



March 25, 2024

Board of Regents
University of Washington
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Delivered in-person and via e-mail: regents@uw.edu

Dear Regents:

I'm writing on behalf of People for the Ethical Treatment of Animals—PETA entities have more than 9 million members and supporters globally, over 128,000 of whom live in Washington—to request that you all, as the University of Washington (UW) Board of Regents (BoR), act in accordance with your responsibility to govern and steward UW for the benefit of the residents of Washington by removing Michele Basso from the position of director of the Washington National Primate Research Center (WaNPRC). The BoR approved hiring Basso for this position and now needs to exercise its power to remove her, as her failure, which she has demonstrated for the past 15 years, to follow best practices in her use of primates, to coordinate with veterinary staff, and to perform surgeries correctly on primates revealed in documents from three universities, including UW, runs contrary to the mission, vision, and values of the university.

As the director of the WaNPRC, Basso is in a crucial leadership position, but she flouts best practices in her use of primates in neuroscience experiments (leading to brain abscesses, hemorrhages, and inflammation), and she fails to ensure that the WaNPRC is properly staffed. (UW Hires shows that the WaNPRC has been understaffed since her leadership began, with critical vacancies in primate technician, husbandry, and veterinary positions.) UW continues to be cited by the U.S. Department of Agriculture (USDA) for violations of the federal Animal Welfare Act (AWA) for incidents involving primates.¹

¹In June 2023, staffers sedated a primate to remove dead tissue around a device implanted into his skull, with no veterinarian present. There was no emergency equipment or medication. When the primate went into distress, a staffer took an elevator to another area of the center to retrieve a portable anesthesia machine. The machine was faulty and caused a traumatic pressure injury to the primate's lungs. He went into cardiac arrest and died. A letter that includes the transcript from the UW Institutional Animal Care and Use Committee at which the incident was discussed is available here: https://www.peta.org/wp-content/uploads/2023/08/2023-08-07-WA-DOH-VET-BOARD-COMPLAINT_WaNPRC-Macaque-Death-June-2023-002.pdf. UW was cited for a raft of other violations as well, including for subjecting a primate to skull surgery and inflicting brain damage when an experimenter left the room to take a phone call, leaving an unskilled trainee to botch the procedure by piercing the monkey's brain. The USDA inspection report is available here: https://www.peta.org/wp-content/uploads/2023/10/2023-09-12_U-of-Washington-1-Critical-3-Non.pdf.

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Basso has a Ph.D. in neuroscience—she does not have a degree in medicine, nor does she have a medical or veterinary license. Her experiments, conducted on the UW Health Sciences campus—where hundreds of physicians and veterinarians practice—involve invasive surgical procedures that require cutting holes in primates’ skulls to attach metal headposts, inserting electrodes into their brains, and implanting small wire coils in their eyes. To keep the primates’ heads still during her experiments, she locks their headpost into place in a restraint chair. Strapped in with their heads immobilized, the monkeys face a computer screen for hours. The rest of the time, when the animals aren’t restrained in a chair, Basso limits their fluids, keeping them thirsty so that they’ll cooperate for a sip of water.

Basso’s troubled history with her experiments, including many poorly performed surgeries on primates, spans decades and is well-documented. Basso was a professor at the University of Wisconsin–Madison from 2000 to 2012, and her time there was marked by violations of the AWA and a suspension from using animals. Dr. Janet Welter, the chief campus veterinarian at UW-Madison, summarized Basso’s activities at the university with the following statement:

This PI [principal investigator, i.e., Basso] has had significant difficulties with the cranial explant model—many more than other investigators using the same model in the same animal care unit with the same veterinary staff. There is a lengthy history of non-cooperation with veterinary staff, including failure to follow explicit instructions and reluctance to permit necropsies on animals [who] die with CNS [central nervous system] signs. **There have been multiple instances of proven or suspected brain abscesses, and multiple events involving screws penetrating the dura, leading to either hemorrhage or abscess. Animals have been left unattended for hours in compromised condition**—the most recent event in June ’08 is what triggered the involvement of the All Campus ACUC [Animal Care and Use Committee]. Medical records are often incomplete or inaccessible; despite training, PI insists that it is unclear what needs to be recorded in a medical record. Recently it was discovered that the PI has been inserting unsterilized materials into brain tissue. This could be a partial explanation for abscessation and chronic inflammation that has affected several research animals.² (emphasis added)

On March 19, 2010, the university chancellor wrote in a memo sent to all faculty: “Dr. Michele Basso has been cited by university animal care committees for a range of problems over a five-and-a-half-year period. Despite repeated efforts and an unambiguous warning by the School of Medicine and Public Health’s ACUC, problems recurred.” Basso’s actions were so egregious that the ACUC made the unprecedented move of ordering that her primate laboratory be shut down. Her months-long appeal of the university’s animal oversight committee’s decision was successful based only on procedural technicalities. Her surgical incompetence, animal care issues, and history of failing to cooperate and collaborate with the veterinarians were never in doubt. When she was allowed back into an animal laboratory, it was only under enhanced supervision.

²This summary was in a May 4, 2009, letter that Dr. Welter sent to Dr. William Mellon, a former professor in the Pharmaceutical Sciences Division and Senior Associate Dean of Academic Affairs at the UW-Madison School of Pharmacy, to summarize the “major ACUC concerns with the animal activities” of Basso.

In 2012, Basso left UW-Madison and went to the University of California, Los Angeles (UCLA), and her decade there included conflict with veterinarians. Documents posted on Animal Research Laboratory Overview show that in April 2020, Basso had solicited veterinary advice from outside sources rather than from UCLA's own attending veterinarian (AV) and other veterinary staff. According to the minutes of the chancellor's Animal Research Committee (ARC) meetings in 2021,³ the AV raised concerns in April about Basso's surgical approach for surgeries that had occurred over a five-week period and Basso's disagreement with the post-surgical pain management protocol prescribed by veterinary staff. In response to the situation, the ARC required that Basso recruit an experienced surgeon to train her and assist with surgeries. It appears from these records that during this period, Basso was actually seated on the ARC.

In May 2021, the ARC held a meeting devoted solely to veterinary concerns regarding Basso's primate experiments. As a result of the meeting, the ARC decided to send a letter to Basso that included instruction to work respectfully with veterinary staff, that stated that veterinary staff have "full and final authority for clinical management of all animals," and clarifying that the AV would have full involvement in the management of Basso's primates. Her response to the letter caused the ARC to think that she was under the impression that the ARC hadn't identified any animal welfare concerns, so the ARC decided to have a subcommittee send her another letter to reiterate the point.

In August 2021, Basso attempted to get an amendment for an additional surgery on and a virus injection into a primate who had previously struggled with a post-operation infection. The ARC wanted a justification for why the surgery needed to be done on this primate. Basso didn't pursue approval of the amendment, which caused veterinary staff to raise the alarm when, shortly thereafter, they learned that she was moving to UW and bringing the primates on this protocol with her. Staff expressed concern that she would just wait to get approval at UW instead. The ARC advised the AV to set up a meeting with Basso and veterinarians at UW to discuss "monkey clinical history and challenges associated with the new model the PI is developing." Ultimately, this primate stayed at UCLA and underwent the procedure with a "repair" instead of full surgery. This monkey was killed six weeks later, and records show that the hardware attached to the skull of this monkey failed and came off.

On October 16, 2021, with the approval of the UW BoR, Basso became the director of the WaNPRC, and her legacy of failing to follow best practices and to coordinate with and take direction from veterinary staff continued. Some of the same primates who had suffered in Basso's laboratories at UCLA were brought to her laboratory at the WaNPRC.⁴ As just one example, the primate identified as UW ID A21193 arrived at the WaNPRC from UCLA in November 2021 with alopecia on his legs and immediately began suffering from weight loss. During the explant of his existing head implant in March 2022, three screws cracked upon attempted removal and were subsequently removed with a drill. This procedure was presumably performed by Basso, not a surgeon, as the procedure record was accompanied by her initials. A new head implant was placed, and 11 ceramic cortical screws were placed by hand drill, again presumably by Basso. **Despite this,**

³The 2021 UCLA ARC minutes are available through the Animal Research Laboratory Overview database at <https://arloriseforanimals.org/entity/university-of-california-los-angeles-2202/records/26399>.

⁴ PETA submitted a public records request to UW in 2023 for records related to the monkeys who arrived from UCLA in November 2022.

in April 2022, the headpost broke off at the implant margin while Basso was attaching the primate to a restraint chair and an implant repair was conducted, again presumably by Basso. A timeline of this primate's stay at UW is provided in the Appendix.

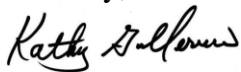
Furthermore, over the past 24 months the UW IACUC has reported multiple instances of animal welfare violations in the laboratories of WaNPRC neuroscientists and IACUC chair Jane Sullivan has even expressed, during an IACUC meeting, the committee's frustration with an unnamed neuroscience investigator who has had multiple issues with primates on their protocols. The IACUC has not publicly named that neuroscience investigator.

Basso's history of conflict and noncooperation with veterinarians and animal oversight bodies is well-documented, and she has a pattern of leaving institutions when her actions are challenged. Her appointment as director of WaNPRC, given her history, suggests that UW either failed in its due diligence or is content to promote a scientist who has failed at other institutions. Perhaps these issues were kept from you.

Over decades, Basso's poor outcomes attest to her surgical incompetence and her consistent failure to address veterinary professionals' concerns point to an arrogance that has compromised her studies and resulted in abundant suffering for the animals she has used. Egregious and unethical conduct such as this, especially by the leader of a research center, sets an unacceptable example and cannot be tolerated at an institution whose goal is excellence. She has demonstrated that she needs supervision, and now that you have put her in the position of director, it will make it nearly impossible for veterinary staff to prevent her from continuing to jeopardize animal welfare.

Unfortunately, WaNPRC has a history of directors who have exhibited conduct that is contrary to the core values of UW, who have failed to lead the center with integrity, who have cost UW substantial legal fees and penalties, and who have been in charge when horrific animal welfare violations have occurred. By every indication, Basso is on track to continue WaNPRC's legacy of failing animals, failing science, and failing the institution. It's time for the BoR to bring that history to a close by removing Basso as the director of the WaNPRC and renewing the university's commitment to a standard of excellence.

Sincerely,



Kathy Guillermo
Senior Vice President
PETA



Lisa Jones-Engel, Ph.D.
Senior Science Advisor, Primate Experimentation
PETA

cc: Jay L. Cunningham, Doctoral Candidate, Human Centered Design and Engineering, UW
Leonard Forsman, Chair, Suquamish Tribe
Leonor R. Fuller, Retired Attorney, Fuller & Fuller Attorneys
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 Blaine L. Tamaki, Founder, Tamaki Law
 Maggie Walker, President, Walker Family Foundation
 David Zeeck, Retired President and Publisher, *The News Tribune*, *The Olympian*, and *The Bellingham Herald*

Appendix

Timeline of Primate with UW ID A21193

This monkey was born on May 7, 2012, arrived at UCLA from UW-Madison on November 29, 2018, and arrived at the WaNPRC from UCLA on November 16, 2021.

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| Nov. 2, 2021 | Weight = 13.3 |
| Nov. 16, 2021 | Arrived at WaNPRC from UCLA |
| Nov. 16, 2021 – Jan. 31, 2022 | Quarantine |
| Nov. 19, 2021 | <p>Inappetence subcase: 11/28/21 Opened an inappetence case for multiple days of low biscuit consumption reported by husbandry. BAR and taking treats cageside. Reported for multiple days of inappetence this week. 11/29/21 All TB reads negative. Closing new arrival case. 11/30/21 Reported for inappetence today. Ate NS quickly. Small amount of normal stool. 12/1/21 Seems to eat NS well when it is in the cage. Unsure if this animal is having a hard time figuring out the hopper? 12/2/21 Eating NS but not biscuits. Normal stool and behavior. S-BAR, recently cleaned cage, ate 6 chow over night- he normally varies between 3-6 chow overnight. Continue plan await weight next week with exam.</p> |
| Dec. 3, 2021 | <p>Mild-moderate tartar; mild patchy alopecia on the lower legs; implant margins clean and dry. Gently washed with betadine solution.</p> <p>Inappetence subcase: Not eating a lot of biscuits but eating NS well. Normal stool. 12/4/21 Normal stool. Minor evidence of biscuit consumption. 12/5/21 Eating NS eagerly. Minor evidence of biscuit consumption. Normal stool. 12/6/21 Ate NS well. Evidence of biscuit consumption but very little stool today.</p> |

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| | <p>12/7/21 Eating NS well. More normal stool in pan today than yesterday. BAR and active.</p> <p>12/8/21 No inappetence reported. Pans clean and could not see evidence of biscuit consumption. Ate NS.</p> <p>12/9/21 Ate NS quickly. Small amount of normal stool</p> <p>12/10/21 S-BAR and active. No appetite concerns reported. Evidence of biscuit consumption. Ate NS well. Improved appetite this week. TB tests negative- OK to close new arrival case. Continue domestic isolation.</p> <p>plan. Overall low appetite and weight loss since arrival- recently improving. Continue plan and await new weight.</p> <p>12/11/21 Ate NS well. Ate a few biscuits overnight.</p> <p>12/12/21 Biscuit count is 0 for yesterday. Eating NS well. AM biscuits appear mostly untouched.</p> <p>12/13/21 Mild inappetence</p> <p>12/14/21 No appetite today. Ate NS. Small amount of stool.</p> |
| Dec. 15, 2021 | <p>Slight neutrophilia, possibly stress-induced.</p> <p>Mild tartar; patchy alopecia on the lower legs; implant margins clean and dry.</p> <p>Shaved and gently washed margins with chlorhex. solution.</p> |
| Dec. 16, 2021 | <p>Last quarantine procedure performed Thursday. Reported to be eating NS. Weight decreased slightly but still BCS of 4.</p> <p>Inappetence subcase:</p> <p>12/17/21 Ate NS well. Normal appetite and stool today.</p> <p>12/18/21 Evidence of biscuit consumption. Normal eliminations.</p> <p>12/19/21 Evidence of biscuit consumption. Eating some NS. Normal eliminations.</p> <p>12/20/21 Low appetite reported. Actively eating biscuit at time of obs.</p> <p>12/21/21 Did not eat all his biscuits but there is evidence in the pan of consumption.</p> <p>12/22/21 Appetite still absent for biscuits but will eat NS.</p> <p>12/23/21 No appetite reported by AT's.</p> <p>12/24/21 Evidence of some biscuit consumption; eating NS and produce well.</p> <p>12/25/21 Evidence of some biscuit consumption; eating NS and produce well.</p> <p>12/27/21 Evidence of some biscuit consumption; eating NS and produce well.</p> <p>12/28/21 Few chow remain in cage pan. Recent biscuit counts show normal biscuit consumption. Weight slowly declining since arrival (6%), but animal remains over-conditioned. Improving appetite.</p> <p>12/29/21 Inappetence reported.</p> |

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| | 12/30/21 Eating biscuits better now. S-BAR, at 20 biscuits overnight, throughout week biscuit consumption has been much increased. Resolved inappetence. Close case.. |
| Jan. 18, 2022 | Weight = 12.15 |
| Jan. 21, 2022 | Weight = 13 |
| Jan. 31, 2022 | Physical Exam: Moderate tartar on all teeth, skin edge around implant has minimal granulation tissue with mild hair growth. Obtained radiographs of skull- mild osteolysis around one screw- right sided caudal. Abdominal palpation difficult due to body condition. |
| Feb. 1, 2022 | start date Basso: The neurophysiology of decision making during uncertainty |
| Feb. 20, 2022 | Weight = 12.9 |
| Mar. 1, 2022 | Surgery today: The animal was placed in dorsal recumbency with his head fixed in a stereotaxic frame. The head was clipped and aseptically prepped. The skin margin surrounding the existing implant was undermined using blunt dissection. Two ceramic screws were removed using a screw driver. The remaining three screws cracked upon removal attempt and were subsequently removed via drill. The existing implant was explanted. An incision was made from the caudal margin of the previous implant caudally 4cm. The origin of the temporalis muscle was undermined and pushed laterally on both sides. The periosteum was removed to expose bone. Several protrusions on the bone were shaved down to accommodate the implant. The bone surface under the implant was roughened. 11 ceramic cortical screws were placed by hand drill. The implant was place in the center of the screws and both the implant base and screws were covered with bone cement. The muscle edges were oversewn with 3-0 polysorb in a simple continuous pattern and then the rostral portions were connected via walking horizontal mattress sutures. The explant margin was undermined in all directions. Horizontal mattress sutures were placed in the subcutis to relieve tension. The old skin margin edges were refreshed and the skin was closed with 4-0 monosorb in an intradermal pattern. The skin surrounding the new implant was closed in two layers: horizontal mattress in SQ using 3-0 polysorb followed by intradermal in the skin using 4-0 monosorb. Tissue adhesive was placed over both closure sites and intradermal lidocaine was infiltrated. The patient recovered uneventfully. Surgery initials MB, presumably Michele Basso. |
| Mar. 2, 2022 | Post-surgical/Post procedure Monitoring: Cranial incision minimally inflamed with dried blood but closed. Fresh blood next to implant. Not seen picking at it. Eating well. |

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| | <p>3/3/22 Did not eat any meds from day before or AM meds, injected cefazolin. Ate mashed food in bowl. Cranial incision COI with mild inflammation and dried blood. Implant WNL.</p> <p>3/4/22 mostly sits on perch, but moves well for treats. Readily at a nutrigrain bar, but has little interest in chow. Dried serous exudate present around post-expected due to skin over acrylic. Incision remains intact.</p> <p>3/5/22 Ate PM meds yesterday and AM meds today. Eating soaked biscuits well.</p> <p>3/6/22 Eating soaked biscuits and treats. Didn't eat meds orally today, given cefazolin IM. Moves around cage. Cranial incision CDI with dry exudate.</p> <p>3/8/22 Eating soaked biscuits and treats. Cranial incision intact with no swelling or discharge.</p> <p>3/9/22 – 3/13/22 Eating soaked biscuit well. Cranial incision CDH.</p> <p>3/14/22 Eating soaked biscuits well. Incision CDH.</p> <p>3/15/22 Eating soaked biscuits well. Incision CDH.</p> |
| <p>Mar. 16, 2022</p> | <p>Inappetence subcase opened: Eating soaked biscuit well. Cranial Incision CDH. Incision is healed, appetite appears to be decreased after move. According to AT, animal ate no soaked chow overnight. Healed post op, with decreased appetite after move.</p> <p>Inappetence subcase: 3/17/22 Minimal evidence of biscuit consumption. 3/18/22 Evidence of biscuit consumption. 3/19/22 Evidence of biscuit consumption. 3/20/22 Some evidence of biscuit consumption. Pan clean. 3/21/22 Reported to have eaten 2 biscuits from AM to PM. 3/22/22 Ate 12 biscuits overnight. 3/23/22 reported for eating no chow over night, ate 8 chow during the day yesterday. During obs, only 5 partially eaten biscuits remain. Moderate amount of normal stool present. Animal is actively foraging through enrichment treat and readily takes cage side treats. 3/28/22 biscuit count remains good. Resolved inappetence post room relocation. Close case..</p> |
| <p>April 2, 2022</p> | <p>Weight = 12.8</p> |
| <p>April 20, 2022</p> | <p>Implant repair: While patient being chaired by PI the head post broke off at the implant/acrylic margin.</p> |

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| | <p>Patient sedated by clinical and rads performed. Cortical screws intact with no lucency observed. IVC placed while sedated and routine protocol used for surgery prep.</p> <p>Animal placed in stereotax and the acrylic margin was clipped and aseptically prepped. The exposed skull was flushed with sterile saline. The skull surface was roughened using the stryker drill and ball burr. The implant/acrylic margin was enlarged and roughened. The implant surface was scored with the drill to encourage better purchase of the new acrylic. A layer of acrylic was placed over the exposed bone and the implant was placed on top. Additional layers of acrylic were built up around the head post until it reached the ridge. Two horizontal mattress sutures were added to the rostral portion of the skin margin to cover a small area of exposed skull. The animal was recovered uneventfully.</p> <p>Surgery initials MB, presumably Michele Basso.</p> |
| <p>April 21, 2022</p> | <p>Post-surgical/post procedure monitoring:</p> <p>Implant incision CDI with dried blood and mildly erythemic. Acrylic intact. Implant WNL. Eating well. Normal stool.</p> <p>4/22/22 Implant incision CDI with dried blood and mildly erythemic. Acrylic intact. Implant WNL. Eating well. Normal stool.</p> <p>4/23/22 Implant incision CDI with dried blood and mildly erythemic. Acrylic intact. Implant WNL.</p> <p>4/24/22 Implant Incision is CDI with tiny clear suture tags. Implant WNL with small amount of dried blood at front of implant. Acrylic intact. Appetite and eliminations normal. Eating meds well.</p> <p>4/25/22 Implant incision is CDI. No fresh blood.</p> <p>4/26/22 Implant incision CDI with tiny suture tags. Implant still attached. Eating well.</p> <p>4/27/22 Implant incision CDI with tiny suture tags. Implant still attached. Eating well.</p> <p>4/28/22 Incision healing with small amount of dried blood. Eating well.</p> <p>4/29/22 Incision healing. Eating well.</p> <p>4/30/22 Incision healing. Eating well.</p> <p>5/1/22 Implant intact and WNL. Small amount of dried blood to front of implant. Appetite normal.</p> <p>5/2/22 Implant WNL. Normal appetite and eliminations.</p> <p>5/3/22 Implant WNL and intact.</p> <p>5/4/22 Implant WNL and intact. Implant appears to be healing well with minor stabbing at 12 o'clock position. Stable healing post-operatively.</p> <p>5/5/22 Implant healing and WNL. Appetite is normal.</p> |

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| | <p>5/6/22 Implant WNL and intact. Eating well.</p> <p>5/7/22 Implant WNL with small scab at front of implant. Appetite and behavior WNL.</p> <p>5/8/22 Implant WNL and intact. Appetite and behavior WNL.</p> <p>5/9/22 S-BAR and active with normal eliminations and appetite.</p> <p>5/10/22 Implant WNL and intact. Eating well.</p> <p>5/11/22 good appetite, post is WNL. Healed post op. Close case..</p> |
| May 22, 2022 | Weight = 13.6 |
| June 19, 2022 | Weight = 13.7 |
| July 25, 2022 | Weight = 13.6 |
| Aug. 16, 2022 | Weight = 14.5 |
| Sept. 7, 2022 | <p>Obese subcase.</p> <p>Physical Exam: BAR, BCS 4+, increased visceral adipose deposition. Skin margins around implant have mild dried tan discharge. Moderate dental tartar and staining on all arcades with moderate gingival recession on the mandibular incisors. Heart and lungs auscult WNL. Abdomen difficult to palpate due to body condition. Mild popping of the right stifle, no decreased ROM or obvious crepitus.</p> <p>Obese subcase: 9/8/22 BCS 4- 12/12 March- decreased 11/11 September -went to 10 @ sometime, 9/9 Jan. 2023, 8/8 April 2023 9/12/22 TB Test negative. Close semi-annual healthcare case. 9/26/22 good appetite, normal stool. No new weight to assess. Obesity – recently started modified feed.</p> |
| Oct. 13, 2022 | Weight = 14.3 |
| Oct. 25, 2022 | <p>Obese subcase: Good appetite and normal stool (2 chow remain). Encouraged to move vertically in enclosure with low calorie food rewards. No change in weight. Stable weight on recent decrease to MFP.</p> |
| Nov. 15, 2022 | Weight = 14.7 |
| Nov. 29, 2022 | <p>Obese subcase: Good appetite and normal stool. Approximately 4% weight gain since last change to MFP. Increasing weight on diet.</p> |
| Dec. 20, 2022 | Weight = 14.6 |

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| Dec. 23, 2022 | Obese subcase: S-BAR, no chow remains, normal stool. Stable minimally decreased weight. Increased weight since last MFP weight, but recently given additional cage space. Continue to monitor If Increased space encourages movement and weight loss, If no weight loss next weight consider decreasing MFP |
| Jan. 18, 2023 | Physical exam: Minimally scabbed skin margin. Mild tartar on all teeth. Abdominal palpation difficult secondary to body condition. Remainder of exam WNL. |
| Jan. 25, 2023 | Obese subcase: Increasing weight and BCS. Increasing weight on diet with extra enclosure space. Decrease MFP to 9/9 and continue monitoring. |
| Feb. 17, 2023 | Weight = 14.6 |
| Feb. 21, 2023 | Obese subcase: Stable weight on recently decreased MFP. |
| Mar. 6, 2023 | Physical Exam: Aseptically prepped and collected CSF from cisterna. GI palpation difficult due to obesity. Mild tartar. Skin margin has area 3-5 o clock with increased granulation tissue. 12 oclock position has dried granulation tissue that is healing well. Remainder of PE WNL. |
| Mar. 13, 2023 | Obese subcase noted. TB test negative- close semi-annual case. |
| Mar 20, 2023 | Weight = 15.1 |
| Mar. 24, 2023 | Obese subcase: ate all chow, normal stool |
| Mar. 27, 2023 | Obese subcase: Increasing weight. Increasing weight and elevated BCS continues on MFP. Decrease MFP to 8/8 and continue monitoring |
| Mar. 28, 2023 | Weight = 15.3 |