



### **"...In patients such as these..." "Veterinary English" Part III**

As this series on 'Veterinary English' comes to a close, I feel it appropriate to share one of my all time favorite anecdotes from the clinic floor – as it illustrates so plainly what may seem completely clear to us clinicians may not be so to our pet owners!

For this story we need to travel back over 19 years! Yes, this is a story from my early days as a veterinarian, during a time when I was spending half days in a variety of different clinics while interviewing for associate positions.

At one of these clinics in particular, I interviewed with the principle veterinarian and practice owner. He asked if I would accompany him into examination rooms for the morning so that I could get a 'feel' for how he preferred to have consultations conducted in 'his' practice. For most of the morning we went in and out of examine rooms in what seemed to me at the time as expertly choreographed efficiency. My tour at this hospital seemed to open my eyes to the real world of veterinary medicine outside of the teaching hospital, where any one of the appointments we saw that morning would have tied up a senior clinician, resident and a 4th year veterinary student for the better part of the day. Boy, was the 'speed' of daytime private practice something I would have to get used to!

As the morning appointments began to wind down, my 'speed' mentor and I entered into room #1 where a middle aged woman and her octogenarian mother presented us with "Charity" an 8 year old feline for evaluation of 'upchucking her daily breakfast'. As the two older ladies quietly waited, I watched as my potential future mentor expertly and expediently performed a thorough and complete physical examine before my eyes. After his examination was complete,

Dr. So-n-So launched into a rather articulate soliloquy detailing his preferred approach for elucidating the various etiologies of chronic, intermittent emesis in middle aged cats. I was impressed as he categorically, verbally marched through his approach. He kept chatting on down the list by repeating, "...in patients such as these..., and in patients who appear..., and in certain patients we see..." I was more than impressed, I found myself wishing I were taking notes!

At this point the octogenarian mother leaned in close to her daughter and thought she was whispering (she had earlier explained that we would need to speak up, as she had forgotten her hearing aide): "why does he keep calling her 'Patience'? 'Patience' died last year, her name is 'Charity' and 'Faith and Hope' are the only two still going besides her..."

Needless to say, and even today, I do not refer to patients under my care by anything other than their proper name! We hope you enjoyed our series on Veterinary English.

As we wind down 2012 and enter into this Autumn season our hope for you is that you are able to share your harvest, gratitude and thanks with those most dear to you. See you in 2013!

P.S. I ended up taking a different job!

Sincerely,

**John J. Haburjak, DVM Diplomate ACVS**

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VM: 925-215-8460



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- Giving on-site continuing education lectures personalized to the needs of your staff
- Providing complimentary informational brochures and pamphlets for use internally and for clients

## THE SURGEONS OF VSC



## FEATURED MEDICAL CASE

### THROWS OPTIC LUNG LOBECTOMY

In July 2012 Minah an 8 year old female-spayed pitbull mix was referred to VSC for surgical removal of a solitary lung mass. Radiographs showed a mild bronchopneumonia associated with the left cranial lung lobe, and a single area of alveolar soft tissue opacification associated with the caudal sub-segment of the left cranial lung lobe (Figures 1 & 2). The main differentials for this soft tissue opacity included a primary/metastatic neoplasm, or granulomatous lesion. Pre-operative staging that included 3-view thoracic radiograph review, abdominal ultrasound and a CBC/chemistry profile had ruled out the presence of clinically detectable metastatic disease.

Due to the relatively small size and solitary nature of the pulmonary nodule, Minah was determined to be a good candidate for a thoracoscopic lung lobectomy. The following week Minah was anesthetized for surgery and using a flexible endoscope and endobronchial blocking system the left mainstem bronchus was blocked (Figure 3) to prevent ventilation of the left lung and the remaining air was aspirated from the lung to enhance visualization. A 5mm 30 degree fore-oblique thoracoscope was then inserted into the left hemi-thorax using a sub-xiphoid portal. The left thoracic cavity was fully explored and a multilobulated irregular mass involving the left cranial lung lobe identified (Figure 4). Using two additional thoracoscopic portals and instrumentation the lung lobe was isolated and retracted cranially to allow insertion of the Endo-GIA stapler. The stapler was placed around the hilus of the lung lobe (Figure 5). The Endo-GIA stapler places 6 rows of titanium staples and a blade within the staple cartridge then cuts between the 3rd and 4th row of staples to transect the lung lobe while maintaining a seal on either side of the transection point (Figure 6). One of the instrument portals was then extended to a 6cm incision (mini-thoracotomy) to allow removal of the lung lobe and associated mass.

*...Featured Medical Case continued*

Minah recovered quickly and comfortably from the procedure and was discharged from the hospital the next day. Histopathologic analysis of the resected lung lobe identified a completely resected histiocytic sarcoma. Minah has continued on to make a full recovery from her surgery and is currently pursuing further adjunctive treatment with her oncologist.

Access to the thoracic cavity for lung lobe removal typically requires an invasive surgical procedure (intercostal thoracotomy or median sternotomy). The most common approach for lung lobectomy is an intercostal thoracotomy. Reports from human cardiothoracic journals have shown that patients undergoing intercostal thoracotomy actually experience more pain post-operatively than those undergoing median sternotomy. The use of a 30 degree fore-oblique thoracoscope not only allows us to gain an unparalleled view of the thoracic cavity, but the obliquity of the scope lens effectively allows the surgeon to see around corners/under or over tissue to further improve visualization. This aspect of the instrumentation was particularly useful for this procedure.

There are many thoracic surgical procedures commonly performed using a traditional "open-approach" including: lung biopsy, tracheo-bronchial lymph node biopsy, pericardial window or sub-total pericardectomy, and thoracic duct ligation for cases of chylothorax. VSC surgeons have received extensive training in the use of these techniques and we gladly welcome any questions regarding these procedures and how thoracoscopic surgery might be of benefit to your patients or pets.

**John J. Haburjak, DVM Diplomate ACVS**

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**Andrew Grange BSc BVetMed**

VSC Berkeley Staff Surgeon  
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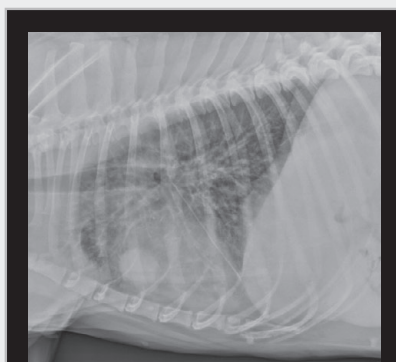


Figure 1

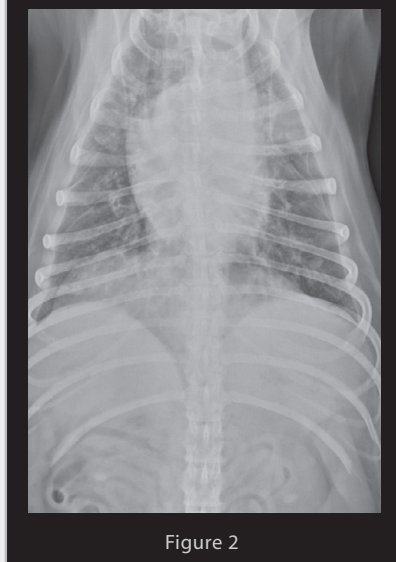


Figure 2

## NEWSROOM FEATURES

### *PETS Referral Center and Veterinary Surgical Centers Proudly Present...*

Dinner and lecture at HS Lordships Restaurant. Featured lectures include "Principles of Thoracic Radiology" presented by David Detweiler, DVM, DACVR, and "New Perspectives in Fiberoptic Veterinary Surgery" presented by Veterinary Surgical Center's own Andrew M. Grange BSc, (Hons) BVetMed.

**Date:** Tuesday, October 23, 2012

**Time:** Reception to start at 6:30pm, dinner to follow at 7:00pm

**Location:** HS Lordships Restaurant  
199 Seawall Dr. Berkeley, CA 94710

For more information please call Dr. Christopher Rodi at 510-548-6684

This program has been submitted, but not yet approved, for 1 hour of CE credit in jurisdictions which recognize AAVSB RACE approval; however, participants should be aware that some boards have limitations on the number of hours accepted in certain categories and/or restrictions on certain methods of delivery of continuing education.

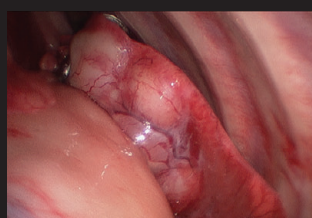


Figure 3

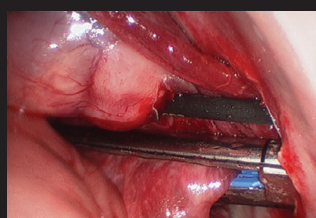


Figure 4

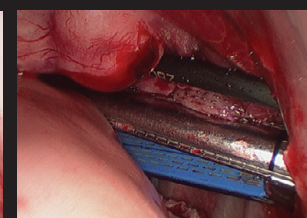


Figure 5

## NOTABLE NEWS

### CONGRATULATIONS TO OUR NEWEST RVT!

We are happy to congratulate one of our surgery technicians, Jessica Barrera, for completing her California Registered Veterinary Technician program, and graduating with her license this summer. We know how much work she put into it, and how much pride she takes in this accomplishment. Jessica's future in the veterinary field looks very bright, as now she has the hardware to back up her sincere passion and dedication to patient care. We couldn't be more pleased of course, and now VSC boasts four registered RVT's as part of our full time staff.



## PROFESSIONAL INTEREST ARTICLE

### FELINE AFTER-CARE

We all know that very little curiosity can get our feline friends into very BIG trouble. Somewhere, somebody said that cats have nine lives. But having worked for a veterinary surgeon and having a cat of my own, I beg to differ. They must have at least 30 lives! My cat has avoided certain doom at least twenty times in her seven years with me, including the day I found her. I have been incredibly lucky that she has not suffered any major injuries. In this article I would like to share the different types of orthopedic surgeries done for cats and what their post-operative recovery includes.

Cats are daredevils and bold hunters. They have a frisky, yet clumsy way about them. It is no surprise that we see so many kitties come into the ER/surgery service with fractures that need either splinting or surgical repair. Cats sometimes get hurt, despite the popular belief that "cats always land on their feet." This may be true but they can get caught in a fence along the way, land too hard, have a run in with a car, or get chomped by a bigger opponent.

Some examples of most orthopedic injuries requiring surgical treatment include: long-bone fractures, pelvic fractures and/or luxation, cranial cruciate ligament injury, medial patellar luxation, elbow luxation, hard palate, and symphyseal fractures. While all of these surgeries are different they require much similar care for the most part. Additionally, some of these surgeries are performed at the same time.

Cats are small creatures so when they get hurt it can be "cat"astrophic for sure. And, as if the poor thing doesn't have enough going on already, if they happen to have facial trauma the repair may also include placing a feeding tube (which requires long term care). In many cases, a splint-type bandage will be placed as well.

Sounds like a lot of work right? YES! Well it sure is. At home is where we, the vet & vet tech, don't see these poor little creatures. On the other hand, I do spend the majority of my time on the job talking with owners who share their stories with me. I hear (and see) their excitement, stress, fear, concern, tears, and joy. I hear what type of setup they have, how their cat is reacting to it all, and what their progress is like.

Not all cats will tolerate exercise restriction, but it is highly recommended to use a crate to confine a cat. Other alternatives include a covered playpen, or a bath/shower stall. If using a pen, stall or crate is not available, consider a spare room that doesn't have much furniture. If furniture is an issue, items can be placed on top to discourage jumping. Limiting the amount of stimuli in the cat's environment is also a good idea. Having a view of the yard that s/he loves to play in, or if s/he gets really worked up at the sight of a squirrel or bird, it is



...Professional Interest Article continued

wise to limit the temptation and keep the crate away from these locations. Keeping a recovering cat away from other pets and children is also recommended. Often, people will use catnip or pheromone spray to create a calm environment. Otherwise, if kitty is just **not** having it, sedatives may be prescribed. A majority of the medication we send home is in liquid form for our feline patients. Many cats will drool & spit out their medication. Luckily the pain medication we typically send home, Buprenorphine, is low in volume and is flavorless. A bonus, Buprenorphine also helps keep cats a little sedated, along with relieving their pain. We have had good results with most cats. All medications are important to the healing process and should be given on schedule for the best results. Sometimes we also send home a pain patch.

Most feline orthopedic recoveries are long and tiresome for our clients. Along with strict exercise at home, it may also require weekly visits to our clinic for bandage changes for several weeks. The common length of healing time is 6 to 8 weeks. It also requires the owner to keep their pet from licking and chewing at the incision for the first two weeks. We always send home an Elizabethan collar ("e-collar") to prevent this. It may take time and patience to get them used to wearing one.

In the end, most cats will do exactly what cats want to do. We just have to make it work the best way we can. Our work here in the hospital is so minor compared to what our clients take on at home. They are juggling life, work, kids, pregnancy, remodels, new baby, broken down car, unemployment, new jobs, etc. -- all while trying their best to care for their very special, furry friend. It is a tough job, and it is that human-animal bond that holds strong and keeps us fighting for better health for our lovely furry friends.

**Renee Leo, RVT**

## RESOURCE CORNER



[www.fiberopticvet.com](http://www.fiberopticvet.com)

Come visit our minimally invasive veterinary surgery companion site, and while you're there check out the "Resources - For Pet Owners" page where pet owners can take advantage of a limited time web promotion. This promotion makes it easier than ever for pet owners to discover the minimally invasive surgical techniques we can offer them as alternatives to traditional "open approaches."

## NEWSOOM FEATURE

### *ANIMAL REHABILITATION & WELLNESS, INC AND VETERINARY SURGICAL CENTERS PROUDLY PRESENT...*

Dinner and a lecture at Animal Rehabilitation & Wellness, Inc. We'd like to give a special thanks to Dr. Cory Sims, Clinical Director, and her husband Troy Mendia, Operations Manager, who will be hosting this event at their facility in Brentwood. We'd also like to give thanks to our friends at Webster Veterinary for their generous donation towards this event.

Featured lectures include "Fiber Optics-New Perspectives in Veterinary Surgery" presented by Andrew M. Grange BSc, (Hons) BVetMed, and "Pearls of Orthopedic Diagnostic Wisdom" presented by John J. Haburjak, DVM, DACVS.

**Date:** Thursday November 8, 2012

**Time:** 6:30pm

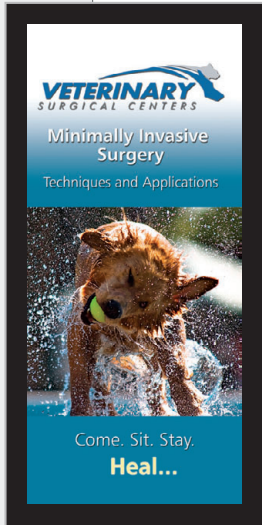
**Location:** Animal Rehabilitation & Wellness, Inc  
4505 O'Hara Court, Brentwood, CA 94513

For more information please call Dr. Cory Sims at (925) 234-2364

This program has been submitted, but not yet approved, for 1 hour of CE credit in jurisdictions which recognize AAVSB RACE approval; however, participants should be aware that some boards have limitations on the number of hours accepted in certain categories and/or restrictions on certain methods of delivery of continuing education.



**FEATURED BROCHURE**



**MINIMALLY INVASIVE SURGERY**

This autumn's highlighted pamphlet features information about minimally invasive veterinary surgery. Learn about some of the benefits, equipment, applications, and cost expectations of minimally invasive veterinary surgery.

This is an excellent tool, in conjunction with a doctor's specific recommendations to help supplement an owner's understanding of their pets different surgical options. The simple language and format of this particular pamphlet also make it a valuable resource for any staff and clientele who want to develop a foundational understanding about minimally invasive veterinary surgery.

For more information about our minimally invasive veterinary surgical services on our companion website [www.fiberopticvet.com](http://www.fiberopticvet.com).

This and other brochures can be found on our website at [www.vscdsurgerycenters.com](http://www.vscdsurgerycenters.com) or [www.fiberopticvet.com](http://www.fiberopticvet.com). For complimentary copies of any of our brochures or business cards email us any time at [contact@vscdsurgerycenters.com](mailto:contact@vscdsurgerycenters.com).

This newsletter is dedicated to the return of our most senior technician, Christine Hilliard, who has been with VSC since its inception. Christine has returned to us after spending some time back in North Carolina where she grew up, and where her horse could run free through the countryside. We are tremendously happy to have her back.



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