



# VET NEWS

SPRING 2010

## Leaders in Specialty Care

Dear Colleagues:

Welcome to our Spring 2010 newsletter. In this issue, we have included articles written by Dr. Ronald Hodges, Dr. Candace Carter, Dr. Mary Landis, and Dr. Carlos Hodges. Our goal is to keep you updated on medical topics, as well as new services being offered at Valley Central Veterinary Referral Center as a part of our ongoing commitment to our clients and the veterinary community.

The doctors and staff at Valley Central Veterinary Referral Center want to thank you for your sustained and continued support. Our goal is to provide the highest standards of veterinary care for your clients. We understand that our success as a referral hospital is directly linked to your confidence in our veterinary service for your clients and patients. Please do not hesitate to contact any doctor or staff member with questions or concerns regarding any aspect of our veterinary hospital services.

### Welcome Dr. Salvador Galindo to our Surgical Department

We are very pleased to announce Dr. Salvador Galindo has joined the surgical department at Valley Central Veterinary Referral Center (VCVRC). Dr. Galindo earned his bachelor's degree in Biology & Mathematics from Diaz Miron College in his native country, Mexico.

He received his Doctorate in Veterinary Medicine from the University Autonomous of Tamaulipas, Mexico. Dr. Galindo completed a three year American College of Veterinary Surgeons (ACVS) residency program in the small animal surgery department at Veterinary Referral Center in Malvern, Pa. He has extensive experience and specialized training in a broad range of soft tissue and orthopedic procedures including TPLO, TTA, Total Hip Replacement, TPO, Interlocking Nail, Laryngeal Paralysis, Cardiovascular, Urinary System, Thoracic and Neurological surgeries.

Dr. Salvador Galindo's surgical schedule consist of seeing appointments Tuesday through Friday. To refer a patient to Dr. Galindo please have your client(s) call (610) 435-1553.



### Behavioral Services Now Available

We are very pleased to announce Susan Bulanda as a new member to Valley Central Veterinary Referral Center. Susan is certified as an animal behavior consultant specializing in dogs and cats with the International Association of Animal Behavior consultants (IAABC). She is also a noted world wide expert in canine search and rescue.

The behavior department is now accepting new patients. The department's schedule consist of seeing appointments every other Monday from 9:00 a.m. to 3:00 p.m.

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## INTERNAL MEDICINE UPDATE

By Ronald D. Hodges, DVM, DACVIM, PC

### ***An Attempt To Slow Down Lyme Nephritis***

For many years, we as veterinary practitioners have been fraught with frustration regarding medical treatment for patients who succumb to lyme nephritis. Often the prognosis for the majority of lyme nephritis patients is poor.

Lyme disease is caused by the *Borrelia* organism. The presenting clinical signs for most dogs with Lyme disease include fever, lameness and joint swelling. Uncommon manifestations of Lyme disease include heart disease or neurologic problems, i.e. seizures.

Lyme disease is diagnosed with the antibody test called Lyme C6. Other lab tests include the western blot and IgG/IgM titers. Additional lab tests to evaluate the liver and kidney function include complete blood counts (CBC), chemistry profile and urinalysis. The urinalysis is a vital diagnostic tool which can screen excessive amounts of urine protein. Often the chemistry profile results in patients with Lyme nephritis will demonstrate hypoalbuminemia, hypoproteinemia and azotemia, i.e. elevated BUN, creatinine and phosphorus.

Historically, Lyme disease is treated with the antibiotic Doxycycline. Other forms of medical therapy include Amoxicillin and Minocycline. These antibiotics have traditionally been documented to improve those patients who suffer from arthritis and fever. The antibiotics help to reduce bacterial numbers and thus resolve the clinical signs. Although Lyme disease can be successfully medically treated it is never cured. The patient with Lyme disease is always susceptible to relapse and recurrent clinical illness.

To date, the Lyme nephritis patients have suffered the most clinically and the outcome is generally fatal. The medical care implemented for Lyme nephritis dogs has included supportive care



measures (i.e. intravenous fluids, intravenous antibiotics, colloid support, oral antibiotics, antinausea/stomach ulcer medications and antacids). The owners are often told that the treatment we employ is palliative with an attempt to maintain patient quality of life.

The drug Mycophenolate Mofetil (Cellcept) has offered an opportunity to prolong or enhance survival of Lyme nephritis patients. Mycophenolate is an immuno suppressive drug used to treat several immune mediated conditions including IMHA, glomerulonephritis, myasthenia gravis, pemphigus foliaceus and inflammatory bowel disease in dogs. Mycophenolates mechanism of action involves inhibiting proliferative responses of T and B cells and suppression of B-cell formation and antibodies. Gastrointestinal side effects, diarrhea, vomiting, anorexia are the most common problems encountered and Mycophenolate is expensive.

The renal component of Lyme nephritis is the result of antibody-antigen deposition within the glomerulus. The subsequent renal pathology is immune mediated glomerulonephritis (GN). Again there has been no effective medical therapy to date to combat the devastating effects of the

immune mediated renal disease called GN.

Veterinary practitioners now have something new in their medical arsenal against the glomerular component of Lyme nephritis. Mycophenolate offers these patients a never before opportunity to defend themselves against this nemesis called Lyme nephritis.

Mycophenolate should be administered once vomiting has ceased in these patients. Mycophenolate is administered orally at a dosage of 10 mg/kg every twelve hours.

Follow up examination for Lyme nephritis patients started on Mycophenolate should include monitoring renal values (BUN, creatinine, phosphorus) every 2-4 weeks post discharge. Significant laboratory improvements should not be expected for weeks. Any mild reduction in the BUN, creatinine and phosphorus is considered a positive response.

The exact medical benefit of Mycophenolate amongst Lyme nephritis patients will require additional documentation and clinical trials. Although more studies need to be done, Mycophenolate offers promise for a condition that has a high morbidity and mortality rate.



## INTERNAL MEDICINE UPDATE

By Candace Carter, DVM, PhD, DACVIM

### ***Palladia: Update from Winter 2010 Newsletter***

Palladia (toceranib phosphate) is the multi-tyrosine kinase inhibitor manufactured by Pfizer for treatment of grade II and III cutaneous mast cell tumors (cMCT). We have had Palladia available at VCVRC for the past 6 months. I have only had the opportunity to treat two cMCT cases to date but both have responded extremely well. The most dramatic results have been noted in Lexie, an 8 year old, FS Boston Terrier who had two previous surgeries for MCT. She presented with two golf-ball sized ventral, cervical masses and numerous, small, slightly raised, cutaneous masses throughout her body. The ventral cervical masses were removed surgically and determined to be a grade II MCTs. At the time of surgery, several of the smaller cutaneous masses were also biopsied and found to be cMCTs. There was no evidence of internal organ or bone marrow

involvement at that time. She was started on Palladia two weeks after surgery. Below are photographs of Lexie's back at week 1 and at week 6 of treatment. She is now in her fourth month of treatment and the small cutaneous masses are no longer visible or palpable. Further, there has been no re-growth of the cervical masses. She has not had any gastrointestinal side effects but has remained on carafate and famotidine. There has been a consistent decrease in her WBC count but it has never fallen below 2500/ul. There had been a 12% weight loss seen initially despite a healthy appetite but at her most recent recheck she is within 5% of her starting weight. The only other observation is that she has developed two focal areas of leukotrichia above each eye. A little white hair seems a small price to pay to keep a frustrating cancer at bay.



week 1



week 6

### **Continuing Education Schedule**

#### *Monthly Case Conferences:*

The last Thursday of the Month from 12 PM-1 PM

Discussions about clinical cases with medicine and surgical implications.

Lunch will be provided, courtesy of Hills, by Dr. Kristin Dance

Until our new web-site is launched, please refer to our Facebook page for updates to our CE schedule. You may also email Dr. Carlos at [Carlos@vcvrh.com](mailto:Carlos@vcvrh.com) with any questions about upcoming lectures.

### **We are now on Facebook**







## SURGERY UPDATE

By Carlos C. Hodges, DVM, PC

### ***National Pfizer Specialty Practice Survey***

With a New Year off and running, the Staff at VCVRC would like to thank you for your support.

We would also like to thank those that participated in the 2009 National Pfizer Specialty Practice Survey. Our philosophy at VCVRC is to provide the best care and service that we can. VCVRC continuously looks for ways to better improve the relationship with our Referring Veterinarians (rDVM) and Pet Owners. Pfizer gave us an opportunity to see in your own words and the pet owner how we can provide a better foundation on which to build change. In the end this will strengthen the services and care provided, better meeting the needs of rDVM, patients, and their owners.

The rDVM was asked about the relationship between primary care and veterinary specialist, and use of and satisfaction with pet health care services. The pet owner survey asked about the interpersonal skills of the specialty hospital or clinic's staff and most recent specialty care service received and the satisfaction with pet health care services.

Here's a brief summary of the responses from the rDVM followed by the pet owner. The response rate for rDVM's was 30% based on a national score (ns) of 12%. The pet owner response rate was 24% based on a ns of 20%.

Eighty-nine percent of rDVM's were satisfied with the service received from VCVRC (ns 89%). Services offered at the hospital compared to other referral hospitals at 44% (ns 50%). Ninety-three percent (ns 91%) said they knew their patients will be treated with the highest quality and care by the staff, 91% (ns 91%) had confidence in the quality of medicine, 84% (ns 82%) said their team received call backs promptly, 16% (ns 13%) said their clients were pleased with the

value obtained for the fees paid, 12% (ns 10%) said their clients were able to get an appointment in a timely manner. Location, reasonable costs, facility, equipment, quality of medicine, responsiveness, client service, reputation, and communication between specialist and rDVM, rated high when selecting a specialty hospital. Exhausting all treatment options, complicated case requiring additional monitoring, specialist expertise, likelihood of successful outcome, and pet owner requests referral/second opinion was important when referring specific patients. Communication at the end of treatment was 83% (ns 81%). There was a mix bag of preferred method of communicating from phone call or fax prior to referral (74% vs 20%), during treatment (35% vs 50%), and the conclusion of treatment (26% vs 53%). Respectively few selected email or regular mail for any communication. Other specialist rDVM would be interested in seeing at VCVRC are an Oncologist, Dentist, and Neurologist. There were many comments regarding long wait times during Emergency, their high fees, and the front office staff.



Eighty-nine percent of Pet Owners were happy with the overall quality of services at VCVRC (ns 89%), 74% said they were happy with the value obtained for the fees paid (ns 83%), 85% said we met overall needs (ns 88%), 86% recommended (ns

92%), and 84% would return (ns 90%). One hundred percent said speed at checkin, cleanliness, and convenience of parking was most favorable. Eleven percent said fees were explained accurately 10% said staff kept them informed of financial changes, and 8% said a specialist was available for phone calls as the least favorable. No national averages reported. Most clients came for referral by rDVM recommendation and not by friends, yellow pages, location, or website. Ninety-two percent of clients said they followed treatment recommendations (ns 95%). Likelihood of not following recommendation for cost was 20% (ns 38%), pets age 0% (ns 6%), success 60% (ns 9%), and quality of life 0% (ns 19%). Clients were happy when themselves or their pets were called by name, 64% and 85% respectively, (ns 68% & 90%). High on the list for clients was also punctuality of the appointment at 47% (ns 51%), convenience of hours at 40% (ns 60%), answering phones at 42% (ns 55%), check out at 42% (ns 53%), friendly nurses at 57% (ns 69%), specialist communicating treatment options at 62% (ns 75%), and anatomical drawings at 42% (ns 38%). Overall impressions for quality of services was 63% (ns 73%), value obtained for fees paid was 29% (ns 46%), services versus other referral hospitals was 15% (ns 35%), would refer to friends was 66% (ns 77%), and continued visits at the hospital was 60% (ns 76%). Miscellaneous notes were providing senior discounts, allow payments for clients without health insurance, high consultation fees, friendlier reception staff, timely callbacks, staying within the estimate, scheduling procedures for clients that drive long distances on the same day, better hours. Some of the comments reflected the Emergency service and not the Referral service.

The National Pfizer Specialty Practice Survey was very informative. This is a



## OPHTHALMOLOGY UPDATE

By Mary Landis, VMD, MA

### ***Persistent and Recurring Corneal Ulcerations in Dogs***

The corneal endothelium has an important role in corneal health. The endothelial cells actively remove fluid from the cornea, preserving its clarity by maintaining a dehydrated state. Geriatric dogs have fewer active endothelial cells and can develop chronic corneal edema. This endothelial degeneration will result in thickening of the cornea with fluid bullae. Ulcerations result as the bullae rupture. Corneal transplants, thermal keratoplasty or thin conjunctival grafts are surgical options to remedy the most severely affected patients. The progression of the bullous keratopathy is endeavored with hyperosmotic agents; however this slow progressive disease cannot be arrested entirely. A very frequent cause of persistent corneal ulcerations is an epithelial dystrophy, commonly known as a Boxer ulcer. The terminology Boxer ulcer is a misnomer as any breed of dog can develop an indolent ulceration. Patients are generally older adult to geriatric in age and the ulcerations are superficial with no evidence of infection. The ulceration may develop spontaneously due to

poor adhesion of the epithelial cornea. Many owners will report that the ulceration has been present for weeks but the dog may appear to be better on some days as the cornea has attempted to heal. In general, aggressive debridement to remove any non-adherent epithelial tissue is required for resolution. Keratotomy performed with topical anesthesia aid in the migrating epithelial cells adherence to the stroma. The most refractory cases require a lamellar keratectomy to remove the corneal epithelium. An unfortunate characteristic of the epithelial dystrophy is the potential recurrence of a persistent, nonhealing corneal ulceration in either eye.

The most difficult cases are interesting to diagnose and manage, however the reward is final resolution of a chronic source of discomfort in your patient. Careful examination of the cornea as well as the surrounding tissues is essential to formulate a diagnosis.

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summary and is not all inclusive as it's very lengthy. VCVRC has implemented changes which may have been noted over the past two months in response to the Survey comments. With the economy in its current state and based on the above summary from the rDVM's and pet owners regarding price structure at VCVRC, internal medicine has decided to lower their consultation fee from \$250.00. to \$195.00. Internal medicine would also like to inform the Referring Veterinarians that the Ultrasound charge of \$400.00 includes the consult with the client. The surgery department has implemented immediate modifications of cases admitted for surgery and updates during hospitalization and surgical findings. A referral letter or fax notification for cases that do not require surgery will be sent to the rDVM. Photos of your cases may be posted on our Facebook page.

VCVRC would like to know how we can better serve you. We truly value our relationship with you, the Referring Veterinarian and Pet Owner and want to continually improve this relationship. Please feel free to call any of the doctors at



any time with concerns or suggestions. We would like to hear them. If anyone would like to sit down and go through the survey please contact the hospital administrator.



# VALLEY CENTRAL

VETERINARY REFERRAL CENTER

210 Fullerton Avenue  
Whitehall, PA 18052

VCVRC has been serving the Lehigh Valley and surrounding areas since 1996.  
We are dedicated to providing state-of-the-art veterinary care for your patients.

## Doctors at Valley Central Veterinary Referral Center

### **SURGERY**

Carlos C. Hodges, DVM, MS, PC  
Salvador Galindo, DVM

### **INTERNAL MEDICINE**

Ronald D. Hodges, DVM, DACVIM, PC  
Candace Carter, DVM, DACVIM, PhD

### **OPHTHALMOLOGY**

Robert L. Peiffer, DVM, PhD, DACVO  
Mary L. Landis, VMD, MA

### **BEHAVIOR**

Susan Bulanda, M.A. Certified Animal Behavior Consultant

### **DERMATOLOGY**

Brian Palmeiro, VMD, DACVD  
Kevin Shanley, DVM, DACVD

### **CARDIOLOGY**

Dennis E. Burkett, VMD, PhD, DACVECC, DACVIM  
Ellen T. Davison, VMD, DACVIM

### **NUCLEAR MEDICINE**

Ronald D. Hodges, DVM, DACVIM, PC