



What, No Bladder?! "Veterinary English" Part II

This time of year always seems to have me recalling my early post-graduate days. My first job as a practitioner was in a quaint little town a couple hours south of Davis in the Central Valley. My setup was really pretty good for a new graduate: a nice two bedroom 1924 house in the downtown area a few blocks from our hospital, and a stroll to the local coffee klatch and a good bakery! My car really hardly ever needed to move from the driveway, as I seemed to be able to walk everywhere. As you might believe these early practice days are full of many memories – both fond and funny.

Some of these memories include: sitting on my porch eating cold watermelon that first summer, because I had failed to confirm that my 'cute' house actually had air-conditioning (it didn't!). Another memory is regularly needing to 'rescue' my flat-coat retriever Rickie from the neighbor's house. There was this little grandma who assumed that I starved my pet because Rickie was willing to lick all her carnitas skillet clean at a moment's notice, or of the Christmas tamales my clients would bring at the holidays as gifts. The most clear and funny memory I have, however, is actually of the very first client I saw in an examination room as a new graduate veterinarian. This memory is fairly important to share as it is in direct keeping with our theme for the year of 'Veterinary English'.

Pinkerton was a brown Burmese cat belonging to a nice, soft-spoken librarian from the local middle school named 'Linda'. Linda became concerned the day she presented to see me because when she arrived home from work, she had found Pinkerton grazing on one of her exotic palm trees and was concerned about a potential toxicity. She wished for me to 'check him out'. So, being the new graduate I was, I excused myself to dial in (it was 1993!) to my VIN account to look up the

toxicity of Linda's exotic palm trees. Once I was armed with this new information, I proceeded to finish my physical examination on Pinkerton and commented that it would be important as a screening tool to run a blood panel and urinalysis to rule out any metabolic aberrations. Linda agreed with my proposed plan and as I left the examination room with Pinkerton in tow for his sample draw I mentioned that we might not be able to run the urinalysis because 'Pinkerton did not have a bladder'.

After I left the room, Linda wandered up to the front desk and politely asked the receptionist if she could 'please have another veterinarian look at Pinkerton'? Linda mentioned that while I seemed rather nice and thorough, she judged me to lack proper experience for Pinkerton's care. The receptionist asked Linda if she wouldn't mind elaborating to which she replied, "Well, Dr. Haburjak should surely know that not only does Pinkerton have a bladder, but that it functions quiet well – I clean the litterbox enough to know!"

Well, didn't I get my first lesson in Veterinary English – and the need to provide proper translation! By the way, Pinkerton was completely cleared with a clean bill of health!

Thank you for sharing this second installment of VSC's newsletter theme for the year: Veterinary English. We look forward to sharing these beautiful summer days ahead with you.

Sincerely,

John J. Haburjak, DVM Diplomate ACVS

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CONTINUE TO EXPECT...

Direct contact with a VSC surgeon 7 days a week for consultation, case support and for scheduling referral and mobile surgery.
(925-201-3400 or 510-595-4600)

Electronic case and radiographic case consultation 7 days a week.
info@vscdsurgerycenters.com

24 hour/day surgery by a completely trained veterinary surgeon. Residents will not be performing surgery on your referrals.

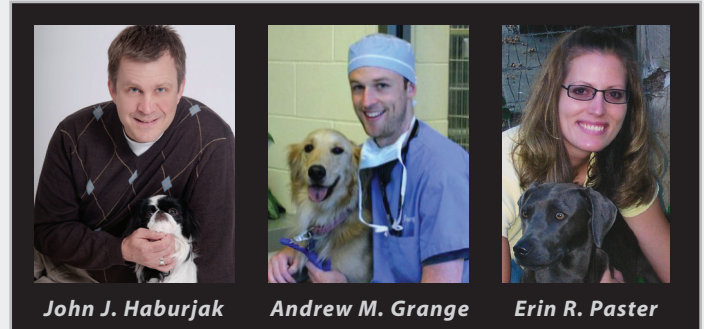
Mobile veterinary surgical services by a skilled and experienced surgeon with 'low-impact' on your daily staff and procedural operations.
Most surgeries (including TPLO) are performed in less than 2 hours.

SUMMARY OF SERVICE OFFERINGS

WHAT CAN VSCD OFFER YOUR FACILITY?

- Board-certified surgical expertise
- Receiving referrals for advanced consultation, diagnostic and surgical services
- Providing surgical services at your facility with minimal impact on your daily operations and resources
- Offering telephone or electronic (email) consultations
- 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

LAPAROSCOPIC DIAGNOSIS AND TREATMENT OF A CANINE GRANULOSA CELL TUMOR

Recently, Josie, a 10 year old female-spayed Labrador Retriever presented to us with a 2 month history of signs consistent with being in heat (enlarged nipples and standing to be mounted). Abdominal ultrasound identified a 5-10mm cystic structure adjacent to the caudal pole of the right kidney, and diffuse hepatic enlargement/hepatopathy consistent with vacuolar degeneration. Josie's serum estradiol level was 34 pg/ml (consistent with proestrus/estrus) and ALT/ALP were moderately elevated. Vaginal cytology confirmed that Josie was currently in proestrus/diestrus and the primary differential for her clinical signs were ovarian remnant syndrome.

Ovarian remnant syndrome occurs when a small amount of ovarian tissue is accidentally retained during a routine spay procedure. This tissue then has the ability to produce hormones and clinical signs of heat after the animal has been considered spayed. The only cause for pause in this case was that Josie was 10 years old at the time of presentation. Dogs with ovarian remnant syndrome often present much sooner after being spayed, and for such a long period of time to elapse before the presentation of clinical signs would be unusual.

Given the clinical suspicion and the ability of laparoscopy to provide a magnified and unparalleled view of the ovarian pedicles we chose to explore Josie laparoscopically. At surgery a diffusely enlarged liver with irregular and rounded edges was noted, and multiple liver biopsies were obtained. Exposure of the right ovarian pedicle identified a 5-10mm purple cystic structure consistent with an ovarian remnant (Figure 1). Using a laparoscopic bi-polar vessel sealing device the abnormal tissue was resected (Figure 2) and removed through the laparoscopic cannula. The left ovarian pedicle was then explored and no abnormal tissue presence identified (Figure 3). Using laparoscopic instrumentation the urinary bladder was retracted to expose a grossly normal appearing uterine stump ruling out the presence of a concurrent stump pyometra.

...Featured Medical Case continued

Josie recovered quickly from her anesthesia and surgery and was discharged from the hospital later the same day. Samples of the liver and right ovarian pedicle were submitted for histopathologic analysis. Tissue from the right ovarian pedicle was consistent with an ovarian sex-cord stromal tumor (Granulosa Cell Tumor), and the liver biopsies indicated diffuse moderate hepatocellular vacuolation. Granulosa cell tumors represent 50% of all ovarian tumors in dogs and can be hormonally functional explaining Josie's elevated estradiol level and associated clinical signs of heat. These tumors are most commonly unilateral and approximately 20% of them metastasize. Granulosa cell tumors can produce either estradiol or progesterone and also have the ability to cause bone marrow aplasia so prompt treatment is warranted. The chronically elevated sex hormone level was also strongly suspected to be the cause of Josie's diffuse vacuolar hepatopathy.

Josie has since fully recovered from her surgery and is back at home enjoying life with her family. Her case is a good example of how the surgical laparoscopic techniques we commonly employ in elective procedures can be applied and adapted to effectively and successfully to treat our canine and feline friends with more emergent conditions. Veterinary Surgical Centers carries a vast array of laparoscopic, thoracoscopic and arthroscopic equipment and trained professionals specializing in the diagnosis and treatment of disease using minimally invasive techniques. We gladly welcome any questions and are more than happy to provide consultation and advice regarding how minimally invasive surgery might be of benefit to your patients or pets.

Andrew Grange BSc BVetMed

VSC Berkeley Staff Surgeon
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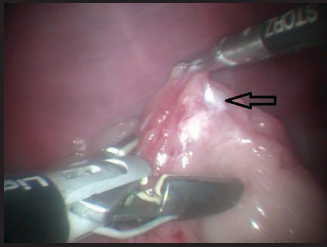


Figure 1: Image shows ventral retraction and stabilization of the right ovarian pedicle using a laparoscopic Kelly forcep while the pedicle is transected using a vessel-sealant device. (arrow = ovarian remnant/granulosa cell tumor attached to right ovarian pedicle).

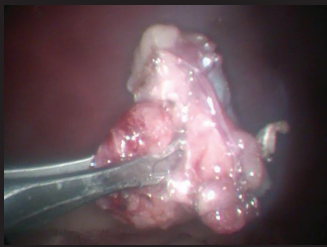


Figure 2: Removed ovarian remnant/granulosa cell tumor

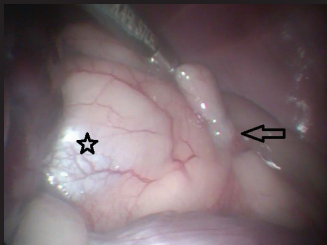


Figure 3: Laparoscopic view of the left ovarian pedicle (*= left kidney, arrow = normal post-spay left pedicle)

NEWSROOM FEATURES

**WELCOME DR. ANDREW GRANGE,
BSc (Hons), BVetMed!**

We are excited to announce the addition of our newest team member, Dr. Andrew Grange! Dr. Grange comes to us from Boston having completing the final year of his small animal surgical residency at Angell Animal Center. We are incredibly pleased to have him join us as a full time staff surgeon, and he and his wife are looking forward to soaking in some of our coveted California sun! His professional interests include minimally invasive surgical techniques, corrective osteotomy for angular limb deformity, fracture fixation, and joint replacement surgery. Dr Grange's personal interests include skiing, ice hockey, rowing, and spending time with his wife, Allison (also a veterinarian), dog, Abby, and three cats, Twiglet, Piglet, and Blackjack. You can see his full bio on our new minimally invasive companion website,

FiberOpticVet.com

or

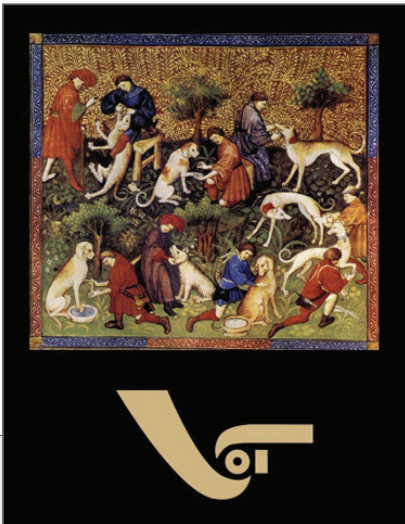
www.vscdsurgerycenters.com



NOTABLE NEWS

2.4MM FRACTURE KIT

In our continuing effort to serve patients of all sizes we have recently obtained a 2.4mm Fracture kit. This allows us to be even more precise when plating smaller patients thanks to the continued innovation of Veterinary Orthopedic Implants (VOI). Both plates and screws are manufactured using 316 LVM Implant grade ATSM F 138/F 139 stainless steel. The cruciform head screws with 3 cutting flutes allow for precise placement. Using this kind of high quality implants we significantly reduce the need for plate removal due to reaction. So send us your patients of all sizes. We've got the implants to fit!



FIBER OPTIC VET
Minimally Invasive Veterinary Surgery

PROFESSIONAL INTEREST ARTICLE

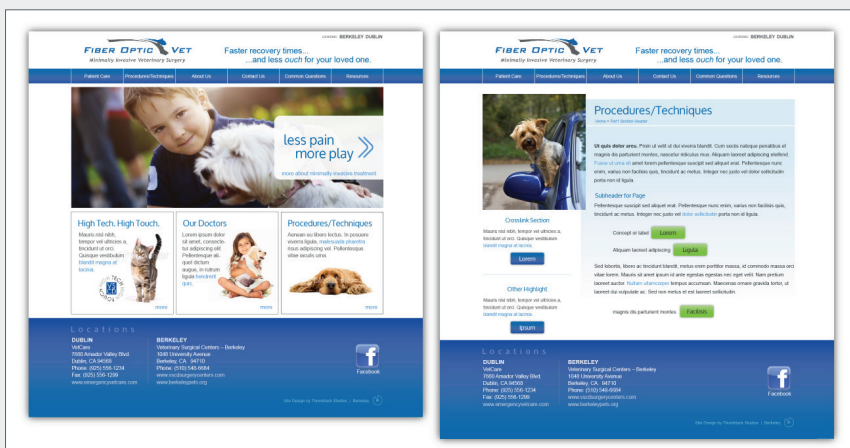
MINIMALLY INVASIVE VETERINARY SURGERY

Veterinary Surgical Centers is pleased to announce the opening of our new minimally invasive veterinary surgery companion suite, fiberopticvet.com, and we invite you to take a visit!

Recently, minimally invasive surgical techniques have become more common in human surgical procedures, and the advantages are exceedingly apparent. Minimally invasive surgery has been of great professional interest to Dr. Haburjak, as well as with our newest staff surgeon, Dr. Andrew Grange. We are particularly inspired by this field because of the significant advantages it has over the traditional "open-approaches" used to treat certain conditions. These include quicker and improved recovery times, less post-operative pain, fewer and smaller incisions, and shorter hospital stays for our patients. As with any technique extensive training and experience is required, but once the relevant skills have been mastered, there are many surgical procedures that can be performed quickly, easily, and with minimal patient morbidity.

In a minimally invasive procedure, our surgeon will make a very small incision or multiple incisions where a tube or multiple tubes called "trocars" are inserted. These tubes are used as passageways, usually for a "laparoscope" or "endoscope," which are tiny fiber optic video cameras. Working from the images provided from the scope, special instruments are then passed through other openings and operated by remote-control to perform the necessary procedure.

We are able to provide minimally invasive surgical alternatives to traditional "open-approaches" for many conditions that require either joint surgery (arthroscopy), abdominal surgery (laparoscopy), chest surgery (thoracoscopy), as well as interventional radiology and stenting. We can do arthroscopic procedures for the elbow, shoulder, stifle (knee), and hock (ankle). Our laparoscopic techniques include ovariectomy/ovariohysterectomy (spay), gastropexy, cystotomy (bladder stone and polyp removal), cryptorchidectomy (retained testicle), adrenalectomy, cisterna chyli ablation, and abdominal explorations, such as liver, gastro intestinal, and kidney biopsies, as well as gall bladder aspirates. Our thoracoscopy techniques include thoracic duct ligation, sub-total pericardectomy, pericardial window, and exploration and tissue biopsy. Last but not least we offer minimally invasive tracheal and urethral stenting. For details about all these procedures and techniques please check out the new website! FiberOpticVet.com



Our passion for this field is what inspired the creation of our new site, which will promote our minimally invasive surgical services, as well as compliment and support our client experience and education in the exciting and innovative, but unfamiliar world of minimally invasive veterinary surgical services.

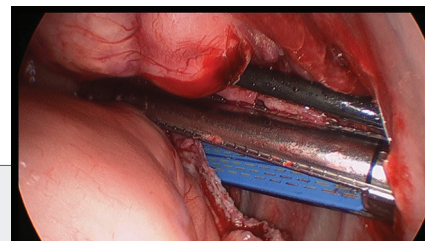
FiberOpticVet.com is an educational resource where visitors can learn about the benefits of minimally invasive surgery, as well as details about the conditions we offer minimally invasive surgical alternatives for. Visitors will also find interesting and relevant images and videos of minimally invasive techniques being performed, resources, answers to frequently asked questions, and more... We hope you'll visit and enjoy.

FiberOpticVet.com

NEWSOOM FEATURE

MORE NEWS ON THE MINIMALLY INVASIVE FRONT....

Minah, an 8 year old female spayed Pit Bull mix, presented to us for removal of the left cranial lung lobe. Assisted by the use of an endobronchial blocker for single lung ventilation and an endo gia stapler we were able to perform the procedure thoracoscopically. Placement of a chest tube guided by the camera ensured ideal positioning. The three port insertion sites were blocked with local anesthetic. Minah recovered from surgery very smoothly and with minimal discomfort. She was discharged from the hospital 24 hours later. We wish Minah a speedy and smooth recovery.

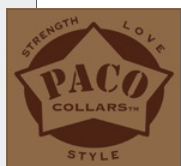


RESOURCE CORNER



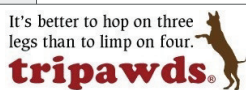
www.petplace.com

This site has all sorts of information specific to puppies, dogs, kittens, and cats. Topics include health and safety, training, breeds, behavior, adoptions, and much more. You can also submit your own specific questions to "Dr. Jon." Last but not least, there are cute pet videos and picture slideshows for pure enjoyment's sake. This site comes highly recommended by our most senior technician.



www.pacocollars.com

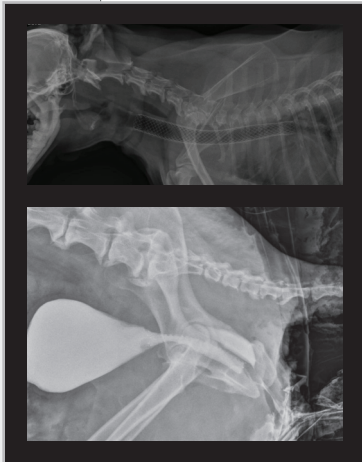
A company dedicated to enhancing you and your dog's natural style with quality leather products. Each piece is handcrafted with its future owner in mind, making every collar, belt or bracelet as unique as the one who wears it. Check out the site to see their gallery as well as to learn about other services they offer, such as do it yourself classes.



www.tripawds.com

A user-supported three legged dog blog community. This site is a great place to find information and resources for gear, nutrition, news, books, downloads, and community discussions specific to your three legged friend. Becoming a member is free, and will give you access to start your three legged dog blog or take full advantage of the discussion forums, and live chat.

FEATURED BROCHURE



GOT STENTS? URETHRAL – OR – TRACHEAL THAT IS.....!

VSC has been deploying tracheal stents for collapsing trachea for the past 6 years and has recently added urethral stenting to our service offerings.

Self-expanding Nitinol stents are considered by many to be the standard of care for Tracheal Collapse. Early generations of these veterinary specific stents were limited in application (intra-thoracic and not across the thoracic inlet), however fourth generation design modification now allow pan-tracheal stenting.

Occlusion of the urethra from neoplasia, trauma or stricture has long been a therapeutic challenge. Now, with self-expanding Nitinol urethral stents VSC has managed several urethral pathologies successfully, without need for urinary diversion or euthanasia for therapeutic failures.

Please contact us at any time to discuss or consider one of your patients for these highly successfully modalities! info@vscdsurgerycenters.com

This newsletter is dedicated to the bright futures of Erin Phillips, one of our senior technicians, and her fiancé Tobias Wettstein, who will take each other's hand in marriage this August. Erin and "Toby" have been together for five years, and share their lives with their two dogs Thor and Ripley. All of us at VSC extend our heartfelt congratulations to the young couple, and wish them the very best together.



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