

# OSVS

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## Vitals



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### *Ocean State Veterinary Specialists Services Growing...*

#### *Oncologist and third surgeon joining staff*

In an effort to better serve you and your clients, OSVS is adding David Hunley DVM and S. Christopher Ralphs DVM, DACVS to our staff.

Doctor David Hunley received his DVM degree from Louisiana State University in May 2001 followed by a small animal medicine and surgery internship at North Carolina State University. He went on to do a residency in medical oncology at Louisiana State University. Doctor Hunley has passed his board certification exam and is awaiting publication of a paper to complete his board certification process. Doctor Hunley stayed on at LSU as a clinical instructor and assistant professor until Hurricane Katrina blew him our way. Doctor Hunley will begin seeing appointments on Tuesday June 27, 2006.

Doctor S. Christopher Ralphs earned his DVM degree in 1998 from Cornell College of Veterinary Medicine

followed by an internship in small animal medicine and surgery at Darien Animal Hospital in Darien, CT. Doctor Ralphs continued his education by completing an internship in small animal surgery at Gulf Coast Veterinary Specialists in Houston, TX. In June of 2000, he began a small animal surgery residency at the University of Minnesota. Doctor Ralphs became a board certified veterinary surgeon and has been working in that capacity at Pittsburgh Veterinary Specialists. He became TPLO certified in April, 2002. Doctor Ralphs will begin seeing appointments on August 7, 2006.

Both Doctor Hunley and Doctor Ralphs welcome the opportunity to provide care for your patients and to develop a professional relationship with each of you. If you have any questions, please do not hesitate to contact either of them.

### *The Cutting Edge of Surgery*

#### *Or What I Learned at the ACVS Symposium This Year*

David C. Sweet, VMD, Diplomate ACVS

This year's meeting in San Diego was one of the best yet. Below is some of what I came away with. I hope there is something here that's useful or interesting to you:

The association of brachycephalic airway syndrome and digestive problems was presented by Gilles P. Dupre, dr. Med. Vet, Dipl. ECVS of the University of Vienna. He reported on a prospective clinical study of 73 dogs designed to document clinically and endoscopically the nature and incidence of esophageal, gastric and duodenal diseases in dogs undergoing evaluation and surgery for brachycephalic airway syndrome. This study arose out of the observation that many owners of brachycephalic dogs describe signs of regurgitation or vomiting when their dog became excited or devel-

oped respiratory distress. Overall on presentation, the severity of digestive signs reported increased with the severity of the reported respiratory signs. Ninety-seven percent (71/73) of the dogs evaluated had endoscopic evidence of esophageal, gastric or duodenal anomalies. Esophagitis, gastritis, duodenitis and pyloric mucosal hyperplasia were the most commonly observed abnormalities. Some of these animals had no clinical signs referable to the gastrointestinal tract. Histological specimens showed evidence of chronic gastritis in 50 of the 51 cases in which they were available (68% of all cases). One-hundred percent of the patients underwent palatoplasty and 85% underwent rhinoplasty. All dogs were placed on omeprazole (0.7 mg/kg PO q 24 hrs) and cisapride

(0.2 mg/kg PO QID) postoperatively. Those dogs with distal esophagitis were additionally placed on an antacid for 15 days (magnesium hydroxide 1ml/kg after meals). Carafate was used in dogs with severe gastrointestinal signs. A novel protein diet and prednisone (after healing occurred) was instituted in those dogs with inflammatory bowel disease as necessary. Eighty-nine percent of the dogs had an excellent or good result postoperatively. Though a causal relationship between these two sets of problems cannot be proven, it can be understood how chronic regurgitation / vomiting might cause irritation of the upper airway exacerbating respiratory signs and how chronic upper airway signs including inspiratory stridor, respiratory depression and aerophagia could promote gastro-esophageal reflux and gastrointestinal signs. The author's opinion was that those dogs treated earlier for respiratory disease had a better postoperative prognosis and that concomitant gastro-intestinal medical treatment minimized postoperative complications (aspiration pneumonia).

#### Tracheal collapse

Management (NOT cure) of this condition was presented by D. J. Krahwinkel, DMV, Dipl ACVS from the University of Tennessee. He reviewed medical management of this condition including weight loss, cough suppressants, bronchial dilators, anti-inflammatory medications, antibiotics, sedation as necessary to control anxiety and excitement and oxygen supplementation acutely during crises (estimated to be successful in managing over 70% of cases, especially those with < 50% reduction in tracheal diameter). Surgical intervention is considered in those patients in which an acceptable quality of life cannot be maintained with this regime (especially those with grade III and IV collapse i.e. > 50% reduction in tracheal diameter). Tracheal rings are still used to improve the airway of patients – especially the cervical trachea. Custom-made rings are now available from New Generation Devices avoiding the need for slicing and stabbing of fingers during the creation of such rings from syringe barrels or syringe cases. Intraluminal stents are now available from a number of different manufacturers. They are easily placed along the entire length of the trachea – especially in the thoracic trachea which is difficult to approach surgically for ring placement. Most dogs do well with these stents in the long-term however complications include coughing, granulation tissue formation, stent fracturing and chronic mucoid tracheitis. Many of the observed problems associated with stents have been in those placed in the cervical region and may be due to repetitive motion. Dr. Krahwinkel presented that our current best option may be to “ring” the cervical trachea and “stent” the thoracic trachea.

#### Mast cell tumors

An evaluation of a two-centimeter lateral surgical margin for excision of grade-1 and grade-2 canine cutaneous mast cell tumors was presented by Dr. Fulcher of the Animal Medical Center. This study prospectively evaluated completeness of excision and clinical outcome in 16 client-owned dogs with 23 grade-1 (4) or grade-II (19) cutaneous mast cell tumors excised with a lateral margin of 2 cm and a deep margin of 1 fascial plane. Overall 91% of the tumors were completely

excised - only 2 / 23 tumors (9% - both grade II) had foci of mast cells at the 2-cm margin. Two dogs received adjunctive therapies postoperatively. With a median follow-up of 379 days, no dogs had local recurrence. De novo mast cell tumors (> 2 cm away from the original tumor) occurred in 3 (19%) dogs at 37, 54 and 154 days postoperatively (all of these dogs had had grade-II mast cell tumors completely excised). Two centimeter margins may minimize the morbidity associated with larger local resections and make surgery an option in cases where achieving larger margins may not have been possible (*though if it was my dog and larger margins were easily available I would probably take them*).

The syndrome of multiple cutaneous canine mast cell tumors was reported in 54 dogs by William S. Dernell, DVM, Dipl ACVS of the Colorado State University. This retrospective study helped to define the biologic behavior, prognostic factors and treatment outcomes for multicentric mast cell tumor in 54 dogs. It was undertaken to evaluate the current WHO staging standards that stages multiple dermal mast cell tumors as a stage 3 / 4 with a poor prognosis. Overall this syndrome, with at least two (2-6) anatomically distinct, simultaneous cutaneous mast cell tumors at the time of presentation, represented 9-14% of all mast cell tumor cases. The median disease free interval and survival time had not been reached at the time of the report (1917 days). The 1 year survival rate was 87% and the 2 to 5 year survival rate was 85%. The overall metastatic rate was 15%. All patients underwent surgery and 20 of the dogs received non-standardized adjuvant therapy. Factors found to negatively influence survival time included: incomplete surgical margins, local tumor recurrence, tumor size > 3 cm, gastrointestinal clinical signs and the use of adjuvant therapy (though the worst cases tended to get the chemotherapy). The syndrome of multiple cutaneous mast cell tumors appears to have a low metastatic rate with long disease free intervals and survival times.

#### Thoracoscopy / laparoscopy:

At Ocean State Veterinary Specialists we have been using rigid endoscopes for both abdominal and thoracic procedures. Within the abdomen we have been performing diagnostic laparoscopy, liver biopsies and prophylactic gastropexies. Within the thorax we have been doing diagnostic thoracoscopy, lung lobe biopsies and pericardectomies. We find that the recovery time for these procedures is much more rapid and our patients require much less analgesia than with the standard surgical approaches (especially for the thoracic procedures). The list of procedures that can be performed using thoroscopic and laparoscopic technology keeps getting longer and longer. Timothy C. McCarthy, DVM, Diplomate ACVS of Beaverton, OR presented minimally invasive surgery of the urinary tract, an area we are currently moving into. He demonstrated techniques for identifying and treating a large number of problems of the urinary tract including calculi, tumors, ectopic ureters, strictures and incontinence.

Again, I hope you find some of this helpful and / or interesting. Please don't hesitate to call if you have any questions or comments regarding any of this or anything else related to veterinary surgery.

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## Radio-Iodine Therapy

*For Feline Hyperthyroidism  
At OSVS*

Total Cost - \$1,300  
Includes:  
-Bicavity Ultrasound by Boarded Radiologist  
-5 to 7 Days Hospitalization  
Post Injection

Call For Appointment  
(401) 886-6787



## *MRI services at OSVS*

OSVS continues to provide MRI services two days each week on Tuesdays and Thursdays.

A routine MRI includes IV catheter +/- IV fluids, anesthesia and monitoring, MRI procedure (one major site), contrast injection, day stay in hospital, and MRI interpretation by our radiologist.

If you have any questions regarding this service, please feel free to call and speak with Dr. Sue Newell.

## Intern News

OSVS would like to congratulate Katrina Abell DVM, Meredith Coulson DVM, Megan Kirchgessner DVM, and Sarah Sheckels DVM for successfully completing their internship! We are very fortunate to have Drs. Coulson and Sheckels stay on with us as staff veterinarians. Dr. Abell will be joining a practice in Massachusetts and Dr. Kirchgessner will soon begin a Residency in Zoo Medicine.

We wish them all much success and happiness in all their future endeavors.

As this class finishes it's time for another class to begin. Our new interns are Christopher Tobe DVM, Pia Torres DVM, Trey Townsend DVM, Kristen Vyhnaal DVM, Debbie Yoon DVM, and Rachel Russo DVM. We are also adding a surgery intern, Dr. Marisa Yanguas.

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## *Continuing Education Seminar*

Marcia Aubin DVM, MS, DACVO will be hosting a continuing education seminar on Cataracts for referring veterinarians in July. Please look for your invitation in the near future.

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## *Staff Spotlight ~ OSVS Blood Donor Cats*

### **Blood Donor Cats - Why do we have them?**

Feline blood has a very limited shelf life, so storing the blood is very impractical. In a critical emergency when blood is needed, the doctors need rapid access to donors. Rather than waking people up in the middle of the night to bring their cat in to donate blood, we have blood donor cats on site for that exact purpose. These kitties were brought to OSVS for various injuries or illnesses. The doctors here fixed them up, and now in exchange, they donate blood for us when it is needed. They have a special cage/play area where they can watch everything going on in the hospital. Many of our dog guests will tell you that they like to tease! Each night they are let out to run around and play in an exam room, and get some one-on-one attention from members of our staff. After a two-year stay, they are adopted out to good homes.

**ROO** came here in January 2005 with a urinary obstruction. After receiving medical treatment, he is very healthy and happy in his new home. He is an adorable little guy and is loved by all the hospital staff.

**DAISY** is our only female kitty. She came here in February 2005 for a foreign body obstruction. Following surgery to remove a string she had eaten, she is doing very well. She has been working on her social skills, and is getting along much better with her new family.

**PARKER** arrived in April 2005 making him our newest addition. He also suffered from a urinary obstruction, but after receiving treatment, he is quite healthy, happy and friendly to everyone...except Daisy.



OCEAN STATE



VETERINARY SPECIALISTS

1480 South County Trail  
East Greenwich, RI 02818



**Specialists**

Marcia Aubin DVM, MS, DACVO  
Gary Block DVM, MS, DACVIM  
George Coronado DVM, MS, DACVS  
Justine A. Johnson DVM, DACVECC  
Jennifer Junk DVM, DACVIM  
Susan M. Newell DVM, MS, DACVR  
David C. Sweet VMD, DACVS  
Tiffany Tapp DVM, DACVD  
Vint Virga DVM, DACVB  
Henry Wietsma DVM, MS, DABVP

**Emergency**

Hadley Bagshaw VMD  
Erika Cervasio DVM  
Shannon Cutts DVM  
Fred Levy DVM  
Lisa Math MS, DVM  
Kassandra Nielsen DVM  
Susan Porter DVM  
Joshua Portner DVM  
Christa Regan VMD

**Interns**

Katrina Abell DVM  
Meredith Coulson DVM  
Megan Kirchgessner DVM  
Sarah Sheckels DVM

**Hospital Manager**

Cheryl Rizzo

**Radiology Film Interpretation**

*with*

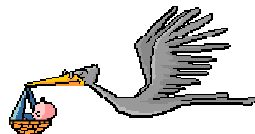
Sue Newell DVM, Diplomate of the American  
College of Veterinary Radiology

*Lunchtime Seminars at OSVS  
2nd & 4th Thursday of each month from  
12 noon to 3pm*

*Bring your troublesome (and not so troublesome)  
cases, hobnob with your peers, and eat lunch!  
\$75 per session*

*Space is limited, so reserve your spot!*

*Contact Amy Cardwell at (401) 886-6787*



**Special Delivery**

The stork has been busy at OSVS. Congratulations to Dr. Erika Cervasio on the birth of her first child, a daughter named Isabelle who was born in April. Congratulations also to Dr. Kassandra Nielsen who gave birth recently to her fourth child. Jared, her third son made his appearance in May.

Dr. Cervasio will return to work in July and Dr. Nielsen is expected to return part time this fall.