

February 16, 2015

Ms. Lorri Warner

Dear Ms. Warner,

Thank you for your letter dated from February 10, 2015. I again wish to extend my condolences to you and your family concerning the loss of Lance, who was clearly a beloved member of your family.

I have previously sent you the comprehensive review of Lance's case, which was performed by a group of NC State Veterinary Hospital faculty and reviewed by the NC State Veterinary Hospital Board of Directors. I regret to hear that this review has not sufficiently answered your questions about Lance's care. Please note that we have evaluated every aspect of Lance's experience at the NC State Veterinary Hospital, and have also released to you a *complete* copy of the Lance's medical record on file. Additionally, I have spoken in detail with Dr. Honaker, your primary care veterinarian, about Lance's case.

Your most recent letter includes further questions about a buccal mucosal bleeding time (BMBT) test. During our phone conversation to discuss the case review, I informed you that I could not document from the medical record that a BMBT was performed. After further review, your bill revealed that a BMBT was documented. This charge was entered by the veterinary technician who performed the procedure at Dr. Greene's request. I have spoken directly with both Dr. Greene and the veterinary technician involved with the case to confirm that a BMBT was performed; both parties independently confirmed that the test was run and the results were normal. While the absence of this documentation in the medical record represents a significant lapse on our part, please note that the necessary test was indeed performed. If the BMBT had revealed abnormal results, you would have been informed prior to the planned rhinoscopy, as per our standard of care.

Your letter also indicates continued concern about Lance's care in the Intermediate Care Unit. As stated in our previous discussion and in the case review, I believe our staff underreacted to Lance when he showed initial signs of difficulty while hospitalized. Based on the evaluation, we have modified our procedures in order to help our staff be more proactive in response to patient needs and improve the quality of care provided to our hospitalized patients. I believe the medical evaluation and diagnostic procedures performed were appropriate and well-supervised until that point in time. It is standard of care to perform rhinoscopy and biopsy following a CT examination, even when significant abnormalities are not detected. These procedures are performed based on the presence of clinical signs (in this case, nasal discharge).

In conclusion, we have completed a thorough and transparent case review, and are implementing changes that will enhance our ability to detect and respond to unanticipated complications in hospital. As such, we consider Lance's case closed. I recognize, however, that this does not make the grief over his death any easier to bear for those who love him. If you or your mother would find additional support helpful, please feel free to contact our counselors in Family & Community Services at (919) 513-3901.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Marks', with a long, sweeping horizontal line extending to the right.

Dr. Steven L. Marks