

Pacific Tide

An informational newsletter

Pacific Veterinary Specialists & Emergency Service
1980 41st Avenue
Capitola, CA 95010
Specialty 831-476-2584 -Emergency 831-476-0667

Pacific Veterinary Specialists Monterey
2 Harris Court Suite A-1
Monterey, CA 93940
Monterey Office 831-717-4834 or Capitola 831-476-2584

www.pacificveterinaryspecialists.com



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About our Author

Tom LaHue, DVM, DACVS

Dr. LaHue received his Doctorate in Veterinary Medicine from UC Davis in 1982. From 1982-83, he served his internship at Santa Cruz Veterinary Hospital in small animal medicine and surgery. His residency in small animal surgery was completed at both UC Davis and Santa Cruz Veterinary Hospital. He became board certified in 1989. Dr. LaHue performs soft tissue and orthopedic surgery. He has a special interest in respiratory surgery. Dr. LaHue has been a part-time teacher for 16 years and teaches AP Environmental Science at Aptos High School. He also serves as President of the Board of Directors for the Soquel Creek Water District.

In addition to working hard, he also plays hard, which includes many outdoor activities, but especially surfing and more recently, hang gliding. He has been married very happily for 33 years to Paula LaHue, who is also a veterinarian. He loves being a dad and has two sons, Nate and Gabe. After graduation from Cornell Veterinary College, Nate completed an internship in Agricultural Animal Medicine and Surgery at Washington State University. He is now in the MPVM (Masters of Preventative Veterinary Medicine) program at UC Davis with the goal of working in wildlife conservation medicine. After 2 years of Peace Corps service in Paraguay, Gabe his younger son, worked for Heifer International for 6 months before starting his Masters in International Agricultural Development at UC Davis (now in his second year).



**Tom LaHue, DVM,
DACVS**



Update from the 2014 ACVS Surgical Summit

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The latest meeting of the College of Veterinary Surgeons in October had many excellent seminars and presentations of scientific research abstracts. There are always so many to choose from, but I will try to convey a bit of the new information that I thought was particularly interesting and important.

Diagnosing meniscal tears (Wanda Gordon-Evans, DVM, PhD, DACVS)

It can be difficult to identify meniscal tears prior to surgery. In fact, even advanced imaging such as MRI or CT has had variable results, only diagnosing up to 75% of patients that had meniscal tears. So a study was done to evaluate the accuracy of physical examination parameters in diagnosing meniscal tears. Some parameters were non-diagnostic (pain on extension, goniometry, thigh circumference, and lameness), but the research showed the following results:

Pain on flexion - 4.3X more likely to have a meniscal tear

Meniscal click - 11.3X more likely to have a meniscal tear

Complete CCLR 9.6X more likely to have a meniscal tear

The diagnostic accuracy using the combination of a meniscal click and pain upon stifle flexion was 76%.

Portosystemic Shunts (New Occlusion device in development!) Development of a Radiolucent Silicone/Polyacrylic/Inorganic Salt/Thermoplastic Polymer Slow Occlusion Device for the Attenuation of Portosystemic Shunts - University of Florida

Slow occlusion devices such as ameroid constrictors have been used to reduce mortality from portal hypertension during surgical attenuation of portosystemic shunts. While ameroid constrictors have worked well in many patients, occlusion has not been completely predictable, occurring due to partial physical occlusion with secondary inflammation & thrombus formation. A new prototype is being developed (using a polymer and an inorganic salt) that will provide predictable slow occlusion of the shunt vessel and is only one fifth of the weight of ameroid constrictors. Clinical trials are beginning.

Skin suture patterns

A study was done to compare strength and suturing time with different suture patterns used in skin (Intradermal, subdermal, simple interrupted, cruciate). The fastest pattern was the cruciate pattern. Otherwise there was no significant difference in time (the two buried patterns were not faster). However, the skin patterns were significantly stronger than the buried patterns.

Effect of Low Level Laser Therapy on the Healing of Open Wounds in Dogs (Lindsey Michelle Kurach)

Low level laser therapy is said to stimulate mitochondrial activity. There has been poor evidence of its effectiveness previously. In this study, granulation tissue, % wound contraction, and epithelialization were faster in the control. The conclusion is that there was no positive effect of LLLT on local healing or systemic healing (and a possible negative effect)

Canine tracheal collapse (CTC)

There were several great, interesting seminars and scientific abstracts on tracheal collapse.

Changing Paradigms - Tracheobronchial Collapse and Stenting (Chick Weisse, VMD, DACVS)

Originally, all canine tracheal collapse (CTC) was thought to be associated with either chondromalacia, weakened dorsal tracheal membrane or both. This assumption has been rejected, since many patients (54%) have tracheal cartilages that are malformed (W-shaped) rather than being weak or soft (chondromalacia). These patients with malformed tracheal cartilages have not done as well post-stenting (a recent patient of mine with malformation was treated with external tracheal ring prostheses rather than stenting and has done well.)

The assumption that medical management is an effective means of management in many patients has been accepted (1/2 of patients did not need stents)

Certain comorbidities were thought to be associated with CTC

- Laryngeal paralysis was one of these, but in fact, no dogs were seen with laryngeal paralysis on initial exam

- 23% had elongated soft palate

- 10% had epiglottic retroversion

Morbidity & mortality with stents

- Death 4/71 (6%)

- Signs of honking, raspy breathing worsens with time

- Cough- no improvement

- Dyspnea improved

Expectations and complications

- Stent migration - little (0.8-1.6 mm median over many years)

- Stent shortening 10%, but once it happens, early on, it doesn't change much

- Stent fracture

 - Body fracture 10%

 - Stent fraying 37%

- Tissue ingrowth

 - Obstructive 21%

 - Non-obstructive 17%

- Progressive collapse 14% requiring additional stenting

- Infections 82% before and after, based on culture

Long term medical management needed post-stenting

- Steroids, antitussives, antibiotics, bronchodilators, sedatives, etc.

Evaluation of a Novel Tracheal Stent for the Treatment of Tracheal Collapse in Dogs. (Sarit Dhupa)

The trachea varies in size from cervical to intrathoracic and stents would tend to be oversized at carina and undersized at tracheo-laryngeal area. A newer stent design (Duality Vet Stent) has been developed to be optimally sized in both areas. It showed good strength to fatigue testing and good clinical results, even in patients with bronchial collapse.

Our Doctors

Internal Medicine

Kelly Akol, DVM, DACVIM (SAIM)
Merrienne Burtch, DVM, DACVIM(SAIM)
Michelle Pressel, DVM, DACVIM (SAIM)
Bryn Hoffman, MVB (Residency Trained in Internal Medicine)

Surgery

Lisa Metelman, MS, DVM, DACVS
Tom LaHue, DVM, DACVS
Dean Filipowicz, MS, DVM, DACVS

Oncology

Theresa Arteaga, DVM, DACVIM(Oncology)

Critical Care

Colleen Brady, DVM, DACVECC
Lillian Good, DVM, DACVECC

Cardiology

Kristine Yee, DVM, DACVIM(Cardiology)

Radiology (VRS)

Larry Kerr, DVM, DACVR
Mark Lee, DVM, DACVR

Emergency

Christian Robison, DVM
Kim Delkener, DVM
Mark Saphir, DVM
Jessica Kurek, DVM
Sara Heidelberger, DVM

Behavior

Jan Brennan, DVM (practice limited to behavior)

About Our Hospitals

Pacific Veterinary Specialists was founded to provide high quality, specialized medical care to companion animal patients. Our practice is dedicated to serving the veterinary community as a partner in total patient care. We offer comprehensive specialized services including video endoscopy, Doppler ultrasound, surgery, 24-hour ICU care, and emergency and critical care. Our staff is committed to providing compassionate and thorough medical care that meets the needs of the patient, client, and referring veterinarian. In September 2011 we opened PVSM and currently offer internal medicine and oncology, Tuesday through Thursday in Monterey. Behavior consultations by appointment are available on Mondays.

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