



Vet Pages

SPRING | 2013



Welcome Back Dr. Hoots!

The partners and staff at Southern Oregon Veterinary Specialty Center are pleased to announce the return of surgeon, Dr. Eric Hoots, MS, DipACVS, to our hospital beginning Wednesday, May 8, 2013.

Many of you may remember Dr. Hoots as a member of our surgery team until 2010, when he left to accept a position at a specialty hospital, closer to his family, in Albuquerque, New Mexico. We are excited to have him rejoin the Southern Oregon veterinary community!

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Expanded Surgical Schedule

We have expanded our surgical schedule to allow you to make appointments with Dr. Hoots or Dr. Ferreira, Monday through Saturday. Contact our office to schedule an appointment:

541-282-7711



CASE STUDY:

The Case of the Abscess Impersonator



BY: KIMBERLY WINTERS, DVM, ACVIM
INTERNAL MEDICINE

Sam, an 11 year old CM DSH initially presented for evaluation of a bleeding wound that the cat had reportedly sustained about 2 weeks previously. The owner had cleaned and applied antiseptic to the wound. It seemed to heal but began to ooze again. He is an indoor/outdoor cat and has been wounded in fights before.

At presentation, Sam had an approximate 3x3cm firm soft tissue swelling of the abdomen, apparently associated with left ventral fat pad. The area was described as a wound with palpable SQ emphysema that was oozing serosanguinous, purulent discharge. The skin was purple at the center and yellow along the edges of the swelling with moderate associated ecchymosis.

He was treated for suspected steatitis of the fat pad with cleaning, an e-collar, Convenia and buprenorphine. Recheck in 3 days was recommended.

He represented the next day due to decreased appetite. He had visited his regular veterinarian where he was found to be moderately anemic (PCV - 16%) with normal WBC, platelet count, and serum chemistries. He was pale and tachycardic and the ventral abdominal abnormality was described as a plaque-like mass with associated dependent bruising. He was found to have prolonged PT (24s) and PTT (>300). Abdominal ultrasound was unremarkable and ultrasound of the mass revealed cavitations with surrounding hyperechoic fat. Cytology of the mass was consistent with hematoma. Full clotting profile and Cryptococcus titer were submitted to outside labs.

Sam was treated with buprenorphine, clavamox and fresh whole blood for pain, potential bacterial infection, and replacement of clotting factors and red blood cells, respectively. Differentials included hemophilia and DIC secondary to infection, severe inflammation, or neoplasia.

Sam's Cryptococcus antigen titer was negative

and clotting profile revealed normal factors VIII and IX, extremely elevated d-dimer (2346 (0-250)) and elevated APTT (29.4 (14-18s)), PT (24.7 (14-22s)), and thrombin clotting time (20s (5-8s)). Sam's clotting abnormalities were consistent with hypofibrinogenemia and DIC. The owner and I discussed cutaneous hemangiosarcoma as the most likely differential diagnosis but severe steatitis was also possible. Surgical resection and histopathology evaluation were recommended.

Sam's PCV/TS was stable and bleeding did not recur for 3 days when he again began to hemorrhage from the abdominal skin mass. He was lethargic, pale, tachycardic, and tachypneic. The abdominal plaque-like mass was actively bleeding and he was bleeding from a 2 day old venipuncture site. He also had extensive ecchymosis of the cranial abdominal skin.

Fresh frozen plasma and fresh whole blood were administered and the mass (skin and SQ) was resected with a 1.5cm margin around the grossly abnormal tissue. The SQ fat was removed to the level of the body wall fascia. Sam's clotting times resolved post-operatively. PT was >100 and PTT was >300 after plasma and whole blood transfusions the day of surgery and normalized by the morning after surgery (PT 15 and PTT 67). Sam recovered uneventfully and histopathology revealed hemangiosarcoma throughout the skin and SQ tissues. Cancer cells extended to the margins of the resected tissues.

This case is interesting in several respects. The initial "wound" that the owner noted was most likely a SQ mass that had ruptured and subsequently healed. Cutaneous and subcutaneous HSA is not a common tumor in the feline, accounting for less than 2% of non-hematopoietic tumors. Complete surgical resection



*Client Service, Experience &
Canine Agility Training Earns Kay*

TOP DOG AT SOVSC

In 2010, Kay Boydston joined the Southern Oregon Veterinary Specialty Center team. Her years of experience working in the veterinary field make her a perfect fit for her position as an Administrative Aide. Kay provides support to team members in all areas of administration and management.

"Kay has many years of experience in veterinary administration and outreach to the Rogue Valley pet community. We feel so lucky to have her on our team," says Dr. Diana Schropp.

"I truly enjoy working at SOVSC," Kay states. "SOVSC runs the hospital with a team of managers, who work together exceptionally smoothly. Our staff members are strategically placed in positions that complement their strengths."

Kay has always had a love of animals and knew in high school, working with horses in her 4-H club, that she wanted to pursue a career that involved animals.

Case Study Continued

is recommended if possible, as surgical resection is associated with longer disease free interval and survival. SQ HSA is oftentimes difficult to fully resect due to the locally aggressive nature of the tumor and in Sam's case, the owner declined further resection since the body wall would need to be partially resected and would not necessarily remove all microscopic disease.

Post-operative chemotherapy with doxorubicin is recommended due to inevitable local recurrence with both complete and incomplete resections and moderate metastatic potential. There are not statistics describing survival and disease free intervals in cats that are treated with post-operative chemotherapy, however.

Reported survival times with surgery alone (even with incomplete resection) are close to a year with some cats surviving longer than 2 years. Survival is statistically longer with complete resection and tumors are reported to recur locally anywhere from 1month - 2yrs post-operatively.

Sam presented in DIC. DIC can occur secondary to severe infection, inflammation, and certain neoplasms such as hemangiosarcoma. Sam's active bleeding temporarily responded to whole blood and plasma transfusions even though clotting times never normalized but DIC did not resolve until the HSA was resected and it resolved almost immediately, post-operatively.

She graduated from Oregon State University with a Bachelor's in Animal Science. Shortly after college, Kay spent a couple of years training hearing service dogs at Dogs for the Deaf.

In 1983, Kay began working at the Siskiyou Veterinary Hospital, where she stayed for over 25 years. She was instrumental in coordinating 15 local veteri-



Kay & Silver

narians for after-hours emergency rotation, as there was no 24-hour animal hospital in Southern Oregon at the time.

Working with animals is not Kay's only passion, she also loves to play with them. Over the past couple of decades, Kay has trained and competed with many of her dogs in canine agility. Canine agility requires the dog to run a course that includes tunnels, jumps, a-frames and teeter totters. She also enjoys dock diving, a sport in which dogs leap in to the water, where the objective is to jump the furthest distance. In 1995, Kay and Lynell Dewey, founded the Rogue Canine Agility club. The club helps dog owners learn about the sport and engages the public in finding out more about canine agility. Kay has served as a board member and Chief Instructor for the club for many years.

Silver, her blue merle Australian Shepherd that Kay raised from a 7-week-old pup, loved dock diving. "Silver was my 'heart dog.' She was crazy for tennis balls and swimming, so she took to dock diving with enthusiasm," says Kay. Sadly, Kay recently said goodbye to Silver when she passed on at the age of 13.

Kay supports the Southern Oregon Humane Society and other organizations in our community that care for animals and has stayed true to her life's mission of working with animals.

"Kay is dedicated to the local veterinary community which she has been a part of for many years," says Dr. Cheryl Croley. Her vast experience, positive outlook, and cheerful personality make others feel comfortable."

Journal Club Is Now
Rogue Valley
Veterinary Round Table
Earn 2 Hours Of CE Credit

Wednesday, May 22nd
7 p.m. - 9 p.m.
Southern Oregon Brewing Co.
1922 United Way, Medford
*(Reserved Exclusively for SOVSC's
RV Vet Round Table Discussion)*
Wings, Beer and Non-alcoholic
Beverages Provided

Moderated By:
Dr. Eric Hoots, MS, DipACVS

RSVP:
Call To Reserve A Spot
541-282-7711
(space is limited)
And Obtain A Copy
Of The Articles



Have You Heard?

Journal Club Is Now

ROGUE VALLEY
VETERINARY ROUND TABLE

CE Credit Available!

This round table discussion will be lead by one of SOVSC's specialists, centering around one or two journal articles. Copies of journal articles will be provided ahead of time and are available by calling our office. Two hours of continuing education credit is available for this format!

Upcoming Round Table Articles

Evaluation of plasma lactate concentration and base excess at the time of hospital admission as predictors of gastric necrosis and outcome and correlation between those variables in dogs with gastric dilatation-volvulus: 78 cases (2004-2009), Beer, et al, JAVMA, vol. 242, (1) 2013, pp. 54-58.

Long-term functional outcome of tibial plateau leveling osteotomy versus extracapsular repair in a heterogeneous population of dogs. Nelson et al, Veterinary Surgery 42, 2013 pp. 38-50.



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