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Talkingvet Accuracy Comparison

115 Words – 99% Accuracy

Mucous membrane slightly dry, skin turgor mildly **decrease**. Cranial abdomen painful on deep palpation. One episode of vomiting observed (small amount of bilious fluid) in hospital this morning.

Other primary gastrointestinal causes of vomiting include parasitic, inflammatory or neoplastic diseases of the stomach or proximal small bowel, however, these problems are usually more chronic. We should try to confirm our suspicion of pancreatitis in this dog and rule out the other possibilities while initiating nonspecific therapy for the vomiting.

Submit fecal to rule out parasites. Plan intravenous fluid therapy with supplemental potassium.

Question owner about possible garbage, foreign bodies, and toxins. Explained suspected pancreatitis, plan for in-hospital management, and estimated costs for first 24-48 hours.

Google Speech Accuracy Comparison

121 Words - 86% Accuracy

Mucous membrane slightly dry, skin turgor mildly **decrease**. Cranial **Adam** painful **indeed** palpation. One episode of vomiting **reserved** small amount of bilious fluid in hospital this morning

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Submit fecal to rule out parasites. **Play an** intravenous fluid therapy with supplemental potassium.

Question owner about possible garbage, foreign bodies, and **talk sense**. Explain suspected pancreatitis, plan for in hospital management, and **asked me to cost her** first 24 to 48 hours



Talkingvet[®]
Veterinary Speech
Recognition Solutions

Talkingvet Accuracy Comparison

252 Words – 99% Accuracy

Left proximal intermediate carpal chip fracture, fractured spur arthroscopic removal

Note: Patient had an old laceration on the forehead. It had already begun to granulate but we cleaned it up and **freshen** the edges and I stapled it to see if we could get it to heal back into its original position.

Patient was placed in left lateral recumbency and the left forelimb draped for aseptic surgery. The arthroscope was inserted into the medial aspect of the left radiocarpal joint. The proximal intermediate carpal chip fracture which was a previous spur with a fissure at the base of the bone was identified. The fragment was removed, and the underlying bone was debrided of anything that could shed into the joint. After removal of the fragments and associated debris, inspection of the rest of the joint showed no additional lesions. The joint was thoroughly cleaned, and the stab incisions closed with **Steri-Strips**, sterile bandages applied to the limb and the horse taken to the recovery stall.

Assessment

Removal of the impending chip fracture solves the problem. Postoperatively we need 2 weeks stall rest, 3 weeks hand walking and then resumption of paddock turnout can occur. After 30 days of paddock turnout the horse can return to training. I do not think there is any need to x-ray again because the intermediate carpal bone is healthy other than just the site where the fracture was occurring. The prognosis is favorable to race without evidence of the fractured spur or the surgery to remove it.

Google Speech Accuracy Comparison

260 Words – 88% Accuracy

Left proximal intermediate carpal **trip** fracture, fractured spur arthroscopic removal

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