

In the Matter of the Petition for Reinstatement
JAMES C. COGLAN

VETERINARY MEDICAL BOARD
OAH No: 2020120861

Attorney General's Exhibits

ATTORNEY GENERAL'S EXHIBIT NO.	DOCUMENT	MARKED	ADMIT
1	Petition for Reinstatement		
2	Notice of Hearing		
3	License History Certification		
4	Documents in Support of Petition for Reinstatement		
5	Order of Decision, Case No. DI 2006 19, OAH No. 2015040465, Including the Following: <ul style="list-style-type: none">➤ Order of Decision➤ Proposed Decision➤ First Amended Accusation and Third Amended Petition to Revoke Probation		
6	Citation No. 1819-8 (Case No. 4602017001020)		

EXHIBIT 1

CLEAR FORM



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
 DEPARTMENT OF CONSUMER AFFAIRS • VETERINARY MEDICAL BOARD
 1747 North Market Blvd., Suite 230, Sacramento, CA 95834-2978
 P (916) 515-5220 | Toll-Free (866) 229-0170 | www.vmb.ca.gov



PETITION FOR REINSTATEMENT OR MODIFICATION OF PENALTY

INSTRUCTIONS: Please type or print neatly. All blanks must be completed; if not applicable enter N/A. If more space is needed attach additional sheets. Attached to this application should be a "Narrative Statement" and two original verified recommendations from a veterinarian licensed by the Board who has personal knowledge of activities since the disciplinary action was imposed.

TYPE OF PETITION [Reference Business and Professions Code section 4887]

Reinstatement of Revoked/Surrendered License or Registration Modification of Probation Termination of Probation

NOTE: A Petition for Modification and/or Termination of Probation can be filed together. If you are requesting Modification, you must specify in your "Narrative Statement" the term(s) and condition(s) of your probation that you want reduced or modified and provide an explanation. Please check all boxes above that apply.

PERSONAL INFORMATION

NAME: First Middle Last
 James Christian Coghlan, DVM

Other name(s) licensed under, if any:

HOME ADDRESS: Number & Street City State Zip
 [Redacted]

HOME TELEPHONE NUMBER WORK TELEPHONE NUMBER CELL NUMBER
 () () [Redacted]

E-mail address: CA License or Registration Number
 [Redacted] 9743

Are you licensed by any other state(s) or country(ies) (please include license number(s), issue date(s), and status of license(s)):
 NO

ATTORNEY INFORMATION (If Applicable)

Will you be represented by an attorney? No Yes (If "Yes," please provide the following information)

NAME:

ADDRESS:

PHONE:

DISCIPLINARY INFORMATION

Provide a brief explanation in your "Narrative Statement" as to the cause for the disciplinary action (e.g., negligence or incompetence, self use of drugs or alcohol, extreme departures from sanitary conditions, conviction of a crime, etc.)

Have you ever had your license revoked, suspended, voluntarily surrendered, denied, or placed on probation in any other state or country? No Yes

(If Yes, give a brief cause for administrative action or license denial in your "Narrative Statement" section, including dates and discipline ordered (e.g., 5 years probation.)

VETERINARIAN/REGISTERED TECHNICIAN BACKGROUND
Total number of years in veterinary practice:
CONTINUING EDUCATION (List continuing education completed since the date of the disciplinary action)
Western Veterinary Conference Las Vegas 2018 and 2020 Periodicals and magazine subscriptions
CURRENT OCCUPATION OTHER THAN VETERINARIAN OR REGISTERED VET TECHNICIAN (Answer only if currently not practicing as a Veterinarian or Registered Vet Technician)
List employer, address, e-mail address, phone number, job title, and duties:
Not employed waiting for reinstatement outcome.
EMPLOYMENT HISTORY (list for the past 5 years only)
Provide the employer's name, address, phone number, job title and dates of employment:
Owner Veterinarian 17th ST. Animal Hospital Santa Ana, CA 1990 - 2017
REHABILITATION
Describe any rehabilitative or corrective measures you have taken since your license/registration was disciplined. List dates, nature of programs or courses, and current status. You may include any community service or volunteer work.
Alcoholics Anonymous regular member, Kaiser medical alcohol and substance abuse program member since 2017. Saddleback Church Celebrate Recovery regular member Friday's until COVID shut down. Recovery Trek voluntary drug and alcohol random urine screening 24 per year.

CURRENT COMPLIANCE

Since the effective date of your last Veterinary Medical Board disciplinary action have you:

- 1. Been placed on criminal probation or parole? Yes No
- 2. Been charged in any pending criminal action by any state, local or federal agency or court? Yes No
- 3. Been convicted of any criminal offense? (A conviction includes a no contest plea; disregard traffic offenses with a \$100 fine or less.) Yes No
- 4. Been charged or disciplined by any other veterinary board? Yes No
- 5. Surrendered your license to any other veterinary board? Yes No
- 6. Had your licensee manager's premise permit disciplined? Yes No
- 7. Had any civil malpractice claims filed against you of \$10,000 or more? Yes No
- 8. Become addicted to the use of narcotics or controlled substances? Yes No
- 9. Become addicted to or received treatment for the use of alcohol? Yes No
- 10. Been hospitalized for alcohol or drug problems or for mental illness? Yes No

NOTE: If your answer is "Yes" to any of the above questions, please explain in the "Narrative Statement."

COST RECOVERY

Was cost recovery ordered? Yes No If yes, what is the remaining balance? _____
When is payment anticipated? _____

DECLARATION

Executed on October 7 2020, at Lake Forest, c a
(City) (State)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that all statements and documents attached in support of this petition are true and correct.

James C. Coghlan, DVM
Petitioner (print name)


Signature

The information in this document is being requested by the Veterinary Medical Board (Board) pursuant to Business and Professions Code section 4887. In carrying out its licensing or disciplinary responsibilities, the Board requires this information to make a determination on your petition for reinstatement or modification of penalty. You have a right to access the Board's records containing your personal information as defined in Civil Code section 1798.3. The Custodian of Records is the Executive Officer at the address shown on the first page.

EXHIBIT 2



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • VETERINARY MEDICAL BOARD
1747 North Market Blvd., Suite 230, Sacramento, CA 95834-2987
P (916) 515-5520 | Toll-Free (866) 229-6849 | www.vmb.ca.gov



December 3, 2020

James C. Coghlan
22048 Arrowhead Lane
Lake Forrest, CA 92630

RE: HEARING NOTICE
OAH Case No. TBD
Petition for Reinstatement of License– James C. Coghlan

Dear Dr. Coghlan:

You are hereby notified that a hearing will be held before the Veterinary Medical Board,
Department of Consumer Affairs:

NOTE: Pursuant to Governor Gavin Newsom's Executive Order N-29-20, issued on March 17, 2020, this hearing will be held by videoconference with no physical public locations. Instructions on how to participate are attached and can also be found on our website.

Date: Friday, January 29, 2021
Time: 1:00 PM (UTC-08:00) Pacific Time (US & Canada)

Event address: <https://dca-meetings.webex.com/dca-meetings/onstage/g.php?MTID=eb1ac99538938bc3a1ad3304a3dea0ba7>

Event number: 146 276 5582
Event password: VMB129

The hearing will be conducted before the Veterinary Medical Board, Department of Consumer Affairs and an administrative law judge of the Office of Administrative Hearings, who will preside over the Petition for Termination of Probation matter.

If you object to the petition being heard by videoconference, you must notify the presiding officer within ten (10) days after this notice is served on you. Failure to notify the presiding officer within ten (10) days will deprive you of a change in the place of hearing.

You may be present at the hearing. You have the right to be represented by an attorney at your own expense. You are not entitled to the appointment of an attorney to represent you at public expense. You are entitled to represent yourself without legal counsel. You may present any relevant evidence and will be given full opportunity to cross-examine all witnesses testifying against you. You are entitled to the issuance of subpoenas to compel the attendance of witnesses and the production of books, documents, or other things by applying to:

Office of Administrative Hearings
Attn: General Jurisdiction
2349 Gateway Oaks, Suite 200
Sacramento CA 95833

INTREPRETER: Pursuant to section 11435.20 of the Government Code, the hearing shall be conducted in English language. If a party or party's witness does not proficiently speak or understand the English language and before commencement of the hearing requests language assistance, an agency subject to the language assistance requirement in section 11435.15 of the Government Code shall provide a certified interpreter or an interpreter approved by the administrative law judge conducting the proceedings. The cost of providing the interpreter shall be paid by the agency having jurisdiction over the matter if the administrative law judge or hearing officer so directs, otherwise by the party for whom the interpreter is provided. If you or a witness requires the assistance of an interpreter, ample advance notice of this fact should be given to the Office of Administrative Hearings so that appropriate arrangements can be made.

CONTINUANCES: Under section 11524 of the Government Code, the agency may grant a continuance, but when an administrative law judge of the Office of Administrative Hearings has been assigned to the hearing, no continuance may be granted except by him or her or by the presiding judge for good cause. When seeking a continuance, a party shall apply for the continuance within 10 working days following the time the party discovered or reasonably should have discovered the event or occurrence which establishes good cause for the continuance. A continuance may be granted for good cause after the 10 working days have lapsed only if the party seeking the continuance is not responsible for and has made a good faith effort to prevent the condition or even establishing the good cause.

Please visit the Board's website at www.vmb.ca.gov to get a copy of the agenda or feel free to contact me at (916) 515-5244 or (916)-318-6571.

Sincerely,

Virginia Gerard

Virginia Gerard
Probation Monitor

cc: Karen Denvir, Supervising Deputy Attorney General
Office of Administrative Hearings



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DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: James C. Coghlan

LICENSE NO: VET 9742 (Revoked)

I, the undersigned declare that I am over 18 years of age; my business address is 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834. I served a true copy of the attached Notice of Hearing by Certified Mail on the following, by placing same in an envelope addressed as follows:

NAME AND ADDRESS

CERTIFIED NUMBER:

James C. Coghlan
 22048 Arrowhead Lane
 Lake Forrest, CA 92630

7016 1370 0001 2621 7668

James C. Coghlan
 22048 Arrowhead Lane
 Lake Forrest, CA 92630


First Class Mail

Said envelope was then, December 3, 2020, sealed and deposited in the United States Mail at 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834, the county in which I am employed, as certified mail with postage thereon fully prepaid, return receipt requested.

Executed on December 3, 2020, at Sacramento, California.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

DECLARANT:



Virginia Gerard
 Enforcement Analyst
 Veterinary Medical Board

EXHIBIT 3



CERTIFICATION OF LICENSE HISTORY

This is to certify that I, Robert Stephanopoulos, Enforcement Manager of the Veterinary Medical Board (Board), Department of Consumer Affairs, State of California, share the responsibility of maintaining control and custody of the official records of the Board. I made or caused to be made a diligent search of the files and records concerning the license history of James C. Coghlan. I have determined that the official records prepared by Board employees, acting within the scope of their duties, show the dates and time periods listed herein for the issuance, expiration, periods of invalidity, and renewals of the license, as well as citations issued and periods of formal Board discipline:

VET No. 9742:

James C. Coghlan
17th Street Animal Hospital
1745-C West 17th Street
Santa Ana, CA 92706

First Issued: September 1, 1987
Expiration: March 17, 2017
Status: Revoked

Discipline:

On April 17, 2019, an Order became effective in the matter of the Petition for Reinstatement or Modification of Penalty signed by James Coghlan on May 24, 2018. The Order denied the reinstatement of a veterinary license to James Coghlan in case AV 2006 19.

On March 17, 2017, a Proposed Decision was adopted in the matter of the First Amended Accusation and Third Amended Petition to Revoke Probation Against James C. Coghlan in case D1 2006 19 filed on March 5, 2015. The Order revoked Dr. Coghlan's probation, the license issued to him, VET 9742, and the premises license issued to 17th Street Animal Hospital, HSP 4414.

On May 6, 2011, a Decision and Order became effective adopting the Stipulated Settlement and Discipline Order in the matter of the Accusation Against James C. Coghlan, case #AV 2006 19, filed on August 7, 2008. The Order placed Dr. Coghlan and the premises license issued to 17th Street Animal Hospital, HSP 4414, on probation for four years with terms and conditions.

Citations:

On November 5, 2018, citation 1819-6 was issued, in case #4602017001020, Ordering James Coghlan to cease and desist from violating BPC sections 4825 and 4826, subdivisions (a)-(c), (f), and/or 4853. He was also ordered to pay a fine of \$5000, and to notify the telephone company to disconnect any phone number contained in unlawful advertising.

CERTIFICATION OF LICENSE HISTORY
James C. Coghlan, December 2, 2020
Page 2

License Relationships:

Veterinarian Licensee to Premises:
17th Street Animal Hospital, HSP 4414
1745 17th Street #C
Santa Ana, CA 92706

First Issued: November 20, 1990
Expiration: May 31, 2017
Status: Revoked

Given under my hand at Sacramento, California, this 2nd day of December 2020.



Robert Stephanopoulos, Enforcement Manager

EXHIBIT 4

PETITION FOR REINSTATEMENT

James C. Coghlan, DVM



Veterinary Medical Board

1747 North Market Blvd., Suite. 230
Sacramento, CA 95834

Dear Members of the California Veterinary Medical Board:

I am seeking reinstatement of my license to practice veterinary medicine in the State of California. The following is an honest and detailed explanation for why I believe this request should be considered by the Board.

The reason I did not accept a generous settlement offer before my final hearing was due to an utter misunderstanding of DCA legal procedure. By my own admission in court, I was guilty of alcohol consumption. I was unaware that there are no grey areas permitted nor a forum offered for explanation.

If I am allowed to be considered for reinstatement please know that I am forever grateful of the process. I am being sincere when I state this. I have my health back and a renewed respect for the responsibility of being licensed to practice veterinary medicine in the State of California. It is an honor, not an obligation, where professionalism and integrity are paramount.

I have sold my practice and if reinstated do not expect ever to work more than one or two days per week. The young veterinarian who purchased and renamed the practice (James Ransom, DVM) has expressed an interest in my help. It is now known as Alona Animal Hospital. Previously, my practice was open 7 days a week and employed 4 veterinarians and dozens of technical and support staff. I enjoyed an excellent reputation despite my troubles with the Board. I would like to share and teach and be respected again for my knowledge and experience and high standards in veterinary medicine, nutrition and surgery. Likewise there remains a void for a bilingual veterinarian in the Santa Ana, CA community where I had previously practiced.

The following is a synopsis outline that further details this journey of loss and recovery.

Personal Synopsis of Events:

My License and premise permit were revoked in March of 2017 primarily due to repeated positive biological specimen alcohol results. This was in violation of paragraph 18 of the Stipulated Settlement and Disciplinary order AV 2006 19 which I signed 12/14/2010:

18) Abstention from Alcohol Use. Respondent shall abstain completely from the use of alcoholic beverages.

1) Medical Preamble:

I had been suffering from bouts of general malaise, lethargy and depression beginning in 2013. I sought help from Kaiser Permanente and several private physicians. It was ultimately determined that I was suffering from depression and professional exhaustion. I have had a chronic kidney stone condition and other rheumatic health concerns for many years however none were suspected as a possible underlying cause of my symptoms.

I tried courses of antidepressant therapy with minimal results. I eventually accepted a prescription of an attention disorder stimulant from a private psychiatric physician who seemed professional and well informed. This was of great benefit for many months however the malaise eventually returned. As this renewed episode of malaise progressed, I noticed blood in my urine more often than usual and I suffered more frequent bouts of abdominal pain and night sweats.

In the Fall of 2014, in an effort to alleviate what I presumed to be kidney stone symptoms, I changed my diet and began an alternative medical regimen that included various herbal tinctures and Kvass tea (Kombucha). Very much to my surprise, the new regimen resolved many of my longstanding urinary condition symptoms. I had my energy back and I enthusiastically shared my experience to all who would listen, touting it as a miracle cure for kidney stones and rheumatism.

Several attempts to change or stop various elements of the regimen in an effort to eliminate alcohol from my diet as per the terms of my probation caused symptoms to return. I did not initially choose to drink "alcoholic beverages" for pleasure as witnesses testified under oath at my hearing. I did however begin to self-medicate for pain and later anxiety and it escalated from there.

2) Plan and Thought Process:

I planned to argue my case at the hearing; that it was for my health and should be classified as a medicinal supplement, not an alcoholic beverage. This is why I did not accept the Board's generous pre-trial settlement condition for an additional two years of probation, one year served.

Upon attending the hearing however, I soon discovered that it was not the proper forum. I was advised only to speak only when asked so I was not able to fully explain. I felt ridiculed, misdirected, and falsely accused of closet drinking at first. But then I began to formulate an awareness for the fatuity of my stance. I was indeed drinking alcohol and admitted to it at the administrative hearing. The judge had no choice but to enter a guilty verdict. My attorney explained that as I was not credible, I was found guilty for all other counts against me despite having strong arguments and evidence to the contrary. It was a blanket statement by the judge.

I was fully aware by this time that alcohol content of Kombucha brews were inconsistent and could exceed 3%, yet I believed that there should be an exception made in my case? It would soon dawn on me that this was the defective thinking pattern typical of an alcoholic or an addict. It was a mistake, I was lying to myself. Somehow I thought I would be given a pass because of my excellent work and reputation in the profession. In the end, my initiation into the DCA legal process and a very defective rationale cost me everything. I had been drinking more than I admitted to, sometimes adding stronger alcohol to my evening Kombucha to help relax.

However, something unexpected and purposeful was about to change and possibly save my life. The underlying cause of the original symptoms that led to my downfall was soon to be discovered.

3) Aftermath:

Within a month after my license was revoked in March 2017, I discontinued all self-treatments and prescribed medications. I wanted to prove to myself that I was not dependent on anything. I now had the time and motivation to get better.

A few weeks later I began having flu-like symptoms that would last for two or three days and then resolve. I attributed it to withdrawal effects so I soldiered on with a "no pain no gain" attitude. By June 2017 the increased frequency of malaise and fever became of great concern.

On June 15th I visited my primary physician and was diagnosed with a urinary infection and renal calculi (**Tab 1**). I was prescribed antibiotics and referred to a urologist.

Three weeks later on 7/09/2017, I was hospitalized on emergency for severe fever and urological pain. The attending urologist determined that I had a urinary infection associated with kidney stones (**Tab 2**). Surgery to place a ureteral stent was performed the same day due to a serious concern of pyelonephritis - a kidney infection that could cause permanent kidney damage.

I felt better for several more days until after my last antibiotic dose. I began having pain and bleeding again. I returned to the urologist on 7/19/2017 and a second surgery was scheduled after the visit suggested residual calculi infection (**Tab 3**).

When mineralized areas in a urinary tract are harboring bacteria, an infection will recur shortly after antibiotics are discontinued. A laser lithotripsy surgical procedure was performed on 7/27/2017 to remove all infected renal calculi (**Tab 4**).

My health gradually began to improve and within a few weeks I was off of all medications and supplements. Currently I am taking a prescribed kidney stone citrate medication and am following a kidney stone prevention diet prescribed by a Kaiser Medical nutritional counselor. My latest lithotripsy procedure was performed Friday August 7th, 2020.

Had I continued on a self-prescribed naturopathic course without proper medical attention it may have caused irreparable damage. Though natural remedies effectively controlled the symptoms of a kidney infection, it did not eliminate the underlying cause.

Kombucha and other supplements likely only served to inhibit and cover symptoms of a deep and persistent low grade kidney infection. **(Tab 5)**.

4) Meritable Actions:

The entire incident caused me to question my thought process. I had my health back but the realization for what I had done, and the consequences, left me devastated and depressed. I had lost everything including my self-confidence and happiness. I decided to enter into psychological counsel at a Kaiser Permanente facility In October 2017 **(Tab 6)**.

A few weeks later I entered into a Kaiser voluntary 30 day out-patient alcohol and substance abuse program **(Tab 7)**. I sat in on a few meetings beforehand and decided to attend because the program focuses on methods to avoid errant thinking patterns. Known as "Stinking Thinking", I enrolled upon realizing that I shared many of these traits associated with addictive behavior such as rationalization and minimization.

I am a member of Celebrate Recovery at Saddleback Church and a 12 Step program near my home. I have done my best lately to attend web meetings during the current Covid crisis. I am resolute in my determination not to ever allow errant thinking and behavior cloud my judgement and ruin my life again.

I am currently over three years sober. As proof of my sobriety I have enrolled in a drug and alcohol monitoring program. This is the same program as what was required for my probation. I will freely share these proper chain of command urine test results as evidence for my recovery at my hearing. My most current results are included **(Tab 7)**.

I am feeling more healthy and happy than in many years however my life is simply not complete without my profession. I was born to be a veterinarian. The

innate love and empathy I have for animals is a blessing to me. It is my passion in life and I have always been both generous and charitable in practice.

Three decades of experience and a commitment to keeping up on new advances in veterinary medicine is my badge of honor. I had always been named one of the top veterinarians in the County by various social media polls such as Yelp, Google and The Talk Awards.

My more recent awards include certificates of recognition from City, County and State Governments (**Tab 8**). I am one of very few bilingual veterinarians in my area and am integral to the proper health care of pets in my hispanic majority neighborhood.

In 2019 I opened a new online business called Ashes Keepsakes. It is an Etsy shop located at [AshesKeepsakes.Etsy.Com](https://www.etsy.com/shop/AshesKeepsakes). It is a 5 star rated shop that specializes in memorial keepsakes for pets and people. I have enjoyed growing this company and am proud of its strong growth, excellent reviews, and high standards. I was forced to sell my home and am surviving financially from these proceeds in addition to the hospital business sale, property rental income, and the aforementioned business income. My son and daughter and my wife and I currently reside in a rental townhome in [REDACTED]

5) Continuing Education Efforts:

Though I have attended several SCAVMA meetings in the past year, I have not been as active as in previous years. Truthfully, I am too embarrassed and I do not receive the usual invitations from pharmaceutical sales reps. As such, I decided to attend the Western Veterinary Conference in Las Vegas March 3 to March 8, 2018 and the same meeting the following year in 2019 (**Tab 9**). I still receive and review the various medical journals but I refuse any medical consultations from previous clients, colleagues and former employees.

6) Original written recommendations

The DVM recommendation authors were given a package explaining the full scope of the disciplinary action taken against me and my recovery activities since then (**Tab 10**).

7) Conclusion:

The aforementioned should offer a full explanation for my actions. The medical records are offered as proof for my original argument. Although I did indeed have a legitimate health concern, there was no excuse for my obstinate, grandiose and self-righteous crusade.

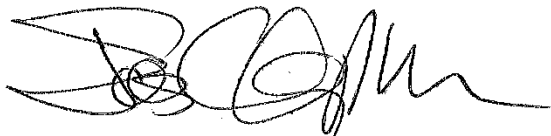
In an ironic conclusion and with all things considered: if it were not for my license being revoked, it is likely that I would have ended up with a much more severe health condition. Rather, now I have my health back and a new perspective on personal care. This is why I am ultimately grateful for the actions taken by the Board. I feel normal again and look forward to a part time return to the occupation I love and miss but I am painfully aware that I must take care of myself first before I can take care of others.

As part of a 12 Step recovery process, I wrote a heartfelt apology to Candace Raney in February 2018 for any difficulties I may have caused. My desire was only to send a grateful and positive message for what I now appreciate as a very demanding job (Tab 11).

I enjoy and will continue attending regular recovery and Kaiser group meetings to avoid ever again using defective rationale as an excuse for developing an unhealthy habit. I am pleading for a an opportunity to prove that I am both worthy and respectable. I am fully aware that there will be no second chance. Please let me earn your trust back. Thank you all again for taking part in my recovery.

And we know that in all things God works for the good of those who love him, who have been called according to his purpose. Romans 8:28

I certify under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.



James Coghlan, DVM

08/14/2020

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of ORANGE)

On 8/14/20 before me, ALPESH TRIVEDI - Notary Public
(Here insert name and title of the officer)

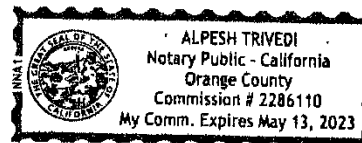
personally appeared JAMES COGHLAN
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]
Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT
Petition for Reinstatement
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 7 Document Date 8/14/20

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they- is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

CAPACITY CLAIMED BY THE SIGNER

Individual (s)
 Corporate Officer

_____ (Title)

Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0133 License/Certification
 ORI (Code assigned by DOJ) Authorized Applicant Type
 VETERINARIAN
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

VETERINARY MEDICAL BOARD 06386
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)
 1747 NORTH MARKET BLVD SUITE 230
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)
 SACRAMENTO CA 92630 916-515-5220
 City State ZIP Code Contact Telephone Number

Applicant Information:

COGHLAN JAMES C DVM
 Last Name First Name Middle Initial Suffix
 Other Name: (AKA or Alias)
 Last Name First Name Suffix
 Sex Male Female
 Date of Birth Driver's License Number
 6'3" 220 HAZ BROWN
 Height Weight Eye Color Hair Color
 Place of Birth (State or Country) Social Security Number
 Home Address Street Address or P.O. Box City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: N/A Level of Service: DOJ FBI
CCA Number (Agency Identifying Number) (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: _____
 (Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name
 Street Address or P.O. Box Telephone Number (optional)
 City State ZIP Code Mail Code (five digit code assigned by DOJ)

Name of Operator Trivedi Date 6/26/20
 Transmitting Agency NWUS LSID
 ATI Number Amount Collected/Billed

Member name: James Coghlan
Date of birth: [REDACTED]
Gender: Male
Primary care physician: S C MAHESH MD, M.D.
Date printed: 5/22/2018

Visit Summary

After Visit Summary

6/15/2017

James Coghlan | MRN: [REDACTED]

Visit and Patient Information

Visit Information

Date & Time	Provider	Department
6/15/2017 2:50 PM	DAVID LEE HALLER MD, M.D.	Famocsjc Pcf2

Visit Summary

Vitals

BP	Pulse	Temp	Ht	Wt
126/76	84	98.9 Å°F (37.2 Å°C) (Temporal)	6' 3" (1.905 m)	195 lb 15.8 oz (88.9 kg)

BMI
24.50 kg/mÅ²

Vitals History

Body Surface Area Data

Body Surface Area: 2.17 mÅ²

Health Problems Reviewed

CALCULUS OF KIDNEY (KIDNEY STONE) - Primary
FEVER

Medications

NEW Medications

Cephalexin (KEFLEX) 500 mg Oral Cap

Visit Medication List - Patient reported, restarted, and new medications relevant to this visit. This may not reflect all medications the patient is taking.

	Dosage
Cephalexin (KEFLEX) 500 mg Oral Cap (Taking/Expired)	i po bid

Upcoming Administrations

None

Common Medication Direction Abbreviations

PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed
 QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Orders

New Orders

Normal Orders This Visit

- CALCULUS ANALYSIS, INFRARED SPECTROSCOPY [82365 CPT(R)]
- CBC NO DIFFERENTIAL [85027 CPT(R)]
- CITRIC ACID, 24 HR URINE [82507 CPT(R)]
- CREATININE, 24 HR URINE [82570 CPT(R)]
- CREATININE [82565 CPT(R)]
- CT ABD, PELVIS, KIDNEY, URETER AND BLADDER NO CONTRAS [74176 CPT(R)]
- CULTURE, URINE [87088 CPT(R)]
- ELECTROLYTE PANEL (NA, K, CL, CO2) [80051 CPT(R)]
- OXALIC ACID, 24 HR URINE [83945 CPT(R)]
- PHOSPHATE, 24 HR URINE [84105 CPT(R)]
- PHOSPHATE [84100 CPT(R)]
- PTH, INTACT [83970 CPT(R)]
- URIC ACID, 24 HR URINE [84560 CPT(R)]
- URIC ACID [84550 CPT(R)]
- URINALYSIS, AUTOMATED [81003 CPT(R)]
- URINALYSIS, MICROSCOPY [81015 CPT(R)]
- VITAMIN D, 25-HYDROXY [82306 CPT(R)]

General Information

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

James Coghlan

Summary of Care, generated on Mar. 08, 2018

Patient Demographics - Male, born [REDACTED]

Patient Address

[REDACTED]

Communication

[REDACTED]

Language

English - Spoken (Preferred)
English - Written (Preferred)

Race / Ethnicity

Unknown / Unknown

Note from Kaiser Permanente Southern California

This document contains information that was shared with James Coghlan. It may not contain the entire record from Kaiser Permanente Southern California.

Encounter Details

Date

06/15/2017

Type

Office Visit

Department

FAMILY PRACTICE

Care Team

Haller, David Lee (M.D.), M.D.

Allergies - as of this encounter

Active Allergy	Reactions	Severity	Noted Date	Comments
Penicillins Class	Skin Rash and/or Hives		11/24/2008	
Trazodone Hydrochloride	Other		03/23/2009	priapasm

Medications - as of this encounter

Prescription	Sig.	Disp.	Start Date	End Date	Status
predniSONE (DELTASONE) 10 mg Oral Tab	Take 2 tablets orally 2 times daily for 3 days, then 1 tablet 2 times daily for 3 days, then 1 tablet daily for 3 days, then 1/2 tablet daily for 3 days	23	02/10/2015	02/15/2018	Discontinued
LORazepam (ATIVAN) 0.5 mg Oral Tab	Take 1 to 2 tablets orally daily at bedtime as needed for insomnia	30	02/10/2015	10/18/2017	Discontinued
Triamcinolone Acetonide (TRIDERM) 0.1% Cream	Apply to affected area(s) 2 times a day	60	02/10/2015	02/15/2018	Discontinued
cephalexin (KEFLEX) 500 mg Oral Cap	i po bid	28	06/15/2017	07/15/2017	Expired

Active Problems

Problem	Noted Date
CALCULUS (STONE), OF URETER	07/09/2017
HISTORY OF RENAL CALCULUS (KIDNEY STONE)	11/17/2014
HEMANGIOMA LIVER	10/22/2012
LUMBAR SPONDYLOSIS	10/22/2012
PALINDROMIC RHEUMATISM	10/22/2012
HYPERLIPIDEMIA (HIGH BLOOD FATS)	10/16/2012
ABNORMAL FASTING GLUCOSE	10/09/2012
EXOSTOSIS	10/09/2012
MODERATE SUBSTANCE USE DISORDER	02/22/2010
ARTHRITIS OF SHOULDER	06/02/2008

Resolved Problems

Problem	Noted Date	Resolved Date
HEMATURIA (RED BLOOD IN URINE)	11/17/2014	03/03/2015
CALCULUS OF KIDNEY (KIDNEY STONE)	10/09/2012	03/03/2015
ROTATOR CUFF SYNDROME	03/26/2007	06/02/2008

Immunizations - as of this encounter

Name	Dates Previously Given	Next Due
TD 7YRS-ADULT (TETANUS, DIPHTHERIA), ADSORBED	06/30/1999	
T (ADACEL) (Tetanus, diphtheria, acellular pertussis)	05/07/2012	

Social History - as of this encounter

Information not available to this user

Plan of Treatment - as of this encounter

Upcoming Encounters

Date	Type	Specialty
03/29/2018	Allied Health/Nurse Visit	Addiction Medicine

Care Team

Grimes, Deborah H (L, C.S.W.)

Results - in this encounter

24 HOUR URINE CITRIC ACID (CITRIC ACID, 24 HR URINE) (06/26/2017 1:18 PM)

Component	Value	Ref Range
REPORT	Total Volume: 2925	mL
REPORT	Citric Acid, 24-Hour Urine: 113	100 - 1300 mg/24 h
REPORT	Citric Acid, 24-Hour Urine: 42	60 - 660 mg/g creat
REPORT	Creatinine, 24-Hour Urine: 2.70	0.63 - 2.50 g/24 h

Specimen URINE Performing Laboratory QUEST/NICHOLS LAB

24 HOUR URINE PHOSPHATE (PHOSPHATE, 24 HR URINE) (06/26/2017 1:16 PM)

Component	Value	Ref Range
SPECIMEN VOLUME 24 HR URINE	2,925	mL
PHOSPHATE, URINE	32	mg/dL
PHOSPHATE RATE, 24 HR URINE	0.9	g/24hr

Specimen URINE Performing Laboratory SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS

24 HOUR URINE CREATININE (CREATININE, 24 HR URINE) (06/26/2017 1:16 PM)

Component	Value	Ref Range
SPECIMEN VOLUME 24 HR URINE	2,925	mL
CREATININE, URINE	89	mg/dL
CREATININE RATE, 24 HR URINE	2.6	1.0 - 2.0 g/spec

Specimen URINE Performing Laboratory KFH IRVINE LABORATORY

24 HOUR URINE URIC ACID (URIC ACID, 24 HR URINE) (06/26/2017 1:16 PM)

Component	Value	Ref Range
SPECIMEN VOLUME 24 HR URINE	2,925	mL
URIC ACID, URINE	23	6 - 114 mg/dL
URIC ACID RATE, 24 HR URINE	673	250 - 800 mg/24hrs

Specimen URINE Performing Laboratory SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS

URINALYSIS (URINALYSIS, MICROSCOPY) (06/15/2017 5:24 PM)

Component	Value	Ref Range
WBC'S, UA/HPF	3-5	0 - 5 /HPF
RBC, URINE HPF	0-3	0 - 3 /HPF
LEUKOCYTIC CASTS, URINE HPF	None	None /HPF
GLUCOSE, URINE	None	/HPF
PROTEIN, URINE	None	
ERYTHROCYTES, URINE	None	
HYALINE CASTS, URINE	None	
STRIP, URINE	None	
SED, AUTOMATED COUNT, QUAL		

Specimen URINE Performing Laboratory KFH IRVINE LABORATORY

URINALYSIS (URINALYSIS, AUTOMATED) (06/15/2017 5:24 PM)

Component	Value	Ref Range
GLUCOSE, UA	Negative	Negative mg/dL
KETONES, UA	Negative	Negative mg/dL
SPIC GRAVITY, UA	1.010	1.005 - 1.030
HA HGB	0.03 (1+)	Negative mg/dL
PH, UA	6.0	5.0 - 8.0
PROTEIN, UA	Negative	Negative mg/dL
NITRITE, UA	Negative	Negative
LEUKOCYTE ESTERASE, UA	Positive	Negative
UROBILINOGEN, UA, QL	Negative	Negative mg/dL
BILIRUBIN, UA	Negative	Negative mg/dL
MICROSCOPIC EXAM, URINE	To follow	

Specimen: URINE
 Performing Laboratory: KFH IRVINE LABORATORY

ELECTROLYTES (SODIUM, POTASSIUM, CHLORIDE, CARBON DIOXIDE) (ELECTROLYTE PANEL (NA, K, CL, CO2)) (06/15/2017 4:20 PM)

Component	Value	Ref Range
SODIUM	140	135 - 145 mEq/L
POTASSIUM	4.0	3.5 - 5.0 mEq/L
CHLORIDE	103	101 - 111 mEq/L
CO2	29	21 - 31 mEq/L
ANION GAP (NA - (CL + CO2))	8	3 - 11 mEq/L

Specimen: BLOOD
 Performing Laboratory: SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS

CBC (COMPLETE BLOOD COUNT) (CBC NO DIFFERENTIAL) (06/15/2017 4:20 PM)

Component	Value	Ref Range
WBC'S AUTO	3.9	4.0 - 11.0 x1000/mcL
RBC, AUTO	4.19	4.70 - 6.10 Mill/mcL
HGB	12.2	14.0 - 18.0 g/dL
HCT, AUTO	37.2	42.0 - 52.0 %
MCV	88.8	80.0 - 94.0 fL
MCH	29.1	27.0 - 35.0 pg/cell
MCHC	32.8	32.0 - 37.0 g/dL
RDW, BLOOD	17.4	11.5 - 14.5 %
PLATELETS, AUTOMATED COUNT	203	130 - 400 x1000/mcL

Specimen: BLOOD
 Performing Laboratory: KFH IRVINE LABORATORY

VITAMIN D (VITAMIN D, 25-HYDROXY) (06/15/2017 4:20 PM)

Component	Value	Ref Range
VITAMIN D, 25-HYDROXY, D3	34	ng/mL
VITAMIN D, 25-HYDROXY, D2	<4	ng/mL
25-HYDROXYVITAMIN D	34	30 - 100 ng/mL

Specimen: 2D
 Performing Laboratory: SHERMAN WAY REGIONAL LABORATORY

INTACT PARATHYROID HORMONE (PTH, INTACT) (06/15/2017 4:20 PM)

Component	Value	Ref Range
PARATHYROID HORMONE INTACT	20	15 - 65 pg/mL

PHOSPHATE (06/15/2017 4:20 PM)

Component Value Ref Range
PHOSPHORUS 3.0 2.7 - 4.5 mg/dL

Specimen Performing Laboratory
BLOOD SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS

CREATININE (06/15/2017 4:20 PM)

Component Value Ref Range
CREATININE 1.11 <= 1.30 mg/dL
GLOMERULAR FILTRATION RATE 69 mL/min/BSA
RACE Non Black

Specimen Performing Laboratory
BLOOD SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS

URIC ACID (06/15/2017 4:20 PM)

Component Value Ref Range
URIC ACID 6.2 3.4 - 7.2 mg/dL

Specimen Performing Laboratory
BLOOD SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS

Visit Diagnoses

Diagnosis
CALCULUS OF KIDNEY (KIDNEY STONE) - Primary

FEVER

Document Information

Primary Care Provider
David Lee (M.D.) Haller M.D. (May 19, 2014 - Oct. 30, 2017)

Document Coverage Dates
Jun. 15, 2017 - Jul. 16, 2017

Custodian Organization
Kaiser Permanente Southern California

Encounter Providers
David Lee (M.D.) Haller M.D. (Attending)

Encounter Date
Jun. 15, 2017

James Coghlan

Summary of Care, generated on Mar. 08, 2018

Patient Demographics - Male, born [REDACTED]

Patient Address

[REDACTED]

Communication

[REDACTED]

Language

English - Spoken (Preferred)
English - Written (Preferred)

Race / Ethnicity

Unknown / Unknown

Note from Kaiser Permanente Southern California

This document contains information that was shared with James Coghlan. It may not contain the entire record from Kaiser Permanente Southern California.

Encounter Details

Date
07/09/2017 -
07/10/2017

Type
Hospital Encounter

Department
4MS1
[REDACTED]

Care Team

Cowne, Camille K (M.D.), M.D.

Poon, Michael Wing-Keun (M.D.), M.D.
[REDACTED]

Allergies - as of this encounter

Active Allergy	Reactions	Severity	Noted Date	Comments
Penicillins Class	Skin Rash and/or Hives		11/24/2008	
Trazodone Hydrochloride	Other		03/23/2009	priapasm

Medications - as of this encounter

Prescription	Sig.	Disp.	Start Date	End Date	Status
predniSONE (DELTASONE) 10 mg Oral Tab	Take 2 tablets orally 2 times daily for 3 days, then 1 tablet 2 times daily for 3 days, then 1 tablet daily for 3 days, then 1/2 tablet daily for 3 days	23	02/10/2015	02/15/2018	Discontinued
LORazepam (ATIVAN) 0.5 mg Oral Tab	Take 1 to 2 tablets orally daily at bedtime as needed for insomnia	30	02/10/2015	10/18/2017	Discontinued
hydrocortisone Acetonide (TRIDERM) 0.1 Top Crea	Apply to affected area(s) 2 times a day	60	02/10/2015	02/15/2018	Discontinued
Cephalexin (KEFLEX) 500 mg Oral Cap	i po bid	28	06/15/2017	07/15/2017	Expired
Tamsulosin (FLOMAX) 0.4 mg Oral 24hr SR Cap	1 tablet at bedtime	100	07/06/2017	02/15/2018	Discontinued
Ciprofloxacin (CIPRO) 500 mg Oral Tab	Take 1 tablet by mouth 2 times a day for 7 days	14	07/10/2017	07/27/2017	Discontinued
Acetaminophen-Codeine (TYLENOL #3) 300-30 mg Oral Tab	Take 1 tablet by mouth every 6 hours as needed for pain. Do not exceed 4 tablets in 24 hours	20	07/10/2017	01/06/2018	Expired
Oxybutynin (DITROPAN) 5 mg Oral Tab	Take 1 tablet by mouth 3 times a day for bladder spasms	100	07/10/2017	07/27/2017	Discontinued

Active Problems

Problem	Noted Date
CALCULUS (STONE), OF URETER	07/09/2017
HISTORY OF RENAL CALCULUS (KIDNEY STONE)	11/17/2014
HEMANGIOMA LIVER	10/22/2012
LUMBAR SPONDYLOSIS	10/22/2012
PALINDROMIC RHEUMATISM	10/22/2012
HYPERLIPIDEMIA (HIGH BLOOD FATS)	10/16/2012
ABNORMAL FASTING GLUCOSE	10/09/2012
EXOSTOSIS	10/09/2012
MODERATE SUBSTANCE USE DISORDER	02/22/2010
ARTHRITIS OF SHOULDER	06/02/2008

Resolved Problems

Problem	Noted Date	Resolved Date
HEMATURIA (RED BLOOD IN URINE)	11/17/2014	03/03/2015
CALCULUS OF KIDNEY (KIDNEY STONE)	10/09/2012	03/03/2015
ROTATOR CUFF SYNDROME	03/26/2007	06/02/2008

ELECTROLYTES (SODIUM, POTASSIUM, CHLORIDE, CARBON DIOXIDE) (ELECTROLYTE PANEL (NA, K, CL, CO2)) (07/10/2017 5:49 AM)

Component	Value	Ref Range
SODIUM	134	135 - 145 mEq/L
POTASSIUM	4.4	3.5 - 5.0 mEq/L
CHLORIDE	106	101 - 111 mEq/L
CO2	23	21 - 31 mEq/L
ANION GAP (NA - (CL + CO2))	5	3 - 11 mEq/L

Specimen: BLOOD
 Performing Laboratory: KFH IRVINE LABORATORY

CBC (COMPLETE BLOOD COUNT) (CBC NO DIFFERENTIAL) (07/10/2017 5:49 AM)

Component	Value	Ref Range
WBC'S AUTO	8.3	4.0 - 11.0 x1000/mcL
RBC, AUTO	3.62	4.70 - 6.10 Mill/mcL
HGB	11.4	14.0 - 18.0 g/dL
HCT, AUTO	33.3	42.0 - 52.0 %
MCV	92.0	80.0 - 94.0 fL
MCH	31.5	27.0 - 35.0 pg/cell
MCHC	34.2	32.0 - 37.0 g/dL
RDW, BLOOD	17.1	11.5 - 14.5 %
PLATELETS, AUTOMATED COUNT	127	130 - 400 x1000/mcL

Specimen: BLOOD
 Performing Laboratory: KFH IRVINE LABORATORY

URINALYSIS (URINALYSIS, MICROSCOPY) (07/09/2017 1:59 PM)

Component	Value	Ref Range
WBC'S, UA/HPF	>25	0 - 5 /HPF
RBC, URINE HPF	11-25	0 - 3 /HPF
BACTERIA, URINE HPF	Many	None /HPF
SQUAMOUS EPITHELIAL CELLS, URINE SED, AUTOMATED COUNT, QUAL	None	/HPF

Specimen: URINE
 Performing Laboratory: KFH IRVINE LABORATORY

WHITE BLOOD CELL DIFFERENTIAL (WBC AUTOMATED DIFFERENTIAL) (07/09/2017 1:59 PM)

Component	Value	Ref Range
NEUTROPHILS %, AUTOMATED COUNT	76.1	
LYMPHOCYTES %, AUTOMATED COUNT	10.6	
MONOS %, AUTO	13.2	
BASOPHILS %, AUTOMATED COUNT	0.1	
RBC NUCLEATED AUTO COUNT, BLD	0	<=0 %
NEUTROPHILS, ABSOLUTE, AUTOMATED COUNT	7.75	1.80 - 7.70 x1000/mcL
LYMPHOCYTES, AUTOMATED COUNT	1.08	1.00 - 3.60 x1000/mcL
MONOCYTES, AUTOMATED COUNT	1.34	0.10 - 1.00 x1000/mcL
EOSINOPHILS, AUTOMATED COUNT	0.00	0.00 - 0.70 x1000/mcL
BASOPHILS, AUTOMATED COUNT	0.01	0.00 - 0.20 x1000/mcL

Specimen: BLOOD
 Performing Laboratory: KFH IRVINE LABORATORY

URINALYSIS (URINALYSIS, AUTOMATED) (07/09/2017 1:59 PM)

Component	Value	Ref Range
GLUCOSE, UA	Negative	Negative mg/dL
KETONES, UA	Negative	Negative mg/dL
SPECIFIC GRAVITY, UA	1.014	1.005 - 1.030
HEMOGLOBIN, HGB	0.03 (1+)	Negative mg/dL
PH, UA	7.0	5.0 - 8.0
PROTEIN, UA	Negative	Negative mg/dL
NITRITE, UA	Negative	Negative
LEUKOCYTE ESTERASE, UA	Positive	Negative
UROBILINOGEN, UA, QL	Negative	Negative mg/dL
BILIRUBIN, UA	Negative	Negative mg/dL
MICROSCOPIC EXAM, URINE	To follow	

Specimen: URINE
 Performing Laboratory: KFH IRVINE LABORATORY


LACTIC ACID (LACTATE) (LACTIC ACID W REFLEX TO REPEAT) (07/09/2017 1:59 PM)

Component	Value	Ref Range
LACTATE, SER/PLAS	0.7	0.5 - 1.9 mmol/L

Specimen: BLOOD
 Performing Laboratory: KFH IRVINE LABORATORY


GLUCOSE (07/09/2017 1:59 PM)

Component	Value	Ref Range
GLUCOSE, RANDOM	112	70 - 140 mg/dL

Specimen: BLOOD
 Performing Laboratory: KFH IRVINE LABORATORY


CREATININE (07/09/2017 1:59 PM)

Component	Value	Ref Range
CREATININE	1.15	<=1.30 mg/dL
GLOMERULAR FILTRATION RATE	66	mL/min/BSA
RACE	Non Black	

Specimen: BLOOD
 Performing Laboratory: KFH IRVINE LABORATORY


BLOOD UREA NITROGEN (BUN) (BUN) (07/09/2017 1:59 PM)

Component	Value	Ref Range
BUN	13	<=18 mg/dL

Specimen: BLOOD
 Performing Laboratory: KFH IRVINE LABORATORY


ELECTROLYTES (SODIUM, POTASSIUM, CHLORIDE, CARBON DIOXIDE) (ELECTROLYTE PANEL (NA, K, CL, CO2)) (07/09/2017 1:59 PM)

Component	Value	Ref Range
SODIUM	135	135 - 145 mEq/L
POTASSIUM	4.2	3.5 - 5.0 mEq/L
CHLORIDE	101	101 - 111 mEq/L
CO2	27	21 - 31 mEq/L
ANION GAP (NA - (CL + CO2))	7	3 - 11 mEq/L

Patient Health Summary of James Coghlan (page 7 of 9)

Specimen Performing Laboratory
BLOOD KEH IRVINE LABORATORY

CBC (COMPLETE BLOOD COUNT) WITH DIFFERENTIAL (CBC W AUTOMATED DIFFERENTIAL) (07/09/2017 1:59 PM)

Component	Value	Ref Range
WBC'S AUTO	10.2	4.0 - 11.0 x1000/mcL
RBC, AUTO	4.30	4.70 - 6.10 Mill/mcL
HGB	13.2	14.0 - 18.0 g/dL
HCT, AUTO	38.1	42.0 - 52.0 %
MCV	88.6	80.0 - 94.0 fL
MCH	30.7	27.0 - 35.0 pg/cell
MCHC	34.6	32.0 - 37.0 g/dL
RDW, BLOOD	16.9	11.5 - 14.5 %
PLATELETS, AUTOMATED COUNT	181	130 - 400 x1000/mcL

Specimen Performing Laboratory
BLOOD KEH IRVINE LABORATORY

Visit Diagnoses

Diagnosis
CALCULUS (STONE), OF URETER - Primary

Admitting Diagnoses

Diagnosis
CALCULUS (STONE), OF URETER

Administered Medications - in this encounter

Inactive Administered Medications - up to 3 most recent administrations

Medication Order	MAR Action	Action Date	Dose	Rate	Site
cefTRIAxone Inj 2 g (ROCEPHIN) 1, intraVENOUS, ONE TIME, 1 dose, Sun 7/9/17 at 1445, PUSH EACH VIAL TO D5W 100 ML IV BAG USING VIAL ADAPTOR SYSTEM. ADMINISTER IMMEDIATELY AFTER ACTIVATION. Do not administer simultaneously with IV calcium-containing products. Flush infusion lines before and after administration.	Given	7/9/2017 14:59 PDT	2 g		
Ciprofloxacin In D5W IV Premix 400 mg (CIPRO) 400 mg, intraVENOUS, EVERY 12 HOURS (INPT RN CHECK 1ST DOSE), First dose on Sun 7/9/17 at 2130, Until Discontinued	Given Given	7/9/2017 22:00 PDT 7/10/2017 09:06 PDT	400 mg 400 mg		
Docusate Sodium Cap 100 mg (COLACE) 100 mg, Oral, 2 TIMES A DAY, First dose on Sun 7/9/17 at 2200, Until Discontinued, Hold for loose stools.	Given	7/9/2017 22:00 PDT	100 mg		
Famotidine (PF) Inj 20 mg (PEPCID) 20 mg, intraVENOUS, EVERY 12 HOURS, First dose on Sun 7/9/17 at 2200, Until Discontinued, Dilute with normal saline to a total volume of 10 mL and give IV push over 2 minutes.	Given Given	7/9/2017 22:00 PDT 7/10/2017 09:06 PDT	20 mg 20 mg		
fentaNYL (PF) Inj 25 mcg (SUBLIMAZE) 25 mcg, intraVENOUS, EVERY 5 MINUTES AS NEEDED, 4 doses, Starting Sun 7/9/17 at 1932, Until Sun 7/9/17 at 2127, see admin Inst., pain or anxiety, Give In preop area. Total of 4 doses may be given.	Given Given Given	7/9/2017 20:58 PDT 7/9/2017 21:08 PDT 7/9/2017 21:18 PDT	25 mcg 25 mcg 25 mcg		
Gentamicin IVPB 140 mg 140 mg, intraVENOUS, ONE TIME, 1 dose, Sun 7/9/17 at 1930, On call to OR. Dose = 1.5 mg/kg rounded to 140 mg	Given	7/9/2017 20:00 PDT	140 mg		
Halamate Meglumine 60 % Inj 20 mL (CONRAY) 20 mL, intraVENOUS, ONE TIME, 1 dose, Sun 7/9/17 at 1945, For retrograde pyelogram	Given_By_Provider	7/9/2017 19:45 PDT	20 mL		Surgical Site
Ketorolac Inj 30 mg (TORADOL) 30 mg, intraVENOUS, ONE TIME, 1 dose, Sun 7/9/17 at 1445	Given	7/9/2017 14:57 PDT	30 mg		
Lactated Ringers IV Premix 1,000 mL, intraVENOUS, at 125 mL/hr, CONTINUOUS, Starting Sun 7/9/17 at 1945, Until Sun 7/9/17 at 2005, 1-PRE-OP	New Bag	7/9/2017 19:35 PDT	1,000 mL	125 mL/hr	
morphine IV Crtg 2 mg 2 mg, intraVENOUS, EVERY 2 HOURS AS NEEDED, Starting Sun 7/9/17 at 2127, Until Mon 7/10/17 at 1453, mild pain (1-3), Hold if respiratory rate is less than 10 or if RASS is less than -1.	Given Given	7/9/2017 22:00 PDT 7/10/2017 04:10 PDT	2 mg 2 mg		
NORCO 5-325 mg 2 tablet (HYDROcodone-Acetaminophen) 2 tablet, Oral, EVERY 4 HOURS AS NEEDED, Starting Sun 7/9/17 at 2127, Until Mon 7/10/17 at 1453, moderate pain (4-6), Do not exceed 4 GM/day from all acetaminophen products.	Given	7/10/2017 07:33 PDT	2 tablets		
Sodium Chloride 0.9 % IV Bolus 2,710.51 mL (30.05 mL/kg/dose x 90.2 kg), intraVENOUS, ONE TIME, 1 dose, Sun 7/9/17 at 1445, Infuse wide open with duration not to exceed the time specified in the order. Measure Vital Signs within 1 hour after fluid bolus completion.	Given	7/9/2017 14:56 PDT	2,710.51 mL		
Sodium Chloride 0.9 % IV Premix 1,000 mL, intraVENOUS, at 150 mL/hr, CONTINUOUS, Starting Sun 7/9/17 at 2130, Until Mon 7/10/17 at 1453	New Bag New Bag	7/9/2017 22:00 PDT 7/10/2017 05:48 PDT	1,000 mL 1,000 mL	150 mL/hr 150 mL/hr	

James Coghlan

Summary of Care, generated on Mar. 08, 2018

Patient Demographics - Male, born [REDACTED]

Patient Address

[REDACTED]

Communication

[REDACTED]

Language

English - Spoken (Preferred)
English - Written (Preferred)

Race / Ethnicity

Unknown / Unknown

Note from Kaiser Permanente Southern California

This document contains information that was shared with James Coghlan. It may not contain the entire record from Kaiser Permanente Southern California.

Encounter Details

Date
07/19/2017

Type
Office Visit

Department
UROLOGY

[REDACTED]

Care Team

Dr. Michael Wing-Kuen (M.D.), M.D.

Allergies - as of this encounter

Active Allergy	Reactions	Severity	Noted Date	Comments
Penicillins Class	Skin Rash and/or Hives		11/24/2008	
Trazodone Hydrochloride	Other		03/23/2009	priapasm

Medications - as of this encounter

Prescription	Sig.	Disp.	Start Date	End Date	Status
prednisONE (DELTAONE) 10 mg Oral Tab	Take 2 tablets orally 2 times daily for 3 days, then 1 tablet 2 times daily for 3 days, then 1 tablet daily for 3 days, then 1/2 tablet daily for 3 days	23	02/10/2015	02/15/2018	Discontinued
LORazepam (ATIVAN) 0.5 mg Oral Tab	Take 1 to 2 tablets orally daily at bedtime as needed for insomnia	30	02/10/2015	10/18/2017	Discontinued
Triamcinolone Acetonide (TRIDERM) 0.1 mg Cream	Apply to affected area(s) 2 times a day	60	02/10/2015	02/15/2018	Discontinued
Flamoxacin (FLOMAX) 0.4 mg Oral 24hr SR Cap	1 tablet at bedtime	100	07/06/2017	02/15/2018	Discontinued
Ciprofloxacin (CIPRO) 500 mg Oral Tab	Take 1 tablet by mouth 2 times a day for 7 days	14	07/10/2017	07/27/2017	Discontinued
Acetaminophen-Codeine (TYLENOL #3) 300-30 mg Oral Tab	Take 1 tablet by mouth every 6 hours as needed for pain. Do not exceed 4 tablets in 24 hours	20	07/10/2017	01/06/2018	Expired
Oxybutynin (DITROPAN) 5 mg Oral Tab	Take 1 tablet by mouth 3 times a day for bladder spasms	100	07/10/2017	07/27/2017	Discontinued

Active Problems

Problem	Noted Date
CALCULUS (STONE), OF URETER	07/09/2017
HISTORY OF RENAL CALCULUS (KIDNEY STONE)	11/17/2014
HEMANGIOMA LIVER	10/22/2012
LUMBAR SPONDYLOSIS	10/22/2012
PALINDROMIC RHEUMATISM	10/22/2012
HYPERLIPIDEMIA (HIGH BLOOD FATS)	10/16/2012
ABNORMAL FASTING GLUCOSE	10/09/2012
EXOSTOSIS	10/09/2012
MODERATE SUBSTANCE USE DISORDER	02/22/2010
ARTHRITIS OF SHOULDER	06/02/2008

Resolved Problems

Problem	Noted Date	Resolved Date
HEMATURIA (RED BLOOD IN URINE)	11/17/2014	03/03/2015
CALCULUS OF KIDNEY (KIDNEY STONE)	10/09/2012	03/03/2015
ASTHMA	03/26/2007	06/02/2008

Name	Dates Previously Given	Next Due
TD 7YRS-ADULT (TETANUS, DIPHTHERIA), ADSORBED	06/30/1999	
→ (ADACEL) (Tetanus, diphtheria, acellular pertussis)	05/07/2012	

Social History - as of this encounter
 Information not available to this user

Latest Filed Vital Signs - In this encounter

Vital Sign	Reading	Time Taken
Blood Pressure	118/59	07/19/2017 11:23 AM PDT
Pulse	79	07/19/2017 11:23 AM PDT
Temperature	37.1 °C (98.7 °F)	07/19/2017 11:23 AM PDT
Respiratory Rate	-	-
Oxygen Saturation	-	-
Inhaled Oxygen Concentration	-	-
Weight	87.3 kg (192 lb 7.4 oz)	07/19/2017 11:23 AM PDT
Height	190.5 cm (6' 3")	07/19/2017 11:23 AM PDT
Body Mass Index	24.06	07/19/2017 11:23 AM PDT

Instructions - In this encounter

Patient Instructions - Beredeczkzy, Ana (M.A.), M.A. - 07/19/2017 11:21 AM PDT
 Go to lab and get lab tests done (blood and urine) if requested.

You have been scheduled for surgery on: 7-27-17

Location:
 Kraemer Medical Center Operating Rooms

Procedure:
 Cystoscopy with Laser Lithotripsy

You will receive a call from our operating room the day before surgery with a specific time to come to the hospital.

Please stop Aspirin, Motrin, Ibuprofen, Herbs and other blood thinning medications at least 7 days prior to your procedure. If you have had a recent heart attack or stent placed in your heart, please speak with your cardiologist or primary care doctor prior to stopping any blood thinners. If you are taking coumadin and/or Lovena, please consult with your primary care physician or anticoagulation pharmacist to safely stop these medications prior to your procedure. Usually, coumadin will need to be stopped for at least 5-7 days, and Lovena for at least 24 hours.

Do not eat anything for 8 hours prior to your arrival time.

OK to drink up to 8 oz (1 cup) of clear liquid (water, apple juice, Gatorade, 7 up only) up to 2 hours prior to your arrival time

For infants/toddlers: stop breast milk feeding for at least 4 hours prior to arrival; stop formula up to 6 hours prior to arrival.

Medications: in general, stop ace inhibitors (or ace receptor blockers) and diuretics 24 hours prior to surgery. If diabetic, hold any oral diabetic medications in morning of surgery.

If you don't hear from preop by 5 PM the day before your surgery (or Friday before a Monday surgery), you may call them at 714 644-3488.

In all operations, there is a risk of blood loss that may require blood transfusions-you have the option of setting up your blood to be transfused to yourself or use a designated donor to provide blood -please ask my nurse about a pamphlet on the Paul Gann act which describes some of these issues-if you decide to proceed with setting up blood let me know well in advance of your surgery.

Code status refers to decision about whether you would want to be intubated and use a breathing machine or have life saving procedures such as electrical defibrillation or cardiac drugs or other life sustaining measures if needed. If you would NOT want to be fully resuscitated and fully coded please let the doctor know. If you do not specifically tell the doctor that you want to avoid certain procedures all types of intervention (intubation, electrical defibrillation, drugs etc) will be used if needed.

Plan of Treatment - as of this encounter

Upcoming Encounters

Date	Type	Specialty	Care Team
08/03/2018	Allied Health/Nurse Visit	Addiction Medicine	Grimes, Deborah H. (L.C.S.W.)

Tests - In this encounter

URINALYSIS (URINALYSIS, MICROSCOPY) (07/20/2017 12:13 PM)

Component	Value	Ref Range
URINALYSIS	6.10	0.0 - 4.00

Component	Value	Ref Range
SQUAMOUS EPITHELIAL CELLS, URINE SED, AUTOMATED COUNT, QUAL	None	/HPF

Specimen: URINE
 Performing Laboratory: KFH IRVINE LABORATORY

URINALYSIS (URINALYSIS, AUTOMATED) (07/20/2017 12:13 PM)

Component	Value	Ref Range
GLUCOSE, UA	Negative	Negative mg/dL
KETONES, UA	Negative	Negative mg/dL
SPECIFIC GRAVITY, UA	1.010	1.005 - 1.030
UA HGB	0.20 (2+)	Negative mg/dL
PH, UA	7.0	5.0 - 8.0
PROTEIN, UA	30 (1+)	Negative mg/dL
NITRITE, UA	Negative	Negative
LEUKOCYTE ESTERASE, UA	Positive	Negative
UROBILINOGEN, UA, QL	Negative	Negative mg/dL
BILIRUBIN, UA	Negative	Negative mg/dL
MICROSCOPIC EXAM, URINE	To follow	

Specimen: URINE
 Performing Laboratory: KFH IRVINE LABORATORY

CBC (COMPLETE BLOOD COUNT) (CBC NO DIFFERENTIAL) (07/20/2017 11:39 AM)

Component	Value	Ref Range
CS AUTO	4.6	4.0 - 11.0 x1000/mcL
RBC, AUTO	4.44	4.70 - 6.10 Mill/mcL
HGB	13.6	14.0 - 18.0 g/dL
HCT, AUTO	39.9	42.0 - 52.0 %
MCV	89.9	80.0 - 94.0 fL
MCH	30.6	27.0 - 35.0 pg/cell
MCHC	34.1	32.0 - 37.0 g/dL
RDW, BLOOD	15.8	11.5 - 14.5 %
PLATELETS, AUTOMATED COUNT	267	130 - 400 x1000/mcL

Specimen: ABDOMEN - BLOOD
 Performing Laboratory: KFH IRVINE LABORATORY

CREATININE (07/20/2017 11:39 AM)

Component	Value	Ref Range
CREATININE	1.02	<=1.30 mg/dL
GLOMERULAR FILTRATION RATE	75	mL/min/BSA
RACE	Non Black	

Specimen: BLOOD
 Performing Laboratory: SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS

ID UREA NITROGEN (BUN) (BUN) (07/20/2017 11:39 AM)

Component	Value	Ref Range
BUN	14	<=18 mg/dL

Specimen: BLOOD
 Performing Laboratory: SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS

ELECTROLYTES (SODIUM, POTASSIUM, CHLORIDE, CARBON DIOXIDE) (ELECTROLYTE PANEL (NA, K, CL, CO2)) (07/20/2017 11:39 AM)

Component	Value	Ref Range
SODIUM	139	135 - 145 mEq/L
POTASSIUM	4.4	3.5 - 5.0 mEq/L
CHLORIDE	102	101 - 111 mEq/L
CO2	27	21 - 31 mEq/L
ANION GAP (NA - (CL + CO2))	10	3 - 11 mEq/L

Specimen: BLOOD
Performing Laboratory: SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS

Visit Diagnoses

Diagnosis: CALCULUS OF KIDNEY (KIDNEY STONE) - Primary

Document Information

Primary Care Provider: **David Lee (M.D.) Haller M.D.** (May 19, 2014 - Oct. 30, 2017)

Document Coverage Dates: Jul. 19, 2017

Custodian Organization: **Kaiser Permanente Southern California**

Encounter Providers: **Michael Wing-Keun (M.D.) Poon M.D.** (Attending)

Encounter Date: Jul. 19, 2017

)

)

)

Patient Demographics - Male, born [REDACTED]

Patient Address [REDACTED] Communication [REDACTED] Language English - Spoken (Preferred) English - Written (Preferred) Race / Ethnicity Unknown / Unknown

Site from Kaiser Permanente Southern California

This document contains information that was shared with James Coghlan. It may not contain the entire record from Kaiser Permanente Southern California.

Encounter Details

Date 07/27/2017 Type Hospital Encounter Department APAC Care Team Poon, Michael Wing-Keun (M.D.), M.D. [REDACTED]

Allergies - as of this encounter

Active Allergy	Reactions	Severity	Noted Date	Comments
Penicillins Class	Skin Rash and/or Hives		11/24/2008	
Trazodone Hydrochloride	Other		03/23/2009	priapasm

Medications - as of this encounter

Prescription	Sig.	Disp.	Start Date	End Date	Status
prednisONE (DELTASONE) 10 mg Oral Tab	Take 2 tablets orally 2 times daily for 3 days, then 1 tablet 2 times daily for 3 days, then 1 tablet daily for 3 days, then 1/2 tablet daily for 3 days	23	02/10/2015	02/15/2018	Discontinued
LORazepam (ATIVAN) 0.5 mg Oral Tab	Take 1 to 2 tablets orally daily at bedtime as needed for insomnia	30	02/10/2015	10/18/2017	Discontinued
Triamcinolone Acetonide (TRIDERM) 0.1 mg Cream	Apply to affected area(s) 2 times a day	60	02/10/2015	02/15/2018	Discontinued
Acetaminophen-Codeine (TYLENOL #3) 300-30 mg Oral Tab	Take 1 tablet by mouth every 6 hours as needed for pain. Do not exceed 4 tablets in 24 hours	20	07/10/2017	01/06/2018	Expired
Oxybutynin (DITROPAN) 5 mg Oral Tab	Take 1 tablet by mouth 3 times a day for bladder spasms	100	07/10/2017	07/27/2017	Discontinued
Ciprofloxacin (CIPRO) 500 mg Oral Tab	Take 1 tablet by mouth 2 times a day for 7 days	14	07/27/2017	09/25/2017	Expired
oxycODONE-Acetaminophen (PERCOCE/ENDOCET) 5-325 mg Oral Tab	Take 1 to 2 tablets by mouth every 4 to 6 hours as needed for pain. Do not exceed 12 tablets in 24 hours	30	07/27/2017	01/26/2018	Expired

Active Problems

Problem	Noted Date
CALCULUS (STONE), OF URETER	07/09/2017
HISTORY OF RENAL CALCULUS (KIDNEY STONE)	11/17/2014
HEMANGIOMA LIVER	10/22/2012
LUMBAR SPONDYLOSIS	10/22/2012
PALINDROMIC RHEUMATISM	10/22/2012
HYPERLIPIDEMIA (HIGH BLOOD FATS)	10/16/2012
ABNORMAL FASTING GLUCOSE	10/09/2012
EXOSTOSIS	10/09/2012
MODERATE SUBSTANCE USE DISORDER	10/09/2012
ARTHRITIS OF SHOULDER	02/22/2010
	06/02/2008

Resolved Problems

Problem	Noted Date	Resolved Date
HEMATURIA (RED BLOOD IN URINE)	11/17/2014	03/03/2015
CALCULUS OF KIDNEY (KIDNEY STONE)	10/09/2012	03/03/2015
WOUND HEALING FACTOR CUFF SYNDROME	03/26/2007	06/02/2008

Patient Health Summary of James Coghlan (page 2 of 5)

VACCINATIONS - as of this encounter

Name	Dates Previously Given	Next Due
TD 7YRS-ADULT (TETANUS, DIPHTHERIA), ADSORBED	06/30/1999	
Tdap (ADACEL) (Tetanus, diphtheria, acellular pertussis)	05/07/2012	

Medical History - as of this encounter

Information not available to this user

Most Recent Vital Signs - in this encounter

Vital Sign	Reading	Time Taken
Blood Pressure	110/60	07/27/2017 6:45 PM PDT
Pulse	77	07/27/2017 6:45 PM PDT
Temperature	37 °C (98.6 °F)	07/27/2017 6:45 PM PDT
Respiratory Rate	18	07/27/2017 6:45 PM PDT
Oxygen Saturation	95%	07/27/2017 6:45 PM PDT
Inhaled Oxygen Concentration	-	-
Weight	85.9 kg (189 lb 6 oz)	07/27/2017 2:05 PM PDT
Height	190.5 cm (6' 3")	07/27/2017 2:05 PM PDT
Body Mass Index	23.67	07/27/2017 2:05 PM PDT

Discharge Instructions - in this encounter

Lam, Nory L (R.N.), R.N. - 07/27/2017
Formatting of this note may be different from the original.

PATIENT INFORMATION

Name: James Coghlan
MRN: [REDACTED]
Date: 7/27/2017

Allergen Reactions:
• Pen Class [Penicill]* Skin Rash and/or Hives
• Trazodone Hydrochloride* Other priapasm

Your Kaiser Permanente Care Instructions

What to Expect After Surgery - Your Recovery
How can you care for yourself at home?

This care sheet gives you a general idea about how long it will take for you to recover. But each person recovers at a different pace. Follow the steps below to get better as quickly as possible.

FOR APPOINTMENTS, ROUTINE ADVICE AND MESSAGES:
CALL 1-888-988-2800, 7AM-7PM, MONDAY-FRIDAY

FOR AFTER-HOURS ADVICE:
CALL 1-888-KP ON CALL (1-888-576-6225), 7PM-7AM, MONDAY-FRIDAY AND 24 HOURS ON WEEKENDS AND HOLIDAYS.

Discharge meds: Current Discharge Medication List

STOP taking these medications

Oxybutynin (DITROPAN) 5 mg Oral Tab

START taking these medications

oxycodone-Acetaminophen (PERCOCET/ENDOCET) 5-325 mg Oral Tab
1 TO 2 TABS PO Q4-6H PRN PAIN. DO NOT EXCEED 12 TABLETS IN 24 HOURS

CONTINUE these medications which have CHANGED

Ciprofloxacin (CIPRO) 500 mg Oral Tab
1 TAB PO BID FOR 7 DAYS

CONTINUE these medications which have NOT CHANGED

Acetaminophen-Codine (TYLENOL #3) 300-30 mg Oral Tab
Take 1 tablet by mouth every 6 hours as needed for pain. Do not exceed 4 tablets in 24 hours.

Patient Health Summary of James Coghlan (page 3 of 5)

Tamsulosin (FLOMAX) 0.4 mg Oral 24hr SR Cap
1 tablet at bedtime

predniSONE (DELTAONE) 10 mg Oral Tab
Take 2 tablets orally 2 times daily for 3 days, then 1 tablet 2 times daily for 3 days, then 1 tablet daily for 3 days, then 1/2 tablet daily for 3 days

zepam (ATIVAN) 0.5 mg Oral Tab
Take 1 to 2 tablets orally daily at bedtime as needed for insomnia

Triamcinolone Acetonide (TRIDERM) 0.1 % Top Crea
Apply to affected area(s) 2 times a day

Go to any Kaiser pharmacy to pick up your medication. You need to check in on arrival and present your membership card. Use as directed. Stop medication if severe side effects.

Discharge Diet: REGULAR
Your urine will be bloody. Increase fluids until urine clears
Discharge Activities: AS TOLERATE
Discharge follow-up: Go to any KP radiology facility to get xray (KUB) in 2-3 weeks and I'll call/e-mail with results.

Your Kaiser Permanente Care Instructions

Laser Lithotripsy: What to Expect at Home

Your Recovery

Laser lithotripsy is a way to treat kidney stones. This treatment uses a laser to break kidney stones into tiny pieces.

For several hours after the procedure you may have a burning feeling when you urinate. You may feel the urge to go even if you don't need to. This feeling should go away within a day. Drinking a lot of water can help.

Your doctor also may advise you to take medicine that numbs the burning. This medicine is called phenazopyridine. It is available by prescription and over the counter. Brand names include Pyridium and Uristat.

Your doctor may prescribe an antibiotic. This will help prevent an infection.

You may have some blood in your urine for 2 or 3 days.

Your doctor may have placed a small tube inside one of your ureters. Ureters are the tubes that connect the kidneys to the bladder. The small tube the doctor may have placed is called a stent. It may help the stone fragments pass through your body. Your doctor may remove the stent in a few weeks.

Most stone fragments that are not removed pass out of the body within 24 hours. But sometimes it can take many weeks. If you have a large stone, you may need to come back for more treatments.

This care sheet gives you a general idea about how long it will take for you to recover. But each person recovers at a different pace. Follow the steps below to feel better as quickly as possible.

How can you care for yourself at home?

Do as much as you need to after you go home.

You may do your regular activities. But avoid hard exercise or sports for about a week or until there is no blood in your urine.

Diet

You can eat your normal diet after lithotripsy.

Continue to drink plenty of fluids, enough so that your urine is light yellow or clear like water. If you have kidney, heart, or liver disease and have to limit fluids, talk with your doctor before you increase the amount of fluids you drink.

Medicines

Your doctor will tell you if and when you can restart your medicines. He or she will also give you instructions about taking any new medicines.

If you take blood thinners, such as warfarin (Coumadin), clopidogrel (Plavix), or aspirin, be sure to talk to your doctor. He or she will tell you if and when to start taking those medicines again. Make sure that you understand exactly what your doctor wants you to do.

If you take medicine to stop the burning when you urinate, take it exactly as recommended. Call your doctor if you think you are having a problem with your medicine. This medicine may color your urine orange or red. This is normal. You will get more details on the specific medicine your doctor recommends.

If your doctor prescribed antibiotics, take them as directed. Do not stop taking them just because you feel better. You need to take the full course of antibiotics.

Be safe with medicines. Read and follow all instructions on the label.

If the doctor gave you a prescription medicine for pain, take it as prescribed.

If you are not taking a prescription pain medicine, ask your doctor if you can take acetaminophen (Tylenol). Do not take ibuprofen (Advil, Motrin) or naproxen (Aleve)

or similar medicines unless your doctor tells you to. Do not take two or more pain medicines at the same time unless the doctor told you to. Many pain medicines have acetaminophen, which is Tylenol. Too much acetaminophen (Tylenol) can be harmful.

Heat

Take a warm bath. This may soothe the burning.

Other Instructions

Urinate through the strainer the doctor gives you. Save any stone pieces, including those that look like sand or gravel. Take these to your doctor. This will help your doctor find the cause of your stones.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

When should you call for help?

Call your doctor now or seek immediate medical care if:

You have severe pain that does not get better after you take pain medicine.

You have severe pain when you urinate.

You have a fever over 100°F.

You are not able to urinate within 6 to 8 hours after the procedure.

Your urine is still bright red 48 hours after the procedure.

Call your doctor closely for any changes in your health, and be sure to contact your doctor if:

You have pain or burning when you urinate. A burning sensation is normal for a day or two after the test, but call if it does not get better.

You have a frequent urge to urinate but can pass only small amounts of urine.

Your urine is pink or cloudy or smells bad. It is normal for the urine to have a pinkish color for 2 or 3 days after the test, but call if it does not get better.

You do not get better as expected.

Where can you learn more?

Go to <http://www.kp.org>

Patient Health Summary of James Coghlan (page 4 of 5)

Current as of: November 20, 2015

Content Version: 11.1

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Discharge Destination

and/or family agrees to discharge destination.

Discharge Destination home

Mode of Transportation: private automobile

Patient transportation arrangements from hospital at discharge made by patient

Patient and/or family unable to sign discharge instructions due to N/A - patient agrees to destination

Emergency mental health assistance is available 24 hours a day, 7 days a week. If you need emergency mental health assistance and are a Kaiser Permanente health plan member, please call either 911 or the Behavioral Health Helpline 1-800-900-3277. If you are not a Kaiser Permanente member call the National Suicide Prevention Lifeline 1-800-784-2433.

The above instructions have been explained and I understand them. In addition I understand and agree to the planned discharge destination and mode of transportation identified above.

Medications at Time of Discharge - as of this encounter

Medication	Sig.	Disp.	Start Date	End Date
Ciprofloxacin (CIPRO) 500 mg Oral Tab	Take 1 tablet by mouth 2 times a day for 7 days	14	07/27/2017	09/25/2017
oxyCODONE-Acetaminophen (PERCOCET/ENDOCET) 5-325 mg Oral Tab	Take 1 to 2 tablets by mouth every 4 to 6 hours as needed for pain. Do not exceed 12 tablets in 24 hours	30	07/27/2017	01/26/2018
Acetaminophen-Codaine (TYLENOL #3) 300-30 mg Oral Tab	Take 1 tablet by mouth every 6 hours as needed for pain. Do not exceed 4 tablets in 24 hours	20	07/10/2017	01/05/2018
Tamsulosin (FLOMAX) 0.4 mg Oral 24hr SR Cap	1 tablet at bedtime	100	07/06/2017	02/15/2018
TRIAMCINOLONE (DELTAZONE) 10 mg Oral Tab	Take 2 tablets orally 2 times daily for 3 days, then 1 tablet 2 times daily for 3 days, then 1 tablet daily for 3 days, then 1/2 tablet daily for 3 days	23	02/10/2015	02/15/2018
Triamcinolone Acetonide (TRIDERM) 0.1 % Top Cream	Apply to affected area(s) 2 times a day	60	02/10/2015	02/15/2018

Ordered Prescriptions - in this encounter

Prescription	Sig.	Disp.	Start Date	End Date
oxyCODONE-Acetaminophen (PERCOCET/ENDOCET) 5-325 mg Oral Tab	Take 1 to 2 tablets by mouth every 4 to 6 hours as needed for pain. Do not exceed 12 tablets in 24 hours	30	07/27/2017	01/26/2018
Ciprofloxacin (CIPRO) 500 mg Oral Tab	Take 1 tablet by mouth 2 times a day for 7 days	14	07/27/2017	09/25/2017

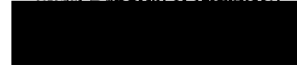
Plan of Treatment - as of this encounter

Upcoming Encounters

Date	Type	Specialty
03/29/2018	Allied Health/Nurse Visit	Addiction Medicine

Care Team

Grimes, Deborah H (L.C.S.W.)



Results - in this encounter

Component	Value	Ref Range
STONE ANALYSIS (CALCULUS ANALYSIS, INFRARED SPECTROSCOPY) (07/27/2017 5:28 PM)		
COMPOSITION, CALCULUS, INFRARED SPECTROSCOPY	Calcium Oxalate with a moderate portion of Hydroxyl Apatite	

Specimen	Performing Laboratory
R	SHERMAN WAY REGIONAL LABORATORY

Admitting Diagnoses

Diagnosis
CALCULUS (STONE), OF URETER

Administered Medications - in this encounter

(Administered Medications - up to 3 most recent administrations

Medication Order	MAR Action	Action Date	Dose	Rate	Site
Clindamycin in D5W IV Premix 900 mg (CLEOCIN) 900 mg, IntraVENOUS, SEE INSTRUCTION, 1 dose, Starting Thu 7/27/17 at 1427, Until Thu 7/27/17 at 1721, infusion to begin 5 - 60 minutes prior to surgical incision. If more than 60 minutes elapses between the preop dose finishing and the incision, give the same dose of this antibiotic again.	Given	7/27/2017 16:51 PDT	900 mg		
Gentamicin IVPB 430 mg 430 mg, IntraVENOUS, SEE INSTRUCTION, 1 dose, Starting Thu 7/27/17 at 1427, Until Discontinued, infusion to begin 5 - 60 minutes prior to surgical incision. No preop, Intraop, or postop redosing is necessary. 5 mg/kg/dose x 85.9 kg (Weight as of Thu Jul 27, 2017 1405) = 429.5 mg x 1 mL/40 mg = 10.738 mL x 40 mg/mL (rounded to the nearest 0.001 mL from 10.7375 mL) = 429.5 mg (rounded to the nearest 0.1 mg from 429.52 mg) ~430mg	Given	7/27/2017 16:58 PDT	430 mg		
Isothalamate Meglumine 60 % Inj (CONRAY) INTRAOP - MULTIPLE DOSES, Starting Thu 7/27/17 at 1742, Until Thu 7/27/17 at 1758, 2-INTRA-OP	Given	7/27/2017 17:42 PDT	10 mL		Other - See Comments
Lactated Ringers IV Premix 1,000 mL, IntraVENOUS, at 125 mL/hr, CONTINUOUS, Starting Thu 7/27/17 at 1415, Until Thu 7/27/17 at 1646, 1-PRE-OP	New Bag	7/27/2017 14:44 PDT	1,000 mL	125 mL/hr	Right Forearm

Document Information

Primary Care Provider
 [Redacted] (M.D.) Halter M.D. (May 19, 2014 - Oct. 30, 2017)

Document Coverage Dates
 Jul. 27, 2017

Custodian Organization
Kaiser Permanente Southern California

Encounter Providers
Michael Wino-Keun (M.D.) Poon M.D. (Attending, Admitting)

Encounter Date
 Jul. 27, 2017

Past visit information

< Medical
record



Member name: James Coghlan

Date of birth: [REDACTED]

Gender: M

Primary care physician: S C MAHESH MD, M.D.

Date printed: 8/14/2020

Admission summary

The details about your hospital stay may include notes from your care team, a summary of the medications used, and tests and procedures done during your stay, as well as follow-up instructions for when you're at home or a nursing facility.

Follow-up instructions

Discharge Instructions	Coghlan, James (MR # [REDACTED])
None	
Patient Instructions	

Discharge Summary

Date of Admission: 8/7/2020
Date of Discharge: 8/7/2020
Date of Procedure: 8/7/2020
Procedure: Left ESWL (Extracorporeal ShockWave Lithotripsy)
Disposition: discharge to home
Condition on Discharge: stable.

Discharge Diagnosis/PRINCIPAL / SECONDARY DIAGNOSES:

Active Problems:
Left Nephrolithiasis

CONSULTANTS

None

COMPLICATIONS: None

CONDITION ON DISCHARGE: Stable. James Coghlan is tolerating food/fluids without difficulty, and has adequate pain control with oral analgesics. Patient is afebrile.

REVIEW OF SYSTEMS: Negative for dizziness, chest pain, shortness of breath, nausea and vomiting, or new numbness.

DISCHARGE INSTRUCTIONS:

ACTIVITY: Please ambulate several times daily. It is common to have blood tinged urine for a few days after this procedure and some cramping discomfort in the flank area. This usually lessens after a day or two.

Some patients experience intermittent flank pain as they are passing fragments. Use pain medications as needed for this and drink extra liquids to help flush them through.

Drink 2-2.5 Liter of fluids daily (variety of liquids) to help flush stone fragments out. No sports activities for 2 weeks after the procedure. Your surgeon may want you to strain all urine for 3-5 days to capture stone fragments. This helps to know if you are passing the fragments and may reduce need for xray studies.

No Aspirin, Ibuprofen or other NSAIDS for 10 days after the procedure as these are blood-thinning medications and can cause bleeding from the kidney. Tylenol is okay during this time.

DIET: Resume your normal diet when you feel well. If your stomach is upset, try bland, low-fat foods like plain rice, broiled chicken, toast, and yogurt. Continue to drink plenty of fluids. Many people are constipated after surgery. This can be due to the pain medicine and a lack of activity. Be sure you get plenty of fluids, and take a fiber supplement such as Citrucel or Metamucil or a stool softener like Colace.

PAIN MEDICATION: Take pain medicine as needed, following the directions carefully. Plan to take your pain medicine 30 minutes before exercises or therapy.

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ORIGINAL ARTICLE

Antiproliferative and antimicrobial activity of traditional Kombucha and *Satureja montana* L. Kombucha

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Summary

Purpose: To carry out a preliminary investigation of the biological activity of Kombucha beverages from *Camellia sinensis* L. (black tea) and *Satureja montana* L. (winter savory tea), that have consuming acidity.

Materials and methods: Cell growth effect was measured by sulforhodamine B colorimetric assay on HeLa (cervix epitheloid carcinoma), HT-29 (colon adenocarcinoma), and MCF-7 (breast adenocarcinoma). Antimicrobial activity to bacteria, yeasts and moulds was determined by agar-well diffusion method.

Results: Consuming Kombuchas had the most expressive antimicrobial activity against all investigated bacteria, except *Sarcina lutea*, while unfermented tea samples had no activity. Traditional Kombucha showed higher activity against *Staphylococcus aureus* and *Escherichia coli* than acetic acid, while both neutralized Kombuchas had bacteriostatic activity on *Salmonella enteritidis*.

Examined Kombuchas did not stimulate cell proliferation of the investigated cell lines. Antiproliferative activity of winter savory tea Kombucha was comparable to that of traditional Kombucha made from black tea. Furthermore, in HeLa cell line *Satureja montana* L. Kombucha induced cell growth inhibition by 20% (IC₂₀) at lower concentration compared to the activity of water extract of *Satureja montana* L. obtained in our previous research.

Conclusion: Presence of more active antiproliferative component(s) in *Satureja montana* L. Kombucha compared to *Satureja montana* L. water extract and antimicrobial component(s) other than acetic acid in both Kombuchas is suggested.

Key words: antiproliferative, antimicrobial, *Camellia sinensis* L., *Satureja Montana* L., Kombucha

Introduction

Kombucha is a traditional fermented beverage with a history of several thousand years in the East and yet it is quite popular today in the West. The beverage has been claimed to be a prophylactic agent beneficial to human health - as a diuretic, in edemas, in arteriosclerosis, in case of gout, sluggish bowels, for stones, etc. [1,2]. Experience has also shown that Kombucha beverage can regulate the intestinal flora, strengthen cells, harmonize metabolism, function as a natural antibiotic, and help maintain pH, i.e. the body's acid-alkaline balance [3]. Current strong and increasing inter-

est in the consumption of the product derives from its purported therapeutic benefits, which range from weight loss to curing cancer and AIDS [4]. However, many of these effects have not been proven scientifically [5].

Kombucha is prepared by fermenting sweetened black tea with tea fungus. The tea fungus is a symbiosis of acetic acid bacteria (*Acetobacter aceti*, *Acetobacter pasteurianus*, *Gluconobacter oxidans*) [5] and yeasts (*Saccharomyces* spp., *Zygosaccharomyces* spp., *Torulopsis* spp., *Pichia* spp., *Brettanomyces* spp.) [5-7]. The final product is a sour, slightly sparkling, acidic beverage.

Analyses of the fermented liquid have revealed

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the presence of acetic, lactic and gluconic acids as major chemical compounds. Other components are alcohols, aldehydes, ketones, esters and amino acids [4].

The tea in the cultivation medium provides tea fungus with the necessary nitrogen compounds, of which especially important are purine derivatives (caffeine and theophylline), amply present in black tea [1]. Because of that, sweetened black tea (*Camellia sinensis* L.) has been the traditional and almost only recommended medium for preparing Kombucha.

Studies of some alternative cultivation media have shown that green tea has more stimulating effects on the Kombucha fermentation than black tea, yielding the fermentation product in a shorter time frame [8]. The stimulating effect of green tea on Kombucha culture was explained by a higher caffeine content compared to black tea [9]. Sweetened tea of *Echinacea purpurea* L. can also be used for Kombucha fermentation and the obtained beverage has outstanding antioxidant properties [10]. It is known that *Echinacea* spp., herbal medicines and dietary supplements are traditionally used as immunostimulants in the treatment of inflammatory and viral diseases. Also, Kombucha can successfully be obtained from peppermint tea [11]. Using lemon balm tea (*Melissa officinalis* L.) as an alternative medium Kombucha beverage is obtained in a shorter time compared to black tea [12].

Previous studies showed that Kombucha can be successfully produced from winter savory tea (*Satureja montana* L.), although the process lasts longer than in the case of black tea [13]. Winter savory tea has antiseptic, aromatic, carminative, digestive, expectorant and stomach effects, and because of that it is chosen as an alternative medium for Kombucha fermentation.

There are no published studies referring to the antiproliferative and antimicrobial activity of Kombucha beverage with consuming acidity. The aim of this paper was to investigate the biological activity of traditional Kombuchas obtained from *Camellia sinensis* L. tea and *Satureja montana* L. tea, that have consuming acidity.

Materials and methods

Cultural conditions of the tea fungus

Substrate for Kombucha fermentation was prepared by adding 70 g/L of commercial sucrose in tap water, and after boiling 5 g/L of dry crushed leaves of black (*Camellia sinensis* L.) or winter savory tea (*Satureja montana* L.) was prepared in the same way. The tea leaves were steeped for 15 min and removed by filtration. After cooling to about 30° C, the inocu-

lum (Kombucha beverage from previous process) was added in amount of 10% (v/v). Then the 0.33 L of the prepared medium was poured into small flasks ($\varnothing=8$ cm, capacity 0.72 L) and incubated under aerobic conditions at 28° C. The incubation period was terminated when the Kombucha beverages achieved optimal consuming acidity 3.5-4.5 g/L of acids [14].

Samples for determination of antiproliferative activity

The dry weight of Kombucha beverages were $m=65.8$ mg/mL (black tea Kombucha) and $m=70.8$ mg/mL (winter savory tea Kombucha). For analysis of the antiproliferative effects serial dilutions in 0.9% NaCl of Kombucha beverages were prepared to achieve the required working concentrations (0.0195-10 mg/mL). Samples were filtered through a sterile microfilter (0.22 μ m) to remove cells.

Cell lines

The 3 human tumor cell lines used in the study were HeLa (cervix epithelioid carcinoma), MCF-7 (breast adenocarcinoma) and HT-29 (colon adenocarcinoma). The cells were grown in Dulbecco's modified Eagle's medium (DMEM, Gibco, BRL, UK) with 4.5% glucose supplemented with 10% heat inactivated fetal calf serum (FCS; NIVNS, Serbia), 100 IU/mL of penicillin and 100 μ g/mL of streptomycin (Galenika, Serbia). The cells were sub-cultured twice a week and a single cell suspension was obtained using 0.5% trypsin (Serva, UK). All cell lines were cultured in 25 cm² flasks (Corning, New York, USA) at 37° C in atmosphere of 5% CO₂ and 100% humidity. Exponentially growing cells were used throughout the assay. A treatment period of 2 days was selected since the control cells were still in the exponential phase at that time.

Sulforhodamine B (SRB) assay

Cells were harvested and plated into 96-well microtiter plates (Corning, New York, USA) at seeding density of 3×10^3 cells per well, in a volume of 180 μ L, and preincubated in complete medium supplemented with 5% FCS, at 37° C for 24 h. Serial dilutions of Kombuchas were added to all wells (20 μ L/well), except control, to achieve the required final concentrations (1.95-1000 μ g/mL). Microplates were then incubated at 37° C for an additional 48 h.

Cell growth was evaluated by the colorimetric SRB assay according to Skchan et al. [15]. Cells were fixed (50% trichloroacetic acid [TCA], 50 μ L/well, 1 h, +4° C), washed 4 times with distilled water (Wellwash

4, Labsystems, Helsinki, Finland) and stained (0.4% SRB, $C_{27}H_{29}N_2O_7S_2Na$, 100 μ L/well, 30 min, at room temperature). The plates were then washed 4 times with 1% acetic acid to remove unbound dye. Protein-bound dye was extracted with 10 mM TRIS base (200 μ L/well). Absorbance (A) was measured on a microplate reader (Multiscan Ascent, Labsystems, Helsinki, Finland) at 540/620 nm. The effect on cell growth was expressed as a percent of the control, and calculated as:

$$(A_t/A_c) \times 100 [\%]$$

A_t - absorbance of the test sample

A_c - absorbance of the control

Chemical analyses

The pH value of the fermented liquid samples was determined by electronic pH-meter (HI 9321, Woonsocket, USA). The total acidity of the fermented beverage samples was determined by potentiometric titration with NaOH, $c = 0.1$ mol/L, after the removal of CO_2 [16].

Samples for determination of antimicrobial activity

1. Kombucha beverage (for black tea Kombucha total acidity was 3.55 g/L and for winter savory tea Kombucha 3.94 g/L).
2. Acetic acid solution at the same concentration as in fermented tea.
3. Unfermented tea - decoct (dry weight 5 g/L).
4. Neutralized Kombucha (prepared by neutralizing Kombucha beverage with 0.1 mol/L NaOH).

Samples were filtered through a sterile microfilter (0.22 μ m) to remove cells.

Test microorganisms

Gram negative bacteria: *Pseudomonas aeruginosa* (ATCC 27853), *Proteus mirabilis* (ATCC 35659), *Escherichia coli* (ATCC 25922); Gram positive bacteria: *Staphylococcus aureus* (ATCC 25923), *Bacillus cereus* (ATCC 10876), *Sarcina lutea* (ATCC 9341); yeasts: *Saccharomyces cerevisiae* (112, Hefebank Weihenstephan), *Candida pseudotropicalis* (clinical isolate), *Rhodotorula* spp. (natural isolate); and moulds: *Penicillium aurantiogriseum*, *Aspergillus niger* and *Aspergillus flavus* (all natural isolates) were used as test microorganisms.

Antimicrobial activity

Antimicrobial activity was determined by the agar-well diffusion method. The strains were grown

on Mueller-Hinton (bacteria) or Sabouraud Dextrose (yeasts and moulds) slants 24 h at 37° C or 25° C, respectively, and checked for purity. After incubation, the cells were washed from the surface of agar and suspended in sterile physiological solution. The number of cells in 1 ml of suspension for inoculation, measured by McFarland nephelometer, was 1×10^7 cfu/mL. The 1 ml of the suspensions was homogenized with 19 mL of melted (45° C) Mueller-Hinton or Sabouraud dextrose agar and poured into Petri dishes. Wells of 9 mm in diameter were made with a sterile metal tube by means of a vacuum pump. Sterile samples (100 μ L) were then transferred into the wells of agar plates inoculated with test microorganisms. Plates were incubated at 37° C (bacteria) or 25° C (yeasts and moulds) for 24 h (bacteria) or 48 h (yeasts and moulds) when the diameter of halo zone was measured.

Statistical analysis

Antiproliferative activity data were expressed as mean (SD) of 3 experiments carried out in quadruplicate. Significant differences between values were determined using two-tailed Student's t-test. The significance level was 95% ($p \leq 0.05$) or 99% ($p \leq 0.01$).

The evaluation of antimicrobial activities of the samples was carried out in 3 repetitions and results were expressed as mean (SD).

Results

Antiproliferative activity

Kombucha in black or winter savory tea effected cell growth depending on cell line, but none of them affected cell growth by 50% inhibition (Figures 1-3).

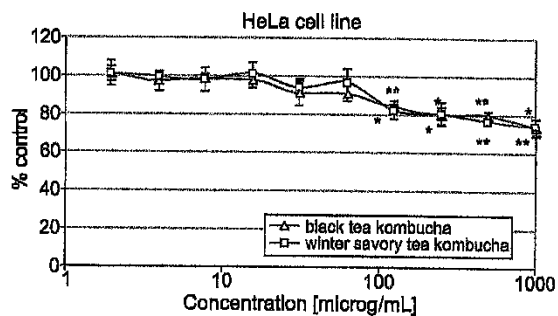


Figure 1. Antiproliferative activity of black tea and winter savory tea Kombuchas in HeLa cell line. Data are the mean \pm SD of 3 experiments, performed in quadruplicate. (* $p \leq 0.05$, ** $p \leq 0.01$; Student's t-test, significantly different from the control).

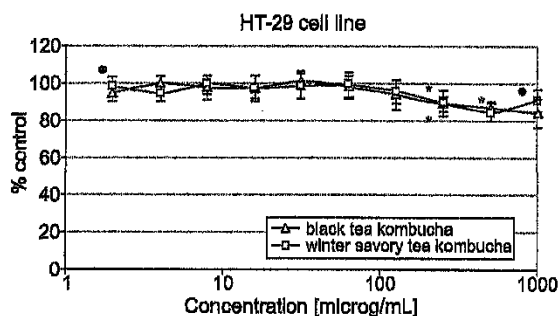


Figure 2. Antiproliferative activity of black tea and winter savory tea Kombuchas in HT-29 cell line. Data are the mean \pm SD of 3 experiments, performed in quadruplicate (* $p \leq 0.05$; Student's t-test, significantly different from the control; * $p \leq 0.05$, Student's t-test, significantly different between Kombuchas).

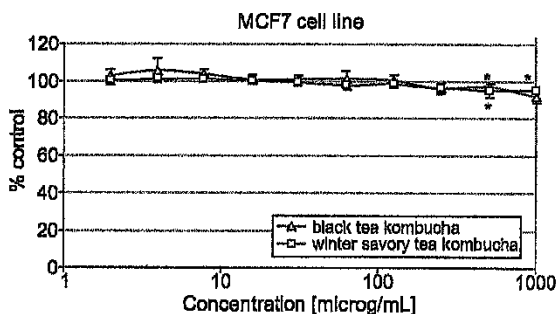


Figure 3. Antiproliferative activity of black tea and winter savory tea Kombuchas in MCF7 cell line. Data are the mean \pm SD of 3 experiments, performed in quadruplicate (* $p \leq 0.05$; Student's t-test, significantly different from the control).

In HeLa cells IC_{20} value for both Kombuchas was achieved at concentration $\approx 250 \mu\text{g/mL}$ (Figure 1). Both Kombuchas inhibited the growth of HT-29 and MCF-7 cells by 15% and 10%, respectively, but only at their highest concentrations (Figures 2, 3).

No differences were observed in the activities of the 2 different Kombuchas within the same cell line compared to control. Differences between the Kombuchas were of statistical significance ($p \leq 0.05$) only in HT-29 cells (at 3.91 and 1000 $\mu\text{g/mL}$ concentrations: black tea Kombucha showed slightly higher antiproliferative activity at those concentrations (Figure 2).

Antimicrobial activity

Results of antimicrobial activities of Kombucha beverages from black tea and *Satureja montana* L. tea are shown in Tables 1 and 2, respectively. They

show that Kombucha obtained from black or *Satureja montana* L. winter savory tea and acetic acid solution had the most expressed antimicrobial activity. Kombucha and acetic acid solutions had almost the same bactericidal or bacteriostatic activity against Gram negative bacteria *Salmonella enteritidis*, *Escherichia coli*, *Pseudomonas aeruginosa*, *Proteus mirabilis*, and Gram positive *Staphylococcus aureus* and *Bacillus cereus* (sporogenic bacteria). None of the samples expressed antimicrobial activity against *Sarcina lutea* (Gram positive bacterium).

Kombucha and acetic acid solution showed marginal activity against *Aspergillus flavus* and *Penicillium aurantiogriseum* which are organisms with eucaryotic cell type. However, growth of other tested eucaryotes (yeasts: *Saccharomyces cerevisiae*, *Candida pseudotropicalis*, *Rhodotorula* spp. and mould *Aspergillus niger*) were not inhibited by any sample applied.

Neutralized Kombucha prepared from black tea expressed bactericidal activity only toward *Bacillus cereus* and bacteriostatic activity against *Salmonella enteritidis* and *Proteus mirabilis*. Kombucha from *Satureja montana* L. tea showed only bacteriostatic activity toward *Salmonella enteritidis*. Unfermented tea, prepared as decoct of 5 g/L dry tea (drinkable levels of tea), showed no antimicrobial properties against test organisms.

Discussion

The growth inhibition activity of *Camellia sinensis* L. and *Satureja montana* L. Kombuchas was evaluated *in vitro* in a panel of 3 histologically different human cancer cell lines: HeLa (cervix epithelioid carcinoma), MCF-7 (breast adenocarcinoma) and HT-29 (colon adenocarcinoma). Antiproliferative effects were observed at a 1.95-1000 $\mu\text{g/mL}$ range of mass concentrations and were within consuming concentrations of Kombucha beverages. The results presented herein were obtained by assessing cellular viability with the SRB colorimetric assay, with SRB dye binding to protein basic amino acid residues and providing a sensitive index of cellular protein content [15,17].

No differences were observed in the activities of the 2 different Kombuchas within the same cell line. None of the Kombuchas attained cell growth by 50%, i.e. none reached IC_{50} value, but both induced inhibition of HeLa cell line with IC_{20} values at concentration of 250 $\mu\text{g/mL}$. In our previous investigation HeLa cell line was also the most susceptible to water extract of *Satureja montana* L. (IC_{20} and IC_{50} values were achieved at 400 $\mu\text{g/mL}$ and 840 $\mu\text{g/mL}$, respectively)

Table 1. Antimicrobial activity of traditional Kombucha (from black tea) (diameter of halo zone_{mean} (SD) [mm])

Microorganism	Kombucha TA=3.55 g/L		Acetic acid c=3.55 g/L		Neutralized Kombucha	
	A	B	A	B	A	B
<i>Salmonella enteritidis</i>	12.33 (0.6)	29.0 (1.73)	13.0 (0.58)	ND	ND	24.67 (0.6)
<i>Escherichia coli</i>	13.67 (0.6)	ND	13.0 (0.50)	ND	ND	ND
<i>Proteus mirabilis</i>	ND	15.67 (0.6)	ND	17.33 (0.6)	±	20.0 (0.00)
<i>Pseudomonas aeruginosa</i>	12.0 (0.0)	ND	12.0 (0.0)	ND	ND	ND
<i>Staphylococcus aureus</i>	12.33 (0.6)	ND	ND	14.0 (0.00)	ND	ND
<i>Bacillus cereus</i>	9.33 (1.53)	9.33 (0.71)	10.33 (1.5)	10.67 (0.6)	9.33 (1.35)	ND
<i>Penicillium aurantiogriseum</i>	±	ND	±	ND	ND	ND

A: microbiocidal activity, B: microbiostatic activity, ND: not detected, ±: boundary of antimicrobial activity (without growth inside and on brim of wells, zone about 9 mm), TA: titratable acidity, c: concentration, SD: standard deviation

Table 2. Antimicrobial activity of winter savory tea Kombucha (diameter of halo zone_{mean} (SD) [mm])

Microorganism	Kombucha TA=3.94 g/L		Acetic acid C=3.94 g/L		Neutralized Kombucha B
	A	B	A	B	
<i>Salmonella enteritidis</i>	13.33 (0.6)	30.0 (1.53)	14.0 (0.58)	ND	21.33 (0.58)
<i>Escherichia coli</i>	14.0 (0.0)	ND	14.67 (0.58)	ND	ND
<i>Proteus mirabilis</i>	ND	18.0 (0.0)	ND	18.0 (0.0)	ND
<i>Pseudomonas Aeruginosa</i>	12.67 (0.6)	ND	13.33 (0.47)	ND	ND
<i>Staphylococcus aureus</i>	ND	15.33 (0.58)	ND	14.67 (0.6)	ND
<i>Bacillus cereus</i>	9.33 (0.58)	11.0 (0.0)	9.33 (0.58)	11.33 (0.6)	ND
<i>Penicillium aurantiogriseum</i>	±	ND	±	ND	ND
<i>Aspergillus flavus</i>	±	ND	±	ND	ND

For abbreviations see footnote of Table 1

[18]. This could suggest the presence of more active antiproliferative components in *Satureja montana* L. Kombucha compared to *Satureja montana* L. water extract. Water extracts of *Satureja montana* L. exhibited antiproliferative effect to HeLa and HT-29 cells at higher concentrations, but at lower concentrations they induced cell proliferation. MCF-7 cells responded by growth stimulation to water extracts at whole concentration range [18], probably due to the presence of phy-

toestrogens or growth-stimulating factors. It is known that genistein, a natural isoflavone phytoestrogen, stimulates the growth of estrogen-dependent MCF-7 cells at low concentrations [19,20]. However, the examined Kombuchas did not stimulate cell proliferation.

The lack of differences in the antiproliferative activity of 2 Kombuchas may suggest that the active component is acetic acid, but the different response of histologically diverse cell lines may be due to in-

trinsic, protective properties of the examined cells. Some authors suggest that cellular mechanisms which control RON gene expression may be dysfunctional in colon and breast carcinoma cells [21], leading to their elevated protection against the examined Kombuchas. RON is a member of the MET proto-oncogene family and is highly expressed in HT-29 cell line but not in normal colon epithelial cells [22], and many epithelial tumor cells [23]. Interestingly, a high expression pattern of RON is also observed in human primary breast carcinoma tissues and cell lines [24].

Kombucha beverages obtained from *Camellia sinensis* L. (black tea) and *Satureja montana* L. (winter savory tea) and appropriate acetic acid solution had the most expressed antimicrobial activity against all investigated bacteria, except *Sarcina lutea*. There were no significant differences in antimicrobial activities of the 2 different beverages. As can be seen from results, acetic acid is the major antimicrobial agent in the tested Kombuchas. It is well known that weak organic acids, such as acetic and benzoic acid, have antimicrobial activity [25]. Undissociated part of the organic acid molecule gets into the cell and the result of dissociation is cytoplasmic acidification that inhibits cell growth. However, traditional Kombuchas showed higher activity against *Staphylococcus aureus* and *Escherichia coli* than acetic acid, while both neutralized the Kombuchas' exhibited bacteriostatic activity on *Salmonella enteritidis*. This could imply the existence of an antimicrobial component(s), other than acetic acid, responsible for the antimicrobial activity.

Sreramulu et al. [26] tested the antimicrobial activity of Kombucha from black tea (with 8.5 g/L acetic acid content) against pathogenic bacteria. They also marked acetic acid as major antimicrobial agent. Similar results were published by Steinkraus et al. [27] who investigated *in vitro* the antimicrobial activity of black tea Kombucha with 10.5 g/L acetic acid. In that paper [27] Kombucha showed much higher (3-5 times) bactericidal effects against *Escherichia coli*, *Staphylococcus aureus* and *Bacillus cereus* than samples tested in this study (Tables 1 and 2), probably because of high content of acetic acid.

In our study unfermented black tea and winter savory tea did not show any antimicrobial activity against test microorganisms. Antimicrobial activity was found in extracts and concentrates of black and winter savory tea by Toda et al. [28] and Pepeljnjak et al. [29]. Greenwalt et al. [8] showed that unfermented tea (dry tea concentration 4.4 g/L) did not have antimicrobial activity against test microorganisms.

Generally, yeasts and moulds are acidophilic/acidotolerant organisms and that fact can explain the

resistance of the tested strains to acetic acid and Kombucha beverages. In the work of Greenwalt et al. [8] *Candida albicans*, a common human pathogen, was not inhibited by any test solutions (Kombucha, unfermented tea and neutralized beverage) except the tested commercial vinegar (50 g/L acetic acid). Because of that, a potential danger from contamination with moulds and yeasts from air exists in the case of growing Kombucha at home.

The examined Kombucha beverages did not stimulate cell proliferation of the investigated cancer cell lines. The antiproliferative activity of the winter savory tea Kombucha was comparable to that of the traditional Kombucha made from black tea. Furthermore, in HeLa cell line *Satureja montana* L. Kombucha induced IC₂₀ at lower concentrations compared to the activity of water extract of *Satureja montana* L. obtained in our previous research [18].

We speculate that more active antiproliferative component(s) in *Satureja montana* L. Kombucha compared to *Satureja montana* L. water extract and antimicrobial component(s) other than acetic acid in both Kombuchas may be present.

Acknowledgements

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References

1. Frank GW. Healthy beverage and natural remedy from the Far East. Ennsthaler Gesellschaft, GMBH & Co, 1995.
2. Blanc PJ. Characterization of the tea fungus metabolites. *Biotechnol Lett* 1996; 18: 139-142.
3. Kaufmann K (Ed). Kombucha rediscovered. Alive Books, Canada, 1996.
4. Teoh AL, Heard G, Cox J. Yeast ecology of Kombucha fermentation. *Int J Food Microbiol* 2004; 95: 119-126.
5. Greenwalt CJ, Steinkraus KH, Ledford RA. Kombucha, the fermented tea: microbiology, composition, and claimed health effects. *J Food Protect* 2000; 63: 976-981.
6. Liu CH, Hsu SH, Lee FL et al. The isolation and identification of microbes from fermented tea beverage, Haipao, and their interactions during Haipao fermentation. *Food Microbiol* 1996; 13: 407-415.
7. Roussin MR. Analyses of Kombucha ferments: report on growers. Information Resources. Salt Lake City, Utah, 1996. www.Kombucha-research.com.
8. Greenwalt CJ, Ledford RA, Steinkraus KH. Determination and characterization of the antimicrobial activity of the fermented tea Kombucha. *Lebensm-Wiss Technol* 1998; 31: 291-296.

9. Hoffmann N. Basic building blocks, nutrients and growth factors, what the Kombucha culture needs to survive. 1998; <http://www.kombu.de/nutrient.htm>.
10. Cvetkovic D, Canadanovic-Brunet J, Markov S. Cultivation of Kombucha on sweetened echinacea tea. 1st Congr Feder Eur Microbiol Soc, Ljubljana, 29 June - 3 July 2003, 108 (abstr).
11. Markov S, Cvetkovic D, Velicanski A. Kombucha obtained from peppermint tea (*Mentha piperita* L.) in laboratory bioreactor. XLIV Meet Serb Chem Soc, Beograd, 6-7 February 2006, 30 (abstr in Serbian).
12. Velicanski A, Cvetkovic D, Markov S. Kombucha beverage from lemon balm (*Melissa officinalis* L.). Proc Intern Conf "Research people and actual task on multidisciplinary sciences", Lozanez, Bulgaria, 6-8 June 2007; 3: 221-224.
13. Cvetkovic D, Markov S. Preparation of Kombucha from winter savory (*Satureja montana* L.) in the laboratory bioreactor. Acta Period Technol 2005; 36: 187-196.
14. Cvetkovic D. Metabolic activity of tea fungus on different medium. M.Sc. Thesis. Faculty of Technology, University of Novi Sad 2003 (in Serbian with Engl summary).
15. Skehan P, Storeng R, Scudiero D et al. New colorimetric cytotoxicity assay for anticancer-drug screening. J Natl Cancer Inst 1990; 13: 1107-1112.
16. Office Internationale de la vinge et du vin (OIV). Recueil des methodes internationales d' analyse des vins et des mouts. Paris, 1990, 155-159.
17. Vichai V, Kirtikara K. Sulforhodamine B colorimetric assay for cytotoxicity screening. Nat Protocols 2006; 3: 1112-1116.
18. Cetojevic-Simin D, Canadanovic-Brunet J, Bogdanovic G et al. Antioxidative and antiproliferative effects of *Satureja montana* L. extracts. J BUON 2004; 9: 443-449.
19. Fioravanti L, Cappalletti V, Miodini P. Genistein in the control of breast cancer cell growth: insights into the mechanism of action in vitro. Cancer Lett 1998; 130: 143-152.
20. Constantinou AI, Kamath N, Murley JS. Genistein inactivates bcl-2, delays the G2/M phase of the cell cycle, and induces apoptosis of human breast adenocarcinoma MCF-7 cells. Eur J Cancer 1998; 34: 1927-1934.
21. Chen Y-Q, Zhou Y-Q, Angeloni D et al. Overexpression and activation of the RON receptor tyrosine kinase in a panel of human colorectal carcinoma cell lines. Exper Cell Res 2000; 261: 229-238.
22. Montero-Julian FA, Dauny I, Flavetta S et al. Characterization of two monoclonal antibodies against the RON receptor tyrosine kinase. Hybridoma 1998; 17: 541-551.
23. Wang MH, Montero-Julian FA, Dauny I et al. Requirement of phosphatidylinositol-3 kinase for epithelial cell migration activated by human macrophage stimulating protein. Oncogene 1996; 13: 2167-2175.
24. Maggiora P, Marchio S, Stella MC et al. Overexpression of RON gene in human breast carcinoma. Oncogene 1998; 16: 2927-2933.
25. Ludovico P, Sansonetti F, Silva MT, Corte-Real M. Acetic acid induces a programmed cell death process in the food spoilage yeast *Zygosaccharomyces bailii*. Feder Eur Microbiol Soc, Yeast Res 2003; 3: 91-96.
26. Sreramulu G, Zhu Y, Knol W. Kombucha fermentation and its antimicrobial activity. J Agric Food Chem 2000; 48: 2589-2594.
27. Steinkraus KH, Shapiro KB, Hotchkiss JH et al. Investigations into the antibiotic activity of tea fungus/kombucha beverage. Acta Biotechnol 1996; 16: 199-205.
28. Toda M, Okubo S, Hiyoshi R et al. The bactericidal activity of tea and coffee. Lett Appl Microbiol 1989; 8: 123-125.
29. Pepeljnjak S, Stamic D, Potocki P. Antimicrobial activity of the ethanol extract of *Satureja montana* ssp. Acta Pharmacol 1999; 49: 65-69.

Reiss (1994) proved the possibility of application of lactose as a source of carbon for the kombucha fermentation. There were also a few investigations related to kombucha fermentation on substrates containing lactose. Belloso Morales and Hernández-Sánchez (2003) successfully cultivated kombucha on cheese whey. Malbaša and others (2009) proved that fermented beverages can be produced by kombucha fermentation on cow milk. The metabolic activity of kombucha starters on milk was significantly different from the activity on sucrose. Even the texture and taste of the products obtained were similar to yogurt; the chemical compositions of the new beverages differed significantly from the composition of yogurt. The investigations of Vitas and others (2013) proved that the fermented milk beverages can be successfully produced by application of kombucha obtained by cultivation on sweetened stinging nettle and winter savory extracts.

Beneficial effects of kombucha tea

Kombucha tea has been claimed by kombucha drinkers all over the world to have many beneficial effects on human health. However, most of the benefits were studied in experimental models only and there is a lack of scientific evidence based on human models. Nonhuman studies regarding antimicrobial, antioxidant, hepatoprotective, and anticancer properties of kombucha tea have been carried out and biological activities are reported in Table 2.

Reported effects of kombucha from tea drinkers' testimony and Russian researchers (Dufresne and Farnworth 2000):

- Detoxify the blood
- Reduce cholesterol level
- Reduce atherosclerosis by regeneration of cell walls
- Reduce blood pressure
- Reduce inflammatory problems
- Alleviate arthritis, rheumatism, and gout symptoms
- Promote liver functions
- Normalize intestinal activity, balance intestinal flora, cure hemorrhoids
- Reduce obesity and regulate appetite
- Prevent/heal bladder infection and reduce kidney calcification
- Stimulate glandular systems
- Protect against diabetes
- Increase body resistance to cancer
- Have an antibiotic effect against bacteria, viruses, and yeasts
- Enhance the immune system and stimulate interferon production
- Relieve bronchitis and asthma
- Reduce menstrual disorders and menopausal hot flashes
- Improve hair, skin, and nail health
- Reduce an alcoholic's craving for alcohol
- Reduce stress and nervous disturbances, and insomnia
- Relieve headaches
- Improve eyesight
- Counteract aging
- Enhance general metabolism

Kombucha tea as an antimicrobial source

Kombucha tea has been studied by many researchers for its inhibitory activity on many pathogenic microorganisms. Tea containing 4.36 g of dry tea per liter and 10% sucrose and fermented with tea fungus showed no antibiotic activity in the beverage beyond that caused by acetic acid, a primary product of the fermentation (Steinkraus and others 1996). Kombucha tea containing 33 g/L total acid (7 g/L acetic acid) had antimicrobial efficacy

against *Agrobacterium tumefaciens*, *Bacillus cereus*, *Salmonella choleraesuis* serotype *Typhimurium*, *Staphylococcus aureus*, and *Escherichia coli*, but not for *Candida albicans* (Greenwalt and others 1998). Kombucha tea could inhibit the growth of the pathogens *Entamoeba cloacae*, *Pseudomonas aeruginosa*, *B. cereus*, *E. coli*, *Aeromonas hydrophila*, *Salmonella typhimurium*, *Salmonella enteritidis*, *Shigella sonnei*, *Staphylococcus epidermis*, *Leuconostoc monocytogenes*, *Yersinia enterocolitica*, *S. aureus*, *Campylobacter jejuni*, *Helicobacter pylori*, and *C. albicans* (Sreeramulu and others 2000, 2001). Kombucha tea prepared from different substrates like mulberry tea, Japanese green, jasmine tea, oolong tea, and black tea was tested on pathogenic bacteria of humans and shrimp. Results revealed that black tea kombucha possessed the greatest inhibitory activity and *Vibrio parahaemolyticus* showed the highest susceptibility to the fermented tea (Talawat and others 2006). Battikh and others (2012) reported that kombucha prepared from both black tea and green tea had antimicrobial potential against the tested human pathogenic microorganisms, except *C. kruselii*, and kombucha green tea exhibited the highest antimicrobial potential. Afsharmanesh and Sadaghi (2013) reported that the body weight, feed intake, and protein digestibility of broiler chickens fed with a diet having 1.2 g/kg kombucha tea (20% concentration) were significantly increased compared to the control and green tea-fed broilers. They suggested that kombucha tea can be an alternative to antibiotic growth promoters in the diets of broilers.

Research on kombucha has demonstrated its antimicrobial efficacy against pathogenic microorganisms of both Gram-positive and Gram-negative origin. Antimicrobial activity of kombucha tea is largely attributable to the presence of organic acids, particularly acetic acid, large proteins, and catechins. Acetic acid and catechins are known to inhibit a number of Gram-positive and Gram-negative microorganisms (Sreeramulu and others 2000).

Kombucha tea as an antioxidant source

There has been a global trend toward the use of phytochemicals present in natural resources as antioxidants and functional foods. Bioactive molecules of natural resources are being utilized in the food industry, and there is evidence that these molecules can act as antioxidants within the human body. Antioxidant activity of Kombucha is correlated with its many claimed beneficial effects like cancer prevention, immunity enhancement, and alleviation of inflammation and arthritis. Jayabalan and others (2008a) reported on the free radical scavenging abilities of kombucha tea prepared from green tea, black tea, and tea waste material. They have shown that total phenolic compounds, scavenging activity on DPPH radical, superoxide radical, and inhibitory activity against hydroxyl radical-mediated linoleic acid were increased with an increase in fermentation time, whereas reducing power, hydroxyl radical scavenging ability (ascorbic acid-iron EDTA), and antilipid peroxidation ability were decreased. Malbaša and others (2011) studied the influence of 3 starter cultures (mixed culture of acetic bacteria and *Zygosaccharomyces* sp., mixed culture of acetic bacteria and *S. cerevisiae*, and native local kombucha) on the antioxidant activities of green tea and black tea kombucha beverage to hydroxyl and DPPH radicals. They observed the highest antioxidant activity with native kombucha on green tea beverage and acetic acid bacteria with *Zygosaccharomyces* sp. culture on black tea beverage. The antioxidant property of kombucha tea was tested against tertiary butyl hydroperoxide (TBHP)-induced cytotoxicity using murine hepatocytes and showed that kombucha tea neutralized the TBHP-induced changes and prevented cell death. These counter effects were also shown by the unfermented black tea, but the

Table 2—Various biological activities of kombucha tea reported through studies with experimental animals and cell lines.

Biological activity	Experimental animal/cells	Treatment period/dose	Parameters studied	Reference
Hypoglycemic activity	Mice	3 d and 1.71 mL/kg body weight	Blood sugar level	Shenoy (2000)
Antioxidative stress against chromate	Rat	30 d and 0.6 mL/200 g body weight	Plasma and tissue MDA levels, delayed type hypersensitivity response, GSH, peroxidase, catalase	Sai Ram and others (2000)
Longevity	Mice	3 y and free access	Longevity, general health, and open-field exploratory behavioral outcomes	Hartmann and others (2000)
Artistress activity against cold and hypoxia	Rat	15 d and 1.6, 8.0, and 16 mL/kg body weight	Plasma/blood MDA and reduced GSH, fecal output	Pauline and others (2001)
Antioxidative stress against lead	Rat	45 d and 1 mL/kg body weight	Lipid peroxidation, creatine phosphokinase, GSH, SOD, GPx, DNA fragmentation in liver	Dipti and others (2003)
Prevention of weight loss in diabetics	Rats	15 d and different dilutions of kombucha tea (25%, 50%, 75%, and 100%) in place of water	Weight loss	Morshedi and others (2006)
Prevention of postoperative intraabdominal adhesion formation	Rats	14 d and 15 mL/kg of body weight	Adhesion intensity score, inflammatory cell reaction, number of adhesion bands	Maghsoudi and Mohammadi (2009)
Protection on chromosomal aberrations induced by γ -radiation	Human peripheral lymphocytes	250, 500, and 1000 μ L doses	Chromosomal aberrations, mitotic index	Cavusoglu and Guler (2010)
Protection on nephrotoxicity induced by trichloroethylene	Rat	2 wk and 0.1 mL/100 g body weight	Lipid peroxidation, oxidative stress	Gharib (2009)
Hypocholesterolemic effect	Rat	12 wk and 66 mL/kg body weight	Total cholesterol, low-density and high-density lipoprotein cholesterol	Yang and others (2009)
Healing property on indomethacin-induced gastric ulceration	Mice	7 d and 15 mg/kg body weight	Histopathological and biochemical studies	Banerjee and others (2011)
Protection on phenol-induced cytotoxicity	Mice	20 d and 1 mL/kg body weight	Micronuclei formation	Yapar and others (2010)
Protection on mitomycin C-induced genotoxic effect	Chinese hamster cell line CHO-K1	1 h and 0.295, 1.185, 4.75 μ g/mL (dry weight)	Chromosome aberrations frequency	Četojevic-Simin and others (2012)
Hypoglycemic and antilipidemic properties against alloxan	Diabetic rats	30 d and 5 mL/kg body weight	α -amylase and lipase in plasma, pancreas, and blood glucose	Aloulou and others (2012)
Cytogenic activity	Human peripheral blood lymphocytes	1 h and 40 μ g/mL	Frequencies of sister chromatic exchange and micronuclei formation	Mrdanović and others (2007)
Protective effects against oxidative stress-mediated damages in alloxan-induced diabetic rats	Swiss albino male rats	14 d and 150 mg lyophilized powder of kombucha tea/kg body weight	Blood glucose, glycated hemoglobin, lipid peroxidation end products, protein carbonyl content, glutathione content, antioxidant enzyme activities	Bhattacharya and others (2013)
Amelioration of changes in trace element levels in electromagnetic field-exposed rats (950 MHz)	Male Wistar rats	9 wk and 0.1 mL/100 g body weight/d	Iron, zinc, and copper in brain, spleen, and intestine	Gharib (2013)
Antihyperglycemic effect in streptozotocin-induced diabetic rats	Male albino Wistar rats	45 d and 3, 6, 12 mg of lyophilized solvent extract of kombucha/kg body weight/day	Glycosylated hemoglobin, plasma insulin, hemoglobin, and tissue glycogen, glucose-6-phosphatase, fructose-1,6-bisphosphatase and hexokinase	Srihari and others (2013b)
Attenuation of oxidative damage in electromagnetic field-exposed rats (950 MHz)	Male Wistar rats	57 d and 0.1 mL/100 g body weight/d	Malondialdehyde, superoxide dismutase, lactate dehydrogenase, aspartate amino transferase, tissue glutathione levels in heart and lung, serum total antioxidant capacity	Gharib (2011)

kombucha tea was found to be more efficient (Bhattacharya and others 2011b).

The antioxidant activity of kombucha tea is due to the presence of tea polyphenols, ascorbic acid, and DSL. Kombucha tea was observed to have higher antioxidant activity than unfermented tea and that may be due to the production of low-molecular-weight components and structural modifications of tea polyphenols by enzymes produced by bacteria and yeast during fermentation.

Kombucha exhibited increased free radical scavenging activities during fermentation. The extent of the activity depended upon the fermentation time, type of tea material, and the normal microbiota of the kombucha culture, which in turn determined the nature of their metabolites. Although free radical scavenging properties of kombucha showed time-dependent profiles, prolonged fermentation is not recommended because of accumulation of organic acids, which might reach harmful levels for direct consumption. The identification of extracellular key enzymes responsible for the structural modification of components during kombucha fermentation and potent metabolites responsible for the free radical scavenging abilities are necessary to elucidate the metabolic pathway during kombucha fermentation. Metabolic manipulations may be one of the effective methods to enhance the antioxidant activities and fermentation efficiency of kombucha.

Kombucha tea as hepatoprotective agent

Kombucha tea has been studied for its hepatoprotective property against various environmental pollutants in animal models and cell lines and it has been shown that it can prevent hepatotoxicity induced by various pollutants. Kombucha tea (prepared from black tea) was tested against paracetamol (Pauline and others 2001), carbontetrachloride (Murugesan and others 2009), aflatoxin B₁ (Jayabalan and others 2010a), cadmium chloride (Ibrahim 2011), TBHP (Bhattacharya and others 2011b), and acetaminophen (Abshenas and others 2012; Wang and others 2014). It was demonstrated that it can effectively attenuate the physiological changes driven by these liver toxicants. The volume of kombucha tea, number of doses, treatment period, and the method of administration used in these studies were not same. In most of the studies, male albino rats (Pauline and others 2001; Murugesan and others 2009; Jayabalan and others 2010a; Ibrahim 2011; Wang and others 2014) were used and a few other studies were conducted with Balb/c mice (Abshenas and others 2012) and isolated murine hepatocytes (Bhattacharya and others 2011a). Hepatoprotective efficacy of kombucha tea was studied by measuring liver toxicity markers (serum glutamic pyruvate transaminase, serum glutamic oxaloacetic transaminase, malondialdehyde, alkaline phosphatase, gamma glutamyl transpeptidase), reduced glutathione, antioxidant enzymes (glutathione-S-transferase, glutathione peroxidase, glutathione reductase, catalase, and superoxide dismutase), various levels of creatinine and urea, nitric oxide levels in liver, and by histopathological analysis of liver tissue. More recently, apoptosis, reactive oxygen species generation, changes in mitochondrial membrane potential, cytochrome c release, activation of caspases (3 and 9) and Apaf-1 were studied to show the hepatoprotective property of Kombucha tea against TBHP (Bhattacharya and others 2011b).

Antioxidant activity and its ability to facilitate both antioxidant and detoxification processes in the liver were ascribed to the hepatoprotection offered by kombucha tea. Wang and others (2014) reported that hepatoprotective effects of kombucha tea against acetaminophen is largely attributed to the presence of DSL, and

Gluconacetobacter sp. A4 was the primary producer of it. Most of the studies concluded that kombucha tea could be beneficial against liver diseases, for which oxidative stress is a well-known causative factor.

Kombucha tea as an anticancer source

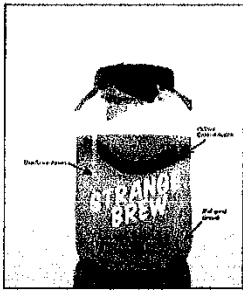
Chemoprevention using a combination of dietary phytochemicals with diverse mechanisms has been proposed as a successful approach to control different types of cancer with fewer side effects. Kombucha tea has been seriously claimed to have anticancer property by kombucha drinkers for many years. Based on personal observations and testimonials, it has been claimed to have anticancer properties and has also been claimed by a population study conducted in Russia by the "Central Oncological Research Unit" and the "Russian Academy of Sciences in Moscow" in 1951 (Dufresne and Farnworth 2000). Cetojevic-Simin and others (2008) investigated the antiproliferative activity of kombucha beverages from black tea and winter savory tea (*Satureja montana* L.) on HeLa cells (cervix epithelial carcinoma), HT-29 (colon adenocarcinoma), and MCF-7 (breast adenocarcinoma) using the sulforhodamine B colorimetric assay. They reported that the antiproliferative effect of kombucha winter savory tea was comparable to that of traditional kombucha black tea; and concluded that kombucha prepared from winter savory tea might have more active antiproliferative components than simple water extracts of winter savory tea. An ethyl acetate fraction of kombucha black tea which contained dimethyl 2-(2-hydroxy-2-methoxypropylidene) malonate and vitexin at a concentration of 100 µg/mL caused cytotoxic effects on 786-O (human renal carcinoma) and U2OS (human osteosarcoma) cells, significantly reduced the cell invasion and cell motility in A549 (human lung carcinoma), U2OS and 786-O cells, and reduced the activities of matrix metalloproteinase-2 (MMP-2) and MMP-9 in 786-O cells and MMP-2 activity in A549 cells (Jayabalan and others 2011). Lyophilized kombucha tea extract significantly decreased the survival of prostate cancer cells by downregulating the expression of angiogenesis stimulators like matrix metalloproteinase, cyclooxygenase-2, interleukin-8, endothelial growth factor, and human inducible factor-1α (Srihari and others 2013a). This study showed the remarkable potential of kombucha in inhibiting angiogenesis through alterations in the expression of angiogenic stimulators.

The possible anticancer mechanisms of tea polyphenols accepted by most researchers now are as follows: (1) inhibition of gene mutation; (2) inhibition of cancer-cell proliferation; (3) induction of cancer-cell apoptosis; and (4) termination of metastasis (Conney and others 2002; Ioannides and Yoxall 2003; Park and Dong 2003). Anticancer properties of kombucha tea might be due to the presence of tea polyphenols and their degradation products formed during fermentation.

Reported toxicity of kombucha tea

Although kombucha tea has been reported to have curative effects, there is some evidence of toxicity associated with it. Some individuals have reported dizziness and nausea after consuming certain kombucha products. Two cases of unexplained severe illness have also been reported following kombucha consumption (Centers for Disease Control and Prevention 1995). Kombucha tea is contraindicated in pregnant and lactating women. It has been found to cause lead poisoning and gastrointestinal toxicity in 2 individuals. The presence of anthrax *Bacillus* in kombucha tea fermented in unhygienic condition was reported by Sadjadi (1998). Further, Gamundi and Valdivia (1995) stated the risks of

► SPECIAL REPORT



Kombucha Brewing Under the Food and Drug Administration Model *Food Code*: Risk Analysis and Processing Guidance

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Abstract Kombucha is a fermented beverage made from brewed tea and sugar. The taste is slightly sweet and acidic and it may have residual carbon dioxide. Kombucha is consumed in many countries as a health beverage and it is gaining in popularity in the U.S. Consequently, many retailers and food service operators are seeking to brew this beverage on site. As a fermented beverage, kombucha would be categorized in the Food and Drug Administration model *Food Code* as a specialized process and would require a variance with submission of a food safety plan. This special report was created to assist both operators and regulators in preparing or reviewing a kombucha food safety plan.

Introduction

Kombucha is a fermented beverage made from brewed tea and sugar. The taste is slightly sweet and acidic and it may have residual carbon dioxide. Kombucha is consumed in many countries as a health beverage. It is believed to have prophylactic and therapeutic benefits toward a wide variety of ailments (Greenwalt, Steinkraus, & Ledford, 2000).

The kombucha process resembles a vinegar fermentation. Like vinegar, kombucha is a yeast fermentation of sugar to alcohol followed by a bacterial fermentation of alcohol to acetic acid. The symbiotic culture forms a pellicle or biofilm on the surface of the brew often called a mushroom or SCOBY (symbiotic culture of bacteria and yeast). The yeasts in the mixture metabolize sucrose into glucose and fructose, then into ethanol and carbon dioxide (Mayser, Fromme, Leitzmann, & Gründer, 1995). Ethanol is then oxidized by the bacteria (in the presence of air) to acetaldehyde, then to acetic acid (Mayser et al., 1995). Typically, the alcohol and acetic acid

content of kombucha is less than 1%, respectively, but each can rise to 3% during a long ferment (~30 days; Mayser et al., 1995). The acetic acid bacteria also utilize glucose to produce gluconic acid to approximately 2%. Fructose is used to a lesser extent and some remains after the fermentation. Some glucose will remain unmetabolized, and together with the remaining fructose, provides sweetness.

As a fermented beverage, kombucha would be categorized in the Food and Drug Administration (FDA) model *Food Code* as a specialized process. A retail or food service operator would need to request a variance from their regulatory authority as defined in the *Food Code* section 3-502.11 (Food and Drug Administration [FDA], 2009). This section also requires that the operator submit a food safety plan to the regulatory authority for approval before commencing operations. Below is a hazard analysis and critical control points (HACCP)-based risk analysis of the process to help both operators and regulators maintain safe production of kombucha.

Process Flow

Naturally, kombucha recipes will vary. The general process has been described by Greenwalt and co-authors (2000) and includes infusing tea leaves (~4–5 g/L) into freshly boiled water. Sugar (sucrose) is added at 50–150 g/L (5% to 15%). The tea is allowed to brew for approximately 10 minutes and the tea leaves are removed. The tea is cooled to room temperature and approximately 100 ml/L (10%) of fresh-fermented kombucha containing the microbial mat from a previous batch is added to the sweetened tea. It is then covered with a clean porous cloth (e.g., cheese cloth) and incubated at room temperature for about 7–10 days. If the fermentation is allowed to continue beyond 10 days, acidity may rise to levels potentially harmful to consumers (equivalent to drinking undiluted vinegar).

Kombucha Hazards Analysis (Table 1)

Biological Hazards

Most boiling water with black or green tea infusions start at a pH of ≤ 5 . Once fermentation starts that pH is reduced in approximately seven days to a finishing pH of ≤ 2.5 . Fermentations such as wort to beer have a similar pH reduction during fermentation, although beer will finish closer to pH 4. Since the initial infusion uses boiling water we consult Table A of section 1-201.10(B) (FDA, 2009) to determine if this is a potentially hazardous food (PHF). The tea infusion would not be a PHF if the pH were ≤ 4.6 . Since the tea is heated but not packaged, however, it may be subject to contamination after cooling. Therefore, we must also consult Table B of section 1-201.10(B) (FDA,

TABLE 1

Kombucha Hazards Analysis

Step	Description	Hazards Created, Eliminated, or Reduced	Preventative Measures
1	Boil water.	Potable water should be free of hazards.	Boiling water will kill vegetative pathogens.
2	Add tea and sugar and steep 10 minutes.	Biological: sporeformers may be heat shocked and germinate.	<i>Clostridium perfringens</i> and <i>Bacillus cereus</i> do not grow well or at all at pH ≤ 5 . <i>Clostridium botulinum</i> can grow down to pH 4.7. The addition of an active fermentation culture will outcompete sporeformers to prevent growth.
3	Remove tea leaves and cool.	Biological: cross contamination.	Use clean and sanitized utensils. Keep container covered with clean and sanitized porous cloth (e.g., cheese cloth). The pH of ≤ 5 will prevent <i>C. perfringens</i> outgrowth. Therefore cooling parameters need not be monitored.
4	Add 10% inoculum.	Biological: mold or wild culture cross contamination.	Use a commercially purchased culture on first use. Reuse only culture from kombucha that shows no signs of mold or unusual contamination. The pH of the reused culture should be ≤ 4.2 to minimize the potential for acid resistant pathogens.
5	Ferment at room temperature 7–10 days.	Biological: pathogen, mold, or wild culture growth. Chemical: acetic acid can leach metal.	Ferment anaerobically (in the presence of air) to ensure acetic acid production to pH ≤ 4.2 . The typical end point is pH 2.5. Ferment in a safe, nonmetallic food-grade container.
6	Refrigerate covered.	Biological: overfermentation may increase acetic acid to hazardous levels. As fermentation slows, mold growth potential increases.	Refrigeration at pH ≤ 4.2 would not be required for food safety, but it should be used for quality and to prevent spoilage from molds. Refrigerated kombucha should be covered, preferably with a tight fitting lid. This way a small amount of carbon dioxide will build up and minimize mold growth.
7	Filter or remove culture mass.	Biological: cross contamination.	Use clean and sanitized utensils.
8A	Option 1: consume on premises.	Chemical: a potential for acidosis or acid ingestion exists. If mold is present mycotoxins could form.	The pH end point should be ≥ 2.5 . Overfermentation can increase acetic acid to hazardous levels. Consumers should be notified that no more than 4 oz. per day is recommended and that they should not be immunocompromised.
8B	Option 2: package for retail sale.	Biological: spoilage with mold or yeasts. Over fermentation producing excessive acetic acid.	Option 1: Pasteurize—hot fill at 180°F into clean containers. Cap and invert 15 seconds. Cool. Option 2: Fill packaging at any temperature and store refrigerated with a shelf life that precludes mold development, excessive acetic acid, or excessive carbon dioxide buildup. Option 3: Same as option 2, but add 0.1% sodium benzoate and 0.1% potassium sorbate to prevent mold growth.
	Option 2: labeling.	Chemical: a potential for acidosis or acid ingestion exists.	Consumers should be notified that no more than 4 oz. per day is recommended and that they should not be immunocompromised. They also should be made aware that small amounts of alcohol may be present. Labeling claims are outside the scope of this article, but health claims would not be recommended (e.g., "cure health problems").

2009) that requires a pH ≤ 4.2 to be a non-PHF. Since kombucha starts at a potentially hazardous pH (~ 5) and finishes below 4.2 this process would require food safety monitoring to ensure safety. This is also confirmed in the *Food Code* under section 3-502.11 (FDA, 2009), where it requires a food safety plan for any process that uses acidification to make a PHF into a non-PHF.

Chemical Hazards

FDA has evaluated the practices of several commercial producers of the kombucha and found

no pathogenic organisms or other hygiene violations (Centers for Disease Control and Prevention [CDC], 1996). Kombucha consumption has proven to be harmful in only a few documented instances (Srinivasan, Smolinske, & Greenbaum, 1997). The possibility of toxic effects when kombucha is consumed in large quantities became a concern after two incidents in the U.S. in 1995. One individual died from perforations of the intestinal tract and severe acidosis. It was speculated that because she had recently increased her consumption threefold to 12 oz. that kombucha was the

cause. The surviving victim mentioned that she increased the length of the fermentation time from 7 days to 14 days, and she could hardly manage swallowing the very acidic tea but did anyway. It was later determined that the individuals had severe preexisting conditions that made them susceptible to acidosis. These two cases of illness were investigated to determine if kombucha played a role in the development of metabolic acidosis or other toxic effects. It was concluded that kombucha is not harmful at about 4 oz. per day; however, potential risks are associated with excessive consumption or

consumption by an individual with preexisting health problems (CDC, 1995).

Alcohol is certainly debatable as a hazard, but is not debatable as an impetus for taxes. Recently Severson (2010) reported some commercial producers of kombucha were forced to recall unpasteurized versions from grocery store shelves when the alcohol content exceeded 0.5%. Some brands continued to ferment and may produce up to 3% alcohol in the bottle. This happens because yeast continues to ferment sugars producing alcohol and carbon dioxide. In a closed container the buildup of carbon dioxide inhibits the conversion of alcohol to acetic acid.

Controlling Food Safety

Critical Control Points, Critical Limits, Monitoring, Corrective Actions, and Record Keeping

Of all of the steps in Table 1, only one is critical to prevent the potential for acid-resistant pathogens; step 5. In this step the fermentation proceeds from pH ~5 to ≤4.2. Therefore the critical limit is pH ≤4.2. The pH should be monitored using a calibrated digital pH meter for ease and accuracy (versus paper). The main corrective action if the pH > 4.3 would be to continue fermentation and remeasure. If the pH does not reach pH ≤4.2 in seven days the culture is most likely contaminated or the fermentation temperature is too cold. In this case discard is recommended. Start a new batch with a newly purchased commercial culture. A record of the pH of kombucha should be kept to verify that the safe pH level has been reached. An example would be to create a simple table (Table 2). For each batch, mark the start date (manufacture date) and starting pH, then mark each successive pH measurement until pH ≤4.2. You may optionally continue to measure pH since the operational target is 2.5. Operators will also need to keep a calibration log (Table 3). If the pH goes below 2.5 the operator can add fresh brewed tea to return it to pH ≥2.5. A pH measurement guide including calibration instructions can be found at http://extension.usu.edu/files/publications/publication/FN_Food_Safety_2008-01.pdf.

Good Manufacturing Practices

Controls and preventative measures that don't meet the threshold of being critical, but

**TABLE 2
Kombucha pH Log**

#	Start Date/pH	Date/pH	Date/pH	Date/pH	Date/pH	Date/pH	Date/pH
1							
2							
etc.							

**TABLE 3
pH Calibration Log**

Date/pH*	Date/pH*	Date/pH*	Date/pH*	Date/pH*	Date/pH*

Note. Record date of calibration, calibration pH, and *initials of calibrator. Indicate manufacturer's suggested calibration interval (usually daily).

nonetheless are needed to ensure safety, are contained in good manufacturing practices and standard operating procedures (SOPs). These controls are found in Table 1 under preventative measures. Using these preventative measures is recommended.

1. Use hot (≥165°F) water to steep tea (kills vegetative pathogens if present).
2. Use only clean and sanitary equipment and utensils.
3. Use a commercially purchased culture on first use. Reuse only culture from kombucha that shows no signs of mold or unusual contamination.
4. Kombucha with a pH of below 2.5 or that tastes especially acidic should not be offered to consumers. A corrective action would be to dilute the high acidity with fresh brewed tea until pH ≥ 2.5, but never higher than pH 4.2.
5. Discard all kombucha that is showing signs of mold contamination. Do not reuse for inoculum.
6. Consumer warnings: Consumers should be notified that no more than 4 oz. per day is recommended (see CDC references) and that they should not be immunocompromised. Furthermore, they should be made aware that minor amounts of alcohol may be present.

7. Health claims: kombucha is suggested to offer health benefits. Operators are discouraged from marketing or labeling health claims such as drinking will "cure" some ailment.

SOPs

SOPs are written, step-by-step instructions to accomplish a food safety objective. The following are recommended.

1. A detailed pH measurement and calibration SOP.
2. A detailed process instruction sheet to tell employees how to make kombucha using the food safety measures outlined in this report. The SOP must describe how employees will measure and record on a pH log.

Retail Sale of Kombucha (Packaging)

Retail sale of kombucha is beyond the scope of this report. Described below, however, are some minimum concerns to this specialized process.

Many commercial processors bottle kombucha. The main food safety hazard is acid-resistant pathogens. Bottling kombucha at a pH ≤4.2 will ensure no pathogen growth. Another hazard is bottling an actively fermenting kombucha beverage. Carbon dioxide will build up inside the container causing pressure. As the pressure exceeds the ability of the container to hold it, leakage or breakage occurs. Bottles

can explode, forming projectile hazards. The last concern is shelf life, where spoilage from mold can occur or alcohol can build up $\geq 0.5\%$. Typically, as a little carbon dioxide builds up, acetic acid production will cease. So an excess acid hazard is unusual.

Fermented beverages (foods) are exempt from acidified foods canning regulations. Therefore they do not need any filings or notifications to FDA. Likewise, any refrigerated beverage (food) is also exempt from these same regulations.

Option 1: The best method is to pasteurize kombucha for bottling. Pasteurization will kill the culture preventing carbon dioxide or alcohol buildup in bottles. A simple recommendation is to heat kombucha to 180°F and bottle immediately. After 30 seconds invert bottle and hold for another 30 seconds. Allow bottles to cool. Pasteurized and bottled kombucha with a pH ≤ 4.2 is shelf stable (room temperature).

Option 2: This method relies on refrigeration and antifungal preservatives to minimize hazards and spoilage. Add 0.1% sodium benzoate and 0.1% potassium sorbate to kombucha with a pH ≤ 4.2 . Bottle kombucha at any temperature. Keep refrigerated until use. Benzoate and sorbate will prevent mold growth and minimize yeast growth. Minimal to no growth of acetic acid bacteria will occur in bottles without significant oxygen. A refrigerated shelf life will need to be determined based on eventual yeast growth with carbon dioxide and alcohol production. If this proves difficult the operator may want to find a commercial kombucha culture with yeasts that do not grow well at refrigeration temperature.

Option 3: This method relies on refrigeration alone to minimize hazards and spoilage. Bottle kombucha at any temperature. Keep refrigerated until use. A refrigerated shelf life will need to be determined based on eventual yeast growth with carbon dioxide and alcohol production. If this proves difficult the operator may want to find a commercial kombucha culture with yeasts that do not grow well at refrigeration temperature.

Operators seeking to package kombucha for retail sale must also address labeling. Labeling issues are not covered here and operators are encouraged to inquire with their regulator or their state's department of agriculture. Generally, regulators who oversee grocery (retail) have information on requirements for retail labels.

Questions and Answers

Can I make diet or low-sugar kombucha?

No. The sugar is required as part of the fermentation process. Without sugar no alcohol is produced and without alcohol no acetic acid can be produced.

I make kombucha using tea and other ingredients (e.g., fruit). Can I still use this guideline?

Yes, provided the added ingredient does not raise the starting pH over that of the original tea (\sim pH 5). It might still be safe to brew using higher starting pH levels, but the operator would need to consult a processing authority.

Can I use this report as my HACCP Plan?

This report contains some of the information needed for an HACCP plan, just not in the typical table format. If the regulatory authority will accept it, it is sufficient. Copies of the recipe(s), a pH log, pH meter calibration log, and SOPs would need to be added to complete the food safety plan. If the kombucha is bottled, information on safe bottling and labels must also be included.

How strict is the recommendation from the CDC about limiting consumption of kombucha to 4 oz. per day?

The CDC recommendations are exactly that—recommendations. They are in response to two older and ill persons who became ill. One died. The analysis suggested they drank 12 oz. per day of very acidic kombucha. So, the recommendations are not to overferment kombucha and limit servings.

I've read that the kombucha culture is sensitive to sanitizers. How can I sanitize utensils and wares so the culture is not harmed?

FDA model *Food Code* section 4-703.11 permits submerging previously cleaned wares and utensils in hot water ($\geq 160^\circ\text{F}$) for ≥ 30 seconds. This will sanitize the wares and not leave any chemical residue. ☞

Corresponding Author: Brian Nummer, Associate Professor, Nutrition, Dietetics and Food Sciences, Utah State University, 8700 Old Main Hill, Logan, UT 84322. E-mail: brian.nummer@usu.edu.

References

- Centers for Disease Control and Prevention. (1995). Unexplained severe illness possibly associated with consumption of kombucha tea—Iowa. *Morbidity and Mortality Weekly Report*, 44(48), 892–900.
- Centers for Disease Control and Prevention. (1996). CDC editorial note. *Journal of the American Medical Association*, 275(2), 97–98.
- Food and Drug Administration. (2009). *Food code*. Retrieved from <http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/UCM2019396.htm>
- Greenwalt, C.J., Steinkraus, K.H., & Ledford, R.A. (2000). Kombucha, the fermented tea: Microbiology, composition, and claimed health effects. *Journal of Food Protection*, 63(7), 976–981.
- Mayser, P., Fromme, S., Leitzmann, C., & Gründer, K. (1995). The yeast spectrum of the "tea fungus kombucha." *Mycoses*, 38(7–8), 289–295.
- Severson, K. (2010). *Kombucha may be treated like alcohol, government says*. Retrieved from <http://dinersjournal.blogs.nytimes.com/2010/06/25/kombucha-may-be-treated-like-alcohol-government-says/>
- Srinivasan, R., Smolinske S., & Greenbaum, D. (1997). Probable gastrointestinal toxicity of kombucha tea. *Journal of General Internal Medicine*, 12(10), 643–644.

James Coghlan

Summary of Care, generated on Mar. 13, 2018

Patient Demographics - Male, born [REDACTED]

Patient Address [REDACTED]	Communication [REDACTED]	Language English - Spoken (Preferred) English - Written (Preferred)	Race / Ethnicity Unknown / Unknown
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Note from Kaiser Permanente Southern California

This document contains information that was shared with James Coghlan. It may not contain the entire record from Kaiser Permanente Southern California.

Encounter Details

Date 10/18/2017	Type OFFICE VISIT - MH/BH	Department PSYCHIATRY [REDACTED]	Care Team Eukuzawa, Masavulfi (N.P.) N.P. [REDACTED]
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Allergies - as of this encounter

Active Allergy	Reactions	Severity	Noted Date	Comments
Penicillins Class	Skin Rash and/or Hives		11/24/2008	
Trazodone Hydrochloride	Other		03/23/2009	priapasm

Medications - as of this encounter

Prescription	Sig.	Disp.	Start Date	End Date	Status
busPIRone (BUSPAR) 15 mg Oral Tab	Take 1 tablet by mouth 2 times a day	60	10/04/2017	12/19/2019	Active
predniSONE (DELTASONE) 10 mg Oral Tab	Take 2 tablets orally 2 times daily for 3 days, then 1 tablet 2 times daily for 3 days, then 1 tablet daily for 3 days, then 1/2 tablet daily for 3 days	23	02/10/2015	02/15/2018	Discontin
LOrazepam (ATIVAN) 0.5 mg Oral Tab	Take 1 to 2 tablets orally daily at bedtime as needed for insomnia	30	02/10/2015	10/18/2017	Discontin
triamcinolone Acetonide (TRIDERM) 0.1 % Top Crea	Apply to affected area(s) 2 times a day	60	02/10/2015	02/15/2018	Discontin
Tamsulosin (FLOMAX) 0.4 mg Oral 24hr SR Cap	1 tablet at bedtime	100	07/06/2017	02/15/2018	Discontin
Acetaminophen-Codaine (TYLENOL #3) 300-30 mg Oral Tab	Take 1 tablet by mouth every 6 hours as needed for pain. Do not exceed 4 tablets in 24 hours	20	07/10/2017	01/06/2018	Expired
oxyCODONE-Acetaminophen (PERCOCET/ENDOCET) 5-325 mg Oral Tab	Take 1 to 2 tablets by mouth every 4 to 6 hours as needed for pain. Do not exceed 12 tablets in 24 hours	30	07/27/2017	01/26/2018	Expired
FLUoxetine (PROZAC) 20 mg Oral Cap	3 caps qd			10/18/2017	Discontin
Mirtazapine (REMERON SOLTAB) 45 mg Oral Rap Dis Tab	1/2 of 45 tablets			10/18/2017	Discontin
FLUoxetine (PROZAC) 40 mg Oral Cap	Take 1 capsule by mouth daily	30	09/14/2017	11/29/2017	Discontin
Mirtazapine (REMERON) 15 mg Oral Tab	Take 1 tablet by mouth daily at bedtime	30	09/14/2017	12/19/2017	Discontin
Sildenafil (REVATIO) 20 mg Oral Tab	Take 5 tablets by mouth 1 hour prior to sexual activity. Do not exceed 5 tablets in 24 hours	40	10/18/2017	12/27/2017	Discontin

Active Problems

Problem	Noted Date
MODERATE ALCOHOL USE DISORDER	10/10/2017
CALCULUS (STONE), OF URETER	07/09/2017
HISTORY OF RENAL CALCULUS (KIDNEY STONE)	11/17/2014
HEMANGIOMA LIVER	10/22/2012
LUMBAR SPONDYLOSIS	10/22/2012
PAINNDROMIC RHEUMATISM	10/22/2012
HYPERLIPIDEMIA (HIGH BLOOD FATS)	10/16/2012
ABNORMAL FASTING GLUCOSE	10/09/2012
EXOSTOSIS	10/09/2012
MODERATE SUBSTANCE USE DISORDER	02/22/2010
ARTHRITIS OF SHOULDER	06/02/2008

Resolved Problems

Problem	Noted Date	Resolved Date
HEMATURIA (RED BLOOD IN URINE)	11/17/2014	03/03/2015
CALCULUS OF KIDNEY (KIDNEY STONE)	10/09/2012	03/03/2015
TOR CUFF SYNDROME	03/26/2007	06/02/2008

Immunizations - as of this encounter

Name	Dates Previously Given	Next Due
TD 7YRS-ADULT (TETANUS, DIPHTHERIA), ADSORBED	06/30/1999	
Tdap (ADACEL) (Tetanus, diphtheria, acellular pertussis)	05/07/2012	

Social History - as of this encounter

Information not available to this user

Fast Filed Vital Signs - in this encounter

Not on file

Ordered Prescriptions - in this encounter

Prescription	Sig.	Disp.	Start Date	End Date
Sildenafil (REVATIO) 20 mg Oral Tab	Take 5 tablets by mouth 1 hour prior to sexual activity. Do not exceed 5 tablets in 24 hours	40	10/18/2017	12/27/2017

Plan of Treatment - as of this encounter

Upcoming Encounters			Care Team
Date	Type	Specialty	
03/29/2018	Allied Health/Nurse Visit	Addiction Medicine	Grimes, Deborah H (L.C.S.W.)

Notes - in this encounter

Not on file

Visit Diagnoses

Diagnosis
MAJOR DEPRESSIVE DISORDER, RECURRENT EPISODE, IN PARTIAL REMISSION

Document Information

Primary Care Provider David Lee (M.D.) Haller M.D. (May 19, 2014 - Oct. 30, 2017)	Document Coverage Dates Oct. 18, 2017
Custodian Organization Kaiser Permanente Southern California	
Encounter Providers Masayuki (N.P.) Fukuzawa N.P. (Attending)	Encounter Date Oct. 18, 2017

)

)

)



6/24/2020

Regarding: James Cochlan
Medical Record #: [REDACTED]

To Whom It May Concern:

James Cochlan is a [REDACTED] year old male followed here at Kaiser's Department of Behavioral Health at the Laguna Hills Office. Since my letter of April 23rd, 2018 Mr. Cochlan has maintained his sobriety and has continued to attend therapy. I have met individually with him three times and he has attended multiple group session in both 2019 and 2020.

Sincerely,

A handwritten signature in cursive script that reads "Deborah H. Grimes".

Deborah H. Grimes LCSW



April 23rd, 2018

Regarding: James Coghlan
Medical Record #: [REDACTED]

To Whom It May Concern:

James Coghlan is a [REDACTED] yr old male followed here at the Kaiser's Department of Behavioral Health at the Laguna Hills office. Since my letter of 12/11/17 Mr. Coghlan has maintained his sobriety and has continued to follow up with me for consistent individual therapy. He is making good progress.

Sincerely

A handwritten signature in cursive script that reads "Deborah H. Grimes LCSW".

Deborah H. Grimes LCSW



12/11/2017

RE: JAMES COGHILAN

Date of Birth: [REDACTED]

Medical Record # [REDACTED]

This is to certify that James Coghlan enrolled in the Kaiser Permanente Chemical Dependency Recovery Program on 9/11/17. An individual treatment plan was developed for him.

James Coghlan has presented a cooperative approach to his treatment. He has attended groups on a regular basis. They consist of education, group therapy, and individual sessions when necessary.

Dates of attendance are as follows:

Individual: 10/2/17; 10/19/17; 11/14/17; 12/7/17

Groups: Outpatient: 10/2/17 through 10/17/17

Day Treatment: 10/21/17 through 11/16/17- 6 days per week.

M.D. Visits: 9/14/17

Please call me if you have any questions at [REDACTED] during clinic operating hours Monday through Friday.

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or has otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

Sincerely,

DEBORAH H GRIMES LCSW

Kaiser Permanente Medical Offices
Orange Rehab Pavilion

MEDTOX LABORATORIES INC.
402 WEST COUNTY ROAD D
ST PAUL, MN 55112
651-636-7466

Jennifer A. Collins, Ph.D.

LABORATORY REPORT

Account #: [REDACTED]
RECOVERYTREK-MYRECOVERYTREK
**IT IS NOT NECESSARY TO SEND
THE EMPLOYER COC COPY TO
RECOVERYTREK

Accession #: [REDACTED]
Specimen I.D.: [REDACTED]
Donor Name/ID: COGHLAN, JAMES
SSN:
Age: Sex:
Reason for test: Reasonable Suspicion/Cause

General Information

Date Collected 07/10/2020 10:30
Date Received 07/11/2020
Date Reported 07/11/2020 2:35PM

TEST(S) REQUESTED	RESULTS	UNITS THERAPEUTIC RANGE
ALPRAZOLAM, ALPHA-OH-ALPRAZOLAM		
LORAZEPAM, ALPHA-HYDROXYTRIAZOLAM		
DESALKYLFLURAZEPAM, MIDAZOLAM		
7-AMINOCLONAZEPAM		
COCAINE METABOLITE	300 NG/ML	150 NG/ML
OPIATES	300 NG/ML	
CODEINE		300 NG/ML
MORPHINE		300 NG/ML
HYDROCODONE		300 NG/ML
HYDRMORPHONE		300 NG/ML
OXYCODONE	100 NG/ML	100 NG/ML
PHENCYCLIDINE	25 NG/ML	25 NG/ML
MARIJUANA METABOLITE	50 NG/ML	15 NG/ML
METHADONE	300 NG/ML	300 NG/ML
METHAQUALONE	300 NG/ML	300 NG/ML
PROPOXYPHENE	300 NG/ML	300 NG/ML
MEPERIDINE	200 NG/ML	100 NG/ML

ALTERNATIVE EXPLANATIONS SHOULD BE EXPLORED FOR ANY POSITIVE FINDING.
THIS PANEL INCLUDES TESTS FOR SPECIMEN VALIDITY.

PLEASE NOTE THAT INCIDENTAL EXPOSURE TO ALCOHOL MAY RESULT IN
DETECTABLE LEVELS OF ETG AND/OR ETS. ETG/ETS RESULTS SHOULD BE
INTERPRETED IN THE CONTEXT OF ALL AVAILABLE CLINICAL AND BEHAVIORAL
INFORMATION.

REFERENCE: SAMHSA ADVISORY, SPRING 2012 VOLUME 11, ISSUE 2

**SOME COMPONENTS OF THE TEST PANEL WERE DEVELOPED AND PERFORMANCE
CHARACTERISTICS DETERMINED BY LABCORP. THEY HAVE NOT BEEN CLEARED
OR APPROVED BY THE FOOD AND DRUG ADMINISTRATION.

Certified by: TOMASZEWSKI, JEFF

** FINAL REPORT **

Collected at 9495813011 MEDTOX collection site #774
CONCENTRA-LAKE FOREST
LAKE FOREST, CA

NON-REGULATED 5 PART DRUG TESTING CUSTODY AND CONTROL FORM



402 W County Rd D
St. Paul, MN 55112

STEP 1

To be completed by **COLLECTOR**
or **EMPLOYER REPRESENTATIVE** Account #

A. Employer Name, Address, I.D. No. B. MRO Name, Address, Phone and Fax No. LAB ACCESSION NO.

Account #

Donor I.D.

Donor Name
(Last, First)

COGHLIN

JAMES

Donor
Daytime
Phone

D. Reason for Test

- Pre-employment Random Reasonable Suspicion/Cause
 Return To Duty Follow-up Post Accident

Other (Specify)

E. Collection Site Name

Collector
Phone No.

Collector
Fax No.

F. Test(s)
Ordered

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark

Specimen Collection:

- Split Single None Provided (Enter Remark)

Observed (Enter Remark)

14008

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

Signature of Collector
Mickie Cole
(PRINT) Collector's Name (First, MI, Last)

Time of
Collection

6:13 PM

AM PM

Date
(Mo./Day/Yr.)

07/21/2022

SPECIMEN BOTTLE(S) RELEASED TO:

- Name of Delivery Service Transferring Specimen to Lab
 FedEx Local Courier
 Other

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Signature of Donor

James Coghlan
(PRINT) Donor's Name (First) MI, Last

7/21/2022
Date

Daytime Phone No.

(313) 914 7323

Evening Phone No.

Date of Birth

Mo. Day Yr.

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). — DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

MEDTOX LABORATORIES INC.
 402 WEST COUNTY ROAD D
 ST PAUL, MN 55112
 651-636-7466

Jennifer A. Collins, Ph.D.

LABORATORY REPORT

Account #: [REDACTED]
 RECOVERYTREK-MYRECOVERYTREK
 **IT IS NOT NECESSARY TO SEND
 THE EMPLOYER COC COPY TO
 RECOVERYTREK

Accession #: [REDACTED]
 Specimen I.D.: [REDACTED]
 Donor Name/ID: COGLAN, JAMES
 SSN:
 Age: Sex:
 Reason for test: Random

General Information

Date Collected: 07/21/2020 09:38
 Date Received: 07/22/2020
 Date Reported: 07/22/2020 12:29PM

TEST(S) REQUESTED	RESULTS	UNITS	THERAPEUTIC RANGE
DRUGS OF ABUSE SCREEN 97037			
DRUG TEST RESULT	NEGATIVE		
ALCOHOL, ETHYL	NEGATIVE	gm/dl	
ETHYL GLUCURONIDE	NEGATIVE	ng/ml	
AMPHETAMINES	NEGATIVE	ng/ml	
MDMA	NEGATIVE	ng/ml	
BARBITURATES	NEGATIVE	ng/ml	
BENZODIAZEPINES	NEGATIVE	ng/ml	
COCAINE METABOLITE	NEGATIVE	ng/ml	
OPIATES	NEGATIVE	ng/ml	
OXYCODONE	NEGATIVE	ng/ml	
PHENCYCLIDINE (PCP)	NEGATIVE	ng/ml	
MARIJUANA METABOLITE (THC)	NEGATIVE	ng/ml	
METHADONE	NEGATIVE	ng/ml	
METHAQUALONE	NEGATIVE	ng/ml	
PROPOXYPHENE	NEGATIVE	ng/ml	
MEPERIDINE	NEGATIVE	ng/ml	
CREATININE	172.7	mg/dl	> = 20
URINE pH	6.2		4.5 - 8.9
NITRITES	NEGATIVE	mcg/ml	< 200

THIS SPECIMEN WAS SCREENED BY IMMUNOASSAY. ANY POSITIVE RESULT HAS BEEN CONFIRMED BY CHROMATOGRAPHY WITH MASS SPECTROMETRY. ETHYL ALCOHOL WAS SCREENED BY AN ENZYMATIc METHOD AND CONFIRMED BY GAS CHROMATOGRAPHY WHEN POSITIVE. THE FOLLOWING THRESHOLD CONCENTRATIONS WERE USED FOR THIS ANALYSIS:

DRUG	SCREENING THRESHOLD	CONFIRMATION THRESHOLD
ETHYL ALCOHOL	0.020 GM/DL	0.020 GM/DL
ETHYL GLUCURONIDE	250 NG/ML	
ETHYL GLUCURONIDE		250 NG/ML
ETHYL SULFATE		100 NG/ML
AMPHETAMINES	500 NG/ML	
AMPHETAMINE		300 NG/ML
METHAMPHETAMINE		300 NG/ML
MDMA		300 NG/ML
MDA		300 NG/ML
MDEA		300 NG/ML
BARBITURATES	300 NG/ML	200 NG/ML
BENZODIAZEPINES	200 NG/ML	100 NG/ML
DIAZEPAM, DESMETHYLDIAZEPAM		
OXAZEPAM, TEMAZEPAM		

REPORT CONTINUED ON NEXT FORM



Certificate Of Congressional Recognition

Presented To

James Coghlan

Community Builder Award

*I Join with Congress and the Residents of the City of Santa Ana in Recognizing
Your Dedication to Community-Building Efforts in the City. I Applaud Your
Vision Towards Creating Successful Individuals and Sustainable Communities.*

April 6, 2016
Date

Loretta Sanchez
Member of Congress

Senate

CERTIFICATE OF RECOGNITION

presented to

James Coghlan, DVM

in honor of receiving the

2016 Santa Ana Community Building Award

*congratulations and thank you for your contributions and commitment to
creating a positive environment, increasing productivity,
and making Santa Ana a great place to live*



JANET NGUYEN

*Senator, Thirty-Fourth District
California State Legislature*

This 6th day of April, 2016

Assembly

CERTIFICATE OF RECOGNITION

PRESENTED TO:

JAMES COGHLAN - DMV

2016 Santa Ana Community Building Award Recipient

CELEBRATE SANTA ANA 2016

In recognition of the outstanding contributions and meritorious service made to the people of Santa Ana and extending very best wishes for continued success in the future.

PRESENTED April 6, 2016



Tom Daly

Tom Daly
Assemblymember
69th District



County of Orange

Certificate of Recognition

is hereby presented to

James Coghlan DVM
17th Street Animal Hospital

in recognition of achieving the

2016 Santa Ana Community Building Award

*IN HONOR OF YOUR CONTRIBUTIONS TOWARDS
STRENGTHENING THE COMMUNITY SPIRIT OF SANTA ANA.
CONGRATULATIONS ON THIS OUTSTANDING ACHIEVEMENT.*

This 6th day of April, 2016



ANDREW DO

*Supervisor, First District
Orange County Board of Supervisors*

Welcome to The Talk Awards



As a company, we vow to benefit consumers and businesses alike by providing comprehensive and accurate research in the area of customer satisfaction for businesses in the United States and Canada. We will accomplish this through a fair and balanced rating system that combines data collected from customer reviews, surveys, blogs, social networks, business-rating services, and other honors and accolades to determine the top consumer-rated businesses across the United States and Canada.

[Learn more](#)

Rated Among the Best? Now What?

Spread the News! Awards are meant to be touted, displayed and celebrated for a job well done. You worked hard to earn your award and are part of the customer-service elite. Don't let your efforts go unrecognized. Promote your award to:

- Attract New Customers
- Retain Current Customers
- Motivate Employees
- Improve SEO with Good News



Leverage Your Award

Show your staff, customers and competition that your business is part of the customer service elite with custom promotional materials, including:

- **Plaque of Honor or Winner's Certificate** — Includes your company name, star rating and category.
- **Star Page Upgrade** — Get more information to consumers with the Star Page Upgrade.
- **Custom Press Release** — Written and edited by our expert writers using keywords and links for Search Engine Optimization.
- **Company Profile** — Written, edited and designed by our team with full-color glossy reports.



Featured Award Winners

Joker's Bar and Grill
 Restaurants
 Twin Falls, ID

Prescott Pines Inn
 B&B
 Hotels & Travel
 Prescott, AZ

Rub's Chris Steak House
 Restaurants
 Destin, FL

Leo Hall Salon
 Beauty & Spas
 Evansville, IN

17th St. Animal Hospital
 Pets
 Santa Ana, CA

Q Hair Salon
 Beauty & Spas
 Alexandria, VA

Bellflower Dental Group
 Health & Medical
 Bellflower, CA

Crystal Springs Dental
 Health & Medical
 Bonnah, WA

Anchor Auto Body
 Automotive
 Sunnyvale, CA

Caroline Home Remodeling
 Contractors
 Charlotte, NC

Winners of this award, including the most recognized and awarded businesses in your area, are recognized as the national winners of the award. The award is presented by The Research Company, a leading provider of business and consumer research services. The award is presented to the winners of the award.

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CERTIFICATE OF ATTENDANCE

James Coghlan, DVM, BS



United States

WVC 92nd Annual Conference

February 15-19, 2020

AAVSB-RACE Provider #3-39436

49 CE hours of Veterinary Continuing Education

were presented via lectures and interactive sessions by

WVC in Las Vegas, NV

State of Licensure NJ License #(s) _____

Signature [Handwritten Signature] Date 2/22/20

This program 3-39436 is approved by the AAVSB RACE to offer a total of 942.00 CE Credits (49.00 max) being available to any one veterinarian; and/or 888.00 Veterinary Technician CE Credits (40.00 max). This RACE approval is for the subject matter category(ies) of:

Medical Program _____

Non-Medical Program _____

using the delivery method(s) of: Seminar/Lecture, Lab/Wet Lab. This approval is valid in jurisdictions which recognize AAVSB RACE; however, participants are responsible for ascertaining each board's CE requirements. RACE does not "accredit" or "endorse" or "certify" any program or person, nor does RACE approval validate the content of the program.

Anthony Pease

Anthony Pease, DVM, MS, DACVR
Chief Veterinary Medical Officer
WVC





RECORD OF SESSIONS

James Coghlan

Each lecture is 50 minutes long and provides one hour of CE credit. Labs, Workshops, and Lunch & Learns are recorded by clock hours. Please check with your respective state regarding the acceptance of hours spent inside the Exhibit Hall for continuing education credit. This document is for your personal records and is not reported to RACE by WVC.

Please contact WVC at info@wvc.org or call 866-800-7326 if you have any questions regarding sessions not already indicated in your My Record, such as Hands-on Labs, Lunch & Learns, and Workshops.

At the 92nd Annual Western Veterinary Conference February 15-19, 2020, I attended the following:

Code	Session	Date	Start	End	CE Credits
SA067	Clinical Decision Making for Fractured Teeth: Are Bonded Sealants Appropriate?	February 16, 2020	11:00 am	11:50 am	1
SA041	So You Think You're Smarter Than a Clinical Pathologist?? Stump the Chump	February 16, 2020	2:00 pm	2:50 pm	1
SA042	Pitfalls! The Most Common Clinicopathologic Mistakes	February 16, 2020	3:00 pm	3:50 pm	1
SA043	When to Panic: Clinical Pathology Red Flags	February 16, 2020	4:00 pm	4:50 pm	1
SA044	The Body's Trashcan: A Look at the Liver through the Clinical Pathology Lens	February 16, 2020	5:00 pm	5:50 pm	1
S27B	I Know that Dog Has Chronic Pain: Convincing the Owner	February 17, 2020	9:00 am	9:50 am	1
SA291	Pseudomonas Otitis: What to Do When Nothing Works	February 17, 2020	10:35 am	11:25 am	1
SA289	N-Acetylcysteine: New Wonder Ear Drug?	February 17, 2020	11:35 am	12:25 pm	1
S33A	No More Stones: Treatment & Prevention of Uroliths in Cats	February 17, 2020	2:00 pm	2:50 pm	1
S33B	FIE, FIC, FUS, IBD: Deciphering the Secret Code of House Soiling in Cats	February 17, 2020	3:00 pm	3:50 pm	1
SA314	Fungal Disease in Cats: From the Nose to the Lung	February 17, 2020	4:35 pm	5:25 pm	1
SA315	Challenging Respiratory Diseases: A Case-based Discussion	February 17, 2020	5:35 pm	6:25 pm	1
SA343P	Cruciate Controversies Panel, Part I: Diagnosing & Managing the Patient with a Partial CrCL Tear	February 18, 2020	8:00 am	8:50 am	1
SA344P	Cruciate Controversies Panel, Part II: Meniscus Injury	February 18, 2020	9:00 am	9:50 am	1
SA345P	Cruciate Controversies Panel, Part III: Cruciate Injury in the Juvenile Dog	February 18, 2020	10:35 am	11:25 am	1

Code	Session	Date	Start	End	CE Credits
S44A	Current Concepts: Treatment/Prevention of Bacterial Urinary Tract Infection	February 18, 2020	2:00 pm	2:50 pm	1
S44B	Stuck In the Stone Age: What You Need to Know	February 18, 2020	3:00 pm	3:50 pm	1
S40A	Fever of Unknown Origin in Cats	February 19, 2020	8:00 am	8:50 am	1
S40B	How to Manage & Prevent Upper Respiratory Tract Infections in Cats	February 19, 2020	9:00 am	9:50 am	1
SA273	There Is "Fun" in Funduscopy! Practical Tips on Improving Your Ophthalmic Exam Skills	February 19, 2020	10:35 am	11:25 am	1
SA274	All Looks Blue... What to Do?	February 19, 2020	11:35 am	12:25 pm	1
Total CE Credits					* 21



CERTIFICATE OF ATTENDANCE

James Coghlan, DVM, BS



United States

**WVC 90th Annual Conference
March 3-8, 2018**

AAVSB-RACE Provider #3-31722
57 CE hours of Veterinary Continuing Education
were presented via lectures and interactive sessions by
WVC in Las Vegas, NV

State of Licensure VA License #(s) _____
Signature [Handwritten Signature] Date 3/8/2018

This program 3-31722 is approved by the AAVSB RACE to offer a total of 942.00 CE Credits (57.00 max) being available to any one veterinarian; and/or 923.00 Veterinary Technician CE Credits (48.00 max). This RACE approval is for the subject matter category(ies) of:

- Category One: Scientific
- Category Two: Non-Scientific-Clinical
- Category Three: Non-Scientific-Practice/Professional Development

using the delivery method(s) of: Seminar/Lecture, Lab/Wet Lab. This approval is valid in jurisdictions which recognize AAVSB RACE; however, participants are responsible for ascertaining each board's CE requirements. RACE does not "accredit" or "endorse" or "certify" any program or person, nor does RACE approval validate the content of the program.

Anthony Pease
Anthony Pease, DVM, MS, DACVR
Chief Veterinary Medical Officer





RECORD OF SESSIONS

James Coghlan

Each lecture is 50 minutes long and provides one hour of CE credit. Labs, Workshops, and Lunch & Learns are recorded by clock hours. Please check with your respective state regarding the acceptance of hours spent inside the Exhibit Hall for continuing education credit. This document is for your personal records and is not reported to RACE by WVC.

Please contact WVC at info@wvc.org or call 866-800-7326 if you have any questions regarding sessions not already indicated in your My Record, such as Hands-on Labs, Lunch & Learns, and Workshops.

Code	Session	Date	Start	End	CE Credits
SA49P	Controversial Topics in Veterinary Dentistry	March 04, 2018	3:00 pm	3:50 pm	1
SA50P	If You Don't Have This, You Should: Equipment & Instruments that Make Your Dental Practice Run Smoother	March 04, 2018	4:00 pm	4:50 pm	1
S304	Urinary Tract Infections: Rethinking the Clinical Diagnosis to Allow Judicious Antibiotic Use	March 05, 2018	9:00 am	9:50 am	1
S29CP	Urinalysis Challenges: What Am I Missing that I Cannot Afford to Miss	March 05, 2018	10:00 am	10:50 am	1
S23D	Canine Infectious Respiratory Disease: Unraveling the Complexity of "Kennel Cough"	March 05, 2018	11:00 am	11:50 am	1
IS4	The Latest on Lyme: Updates on Diagnosis & Multimodal Prevention	March 05, 2018	12:00 pm	1:00 pm	1
EL9	Apoquel & Cytopoint: When & How to Use Zoetis Dermatology Portfolio Solutions for the Best Case Outcome	March 05, 2018	1:30 pm	1:50 pm	1
SA344	Which Antimicrobial, What Dose & for How Long? ISCAID Antimicrobial Use Guidelines for Respiratory Disease	March 05, 2018	3:00 pm	3:50 pm	1
S31C	Wearable Technology for Objective Patient Monitoring in Dermatology	March 05, 2018	4:00 pm	4:50 pm	1
SA165	Update on Acute Pancreatitis in the Dog	March 06, 2018	8:00 am	8:50 am	1
SA360	Surgical Management of Brachycephalic Syndrome	March 06, 2018	9:00 am	9:50 am	1
SA361	Feline Perineal Urethrostomy: A Novel Approach	March 06, 2018	10:00 am	10:50 am	1
S7D	CIRDC: Nothing to Sneeze At	March 06, 2018	11:00 am	11:50 am	1
IS11	A Brave New World of Feline Flea Control	March 06, 2018	12:00 pm	1:00 pm	1

Code	Session	Date	Start	End	CE Credits
EX5	Raptor Medicine: Update on Infectious Diseases of Birds of Prey	March 06, 2018	2:00 pm	2:50 pm	1
SA356	Surgical Management of GDV: The 15-Minute Gastropexy	March 06, 2018	3:00 pm	3:50 pm	1
SA357	The 4 Ligature Splenectomy & Anal Sacculectomy: A Novel Approach	March 06, 2018	4:00 pm	4:50 pm	1
SA358	Surgical Management of Cystic & Urethral Calculi in Dogs	March 06, 2018	5:00 pm	5:50 pm	1
IS16	Google, Online Reviews & More: How to Market Your Vet Clinic in 2018	March 07, 2018	6:30 am	7:30 am	1
SA259	Pet Food Facts, Fallacy & Opinions	March 07, 2018	8:00 am	8:50 am	1
SA58	Newest Concepts for Quadrant Extractions in the Cat	March 07, 2018	9:00 am	9:50 am	1
SA60	Updates on Chronic Feline Gingivostomatitis	March 07, 2018	10:00 am	10:50 am	1
Total CE Credits					* 22

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Rupinder S Goraya, DVM

April 27, 2020

**California Veterinary Medical Board
Re: James Coghlan, DVM**

To Whom It May Concern:

This letter will serve to verify that I have known Dr. James Coghlan for approximately the past ten years. He has been a trusted colleague and friend since then. Dr. Coghlan is an excellent and compassionate veterinarian and has managed and owned a very successful veterinary practice. His small animal practice was a state of the art facility where I did many orthopedic procedures. He is very dedicated to his profession. I believe he is an asset to the community and very much needed.

I have received and reviewed the VMB complaint against Dr. Coghlan and am aware of the accusations and actions by the VMB against his license. His battle with infected kidney stones has apparently been resolved and he is an active member of AA. I met with him briefly at the 2019 WVC conference in Las Vegas where he seemed engaging, healthy and outgoing. He had apparently also attended the 2020 WVC. I have not met with him personally in over a year but we do still keep in touch.

I would kindly recommend that the Board reinstate Dr. Coghlan as his experience and expertise is much needed in our area.

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Sincerely



Rupinder S Goraya, DVM



VETERINARY DIAGNOSTIC SERVICE

Mark Kopit, DVM

May 30, 2020

Veterinary Medical Board
1747 North Market Blvd
Sacramento, CA 95834

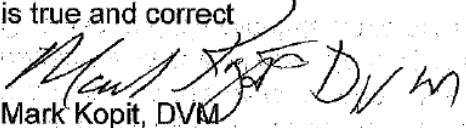
This letter is being written in support of Dr. James Coghlan My name is Mark Kopit, DVM. I operate a mobile diagnostic imaging and internal medicine consultation practice and have approximately 100 veterinary practices I visit. Aside from my primary duties, it gives me the opportunity to observe how my colleagues practice our profession and discuss other issues (eg. business, personal).

One of these practices has been the 17th Street Animal Hospital owned and operated by Dr. James Coghlan. I have known Dr. Coghlan professionally for over 15years through my practice. He has always been knowledgeable, attentive, and considerate regarding his patients and coworkers. Dr. Coghlan's interactions that I've witnessed between Dr. Coghlan and his clientele have always been positive and appeared enjoyable to those clients.

I have received a copy and am aware of the action taken by the California Veterinary Medical Board against Dr. Coghlan's licensure. I am also aware that Dr. Coghlan has undergone several procedures to resolve a stubborn kidney infection and that he has taken preventative measures to avoid recurrence. He also informed me that he attended the 2019 and 2020 Western Veterinary Conference in Las Vegas and is ready to get back to practicing our profession. He also made me aware that he will be 3 years sober this year in June and that he is a proud regular member of a 12 Step Program

It is my opinion that reinstatement of his ability to practice, i.e. his license, should be allowed. He is a credit to our profession.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct


Mark Kopit, DVM
Veterinary Diagnostic Service, Owner, CEO

MAYOR

Miguel A. Pulido

MAYOR PRO TEM

Michele Martinez
Ward 2

COUNCILMEMBERS

P. David Benavides
Ward 4

Vicente Sarmiento
Ward 1

Jose Solorio
Ward 3

Sal Tinajero
Ward 6

Juan Villegas
Ward 5



CITY OF SANTA ANA

May 22, 2018

Board of Veterinary Medicine
State of California
1747 North Market Blvd.
Sacramento, CA 95834

To Whom It May Concern:

This is a letter of recommendation and support for Dr. James Coghlan, veterinarian and owner of 17th Street Animal Hospital in Santa Ana since 1991.

As a client of Dr. Coghlan's animal hospital for over 9 years, I have always been impressed by his skills, knowledge, and his dedication to our community. During a severe canine parvovirus epidemic several years ago, Dr. Coghlan organized a free vaccination clinic for the residents of Santa Ana. It remained an annual event that helped to prevent subsequent disease outbreak. This benevolent gesture was heavily covered by mainstream and Hispanic news media. It served to educate those well beyond Santa Ana as to the importance of pet vaccination.


As a bilingual veterinarian, Dr. Coghlan is a rare asset. His fees are very reasonable and he has saved many pets from euthanasia by offering lower cost procedures for those in need. His reputation has always been outstanding.

When I learned that his hospital was closed due to license revocation, I offered to do what I could to help. The accusations against him simply do not match his professional character.

As the Mayor of Santa Ana, I strongly urge the Veterinary Medical Board to consider giving Dr. Coghlan a second chance. As far as I can gather from the case against him, he has never been accused of incompetence, malpractice, or negligence. The only consumer complaints I am aware of all relate to the fact that he is no longer able to practice and his hospital is closed. His absence is a great loss to our community.

I look forward to his being allowed to practice again as I trust him most for the care of my family's many pets.

Sincerely,


Miguel A. Pulido
Mayor

CITY ATTORNEY
Sonia R. Cavalho

CITY MANAGER
Raul Godinez II

CLERK OF THE COUNCIL
Maria D. Huizar

Candace S. Raney
Veterinary Medical Board
1747 North Market Blvd., Ste. 230
Sacramento, CA 95834

Dear Candace,

This is intended more to be a letter of apology but includes a helpful explanation regarding my case.

I am sincere when I admit that I am truly sorry to all parties involved and that what I did was wrong. I see now how bad my judgement was as I look back upon my actions having had time finally to understand them. I accepted bad advice as doctrine and defended myself with a false wall built of strong community support and government awards. I also felt I was being accused of drinking while at work which I never did. My stand was, in the end, only a shadow that obscured the truth and kept me from receiving the help I so badly needed.

It is indeed true that I was drinking alcohol against the terms of my probation. I had convinced myself that my habit was for my health; that certain elixirs helped to decrease kidney stone attacks, etc. The accompanied alcohol content seemed minimal at the time but indeed soon became a problem. I have since learned that had I admitted my diseases to begin with that I would be both healthy and completely sober and still have my license as I write this. I had never been told that Medical Boards allow for orders of confidential rehabilitation.

So, like a fool, I declined the Board's generous offer to continue my probation term for an additional 18 months **only** because I was denied a short time off from the daily testing regimen. My attorney would not allow me to say more but at the time I so very much wanted to stand and admit on record that it was for me to finally get medical help. I knew I needed time to seek proper psychological therapy and to get off drugs I now know were improperly prescribed for "veterinary burn out" and depression. I needed time for rehabilitation.

I have been in denial for so many years believing I was too strong a person to have depression. As a boss I never wanted to appear weak. I was so focused on my patients and practice that I forgot the old cliché that you need to care for yourself before you can care for others.

Proper attention from a Psychiatrist and a therapist have helped to identify and resolve my long standing struggle with PTSD and depression. For most of my life I have been burdened with suppressed memories and shock of being the sole witness to my Brother's violent death as a teen. I have now learned to cope with that memory and know that I am not alone in carrying the weight of this trauma. I attended a program at the advice of my new Psychiatrist and learned healthy coping skills. Likewise, I had time

off to have lithotripsy to take care of the infected kidney stones that were causing me to feel painful and drained. I now feel better than I have in years thanks to the help of the wonderful doctors who finally gave me the proper care I desperately needed.

I would like to offer assistance to the board by perhaps consulting regarding cases similar to my own. Like me, there are very good veterinarians whom are being stubborn as I had been for not admitting to alcohol use or other addictions. They are afraid that they will lose their license if they say anything and may be entirely unaware, as I was, of any rehabilitation programs offered by State Medical Boards.

I am forever indebted to the VMB process. I now have my life, my health and my family back because of it. I know the Board only had my own and my clients best interests in mind and for this I am truly grateful. Please accept my apologies and if I could make any amends for the trouble I caused please let me know.

Lastly, I do not believe I will be charged for practicing without a license. I was there only to help with records transfers and to keep complaints to the Board of my absence to a minimum. All clients were informed that I could not practice veterinary medicine and I took every precaution to refer cases appropriately.

Sincerely,

James Coghlan, DVM



EXHIBIT 5

BEFORE THE
VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation and
Petition to Revoke Probation Against:

JAMES C. COGHLAN,

Respondent.

Case No. D1 2006 19

OAH No. 2015040465

ORDER OF DECISION

DECISION

The attached Proposed Decision of the Administrative Law Judge is hereby adopted
by the Veterinary Medical Board as its Decision in the above-entitled matter.

This Decision shall become effective on March 17, 2017

IT IS SO ORDERED this 11th day of February 2017

By: Cheryl W. Stukhouse, MD

BEFORE THE
VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation
and Third Amended Petition to Revoke
Probation Concerning:

JAMES C. COGHLAN, D.V.M.,

Veterinarian License No. VET 9742,

Respondent.

Case No. D1 2006 19

OAH No. 2015040465

PROPOSED DECISION

Administrative Law Judge Roy W. Hewitt, Office of Administrative Hearings, State of California, heard this matter in San Diego, California on December 5, 6, 7, 8, and 9, 2016.

Deputy Attorney General Karen L. Gordon, Department of Justice, State of California, represented complainant, Annemarie Del Mugnaio, the Executive Officer of the Veterinary Medical Board, Department of Consumer Affairs, State of California.

Bonnie L. Lutz, Esq. represented respondent, James C. Coghlan, D.V.M., who was present throughout the hearing.

The matter was submitted on December 8, 2016.

FACTUAL FINDINGS

1. On September 1, 1987, Veterinarian License No. VET 9742 was issued to respondent.
2. On November 20, 1990, a premises license was issued to 17th Street Animal Hospital, with respondent as the managing licensee.

History of Discipline

3. On October 29, 2008, an amended accusation was filed against respondent in Case No. AV 2006 19. The amended accusation alleged 16 causes for discipline. In respondent's eventual stipulation in settlement of the amended accusation respondent admitted the following 14 violations: (1) an August 3, 2004, misdemeanor criminal conviction for violating Vehicle Code section 23152, subdivision (b) (driving a motor vehicle with 0.08 percent or more of alcohol in his blood); (2) an April 21, 2004, misdemeanor criminal conviction for violating Vehicle Code section 12500, subdivision (a) (driving without a license); (3) violating Business and Professions Code sections 4081 and 4883, and Code of Federal Regulations section 1304.22 (failing to keep an accounting of controlled substances); (4) violating Business and Professions Code sections 4850 and 4883 (failing to display license in principal place of business); (5) violating Business and Professions Code section 4883 and California Code of Regulations, title 16, section 2030, subdivision (d)(3) (failing to post a notice that no staff were on the premises after hours); (6) violating Business and Professions Code section 4883 and California Code of Regulations, title 16, section 2030, subdivision (e) (failing to post referral for emergency treatment after hours); (7) violating Business and Professions Code sections 4883 and 4342 and California Code of Regulations, title 16, section 2030, subdivision (f)(6) (keeping expired drugs in the clinic); (8) violating Business and Professions Code sections 4883 and 4081 and California Code of Regulations, title 16, section 2032.3 (failing to document in patients charts the amounts of controlled substances given to the patients); (9) violating Business and Professions Code sections 4883 and 4081 and California Code of Regulations, title 16, section 1304.22 (failing to keep complete and accurate controlled substances logs); (10) violating Business and Professions Code sections 4081 and 4883, and Code of Federal Regulations section 1304.11 (failing to reconcile drug inventory with controlled substances log); (11) violating Business and Professions Code section 4883 and California Code of Regulations, title 16, section 2030, subdivision (g)(1) (improperly placing an autoclave in his surgical suite); (12) violating Business and Professions Code section 4883, and Code of Federal Regulations section 1301.75 (improperly securing controlled substances); (13) violating Business and Professions Code sections 4081 and 4883, and Code of Federal Regulations section 1304.22 (failing to properly account for controlled substances); and (14) violating Business and Professions Code sections 4846.4, 4883, and 4885 (failing to report his August 3, 2004, conviction on his June 27, 2006, renewal application).

4. On December 14, 2010, respondent entered into a "Stipulated Settlement and Disciplinary Order" with Deputy Attorney General Karen L. Gordon, counsel for the Executive Officer the Board. The stipulation in settlement of the amended accusation in Case No. AV 20056 19 was adopted by the board and became effective on May 6, 2011. Pursuant to the stipulated settlement, respondent admitted the violations set forth in Finding 3, above, and he was placed on probation for four years under terms and conditions designed to protect the public, some of which are discussed in the "Third Amended Petition to Revoke Probation" section, below, beginning with Finding 23.

Factual Findings Concerning the First Amended Accusation

5. The first amended accusation seeks discipline against respondent based on his care and treatment of two dogs, Luna and Hestia.

Luna

6. Luna, a Maltipoo dog, began treatment at respondent's clinic on May 6, 2011. The morning of March 14, 2012, the owner's grandmother brought Luna to respondent's clinic for an ovariectomy procedure. The owner's grandmother told employees at the clinic that Luna may be pregnant and, if so, the owner wanted to be notified so she could cancel the procedure. Staff told the owner's grandmother that the surgery was scheduled to start at noon and that the owner should call in at noon to check on Luna's status. At 11:06 a.m. the owner was notified that the surgery was over and that she would be charged an extra \$108.00 for the procedure because Luna was pregnant. The owner and her husband were extremely mad and upset so they filed a complaint with the board. Based on the complaint, Luna's medical records were obtained and reviewed by an expert, Lane W. Johnson D.V.M.

7. Dr. Johnson's review of Luna's medical records resulted in the following findings:

Review of the information and medical records provided do not support an unprofessional conduct violation. There are several other violations present in this case. This dog [Luna] was first seen by respondent on 5/6/2011. The record is illegible and no doctor initials are present to determine if an appropriate VCPR [veterinarian-client-patient relationship] was established prior to administering vaccinations. On 1/25/2012 the dog was seen for a skin condition. Incomplete history and physical exam findings are documented and no diagnosis is given. The day of surgery there is no documentation of a physical examination, no anesthetic protocol or drug dosages documented and no post[-]operative instructions to the client are documented. The information provided by the complainant [the owner] indicates a general lack of communication within this practice and with the clientele that should be addressed.

VIOLATIONS [of California Code of Regulations, title 16]

Section 2032.1: Failure to establish a VCPR prior to administering vaccine at first visit

Section 2031.3.a: Records generally illegible

Section 2032.3.a.1: No doctor initials

Section 2032.3.a.6: No history 1/25/2012

- Section 2032.3.a.7: No physical exam findings 5/6/2011,
1/25/2012, and 3/14/2012
- Section 2032.3.a.9: No anesthetic protocol, drugs, dosages and
monitoring 3/14/2012
- Section 2032.3.a.10: No diagnosis 5/6/2011, 1/25/2012 and
3/14/2012
- Section 2032.3.a.12: No instructions to clients for post-operative
care 3/14/2012

RECOMMENDATION:

I recommend a citation and fine in this case for the above listed violations. (Exh. 11)

Dr. Johnson's testimony was consistent with the above quoted portions of his expert report.

8. Respondent's testimony concerning Luna is summarized as follows: He was not at the clinic on May 6, 2011, and the chart notes are not in his handwriting; he did not recognize the handwriting but he could tell a physical examination was done because in the code section of the chart "Ex" is written; on January 25, 2012, "Ex" was written in the chart indicating a physical examination was done and there is a note saying "warm-over vag. Area"; on May 14, 2012, respondent saw Luna and performed a physical examination the results of which are noted in the left-hand margin of the chart note and in the anesthesia/surgery report¹; respondent initialed the anesthesia/surgery report and the report contains physical examination findings, anesthetic protocol, drugs, dosages and monitoring notes; and he "believes post-operative instructions were sent with Luna" but "no copy was put in his [Luna's] records."

9. The evidence presented concerning Luna proved the following by clear and convincing evidence: Whomever saw Luna on May 6, 2011, failed to establish a veterinarian-client-patient relationship with Luna; and overall, on some of the visits Luna's chart notes were not legible and did not contain a veterinarian's signature or initials; additionally, on some of the visits there are no physical examination findings or diagnoses; and no post-operative instructions were provided to Luna's owner.

//

¹ According to respondent the anesthesia/surgery records (Exhibit F) were not provided to the board with the rest of Luna's records. Respondent testified that "the office manager sent them [Luna's medical records] and excluded these [Exhibit F-the anesthesia/surgery records] through inadvertence."

Hestia

Hestia's owner's testimony led to the findings set forth in paragraph 10- 20, below.

10. Hestia, a Neopolitan Mastiff, was born on September 24, 2004. Eric Renezeder, a real estate broker/consultant, purchased Hestia from a local pet store. At some point Hestia began having "a difficult time with bowel movements and was allergic to greens." Mr. Renezeder took Hestia to several specialists and Hestia was placed on a special diet. Sometime prior to December 29, 2012, Hestia "began shaking violently" so Mr. Renezeder took him to respondent's 17th Street clinic. Dr. V. was the veterinarian who attended to Hestia. Dr. V. gave Hestia a "BBD injection under the skin" and prescribed medications. Hestia improved, however, after one week the symptoms returned. Hestia was "breathing heavily and salivating." Mr. Renezeder took Hestia back to respondent's clinic. Dr. V. was not available so Hestia was seen by Dr. M. Dr. M. thought that Hestia may have something stuck in his salivary gland and should have the gland removed. Dr. M. treated Hestia with medications and Hestia began improving.

11. On February 26, 2013, Hestia returned to respondent's clinic and was examined and treated by respondent. Respondent believed Hestia may have a foreign body "not in the salivary gland but somewhere else." Respondent treated Hestia for infection by ordering a complete blood count (CBC) and prescribing "Moxicylin and Flagyl to kill the infection." Hestia's condition continued to deteriorate so respondent recommended surgery to "flush out whatever was in Hestia's neck cavity with some type of pressure." After the surgery respondent told Mr. Renezeder that no foreign body was found, "but Hestia's body would encapsulate the foreign body and reject it through the point of entry." Mr. Renezeder asked if Hestia's condition could be due to cancer. Respondent told Mr. Renezeder that the "chances of cancer were extremely remote, maybe one percent, and although he could not rule out the possibility, it was not likely or within the realm of consideration."

12. On April 25, 2013, respondent performed endoscopic surgery on Hestia. Nothing was found. Respondent mentioned the possibility of another surgery and mentioned the fact that he was concerned that "the foreign object was in a dangerous area for surgery."

13. On June 20, 2013, Hestia returned to respondent's clinic because she was "lethargic and appeared to be dying." Respondent gave Hestia some injections during this visit.

14. On June 29, 2013, respondent re-evaluated Hestia. Based on the re-evaluation respondent told Mr. Renezeder that "the foreign body was in a very strange place."

15. On July 2, 2013, Mr. Renezeder boarded Hestia at respondent's clinic while he went on a trip to Las Vegas. Mr. Renezeder was planning to return from Las Vegas on July 6th. Mr. Renezeder boarded Hestia with respondent so that respondent and his staff could monitor Hestia and see if they could discover exactly what was wrong with her. Respondent and Mr. Renezeder had been discussing the possibility of another surgery and respondent was supposed to

call Mr. Renezeder in Las Vegas when he determined the way he needed to proceed with Hestia's treatment. Mr. Renezeder left an electrical cooler/refrigerator containing Hestia's special diet food in it so that Hestia could be fed food that did not cause any adverse reactions. In sum, respondent was supposed to make sure Hestia was fed her "special food" and medically reassess her.

16. On July 6, 2013, Mr. Renezeder returned to respondent's clinic to retrieve Hestia. When he saw Hestia he was shocked by her condition. She had a "shaved neck and a massive, about nine-inch [sutured] incision." As it turned out, respondent had performed surgery on Hestia without notifying Mr. Renezeder and/or getting his permission/authorization for the surgery. Respondent told Mr. Renezeder that Hestia had cancer. Mr. Renezeder also discovered that the electric refrigerator with Hestia's special diet inside had been "dropped in water and the food was destroyed." Hestia had been fed "canned food" without Mr. Renezeder knowing about the situation. Mr. Renezeder also discovered that Hestia had been fed the morning of her surgery, July 4, 2013.

17. On July 7, 2013, Hestia's "stitches began unraveling." There was "massive bleeding and I [Mr. Renezeder] tried to bandage the incision area."

18. Mr. Renezeder contacted Dr. M. and took Hestia to respondent's clinic to be seen by Dr. M. Dr. M. "admonished me [Mr. Renezeder] for not following his advice to remove Hestia's salivary gland."

19. On November 21, 2013, Hestia died. Mr. Renezeder obtained Hestia's medical records from respondent's clinic, reviewed the records, and then filed a complaint with the board.

20. During the instant hearing, Mr. Renezeder was shown medical records concerning Hestia that he had not received from respondent's clinic with the records provided to him prior to his having filed his complaint with the board. Mr. Renezeder testified that he "believes some of the records were created after the fact."

21. This matter, along with the Luna matter, was reviewed by board expert Lane W. Johnson, D.V.M. Dr. Johnson reached the following opinions/conclusions about respondent's care and treatment of Hestia, as reflected by her medical records: As with Luna, respondent failed to establish a veterinarian-client-patient relationship with Hestia; respondent failed to prepare legible records concerning Hestia for a March 7, 2013, visit to respondent's clinic; respondent failed to prepare records containing the treating doctor's name or initials for Hestia's February 27, March 1, 7, 21, 28, April 19, 25, May 29, and July 4, 2013, visits; respondent failed to prepare legible records concerning pertinent information regarding a radiographic evaluation on April 25, 2013, and a biopsy report evaluation on July 7, 2013; respondent failed to provide legible records containing complete information in the March 7, 2013, anesthesia and surgery report by failing to include the Ketamine/Valium dose; respondent failed to prepare legible records in the April 25, 2013, anesthesia and surgery report by failing to include the route of administering the Ketamine/Valium; respondent was negligent in the practice of veterinary medicine for prescribing

repeated anti-microbial therapy without a diagnosis and sufficient response to the therapy; and respondent was incompetent in the practice of veterinary medicine for failing to perform a physical examination within 12 hours of anesthesia following Hestia's surgeries on April 25, 2013, and July 4, 2013.

22. Respondent and his expert, Dr. Ronald Kelpé, D.V.M., testified in respondent's defense. In large part, Dr. Kelpé relied on the anesthesia and surgery reports in Exhibits F and I, documents that were not provided to the board along with the original records concerning Luna and Hestia.² When shown the anesthesia and surgery reports in Exhibit I during the hearing, the board's expert, Dr. Johnson, testified that she had not seen the surgical/surgery records "before today [December 6, 2016]." This in conjunction with Mr. Renezeder's testimony about his suspicion that some of the documents ultimately provided by respondent had been created "after the fact" (See finding 20), cast suspicion on the authenticity of the anesthesia/surgery records; thus, those records were accorded no weight.

Additionally, respondent's demeanor and testimony during the hearing indicated that he was not being truthful. For example, he testified that when Mr. Renezeder boarded Hestia with him on July 2, 2013, he knew that surgery was going to be performed on Hestia. According to respondent, Mr. Renezeder signed a consent for surgery when he left Hestia in his custody and care on July 2, 2013. That testimony was belied by the "consent" form itself. That form stated, in pertinent part: "Boarding & possible Sedation." If surgery was already anticipated, the "consent form" would not refer to "possible sedation." It is inconceivable that surgery was planned but there was only a possibility anesthesia would be used. The only reasonable interpretation of the consent form coincides with Mr. Renezeder's testimony that Hestia was boarded with respondent for observation and a determination of whether surgery might be necessary. According to Mr. Renezeder, if respondent's observations indicated that surgery should be performed, Mr. Renezeder would be contacted so that surgery could be discussed. This is only one example of respondent's lack of candor. He also testified that the February 27, 2013, chart entry had no

² On April 13, 2012, the board notified respondent that it had received a complaint concerning his care and treatment of Luna. In that correspondence respondent was notified of the following:

You are required to submit the following:

A. A copy of the entire medical record, including any laboratory reports. A typewritten copy of the medical records must be submitted with handwritten records. Please disclose any abbreviations or codes used in the records. . . . (Exh. , AGO-0007)

On May 28, 2014, respondent was sent a letter concerning Hestia. That letter contained the same requirements quoted above.

preliminary diagnosis, he only had a "rule out list" but no diagnosis that day, later during his testimony, at the prompting of his attorney, he referred to the "rule out list" as a tentative diagnosis. Consequently, it was concluded that respondent lacked credibility and his testimony was given little or no weight.

Similarly, respondent's expert's opinions were given little or no weight because, although the expert testified that he had not discussed the case with respondent, he was provided with, and considered, those discounted anesthesia and surgery reports that were found lacking in authenticity.

Factual Findings Concerning the Third Amended Petition to Revoke Probation

Following are the relevant conditions of respondent's probation and a discussion of respondent's violations of those conditions.

23. **Probation Condition 1: Obey all Laws**

"Respondent shall obey all federal and state laws and regulations substantially related to the practice of veterinary medicine."

Respondent violated this condition based on the factual findings and legal conclusions concerning the First Amended Accusation (violations of the laws and regulations substantially related to the practice of veterinary medicine) as set forth herein; and, based on his other probation violations, as set forth below.

24. **Probation Condition 2: Quarterly Reports and Interviews**

Respondent shall report quarterly to the Board or its designee, under penalty of perjury, on forms provided by the Board, stating whether there has been compliance with all terms and conditions of probation

At the beginning of this hearing respondent admitted to violating this condition on several different occasions. In his signed stipulation respondent admitted that he was late in submitting the following quarterly reports: His July 5, 2012, report was submitted on August 14, 2012; his October 5, 2012, report was submitted on May 28, 2013; his April 5, 2013, report was submitted on May 28, 2013, along with his October 5, 2012, report; his July 5, 2013, report was submitted on March 5, 2014; his October 5, 2013, report was submitted on November 26, 2013; his January 5, 2014, report was submitted on March 5, 2014; his April 5, 2014, report was submitted on May 16, 2014; and his October 5, 2014, report was submitted on November 3, 2014. He also admitted that he did not submit a report for the April through June 2014 quarter.

25. Respondent offered many excuses during his testimony; however, given the number of violations (eight out of sixteen reports were late and one not submitted) his excuses were unavailing.

26. **Probation Condition 18: Abstention from Alcohol Use**

“Respondent shall abstain completely from the use of alcoholic beverages.”

Probation Condition No. 16 required respondent to report for alcohol and drug testing, as directed by the board or its designee. As set forth below, respondent did not comply with Condition 16, however, out of the times he reported for testing he tested positive for alcohol 24 times between October 3, 2014, and September 27, 2016. 23 tests were positive for the presence of EtG³ and one was positive for PEth.⁴ Those positive test results were as follows:

1) October 3, 2014:	EtG: 6112 ng/mL ⁵	EtS ⁶ : 1899 ng/mL
2) October 27, 2014:	EtG: 9547 ng/mL	EtS: 2644 ng/mL
3) November 4, 2014:	EtG: 5560 ng/mL	EtS: 1600 ng/mL
4) January 27, 2015:	EtG: 4231 ng/mL	EtS: 1128 ng/mL
5) February 4, 2015:	EtG: 2545 ng/mL	EtS: 957 ng/mL
6) March 26, 2015:	EtG: 3688 ng/mL	EtS: 1306 ng/mL
7) April 29, 2015:	EtG: 999 ng/mL	EtS: 448 ng/mL
8) May 2, 2015:	EtG: 29,401 ng/mL	EtS: 6950 ng/mL
9) September 1, 2015:	EtG: 4960 ng/mL	EtS: 1978 ng/mL
10) September 30, 2015:	EtG: 3412 ng/mL	EtS: 350 ng/mL
11) October 9, 2015:	EtG: 1226 ng/mL	EtS: 565 ng/mL
12) October 13, 2015:	EtG: 1841 ng/mL	EtS: 364 ng/mL
13) November 3, 2015:	EtG: 7869 ng/mL	EtS: 2938 ng/mL
14) March 18, 2016:	EtG: 5269 ng/mL	EtS: 418 ng/mL
15) April 7, 2016:	EtG: 3649 ng/mL	EtS: 618 ng/mL
16) April 20, 2016:	EtG: 1850 ng/mL	EtS: 101 ng/mL
17) June 28, 2016:	EtG: 739 ng/mL	EtS: 204 ng/mL
18) July 11, 2016:	EtG: 1350 ng/mL	EtS: 489 ng/mL
19) July 26, 2016:	EtG: 1116 ng/mL	EtS: 379 ng/mL

³ “EtG” stands for Ethyl Glucuronide, a direct biomarker indicating ethanol/alcohol being present in the urine tested.

⁴ “PEth” stands for Phosphatidylethanol, a direct biomarker. This test is a more accurate biomarker and is used to be certain that a person has consumed alcohol.

⁵ “ng/mL” is an abbreviation for nano grams per milliliter

⁶ “EtS” stands for Ethyl Sulfate and is another direct biomarker used to detect alcohol in the urine. The EtS test is used to confirm a positive EtG test.

20) August 16, 2016:	EtG: 508 ng/mL	EtS: 253 ng/mL
21) August 29, 2016:	EtG: 307 ng/mL	EtS: 99 ng/mL
22) September 7, 2016:	EtG: 935 ng/mL	EtS: 307 ng/mL
23) September 22, 2016:	EtG: 2290 ng/mL	EtS: 857 ng/mL
24) September 27, 2016:	<u>PEth: 302 ng/mL</u> (bold in original)	

Respondent testified that the above listed positive test results must have been the result of extraneous alcohol exposure because, he had not consumed any alcoholic beverages since he was placed on probation. For example: Drinking KombuchaTea; using Purell (a hand sanitizer containing alcohol); consumption of large amounts of sauerkraut and the subsequent fermentation of the sauerkraut in his system; using Scope (a mouthwash); taking certain "daily supplements"; using Cognac for cooking; eating sushi; and other similar use of products containing alcohol or that may ferment into alcohol.⁷

27. Respondent's claim that the positive tests resulted from extraneous alcohol exposure was refuted by the testimony of two experts and a 2012 revised Substance Abuse and Mental Health Services Administration (SAMHSA) "Advisory."

28. The SAMSHA Advisory relied upon by both parties, indicated that if the detected EtG cutoff value was high enough, the EtG test could be relied upon to indicate alcohol consumption as opposed to extraneous alcohol exposure. In pertinent part the SAMSHA Advisory provided:

Because of the common use of EtG to document abstinence in various settings and the grave consequences for false positive, much attention has been given to the cutoff values of EtG. Although further research is needed before firm cutoffs for EtG can be established, sufficient research had been completed to reach the following conclusions [footnote omitted].

- * A "high" positive (e.g., >1,000 ng/mL) may indicate:
 - Heavy drinking on the same day or previously (e.g., previous day or two).
 - Light drinking the same day.
- * A "low" positive (e.g., 500-1,000 ng/mL) may indicate:
 - Previous heavy drinking (previous 1-3 days).
 - Recent light drinking (e.g. past 24 hours).

⁷ This testimony was also considered in determining that respondent's testimony lacked credibility.

-- Recent intense "extraneous" exposure (within 24 hours or less).

* A "very low" positive (100-500 ng/mL) may indicate:

- Previous heavy drinking (1-3 days).
- Previous light drinking (12-36 hours).
- Recent "extraneous" exposure.

29. Two experts, James L. Ferguson, D.O., DFASAM, and Thomas Aucoin, Ph.D, testified in this proceeding. Both agreed with the SAMSHA Advisory. Additionally, both experts agreed that respondent's September 27, 2016, PEth result of 302 ng/mL could not have resulted from anything other than "significant alcohol consumption."

a) Dr. Ferguson, the Medical Director of Recovery Management Services, FirstLab, Inc. testified that in respondent's case, not only did 18 of the 23 positive test results contain EtG's of over 1000 ng/mL ("High Positives"), the fact that the EtS tests in all 23 tests were also positive "is significant" and indicative of "substantial alcohol consumption" and could not have been caused by consumption of KombuchaTea or any of the other extraneous sources mentioned by respondent. As Dr. Ferguson noted, "Here we are looking at abstinence or not."

b) Dr. Aucoin, the Vice President of Laboratory Operations at Phamatech Laboratories, a Forensic Toxicologist who is certified as an expert witness in California, testified that respondent's test results were "consistent with chronic consumption of alcohol" and inconsistent with being caused by extraneous sources. Dr. Aucoin testified that "the question here is compliance with a prohibition against consuming alcohol as opposed to reaching a diagnosis" and respondent's results revealed that he was not in compliance with that prohibition. Respondent's results could only have resulted from alcohol consumption, not some other reason. The results were indicative of "ethanol consumption over a long period."

30. **Probation Condition 16:**

Respondent shall immediately submit to biological fluid testing, at Respondent's cost, upon request by the Board or its designee. . . .

The testimony of Tina Silveira, a manager and supervisor with First Lab, along with the documents concerning respondent's testing compliance, established that on August 30, 2016, respondent was selected for testing but he failed to appear for testing on that day. His failure to appear constituted a violation of Condition 16.

//

LEGAL CONCLUSIONS

Legal Conclusions Concerning the First Amended Accusation

1. The standard of proof in an administrative disciplinary action seeking the suspension or revocation of a professional license is "clear and convincing evidence." (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) "Clear and convincing evidence" requires a high probability of the existence of the disputed fact, greater than proof by a preponderance of the evidence. Evidence of a charge is clear and convincing as long as there is a high probability that the charge is true. (*People v. Mabini* (2001) 92 Cal.App.4th 654, 662.) Conclusions two through nine resulted from clear and convincing evidence.

2. Cause exists for discipline under Business and Professions Code section 4883, subdivision (o), because, as set forth in Findings seven and 21, respondent violated California Code of Regulations, title 16, section 2032.1, by failing to establish veterinarian-client-patient relationships with Luna and Hestia.

3. Cause exists for discipline under Business and Professions Code section 4883, subdivision (o), because, as set forth in Finding 9, respondent violated California Code of Regulations, title 16, section 2032.3, subdivision (a), by failing to prepare legible records concerning Luna containing his initials and physical examination and did not provide Luna's owner with any post-operative instructions.

4. Cause exists for discipline under Business and Professions Code section 4883, subdivision (o), because, as set forth in Finding 21, respondent violated California Code of Regulations, title 16, section 2032.3, subdivision (a), by failing to prepare legible records concerning Hestia on March 7, 2013.

5. Cause exists for discipline under Business and Professions Code section 4883, subdivision (o), because, as set forth in Finding 21, respondent violated California Code of Regulations, title 16, section 2032.3, subdivision (a)(1), by failing to prepare records containing the treating doctor's name or initials for Hestia's February 27, March 1, 7, 21, 28, April 19, 25, May 29, and July 4, 2013, visits.

6. Cause exists for discipline under Business and Professions Code section 4883, subdivision (o), because, as set forth in Finding 21, respondent violated California Code of Regulations, title 16, section 2032.3, subdivision (a)(6), by failing to prepare legible records containing pertinent information regarding a radiographic evaluation on April 25, 2013, and a biopsy report evaluation on July 7, 2013.

7. Cause exists for discipline under Business and Professions Code section 4883, subdivision (o), because, as set forth in Finding 21, respondent violated California Code of Regulations, title 16, section 2032.3, subdivision (a)(9), by failing to provide legible records

containing complete information in the March 7, 2013, anesthesia and surgery report by failing to include the Ketamine/Valium dose.

8. Cause exists for discipline under Business and Professions Code section 4883, subdivision (o), because, as set forth in Finding 21, respondent violated California Code of Regulations, title 16, section 2032.3, subdivision (a)(9), by failing to prepare legible records containing complete information in the April 25, 2013, anesthesia and surgery report by failing to include the route of administering the Ketamine/Valium.

9. Cause exists for discipline under Business and Professions Code section 4883, subdivision (i), because, as set forth in Finding 21, respondent violated California Code of Regulations, title 16, section 2032.3, subdivision (b)(1), because he was negligent in the practice of veterinary medicine for prescribing repeated anti-microbial therapy to Hestia without a diagnosis and sufficient response to therapy.

Legal Conclusions Concerning the Third Amended Petition to Revoke Probation

10. In a petition to revoke probation, the standard of proof is preponderance of the evidence (*Sandarg v. Dental Bd. of California* (2010) 184 Cal.App.4th 1434, 1441-1442). A preponderance of the evidence means that the evidence on one side outweighs or is more than the evidence on the other side, not necessarily in number of witnesses or quantity, but in its persuasive effect on those to whom it is addressed. (*People ex rel. Brown v. Tri-Union Seafoods, LLC* (2009) 171 Cal.App.4th 1549, 1567.) Conclusions 11 through 16 resulted from a preponderance of the evidence.

11. Cause exists for revocation of probation because, as set forth in Findings 23 through 30 and Conclusions 2 through 9, respondent failed to comply with Probation Condition 1 by violating state laws and regulations substantially related to the practice of veterinary medicine.

12. Cause exists for revocation of probation because, as set forth in Finding 24, respondent failed to comply with Probation Condition 2 by submitting eight late reports and failing to submit a report for the April through June 2014 quarter.

13. Cause exists for revocation of probation because, as set forth in Findings 26 through 29, respondent failed to comply with Probation Condition 18 by failing to abstain from the use of alcoholic beverages from October 3, 2014, through September 27, 2016.

14. Cause exists for revocation of probation because, as set forth in Finding 30, respondent failed to comply with Probation Condition 16 by failing to submit a biological fluid sample as required on August 30, 2016.

15. Cause does not exist for revocation of probation based on the allegation that respondent violated Probation Condition 17 (abstain from use of controlled substances) because no evidence was presented to support this allegation.

Analysis

16. Respondent has been unsuccessful in complying with the terms and conditions of his current probation. Additionally, respondent committed new acts justifying discipline while on probation and he was not truthful during these proceedings. Accordingly, the only discipline that will adequately protect the public is outright revocation.

ORDER

Respondent's probation is revoked and Veterinarian License No. VET 9742, issued to respondent, James C. Coghlan, D.V.M., and the premises license issued to 17th Street Animal Hospital, are revoked.

DATED: January 5, 2017

DocuSigned by:
Roy Hewitt
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ROY W. HEWITT
Administrative Law Judge
Office of Administrative Hearings

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8 **BEFORE THE**
VETERINARY MEDICAL BOARD
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10 In the Matter of the Accusation and Petition to
11 Revoke Probation Against:

Case No. D1 2006 19

12 **JAMES C. COGHLAN, D.V.M.**
13 **17th Street Animal Hospital**
1745 West 17th Street, #C
14 **Santa Ana, CA 92706**

FIRST AMENDED ACCUSATION AND
THIRD AMENDED PETITION TO
REVOKE PROBATION

15 **Veterinarian License No. VET 9742**

16 Respondent.

17 Complainant alleges:

18 **PARTIES**

19 1. Annemarie Del Mugnaio (Complainant) brings this First Amended Accusation and
20 Third Amended Petition to Revoke Probation solely in her official capacity as the Executive
21 Officer of the Veterinary Medical Board, Department of Consumer Affairs.

22 2. On or about September 1, 1987, the Veterinary Medical Board issued Veterinarian
23 License Number VET 9742 to James C. Coghlan (Respondent). The Veterinarian License was in
24 full force and effect at all times relevant to the charges brought herein and will expire on June 30,
25 2018, unless renewed.

26 3. In a disciplinary action entitled "*In the Matter of the Amended Accusation Against*
27 *James C. Coghlan*," Case No. AV 2006 19, the Veterinary Medical Board issued a Decision and
28 Order effective May 6, 2011, in which Respondent's Veterinarian License was revoked.

1 (i) Fraud, deception, negligence, or incompetence in the practice of
veterinary medicine.

2

3 (o) Violation, or the assisting or abetting violation, of any regulations
4 adopted by the board pursuant to this chapter.

5 **REGULATORY PROVISIONS**

6 9. California Code of Regulations, title 16, section 2032.1, states:

7 (a) It is unprofessional conduct for a veterinarian to administer, prescribe,
8 dispense or furnish a drug, medicine, appliance, or treatment of whatever nature for
9 the prevention, cure, or relief of a wound, fracture or bodily injury or disease of an
10 animal without having first established a veterinarian-client-patient relationship with
the animal patient or patients and the client, except where the patient is a wild
animal or the owner is unknown.

11 (b) A veterinarian-client-patient relationship shall be established by the
following:

12 (1) The client has authorized the veterinarian to assume
13 responsibility for making medical judgments regarding the health of the
animal, including the need for medical treatment,

14 (2) The veterinarian has sufficient knowledge of the animal(s) to
15 initiate at least a general or preliminary diagnosis of the medical condition of
the animal(s). This means that the veterinarian is personally acquainted with
16 the care of the animal(s) by virtue of an examination of the animal or by
medically appropriate and timely visits to the premises where the animals
17 are kept, and

18 (3) The veterinarian has assumed responsibility for making medical
19 judgments regarding the health of the animal and has communicated with the
client a course of treatment appropriate to the circumstance.

20 (c) A drug shall not be prescribed for a duration inconsistent with the
21 medical condition of the animal(s) or type of drug prescribed. The veterinarian shall
not prescribe a drug for a duration longer than one year from the date the
veterinarian examined the animal(s) and prescribed the drug.

22 (d) As used herein, "drug" shall mean any controlled substance, as defined
23 by Section 4021 of Business and Professions code, and any dangerous drug, as
defined by Section 4022 of Business and Professions code.

24 10. California Code of Regulations, title 16, section 2032.3, states:

25 (a) Every veterinarian performing any act requiring a license pursuant to the
26 provisions of Chapter 11, Division 2, of the code, upon any animal or group of
animals shall prepare a legible, written or computer generated record concerning the
27 animal or animals which shall contain the following information:

28 (1) Name or initials of the person responsible for entries.

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(2) Name, address and phone number of the client.

(3) Name or identity of the animal, herd or flock.

(4) Except for herds or flocks, age, sex, breed, species, and color of the animal.

(5) Dates (beginning and ending) of custody of the animal, if applicable.

(6) A history or pertinent information as it pertains to each animal, herd, or flock's medical status.

(7) Data, including that obtained by instrumentation, from the physical examination.

(8) Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.

(9) Records for surgical procedures shall include a description of the procedure, the name of the surgeon, the type of sedative/anesthetic agents used, their route of administration, and their strength if available in more than one strength.

(10) Diagnosis or assessment prior to performing a treatment or procedure.

(11) If relevant, a prognosis of the animal's condition.

(12) All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.

(13) Daily progress, if relevant, and disposition of the case.

(b) Records shall be maintained for a minimum of three (3) years after the animal's last visit. A summary of an animal's medical records shall be made available to the client within five (5) days or sooner, depending if the animal is in critical condition, upon his or her request. The summary shall include:

(1) Name and address of client and animal.

(2) Age, sex, breed, species, and color of the animal.

(3) A history or pertinent information as it pertains to each animal's medical status.

(4) Data, including that obtained by instrumentation, from the physical examination.

(5) Treatment and intended treatment plan, including medications, their dosage and frequency of use.

(6) All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.

(7) Daily progress, if relevant, and disposition of the case.

(c)(1) Radiographs and digital images are the property of the veterinary facility that originally ordered them to be prepared. Radiographs or digital images shall be released to another veterinarian upon the request of another veterinarian who has the authorization of the client. Radiographs shall be returned to the veterinary facility which originally ordered them to be prepared within a reasonable time upon request. Radiographs originating at an emergency hospital shall become the property of the next attending veterinary facility upon receipt of said radiograph(s). Transfer of radiographs shall be documented in the medical record.

(2) Radiographs and digital images, except for intraoral radiographs, shall have a permanent identification legibly exposed in the radiograph or attached to the digital file, which shall include the following:

- (A) The hospital or clinic name and/or the veterinarian's name,
- (B) Client identification,
- (C) Patient identification, and
- (D) The date the radiograph was taken.

(3) Non-digital intraoral radiographs shall be inserted into sleeve containers and include information in subdivision (c)(2)(A)-(D). Digital images shall have identification criteria listed in subdivision (c)(2)(A)-(D) attached to the digital file.

(d) Laboratory data is the property of the veterinary facility which originally ordered it to be prepared, and a copy shall be released upon the request of the client.

(e) The client shall be provided with a legible copy of the medical record when the patient is released following emergency clinic service. The minimum information included in the medical record shall consist of the following:

- (1) Physical examination findings
- (2) Dosages and time of administration of medications
- (3) Copies of diagnostic data or procedures
- (4) All radiographs and digital images, for which the facility shall obtain a signed release when transferred
- (5) Surgical summary
- (6) Tentative diagnosis and prognosis, if known
- (7) Any follow-up instructions.

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1 11. California Code of Regulations, title 16, section 2032.4, states:

2 (a) General anesthesia is a condition caused by the administration of a drug
3 or combination of drugs sufficient to produce a state of unconsciousness or
dissociation and blocked response to a given pain or alarming stimulus.

4 (b) When administering general anesthesia, a veterinarian shall comply with
5 the following standards:

6 (1) Within twelve (12) hours prior to the administration of a general
7 anesthetic, the animal patient shall be given a physical examination by a
8 licensed veterinarian appropriate for the procedure. The results of the
9 physical examination shall be documented in the animal patient's medical
10 records.

11 (2) An animal under general anesthesia shall be observed for a length
12 of time appropriate for its safe recovery.

13 (3) Provide respiratory monitoring including, but not limited to,
14 observation of the animal's chest movements, observation of the rebreathing
15 bag or respirometer.

16 (4) Provide cardiac monitoring including, but not limited to, the use
17 of a stethoscope, pulseoximeter or electrocardiographic monitor.

18 (5) When administering general anesthesia in a hospital setting, a
19 veterinarian shall have resuscitation or rebreathing bags of appropriate
20 volumes for the animal patient and an assortment of endotracheal tubes
readily available.

21 (6) Records for procedures involving general anesthesia shall include
22 a description of the procedure, the name of the surgeon, the type of sedative
23 and/or anesthetic agents used, their route of administration, and their
24 strength if available in more than one strength.

19 **FACTUAL ALLEGATIONS**

20 **Complaint Regarding Luna**

21 12. On or about the morning of March 14, 2012, Dorothy K., Cameron V.'s grandmother,
22 brought Cameron's female Malti-Poo dog ("Luna") to Respondent's clinic for an
23 ovariohysterectomy procedure. Luna had previously been a patient at Respondent's clinic.
24 Dorothy told employees at the hospital that they thought the dog might be pregnant. Cameron
25 wanted to cancel the procedure if Luna was pregnant. Dorothy provided telephone numbers
26 where Cameron could be reached. It was agreed that Cameron would call the clinic at noon to
27 find out if Luna was pregnant. At 11:00 a.m., the clinic contacted Cameron by telephone stating
28 that the ovariohysterectomy had already taken place. The clinic employees stated that they were

1 unable to contact Cameron at the telephone numbers provided by Dorothy prior to the surgery.
2 When Cameron's husband came to pick up Luna at the clinic later that day, the clinic initially
3 refused to give him the dog because ownership of Luna was in dispute.

4 13. A veterinarian was directed by the Board to conduct a review of Luna's medical files
5 and provide an opinion as to whether Respondent violated statutes and/or regulations adopted by
6 the Board. The Board consultant found the following violations:

7 a. On May 6, 2011, Luna was first seen by Respondent. The treatment record is
8 illegible and no doctor initials are present to determine if an appropriate veterinarian-client-
9 patient relationship existed prior to administering vaccinations. There were no physical
10 examination findings, and no diagnosis noted in the treatment record.

11 b. On January 25, 2012, Luna was seen by Respondent for a skin condition. There
12 were no physical examination findings, no history, and no diagnosis noted in the treatment record.

13 c. On March 14, 2012, when Luna was presented for the ovariohysterectomy
14 procedure, there were no physical examination findings, and no diagnosis noted in the treatment
15 record. The record did not state the anesthetic protocol, what drugs were administered, the drug
16 dosages, or monitoring. The owners were not provided post-operative care instructions.

17 14. On or about April 9, 2012, Cameron filed a complaint with the Board regarding the
18 treatment of Luna at Respondent's clinic.

19 **Complaint Regarding Hestia**

20 15. On or about December 29, 2012, Eric R. took his female Neopolitan Mastiff dog
21 ("Hestia") to Respondent's clinic for treatment due to her lethargy and violent shaking. In
22 Respondent's absence, Dr. V treated Hestia and prescribed medications.

23 16. On or about January 6, 2013, Hestia's symptoms returned, and in addition, she was
24 breathing heavily, hyper salivating, and had a significantly enlarged lower neck area. Eric took
25 Hestia to Respondent's clinic where Dr. M treated her and prescribed medications.

26 17. On or about February 26, 2013, Hestia's symptoms returned and she had even more
27 swelling in her neck. Eric took Hestia to Respondent's clinic where Respondent treated Hestia
28 and reviewed her records. After examination, Respondent disagreed with Dr. M's analysis and

1 opined that a foreign body was not in the salivary gland, but lodged deep in her neck.
2 Respondent felt that a conservative approach in diagnosing Hestia's problem was best and to
3 avoid rushing into surgery.

4 18. On or about February 27, 2013, Eric brought Hestia back to Respondent's clinic.
5 Respondent drew a Complete Blood Count and prescribed medications and again emphasized a
6 conservative "non-invasive" treatment approach.

7 19. On or about March 1, 2013, Eric took Hestia to Respondent's clinic where
8 Respondent stated that he believed Hestia's problem stemmed from a deep foreign body and he
9 drew an abscess specimen from Hestia's neck which confirmed an infection. Respondent
10 recommended a surgical procedure to flush out and capture the foreign body.

11 20. On or about March 7, 2013, Respondent performed surgery on Hestia, but was unable
12 to flush out the foreign body. Respondent created an open and exposed incision in Hestia's neck.

13 Respondent stated that he believed Hestia's body would eventually reject and expel the
14 foreign matter. Eric asked Respondent if the growth could be cancerous or lead to cancer,
15 however, Respondent stated that the chance that it was cancer was extremely remote.

16 21. Portions of the medical record entries for March 7, 2013 are illegible. The medical
17 records for March 7, 2013 are incomplete regarding the anesthesia and surgery report for failure
18 to include the Ketamine/Valium dose.

19 22. On or about March 12, 2013 through on or about April 18, 2013, Eric brought Hestia
20 to Respondent for follow-up visits.

21 23. On or about April 25, 2013, Respondent performed an exploratory endoscopic
22 surgery on Hestia in an attempt to remove the foreign body. However, the endoscopic procedure
23 performed by Respondent did not capture or reveal the anticipated foreign body.

24 24. Medical records for April 25, 2013 are missing pertinent information regarding a
25 radiographic evaluation. The medical records for April 25, 2013 are incomplete regarding the
26 anesthesia and surgery report for failure to include the route of administration for
27 Ketamine/Valium.

28

1 25. Respondent did not perform a physical examination within 12 hours of anesthesia
2 following Hestia's surgery on April 25, 2013.

3 26. In or around May and June 2013, Hestia's wound continued to discharge and
4 Respondent continued with the same antibiotic regime.

5 27. On or about June 14, 2013, Respondent had the pathogens identified that were taken
6 from Hestia's open and exposed incision to make a diagnosis and determine appropriate antibiotic
7 treatment.

8 28. On or about June 19, 2013, Respondent performed blood tests on Hestia and
9 administered a thyroid panel.

10 29. On or about June 20, 2013, Hestia appeared to be dying and blood samples showed
11 extremely low glucose.

12 30. On or about June 21, 2013, when Eric took Hestia in for a recheck with Respondent,
13 Hestia was very lethargic.

14 31. On or about June 29, 2013, Respondent examined Hestia and noted the foreign body
15 appeared to be located in a "very" unusual place. Respondent suggested performing surgery
16 number three.

17 32. On or about July 2, 2013 until or about July 6, 2013, Hestia was boarding at
18 Respondent's facility. Instructions were given to contact Eric to discuss a diagnosis and
19 procedures prior to performing any surgery that Respondent might consider during this time.
20 Specific instructions were given regarding Hestia's feeding and medication.

21 33. On or about July 4, 2013, Respondent performed surgery on Hestia without Eric's
22 consent and without contacting Eric.

23 34. Respondent failed to perform a physical examination within 12 hours of anesthesia
24 following Hestia's surgery on July 4, 2013.

25 35. No doctors' name/initials were in the medical records for February 27, 2013, March
26 1, 2013, March 7, 2013, March 21, 2013, March 28, 2013, April 19, 2013, April 25, 2013, May
27 29, 2013, and July 4, 2013.

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1 36. On or about July 6, 2013, Eric picked up Hestia from Respondent's clinic and saw
2 that Hestia had a shaved neck and a massive 9 inch incision on her neck. Respondent confirmed
3 that he had performed surgery on Hestia and informed Eric that Hestia had cancer. Eric also
4 learned that Hestia had not been given her raw diet as instructed, but instead was fed canned food,
5 which Respondent knew she was highly allergic to.

6 37. On or about July 7, 2013, Hestia's stitches unraveled, exposing 2 inches of her
7 incision and she was profusely bleeding.

8 38. Medical records for July 7, 2013 are missing pertinent information regarding a biopsy
9 report evaluation.

10 39. On or about July 9, 2013, Eric took Hestia to Respondent's clinic for examination by
11 Dr. M. Dr. M stated that closing the wound would require sedation and would be an extra charge
12 and that the wound would never heal and would continue to bleed even if he did re-stitch the
13 wound. Dr. M admonished Eric for not following his initial recommendation in January of 2013,
14 stating that it was Eric's fault that Hestia developed cancer.

15 40. On or about November 2, 2013, Hestia died.

16 41. On or about May 12, 2014, Eric filed a complaint with the Board regarding the
17 treatment of Hestia at Respondent's clinic.

18 **Probation Violations**

19 42. Respondent failed to comply with the Decision and Order "*In the Matter of the*
20 *Amended Accusation Against James C. Coghlan*," Case No. AV 2006 19, effective May 6, 2011,
21 Condition 2 regarding quarterly reports and interviews when he failed to timely provide Quarterly
22 Reports as follows:

Reporting Period	Due Date	Date Received	Comments
Apr-May-Jun 2012	7/5/12	8/14/12	Late
Jul-Aug-Sep 2012	10/5/12	5/28/13	Late
Jan-Feb-Mar 2013	4/5/13	5/28/13	Late
Apr-May-Jun 2013	7/5/13	3/5/14	Late

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1	Jul-Aug-Sep 2013	10/5/13	11/26/13	Late
2	Oct-Nov-Dec 2013	1/5/14	3/5/14	Late
3	Jan-Feb-Mar 2014	4/5/14	5/16/14	Late
4	Apr-May-Jun 2014	7/5/14		Not Submitted
5	Jul-Aug-Sep 2014	10/5/14	11/3/14	Late

6 43. Respondent failed to comply with the Decision and Order "*In the Matter of the*
7 *Amended Accusation Against James C. Coghlan,*" Case No. AV 2006 19, effective May 6, 2011,
8 Condition 17 for failing to abstain from controlled substances or provide a prescribing physician
9 letter indicating a medically necessary medication resulting in positive biological fluid test results
10 for Amphetamines on May 23, 2014, June 27, 2014, September 12, 2014, September 25, 2014,
11 October 3, 201, February 4, 2015, March 6, 2015, March 26, 2015, May 2, 2015, July 7, 2015,
12 July 16, 2015, October 9, 2015, October 13, 2015, March 18, 2016, April 7, 2016, June 28, 2016,
13 July 11, 2016, August 16, 2016, August 29, 2016, September 7, 2016, and September 22, 2016.

14 44. Respondent failed to comply with the Decision and Order "*In the Matter of the*
15 *Amended Accusation Against James C. Coghlan,*" Case No. AV 2006 19, effective May 6, 2011,
16 Condition 17 for failing to abstain from controlled substances or provide a prescribing physician
17 letter indicating a medically necessary medication resulting in positive biological fluid test results
18 for Buprenorphines on January 27, 2015, March 6, 2015, March 26, 2015, April 8, 2015, April
19 29, 2015, May 2, 2015, July 7, 2015, September 30, 2015, October 9, 2015, October 13, 2015,
20 November 3, 2015, and August 16, 2016.

21 45. Respondent failed to comply with the Decision and Order "*In the Matter of the*
22 *Amended Accusation Against James C. Coghlan,*" Case No. AV 2006 19, effective May 6, 2011,
23 Condition 18 for failing to abstain from use of alcoholic beverages for failing to abstain from
24 alcohol use resulting in positive biological fluid test results for ETG (Alcohol) on October 3,
25 2014, October 27, 2014, November 4, 2014, January 27, 2015, February 4, 2015, March 26, 2015,
26 April 29, 2015, May 2, 2015, September 1, 2015, September 30, 2015, October 9, 2015, October
27 13, 2015, November 3, 2015, March 18, 2016, April 7, 2016, April 20, 2016, June 28, 2016, July
28

1 11, 2016, July 26, 2016, August 16, 2016, August 29, 2016, September 7, 2016, September 22,
2 2016 and September 27, 2016.

3 46. Respondent failed to comply with the Decision and Order "*In the Matter of the*
4 *Amended Accusation Against James C. Coghlan*," Case No. AV 2006 19, effective May 6, 2011,
5 Condition 16 for failing to submit biological fluid samples in accordance with the instructions
6 when he logged in on August 30, 2016 and October 24, 2016.

7 **FIRST AMENDED ACCUSATION**

8 **FIRST CAUSE FOR DISCIPLINE**

9 **(Failure to Establish a Veterinarian-Client-Patient Relationship)**

10 47. Respondent has subjected his license to disciplinary action under section 4883,
11 subdivision (o) of the Code in that he failed to establish a veterinarian-client-patient relationship
12 with complainant and Luna, as described in paragraphs 12-14, above, which is a violation of
13 California Code of Regulations, title 16, section 2032.1.

14 **SECOND CAUSE FOR DISCIPLINE**

15 **(Recordkeeping)**

16 48. Respondent has subjected his license to disciplinary action under section 4883,
17 subdivision (o) of the Code in that he failed to prepare legible, written or computer generated
18 records concerning Luna containing his initials, Luna's medical history, physical examination
19 findings, diagnosis, anesthetic protocol, drugs, dosages, monitoring, or post-operative care
20 instructions as described in paragraphs 12-14, above. Said conduct violates California Code of
21 Regulations, title 16, section 2032.3, subdivision (a).

22 49. Respondent has subjected his license to disciplinary action under section 4883,
23 subdivision (o) of the Code in that he failed to prepare legible, written or computer generated
24 records concerning Hestia on March 7, 2013, as described in paragraphs 15-41, above. Said
25 conduct violates California Code of Regulations, title 16, section 2032.3, subdivision (a).

26 50. Respondent has subjected his license to disciplinary action under section 4883,
27 subdivision (o) of the Code in that he failed to prepare legible, written or computer generated
28 records concerning Hestia containing the treating doctors' name/initials February 27, 2013,

1 March 1, 2013, March 7, 2013, March 21, 2013, March 28, 2013, April 19, 2013, April 25, 2013,
2 May 29, 2013, and July 4, 2013, as described in paragraphs 15-41, above. Said conduct violates
3 California Code of Regulations, title 16, section 2032.3, subdivision (a)(1).

4 51. Respondent has subjected his license to disciplinary action under section 4883,
5 subdivision (o) of the Code in that he failed to prepare legible, written or computer generated
6 records concerning Hestia containing pertinent information regarding a radiographic evaluation
7 on April 25, 2013 and a biopsy report evaluation on July 7, 2013, as described in paragraphs 15-
8 41, above. Said conduct violates California Code of Regulations, title 16, section 2032.3,
9 subdivision (a)(6).

10 52. Respondent has subjected his license to disciplinary action under section 4883,
11 subdivision (o) of the Code in that he failed to prepare legible, written or computer generated
12 records concerning Hestia containing complete information in the March 7, 2013 anesthesia and
13 surgery report for failure to include the Ketamine/Valium dose, as described in paragraphs 15-41,
14 above. Said conduct violates California Code of Regulations, title 16, section 2032.3, subdivision
15 (a)(9).

16 53. Respondent has subjected his license to disciplinary action under section 4883,
17 subdivision (o) of the Code in that he failed to prepare legible, written or computer generated
18 records concerning Hestia containing complete information in the April 25, 2013 anesthesia and
19 surgery report for failure to include the route of administration for Ketamine/Valium, as described
20 in paragraphs 15-41, above. Said conduct violates California Code of Regulations, title 16,
21 section 2032.3, subdivision (a)(9).

22 **THIRD CAUSE FOR DISCIPLINE**

23 **(Negligence)**

24 54. Respondent has subjected his license to disciplinary action under section 4883,
25 subdivision (i) of the Code in that he was negligent in the practice of veterinary medicine for
26 prescribing repeated anti-microbial therapy without a diagnosis and sufficient response to therapy
27 concerning Hestia as described in paragraphs 15-41, above.

28 ///

1 **FOURTH CAUSE FOR DISCIPLINE**

2 **(Incompetence)**

3 55. Respondent has subjected his license to disciplinary action under section 4883,
4 subdivision (i) of the Code in that he was incompetent in the practice of veterinary medicine for
5 failing to perform a physical examination within 12 hours of anesthesia following Hestia's
6 surgeries on April 25, 2013 and July 4, 2013, as described in paragraphs 15-41, above. Said
7 conduct violates California Code of Regulations, title 16, section 2032.4, subdivision (b)(1).

8 **THIRD AMENDED PETITION TO REVOKE PROBATION**

9 **FIRST CAUSE TO REVOKE PROBATION**

10 **(Obey All Laws)**

11 56. At all times after the effective date of Respondent's probation, Condition 1 stated:

12 **Condition 1: Obey All Laws**

13 Respondent shall obey all federal and state laws and regulations substantially
14 related to the practice of veterinary medicine.

15 57. Respondent's probation is subject to revocation because he failed to comply with
16 Condition 1, referenced above, in that he failed to comply with the conditions of his probation.

17 **SECOND CAUSE TO REVOKE PROBATION**

18 **(Quarterly Reports and Interviews)**

19 58. At all times after the effective date of Respondent's probation, Condition 2 stated:

20 **Condition 2: Quarterly Reports And Interviews**

21 Respondent shall report quarterly to the Board or its designee, under
22 penalty of perjury, on forms provided by the Board, stating whether there has been
23 compliance with all terms and conditions of probation. In addition, the Board at its
24 discretion may request additional in-person reports of the probationary terms and
25 conditions. If the final written quarterly report is not made as directed, the period of
26 probation shall be extended until such time as the final report is received by the
27 Board. Respondent shall make available all patient records, hospital records, books,
28 logs, and other documents to the Board, upon request.

26 ///

1 59. Respondent's probation is subject to revocation because he failed to comply with
 2 Probation Condition 2, referenced above, for failure to timely provide Quarterly Reports as more
 3 fully described in paragraph 42, above and as follows:

4 Reporting Period	Due Date	Date Received	Comments
5 Apr-May-Jun 2012	7/5/12	8/14/12	Late
6 Jul-Aug-Sep 2012	10/5/12	5/28/13	Late
7 Jan-Feb-Mar 2013	4/5/13	5/28/13	Late
8 Apr-May-Jun 2013	7/5/13	3/5/14	Late
9 Jul-Aug-Sep 2013	10/5/13	11/26/13	Late
10 Oct-Nov-Dec 2013	1/5/14	3/5/14	Late
11 Jan-Feb-Mar 2014	4/5/14	5/16/14	Late
12 Apr-May-Jun 2014	7/5/14		Not Submitted
13 Jul-Aug-Sep 2014	10/5/14	11/3/14	Late

14
 15 **THIRD CAUSE TO REVOKE PROBATION**

16 **(Abstention from Controlled Substances)**

17 60. At all times after the effective date of Respondent's probation, Condition 17 stated:

18 **Condition 17: Abstention from Controlled Substances**

19 Respondent shall completely abstain from the personal use or possession
 20 of controlled substances, as defined in the California Uniform Controlled Substances
 21 Act, and dangerous drugs as defined in Section 4211 of the Business and Professions
 22 Code, except when lawfully prescribed by a licensed practitioner for a bonafide
 23 illness.

24 61. Respondent's probation is subject to revocation because he failed to comply with
 25 Probation Condition 17, referenced above, for failing to abstain from controlled substances or
 26 provide a prescribing physician letter indicating a medically necessary medication resulting in
 27 positive biological fluid test results for Amphetamines on May 23, 2014, June 27, 2014,
 28 September 12, 2014, September 25, 2014, October 3, 201, February 4, 2015, March 6, 2015,

1 March 26, 2015, May 2, 2015, July 7, 2015, July 16, 2015, October 9, 2015, October 13, 2015,
2 March 18, 2016, April 7, 2016, June 28, 2016, July 11, 2016, August 16, 2016, August 29, 2016,
3 September 7, 2016, and September 22, 2016, as more fully described in paragraphs 43, above.

4 62. Respondent's probation is subject to revocation because he failed to comply with
5 Probation Condition 17, referenced above, for failing to abstain from controlled substances or
6 provide a prescribing physician letter indicating a medically necessary medication resulting in
7 positive biological fluid test results for Buprenorphines on January 27, 2015, March 6, 2015,
8 March 26, 2015, April 8, 2015, April 29, 2015, May 2, 2015, July 7, 2015, September 30, 2015,
9 October 9, 2015, October 13, 2015, November 3, 2015, and August 16, 2016, as more fully
10 described in paragraphs 44, above.

11 **FOURTH CAUSE TO REVOKE PROBATION**

12 **(Abstention from Alcohol Use)**

13 63. At all times after the effective date of Respondent's probation, Condition 18 stated:

14 **Condition 18: Abstention from Alcohol Use**

15 Respondent shall abstain completely from the use of alcoholic beverages.

16 64. Respondent's probation is subject to revocation because he failed to comply with
17 Probation Condition 18, referenced above, for failing to abstain from alcohol use resulting in
18 positive biological fluid test results for ETG (Alcohol) on October 3, 2014, October 27, 2014,
19 November 4, 2014, January 27, 2015, February 4, 2015, March 26, 2015, April 29, 2015; May 2,
20 2015, September 1, 2015, September 30, 2015, October 9, 2015, October 13, 2015, November 3,
21 2015, March 18, 2016, April 7, 2016, April 20, 2016, June 28, 2016, July 11, 2016, July 26, 2016,
22 August 16, 2016, August 29, 2016, September 7, 2016, September 22, 2016 and September 27,
23 2016, as more fully described in paragraphs 45, above.

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FIFTH CAUSE TO REVOKE PROBATION

(Submit Biological Fluid Samples)

65. At all times after the effective date of Respondent's probation, Condition 16 stated:

Condition 16: Submit Biological Fluid Samples

Respondent shall immediately submit to biological fluid testing, at Respondent's cost, upon request by the Board or its designee. There will be no confidentiality and test results; positive test results will be immediately reported to the Board and to Respondent's current employer.

66. Respondent's probation is subject to revocation because he failed to comply with Probation Condition 16, referenced above, for failing to submit biological fluid samples when he failed to test in accordance with the instructions when he logged in on August 30, 2016 and October 24, 2016, as more fully described in paragraph 46, above.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters alleged in this First Amended Accusation and Third Amended Petition to Revoke Probation, and that following the hearing, the Veterinary Medical Board issue a decision:

1. Revoking the probation that was granted by the Veterinary Medical Board in Case No. AV 2006 19 and imposing the disciplinary order that was stayed thereby revoking Veterinarian License No. VET 9742 issued to James C. Coghlan;
2. Revoking or suspending Veterinarian License No. VET 9742 issued to James C. Coghlan;
3. Taking such other and further action as deemed necessary and proper.

DATED: November 1, 2016

Annemarie Del Mugnaio
by Candace Roney

ANNEMARIE DEL MUGNAIO
Executive Officer
Veterinary Medical Board
Department of Consumer Affairs
State of California
Complainant

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Exhibit A

Decision and Order

Veterinary Medical Board Case No. AV 2006-19

BEFORE THE
VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:)	Case No. AV 2006 19
)	
)	
JAMES COGHLAN, DVM)	OAH No. L2008090500
1745 West 17th Street, #C)	
Santa Ana, CA 92706)	
)	
Veterinary License No. VET 9742)	
Premise Permit No. HSP 4414)	
)	
Respondent.)	

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Veterinary Medical Board, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on May 6, 2011

IT IS SO ORDERED April 6, 2011

Stephanie A. Ferguson DVM

 Stephanie A. Ferguson, DVM, Board President
 FOR THE VETERINARY MEDICAL BOARD
 DEPARTMENT OF CONSUMER AFFAIRS

1 EDMUND G. BROWN JR.
Attorney General of California
2 JAMES M. LEDAKIS
Supervising Deputy Attorney General
3 KAREN L. GORDON
Deputy Attorney General
4 State Bar No. 137969
110 West "A" Street, Suite 1100
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 645-2073
7 Facsimile: (619) 645-2061
Attorneys for Complainant

8
9 **BEFORE THE**
VETERINARY MEDICAL BOARD
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

12 **JAMES COGLAN, DVM**
13 **1745 West 17th Street, #C**
14 **Santa Ana, CA 92706**

15 **Veterinary License No. 9742**
Premise Permit No. 4414

16 Respondent.

Case No. AV 2006 19

OAH No. L2008090500

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

17
18 In the interest of a prompt and speedy settlement of this matter, consistent with the public
19 interest and the responsibility of the Veterinary Medical Board of the Department of Consumer
20 Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order
21 which will be submitted to the Board for approval and adoption as the final disposition of the
22 Amended Accusation.

23 **PARTIES**

24 1. Susan M. Geranen (Complainant) is the Executive Officer of the Veterinary Medical
25 Board. She brought this action solely in her official capacity and is represented in this matter by
26 Edmund G. Brown Jr., Attorney General of the State of California, by Karen L. Gordon, Deputy
27 Attorney General.
28

1 3. **Cooperation With Probation Surveillance.** Respondent shall comply with the
2 Board's probation surveillance program.

3 4. **No Preceptorships or Supervision of Interns.** Respondent shall not supervise a
4 registered intern and shall not perform any of the duties of a preceptor.

5 5. **Notice to Employers.** Respondent shall notify all present and prospective employers
6 of the Decision in this case and the terms, conditions, and restrictions imposed on Respondent by
7 the Decision in this case. Within thirty (30) days of the effective date of this Decision and within
8 fifteen (15) days of Respondent undertaking new employment, Respondent shall cause his
9 employer to report to the Board in writing, acknowledging the employer has read the Accusation
10 and Decision in this case and understands Respondent's terms and conditions of probation. Relief
11 veterinarians notify employers immediately.

12 6. **Notice to Employees.** Respondent shall, upon or before the effective date of this
13 Decision, post or circulate a notice which actually recites the offenses for which Respondent has
14 been disciplined and the terms and conditions of probation, to all veterinary and animal health
15 technician employees, and to any preceptor, intern or extern involved in his veterinary practice.
16 Within fifteen (15) days of the effective date of this Decision, Respondent shall cause his
17 employees to report to the Board in writing, acknowledging the employees have read the
18 Accusation and Decision in the case and understand Respondent's terms and conditions of
19 probation. Relief veterinarians notify employees immediately.

20 7. **Owners And Officers (Corporations or Partnerships): Knowledge of The Law.**
21 Respondent shall provide, within thirty days after the effective date of the Decision, signed and
22 dated statements from the owners, officers, or any owner or holder of ten percent (10%) or more
23 of the interest in Respondent or Respondent's stock, stating said individuals have read and are
24 familiar with federal and state laws and regulations governing the practice of veterinary medicine.

25 8. **Posted Notice of Suspension.** If suspension is ordered, Respondent shall post a
26 notice of the Board's Order of Suspension, in a place clearly visible to the public. Said notice,
27 provided by the Board, shall remain so posted during the entire period of actual suspension.
28

1 13. **Supervised Practice.** Respondent shall practice only under the supervision of a
2 veterinarian approved by the Board. The supervision directed may be continuous supervision,
3 substantial supervision, partial supervision, or supervision by daily review, as deemed necessary
4 by the Board. All costs involved with practice supervision shall be borne by Respondent.

5 Within thirty (30) days of the effective date of the Decision, Respondent shall have his
6 supervisor submit a report to the Board in writing stating the supervisor has read the Decision in
7 Case Number AV 2006-19. Should Respondent change employment, Respondent shall have his
8 new supervisor, within fifteen (15) days after employment commences, submit a report to the
9 Board in writing stating the supervisor has read the Decision in Case Number AV 2006-19.

10 Respondent's supervisor shall, on a basis to be determined by the Board, review and
11 evaluate all or a designated portion of patient records of those patients for whom Respondent
12 provides treatment or consultation during the period of supervised practice. The supervisor shall
13 1) review these records to assess the medical necessity and appropriateness of Respondent's
14 treatment; 2) Respondent's compliance with community standards of practice in the diagnosis
15 and treatment of animal patients; 3) Respondent's maintenance of necessary and appropriateness
16 of Respondent's treatment; 4) Respondent's maintenance of necessary and appropriate records
17 and chart entries; and 5) Respondent's compliance with existing statutes and regulation governing
18 the practice of veterinary medicine.

19 Respondent's supervisor shall file monthly reports with the Board. These reports shall be in
20 a form designated by the Board and shall include a narrative section where the supervisor
21 provides his conclusions and opinions concerning the issues described above and the basis for his
22 conclusions and opinions. Additionally, the supervisor shall maintain and submit with his
23 monthly reports a log designating the patient charts reviewed, the date(s) of service reviewed, and
24 the date upon which the review occurred.

25 If Respondent is an employee rather than a veterinary hospital owner, the supervisor shall
26 additionally notify the Board of the dates and locations of all employment of Respondent, during
27 each month covered by his report.

28 ///

1 14. **Psychological Evaluation As a Condition Precedent to Practice.**

2 Within thirty (30) days of the effective date of this Decision, and on a periodic basis as may
3 be required by the Board or its designee, Respondent shall undergo psychiatric evaluation by a
4 psychotherapist (psychiatrist or psychologist) approved by the California Board of Psychology
5 and selected by the Veterinary Board from three (3) psychologists and psychiatrists proposed in
6 writing by Respondent, who shall determine Respondent's ability to practice veterinary medicine
7 safely, and who shall furnish a psychological report to the Board or its designee. The Veterinary
8 Board reserves the right to reject any or all of the psychologists or psychiatrists proposed by
9 Respondent, and appoint a psychotherapist of its own selection. All costs shall be borne by
10 Respondent.

11 If the psychotherapist (psychiatrist or psychologist) recommends and the Board or its
12 designee directs psychotherapeutic treatment, Respondent shall, within thirty (30) days of written
13 notice of the need for psychotherapy, submit the name and qualification of one or more
14 psychotherapists of Respondent's choice to the Board for its prior approval. Upon approval of
15 the treating psychotherapist by the Board, Respondent shall undergo and continue psychotherapy
16 until further notice from the Board. Respondent shall have the treating psychotherapist submit
17 quarterly written reports to the Board. All costs shall be borne by Respondent.

18 As of the effective date of the Decision, Respondent shall not engage in the practice of
19 veterinary medicine until notified in writing by the Board of its determination that Respondent is
20 mentally fit to practice safely. If recommended by the psychotherapist (psychiatrist or
21 psychologist) by the Board or its designee, Respondent shall be barred from practicing veterinary
22 medicine until the treating psychotherapist recommends, in writing and stating the basis therefore,
23 that Respondent can safely practice veterinary medicine, and the Board approves said
24 recommendation. All costs shall be borne by Respondent.

25 15. **Rehabilitation Program - Alcohol or Drug.** Within thirty (30) days of the effective
26 date of this Decision, Respondent shall meet and confer with a rehabilitation facility in the county
27 in which he resides, Orange County. Such rehabilitation facility shall be approved by the Orange
28 County Superior Court/Probation Department. The rehabilitation facility shall have access to the

1 Accusation and Decision in Case Number AV 2006-19 in administering their evaluation.
2 Respondent shall be assessed by a drug/alcohol counselor to determine whether or not he suffers
3 any chemical dependency. If Respondent is found to be chemically dependent, then he shall
4 enroll in whatever drug/alcohol program is recommended to him. If Dr. Coghlan is not
5 determined to have any chemical dependency, then he will not be required to undergo
6 drug/alcohol treatment but will still need to submit to biological fluid testing. All costs shall be
7 borne by Respondent.

8 16. **Submit Biological Fluid Samples.** Respondent shall immediately submit to
9 biological fluid testing, at Respondent's cost, upon request by the Board or its designee. There
10 will be no confidentiality in test results; positive test results will be immediately reported to the
11 Board and to Respondent's current employer.

12 17. **Abstain from Controlled Substances.** Respondent shall completely abstain from
13 the personal use or possession of controlled substances, as defined in the California Uniform
14 Controlled Substances Act, and dangerous drugs as defined in Section 4211 of the Business and
15 Professions Code, except when lawfully prescribed by a licensed practitioner for a bonafide
16 illness.

17 18. **Abstention from Alcohol Use.** Respondent shall abstain completely from the use of
18 alcoholic beverages.

19 19. **Fine.** Respondent shall pay to the Board a fine in the amount of \$3,000.00 pursuant
20 to Business and Professions Code sections 4875 and 4883. Respondent shall make said payments
21 as follows: \$100.00 per month for 30 months.

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ACCEPTANCE

I have carefully read the Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Bonnie Lutz. I understand the Stipulation and the effect it will have on my Veterinarian's License and Premise Permit. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Veterinary Medical Board.

DATED: 12/14/2010 
JAMES COGHLAN, DVM
Respondent

APPROVED

I have read and fully discussed with Respondent the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 2/7/11 
BONNIE L. LUTZ, ESQ.
Attorney for Respondent

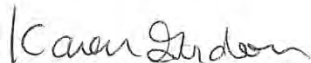
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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Veterinary Medical Board of the Department of Consumer Affairs.

Dated: 2-10-11

Respectfully Submitted,
EDMUND G. BROWN JR.
Attorney General of California
JAMES M. LEDAKIS
Supervising Deputy Attorney General


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Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Amended Accusation No. AV 2006 19

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10 **BEFORE THE**
VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
11 **STATE OF CALIFORNIA**

12 In the Matter of the Amended Accusation
Against:

OAH No. L2008090500

Case No. AV 2006 19

13 JAMES C. COGHLAN, DVM
14 WEST 17th STREET ANIMAL HOSPITAL
1745 West 17th Street, Suite C
15 Santa Ana, CA 92706

AMENDED ACCUSATION

16 Veterinarian License No. 9742
Premise Permit No. 4414

17 Respondent.
18

19
20 Complainant alleges:

21 **PARTIES**

22 1. Susan M. Geranen (Complainant) brings this Amended Accusation solely
23 in her official capacity as the Executive Officer of the Veterinary Medical Board, Department of
24 Consumer Affairs.

25 2. On or about September 1, 1987, the Veterinary Medical Board issued
26 Veterinarian License Number 9742 to James C. Coghlan (Respondent). The License was in full
27 force and effect at all times relevant to the charges brought herein and will expire on June 30,
28 2010, unless renewed.

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9. Section 4081 of the Code states, in pertinent part:

(a) All records of manufacture and of sale, acquisition, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, pharmacy, veterinary food-animal drug retailer, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

(b) The owner, officer, and partner of a pharmacy, wholesaler, or veterinary food-animal drug retailer shall be jointly responsible, with the pharmacist-in-charge or representative-in-charge, for maintaining the records and inventory described in this section.

10. Section 4342 of the Code states, in pertinent part:

(a) The board may institute any action or actions as may be provided by law and that, in its discretion, are necessary, to prevent the sale of pharmaceutical preparations and drugs that do not conform to the standard and tests as to quality and strength, provided in the latest edition of the United States Pharmacopoeia or the National Formulary, or that violate any provision of the Sherman Food, Drug and Cosmetic Law

(b) Any knowing or willful violation of any regulation adopted pursuant to Section 4006 shall be subject to punishment in the same manner as is provided in Sections 4336 [dangerous drugs by use of a minor as an agent - a felony] and 4321 [knowing violation of chapter - a misdemeanor.]

11. Section 4809.5 of the Code states:

The board may at any time inspect the premises in which veterinary medicine, veterinary dentistry, or veterinary surgery is being practiced.

12. Section 4846.4 of the Code states:

(a) Each individual licensed by the board shall biennially apply for renewal of his or her license or registration on or before the last day of the applicant's birthday month. The application shall be made on a form provided by the board.

(b) The application shall contain a statement to the effect that the applicant has not been convicted of a felony, has not been the subject of professional disciplinary action taken by any public agency in California or any other state or territory, and has not violated any of the provisions of this chapter. If the applicant is unable to make that statement, the application shall contain a statement of the conviction, professional discipline, or violation.

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1 (c) The board may, as part of the renewal process, make necessary
2 inquiries of the applicant and conduct an investigation in order to determine if
3 cause for disciplinary action exists.

4 13. Section 4850 of the Code states:

5 Every person holding a license under this chapter shall conspicuously
6 display the license in his or her principal place of business.

7 14. Section 4853 of the Code states, in pertinent part:

8 (a) All premises where veterinary medicine, veterinary dentistry, veterinary
9 surgery, and the various branches thereof is being practiced shall be registered with the
10 board. The certificate of registration shall be on a form prescribed in accordance with
11 Section 164.

12 15. Section 4853.6 of the Code states, in pertinent part:

13 (b) When the licensee manager has, under proceedings conducted in accordance
14 with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2
15 of the Government Code, the license to practice veterinary medicine, surgery, and
16 dentistry revoked or suspended.

17 16. Section 4856 of the Code states:

18 (a) All records required by law to be kept by a veterinarian subject to
19 this chapter [the Veterinary Medicine Practice Act], including, but not limited
20 to, records pertaining to diagnosis and treatment of animals and records
21 pertaining to drugs or devices for use on animals, shall be open to inspection
22 by the board, or its authorized representatives, during an inspection as part of
23 a regular inspection program by the board, or during an investigation initiated
24 in response to a complaint that a licensee has violated any law or regulation
25 that constitutes grounds for disciplinary action by the board. A copy of all
26 those records shall be provided to the board immediately upon request.

27 (b) Equipment and drugs on the premises, or any other place, where
28 veterinary medicine, veterinary dentistry, veterinary surgery, or the various
branches thereof is being practiced, or otherwise in the possession of a veterinarian
for purposes of that practice, shall be open to inspection by the board, or
its authorized representatives, during an inspection as part of a regular inspection
program by the board, or during an investigation initiated in response to a
complaint that a licensee has violated any law or regulation that constitutes
grounds for disciplinary action by the board.

17. Section 4875 of the Code provides, in pertinent part, that the

Board may revoke or suspend the license of any person to practice veterinary medicine or any
branch thereof, or assess a fine of not more than \$5,000, for any causes provided in the
Veterinary Medicine Practice Act (Bus. & Prof. Code, § 4800, et seq). A fine may be assessed in
lieu of or in addition to a suspension or revocation.

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18. Section 4876 of the Code provides, in pertinent part, that in addition to its authority to suspend or revoke a license, or assess a fine, the Board shall have the authority to place a licensee on probation.

19. Section 4883 of the Code provides, in pertinent part, that the Board may revoke or suspend a veterinarian's license or assess a fine for:

(a) Conviction of a crime substantially related to the qualifications, functions, or duties of veterinary medicine, surgery, or dentistry, in which case the record of the conviction shall be conclusive evidence.

....

(c) Violating or attempting to violate any of the provisions of this chapter [the Veterinary Medicine Practice Act].

....

(g) Unprofessional conduct, that includes, but is not limited to, the following:

(2)(A) The use of or prescribing for or administering to himself, any controlled substance.

(B) The use of any of the dangerous drugs or of alcoholic beverages to the extent, or in any manner as to be dangerous or injurious to a person licensed under this chapter, or to any other person or the public; or to the extent that the use impairs the ability of the person so licensed to conduct with safety the practice authorized by the license.

(3) A violation of any federal statute, rule, or regulation or any of the statutes, rules, or regulations of this state regulating dangerous drugs or controlled substances.

....

(i) Fraud, deception, negligence, or incompetence in the practice of veterinary medicine.

(j) Aiding or abetting in any acts that are in violation of provisions of this chapter [the Veterinary Medicine Practice Act].

....

(o) Violation, or the assisting or abetting violation, of any regulations adopted by the board pursuant to this chapter [the Veterinary Medicine Practice Act].

20. Section 4885 of the Code states, in pertinent part:

A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge of a felony or of any offense related to the practice of veterinary medicine is deemed to be a conviction within the meaning of this article.

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21. Section 11240 of the Health and Safety Code states:

“No veterinarian shall prescribe, administer, or furnish a controlled substance for himself or any other human being.”

22. Section 12500 of the Vehicle Code states, in pertinent part:

(a) A person may not drive a motor vehicle upon a highway, unless the person then holds a valid driver's license

23. Section 23152 of the Vehicle Code states, in pertinent part:

(a) It is unlawful for any person who is under the influence of any alcoholic beverage or drug, or under the combined influence of any alcoholic beverage and drug, to drive a vehicle.

(b) It is unlawful for any person who has 0.08 percent or more, by weight, of alcohol in his or her blood to drive a vehicle. For purposes of this article and Section 34501.16, percent, by weight, of alcohol in a person's blood is based upon grams of alcohol per 100 milliliters of blood or grams of alcohol per 210 liters of breath. In any prosecution under this subdivision, it is a rebuttable presumption that the person had 0.08 percent or more, by weight, of alcohol in his or her blood at the time of driving the vehicle if the person had 0.08 percent or more, by weight, of alcohol in his or her blood at the time of the performance of a chemical test within three hours after the driving.

24. California Code of Regulations, Title 16 (“CCR”) section 2030, states in

pertinent part:

All fixed premises where veterinary medicine and its various branches are being practiced, and all instruments, apparatus and apparel used in connection with those practices, shall be kept clean and sanitary at all times and shall conform to or possess the following minimum standards:

...

(d) If animals are housed or retained for treatment, the following shall be provided:

....

(3) If there are to be no personnel on the premises during any time an animal is left at the veterinary facility, prior written notice of this fact shall be given to the client. For purposes of this paragraph, prior written notice may be accompanied by posting a sign in a place and manner conspicuous to the clients of the premises, stating that there may be times when there is no personnel on the premises.

(e) When a veterinary premises is closed, a sign shall be posted at the entrance with a telephone number and location where pre-arranged veterinary care is available. An answering machine or service shall be used to notify the public when the veterinary premises will be re-opened and where pre-arranged veterinary care is available. If no after hours emergency care is available, full disclosure shall be provided to the public prior to rendering services.

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(f) The veterinary premises shall meet the following standards:

....

(6) All drugs and biologicals shall be maintained, administered, dispensed and prescribed in compliance with state and federal laws.

....

(g) A veterinary premises which provides aseptic surgical services shall comply with the following:

(1) A room, separate and distinct from all other rooms shall be reserved for aseptic surgical procedures which require aseptic preparation. Storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designed for aseptic surgery is occupied or temporarily unavailable.

25. California Code of Regulations, Title 16 ("CCR") section 2032.2, states:

(a) A written order, by a veterinarian, for dangerous drugs, as defined by Pharmacy Code section 4022, shall include the following information:

- (1) The name, signature, address and telephone number of the prescribing veterinarian.
- (2) The veterinarian's license number and his or her federal registry number if a controlled substance is prescribed.
- (3) The name and address of the client.
- (4) The species and name, number or other identifying information for the animal.
- (5) The name, strength, and quantity of the drug(s).
- (6) Directions for use, including, if applicable, withdrawal time.
- (7) Date of issue.
- (8) The number of refills.

(b) All drugs dispensed shall be labeled with the following information:

- (1) Name, address and telephone number of the facility.
- (2) Client's name.
- (3) The species and name, number, or other identifying information for the animal.
- (4) Date dispensed.
- (5) Directions for use, including, if applicable, withdrawal time.
- (6) The manufacturer's trade name of the drug or the generic names, strength (if more than one dosage form exists), and quantity of drug, and the expiration date when established by the manufacturer.
- (7) Name of prescribing veterinarian.

26. California Code of Regulations, Title 16 ("CCR") section 2032.3, states:

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1 (a) Every veterinarian performing any act requiring a license pursuant
2 to the provisions of Chapter 11, Division 2, of the code, upon any animal or group
3 of animals shall prepare a legible, written or computer generated record
4 concerning the animal or animals which shall contain the following information:

- 5 (1) Name or initials of the veterinarian responsible for entries.
- 6 (2) Name, address and phone number of the client.
- 7 (3) Name or identity of the animal, herd or flock.
- 8 (4) Except for herds or flocks, age, sex, breed, species, and color of the
9 animal.
- 10 (5) Dates (beginning and ending) of custody of the animal, if applicable.
- 11 (6) A history or pertinent information as it pertains to each animal, herd, or
12 flock's medical status.
- 13 (7) Data, including that obtained by instrumentation, from the physical
14 examination.
- 15 (8) Treatment and intended treatment plan, including medications, dosages
16 and frequency of use.
- 17 (9) Records for surgical procedures shall include a description of the
18 procedure, the name of the surgeon, the type of sedative/anesthetic agents
19 used, their route of administration, and their strength if available in more
20 than one strength.
- 21 (10) Diagnosis or tentative diagnosis at the beginning of custody of animal.
- 22 (11) If relevant, a prognosis of the animal's condition.
- 23 (12) All medications and treatments prescribed and dispensed, including
24 strength, dosage, quantity, and frequency.
- 25 (13) Daily progress, if relevant, and disposition of the case.

26 (b) Records shall be maintained for a minimum of 3 years after the animal's
27 last visit. A summary of an animal's medical records shall be made available to the client
28 upon his or her request. The summary shall include:

- 1 (1) Name and address of client and animal.
- 2 (2) Age, sex, breed, species, and color of the animal.
- 3 (3) A history or pertinent information as it pertains to each animal's medical
4 status.
- 5 (4) Data, including that obtained by instrumentation, from the physical
6 examination.
- 7 (5) Treatment and intended treatment plan, including medications, their
8 dosage and frequency of use.
- 9 (6) All medications and treatments prescribed and dispensed, including
10 strength, dosage, quantity, and frequency.
- 11 (7) Daily progress, if relevant, and disposition of the case.

12 (c)(1) Radiographs are the property of the veterinary facility that originally
13 ordered them to be prepared. Radiographs shall be released to another veterinarian upon
14 the request of another veterinarian who has the authorization of the client. Radiographs
15 shall be returned to the veterinary facility which originally ordered them to be prepared
16 within a reasonable time upon request. Radiographs originating at an emergency hospital
17 shall become the property of the next attending veterinary facility upon receipt of said
18 radiograph(s). Transfer of radiographs shall be documented in the medical record.

- 19 (2) All exposed radiographic films, except for intraoral radiographs, shall
20 have a permanent identification legibly exposed in the film emulsion,
21 which shall include the following:

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- (A) The hospital or clinic name and/or the veterinarian's name,
- (B) Client identification,
- (C) Patient identification, and
- (D) The date the radiograph was taken.

(d) Laboratory data is the property of the veterinary facility which originally ordered it to be prepared, and a copy shall be released upon the request of the client.

(e) The client shall be provided with a legible copy of the medical record when the patient is released following emergency clinic service. The minimum information included in the medical record shall consist of the following:

- (1) Physical examination findings
- (2) Dosages and time of administration of medications
- (3) Copies of diagnostic data or procedures
- (4) All radiographs, for which the facility shall obtain a signed release when transferred
- (5) Surgical summary
- (6) Tentative diagnosis and prognosis, if known
- (7) Any follow-up instructions.

27. Code of Federal Regulations, Title 21 ("CFR") section 1301.75, states in pertinent part:

(a) Controlled substances listed in Schedule I shall be stored in a securely locked, substantially constructed cabinet.

(b) Controlled substances listed in Schedules II, III, IV, and V shall be stored in a securely locked, substantially constructed cabinet. However, pharmacies and institutional practitioners may disperse such substances throughout the stock of noncontrolled substances in such a manner as to obstruct the theft or diversion of the controlled substances.

28. Code of Federal Regulations, Title 21 ("CFR") section 1304.11, provides in pertinent part:

(a) Each inventory shall contain a complete and accurate record of all controlled substances on hand on the date the inventory is taken, and shall be maintained in written, typewritten, or printed form at the registered location.

29. Code of Federal Regulations, Title 21 ("CFR") section 1304.22, provides in pertinent part:

Each person registered or authorized to distribute or dispense controlled substances shall maintain records with specific information.

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INSPECTION - AUGUST 12, 2003

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2 30. On December 27, 2002, the Veterinary Medical Board received a
3 telephone call from T.T., a pharmacist at Savon Pharmacy in Santa Ana, stating that she had a
4 concern about the amount of Tylenol Codeine IV that was being ordered by Respondent.

5 31. On August 12, 2003, J.V., DVM, a Veterinary Medical Board consultant,
6 who is a licensed doctor of veterinary medicine, performed a complaint-related inspection of
7 Respondent's premises, 17th Street Animal Hospital. Senior Investigator S.C. with the Division
8 of Investigation also participated in the inspection of Respondent's facility on August 12, 2003.

9 32. The Board requested that Dr. J.V. audit Respondent's control drug
10 inventory and match Respondent's drug inventories with his controlled drug log.

11 33. Investigator S.C. advised Respondent of the complaint and asked
12 Respondent to produce his log for his controlled substances. Investigator S.C. explained to
13 Respondent that they needed to reconcile the amount of controlled substances he had in his
14 inventory against the log. Respondent did not have any accounting of controlled substances or
15 drug logs for controlled drugs kept at his facility.

16 34. At the time of the inspection, Respondent did not have his doctor of
17 veterinary medicine license posted.

18 35. Respondent did not have posted in his office at the time of the inspection,
19 the required notice that he did not have any staff on the premises after hours.

20 36. At the time of the inspection, Respondent did not have a posted referral for
21 emergency treatment after hours.

22 37. At the time of the inspection, numerous drugs on the shelves in
23 Respondent's work area were expired.

24 38. A review of Respondent's charts at the time of the inspection revealed that
25 Respondent failed to document amounts of controlled substances given on patient charts.

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1 **RECORD REVIEW - FEBRUARY, 2004**

2 39. During February of 2004, K.H., DVM, a Veterinary Medical Board
3 consultant, who is a licensed doctor of veterinary medicine, reviewed records relating to
4 Respondent and 17th Street Animal Hospital.

5 40. Dr. H reviewed the sales reports from various veterinary and
6 pharmaceutical distributors as well as a pharmacy that were contacted as part of the initial
7 investigation in August of 2003.

8 41. Dr. H also reviewed the controlled substance audit performed by Dr. V as
9 part of the August 2003 investigation.

10 42. Dr. H reviewed Respondent's controlled substances logs and found that
11 Respondent's controlled substances logs were not complete or accurate.

12 43. Dr. H reviewed the amount of controlled substances purchased and used
13 monthly in Respondent's practice. Dr. H found that Respondent used far fewer amounts of
14 controlled substances each month in his practice than he purchased. Dr. H also found that
15 Respondent's purchase of controlled substances was much higher than average. In addition,
16 Respondent ordered a far wider range of various controlled substances than most practitioners
17 would use. Respondent ordered many controlled substances that are rarely used in veterinary
18 medicine.

19 44. Dr. H concluded that it was apparent that Respondent was diverting
20 controlled substances and human dangerous drugs either through personal use or through illegal
21 sales.

22 **FOLLOW UP INSPECTION - APRIL 22, 2004**

23 45. On April 22, 2004, A.C., DVM, a Veterinary Medical Board consultant,
24 who is a licensed doctor of veterinary medicine, performed a follow up inspection. Senior
25 Investigator S.C. and Supervising Investigator F.M. with the Division of Investigation also
26 participated in the follow up inspection of Respondent and his facility on April 22, 2004.

27 46. The investigation revealed that Respondent was out of compliance with
28 statutes, rules, and regulations in several areas as follows:

1 APPLICATIONS FOR RENEWAL

2 58. Respondent is required to biennially apply for renewal of his license
3 pursuant to section 4846.4 of the Business and Professions Code. Section 4846.4 also requires
4 that Respondent's application for renewal contain a statement that he has not been convicted of a
5 felony. If Respondent is unable to make that statement, section 4846.4 requires that Respondent
6 submit a statement of the conviction with the application.

7 59. In Respondent's June 14, 2004 application for renewal, he failed to state
8 that he was convicted on April 21, 2004 of a violation of Vehicle Code section 23152 (b), for
9 driving while under the influence of drugs or alcohol with 0.08 percent or more by weight of
10 alcohol in his blood.

11 60. In Respondent's June 27, 2006 application for renewal, he failed to state
12 that he was convicted on August 3, 2004 of a violation of Vehicle Code section 12500 (a),
13 driving without a license.

14 FIRST CAUSE FOR DISCIPLINE

15 **(August 3, 2004 Criminal Conviction -**
16 **Driving While Under the Influence of Alcohol or Drugs**
on October 30, 2003)

17 61. Respondent's Veterinarian's License Number 9742 and Premise Permit
18 Number 4414 are subject to disciplinary action under Code sections 490, 4875, and 4883(a) in
19 that Respondent was convicted of a crime that is substantially related to his qualifications as a
20 veterinarian. On or about August 3, 2004, in the Superior Court for the County of Orange,
21 Newport Beach Facility in a case entitled *People vs. James Christian Coghlan* (Sup. Ct., Orange
22 County, 2004, Case No. 04HM00339), Respondent pled guilty to a violation of Vehicle Code
23 section 23152 (b), Driving While Under the Influence of Drugs or Alcohol with 0.08 percent or
24 more by weight of alcohol in his blood. The circumstances of the conviction are as follows:

25 62. On or about October 30, 2003, Respondent was arrested for driving a
26 vehicle while under the influence of alcohol and drugs.

27 63. Pursuant to the Plea Agreement, on or about August 3, 2003, Respondent
28 was sentenced to three (3) years probation, fines, and other terms and conditions.

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SECOND CAUSE FOR DISCIPLINE

**(April 21, 2004 Criminal Conviction -
Driving Without a License on February 18, 2004)**

64. Respondent's Veterinarian's License Number 9742 and Premise Permit Number 4414 are subject to disciplinary action under Code sections 490, 4875, and 4883 (a) in that Respondent was convicted of a crime that is substantially related to his qualifications as a veterinarian. On or about April 21, 2004, in the Superior Court for the County of Orange, Harbor Justice Center, Laguna Niguel Facility in a case entitled *People vs. James Christian Coghlan* (Sup. Ct., Orange County, 2004, Case No. 04SM01636), Respondent pled guilty to a violation of Vehicle Code section 12500 (a), Driving Without a License. The circumstances of the conviction are as follows:

65. On or about February 18, 2004, Respondent was arrested for driving a vehicle when his driver's privilege was suspended and revoked and when he had knowledge of such suspension and revocation. Respondent was also arrested for unlawfully and falsely representing and identifying himself to a peace officer upon a lawful detention and arrest, in order to evade the process of the court and to evade proper identification by the investigating officer. Respondent was additionally arrested for failing to maintain insurance or proof of financial responsibility for said vehicle when requested to do so.

66. Pursuant to the Plea Agreement, on or about April 21, 2004, Respondent was sentenced to pay fines.

THIRD CAUSE FOR DISCIPLINE

**(Furnishing Dangerous Veterinary Drugs Outside the
Veterinarian/Client/Patient Relationship)**

67. Respondent's Veterinarian's License Number 9742 and Premise Permit Number 4414 are subject to disciplinary action under Code sections 4875 and 4883 (g)(3) in that Respondent violated statutes, rules, and regulations regarding dangerous drugs and controlled substances when he furnished veterinary and dangerous drugs outside the veterinarian/client

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1 patient relationship in violation of California Code of Regulations Section 2032.2 as set forth in
2 paragraphs 53 and 57 above.

3 **FOURTH CAUSE FOR DISCIPLINE**

4 **(Failure to Keep Accounting of Controlled Substances)**

5 68. Respondent's Veterinarian's License Number 9742 and Premise Permit
6 Number 4414 are subject to disciplinary action under Code sections 4081 and 4883 and Code of
7 Federal Regulations sections 1304.22 in that Respondent violated statutes, rules, and regulations
8 regarding dangerous drugs and controlled substances when he failed to keep an accounting or
9 drug log of controlled substances and drugs kept at his facility as required by Code section 4081
10 as set forth in paragraph 33 above.

11 **FIFTH CAUSE FOR DISCIPLINE**

12 **(Failure to Display License)**

13 69. Respondent's Veterinarian's License Number 9742 and Premise Permit
14 Number 4414 are subject to disciplinary action under Code sections 4850 and 4883 in that
15 Respondent failed to display a copy of his Veterinarian's License in his principal place of
16 business as required by Code section 4850 as set forth in paragraph 34 above.

17 **SIXTH CAUSE FOR DISCIPLINE**

18 **(Failure to Post Notice of No Staff on Premises after Hours)**

19 70. Respondent's Veterinarian's License Number 9742 and Premise Permit
20 Number 4414 are subject to disciplinary action under Code section 4883 and California Code of
21 Regulations (CCR) section 2030(d)(3) in that Respondent failed to post the required notice in his
22 office that he did not have any staff on the premises after hours as required by CCR section
23 2030(d)(3) as set forth in paragraph 35 above.

24 **SEVENTH CAUSE FOR DISCIPLINE**

25 **(Failure to Post Referral for Emergency Treatment After Hours)**

26 71. Respondent's Veterinarian's License Number 9742 and Premise Permit
27 Number 4414 are subject to disciplinary action under Code section 4883 and CCR section

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1 2030(e) in that Respondent failed to have a posted referral for emergency treatment after hours as
2 required by CCR section 2030(e) as set forth in paragraph 36 above.

3 **EIGHTH CAUSE FOR DISCIPLINE**

4 **(Expired Drugs)**

5 72. Respondent's Veterinarian's License Number 9742 and Premise Permit
6 Number 4414 are subject to disciplinary action under Code sections 4883 and 4342 and CCR
7 section 2030(f)(6) in that Respondent kept numerous drugs on the shelves in his work area that
8 were expired in violation of Code section 4342 and CCR section 2030(f)(6) as set forth in
9 paragraphs 37 and 49 above.

10 **NINTH CAUSE FOR DISCIPLINE**

11 **(Failure to Document Amounts of Controlled Substances)**

12 73. Respondent's Veterinarian's License Number 9742 and Premise Permit
13 Number 4414 are subject to disciplinary action under Code sections 4883 and 4081 and
14 California Code of Regulation 2032.3 in that Respondent violated statutes, rules, and regulations
15 regarding dangerous drugs and controlled substances when he failed to document the amounts of
16 controlled substances given on patient charts in violation of section 4081 as set forth in
17 paragraph 42 above.

18 **TENTH CAUSE FOR DISCIPLINE**

19 **(Incomplete and Inaccurate Controlled Substances Logs)**

20 74. Respondent's Veterinarian's License Number 9742 and Premise Permit
21 Number 4414 are subject to disciplinary action under Code sections 4883 and 4081 and Code of
22 Federal Regulations sections 1304.22 in that Respondent violated statutes, rules, and regulations
23 regarding dangerous drugs and controlled substances when he failed to keep complete and
24 accurate controlled substances logs in violation of section 4081 as set forth in paragraph 42
25 above.

26 **ELEVENTH CAUSE FOR DISCIPLINE**

27 **(Abnormal Use of Controlled Substances in Violation of Code Section 4883)**

28 75. Respondent's Veterinarian's License Number 9742 and Premise Permit

1 Number 4414 are subject to disciplinary action under Code section 4883 in that Respondent
2 violated statutes, rules, and regulations regarding dangerous drugs and controlled substances
3 when he used far fewer amounts of controlled substances each month in his practice than he
4 purchased. In addition, Respondent's orders of controlled substances was much higher than
5 average. Respondent ordered a far wider range of various controlled substances than most
6 practitioners would use. Respondent also used many controlled substances that are rarely used in
7 veterinary medicine. These actions violate section 4883 as set forth in paragraph 43 above.

8 **TWELFTH CAUSE FOR DISCIPLINE**

9 **(Failure to Reconcile Drug Inventory to Controlled Substances Log)**

10 76. Respondent's Veterinarian's License Number 9742 and Premise Permit
11 Number 4414 are subject to disciplinary action under Code sections 4883 and 4081 Code of
12 Federal Regulations sections 1304.11 in that Respondent violated statutes, rules, and regulations
13 regarding dangerous drugs and controlled substances when he failed to reconcile his drug
14 inventory to his controlled substances log in violation of section 4081 as set forth in paragraph 47
15 above.

16 **THIRTEENTH CAUSE FOR DISCIPLINE**

17 **(Improper Placement of Autoclave in Surgical Suite)**

18 77. Respondent's Veterinarian's License Number 9742 and Premise Permit
19 Number 4414 are subject to disciplinary action under Code section 4883 and CCR section
20 2030(g)(1) in that Respondent violated statutes, rules, and regulations by placing his autoclave in
21 his surgical suite in violation of CCR section 2030(g)(1) as set forth in paragraph 48 above.

22 **FOURTEENTH CAUSE FOR DISCIPLINE**

23 **(Controlled Substances Not Properly Secured)**

24 78. Respondent's Veterinarian's License Number 9742 and Premise Permit
25 Number 4414 are subject to disciplinary action under Code section 4883 and Code of Federal
26 Regulations (CFR) section 1301.75 in that Respondent violated statutes, rules, and regulations
27 regarding dangerous drugs and controlled substances when he failed to properly secure his
28 controlled substances in violation of CFR section 1301.75 as set forth in paragraph 50 above.

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FIFTEENTH CAUSE FOR DISCIPLINE

(Failure to Properly Account for Controlled Substances)

79. Respondent's Veterinarian's License Number 9742 and Premise Permit Number 4414 are subject to disciplinary action under Code sections 4883 and 4081 Code of Federal Regulations sections 1304.22 in that Respondent violated statutes, rules, and regulations regarding dangerous drugs and controlled substances when he failed to properly account for controlled substances in violation of section 4081 as set forth in paragraphs 47 and 51 above.

SIXTEENTH CAUSE FOR DISCIPLINE

(Failure to Report Convictions on Renewal Applications)

80. Respondent's Veterinarian's License Number 9742 and Premise Permit Number 4414 are subject to disciplinary action under Code sections 4846.4, 4883, and 4885 in that Respondent failed to report his April 21, 2004 conviction on his June 14, 2004 renewal application as set forth in paragraph 59 above.

81. Respondent's Veterinarian's License Number 9742 and Premise Permit Number 4414 are subject to disciplinary action under Code sections 4846.4, 4883, and 4885 in that Respondent failed to report his August 3, 2004 conviction on his June 27, 2006 renewal application as set forth in paragraph 60 above.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Veterinary Medical Board issue a decision:

1. Revoking or suspending Veterinary Number 9742 issued to James Coghlan, DVM.
2. Revoking or suspending Premise Permit Number 4414, issued to West 17th Street Animal Hospital, James Coghlan, DVM, Managing Licensee.

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1 3. Ordering James Coghlan, DVM to pay the Veterinary Medical Board the
2 reasonable costs of the investigation and enforcement of this case, pursuant to Business
3 and Professions Code section 125.3;

4 4. Taking such other and further action as deemed necessary and proper.

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6 DATED: 10/29/08



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9 SUSAN M. GERANEN
10 Executive Officer
11 Veterinary Medical Board
12 Department of Consumer Affairs
13 State of California
14 Complainant

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EXHIBIT 6

BEFORE THE
VETERINARY MEDICAL BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Citation
Against:

James C. Coghlan
2 Sawgrass
Coto de Caza, CA 92679

Respondent.

Citation No. 1819-6

Case No. 4602017001020

Complainant alleges:

PARTIES

1. Jessica Sieferman ("Complainant") brings this Citation solely in her official capacity as the Executive Officer of the Veterinary Medical Board ("Board"), Department of Consumer Affairs, State of California.
2. The Board's records show that James C. Coghlan, ("Respondent") was originally granted a license to practice veterinary medicine on September 1, 1987. Said license (VET 9742) was revoked March 17, 2017.
3. The Board's records show that a premises license for 17th Street Animal Hospital (HSP 4414), was originally issued to Respondent November 20, 1990 and revoked March 17, 2017.

STATUTORY PROVISIONS

4. Business and Professions Code (BPC) sections 148 and 4875.2 and California Code of Regulations (CCR) section 2043 authorize the Executive Officer of the Board to issue citations containing orders of abatement and/or administrative fines against a licensee of the Board, or to an unlicensed person, who has committed any acts or omissions in violation of the Veterinary Medicine Practice Act (Act).
5. BPC section 4825 provides that it is unlawful for any person to practice veterinary medicine or any branch thereof in this State unless at the time of so doing, such person holds a valid, unexpired, and unrevoked license as provided in the Act. A person practices veterinary medicine, surgery, and dentistry, and the various branches thereof, when he or she performs any act set forth in BPC section 4826, including representing himself or herself as engaged in the practice of veterinary medicine, veterinary surgery, or veterinary dentistry in any of its branches.

6. BPC section 4853 requires all premises, including a building, kennel, mobile unit, or vehicle, where veterinary medicine, veterinary dentistry, veterinary surgery, and the various branches thereof are being practiced to be registered with the Board.
7. BPC section 149 authorizes the Board to issue citations to individuals who are advertising with respect to the offering or performance of services without being properly licensed by the Board.

CAUSE FOR CITATION

8. On or about September 23, 2017, Respondent was seen wearing scrubs and identified himself as a doctor. Respondent told investigators that he performs consultations, examinations, and administers vaccinations. Such unlicensed conduct constitutes a violation of BPC sections 4825 and 4826, subdivisions (a) and (f).
9. On or about June 16, 2017 and September 23, 2017, Respondent examined and diagnosed animal patients. Such unlicensed conduct constitutes a violation of BPC sections 4825 and 4826, subdivisions (b) and (c).
10. On or about May 27, 2017 through September 23, 2017, Respondent performed unlicensed practice of veterinary medicine at his previously registered location. The Board has not issued a premise registration authorizing veterinary medicine to be performed said location since the registration was revoked. Such unlicensed conduct constitutes a violation of BPC section 4853, subdivision (a).

DETERMINATION OF ISSUES **CAUSE OF ACTION**

11. Violations exist pursuant to BPC sections 4825 and 4826, subdivision (a) and (f). A cause of action thereby exists.
12. Violations exist pursuant to BPC sections 4825 and 4826, subdivisions (b) and (c). A cause of action thereby exists.
13. Violations exist pursuant to BPC section 4853, subdivision (a). A cause of action thereby exists.

PENALTY

14. In compliance with BPC sections 148 and 4875.2 and CCR section 2043, it is determined that:

Respondent be cited for a Class "C" violation in the amount of \$5,000 for the Cause for Citation, based upon a determination that the above-described facts constitute violations of BPC sections 4825 and 4826, subdivision (a) and (f).

Respondent be cited for a Class "C" violation in the amount of \$5,000 for the Cause for Citation, based upon a determination that the above-described facts constitute violations of BPC sections 4825 and 4826, subdivisions (b) and (c).

Respondent be cited for a Class "C" violation in the amount of \$3,000 for the Cause for Citation, based upon a determination that the above-described facts constitute violations of BPC section 4853 (a).

15. In compliance with BPC sections 125.9 and 4875.2, and CCR section 2043, subdivision (c), the total penalty for the above violations is \$5,000.


ORDER OF ABATEMENT

The Board hereby orders Respondent to cease and desist from violating BPC sections 4825 and 4826, subdivision (a)-(c), (f), and/or 4853.

In addition, pursuant to BPC section 149, subdivision (a)(2), the Board orders Respondent to notify the telephone company furnishing the services to Respondent to disconnect the telephone service furnished to any telephone number contained in the unlawful advertising.

November 5, 2018

DATE


JESSICA SIEFERMAN
Executive Officer
Veterinary Medical Board
Department of Consumer Affairs
State of California