



vetspecs

Veterinary Specialists

ISSUE 2 • April 2011

THE SPECIALIST CONNECTION

Oncology Firsts at Vetspecs

The whole Vetspecs team is very pleased and proud to announce significant progress in the field of small animal oncology on two fronts. These are; the resumption of radiation treatment after a long break in New Zealand and access to the first drug that has been registered for use in canine cancer.

Radiation Therapy

For more than a decade now it has been impossible for vets to get access to human radiation facilities in New Zealand. This has been due to the understandable, but at the same time frustrating limitations that have been placed on us due to waiting lists in the human public health system. At Vetspecs we now have access to the brand new, state of the art radiation therapy centre at the St George's Cancer Care Centre. This new private facility in Christchurch is open to the idea of treating dogs and cats and we are very pleased to say that our first patient, a feisty male domestic short haired cat called Monty, successfully had a 12 treatment course in the weeks leading up to Christmas. Monty was diagnosed with nasal lymphoma and initially responded well to chemo, but the statistics tell us that combining chemo with radiation therapy provides significantly longer survival times and perhaps what we might even dare to call a cure. Monty is one of many animals whose cancer would benefit from radiation therapy in addition to the other treatments used at Vetspecs, which include surgery,



Monty had his own vacuum 'bean-bag' which was permanently moulded in a shape that positioned him perfectly for each treatment.

chemo and alternative therapies. A whole new world of treatment option opens up for us now and we are very excited!

Patients can be referred for evaluation from anywhere in the country and the Vetspecs medicine team would welcome phone or email contact to discuss suitability of cases.

We are very grateful to the owners and staff of St George's Cancer Care Centre for allowing us this precious opportunity and we hope to make the relationship a smooth and fruitful one to provide the best possible outcomes to our patients.

Palladia

In 2009, the highlight of the ACVIM Forum in Montreal was the announcement that the very first drug aimed specifically at canine cancer had been registered for use in the US. This is the tyrosine kinase inhibitor toceranib. This drug is marketed by Pfizer under the trade name Palladia. So far the main indication for Palladia is canine mast cell tumour (MCT) and the statistics tell us that it is the single most effective agent against this tumour in dogs. Understandably, oncologists in the USA have been trying Palladia against a variety of other cancers and we are following the same pathway at Vetspecs.

With the help of our colleagues at Pfizer Animal Health NZ we have gained ACVM



approval to bring in Palladia for specific cases and the first patient was treated at Vetspecs before Christmas. We now have more animals joining the programme, each one of which requires a separate ACVM application. At the moment Palladia in the United States is an oncologist-only drug, but as we do not have any veterinary oncologists in New Zealand, Dr Mark Robson is being regarded as the nearest equivalent.

Vetspecs would welcome any case discussion about mast cell tumour dogs and in view of the intriguing possibility that other difficult cancers may respond to this novel agent, pretty much any cancer patient should be considered for referral.

Progress is rapid in Veterinary Medicine and with new weapons such as Palladia, radiation therapy and the melanoma vaccine Oncept, we will continue to improve our success rate in the war against cancer.

Board Certification for Dr Brent Higgins

Vetspecs is very pleased to announce that Dr Brent Higgins passed the European College of Veterinary Surgeons (ECVS) board examinations last month. Board certification is one of the highest levels of post-graduate qualification and board status is only achieved after an extensive period of case work, research and study. Board certification automatically qualifies Brent for Specialist Registration in New Zealand and the appropriate paper work is being processed by the Veterinary

Council. We are sure the veterinary profession will join the Vetspecs team in congratulating Brent on a fine effort. Less than half of the candidates for the surgery boards pass at the first attempt and we appreciate the amount of hard work that Brent has put in. The pets, pet owners and referring veterinarians of the South Island will benefit from Vetspecs having two Specialist surgeons working together, with Brent and Dr Helen Milner forming a formidable team.



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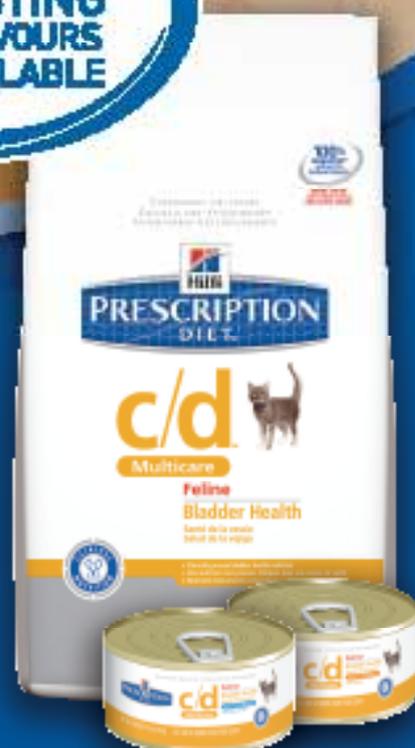
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Audrey's story

Megan Wilks

Joanna Clunies-Ross describes her four year old black Labrador as their 'miracle girl' and when you hear her story it's easy to see why.

In November 2009, Joanna took Audrey to their regular vet clinic because Audrey had been off her food for over a week. 'Audrey is normally obsessed with food so when she stopped eating we knew something must be wrong' explains Joanna.

Through blood tests and radiographs the referring vet diagnosed an obstruction and performed surgery to remove a bone that was shaped like a spear head from Audrey's bowel. As the bone had perforated her bowel in several places, septic peritonitis developed. After surgery she seemed to be improving but, after a week or so, signs that the repair in her bowel had broken down started to appear. Audrey's stomach began to swell, she was off her food again, she couldn't sit for long and she was uncomfortable lying down. At the Christchurch After Hours Veterinary Clinic radiographs showed that her bowel was leaking and an aspirate revealed debris in her abdomen. That night emergency surgery was performed on Audrey to rejoin her intestine, cutting away more of her bowel in order to do so. Post surgery she was in a critical condition but hanging on, requiring several units of plasma as her protein levels were low.

'We had the option of taking her home Sunday morning and bringing her back the next day, or to leave her in the care of the After Hours team where she would be handed over to Vetspecs on Monday morning. Rather than being moved to and from home each day, we knew she would be far better off remaining where she was' remembers Joanna.

On Monday morning Joanna met with the Vetspecs medicine team who explained that Audrey wasn't recovering as expected because her blood protein levels were low. Synthetic colloids were given which improved the situation slightly but not enough.

Three days after Audrey's second surgery she received a blood transfusion which caused a small increase in her albumin levels. It was hoped that the transfusion would help kick-start her body enough to produce its own albumin. Unfortunately, during a routine bandage change, it was noticed that food was coming through her abdomen, indicating that the repair had once again broken down.

That night Audrey underwent her third surgery in 10 days. Dr Helen Milner and Dr Brent Higgins performed the 3½ hour operation, assisted by the medicine department and vet nurses Lisa English, Terri Meldon, Becky Clarke, Amanda Jones, Olivia McDougall and Lauren Keenan. They monitored her post-op until 1.30am then handed her care over to the After Hours team.

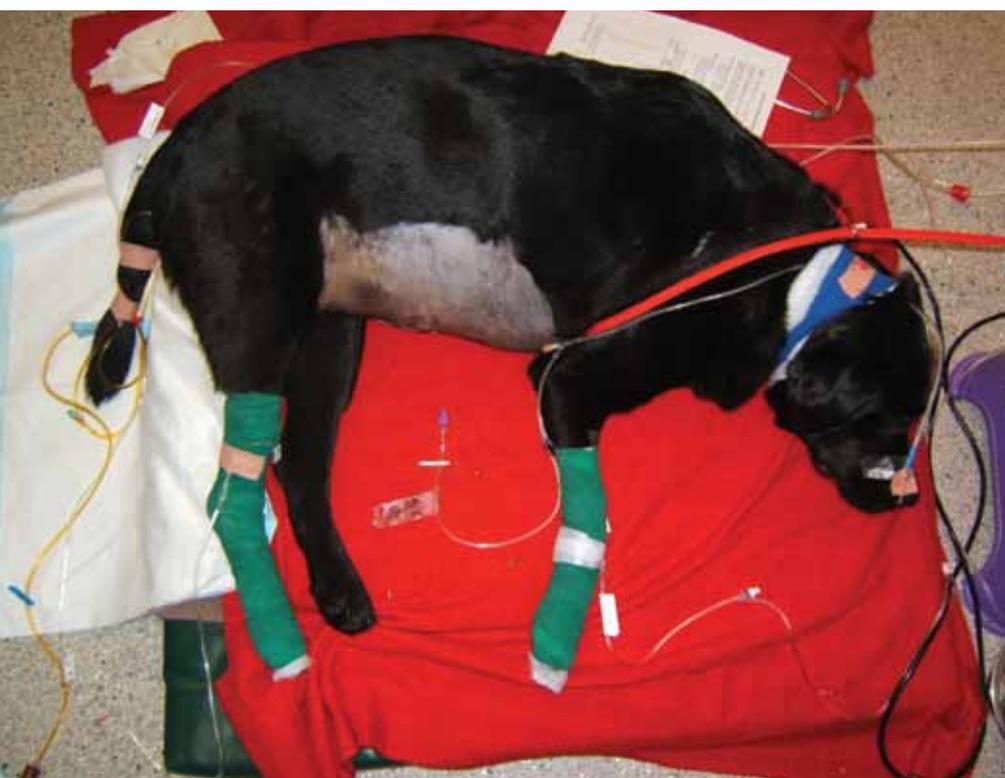


Joanna remembers how dire Audrey's situation was after the third operation. 'Audrey was so very very sick, just lying there unable to move. She had a catheter, a nasogastric feeding tube and so many IV lines going into her body for all the different medications and antibiotics she needed.' She also recalls how one morning on arriving at Vetspecs, she walked right past Audrey. 'She was so much larger with all the swelling that I didn't recognise her at first. I was so shocked when I realised it was her.'

Very slowly Audrey showed signs of improving. Less fluid was being drained off her abdomen, her liver and kidney functions were good, but her blood protein and albumin levels were still not close to being satisfactory. However, that morning during Joanna's visit, Audrey managed a walk outside in the sunshine and ate a healthy amount of sausage that Joanna had brought in for her. This was a very good sign.

Audrey continued to make slow improvements. The volume of fluid drained from her abdomen continued to decrease and the fluid was a lot clearer which indicated that the repair was holding. After 3½ weeks in hospital it was decided that Audrey would benefit from being back at home amongst her family and the other 12 dogs that the Clunies-Ross family cares for.

So on the 18th December 2009 Audrey returned home, with daily visits into Vetspecs to have her blood protein levels checked. Joanna was taught how to feed Audrey through her nasogastric tube and was comforted by the fact that Vetspecs team were only a phone call away and always ready to help. >>>





'Even if something happened at night or on the weekend I would phone the After Hours clinic and within five minutes Vetspecs would call back, sometimes spending over half an hour on the phone explaining and talking things through in a language that we could understand. Even on Christmas Day they called to check on Audrey.'

The day that Audrey's albumin levels reached a safe level there was elation and euphoria at the Clunies-Ross household and at the Vetspecs clinic. From that point onwards Audrey improved at a rapid rate with her last blood test in January signalling the all-clear. Although no longer officially a patient, Audrey is extra special to everyone at Vetspecs.

Joanna raves about the care Audrey received from the Vetspecs team: 'Because she had so many tubes coming out of her after the third surgery she couldn't fit in a cage so they made her a lovely big bed with lots of blankets in one of the consulting rooms. The nurses would bring their work into the room that Audrey was in so that she was never alone. We couldn't have asked for better care or for nicer people to be looking after Audrey.'

Today Audrey is a very happy and healthy dog, so full of energy and vitality - a very special dog indeed.

No more bones for Audrey

Audrey presented to her referring veterinarian and an end-to-end anastomosis was performed after a laparotomy showed a perforated bowel with localized peritonitis.

Five days later, Audrey presented to the After hours Veterinary Centre who took abdominal radiographs which revealed abdominal effusion and pneumo-peritoneum. A laparotomy was performed.

Audrey was placed in intensive care to recover and started on antibiotics and a morphine/ketamine CRI.

Two days later Audrey was referred to the Vetspecs medicine department for evaluation and treatment of peritonitis.

Audrey's recovery was far from over. She had developed peripheral oedema in her limbs, her albumin dropped to 14 g/L, bilirubin increased to 32.0 umol/L and her ALP, ALT, AST and CK had all increased. Her CBC also had changes.

It was clear that Audrey's peritonitis was going to be a tough case to manage. Every morning a CBC/Biochemistry

and cytology on peritoneal fluid was submitted. Fresh frozen plasma and colloid therapy was adjusted as necessary. Crystalloids continued at maintenance rates with potassium supplementation.

Maintenance of a sterile abdomen ensued until the abdominal drain was removed. The ketamine/morphine CRI was discontinued and buprenorphine was introduced every six hours, antibiotics were continued. Anti-emetics were introduced.

A nasogastric feeding tube was placed by the nursing team with a staged feeding routine.

Five days post re-anastomosis ingesta was discovered while performing a sterile bandage change. The Vetspecs Surgery team was immediately called and Audrey was rushed in for her third surgical intervention.

Over the next few days Audrey continued to have 24-hour intensive care. She received more colloid support including packed red cells, fresh frozen plasma and pentastarch due to persistent hypoalbuminaemia. A central line was placed and she

continued antibiotic and anti-emetic medications.

Audrey continued to be fed via nasogastric tube. Audrey's abdomen was left closed after this latest surgery but intermittent abdominocentesis was performed via ultrasound guidance.

Three days post surgery, Audrey's chemistry had normalized but her protein levels continued to fluctuate. She began to feel better in herself and was taking selected food from her owners.

Over the following days Audrey continued to improve and she was discharged. Daily hospital visits enabled us to continue to monitor her.

Now, Audrey is living happily with her 12 'brothers and sisters'.

Without the combined efforts of the Vetspecs medical and surgical departments, as well as the After Hours Veterinary Centre, Audrey's future would not have been as promising.

Surgery report – Audrey

The medicine department notified the surgery team about Audrey's life-threatening abdominal predicament and Audrey was promptly prepped and transferred to theatre. Audrey's anaesthesia was maintained with isoflurane and oxygen. She was continued on crystalloid, colloid and pressor support and was started on i/v Augmentin™ every 2 hours. A midline celiotomy was performed to open Audrey's abdomen from her sternum to her pelvis. It is important to explore the abdomen thoroughly and a large opening is required.

Free peritoneal fluid was suctioned from her abdomen to improve visualization of the abdominal contents which was all carefully assessed. The GI tract, in particular, was painstakingly examined from oesophagus to rectum.

Audrey's small intestines and omentum were 'clumped' together as

if they were wrapped in Glad Wrap™, making her intestinal regions hard to recognise. Adhesions were broken down carefully using gentle digital pressure and the point of recurrent dehiscence was identified approximately 5cm aboral from the duodenocolic flexure. It was necessary to remove a further 15cm of bowel. An end-to-end intestinal anastomosis was performed using 2m PDS in a simple interrupted appositional suture pattern, vitally ensuring that the submucosa was included in every suture 'bite'. Intestinal healing occurs by direct bridging of the cut intestinal layers with connective tissue when good apposition of the incised margins is achieved. Ensuring there is an adequate blood supply and tissue oxygen is essential to facilitate intestinal healing so great care is taken with evaluating the viability of the intestine and the manner in which sutures are placed and secured. Dogs with peritonitis

have increased collagenase activity (enzymes which break down collagen) and thus have an increased risk of intestinal wound dehiscence.

The surgeons then 'leak tested' the anastomosis site by injecting saline through the bowel wall. The mesentery was closed and the omentum was laid over the intestines. The omentum (the so-called 'policeman' of the abdomen!) can help healing of intestinal wounds; it offers a seal to the suture line, sets up lymphatic drainage and helps control infection.

Audrey's abdominal cavity was copiously flushed with 6.5 litres of warmed sterile saline and the abdominal incision was closed routinely. A sterile primapore was placed over the skin incision and Audrey was transferred back to the intensive care of the medicine and After Hours teams.

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A New Zealand First!

Vetspecs are very proud to be supplying to New Zealand veterinarians products from the Veterinary Tissue Bank. This is a new and exciting service offering a range of bone and soft tissue allografts ethically harvested from donor animals for tissue transplantation.

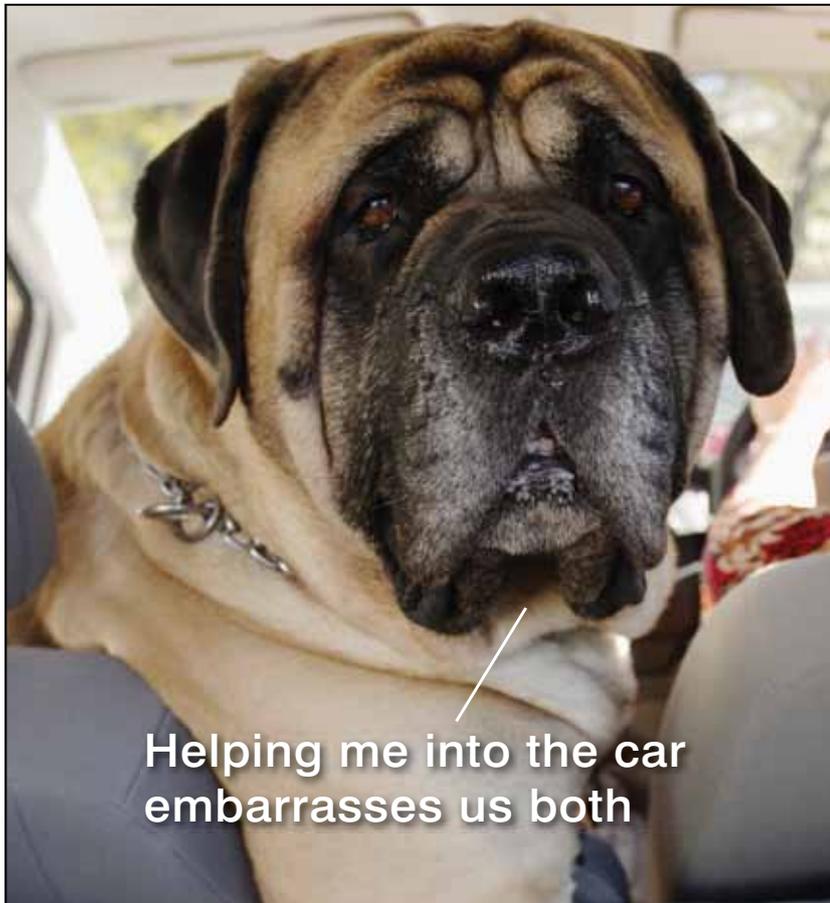
Animal tissue replacement no longer requires the harvesting of grafts from the patient's own tissues, which in some animals provides for a suboptimal graft or unacceptable complications. The grafts are now available 'off the shelf' for immediate intra-operative use. A strict animal selection, tissue processing and gamma irradiation program ensures graft safety. These freeze-dried products can reside in theatre storage at ambient temperature with a shelf life of five years and in most cases the cost of the product are similar to the saved surgical time.

At Vetspecs, we most commonly use these grafts to enhance bone healing in fracture repair, arthrodesis, spinal fusions, and where a delay in tissue healing is expected.

Products available include;

- Demineralised Bone Matrix – provides species-specific bone growth factors to provide osteoinduction in orthopaedic surgery
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For further information please visit www.vtbank.org or contact Dr. Helen Milner or Dr. Brent Higgins at Vetspecs.



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Reference: 1. Ryan, W, Moldave, K, Carithers, D. Clinical Effectiveness and Safety of a New NSAID, Firocoxib: A 1,000 Dog Study. *Veterinary Therapeutics* Vol 7, 119–126, 2006.
*Long term was evaluated over 40 days; short-term was evaluated over 10 days. Always read label instructions.



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STAFF PROFILE

Brent Higgins, Diplomate ECVS.

How long have you been working in the veterinary industry?

Ten years plus another five at Massey's vet school.

What job did you have prior to being a veterinarian?

None. I was at secondary school in Oamaru. During that time I spent holidays working on farms so have been working with animals for a while.

What do you enjoy about your job?

I love being a surgeon. I find the job very rewarding and challenging. You can only keep getting better and more knowledgeable at surgery. It provides a lifetime of opportunity and continual learning while the art is perfected. In surgery we have the power to elicit a huge positive change for our patients' lives (and that of their owners). I have an enormous respect for these surgical patients. They come in with very painful diseases yet nothing seems to get in the way of their appreciation for life. It is a quality that we humans can learn from.

What was your dream job at graduation of kindergarten?

I wanted to be a rescue helicopter pilot. Who knows what could have been...

What are your hobbies/interests outside work?

Outside of work I enjoy the movies... love a good drama. I go to Toastmasters weekly and am active in any sport that involves the sea or mountains – basically any sport involving water. I also enjoy coffee and wine with friends.

Where was the last place you travelled overseas?

On the way home from the UK I stopped off in Dubai. I was amazed how you can build a beautiful vibrant and exciting city in the middle of the desert. I've spent ten years overseas – mostly in Europe but with a bit of South America thrown in. There's a lot more to see....

Which superhero would you be and why?

Definitely Neo from The Matrix. It's the conscious awakening that Neo went through. It's got to be my favourite film although Inception was also up there. Is what we accept as real truly so?

In the last month have you danced crazily? If so to what?

Yes actually. At a Masquerade ball in Christchurch – well more at the after-party. Need to dance more often.



What is your favourite type of cereal?

I'm going for the Vogel's bread for breakfast with avocado and tomato.

What is your favourite wine, and where does it come from?

Wine? It's all about Pinot Noir... From Central Otago.

What is your middle name, and where did it originate from?

Michael which is my Dad's name. He's a good guy and used to build dams.

What is your favourite surgical word?

My favourite surgical word is 'minimally-invasive'. Surely everything can be cured with arthroscopy?



Congratulations to Lisa English Dip VN, VTS-SAIM

was required to have 6000 hours of practical experience in small animal internal medicine and two references from two American Boarded Veterinarians or Veterinary Technicians.

The initial application itself takes approximately one year, in which time Lisa had to log a caseload of 50 – 75 animals that required specialist nursing care. For these cases it was essential that she showed evidence of knowledge and a comprehensive understanding in a variety of disease and illnesses. In addition, Lisa had to complete three peer reviewed exam questions and four written case reports,

on top of which was the requirement to earn 40 RACE (American CE) points in her speciality.

Once this application process was completed, Lisa travelled to the ACVIM conference in Anaheim California to sit two, three hour written exams. It was then a nerve-wracking six week wait to receive the results.

Lisa continues to share her extensive knowledge with fellow nurses here at Vetspecs, and to seek new ways to extend herself. Next up for Lisa is a foray into ultrasounding, as well as developing her interest in anaesthesiology.

All of the team here at Vetspecs are very proud to recognise the achievements of Lisa English. Lisa has become the first Veterinary Nurse in New Zealand to attain qualification as a Veterinary Technician Specialist – Small Animal Internal Medicine. This is a rigorous procedure involving an extensive application and examination process. Prior to application, Lisa

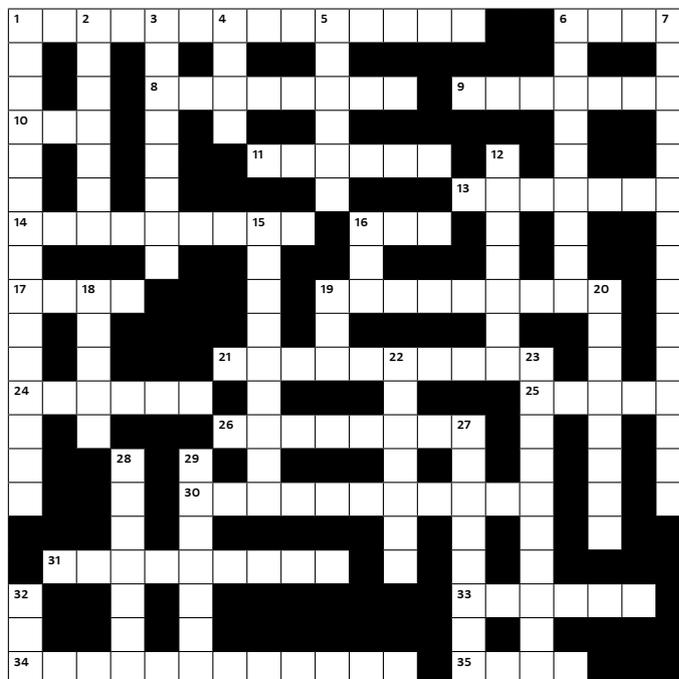
Crossword

ACROSS

1. Extensive blood loss due to internal or external haemorrhage
6. Injectable mineralocorticoid (1,1,1,1)
8. Calculus formed in renal pelvis
9. Percussive hammer
10. Automobile accident (1,1,1)
11. Outward angulation
13. Result of the 22nd Feb earthquake is to _____ the carpark at Vetspecs?
14. Exhaustion from lack of nutrition
16. Common blood test (1,1,1)
17. Animal that harbours and provides sustenance for another organism
19. Whiskers
21. Small loose body within synovial joint (5,5)
24. Wedge-shaped part of the brain
25. Suture pattern used to close end of hollow viscus
26. Disease of animals transmissible to humans
30. Aggregate of lymphocytes in ileum (6,5)
31. Short-acting benzodiazepine
33. Abnormal accumulation of fluid
34. Embryonic structure that tows and guides testis
35. Sharp cry

DOWN

1. Common faecal bacteria (11,4)
2. Cancer that develops in connective tissue
3. Unconsciousness induced by drugs or chemicals
4. Long bone
5. Oxter
6. Distortion of taste
7. Branch of autonomic nervous system
12. Process involving the replication of chromosomes
15. Surgical cutting of the bone
16. Method of delivering analgesia (1,1,1)
18. Hole or small passage which allows movement of fluid from one part of the body to another
19. Online information service (1,1,1)
20. Inability to control urine
22. Abnormal cranial suture
23. Located upon or above the notochord
27. Study of cells
28. Rounded prominence at the end of a bone
29. External parasitic organism
32. Measurement used to evaluate renal function (1,1,1)



Fax, email or post your completed crossword to Vetspecs by 13th May. All correct entries go into the draw to win a \$100 hamper, kindly supplied by SVS. Remember to include your name, clinic name and contact number so you can be notified. The correct answers will be shown on Vetspecs Facebook page from the 17th May.



Vetspecs team

Left to right: Brent Higgins, Helen Milner, Amanda Jones, Lisa English, Becky Clarke, Caroline Whitty, Eve Hinman, Lauren Keenan, Terri Doig, Kate Cambie, Mark Robson, Jess Watson, Philippa Burns.



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