not recovered sufficiently to start drinking and eating! He should have kept the animal there where 24-hr monitoring and care could be provided and ONLY released him to us when he was drinking and eating normally!)

A technician handed us Asproolee, and she said that he (Asproolee) had gone to the bathroom. Asproolee appeared groggy and this raised questions for us, but Dr. Ballagas had already left the waiting room and we could not question him about Asproolee's weak condition. He gave us no specific instructions on what signs to watch for in the animal after the surgery and what actions to take. The ONLY instruction on the release sheet was "bring him back in two weeks for a follow-up." He gave us two different antibiotics, Clavamox and Baytril, to administer to the dog and MORE Metacam for 5 days!! We were supposed to give the dog these life-threatening drugs even though he wasn't eating at all. (How can you, in good conscience, tell someone to administer all these drugs to a little weak dog, ON AN EMPTY STOMACH, who has a history of heart problem??)

Dr. Ballagas gave us no instructions or demonstration on how to administer these drugs to our dog. Days later, after Asproolee died, we were in the Banfield Pet Hospital in Huntsville, and they have an excellent handout/brochure entitled "Home FromThe Hospital" which gave us ALL the

answers Dr. Ballagas SHOULD have provided us! (We're enclosing it as an excellent example which ALL veterinarians who care should use!)

Dr. Ballagas was negligent. He released a geriatric patient without a full, post-op, satisfactory recovery under his care!! He was negligent communicating all the possible risks, side effects of the surgery, prognosis, mortality rates, or providing alternatives to the surgery, to us the pet owners. For example, our research indicates that endoscopy should be one of the diagnostic tools used BEFORE exploratory surgery. He never mentioned it to us. He failed to take into consideration the physical condition of the animal when making his recommendation/decision to operate and to advise us of it. He failed to accurately evaluate Asproolee's physical condition prior to surgery and failed to return our companion pet in good health. **Bottom line:** was the surgery REALLY necessary to resolve a life-threatening problem as they advised us? Was there a pseudo-obstruction, possibly caused by narcotics administered by Dr. Fry and Dr. Armes??? Was there a serious underlying condition that they ignored or failed to diagnose and proceeded with the surgery anyway? Were there any complications during surgery? If Dr. Ballagas had informed us of a poor prognosis, we would have denied the surgical procedure and would have allowed Asproolee to live a happy life with us until God decided his fate!!

Here is a quote from one of your fellow veterinarians which spells out what he SHOULD have done:

“Surgeons are responsible not only for performing surgery but also for overseeing perioperative and postoperative care. Just as important as the surgery itself is perioperative care: the diagnosis, assessment and supportive care before and during surgery. Postoperative care involves intensive monitoring and assessment of a patient, bandaging, pain management and rehabilitation (veterinary form of physical therapy). Specialty surgical clinics have special facilities for these aspects of care.

However, first and foremost, the specialist has a moral obligation to stay in good communication with the referring clinician, keeping him or her apprised of case development and using his or her knowledge of the client's situation to assure compliance with treatments and regimens and to seek counsel. Furthermore, just as a primary care veterinarian has an obligation to refer when it is in the best interest of the animal, a specialist has the obligation to return the client to the primary care veterinarian for that animal's general veterinary care. Paying due diligence in returning the patient is more than just a common courtesy. It assures mutual respect and trust – which is the foundation of a true partnership. It is imperative that the specialist partner with the referring veterinarian to provide the best possible care to the owner and animal.”

Dianne Dunning, DVM, MS, Diplomate ACVS
North Carolina State University, College of Veterinary Medicine
Member, ACVS Foundation Board of Trustees

Dr. Armes, of Madison Animal Care Hospital. We stopped to pick up a copy of Asproolee's chart on Wednesday 2/27/08. The receptionist told us that Dr. Armes had taken the afternoon off and that they would pass a message to her, and she would call me a week later on Wednesday. Tina called the vet again Thursday morning, 2/28/08 and asked again copies of the chart, as it seemed unreasonable to have to wait a week. Tina was told that Dr. Armes was in working and would call her later that day. She called between 3:00-3:30 P.M. She talked to Tina basically non-stop, not allowing Tina to ask any questions or make any comments. She (Dr. Armes) made a comment something to the effect that “people like you call the FDA and complain and get good drugs pulled off the shelves.” She also kept saying “Well he (Asproolee) was 94 years old, what

did you expect?" (If that is the way she felt about it WHY DID SHE RECOMMEND surgery for him?) It basically turned into an attack which reached its zenith when she implied that Tina's problem was an inability to understand what they told her because of her background/culture. (Dr. Armes was aware that Tina was of Greek origin although Tina's been working and living in the US culture for the last 30 years, 20 years of which she worked for the U.S. Government in positions of utmost trust in the U.S. Air Force.) This was a **flagrantly discriminatory comment**, totally unprofessional, and unacceptable under any circumstances. At this point, Tina hung up the phone on Dr. Armes! Dr. Armes' conduct on the phone was totally unprofessional, unacceptable and slanderous to Tina.

On reflection, one of the very striking things that Fry, Ballagas and Lowery all had in common was a LACK of compassion for the animals. The animals seemed more a commodity to them, something to practice their skills on and get paid large sums of money for at the same time. Dr. Fry NEVER contacted us to follow up after Asproolee's surgery and her office had 2-3 contact phone numbers. We noted that she added some comments to Asproolee's record, after the fact, in an attempt to reflect that she had tried to contact us. In addition, after Tina called Madison Animal Care Hospital on 2/28/08 to ask the vets why they never followed up on Asproolee's post-op condition and eventual death when they were notified by Madison Veterinary Hospital, only then they did mail a sympathy card.

At the end of it all, we NEVER got an accurate diagnosis of the actual problem, if the surgery was necessary, and we have no cause of death. ...just the excuse that they need to do an autopsy to determine it.

CLOSING COMMENTS:

We are enclosing copies of Asproolee's Army and German vets' records to help give you a more complete physical profile. It is worthwhile to note that military and German vets declined to administer any pain relievers to Asproolee, as they said it could be toxic for small animals! These non-profit oriented, compassionate veterinarians cared only for the animal.

Also enclosed are some of the invoices for Asproolee's care here in Alabama. We paid an enormous amount of money to improve his health and well-being, and they gave us back a dead body. It is so sad that the Army and German vets maintained Asproolee's health with such care and success only to bring him back to the States and get him killed. We thought we came back to the best vets in the world. . .

It's just not ethical for us to keep paying exorbitant amounts of money for veterinarians' services who won't/don't even bother to explain the side effects/risks of medications they administer to our pets and do not provide detailed discussions of the risks/complications/ramifications of surgical procedures they want to perform on our pets. Just as with humans, we should have the right to have ALL available information presented to us to make an informed decision. Instead, there was a complete LACK OF COMMUNICATION of these details and unavailability of all the vets during the short course of Asproolee's illness and death. We took another pet to a new vet last week and they prescribed some medication. When we ASKED for the warning sheet with the documented risks and side effects we were told "Oh, we don't usually do that." (Why???)

VETS: IT IS TIME TO START POLICING YOURSELVES MUCH CLOSER! You've become complacent and too comfortable in a profession with too few checks and balances. Animals are living creatures and **DESERVE YOUR VERY BEST!!** We entrusted Asproolee's health and life into your hands in good faith and YOU betrayed that trust.

REMEMBER, these pets are **FAMILY** to most of us, and we come to you expecting you to treat them that way!! When we **LOSE** them, we mourn them as family and expect your compassion as well, **NOT** cold, detached professionalism!

We appreciate your taking the time to read and evaluate this. Please give our case a close look and consideration. No pet deserves the horrific death our Asproolee experienced.

It is very unfortunate that we had to find answers and information, after the fact, on the Internet, that these vets had a responsibility to provide us while Asproolee was still alive. It has been a terribly traumatic, but eye-opening experience for us, and we will probably never fully trust any veterinarian here again.

We sincerely hope that you will take positive actions to improve the areas addressed in our complaint and to re-instill in veterinarians the compassion and love of animals that probably prompted them to enter the field in the first place. Without that, they will just continue to treat animals as a commodity in a business motivated by profit, and that will be tragic!

With Asproolee, we buried 13 good years of our life! We are still in a state of shock as his death was so sudden, so unexpected and UNJUSTIFIED! Please help us rebuild some trust in vets again!

Raymond Hale

Date

Atch 1: "Home From The Hospital"-Benfield Pet Hospital (What we should have received from Dr. Ballagas.)

Atch 2: Documents from Madison Animal Care Clinic

Atch 3: Documents from Birmingham Veterinary Internal Medicine

Atch 4: Documents from Veterinary Surgical Center (VSC) of Birmingham

Atch 5: Documents from Animal emergency Clinic of N. Alabama Inc.

Atch 6: Documents from Madison Veterinary Hospital

Atch 7: Veterinary Billing Statements

Atch 8: Documents from US Army and German Veterinarians