



Animals as Antidote: Part I

With the phenomenal spring weather around the SF East Bay, the cyclists are out en masse. Seeing the many bikers out definitely has me craving some saddle time myself. As a student, while in Davis, taking up cycling came naturally. In fact, I have heard it mentioned, that there are more registered bikes in Davis than people! Not sure how true that is, but I must admit I had 3 bicycles in my stable: a campus bike, a road bike and a mountain bike!

Davis, the surrounding delta, the nearby wine country, the hills of Lake Berryessa, and the Sierra Foothills were the setting of many epic rides. Whether riding on the road, or on a mountain bike there was never a shortage of compatriot veterinary students who were willing to drop their tasks to go for a ride, at just about any time. One of my classmates in particular, Amy Parker (DVM in Solvang) was seemingly always ready for a ride! In fact, without Amy I'm certain to have logged far fewer miles than I actually did.

I can remember one memorable ride in particular from veterinary school. Amy and I were studying for mid-term exams at her place out in the country. Amy shared a 'quasi-farm' with one of our other classmates, Bucko, and it was excellent ambiance for spreading out, drinking coffee and pounding out the didactic demands of graduate school. At some point, several hours into our studies, we both took on the glazed eyes of mid-term preparation blues. To blow off steam, I can still remember very vividly the ride we went on: it was on our mountain bikes, with our retrievers (Rickie my Flat-Coat & Jackson a Chesapeake) up the side of one of the Vacaville hills near where she was living. One of the things I can remember was how cold it was. We had our gloves, and our ear and face protection – we had our layers and we had our dogs. Our dogs

thought this was the best ride ever! It was certainly such a needed break from our studies. We passed some small farms with goats, and chickens and at times the dogs would disappear to chase or roll in something disgusting – to find us later on the trail somewhere ahead. Once we finally reached the summit, I can remember we actually found snow! Did I mention it was cold?! Riding back from this epic ride – the dogs in hot pursuit with frozen saliva stuck to their fur, it is no doubt that Amy and I had found the antidote for the mid-term prep blues. One cold ride, with two happy retrievers covered in green and brown cow dung – and two overworked veterinary students: For at least 90 minutes there was no place any of us would have rather been!

Today, although I continue to have many bicycles in my garage, and my saddle time is fairly limited to road rides, and generally to the office/hospital and back – my cycling time of the past, especially on single track, fire trails or the reservoir banks of the Sacramento delta remains a rich memory, made more so by my constant companion Rickie the flat-coated retriever. She may never have realized that all those miles ridden and those hours spent out in nature were a gift and respite from notebooks, microscopes and 'pro-sections' – truly an antidote for study-hall blues.

If you should like to share your thoughts or comments – please feel free, anytime and always email or call.

Sincerely,

John J. Haburjak, DVM Diplomate ACVS

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CONTINUE TO EXPECT...

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THE SURGEONS OF VSC



FEATURED MEDICAL CASE

PERITONEOPERICARDIAL DIAPHRAGMATIC HERNIA (PPDH)

Peritoneopericardial diaphragmatic hernia (PPDH) is a congenital condition in which the normal closure of the diaphragm does not occur and a continuation exists between the abdominal cavity and the pericardial sac, creating a potential space for organ herniation and/or entrapment. This opening can vary in size and significance. Herniated organs can include portions of the liver (+/- gallbladder), falciform fat, stomach, spleen, intestines, and omentum. It is most commonly seen in the Weimaraner dog and the domestic longhair cat, although other cat breeds have been reported (Persian, Himalayan, Maine Coon).

This condition reflects an anatomic defect; however, patients may or may not display clinical signs from this abnormality. Incidental diagnosis is common in the work-up of a patient presenting for gastrointestinal or respiratory diseases. Patients who are clinical for organ entrapment may have trouble breathing, coughing, wheezing, vomiting, diarrhea, anorexia, and weight loss. It is important to consider other underlying conditions despite having all signs consistent with a PPDH such as an intestinal foreign body.

The diagnosis of a PPDH is often made based on radiographs of the chest and abdomen and additional confirmation via ultrasound examination. If the diagnosis is equivocal, other studies such as a gastrointestinal contrast study may be performed to demonstrate bowel loops in the pericardial sac. In some cases, other advanced imaging techniques such as CT or MRI may be recommended.

Concurrent congenital defects may be present and worth investigating. PPDH has been identified concurrently with other hernias, sternal defects, cardiac defects (ventricular septal defect or VSD), polycystic kidneys (Persian cats), and pulmonary disease. There may or may not be an association with concurrent portosystemic shunts. Therefore, abdominal ultrasound,

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...Featured Medical Case continued

echocardiography, routine blood work, and possibly bile acids are recommended prior to surgical intervention in symptomatic patients and as screening tests in those where it is an incidental finding.

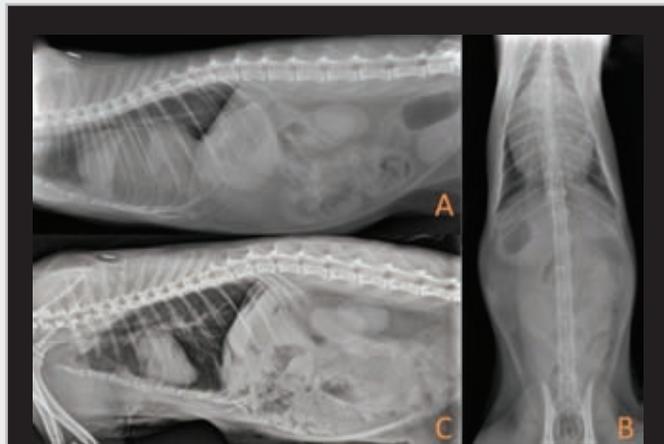
Patients who were diagnosed as having an incidental PPDH may or may not ever require surgical intervention. It is unknown if preventative surgery should be performed versus monitoring for development of clinical signs which may or may not manifest in varying non-specific clinical signs (as listed above) versus a life-threatening condition. Surgery is recommended for patients who are clinical for this condition, which should include a full abdominal explore to identify concurrent pathology.

Surgical intervention is through an abdominal approach but may be extended into the caudal thorax if needed. Hernia repair is typically performed with absorbable or non-absorbable monofilament suture to close the defect primarily; having mesh available is necessary if the rent is too large for primary apposition. A chest tube may be needed in the post-op management depending on whether the thoracic cavity was entered during the procedure. Hemorrhage can occur when manipulating herniated liver lobes and transfusion therapy may be required. Additional complications can occur if addressing bowel necrosis, biliary tract rupture, pulmonary edema, etc..

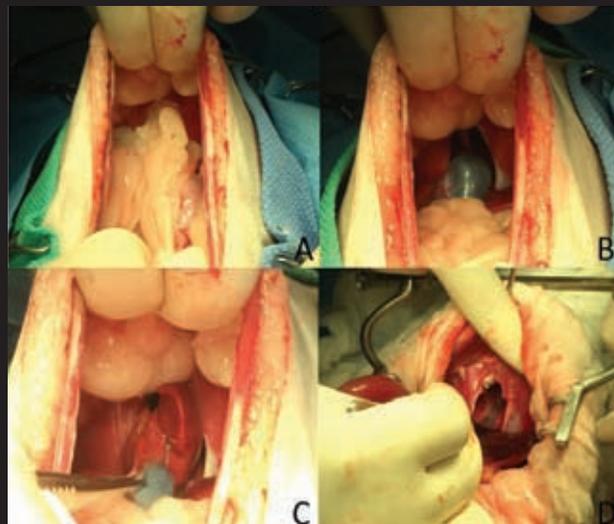
Post-op complications may be secondary to chest tube complications (i.e. dislodgement, pain, etc), persistent from intra-op complications (i.e. hemorrhage), or a manifestation of underlying disease processes (i.e. inflammatory bowel disease vs. lymphoma, cardiac disease from congenital ventricular septal defect), the development of re-expansion pulmonary edema and/or chylothorax to name a few.

Prognosis is typically excellent with an overall low mortality when surgical repair is performed in clinical patients; however, underlying conditions need to be addressed if they are present. Prognosis is unknown for patients who are asymptomatic as surgical repair may or may not need to be performed at some point in the patient's life. Prognosis is guarded to poor depending on the severity of clinical signs if the patient is clinical for a PPDH and surgery not performed.

We are glad to speak with you about this condition and help facilitate diagnostic and surgical management when indicated.



A - Lateral radiograph pre-op demonstrating PPDH with abdominal organ herniation into pericardial sac.
B - VD radiograph pre-op demonstrating PPDH with abdominal organ herniation into pericardial sac.
C - Lateral radiograph immediately post-op demonstrating resolution of PPDH.



A - Omentum extending into pericardial sac.
B - Omentum removed, liver herniated in pericardial sac.
C - Liver being reduced into abdomen from pericardial sac.
D - PPDH with no organ herniation, primary closure to be performed next.

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NOTABLE NEWS

CONGRATULATIONS KATHRINA! GOOD LUCK AT UC DAVIS VET SCHOOL!

Kathrina has been with VSCB since June of 2011 when she started as an unpaid intern while she completed her undergrad course work at UC Berkeley. She quickly proved her merit in that role, and it was a no brainer to bring her on in a paid position in August of 2013.

During this time, Kathrina has quickly developed into a seasoned surgery technician, and is now ready for her next step. This fall she will begin her veterinary education at UC Davis School of Veterinary Medicine. Kathrina's greatest interest is in understanding the intricacies of zoonotic diseases and how those diseases, in combination with public policy, impact public health.

Kathrina says she is thrilled to be able to stay in California and hopes to have the occasional chance in between studying to enjoy all the wonderful things the area has to offer. She will be bringing her two cats, Sy and Am, with her and has her fingers crossed that they will help her to maintain some sanity!

Kathrina has expressed her gratitude to her VSCB family for all that they have taught her and is sad to be leaving them but is already looking forward to coming back to work relief during school breaks! We'd also like to express our gratitude for everything she has done for us. We are sad to see her go, but glad she is able to follow her dream, and know she will make a great veterinarian!

Kathrina is very excited to take the next step in her journey towards becoming a veterinarian at the number one vet school in the country!



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Figure 1:
"Belle" in a cage-less confinement enjoying her 5th week at IronHorse VetCare while recovering from Post-Operative TPLO surgery

VSC WELCOMES MARK DOSCH, DVM, DACVS TO THE TEAM!



Dr. Dosch joined us this past winter, and we are incredibly pleased to have him on our team! Mark grew up in Pasadena, California and moved to northern California to attend UC Davis in 2000. After graduation in 2004 with a degree in animal science, he attended the UC Davis School of Veterinary Medicine. He graduated in 2008 and moved to San Diego for a 1 year rotating internship at the Pet Emergency and Specialty Center. After completion, he moved to Maryland for a surgical internship at the Chesapeake Veterinary Surgical Specialists and then continued his surgical training with a 3-year small animal surgery residency at that practice. He moved back to northern California in 2013 and successfully passed the American College of Veterinary Surgery board exam in 2014. His professional interests include soft tissue, orthopedic and neurologic surgery and the ability to implement minimally invasive techniques in both the investigation and treatment of orthopedic and soft tissue disease processes. He also enjoys emergency medicine and finds surgical intervention in these cases both challenging and exciting. Outside of work, Mark enjoys spending time with his wife Amanda (also a veterinarian), family (including his dog Harper Lee and cat Sprite), and friends. He is an avid Dodgers baseball fan and loves USC and Packers football. He enjoys photography (particularly nature and landscape), deep sea fishing, fly fishing, SCUBA diving, and hiking in beautiful California.



NEWSOOM FEATURE

PETS REFERRAL CENTERS PROUDLY PRESENTS...

Dinner and lecture at HS Lordships Restaurant. The featured lecture is "Elective Sterilization: Ethics, implications on health, and surgical and non-surgical techniques" presented by Veterinary Surgical Center's very own Andrew M. Grange, BSc BVetMed DACVS.

Date

Wednesday, May 6, 2015

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 PETS
Referral Center at 510-548-6684

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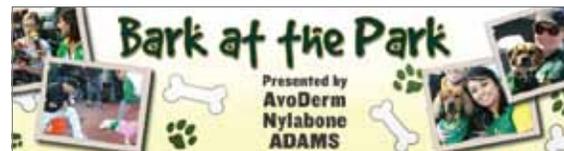
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Oakland Athletics Bark at the Park 2015

The A's will host their 10th annual "Bark at the Park" event, presented by AvoDerm, Nylabone, and ADAMS on Thursday, August 6th when the A's take on the Houston Astros. The event includes a pre game "Pup Rally," "Pup Parade on the Field," and the "Bark at the Park Photo Contest." Afterwards, dogs and their owners can take their seats and enjoy an evening of A's baseball. Remember, all participants need to register for a special event ticket which can be done on the webpage listed. Regular game tickets do not permit admission of dogs. A portion of the proceeds from the A's Bark at the Park will benefit Dogs4Diabetics & the Animal Rescue Foundation (ARF).



FEATURED BROCHURE



SURGICAL TREATMENT OF URINARY TRACT DISEASES

This newsletter's featured brochure covers two of the most commonly occurring urinary tract diseases, Calculi ("stones") and urinary tract cancer. Each topic is broken down into some general information about the condition, a discussion about symptoms, as well as diagnosis and treatment.

This is an excellent tool to supplement the information you already provide your clients. The brochure is also a useful tool for your staff to achieve greater familiarity with these procedures as well as cultivating a common language to use with one another as well as with your clientele. This and other brochures can be found at and downloaded from our website www.vscdsurgerycenters.com by clicking the "Resources" tab. For complimentary copies of any of our brochures or business cards email us any time at contact@vscdsurgerycenters.com.



This newsletter is dedicated to Jillian, one of our senior technicians, and her boyfriend Johann. Johann recently accepted a position with the University of Michigan as a statistics professor, and they will be moving to the Midwest together in mid to late June. We wish them both the best of luck and bright futures wherever they call home.

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