



Vet Pages

WINTER | 2013



Happy New Year! Strengthening Solid Partnerships During 2013

Welcome to another edition of the SOVSC newsletter. We hope you enjoy the information and find value. We are looking forward to the opportunity to work with all of our referral clinicians and their clients in 2013.

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With Brodie



Kimberly Winters,
DipACVIM,
Internal Medicine
With Darby



Adam Reiss, DipACVECC
Emergency & Critical Care
With Tater



Diana Schropp, DipACVECC,
Emergency & Critical Care
With Magoo

Ultrasound & Phone Consult Update

Outpatient ultrasound appointments are available Monday-Saturday. You may also schedule a medicine case phone consult for an in-depth case review with a specialist, including a formal written report.

CASE STUDY



FALSE POSITIVE BLADDER TUMOR RESULTS CONTRADICT ULTRASOUND

Andre Wright, a five-and-a-half year old neutered male miniature poodle, was referred to SOVSC for stranguria. Four months earlier, Andre had a calcium oxylate stone removed from his bladder. Approximately four weeks after, Andre's symptoms returned. Andre's regular doctor repeated his abdominal radiographs, performed a urinalysis, urine culture and had urine cytology reviewed by a clinical pathologist. No uroliths were identified in his radiographs, the culture was negative and the analysis revealed 3+ blood. Cytology was consistent with suppurative inflammation, mild hemorrhage and mild to moderate epithelial atypia.

Following these findings, Andre was treated symptomatically with antibiotics and non-steroidal anti-inflammatory medications with varying success. Additionally he was placed on a specific diet to help prevent the formation of crystals in the urine. Because of his ongoing symptoms and cytology findings he was referred for an examination and abdominal ultrasound. Andre's owners reported that he was able to produce a good urine stream, but he followed that with repeated positioning to urinate with straining, and inability to produce an effective urine stream.

At presentation, Andre's physical exam did not reveal an obvious external abnormalities and his screening blood work was normal. His abdominal ultrasound findings included a mass effect rising from the dorsal bladder wall in the trigonal region. The mass was of

mixed echogenicity measuring approximately 1.5cm x1.5cm (see image 1). Distal to the mass effect was an echogenic linear irregularity with an anterior orientation (see image 2). The linear irregularity did have the opacity of a urolith and cast a shadow, but it was not mobilized by ballotment.

While the presence of retained suture was considered based on these images, the length of time since surgery and the use of absorbable sutures made this possibly less likely than a recurrent urolith or a transitional cell carcinoma. Cytology and urine samples were obtained with a catheter using ultrasound guidance for strategic placement of the catheter tip in attempt to collect a cellular sample. The goal of this procedure was to obtain cytology samples with minimal invasiveness as well as prevent contamination of surrounding tissues with potentially neoplastic cells.

While those results were pending, Andre was started on Meloxicam (0.2mg/kg day 1, then 0.1mg/kg daily), to address any inflammation that the catheterization may have caused. Andre showed significant clinical improvement over the following two weeks with nearly complete resolution of clinical symptoms. The cytology samples again showed some characteristics of epi-



Image 1



Image 2

thelial atypia, but a definitive diagnosis was not able to be made. Additionally, the tumor antigen results were positive, increasing suspicion for a transitional cell carcinoma, however, false positives, especially in the face of hematuria and pyuria, are not uncommon.

Two weeks after his initial visit, Andre was re-ultrasounded to assess for any changes in the mass effect in response to the Meloxicam he was receiving. As reported, his clinical symptoms had resolved, but the structural abnormalities in his bladder remained unchanged.

Continued medical therapy and surgical exploratory were discussed with Andre's owner, who wanted a definitive answer so Andre was taken to surgery. At surgery a suture knot was identified within a soft tissue mass effect. The suture and mass effect were resected and submitted for culture and histopathology.

Andre recovered uneventfully from surgery and subsequently, all of his clinical symptoms resolved. The histological diagnosis of the resected bladder wall was ulcerative cystitis with crystals, and while reactive epithelial cells were noted, no neoplastic disease was discovered. The culture of the bladder wall was negative.

Andre's case was unusual in that five months after surgery, an absorbable suture used to close his cystostomy site was present and visible with ultrasound (image 2). The retained suture resulted in a severe cystitis and associated clinical signs. The tricky part of this case was repeated cytology findings suggestive of neoplasia, as was a positive bladder tumor antigen test.

False positive test results for a bladder tumor are noted by the manufacturer of the test in the presence of significant glucosuria (4+), proteinuria (4+), and pyuria or hematuria (> 30-40 WBC or RBC per hpf). It is also important to note that urine parameters that are reported to have no effect on efficacy of the bladder tumor antigen test include collection method (cystocentesis or free catch), pH, specific gravity, crystalluria, bilirubinuria, bacteriuria and casts.

Optimally, positive bladder tumor antigen tests are combined with additional diagnostics, such as ultrasound and cytologic evaluation, to confirm the presence of neoplasia. In cases such as Andre's, ultrasound provided enough information for us to question results that indicated he had a neoplastic process and arrived at a good ending for Andre and his owner.

Client Coordinator Provides Warm Welcome

Mike Thomas has been a valuable team member at SOVSC since opening day in November of 2004. He came to us from Huntington Beach, California, where he grew up, and had over 14 years of experience as a client coordinator in a veterinary hospital. He has been a perfect fit at our clinic for the past eight years.



Mike Thomas

"Mike's warm personality and his caring ways are truly appreciated by both our team and the clients that we serve," says Dr. Diana Schropp. "He is one of the first voices and faces that clients and referring veterinarians interface with when they call the center."

"I am doubly rewarded in my job," says Mike. "I get to help people and animals. I am confident in reassuring our pet owners that the pets they love are receiving the best possible care. Our greatest reward is seeing a healthy pet walk out the door with their family."

After 22 years of working with animals, Mike will soon be turning his talents and caring ways to helping humans. Mike recently completed nursing school and is looking forward to beginning a new chapter in his life.

"I would like to pursue a career as an oncology nurse and eventually go into hospice care," says Mike. "I am not planning any immediate changes and will be staying here at SOVSC for a while. The doctors have been extremely supportive and flexible while I have been attending nursing school."

As many may be aware, Mike, himself, battled cancer in 2011. We are happy to report that the cancer is in remission and Mike is doing well.

"I am so grateful for the unbelievable support I received from my SOVSC family and also from those in the veterinary community," Mike says.

Mike and his wife, Ernestine, have three children. The oldest, Sarah, is 13, Seth is 9 and youngest son, Salem, is 2. The Thomas family is very involved with their church. They also enjoy excursions to the coast and river rafting trips during the summer months. Ernestine puts in quite a bit of time volunteering at the kids' school.

Mike is an inspiration to all of his co-workers. He always portrays a caring, positive attitude, and we feel extremely fortunate to have him on our team.

Join Us For Our Next
Journal Club!

*Diabetic Emergencies
In Small Animals*

Wednesday, February 20th
7 p.m.

Southern Oregon Brewing Co.

1922 United Way, Medford
(Reserved Exclusively for SOVSC's
Journal Club Discussion)

Beer, Soft Drinks & Snacks Provided

Moderated By:

Adam Reiss, DVM DipACVECC

RSVP:

Dr. Diana Schropp

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Watch For Further Information

On Journal Titles!

JOURNAL CLUB

We had a great turn out for our November Journal Club at Southern Oregon Brewing Company. Thanks to all those who attended. Dr. Steve Ferreira moderated the discussion on articles covering a case study of unilateral arytenoid lateralization for the treatment of laryngeal paralysis, and long-term results of pelvic osteotomy versus excisional arthroplasty of conservative treatment.

We hope to see you at our February meeting!



Dental & Dermatology Appointments

Dental: Dental services with Dr. Alice Sievers are available by appointment.

Dermatology: For new and follow-up dermatology consults

February 17, 18 & 19

With Dr. Christine Graham, DipACVD

**Schedule Your Dental and Dermatology
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Southern Oregon

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