



Vet Pages

FALL | 2012



Welcome!

SOVSC's First Issue For Our Partner Vets

Welcome to the first edition of the Southern Oregon Veterinary Specialty Center's newsletter, Vet Pages. As we enter our eighth year in the Rogue Valley, we are excited to share some of the news at SOVSC. Interesting cases and staff highlights will be featured. Look for dates and times for continuing education, journal club, and new services. We hope that you will enjoy the features.

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Steve Ferreira,
DipACVS,
Surgery



Kimberly Winters,
DipACVIM,
Internal Medicine



Adam Reiss, DipACVECC
Emergency & Critical Care
With Tater



Diana Schropp, DipACVECC,
Emergency & Critical Care
With Magoo

WE ARE OPEN 24 HOURS-A-DAY, 7 DAYS A WEEK TO ASSIST YOUR CLIENTS WITH THEIR PETS' URGENT, EMERGENCY AND SPECIALTY MEDICAL NEEDS.

CASE STUDY



Referred due to progressive weakness, Marlowe regains health with a little detective diagnosis.

Marlowe, an approximate 7 year old MC border collie, was referred for further evaluation of progressive weakness. He was seen by his regular veterinarian for pyoderma and was treated with a dose of Vetalog. He was weaker and less active several days later. The weakness progressed over about a week so that he became unable to jump and then unable to stand. He did not seem painful to the owners, but he has always been stoic. Marlowe's bark had also become higher pitched over the past week. His mentation, appetite, and thirst level all remained normal and he had neither been vomiting nor having diarrhea.

Marlowe lives on a sheep dairy ranch. He had no known tick exposure (monthly frontline) and none of the other household dogs had shown any of the same signs. He had a history of valley fever (2008 - respiratory signs) for which he received fluconazole for about 2 years. Titer was negative at one time after treatment.

Initial physical exam revealed mildly elevated temperature (102.6) and heart rate (140) for a recumbent dog. Abnormalities were restricted to the musculoskeletal/neurologic system: motor intact x

4, masticatory muscle wasting, full coat with mild seborrhea along trunk, no ectoparasites, normal mentation and CNS aside from weak gag reflex, CPs normal, normal anal tone, weak legs (hind worse) with mildly decreased patellar reflex bilaterally, no pain with palpation of spine, neck, neck Range of Motion, limb joint ROM, decreased ROM both carpi with crepitus. No pain noted.

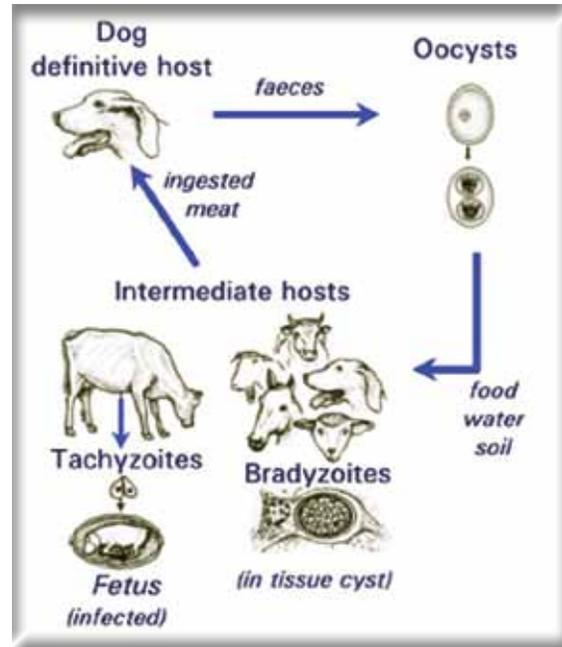
In-house chemistry panel run by the referring veterinarian showed ALT 1487 with normal SAP, tbi. CBC was normal and 4-DX was negative x 4. At SOVSC, I ran an in-house CK and AST due to concern of muscle source of ALT. In house CK >20,000 (verified 31,000 at Idexx), AST 1345, ALT 1665. These findings are consistent with severe muscle damage, so blood was sent to Idexx for a comprehensive tick PCR panel and to WSU for neospora and toxoplasma titers. Stifle joint fluid analysis showed changes consistent with DJD and abdominal ultrasound, per-

formed to assess the liver/biliary tree and other organs, was unremarkable.

Based upon Marlowe's history, clinical signs, and labwork findings, I suspected polymyositis. He was started on doxycycline and clindamycin for a possible infectious cause and tramadol for pain control while the infectious disease screening labwork was pending. Marlowe improved dramatically within 24 hours of starting therapy so that

he started to walk with sling support. His gait remained stiff. He was able to walk without sling support 5 days later and was able to jump onto the bed within a week of starting therapy.

Doxycycline was stopped once the tick PCR panel returned negative. Marlowe's protozoal screen showed negative toxoplasma titer and high positive titer for neospora (1: 51,200), so he was continued on clindamycin. The owners are very pleased with Marlowe's progress and feel he is about normal at this time (2 months after diagnosis).



A Bright Idea, Reduces Waste

"Every little bit helps!" That's what Lona Gibbs, a veterinary technician at Southern Oregon Veterinary Specialty Clinic, has to say about making a difference in her community.

While working at SOVSC, Lona says she noticed the large amount of heavy plastic syringe cases being used at the clinic that were going into the garbage. After doing a little research on recycling in the area, Lona learned that there was a facility in Grants Pass that would take the syringe cases and recycle them. Southern Oregon Aspire is an organization in Grants Pass that supports people with developmental disabilities and offers services to the community. The recycling program is one of the vocational opportunities it provides to clients.

Lona started the recycling program at SOVSC with the support of the staff. Five gallon buckets have been placed in the treatment areas, so that the #5 plastic syringe cases can be easily disposed of. Lona collects the cases regularly, places them in labeled plastic bags, and drops them off at the recycling depot on Washington Boulevard in Grants Pass.

In 2011, Lona and the SOVSC team recycled over 300 pounds of plastic syringe covers from the clinic. "It was easy to put the program in place and we feel good about reducing our waste," says Lona.

If you are interested in starting a similar program at your clinic, Lona would be happy to provide you with more detailed information. You may contact her at 541-787-9729.



Sheep serve as an intermediate host in the neospora life cycle, so Marlowe likely contracted this infection via ingestion of fetal material, placenta or afterbirth on the farm. He may have experienced a reactivation of latent infection after the Vetalog injection or may have had a recent exposure that caused an acute infection. Dogs > 6 months old normally develop neurologic dysfunction (LMN or CNS signs) with or without myositis. Other systemic signs such as fever, pneumonia, myocarditis, dermatitis, esophagomyositis, hepatitis, and pancreatitis can also occur.

Welcome Dr. Alice Sievers!



SOVSC is excited to announce that Dr. Alice Sievers will be joining our team! Dr. Sievers will be accepting referral cases for advanced dentistry and oral surgery procedures as of November 1. There are many areas where she can assist in the care of your patients including:

- Root canal therapy
- Complicated extractions (including full mouth extractions for cats suffering from stomatitis and caudal mucositis)
- Guided tissue regeneration
- Intraoral fracture fixation
- Preservation of vital teeth with caries
- Orthodontic correction
- Restoration of enamel hypoplasia defects

Please call our office to schedule an appointment.

Join Us For Wings and Beer at Our Upcoming Journal Club Meeting!

Our next Journal Club meeting, will be held on Tuesday November 13, at 7 p.m., at the Southern Oregon Brewing Company, 1922 United Way, Medford. Please join us for wings, beer and a lively discussion. Steve Ferreira, DVM DipACVS, will be moderating the discussion. RSVP to Dr. Diana Schropp
dianaschropp62@msn.com
541-282-7711.

JOURNAL CLUB REVIEW

The second SOVSC Journal Club was held on September 19th. Thank you to everyone who attended! The articles discussed were: "Evaluation of the Efficacy and Safety of High Dose Short Duration Enrofloxacin Treatment Regimen for Uncomplicated Urinary Tract Infections in Dogs" and "Antimicrobial Use Guidelines for Treatment of Urinary Tract Disease in Dogs and Cats: Antimicrobial Guidelines Working Group of the International Society for Companion Animal Infectious Disease."

Key Points from September journal club

1. Enrofloxacin should be avoided as a first-line antibiotic for treating initial urinary tract infections
2. Amoxicillin and cephalexin are good choices to treat first occurrence urinary tract infections
3. Further diagnostics are indicated with recurrent urinary tract infections
4. High dose, short term Baytril (3 days) is as effective as Clavamox for 14 days



Watch for further information on journal titles and further information on CE credits!



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