

## **Medical Record – Timeline**

Bella Sykes

### **26 January – First Presentation**

Bella returns after being missing, with a severely swollen, painful right hind limb and systemic compromise.

Vet notes show:

- Cat in severe pain, fractious, dehydrated
- Limb suspected to be traumatic injury (likely caught in something)
- Immediate plan: IV fluids, antibiotics, pain relief, sedated X-rays, full exam
- Owners advised this was urgent and serious
- Castration discussed as part of same anaesthetic event (standard welfare and medical reasoning as will assist in the prevention of cat roaming).

*This directly contradicts the claim that the leg was ignored in favour of sterilisation. The leg was the primary concern from arrival.*

### **27–28 January – Diagnostics & Surgery**

- Sedated X-rays: No fracture, but severe soft tissue trauma
- Limb described as degloving injury with compromised blood supply
- Necrotic tissue already present
- FIV & FeLV tests done → positive for both (major immune compromise)
- Castration to be performed with owner consent (documented telephonic discussions).

*Important medically:*

*FIV + FeLV = very poor wound healing, high infection risk, high anaesthetic risk*

*The notes clearly state the limb injury was serious and being managed, not ignored.*

*Degloved – occurs when a large section of skin and underlying soft tissue is separated away from the underlying muscles, tendons or bone.*

### **Medical Management of the Leg**

Across multiple entries:

Bandage changes under sedation were performed – 26<sup>th</sup> & 28<sup>th</sup> January 2026, 02<sup>nd</sup> February 2026.

- Repeated bandage changes under sedation
- Monitoring for progression of necrosis
- Antibiotics and pain control continued

*Vets document plan to wait for clear demarcation of dead vs viable tissue before amputation*

*This is **standard surgical protocol** for severe necrotic limb injuries. Early amputation before margins declare can lead to:*

- Multiple surgeries
- Poor wound closure
- Infection spreading further

*The vet explicitly notes amputation was needed but timing was critical.*

## Owner Communication

The notes repeatedly state:

- Owners were asked to come together for discussions
- Vet explained:
  - Limb likely needs amputation
  - Cat is immunocompromised
  - Surgery carries high risk
  - Complications possible
  - Costs discussed – as client does not have funds to pay for treatment.

*One owner reportedly said he did not think it was right for the cat to have 3 legs*

*This shows treatment decisions were being discussed, not withheld.*

## Major Inaccuracies in the Complaint

Complaint Claim	Medical Record Evidence
“Leg was not examined”	Leg assessed from Day 1(26.01.2026) as severe traumatic injury
“Only focused on sterilisation”	Castration discussed as part of anaesthetic event, not instead of treating the leg
“No follow-ups for 9 days”	Multiple sedated bandage changes and reassessments recorded
“Leg was closed improperly”	Medical records reflect continued management of a necrotic wound, with protective bandaging applied to help minimise contamination and support wound care.
“Sent home critical and untreated”	Cat had ongoing treatment plan; severe systemic illness linked to FIV/FelV and necrosis progression

## Critical Medical Context that should be mentioned

1. Bella was already gravely compromised
  - Dual positive FIV + FeLV
  - Severe traumatic injury with tissue death
  - High risk of septicaemia regardless of treatment
2. Necrotic limb injuries are unpredictable  
Even with correct care, tissue can continue dying for days as blood supply fails.
3. Waiting for necrosis margins is proper medicine  
Amputating too early can make survival less likely.
4. Immunocompromised cats often deteriorate suddenly  
A crash at home does not mean neglect — it can be rapid septic decline.

## What This Case Looks Like Medically

A severely traumatised, immunocompromised cat with progressive limb necrosis and systemic infection risk, managed conservatively while monitoring for safe surgical margins, who unfortunately deteriorated due to the severity of underlying disease.

That is not neglect. That is a poor prognosis case with documented communication and ongoing care.