

Pittsburgh Veterinary
Specialty & Emergency Center
807 Camp Horne Road
Pittsburgh, PA 15237

PRESORTED
STANDARD
U.S. POSTAGE PAID
CRANBERRY TWP., PA
16066
PERMIT NO. 393



REFERRAL DISPATCH

FALL 2011
VOLUME 3, NUMBER 3

A QUARTERLY NEWSLETTER FOR REFERRING VETERINARIANS

EDUCATIONAL LECTURES AT PVSEC

The **October 20, 2011** "What's New in the Diagnosis, Pathogenesis and Management of Canine Atopic Dermatitis" talk conducted by Dr. Sandra Sargent will be sponsored by Novartis Animal Health and will also feature a brief presentation from their Practice Development Veterinarian, Dr. David Duvall. Attendees for this lecture are asked to arrive between 6:00-6:15 PM to sign in and enjoy some dinner prior to the talk. Veterinarians interested in attending should contact Caroline Creech with Novartis at caroline.creech@novartis.com or 740-504-6202 to RSVP.

Due to limited space and a high level of interest in September's "Dental Radiography—Principles and Techniques" lecture/lab, Dr. Krista Mendoza will conduct a second session on **December 7, 2011**. This session will be sponsored by Advanced Medical Equipment, LLC, distributors of film and digital radiography equipment. As with the earlier session, Dr. Mendoza is also happy to arrange visits at referring practices to work with the doctors and staff on dental radiography technique specific to their practice's radiology equipment.

Please save the date for the **January 11, 2012** presentation of "Multimodality Treatment for Osteoarthritis in Dogs and Cats"! Dr. John Payne will discuss various methods of assessing and treating this common geriatric condition, including medical management, physical therapy and surgical intervention, among others. Refreshments and publicity for this Continuing Education lecture will be provided by Boehringer Ingelheim.

PVSEC wishes to thank the general practice community for its generosity in respect to the Animal Care and Assistance Fund (ACAF) and suggests a donation to ACAF for attendees of Continuing Education programs: Veterinarians--\$30.00 and Veterinary Technicians--\$20.00. Donations may be made at the time of registration/sign-in for the lecture in the form of a check, made payable to "Animal Care and Assistance Fund" or on the ACAF website www.animalcarefund.org. PVSEC is committed to providing continuing education events for local veterinarians and technicians and welcomes suggestions for topics that are especially relevant to general practitioners. Please contact Andie Furda, PVSEC Project Manager, regarding CE programs at PVSEC: afurda@pvs-ec.com or 412-348-2564.

UPCOMING EVENTS

October 20, 2011 7:00 – 9:00 PM

"What's New in the Diagnosis, Pathogenesis and Management of Canine Atopic Dermatitis" presented by Sandra Sargent, DVM, DACVD—PVSEC Dermatology (1 hour PA State Board CE Credit)

December 7, 2011 7:00 – 9:00 PM

"Dental Radiography—Principles and Techniques" presented by Krista Mendoza, DVM, DAVDC (2 hours PA State Board CE credit)

January 11, 2012 7:00 – 9:00 PM

"Multimodality Treatment for Osteoarthritis in Dogs and Cats" presented by John T. Payne, DVM, MS, DACVS (2 hours CE credit—pending State Board approval)

SUPPORT THE CANCER-CARE FUND AND ORAL CARE FUND AT "VEGAS NITE"

WELCOME TO A Fabulous VEGAS NITE PNC PARK

2nd Annual
ANTE UP FOR ANIMAL CARE

Benefits the Animal Care & Assistance Cancer Care and Oral Care Funds

Table Games Bingo Entertainment

• Hors d' oeuvres and Cash Bar
• Fabulous Prizes and Auctions
• Entertainment by "Cher"

Tickets are \$100 Per Person

Order by calling 412-348-2588 or www.animalcarefund.org

Saturday Nov. 5, 2011 6-10pm

See us at PNC PARK in the Trib Total Media Hall of Fame Club

SPECIAL THANKS TO OUR SPONSORS:

ANIMAL CARE & ASSISTANCE FUND
The Benevolent Extension of Pittsburgh Veterinary Specialty & Emergency Center

PVSEC

In Loving Memory of Bear & Chance Alex & Heather Gianfranco

REVEST PROPERTIES
A Development Company

PittsburghGateways

ANIMAL DENTAL CLINIC at PVSEC

Pfizer Pfizer Animal Health

In Loving Memory & Honor of Asta & Oliver Altoarnis

In Loving Memory of Snoopy

Sarris CANDIES

MANOR HOUSE
Kitchens, Inc.

P&G Pet Care

HERBEIN+COMPANY, INC.
CERTIFIED PUBLIC ACCOUNTANTS

LAMAR
OUTDOOR ADVERTISING

PNC



In this issue: Get to know PVSEC's new Anesthesiologist, Dr. Dianna Ovbey





**REFERRAL
DISPATCH**

807 Camp Horne Road

Pittsburgh, PA 15237

412-366-3400

Fax 412-366-3489

Editor:

Andie Furda
PVSEC Project Manager

Contributors:

**“Otoscopy and the
Benefits of Imaging”**

Elizabeth Toops, DVM,
MS, DACVD--PVSEC
Dermatology

**“Raw Food Diets
Article Abstract”**

Elizabeth Toops, DVM,
MS, DACVD--PVSEC
Dermatology

“Pacemaker Therapy”

Eva Sikorska, DVM,
DACVIM (Cardiology)—
PVSEC Cardiology;
Karen Marder, CVT—
PVSEC Cardiology

**“Support the Cancer-
Care fund and Oral
Care Fund at “Vegas
Nite”**

Marty Rottler
(Rottler Graphics);
Laura Aftosmis (ACAF
Board of Directors)

WELCOME DR. DIANNA OVBEY AND PVSEC ANESTHESIA SERVICE

In October 2011, PVSEC will welcome residency-trained anesthesiologist, Dr. Dianna Ovbey, who will provide expertise in the treatment of pets with complex medical needs.

Dr. Dianna Ovbey originates from the great state of Georgia. She graduated from the Ross University School of Veterinary Medicine in 2007. Following veterinary school she completed an internship in small animal medicine and surgery at the University of Georgia in 2008. It was during her internship that she developed a passionate interest in the practice of veterinary anesthesia and pain management. Dr. Ovbey completed an anesthesia residency and was awarded a Masters of Science degree from Michigan State University in July of 2011. Dr. Ovbey’s professional interests include: pain management, critical anesthetic patient management, post-anesthetic aspiration pneumonia, locoregional anesthetic techniques, acupuncture, and increasing public awareness of veterinary anesthesia and pain management.

Initially, Dr. Ovbey will provide expertise in the management of anesthesia and analgesia for patients under the care of the surgery, dentistry, ophthalmology and emergency departments at PVSEC. Please take the time to introduce yourselves to Dr. Ovbey at future WPVMA and PVSEC other events.

OTOSCOPY AND THE BENEFITS OF IMAGING

Otoscopy with the video otoscope gives us valuable information regarding diseased ears. It helps obtain a better prognosis for a diseased ear canal. It also enables us to extensively flush the ear canal, provides us with a better view of the ear drum, and aids in performing a myringotomy if needed. However, otoscopy does not give information onto the extent of mineralization that is occurring in the ear canal and can miss problems (infection or masses) occurring in the middle ear. CT scan of the bulla helps obtain this information. It also aids in differentiating soft tissue from bony lesions in the middle ear. MRI can be of use in evaluating the inner ear. Extension of infection into the meninges may be detected. This can be of great value in patients with neurologic signs that are related to ear disease. With this information, it is easier to determine a prognosis for the diseased ear canal. Imaging provides us with knowledge that will better help us medically treat the ear or may let us know if a ventral bulla osteotomy or total ear canal ablation with a bulla osteotomy is a better treatment choice. We generally recommend imaging prior to flushing with the video otoscope due to the information it gives us regarding the diseased ears. The ability to do CT scans here at PVSEC has vastly improved our ability to treat middle ear disease.



Gotthelf, Louis. “Diagnosis and treatment of otitis media in dogs and cats”. Vet Clin Small Anim 34 (2004) 469-487.

RAW FOOD DIETS ARTICLE ABSTRACT

Dr. Elizabeth Toops (PVSEC—Dermatology) suggests the following journal article by Daniel P. Schlesinger, Daniel J. Joffe which is, available free online from the Canadian Veterinary Journal: <http://www.ncbi.nlm.nih.gov/pmc/issues/192648/>

Abstract—Feeding of raw meat-based diets to pets have become an increasingly popular trend amongst pet owners. Owners who desire to provide the best for their pets, seek veterinary opinions about food options. This paper reviews and applies standards of evidence-based medicine to grade the available scientific literature that addresses the nutritional benefits or risks, infectious disease risks, and public health implications of raw, meat-based pet diets. Although there is a lack of large cohort studies to evaluate risk or benefit of raw meat diets fed to pets, there is enough evidence to compel veterinarians to discuss human health implications of these diets with owners.

PACEMAKER THERAPY AT PVSEC

Over the last several decades, pacemaker therapy has become a common method for treating patients with symptomatic bradycardia for which there is no pharmacologic treatment. The ultimate goal of pacemaker therapy is to provide patients with an appropriate heart rate and rhythm in hopes of normalizing cardiac function and alleviating symptoms such as weakness, syncope, or exercise intolerance.

Permanent pacemaker implantation is indicated in patients with a clinical manifestation of bradycardia such as syncope, episodic collapse/weakness, exercise intolerance, and lethargy. These patients are commonly profoundly bradycardic on presentation with heart rates typically less than 60 bpm. Cats, unlike dogs, typically do not show symptoms of weakness/lethargy, but rather manifest bradycardia with syncope and sometimes congestive heart failure.

The most common rhythm disturbances that warrant a pacemaker include:

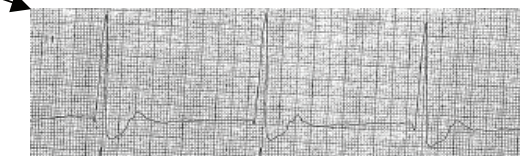
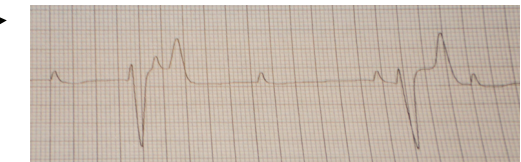
High grade second degree AV block

Third degree AV block

Atrial standstill

Sinus node disease

(sick sinus syndrome)



We typically do not pace patients with early sinus node disease as they are not symptomatic, the exception being if the patient was not atropine responsive and had to undergo an anesthetic procedure.

High grade second degree AVB, third degree AVB, and atrial standstill will not respond to atropine and are paced on an emergency basis.

Prior to undergoing surgery for pacemaker implantation, patients undergo a thorough health evaluation to ensure that they are good candidates for pacemaker therapy. The goal is to look for any concurrent disease that could compromise the outcome of the patient or significantly alter the long term prognosis. Pre-implantation evaluation typically involves the following:

- | | | |
|--------------------------------|--------------------------------|------------------------------|
| *ECG and atropine challenge | *Complete labwork, urinalysis, | *+/- Holter if exact rhythm |
| *Echocardiogram | urine culture | diagnosis cannot be obtained |
| *Baseline thoracic radiographs | *+/- Abdominal ultrasound | from in-clinic ECG |

Although we have the ability to perform dual chamber pacing in our canine patients, here at PVSEC we are currently implanting single chamber systems. Canine patients are typically paced transvenously, with the lead in the right jugular vein and the generator buried in the dorsolateral aspect of the neck. All cats are paced epicardially through an abdominal surgery, whereby the lead is attached directly to the myocardium of the right ventricle and the generator is attached

Unlike their human counterparts, where a pacemaker is placed in an awake patient with just mild sedation, all of our patients must be placed under general anesthesia to maintain aseptic technique. At our facility we have the ability to externally pace our patients with transcutaneous patches that are attached to the body wall. Should the heart rate drop dramatically or should the patient develop long pauses in rhythm prior to permanent lead placement, the external pacemaker can deliver an appropriate transcutaneous stimulus to maintain cardiac function.

After pacemaker surgery a patient typically remains in the ICU for 24 hours. As long as no complications arise, overnight and the patient is pacing appropriately they are discharged the following day and rechecked again 2 weeks later. Activity is kept to a minimum until about 4 weeks after implantation. Pacemaker follow up generally consists of 2 view radiographs (DV and lateral projections) to verify lead placement, an ECG to verify appropriate pacing and sensing, and an interrogation of the pacemaker parameters using an external programmer. This programmer allows the clinician to make any setting adjustments to the pacemaker parameters if indicated. Future rechecks occur at about every 3 months for the first year followed by twice a year thereafter.