



エラー! 参照元が見つかりません。

Arrived Suvarnabhumi Airport and met some Kasetsart University(KU) students and professors. After that we went to a department store and bought what I need and had dinner with them. I ate Khao Man Kai. It was delicious. There are many foods that used rice so I thought I will not miss Japanese food. After ate we went to our apartment. Our apartment is located near Ksetsart University about 10 minutes walk. The apartment was clean and comfortable. I got tired because it was busy day.

From 9 am some KU students took us to KU small animal hospital and introduced the hospital. I was surprised that the hospital was very large and many patients waited their treatments. Also felt that I was able to learn many things about small animal medicine. After looking around the animal hospital, some KU students took us to a shopping mall.



Weekly Report Rakuno Gakuen University Name Misato Masasoka

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Sept 11 (Mon)	Joined in the emergency anesthesia. I was in charge of 2 cases. First case was Diaphragmatic hernia. Prepared the anesthetic with my doctor. When the surgery started, I started to record about heart rate, breathing, temperature, O ₂ saturation, end tidal CO ₂ and so on. Until 2 hours from surgery started the condition was stability but suddenly the breathing stopped and she went away. Next case was also Diaphragmatic hernia. Her condition was very but and she went away during surgery.
Sept 12 (Tue)	Joined in the orthopedic anesthesia. The case was Cranial Cruciate Ligament Rapture. I prepared the anesthetic with my doctor according to weight and condition of the patient. In this case, the patient has a problem with her heart so used a low concentration fluid. I have learned about the surgery technique before but first time to see it. It was good opportunity for me.
Sept 13 (Wed)	Joined in the soft tissue anesthesia. The case was mass at right shoulder. It was the third time surgery for the patient because the mass has recured. I worried about the anesthetic because the patient was old. Her condition was stable during anesthesia but after surgery her temperature was getting very lower and recovery was not good. I felt that I had to do anesthesia carefully if a patient was old.
Sept 14 (Thu)	Joined in emergency anesthesia. Today's case was a cat. He has been vomiting since 1 month ago and his owner said that he ate some plastics. The anesthetic was different way from other cases. In this case, he was cat so the doctor used another way. The doctor explore small intestine and found some big plastic pieces around 3 cm. I was surprised. After surgery, it took time to wake up him and raise his temperature. But finally he recovered well and I relieved to see that.
Sept 15 (Fri)	Joined in orthopedic anesthesia. In this case the patient was only 4 months and I worried about the anesthesia. Before surgery started, the patient looked awake because his was strongly breathing. So the doctor increased the anesthetic concentration and he deeply fell asleep. I felt that observing the patient well during the anesthesia is very important.
Sept 16 (Sat)	No Activity



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Sept 17 (Sun)	No activity
Sept 18 (Mon)	Joined in orthopedic surgery. Watched Tibial plateau leveling osteotomy surgery. The surgery needed very difficult technique and took more than 4 hours. This was the first time for me to see the surgery and the technique was worth seeing. After the surgery finished, I took care of the patient. It took long time to the patient woke up, but felt happy when I see the patient finally woke up.
Sept 19 (Tue)	Joined in orthopedic surgery. Watched Femoral Head and Neck surgery. In this hospital they have this surgery everyday. This surgery is very popular because it is not so expensive and the patient recovers quickly. The doctor told me the surgical procedure and I could understand about the surgery well.
Sept 20 (Wed)	Joined in orthopedic surgery. The case was Femoral Fracture. The fracture was very complicated and the doctor used several pin and screw. When I watch the surgery, I could not understand where the pin went through. After finished surgery and confirmed X-ray, I finally could understand the procedure.
Sept 21 (Thu)	Joined in orthopedic surgery. There was no case in the morning, so I reviewed yesterday's case and wrote my surgery report. The report requires the surgery procedure step by step so I need to understand about the surgical anatomy well. In the afternoon, I had only case that removed External Skeletal Fixation and it finished very quickly.
Sept 22 (Fri)	Joined in orthopedic surgery. Today's case was comminuted fracture at distal femur. The fracture was terrible so the doctor removed the fracture fragment and put bone marrow from coxal bone to promote reproduction of bone. This was the first time to see bone marrow transplantation and the procedure was interesting. I hope that the bone will heal as soon as possible.



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Sept 23 (Sat)	No activity
Sept 24 (Sun)	No activity
Sept 25 (Mon)	Joined in soft tissue surgery. The case was scrotal sac amputation and left side inguinal hernia. The small intestine was out of abdominal wall. I palpated the hernia ring and could feel it. The doctor put the small intestine in the abdominal cavity and sewed the abdominal wall and skin. Scrotal sac amputation was same as castration procedure.
Sept 26 (Tue)	Joined in soft tissue surgery. The case was right ovarian cyst. This dog had Ovariohysterectomy before but right ovary left. The doctor remove the ovary and both side uterus. The doctor let me to sew the skin. It was the second time to skin suture and I did it well than before. I felt very happy to do it.
Sept 27 (Wed)	Joined in soft tissue surgery. The case was Ovariohysterectomy. The end of the surgery, the doctor let me to suture the skin. The doctor taught me very politely. I realized that each doctors have own way to surgery or suture and it interesting to see the difference.
Sept 28 (Thu)	Joined in soft tissue surgery. Today there were only 2 cases I followed. First case was removing mass at left side leg. The doctor incised the skin 3 cm far from the mass and removed mass and tissue. The doctor told me that we needed to remove the tissue around the mass deeply because the mass was malignant. Second case was castration. It was the second time to see the surgery so i could understand the procedure well.
Sept 29 (Fri)	Today is the last day at surgical unit. I joined this unit for 3 weeks and learned about anesthesia, orthopedic, soft tissue and emergency. I followed many cases and everything was new and interesting. Although there were many things that I did not know, it was good opportunity to learn. And I was happy to join the surgery as an assistant and do suture and so on.



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Sept 30 (Sat)	No activity
Oct 1 (Sun)	No activity
Oct 2 (Mon)	It was the first day of internal medicine. I joined in neurology. I interviewed to the owner and asked the history of the patient. It was difficult to make a question but the doctor said that asking many questions can give us some hints of the diagnosis. One of the patient indicated right circling and he had a tumor at the brain. I realized that most of the patients which had tumor were old age.
Oct 3 (Tue)	Joined in Neurology unit. The first case was a cat. He felt pain with his hind limb and could not walk normally. The doctor examined to the cat but could not find any abnormal neurology sign. So the doctor suspected that the cat had a orthopedic problem. After that this cat got a orthopedic examination and it was revealed that this cat had a hip osteoarthritis.
Oct 4 (Wed)	Joined in gastroenterology unit. The case was a cat which had a problem with its liver and kidney. When I checked the ultrasound, the liver was not clear and the adrenal gland was getting bigger. The doctor suspected cushing's syndrome and taught me how to determine the diagnosis. It was interesting think the diagnosis according to the clinical sign, hematology profile, ultrasound and so on.
Oct 5 (Thu)	Joined in outpatient department. There were more than 10 cases in a day. I see many kind of cases such as bone fracture, mass, hematuria and liver disease. The doctor taught me how to decide the diagnosis following to clinical sign, ultrasounds, CT or hematology profile. I learned that it is important to consider about each examination results and clinical sign when I decide the diagnosis.



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Oct 6 (Fri)	Joined in Ophthalmology unit. There were some cases such as keratitis, conjunctivitis and cataract. I was not familiar with ophthalmology but the doctor taught me how to examine the patient. I found that many old poodles have a problem with their eyes. After finishing clinical rotation, I went to near Ayutthaya to eat shrimp. The restaurant was good location near the river and the shrimp was tasty.
Oct 7 (Sat)	No activity
Oct 8 (Sun)	No activity
Oct 9 (Mon)	Joined in the urology unit. I did physical examination and measure the blood pressure to the patient. The doctor told me that measuring the blood pressure is very important in urology because if the patient has any problem with its renal function or urinary tract, the blood pressure will increase or decrease. It was good experience to do physical examination and measure the blood pressure by myself.
Oct 10 (Tue)	Joined in the radiology unit. In the morning, I observed how to take the X-ray. There were more than 40 cases that took x-ray and it included snake, turtle and rabbit. In Kasetsart University hospital, the doctors do not use anesthesia to the patients when they take the x-ray. So it is difficult to take accurate x-ray.
Oct 11 (Wed)	I scheduled to join in CCU unit, but the doctor was absent. So I joined in gastroenterology unit again. I watched liver biopsy. The doctor used automatic needle and we had to do biopsy at least 3 points of liver. It finished quickly but looked difficult. I also watched the blood transfusion. The patient might have a blood parasite and the RBC score extremely decreased so need to do the blood transfusion.



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Oct 12 (Thu)	Joined in outpatient department. There was a dog which had a plobrem whis his brain. The owner said that he sometimes could not react to the call of the owner. The doctor suspected that the patient had a tumor at the pre-front brain and it caused to Alzheimer's disease. So there was a need to remove the tumor by using transfrontal craniotomy.
Oct 13 (Fri)	No activity
Oct 14 (Sat)	No activity
Oct 15 (Sun)	No activity
Oct 16 (Mon)	Joined in neurology unit. There were 12 caces in a day. The most impressive case was a dog which had hemangiosarcoma at the spleen. The patient got splenectomy but the hemangiosarcoma spreaded to whole body because the hemangiosarcoma had raputured before sugery. The limph node at the shoulder became very big that I just could see. The doctor said that the only thing we can do is medication for removing the pain.
Oct 17 (Tue)	Joined in outpatient department.I had 3 cases in the morning. There was a dog which had a carcinoma at the abdomen. The patient also had pneumonitis and the lung sound was increasing 2 weeks ago.But today the lung sounds was getting normal. This patient will not get surgery because the patient is already 17 years old. In the afternoon, I did not have any cases.



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Oct 18 (Wed)	Joined in radiology unit. I watched the radiotherapy which was underground. The machine can accurately focus on the lesion by using computer program and can irradiate from every angle. And the doctor said that this hospital is the only hospital which has this machine in thailand. It was very high technology and I was moved.
Oct 19 (Thu)	Joined in outpatient department. In this department, the teacher treat easier case to teach students. We treated a patient who has otitis externa and aural hematoma. Our teacher gave us homework about these diseases. We searched about these diseases and discussed with our teacher. It was very good learning opportunity to know about these diseases well.
Oct 20 (Fri)	Last day of small animal internal medicine. Joined in outpatient department same as yesterday. There was a patient which has chronic diarrhea. I could find an egg of a parasite in the feces by using microscope. The doctor also suspected that the diet of the patient caused to chronic diarrhea. Because the diet was for puppy and included many fat, salt and suger. I thought it is important to take all of the history and find the problem.
Oct 21 (Sat)	No activity
Oct 22 (Sun)	No activity
Oct 23 (Sun) Chulalongkorn Memorial Day	No activity



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Oct 24 (Tue)	No activity. Vacation in Koh Chang Island.
Oct 25 (Wed)	No activity. Vacation in Koh Chang Island.
Oct 26 (Thu)	No activity. Vacation in Koh Chang Island.
Oct 27 (Fri)	No activity. Vacation in Koh Chang Island.
Oct 28 (Sat)	No activity
Oct 29 (Sun)	No activity
Oct 30 (Mon)	In the morning, I had a orientation about the rotation in Kamphaengsaen campus. My first rotation was exotic animal unit at Bangkaen compus. The case was hedgehog which had sneezing,inappetite and green feces. I discussed about the cause of this case with thai students. It was very exciting to see the diseases of exotic animals.



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Oct 31 (Tue)	Moved to Bangkaen campus early in the morning and joined in exotic animal unit again. The case that i saw today was hamster that had swollen part at both armpits. I did scotch tape technique and gram stain to know there was any external parasite or bacteria,but could not find both of them.So I discussed with thai students what is the cause of this hamster.
Nov 1 (Wed)	Made a presentation about the case of hedgehog.It is important to make a problem list and differential diagnosis according to the client compliant,history taking and physical examination because it help me think about what happen to the patient.It was difficult to make a diagnosis because I had littele knoeledge about hedgehog.
Nov 2 (Thu)	Had an activity at Kanchanaburi to learn about wildlife. Went to Salakpra wildlife sanctuary which protect and try to increase the number of endangered species.In this center,they breed banteng and release them to the wild.We tryed to find the banteng which are released in the wild but the road comdition was really bad and I could not reach the point where I could find the banteng.But I could find footprints and feces of some kind of animals.
Nov 3 (Fri)	Discussed about wildlife conservation with thai students and teacher.Made risk analysis about Food and mouth disease that affect to banteng.In this discussion,I could learn about what veterinarians have to do for wildlife.Also I got to be more interested in wildlife.
Nov 4 (Sat)	No activity.
Nov 5 (Sun)	No activity.



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Nov 6 (Mon)	Training at Nongpho hospital.Had an orientation about this rotation first and after that visited some farms.First,visited goat farm and collected blood sample to check Brucellosis.Next,visited 3 dairy cattle farms.observed some cases and did physical examination.The doctor taught me how to see and treat the cattle.
Nov 7 (Tue)	Training at Nongpho hospital.Visited 2 dairy cow farms in Kanchanaburi to do reproductive examination.Did pregnancy dignosis by rectal palpation and I could feel size difference of each uterus horn.It was a little difficult but I was exited when I could make a correct diagnosis.And thought that I want to be more good at rectal palpation.
Nov 8 (Wed)	Training at Nongpho hospital.There was a calve that had chronic diarrhea since 1 month ago.The calve showed depression,dehydration and increasing lung sound.The doctor gave antibiotic,Vitamin and electrolyte transfusion to the calve but it died a day after treatment.The cause of death was a kind of intestinal parasite.I thought owners shold call a vet as soon as possible when they find out diarrhea of calves because calves lose their moisture immediately when they get diarrhea.
Nov 9 (Thu)	Training at Nongpho hospital.Today's case was dystocia.The doctor fixed the urterine torsion and then tried to fix the wrong position of the fetus but the head position of the fetus was too complicated to fix.So the doctor decided to do caesarean section.I could watch the surgery so close.It was regrettable that the fetus was already dead when we picked up it but I was relieved to see the mother was fine after the surgery.
Nov 10 (Fri)	Training at Nongpho haspital.In the morning visited a farm and saw a cattle that had chronic diarrhea.The doctor suspected psedotuberculosis and took feces sample.If the cattle has this disease we have to report this case to government,so the diagnosis is very important.In the afternoon had a presentation about abomasum displacement.
Nov 11 (Sat)	No activity



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Nov 12 (Sun)	No activity
Nov 13 (Mon)	Training at horse clinic. In the morning, I didn't have any cases so the doctor lectured me about how to see and diagnose the horse. In the afternoon, went to demonstration farm and learned about the way to do physical examination of horse. It was the first time for me to do physical examination of horse and I could know the characteristic of heart rate, respiratory rate or temperature in horse.
Nov 14 (Tue)	Training at horse clinic. In the morning, did physical examination and brushing to my case horse. He had laminitis and showed lameness. He lost wide range of his left side hoof due to terrible necrosis. The doctor scrubbed his hoof wound and changed the vantage. In the afternoon a doctor who is a cardiologist came to the clinic and lectured about how to use a electrocardiogram.
Nov 15 (Wed)	Training at horse clinic. Had some cases about lameness and colic. In the case of lameness, I tried to find out the leg which had a problem by observing the way the horse walks. In the case of colic, the horse laid down and ran amok because of pain. This clinical sign is common in horses. Horses are easy to have colic because their gastric and intestinal anatomy is complicated. So we have to be carefully when we feed them.
Nov 16 (Thu)	Training at horse clinic. Had a case which had no appetite and didn't defecate for 3 days. She also looked depress and had fever. I splashed cold water to her to decrease her temperature. Then the doctor found a rupture at the rectum when the doctor palpated the rectum. So the doctor decided to do euthanasia because it was too difficult to heal. Although the euthanasia was disappointing, I could watch the abdominal inflammation and rectum rupture.
Nov 17 (Fri)	Training at horse clinic. I didn't have any cases so the doctor gave my group homework about how to diagnose pregnancy. We can know the pregnancy of horse by transrectal palpation. We can also estimate the size of the fetus by measuring the eye length of the fetus. I thought that the technique of transrectal palpation is important both cattle and horse.



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Nov 18 (Sat)	No activity
Nov 19 (Sun)	No activity
Nov 20 (Mon)	Training at horse clinic. Did physical examination of my case horse. After that, all of students helped a horse that had a fever for 1 week and got very weakness to stand up. She was too weakness to stand up so we tried to move her outside because it was cooler than inside. Despite the dedicated care, she died in the afternoon. When I watched the necropsy, I could find the inflammation of lung.
Nov 21 (Tue)	Went to a horse competition in Bangkok. This competition is one of the biggest horse competition in Thailand called Princesscup. I could see obstacle race and it was first time for me. It looked difficult to control the horse. The race was very exciting. Our teacher told me that it is important to observe the way horse stands, walks or runs and check if the horse have any problem with its leg or hoof.
Nov 22 (Wed)	Training at horse clinic. In the morning I had a case about horse which had a problem with its hind leg and can't control urination. We suspected there was an abnormality in the nerve and the doctor did cerebrospinal fluid collection. After that we had a discussion for our case presentation about rectum tear. We did it until midnight and were very tired.
Nov 23 (Thu)	Had a seminar in Bangkok. The topic was about acupuncture. Although I already have learned about acupuncture before in Japan, it was difficult to understand the thought of oriental medicine. But I think acupuncture is very useful way to treat animal patients because it is not painful and don't need to do anesthesia. So I hope that acupuncture will get to be more popular in veterinary medicine.



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Nov 24 (Fri)	Had an examination about equine. Our teacher showed us some pictures and asked some questions to us about the cases. Each pictures showed the clinical sign of the horse and I tried to find out the abnormality and guess the disease. I had never had an examination like this discussion style before I came here so it was a little bit difficult but very good to understand.
Nov 25 (Sat)	No activity
Nov 26 (Sun)	No activity
Nov 27 (Mon)	Starting 2 weeks bovine unit. In the morning, I had an orientation about bovine unit. The teacher explained us about the characteristic of dairy cattle farm and the policy of treatment in Thailand. The number of dairy cattle in Thailand is approximately half as much as Japan and the average number of cattle that each owners have is only 25. So I thought that I will be able to find more differences between Thai dairy cattle and Japanese one.
Nov 28 (Tue)	In the morning, we had a discussion about what kind of dairy herd problem our group treat. We decided the topic with the relationship between body condition score (BCS) of each milking cattle and their days in milk (DIM). And we will try to find the cause of inappropriate BCS according to DIM. In the afternoon, went to the farm and measured and recorded the BCS of each milking cattle.
Nov 29 (Wed)	In the morning, our group had a discussion about the presentation. In the afternoon, went to the demonstration farm and had a lecture about pregnancy diagnosis. After the lecture, did rectal palpation and palpate both ovary to check if there is a follicle or corpus luteum. Then, checked the answer by ultrasonography. I could do rectal palpation to many cows so it was good practice for me.



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Nov 30 (Thu)	Went to the hospital because of stomachache. No activity.
Dec 1 (Fri)	Went to take extra VISA. No activity.
Dec 2 (Sat)	No activity
Dec 3 (Sun)	No activity
Dec 4 (Mon)	Joined in bovine unit. Visited some farms. The cases that I saw were anaplasmosis, ketosis and mastitis. About anaplasmosis, we don't have this disease in Japan so I was very excited to see this case. I could see jaundice at the mucous membrane and this is very typical clinical sign in anaplasmosis. About ketosis, this cow got ketosis 3 weeks after calving and the appetite was decreasing. The milk yield was also decreasing. This disease is very important in dairy cattle and I thought I have to know well about this disease.
Dec 5 (Tue)	No activity



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Dec 6 (Wed)	Joined in bovine unit. We visited some farms with only Japanese students because Thai students had a seminar. At the first farm, I did rectal palpation to a cattle which was on estrus. I could palpate a mature follicle so I told the doctor that we can do AI today. At the next farm, I had a case about dystocia. The expected calving date was 1 week ago but the fetus didn't come out due to the uterine torsion. The doctor gave a medicine which promotes parturition but it didn't work because the soft tissue around cervix of uterus was damaged. So the fetus will retain in the uterus and the inflammation of uterus will be expected.
Dec 7 (Thu)	Joined in bovine unit. In the morning, I stayed at the hospital and I did physical examination of Bos Indicus which has a large hump and ear. I had never seen this cattle before I came to Thailand. Also there was a case of goat which bitten by dog. His neck became swollen and he was difficult to breathe. In the Afternoon, I went to the hospital to have a gastroendoscopy.
Dec 8 (Fri)	The last day of 3 months AIMS program. From 8:30 to 10:00, I had an examination of bovine unit. The examination consisted of paper examination and oral examination. In oral examination, I discussed about a case of blood parasite. From 10:00 to 12:00, I had a presentation about case study with Thai students. After that I had a completion ceremony of AIMS program. After finishing everything, I feel to be refreshed and I thought that I absolutely will miss Thailand.
Dec 9 (Sat)	No activity
Dec 10 (Sun)	Go back to Japan
Dec 11 (Mon)	Arrive home