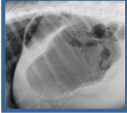


Veterinary Specialists & Emergency Service



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Quarterly Newsletter Summer 2011

Oncology Service Update

Dr. Joanne Intile, our board-certified oncologist, will leave VSES at the end of August. After she leaves, Dr. Koch, a board-certified internist, will be available to manage treatments and responses to therapy. Additionally, Dr. Koch is available to see lymphoma cases. If you have any questions regarding potential referrals, please contact Dr. Mike Koch or Dr. Kent Burgesser.

In the Community

Thanks to Dr. Joe Wilder for speaking at recent G.R.A.S.P meeting. Dr. Wilder shared common emergencies seen at AES to include recommended treatments.

Kerrie Foley-Koch, VSES Hospital Manager, provided presentations on careers in veterinary medicine to student groups from Action for a Better Community and the Damon City Campus Summer Youth Program. The students were excited to learn about the various veterinary career paths.

VSES participated in the American Cancer Society Bark For Life™ event at Ellison Park on Aug. 27. The noncompetitive walk for dogs and owners raised funds and awareness for the American Cancer Society. We were honored to participate in such a great cause.

Congratulations on Recent Publications

May, Lauren R. and Mehler, Stephen J. *Complications of Hepatic Surgery in Companion Animals*. [Veterinary Clinics of North America: Small Animal Practice](#), Volume 41, Issue 5, September 2011, Pages 935-948

Mehler, Stephen J. *Minimally invasive surgery techniques in exotic animals*. [Journal of Exotic Vet Med](#) 2011; 20:188-205.

Mehler, Stephen J. *Complications of the Extrabepatic Biliary Surgery in Companion Animals*. [Veterinary Clinics of North America: Small Animal Practice](#), Volume 41, Issue 5, September 2011, Pages 949-967, .

Welcoming New Doctors to VSES

Dr. Caitlyn Glick, *Internal Medicine Intern*, earned her DVM degree from Iowa State University in 2010. She completed a rotating internship at VSES in 2011. We are pleased to announce that she will stay in Rochester, working closely with Dr. Koch as our internal medicine intern.

Dr. Jessica Kinsey, *Surgical Resident*, earned her DVM degree in 2008 from Michigan State University and then had a rotating internship at Carolina Veterinary Specialists. She also fulfilled surgical internships at Sonora Veterinary Specialists and Virginia-Maryland Regional College of Veterinary Medicine.

Dr. Joel DeJaynes, *Surgical Intern*, earned his veterinary degree in 2008 from Iowa State University. He then completed a rotating internship at the Animal Hospital Specialty Center in Highlands Ranch, Colorado.

Updated Binder Pages

VSES has sent your hospital's director an updated Rehabilitation binder page to include in your VSES Referral Binder. Also, please remove the Oncology binder page.

VSES Service Brochures Available

VSES has updated brochures highlighting each service we offer. Your hospital's director received an order form if interested. The brochures can be displayed and/or given to clients you refer to VSES. If you have questions, please contact Ruth Harper at (585) 271-2733 extension 13.



RADIOLOGY CORNER

By Jennifer L. Bouma, VMD,
Diplomate of the American College of Veterinary Radiology

Veterinary Specialists & Emergency Service

825 White Spruce Blvd
Rochester, N.Y. 14623
(585) 424-1277

CARDIOLOGY

Anna Gelzer, DMV, DACVIM
(Cardiology)

CRITICAL CARE

Kristen Woosley, DVM,
DACVECC

EMERGENCY

Sarah Brawdy, DVM
Kimberly Dodge, DVM
Simon Kirk, DVM,
Hospital Co-Director
Johnny Lamb, DVM
Thomas Linnenbrink, DVM
Joseph Wilder, DVM, DABVP

INTERNAL MEDICINE

Michael Koch, VMD, DACVIM
*Consultant: Veterinary Laboratory of
Rochester*

OPHTHALMOLOGY

Kent Burgess, PhD, DVM,
MS, DACVO,
Hospital Co-Director

RADIOLOGY

Jennifer Bouma, VMD, DACVR

SURGERY

Justin Greco, DVM, DACVS
Lauren May, VMD, DACVS
Stephen Mehler, DVM, DACVS

CONSULTING SERVICES

Dermatology
Jeff Vogel, DVM, DACVD

Neurology

*Curtis Dewey, DVM, DACVIM
(Neurology), DACVS*

Outpatient Ultrasound

Meg Thompson, DVM, DACVR

Does it matter which lateral projection?

Why do we take the right lateral projection when we suspect GDV when the rest of the time the left lateral projection is preferable?

For the majority of the GDV cases, compartmentalization of the stomach will be visible on right lateral projections of the abdomen.

- Compartmentalization is present as a linear soft tissue opacity between the antrum and the gastric body/fundus [Figure 1, marked by arrows].
- This is typically not visible when the patient is in left lateral recumbency ... but why?

To answer this question, it is helpful to review both normal anatomy and what changes occur in the position of the stomach in GDV.

When the normal patient is lying in right lateral recumbency the pylorus [Figures 2 and 3, curved white arrow] is on the dependent side and is visible in the cranial ventral abdomen adjacent to the caudal ventral edge of the liver, it typically will be filled with fluid or empty. The fundus is in the non-dependent portion of the abdomen and typically contains a small amount of gas. It is intimately associated with the left diaphragmatic crus. The right and left diaphragmatic crura can be easily differentiated from one another by locating the CVC. This is a right-sided structure that should be confluent the ventral portion of the right crus.

When the normal patient is in left lateral recumbency, the pylorus [curved white arrow] is in the non-dependent side and most often contain a small amount of gas.

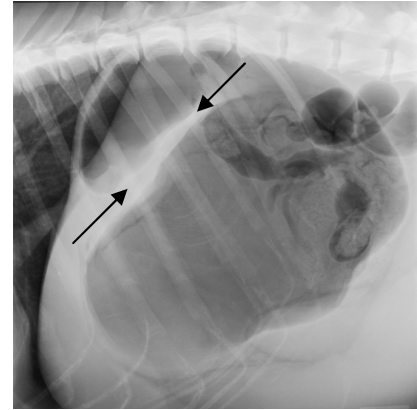


Figure 1

RIGHT LATERAL

When a patient with GDV is placed in right lateral recumbency, the gas filled pyloric antrum is displaced into the dorsal left abdomen where it will be adjacent to the dorsal left diaphragmatic crus [Figure 4, white arrow head]. Compartmentalization is identified by the two black arrows.

Figure 2

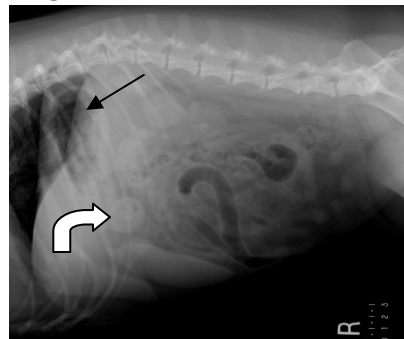
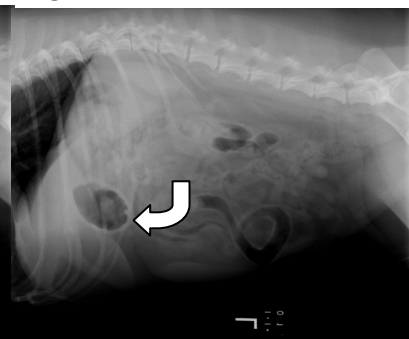


Figure 3



LEFT LATERAL

When a patient with GDV is placed in left lateral recumbency, the displaced pyloric antrum is now on the dependent side. The pyloric antrum is more likely to contain fluid when it is in the dependent side and is not always visible. Without the gas-soft tissue interface [when pylorus contains fluid], the compartmentalization cannot be radiographically identified. Also notice that the gas dilated fundus/body are located adjacent to the right crus of the diaphragm [white full arrow].

Figure 4

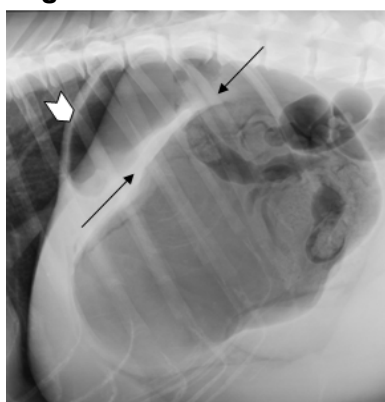
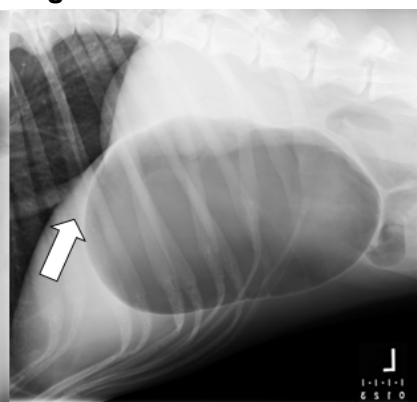


Figure 5



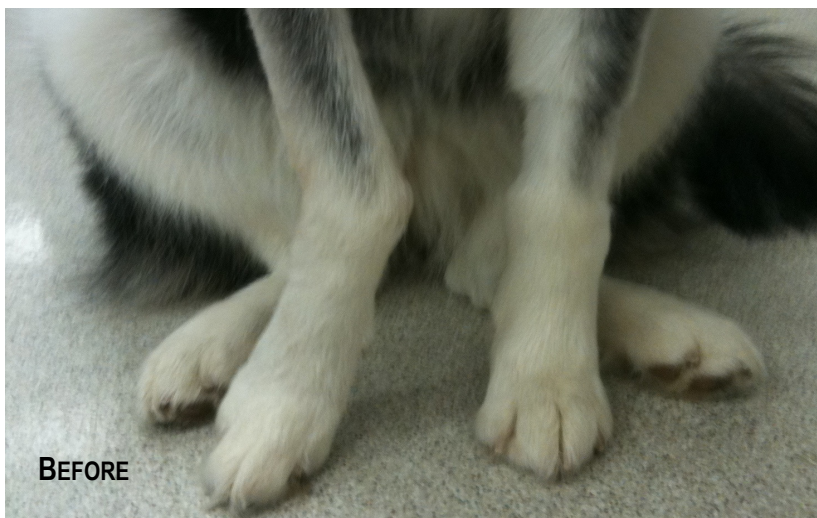
Tech Tip

In order to avoid overexposure of GDV radiographs, I recommend utilizing a thoracic technique chart. Because the majority of the abdominal distension in patients with GDV is due to gas, it makes sense to use a chart optimized for large volume of gas. Thoracic technique charts tend to have a higher KVP and lower mas which is more ideal than higher mas abdominal charts. If your hospital does not utilize separate thorax and abdominal charts, I will be happy to help you develop these for your hospital.

Please do not hesitate to call if you have any problems or follow up questions.
Dr. Bouma is available Tuesday-Friday 9 a.m. to 6 p.m. at (585) 424-1260.

Success Story: Sasha

Lauren May, DVM, DACVS



BEFORE



AFTER

Sasha, a 10-month-old female spayed Alaskan Malamute, arrived at the surgery service for evaluation of limping in the right thoracic (front) limb.

Two weeks prior, she had jumped and landed on her thoracic limbs. She cried out when she landed and initially seemed to be in pain, which ceased until her owner noted her limping seven days before coming to the surgery service. Her primary veterinarian, Dr. Robin Lovelock of Fairview Veterinary Hospital, saw Sasha for the limping and recommended Sasha take anti-inflammatory medication and get rest.

Sasha improved slightly but then slipped in the yard and became non-weight bearing in the right thoracic limb. Dr. Lovelock re-evaluated Sasha, performed radiographs (x-rays) of both thoracic limbs, and then referred her for surgery at Veterinary Specialists of Rochester.

On examination at VSR, surgeons noted Sasha had moderate carpus valgus (wrist turned outward) of the right thoracic limb, which was suspected to be due to early closure of the growth plate of the distal ulna and partial early closure of the distal radius growth plate. Angular limb deformities (abnormal angle of the limb) are often caused by premature closure of a long bone growth plate and most commonly occur in the radius and ulna followed by the tibia. The lower aspect of the front limb is made up of two side-by-side bones: the radius and the ulna. When a dog is growing, these bones need to grow at the same rate so the leg does not become angled. If a growth plate of one of the bones closes and the other bone continues to grow, the limb will become angled.

Angular limb deformities are problematic because they put abnormal weight bearing on the joints, leading to arthritis over time.

Depending on the severity of the angular limb deformity, surgery is recommended. The type of surgery performed is based on the amount of growth left in the patient and also the severity of the angulation. Also, in patients that still have significant growth left, it is not uncommon to require more than one surgery.

Because Sasha already had a significant deformity and still had growth left, veterinarians recommended surgery, which the owners opted to pursue. At surgery, Sasha had a ulnar ostectomy to remove the closed ulnar growth plate. Since it was unclear from radiographs if part of the growth plate of the radius was closed, the medial (inner) aspect of the radial growth plate was surgically shut down to allow the lateral (outer) aspect to grow, providing a straightening effect or arresting the deformity's progression.

Three weeks after surgery, Sasha's owners observed a worsened lameness after her housemate jumped on her. On examination, veterinarians found a strain of the medial collateral ligament, and now, in addition to the carpus valgus, Sasha had significant bowing of the radius. Based on these findings, surgery service veterinarians recommended Sasha have a second surgery, which was performed once she was more fully grown. Surgeons removed a piece of the radius to

correct the angulation (cranial bowing and carpus valgus) and placed a bone plate to hold the remaining cut ends of the radius together.

Postoperatively, Sasha did well. Six weeks after surgery, radiographs showed advanced healing of the radius. A splint was kept in place for the first six weeks post-op, which was transitioned to a soft padded bandage and removed at 7 weeks post-op. Sasha is now seven months post-op and is doing great on the limb. She is back to playing with her sister and running around. For the first time, she is preparing for pulling sleds this winter.

Angular limb deformities bring very unique conditions for each specific patient and can often require advanced surgical treatments. They can be frustrating conditions because it can be difficult to determine how the deformity will affect each patient and to what extent of treatment they will require until they are fully grown. They require a strong dedication and commitment from the owner, with which they will enjoy successful outcomes.



Lauren May, VMD, DACVS, earned her VMD degree from the University of Pennsylvania School of Veterinary Medicine and completed a rotating internship in small animal medicine and surgery at the University of Minnesota College of Veterinary Medicine. Dr. May then started her residency at the University of California at Davis Veterinary Teaching Hospital before moving to Michigan State University's College of Veterinary Medicine, where she completed her residency. Dr. May performs orthopedic and soft tissue surgery and has a strong professional interest in surgical oncology and urogenital surgery.

Veterinary Specialists & Emergency Service
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Rochester, NY, 14623
585-424-1277

4th Annual MVA Hope Foundation Golf Tournament

All are invited to the Golf Tournament taking place on Sunday, Sept. 18th, beginning at 8:45 a.m. at Victor Hills Golf Course.

In addition to assisting with funding CE programs, the MVA Hope Foundation helps financially limited pet owners in the Rochester area. The golf tournament is the Foundation's biggest fundraiser, and we hope you will join us!

Those interested can still sign up to golf or volunteer. For more information, visit mvahefoundation.org or call Colleen Heller at (585) 271-2733 extension 89.

Upcoming Consult Dates

Cardiology: *Anna Gelzer, DMV, DACVIM (Cardiology)*
Sept. 13, Sept. 14, Sept 21, Sept. 28, Oct. 5, Oct. 12, Oct. 19, Oct. 26

Neurology: *Curtis Dewey, DVM, DACVS, DACVIM (Neurology)*
Sept. 22, Sept. 29 (morning and afternoon), Oct. 20, Nov. 17, Dec. 15

Dermatology: *Jeff Vogel, DVM, DACVD*
Sept. 26, Oct. 3, Oct. 10, Oct. 17, Oct. 24

Upcoming CE

Coming this fall...

Curtis Dewey, DVM, MS, Diplomate ACVIM (Neurology), Diplomate ACVS, will present a lecture titled *New Anti-Convulsant Drugs for Cats and Dogs* on Thursday, Sept. 29, from 12:30 to 2:30 at Mario's in Pittsford.

Kristen Woosley, DVM, DACVCC, and Michael Koch, VMD, ACVIM (Internal Medicine), will present at the Rochester Academy of Medicine on renal disease.

Details and invitations for these continuing education programs coming soon!

For LVTs

Sarah Pavlina, LVT, VTS (Emergency Critical Care) recently presented at the NYSAVT Spring Seminar. She also champions our internal CE to the LVT team. Most recent topics focus on pain management in the emergency patient and a spotlight on common emergencies.

We will schedule additional sessions based on expressed interest. If you would like your technicians to attend, please contact Kerrie Foley-Koch at (585) 424-1260 or email foleykvsr@yahoo.com. Please indicate the most convenient time and day of the week as well as the number of people interested in attending.