

Veterinary Specialists & Emergency Service



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Quarterly Newsletter Spring 2011

News at VSES:

Congratulations to Drs. May and Mehler on their recent publications!

Both Dr. May and Dr. Mehler recently had articles published. The first three articles listed below are included in a new book, Manual of Trauma Management in the Dog and Cat, and the last two came out in the end of 2010 in JAVMA. Congratulations to both! A copy of the new book and the JAVMA issue are available at VSES if anyone is interested in reading the articles.

♦ Mehler SJ. Trauma-Associated Abdominal Parenchymal Organ Injury. In: Manual of Trauma Management in the Dog and Cat. Wiley-Blackwell, 2011, 191-203.

♦ Mehler SJ. Trauma-Associated Musculoskeletal Injury to the Appendicular Skeleton. In: Manual of Trauma Management in the Dog and Cat. Wiley-Blackwell, 2011, 293-334.

♦ May L, Mehler SJ. Trauma-Associated Musculoskeletal Injury to the Pelvis, Sacrum, and Tail. In: Manual of Trauma Management in the Dog and Cat. Wiley-Blackwell, 2011, 335-346.

♦ Culp TN, Weisse C, May LR, et al. Spontaneous hemoperitoneum in cats: 65 cases (1994-2006). JAVMA; 236: 978-982, 2010.

♦ Ball RL, Bichard SJ, May LR. Ovarian remnant syndrome in dogs and cats: 21 cases (2000-2007). JAVMA; 548-553, 2010.

Internal Medicine Update

Dr. Laurie Prober has accepted a position with The Animal Critical Care and Specialty Group in Malvern, PA. The Internal Medicine team includes Michael Koch, VMD, DACVIM, internal medicine intern Dr. Caitlyn Glick, and a support staff including experienced licensed veterinary technicians and assistants. This dedicated team of professionals is committed to providing the highest quality and compassionate care to dogs and cats with a variety of disorders. Their patients' well-being and quality of life is their primary

concern. Our team looks forward to a continued partnership to provide the best in care and monitoring of our patients.

VSES Presence at NYSAVT Spring Conference

We are proud to share that VSES participated in the New York State Association of Veterinary Technicians Spring Conference in Java, NY on April 16 and 17, 2011. Justin Greco, DVM, DACVS presented "Overview of Veterinary Orthopedics". Steve Mehler, DVM, DACVS presented "The Well Dressed Wound: Avoiding Common Pitfalls in Wound Management". Joanne Intile, DVM, MS, DACVIM (Oncology) presented "Introduction to Cancer Chemotherapy and Radiation Therapy" and Sarah Pavlina, LVT, VTS (Emergency Critical Care) presented "Pain Management in the Emergency Patient". All four lectures were met with great success and very positive feedback.

Weekly Dermatology Service

We are pleased to announce that Jeffrey Vogel, DVM, DACVD will be available for consultations every Monday beginning June 6, 2011. Please contact VSES to schedule an appointment.

Radiology

Dr. Jennifer Bouma and Dr. Meg Thompson continue to offer a variety of radiology services to include outpatient ultrasound and radiography consultations/interpretation. Dr. Thompson will be at VSES one Saturday per month for optimal owner convenience.

Updated Binder Pages

The following updated binder pages have been sent to your hospital's director for inclusion in your VSES Referral Binder: Emergency, Internal Medicine, Surgery & Rehabilitation.

Veterinary Specialists & Emergency Service

CARDIOLOGY

Anna Gelzer, DVM, DACVIM
(Cardiology)

CRITICAL CARE

Kristen Woosley, DVM,
DACVECC

DERMATOLOGY

Jeff Vogel, DVM, DACVD

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

ONCOLOGY

Joanne Intile, MS, DVM,
DACVIM (Oncology)

OPHTHALMOLOGY

Kent Burgesser, 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

Neurology
Curtis Dewey, DVM, DACVIM
(Neurology), DACVS
Outpatient Ultrasound
Meg Thompson, DVM, DACVR

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825 White Spruce Blvd.
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Introducing the "Radiology Corner"

Jennifer L. Bouma, VMD, DACVR

What is the radiology corner?

I plan on providing short articles pertaining to varied topics related to diagnostic imaging as a regular feature in the newsletter. This format is perfect for the 'little big things.' Snap shots of veterinary radiology literature, little helpful tid-bits for image interpretation, as well as hints for technicians. It has been my experience that it is often the little things that tend to have the biggest impact.

For this edition of the Radiology Corner, I have added 3 cases to the PACS system. A history of the case, radiographs, and my final diagnosis are all included. These cases were reviewed at the May 12, 2011 CE, however the information has been added to the PACS system for those unable to attend the CE.

◇ If you do not have username/password for OpalRad **OR** you are having difficulty accessing the images we ask that you call VSES [424-1260] and ask to speak to our radiology technicians [Angela Keymel or Jen Legler] to help you.

◇ When you perform the search in the PACS system please make sure that the small box next to **full scan** at the bottom of the page is checked. Under the Patient Name tab enter **CE, MAY 2011 CASE**. Three cases should appear.

◇ The history and my diagnosis will be listed in the note pad associated with the case. To view this information, click on the blue notepad icon on the left side of the individual case.

Please do not hesitate to call if you have any problems or follow up questions. Dr. Bouma is available Tuesday-Friday 9 am – 6 pm.

Goal: Improved Communication

Thanks to all who participated in the recent Specialty Referral Questionnaire. Your feedback and suggestions are instrumental in identifying areas for improvement. An area of opportunity gleaned was the "unknown" after a referral is sent. In an effort to improve communications, the following processes have been implemented:

◇ Oftentimes referrals are forwarded but the owner does not call to schedule an appointment.

Moving forward, we will contact the owner directly after 5 days. If we are not successful in scheduling within 10 days of receipt, we will send you a quick note advising of our efforts. A copy of the referral will be kept on file indefinitely.

◇ If an owner cancels an appointment, we will also send you a letter advising of change.

Please keep the ideas coming! Feel free to call Kerrie Foley-Koch directly with suggestions at 585-424-1260 x132 or email: foleykvsr@yahoo.com.

Please Join Us for the 3rd Annual MVA Hope Foundation Dog Walk-A-Thon!

Saturday, June 18, 2011 at Ellison Park, Orchard Grove Pavilion

It's that time of year again! Check-in for the event starts at 9am and the dog walk will begin at 10. In addition to the walk you will have the chance to meet with numerous Rochester area pet-related companies, purchase items, play games, and participate in raffles. The MVA Hope Foundation was established in 2008 with a mission of supporting local owners who have limited funds, with a special focus on assistance with emergency or specialty care. The dog walk is the major fund-raiser for use by clients at VSES. Since inception the foundation has awarded nearly \$17000 to 40 clients at VSES. Clients can apply for an award directly at VSES at the time services are provided. If you are interested in participating or promoting this event to your hospital team or clients please contact Kathy Barnard at VSES for additional information.

Please visit <http://www.mvahopefoundation.org/events/php> for more information and registration forms.

Success Story: Benjamin

Lauren May, DVM, DACVS

Benjamin, a 7-year-old Shepherd Mix presented to his local veterinarian for evaluation of abnormal breathing. On examination it was noted that Benjamin had quiet lung sounds. Chest radiographs were taken which revealed fluid around his lungs. A sample of the fluid was collected which revealed chyle. Blood work was performed which had no significant findings and Benjamin was referred to VSES for further evaluation of chylothorax.

Chylothorax is the collection of chyle in the thoracic cavity around the lungs. There are many different causes of chylothorax such as a mass in the mediastinum, heart disease, lymphangectasia or abnormalities of the thoracic duct but most commonly an underlying cause cannot be found (called idiopathic chylothorax). The only way to diagnosis idiopathic chylothorax is ruling out all other causes.

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At VSES, repeat chest radiographs were performed which showed fluid around the lungs but also the airway to one of the lungs on the right side of the chest went in an abnormal direction. A large amount of chylous effusion was removed to help Benjamin breathe better temporarily and multiple diagnostics were performed to look for a cause for the chylothorax. Diagnostics performed included a heartworm test, which was negative, a thoracic ultrasound to look for any masses, none which were noted, and an ultrasound of the heart to look for heart disease, which was also not noted.

If a condition is found causing chylothorax, the cause should be treated immediately. If idiopathic chylothorax is diagnosed medical or surgical treatment can be performed. Medical management most commonly includes a low fat diet to try to decrease the amount of fat in the fluid (which may allow the patient to more easily absorb the fluid on their own), administration of a benzopyrone drug (Rutin) to try to decrease the fluid collecting around the lungs and intermittent removal of the fluid (thoracocentesis). Surgical management includes thoracic duct ligation, pericardectomy, cisterna chyli ablation (disruption of the cisterna chyli which is a dilated sac at the beginning of the thoracic duct), omentalization and pleuroperitoneal shunting (transfer of the fluid around the lungs into the abdomen). Unfortunately, there is no one surgical treatment option that has been proven to definitely cure this condition and surgery has an approximately 50% success rate.

Benjamin was started on medical management, which was continued for ~8 weeks but it did not improve his condition and surgery was performed including a cisterna chyli ablation, omentalization and exploratory thoracoscopy with pericardectomy and thoracic duct ligation. On examination of the chest, torsion (twisting) of one of the right lung lobes was noted so the twisted right lung lobe was also removed. Benjamin recovered smoothly from surgery and at his 2-week recheck he was doing well. He required one additional thoracocentesis at 3 months post-op but has had no recent episodes of difficulty breathing and he is now 8 months postop. It is unclear if the lung lobe torsion caused the chylothorax or the chylothorax caused the lung lobe torsion but knowing this would not influence Benjamin's prognosis. What is important is that he is more active now and continues to run and play with no problems. He even recently played with the other dog in the house, which he had not done in more than a year. Benjamin is an extremely lucky dog to have owner's that are strongly dedicated to fixing him. Idiopathic chylothorax can be an extremely frustrating condition for owners and veterinarians but Benjamin's owners' willingness to pursue the treatment options available and not give up- saved Benjamin's life.

The cardiology, critical care, internal medicine, radiology, and surgery departments at Veterinary Specialists of Rochester worked together with Benjamin's owners and Dr. Jones at Bayview Animal Hospital to help Benjamin feel better.



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.

Hogan's Story: A Veterinarian's and an Owner's Point of View

A Veterinarian's Point of View - Stephen Mehler, DVM, DACVS

Hogan is a 5-year-old male Golden retriever that presented to his primary veterinarian after running into a car. At that time, facial fractures were diagnosed. Fractures are common in patients that have trauma but this is not often their life-threatening problem. They often have concurrent trauma to other organs systems including the cardiovascular system and respiratory system that need to be evaluated prior to receiving surgery to fix their orthopedic problems. These other organ systems need to be deemed stable prior to putting them under anesthesia for surgery to help ensure the best possible outcome. (The exception to this is if the patient cannot be stabilized without surgery. For example uncontrollable hemorrhage, which requires surgery to stop the bleeding, but these patients still need aggressive medical treatment to try to improve their status prior to anesthesia for surgery). Because of the potential life threatening problems that can occur in these patients, trauma patients should be seen on an emergency basis.

Hogan was referred to the Animal Emergency Service for further stabilization, diagnostics and transfer to the surgery service for repair of the fractures. On presentation to the emergency service, Hogan was noted to have fractures to both the maxilla and mandible (the upper and lower jaw), an oronasal fistula (communication between the nasal cavity and mouth), a lip avulsion, avulsion of his left canine tooth and he was bleeding significantly from his mouth. Bloodwork, and chest radiographs were performed. Bloodwork was unremarkable and chest radiographs did not reveal significant trauma to the lungs or rib cage. Hogan was started on intravenous fluids, pain medication and antibiotics and his blood work was reevaluated which revealed that his red blood cell count was rapidly decreasing. He was given a blood transfusion and stabilized prior to being transferred to the surgery service.

Hogan had skull radiographs, which revealed multiple fractures of the maxilla and mandible. Evaluation of fractures of the mouth can be performed with radiographs or ideally a CT scan. For either diagnostic the patient needs to be under heavy sedation or general anesthesia. Surgery was performed to stop the bleeding, repair the oral fractures and close the traumatically induced communication between the mouth and nose. At surgery, a feeding tube was also placed so Hogan could receive nutrition while allowing his mouth to heal. There are multiple different types of feeding tubes that can be placed. They all have their advantages and disadvantages. An esophageal feeding tube was placed in Hogan. This allowed his entire intestinal tract to receive nutrition and he could be fed at home through this type of tube.

Hogan did well after surgery and tolerated his feedings well. He was discharged from the hospital 6 days after surgery. When his e-tube was removed he was slowly transitioned from wet dog food to dry without a problem. Radiographs of his mouth were taken 6 weeks postoperatively which showed the fractures had healed well. It is now a year and a half since Hogan had surgery and he is doing well. He has no lasting effects from the trauma; he eats normally and has even resumed chewing on his toys and bones! While trauma cases can have severe life threatening injuries, with early intense stabilization and care they can have a good outcome, emphasizing the importance of a 24-hour emergency service.

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An Owner's Point of View - Cheryl Cummins

As my husband and I went through our normal morning routine one August morning in 2009, we were devastated to be informed that a woman had hit our dog when he ran into the road chasing some varmint. I scrambled outside to find both our dogs out on the front porch. I was momentarily confused to see both of them facing the woman's van and prancing and barking, alerting us to the arrival of a guest. As I called them, I instantaneously saw Hogan's face was damaged and bleeding. I panicked and screamed for my husband. We collected Hogan and transported him to our local vet in Perry, NY. On the way there I told my husband that I thought his jaw was broken. There was a gap, a true hole in the tooth pattern - he had lost a piece of his front jaw. The brief exam by the on-call vet was disheartening and heart-breaking. The vet actually took opposite sides of his jaw and wriggled them in opposite directions. He looked at us sympathetically and informed us this situation was way beyond his skills and any chance to help Hogan could only be done at the veterinary hospital in Rochester. The vet gave him drugs to comfort him and we brought him to the emergency center of Veterinary Specialists of Rochester.

The details of the damage done are better explained by Dr. Mehler, Hogan's surgeon. He simply told us when he looked at him the damage was severe, one of the worst he had seen. We were told he basically crushed his snout and lower jaw accordion style when he collided with the van. There would be surgery, a hospital stay of 4-5 days and extensive at-home care required. The good news was he had done no damage to his internal organs, eyes or spine. As a necessary side bar to the story is the cost of the treatment. It was expensive. The damage was worse than they thought. The hospital stay was longer than they thought. We have been challenged a number of times with comments like "He's not a show dog" or simply "it's just a dog". HE IS NOT JUST A DOG. He is truly the sweetest, warmest cuddle bug of a dog I have EVER had the fortune of owning. He has the kindest soul and eyes that make you melt. He makes you feel as if you are sincerely the only person he has ever loved. He is so sensitive to our family that in times of crisis, when he has seen me cry, he will come and put his head on my lap and stay there until I send him away. It was a blessing to have this dog in our family. I still to this day thank god for Dr. Mehler and the staff of VSR. Their care and concern for Hogan, the sensitivity in crisis time for my family and the concern of aftercare was un-paralleled. I cannot thank them enough. Hogan's beautiful broken smile lights up our family every day.



Stephen Mehler, DVM, DACVS earned his DVM degree from the Michigan State College of Veterinary Medicine, graduating with honors. He completed both an internship and a residency in Small Animal Medicine and Surgery at the Veterinary Hospital of the University of Pennsylvania and has published in many textbooks on surgical diseases of dogs, cats and exotic species. Dr. Mehler has clinical interests in minimally invasive surgery, interventional radiology, medical and surgical inventions in exotics, and surgical diseases of the extrahepatic biliary tract in dogs and cats.