



LAKESHORE
VETERINARY SPECIALISTS
&
EMERGENCY HOSPITAL

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LakeshoreAnimalHospital.com

Our Mission

With a commitment to excellence, dedication to service, and respect for each life we touch, we will provide skilled and compassionate care to our colleagues, clients and their pets.

Lakeshore News

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INTERNAL MEDICINE SERVICES NOW AVAILABLE AT LAKESHORE

Mark your calendars for August 10!

Help us welcome Dr. Kevin Byl and our new Internal Medicine Service!

We want you to be the first to know about the new service we will soon be offering. Starting on August 10, Dr. Byl will be available for internal medicine referrals here at Lakeshore. Dr. Byl completed his medicine residency at Michigan State University where he was Chief Resident. He is highly trained in all areas of internal medicine, with special interests in endoscopy, ultrasound, bone marrow evaluation, cerebral spinal fluid taps, and voiding urohydropulsion.

Dr. Byl is looking forward to working across specialties and

partnering with you to provide a comprehensive approach to your patients' care.



Dr. Byl is equipped to diagnose and treat a wide range of diseases including:

- Cardiac
- Respiratory
- Gastrointestinal
- Urogenital
- Endocrine
- Neurologic
- Immunologic
- Hematologic
- Infectious
- Neoplasia

Please feel free to call or visit our website with any questions that you may have about this new service. We are happy to talk further.

WARMER WEATHER POSES RISKS FOR DOGS WITH LARYNGEAL PARALYSIS

by Janice Buback, DVM, MS, DACVS

Laryngeal paralysis (LP) primarily affects geriatric, large breed dogs. In LP, the arytenoid cartilages do not abduct on inspiration and may collapse, impeding inspiration. LP dogs have a characteristic inspiratory stridor and intolerance for exercise, heat and humidity. Many do fine through the winter but decompensate with summer heat and humidity—coupled with increased activity—resulting in respiratory distress and heat stroke.

Crisis can be avoided with recognition and timely treatment of LP. **Diagnosis** is by visual exam of the arytenoids under light anesthesia. Thiopental or propofol to effect are recommended. In questionable cases, doxapram (1mg/kg IV) can stimulate laryngeal function. **LP can be corrected by arytenoid lateralization or laryngeal "tie back".**

Emergency treatment entails breaking the cycle of stress, hyperthermia and hypoxia. Acepromazine sedation or general anesthesia, regulating body temperature, and oxygen via "flow by" or intubation are recommended. Temporary tracheostomy may be necessary but should be avoided if possible. If the dog cannot be stabilized/extubated, we recommend emergency surgical correction via arytenoid lateralization.

Prognosis after arytenoid lateralization is very good. Dogs typically breathe well immediately postop, and significant complications are uncommon.



Send us your clinic's brochures for display in our reception area!

HELP US CONSERVE PAPER—
JOIN OUR E-NEWSLETTER!

Send your email address to
info@lakeshoreanimalhospital.com

© 2009 LAKESHORE VETERINARY SPECIALISTS & EMERGENCY HOSPITAL provides specialty veterinary services and night and weekend emergency service. For patients that cannot be transferred back to the family veterinarian, 24-hour care is available.





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EMERGENCY UPDATE—Diazepam binds to plastic in syringes and in IV bags and tubing. Therefore, if sending home diazepam for rectal administration in patients that have cluster seizures, it is best to send the drug in an opaque glass vial – not pre-drawn in a syringe. If administering a diazepam CRI for a seizing dog, it is ideal to draw the dose to be administered in a syringe and administer via a syringe pump. If you must use an IV fluid bag, use the smallest volume bag possible, the shortest amount of IV tubing, and remix your solutions frequently to minimize the amount of drug that binds to the plastic.—Wade Tate, DVM

SURGICAL SEGMENT—Cranial cruciate ligament injury is the most common orthopedic problem we see in referral practice. Partial tears of the CCL can be very difficult to diagnose as the stifle is often still fairly stable. Radiographs of the stifle can help with the diagnosis in all cases of CCL tears but especially in partial tears. Both lateral and AP views are recommended. However, the lateral view will often give you the most information. Increased density of the patellar fat pad, a bulging appearance of the fascial line in the caudal aspect of the stifle and osteophytes off the distal aspect of the patella, the femoral condyles or the tibial plateau are all radiographic signs suggestive of cruciate ligament injury. Arthrocentesis/ fluid analysis and tick titers are also useful in ruling out other causes of joint effusion.—Janice Buback, DVM, MS, DACVS

WHEN MINUTES COUNT—Cats presented for urethral obstruction often suffer from hyperkalemia, sometimes fatally. Many clinicians treat such patients with IV saline in order to avoid potassium-containing balanced isotonic crystalloids such as Normosol-R. Although hyperkalemia is the most immediately life-threatening complication of urethral obstruction, it is important to remember that these cats often are also severely acidotic, and profound metabolic acidosis can impair cardiovascular function to a dangerous degree. A recent report from the University of Pennsylvania demonstrated that the use of Normosol-R improves blood pH faster than normal saline does in blocked cats, without slowing the correction of hyperkalemia. Thus, buffered, balanced isotonic crystalloids appear to address both of these dangers to heart function. (*J Vet Emerg Crit Care* 2008; 18(4):355-361) Calcium gluconate (0.3 ml/kg of 10% solution slowly IV) or atropine can also be used to address life-threatening hyperkalemic bradycardia.—Megan Tremelling, DVM



TECH TIP:
Blood Collection

When collecting blood samples from small animals, the least traumatic vein to use is the jugular vein. Using this vein has many advantages to the patient, technician, and the lab. Fewer traumas to the peripheral veins mean less scar tissue when catheter placement is necessary. The jugular vein is large and can be easily accessed for rapidly collecting large or small samples. These samples are less likely to hemolyze or clot during collection. Sometimes the jugular vein is hard to visualize; it may be more ventral, more medial, deeper or more superficial depending on the animal. Occluding both jugulars at the same time may help. Having the restrainer move the animal's head up or down slightly may also help. Collecting blood from the jugular vein may take time to get used to, but give it practice and you will learn to love it.



Dear Doc Odders,

Thanks for getting that (liver) tumor out and allowing me a few more years with my mom & dad. They freaked out after Dr. Eli at Pewaukee Vet found the tumor. I'm glad he told my parents to talk to you. I'm also glad you got that new instrument (Ligasure)! It sure made the surgery shorter.

I'm doing fine and back on my two-mile walks every day.

Lots of doggie hugs & kisses,
Sofia