NORTH CAROLINA VETERINARY MEDICAL BOARD

P.O. BOX 12587 RALEIGH, NORTH CAROLINA 27605 919-733-7689

T M. Mickey Executive Director George G. Hearn Board Attorney



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Kevin Monce, D.V.M. P.O. Box 15396 Wilmington, NC 28408

Re: Mobile Unit

Dear Dr. Monce:

I write regarding the recent inspection of your mobile unit. The Committee on Investigations Number 1 noted it is not the same unit that was used by you in late 1999 and early 2000. The Committee has directed me to inquire about that unit.

Are you still in possession of the trailer used by you in late 1999 and early 2000? Is it still being utilized by you? The Committee requests that it be made available to be examined by a representative of the Board. If you are not in possession of the trailer, where or who now has ownership of it? Do any pictures of the unit exist? If so the Committee requests copies of those pictures.

The Committee requests a written response to this letter no later than May 7, 2001.

Very truly yours,

Thomas M. Mickey Executive Director

CC: Committee on Investigations No. 1 George G. Hearn, Esq. Mr. Thomas M. Mickey Executive Director NC Veterinary Medical Board PO Box 12587 Raleigh, NC 27605

Dear Mr. Mickey:

I am responding to your questions about the trailer that you refer to in your letter dated April 19,2001.

- 1) I am not in possession of this trailer, nor was I ever in possession of this trailer. The trailer was owned by Renee Dailey and VetSound, Inc., during its use. The trailer is still owned by Renee Dailey, but is for sale, on consignment, at Nelson's Trailers, in Ocala, FL.
- 2) The trailer is not being utilized by me or by anyone else to my knowledge
- The trailer is at Nelson's Trailers in Ocala, FL. Their telephone number is 352/732-8908. Their physical address is 4131 NW Blichton Rd, Ocala, FL, 34482.
- 4) I obtained four digital photographs of the trailer before equipment was removed and the trailer was sent to Nelson's Trailers. These photographs are enclosed on a floppy disk.

Please let me know if I can be of any further assistance.

Sincerely,

Kevin Monce, DVM, DACVIM

PO Box 15396

Wilmington, NC 28408

Enclosure

STATE OF NORTH CAROLINA

AFFIDAVIT

COUNTY OF WAKE

BEFORE ME, the undersigned authority, on this day personally appeared Nancy G. Deas, who, being by me duly sworn, upon oath, stated the following facts:

- "I am over the age of eighteen years, and I am of sound mind and competent to make this affidavit. I have personal knowledge of the facts stated in this affidavit, and I do solemnly swear, or affirm, that the following facts are true:
- 1. I reside at 5721 Wintergreen Drive, Raleigh, North Carolina 27609.
- 2. On September 8, 1999 and January 3, 2000, I saw a mobile unit used by Dr. Kevin A. Monce, DVM, DACVIM and Ms. Suzanne Renee Dailey Daniel, RT(R), RDMS, to provide veterinary medical services to pets owned by my sister, Edna E. Deas, and me while the trailer was in the parking lot of Durant Road Animal Hospital, 10220 Durant Road, Raleigh, North Carolina 27614.
- 3. I watched Dr. Monce and Ms. Dailey Daniel perform a presurgical cardiac evaluation of Gus Deas inside this trailer on September 8, 1999. The cardiac evaluation consisted of a echocardiograph, review and change of Gus' heart medication, diagnosis, and explanation of Gus' condition. Attached is Gus Deas' Vetsound, Inc. medical record.
- 4. I watched Dr. Monce and Ms. Dailey Daniel perform an abdominal ultrasound and six invasive peritoneal procedures on Alex Deas on January 3, 2000 inside the same trailer that I saw September 8, 1999. The peritoneal procedures performed were abdominocentesis, spleen biopsy, lymph node aspirate, and three separate liver biopsies. I also watched Dr. Monce make glass microscopic cytology/pathology slides of Alex's abdominal samples while within this trailer. Attached is Alex Deas' Vetsound, Inc. medical record.
- 5. The mobile unit I saw September 8, 1999 and January 3, 2000 was NOT the trailer shown in the attached affidavit photographs identified as "file//A:\Trailer 1 4.jpg" that accompanied the attached letters written between Mr. Thomas M. Mickey dated April 19, 2001 and Dr. Kevin A. Monce dated April 30, 2001 as provided me by the North Carolina Veterinary Medical Board.
- 6. The mobile unit I saw September 8, 1999 and January 3, 2000 was a white, rectangular trailer that did not have a gooseneck. It had one curb door on the passenger side as it was hitched to a red pickup truck. It did not have any windows. There was no scalloped fender above the trailer wheels. There was no writing on the mobile unit as I viewed it from the rear and passenger side.

7. On April 17, 1999, while accompanied by my sister, Edna E. Deas, I saw Dr. Monce and Ms. Dailey Daniel arrive at Durant Road Animal Hospital with a trailer that was different than the one that I saw September 8, 1999 and January 3, 2000. It also was NOT the trailer shown in the attached affidavit photographs identified as "file//A:\Trailer 1 - 4.jpg". The trailer I saw on April 17, 1999 was also a white, rectangular trailer without a gooseneck but it was smaller than the trailer that I saw on September 8, 1999 and January 3, 2000. It had a rear ramp type door that had been opened and a small window on the passenger side when hitched to a red pickup truck. It did not have any writing on the passenger side that I viewed, but a lettered sign, "VETSOUND" was in the window and was visible from the outside. I did not enter this trailer because the medical procedures scheduled with Dr. Monce and Ms. Dailey Daniel for Gus Deas were not performed.

"I have read the above and foregoing statement and the same is true and correct."

Mancy St. Dear

Nancy G. Deas

SUBSCRIBED AND SWORN TO before me, the undersigned authority, this the day 24th

of <u>Aptinber</u>, 2002.

Notary public

My Commission Expires: 00

Vetsound, Inc 919/669-1900 919/880-7707

9/8/99 Gus Deas 13 year MC

Gus presented for evaluation of a systolic heart murmur. Gus currently receives enalopril, 5 mg BlD. Lab data performed 9/3/99 revealed a suppressed HPA axis (ACTH. stim=0.3/1.0), but Gus has been receiving prednisone at 5 mg once daily. CBC results were normal, and a serum biochemical profile demonstrated only artifactual changes secondary to lipemia (triglycerides=631). Cataract surgery is to be performed in the future, pending assessment of ancillary diagnostics.

Echocardiogram revealed marked left atrial enlargement (LA=3.1 cm, N to 2.0 cm). There was severe mitral regurgitation (6.4 m/s), moderate aortic insufficiency (2.4 m/s), and mild tricuspid regurgitation. Cardiac contractility was normal to hyperdynamic (FS=52%). The remainder of the echocardiographic findings were unremarkable.

Gus has AV valvular endocardiosis, with marked mitral regurgitation and moderate tricuspid regurgitation. In addition, he has moderate aortic insufficiency contributing to his left ventricular volume overload. Recommend continuing enalopril at 2.5 mg BID (0.5 mg/kg, BID). Recommend performing cataract surgery while administering the current dosages of prednisone and enalopril. Following surgery, recommend tapering prednisone therapy to 2.5 mg SID for 4-6 weeks. If Gus does well with that level of prednisone support, consider further tapering of prednisone to 2.5 mg EOD, then eventually discontinuing prednisone. As the adrenal glands continue to recover; Lysodren therapy may need to be reinstituted. Furosemide therapy may be necessary in the future (consider 6.25 mg BID).

Recommend recheck echocardiogram in 6-12 months.

Bob: Consider using half-strength dextrose and saline as perioperative fluid in this patient. If volume overload signs are noted postoperatively, parenteral furosemide may need to be administered.

Kevin Monce DVM, Diplomate ACVIM

Vetsound, Inc 919/669-1900 919/880-7707

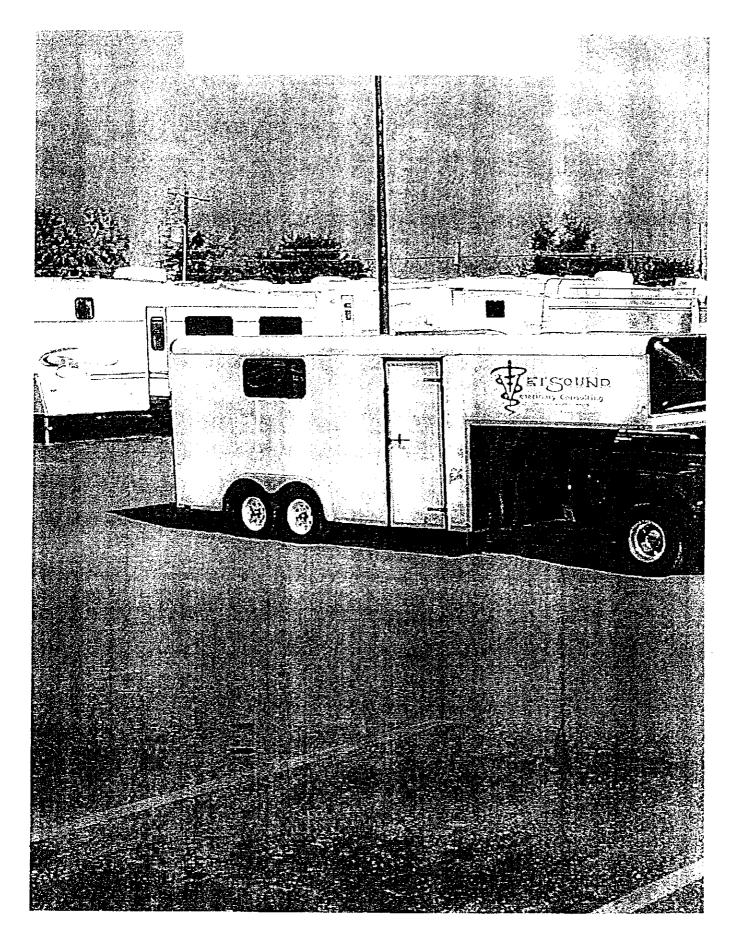
1/3/00
Alex Deas
14 year MC Manchester Terrier

Alex presented for evaluation of partial anorexia 12/28/99. He has a history of hyperadrenocorticism, controlled with Lysodren, mitral insufficiency controlled with enalopril, and hypothyroidism, controlled with Soloxine. Lab data obtained 12/29/99 revealed liver enzyme elevations (ALT=6X, ALP=9X, AST=3X), with T4=2.6, and ACTH stim cortisols=4.1/4.7. Liver enzyme elevations were repeatable 1/1/00. Posterior paresis and ataxia have been reported in the past week. A broken lower canine tooth was noted by the owner.

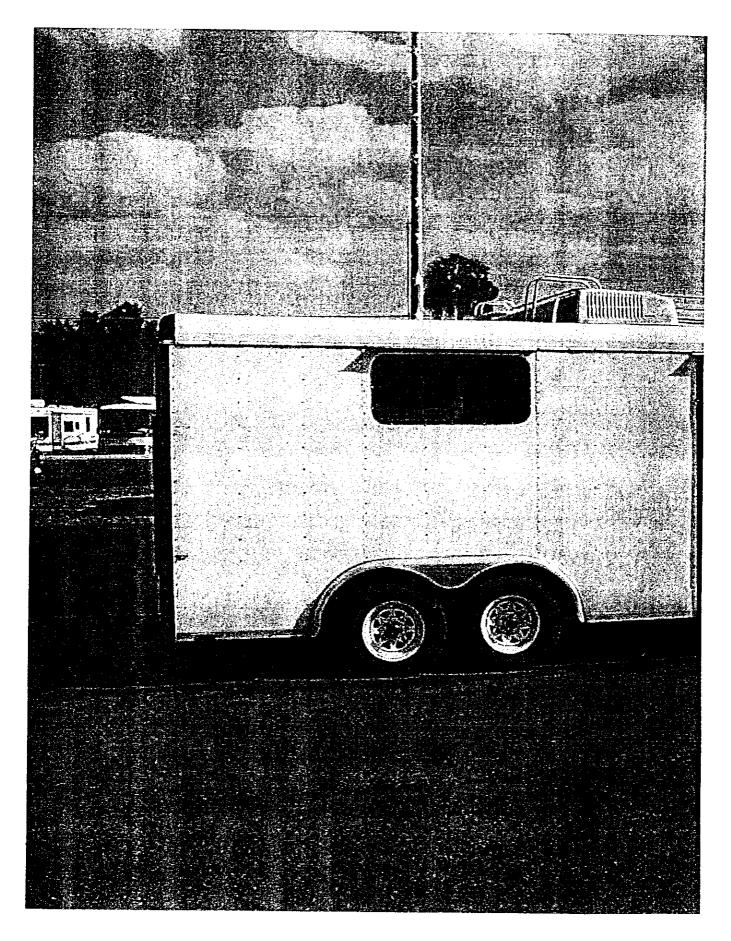
Abdominal ultrasound revealed the liver to be enlarged and hypoechoic. The liver margins were blunted. The gallbladder mucosa was thickened (0.4 cm). There was a moderate quantity of echogenic sediment within the gallbladder. The spleen was enlarged and hypoechoic. The periportal lymph nodes were enlarged, with a heterogeneous echotexture. The pancreas was normal in appearance. There was a mild to moderate quantity of peritoneal fluid, and a small quantity of pleural fluid. There was a hyperechoic nodule at the caudal pole of the left adrenal gland measuring 1.0 cm in diameter. The adrenal glands were otherwise at the lower limits of normal size. There was a 0.4 cm nephrolith present in the right kidney. The remainder of the ultrasound findings were unremarkable (kidneys, urinary bladder). Liver biopsies (3), splenic aspirates, periportal lymph node aspirates, and peritoneal fluid aspiration were performed with ultrasound guidance. Histopathology and cytology results are pending. The fractured canine tooth root was extracted by Dr. Jones. A CBC was submitted, and 1 mg dexamethasone NaPO4 was administered IM.

Recommend initiating broad spectrum antibiotic therapy (Baytril, amoxicillin) pending lab results. Please let us know when results are available.

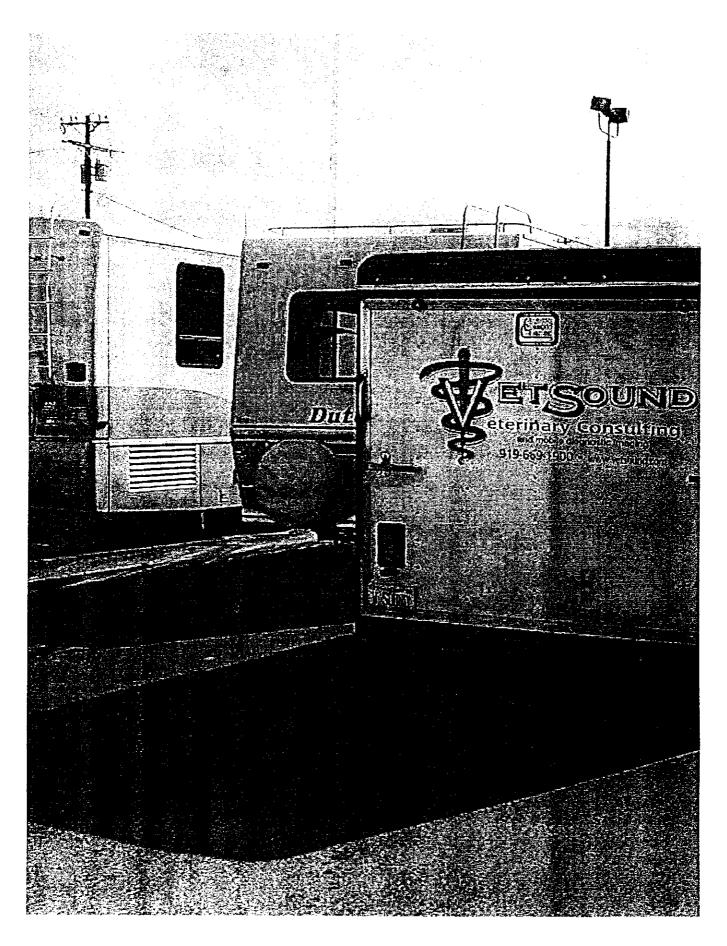
Kevin Monce, DVM, DACVIM



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