

Newsletter

VSA/VMS SYMPOSIUM WELCOMES DR. ERNIE WARD AS KEYNOTE SPEAKER



We could not be luckier than to have one of the best and most sought-after veterinary lecturers in the country join us as both a keynote speaker and track lecturer for the 2008 Symposium. His lectures at every national program routinely get rave reviews, as they combine savvy and innovative business information with a motivational style that doesn't quit. His common sense speaks volumes, as he has been in the trenches alongside of us in veterinary medicine.

Dr. Ernie Ward, Jr. is a 1992 graduate of the University of Georgia College of Veterinary Medicine. He is owner and chief of staff of Seaside Animal Care in Calabash, North Carolina. Seaside Animal Care received the prestigious National Practice of Excellence Award in 1999. Ernie is a frequent author and lecturer and is a member of Veterinary Economics' Editorial Advisory Board. He is a member of the Senior Care Team and participated in the Senior Care Summit to establish the "gold standards" for senior pet medical care guidelines. Additionally, Dr. Ward is a Charter Member of the Association of Veterinary Practice Management Consultants and Advisors (AVPMCA) and received the "Speaker of the Year" Award from the 2004 North American Veterinary Conference. Ernie serves on Advisory Boards for several industry corporations and is the founder of the Association for Pet Obesity Prevention (APOP) and host of the Pet Health Connection podcast.

Dr. Ward has been featured on Animal Planet and has appeared on numerous television and radio talk shows and newscasts around the country including NBC Nightly News and CNN. He has been seen by millions of television viewers in numerous video news releases and public service announcements addressing the special needs of senior pets, sponsored by the American Veterinary Medical Association (AVMA) and the Senior Care Team. In addition to appearances in commercials, Ernie is an avid surfer, wreck diver, devoted triathlete and runner. On top of everything else, he is a Certified Personal Trainer who helps people achieve greater levels of fitness with an emphasis on improving relationships, nutrition, exercise and relaxation. Dr. Ward qualified for and competed in the inaugural Ford Ironman 70.3 World Championships in 2006.

Remember to save the date for our 9th Annual VSA/VMS Small Animal Veterinary Symposium on Sunday, March 16, 2008 at the San Ramon Marriott!

SAVE THE DATE : March 16, 2008

San Ramon Marriott
9th Annual Small Animal Veterinary
Symposium



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VETERINARY SURGICAL ASSOCIATES
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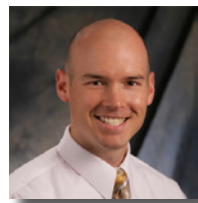
- Dwight Gaudet, DVM, MA
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- William Scherrer, Staff Surgeon
- Sean Wells, DVM, Surgical Resident
- Angela Spann, DVM, Surgical Resident
- Marco Cervi, DVM, Surgical Resident
- Cassandra Ruthrauff, DVM, Surgical Resident

*Dedicated to the art of surgery for the
benefit of you, your client and
your patients.*



CANINE ELBOW DYSPLASIA

Nick Brebner, DVM, DACVS
VSA San Mateo



Canine elbow dysplasia is a term used to describe a complex of developmental abnormalities including ununited anconeal process (UAP), fragmented medial coronoid process (FCP), osteochondrosis of the medial portion of the humeral condyle (HC-OCD) and elbow incongruity. These conditions typically affect young, rapidly growing large and giant breed dogs, with clinical signs beginning as early as 4 months of age. Bilateral joint involvement is common and no sex predilection has been noted with the exception of FCP, in which males are over represented.

The etiology and pathogenesis of canine elbow dysplasia is poorly understood. Proposed causes include genetics, nutritional excesses or deficiencies, growth disturbances and trauma. Asynchronous growth of the paired radius and ulna leading to elbow incongruity has been proposed as one of the primary causes of the lesions associated with elbow dysplasia. In addition, osteochondrosis and trochlear notch dysplasia have also been incriminated as potential contributors to the development of elbow dysplasia.

CLINICAL SIGNS AND ORTHOPEDIC EXAMINATION

A persistent forelimb lameness of several months duration beginning anywhere between 4 and 12 months of age is the most common presentation with elbow dysplasia. However, dogs can be first noticed asymptomatic at much older ages-- and hence diagnosed-- outside of the likely development window. This may be due to osteoarthritis progression or a significant asymmetry developing between bilaterally affected front legs which then facilitate the client's awareness of the abnormality.

The diagnosis of elbow dysplasia begins with a thorough orthopedic examination. Gait assessment is a key element in diagnosis. Evaluation of the patient's gait should be performed at a walk and trot. Walking the patient in tight circles may often help identify subtle lameness. Muscle atrophy is frequently noted along the scapular spine. Pain on extension or flexion of the elbow, and internal or external rotation of the forelimb, may be present. It is not unusual for stoic dogs to fail to react to these manipulations except in subtle ways (e.g. -lip licking, ceasing panting). Sometimes osteophytes and/or concurrent fibrosis and thickening of the elbow may be palpable if the disease has progressed; of course, in that circumstance there is generally a decreased range of motion and the challenge of diagnosing elbow involvement is lessened.

IMAGING

Standard medio-lateral and cranio-caudal radiographs of the elbow should be obtained if the orthopedic examination suggests elbow pain. These aid in the evaluation of elbow congruency (proper positioning is critical for this assessment), detection of changes associated with osteoarthritis, diagnosis of HC-OCD, and to rule out other bone pathology (i.e. -panosteitis, fracture). A flexed lateral radiograph is the most beneficial to evaluate the anconeal process so as to identify UAP without superimposition of

the distal humeral condyle. The anconeal process remains ununited if it is not attached by 20 weeks of age. Radiographic diagnosis of FCP can be challenging, but a poorly defined coronoid process on the medio-lateral projection, known as 'blunting', often leads to suspicion of FCP. More commonly, FCP is diagnosed secondarily through noting the presence of osteoarthritis and ruling out UAP and HC-OCD.

Recently, Budsberg et al. presented an abstract at the 2007 European College of Veterinary Surgeons entitled "Elbow pathology without radiographic changes in dogs". In this study, a population of dogs aged 13 to 73 months (median age of 32 months) with persistent forelimb lameness, elbow pain, and with normal radiographs of the elbow was identified. Radiographs of the elbows of these patients were judged to be normal by the radiologists involved in the study. Synovial fluid analysis of the elbow joints was also normal. Based on the clinical impression of persistent elbow pain, dogs underwent computed tomographic assessment of the elbows or nuclear scintigraphy, followed by elbow arthroscopy. All dogs in the study demonstrated significant elbow pathology on CT or nuclear scintigraphy, and these findings were then confirmed with arthroscopic evaluation of the involved elbows. All dogs had a fragmented medial coronoid process confirmed and then treated with arthroscopy. All dogs recovered well from surgery and were judged to be sound by the attending clinicians after complete recovery from surgery. Computed tomography offers cross sectional radiographic evaluation of the elbow and is extremely helpful to identify a fragmented coronoid process and other joint abnormalities. This diagnostic modality is available in all VSA hospitals and can provide considerable refinement to our diagnostic assessment and surgical planning.

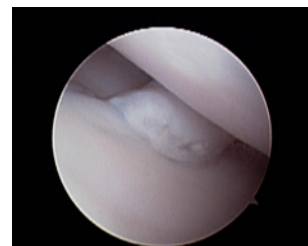
This study emphasizes the importance of a good orthopedic examination to localize a source of pain and the use of adjunctive diagnostic tests such as CT in the face of normal radiographs of the elbow. In the presence of elbow pain, normal elbow radiographs do not rule out elbow disease. In addition, this study identifies a population of dogs affected by FCP that is older than previously reported... just to keep us on our toes!

THE ROLE OF ARTHROSCOPY IN CANINE ELBOW DISEASE

Veterinary Surgical Associates offers arthroscopy in all of our facilities. This minimally invasive technique offers the advantages of unprecedented visualization of the elbow joint with minimal morbidity to the patient. Curettage and microfracture of an OCD lesion, or removal of an FCP fragment combined with coronoidectomy (removal of entire coronoid process) can be performed arthroscopically. In addition, diagnostic arthroscopy can be very helpful for various reasons such as osteoarthritis staging or synovial biopsy in cases of immune mediated polyarthritis.

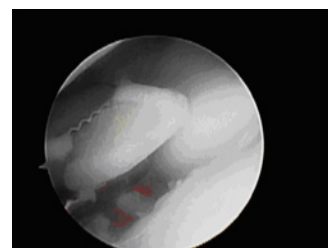
SURGICAL MANAGEMENT OF ELBOW DISEASE

Surgical treatment of elbow disease involves the removal of loose or free-floating cartilage and/or bone fragments along with potential improvement of articular incongruity.



Treatment of UAP involves removal of the UAP after 24 weeks of age. Surgical reattachment of the UAP may be attempted if the patient is less than 24 weeks of age or occasionally at a later age in combination with an ulnar osteotomy.

For dogs with FCP, arthroscopic removal of the bone fragment with or without coronoidectomy is recommended for dogs less than 12-14 months of age or dogs of any age with minimal to mild radiographic signs of osteoarthritis. In general, dogs with severe osteoarthritis associated with FCP do not benefit from surgical intervention but are managed conservatively with weight loss, physical rehabilitation, nonsteroidal anti-inflammatory drugs and activity modification. Many exceptions exist to this pattern and close monitoring of these patients allows for continued consideration of surgical intervention in select patients.



Elbow incongruity may be corrected by performing osteotomies or ostectomies to realign the radio-ulnar articular surfaces. The type of corrective osteotomy depends on a number of factors including type of incongruity, the patient's age, and the cause of incongruity.

OCD lesions are treated by arthroscopic curettage of the OCD lesion to stimulate fibro-cartilage healing.

PROGNOSIS

Early diagnosis and treatment offers the best prognosis for all conditions affecting the elbow joint. Surgery, while not curative, may offer the best chance to slow the progression of debilitating osteoarthritis and decrease the need for chronic medical therapy. Please contact any of the VSA surgeons for advice on the diagnosis and treatment of this often challenging condition.

MORE NEW FACES AT VSA!

We formalized a house officer training program three years ago and have improved and expanded on that program over the last couple of years to include surgical interns and residents. We are very excited that the addition of these more formal teaching programs will allow all of us to pass on our surgical expertise, as well as improve the efficiency of our surgical operations, allowing us to continue to offer excellent customer service for you and your clients.

The goal of a surgical internship program is to offer a year of advanced surgical training and exposure, broadening the participant's foundation for a surgical residency. Surgical residency programs have become more competitive each year, with literally hundreds of applicants failing to match with existing programs. Our surgical interns have all completed a rotating small animal general internship, or its equivalent, prior to being accepted into our program. The surgical intern spends a significant amount of his/her time assisting in surgical procedures, gaining invaluable experience as he or she observes and discusses our surgeon's approach to patient care in the operating room. In addition,

tion, the surgical intern assists with providing exceptional patient care outside of the OR, participating with patient examinations, and the perioperative management of our surgical cases.

The goal of a surgical residency program is to train an individual as a surgical specialist and develop the numerous skills and knowledge necessary to be able to sit for the American College of Veterinary Surgery board exams. VSA is an accredited program with ACVS. Having one of the largest surgical staffs in the country (currently including 11 Board certified surgeons and one staff surgeon) makes this a wonderful opportunity for those training with us. The residents rotate through clinics with the VSA surgeons, and see cases and clients in tandem. They also assist us in providing 24/7 emergency surgery coverage to a number of the Bay Area's emergency clinics. Our service is unsurpassed around the country in availability and commitment to providing the best care to your clients and our emergency clinic colleagues. The residents will facilitate our keeping you apprised at all times of the status of the patients you refer to us, by sending timely referral letters and keeping in close contact with your office.

We would like to introduce Drs. Rebecca Murray, Michael Green, and Mary Jo Mallinckrodt as our three surgical interns for this year.

Dr. Murray graduated from UC Davis School of Veterinary Medicine and completed her rotating internship at the Veterinary Medical and Surgical Group in Ventura.

Dr. Green graduated from Colorado State University and completed his rotating internship at Virginia-Maryland Regional College of Veterinary Medicine.

Dr. Mallinckrodt graduated from Colorado State University, where she and Dr. Green were classmates. She completed her rotating internship at the VCA West Los Angeles Animal Hospital.

Drs. Angela Spann and Sean Wells have begun their second year as surgical residents and have been joined by two first year residents who started their 3 year surgical residency program with us this past August.

Many of you might remember Dr. Cassandra Ruthrauff, who was one of our surgical interns last year. She went to Tufts University as an undergraduate and was then accepted early at Texas A&M University Veterinary School. She completed her rotating internship at Garden State Veterinary Specialists in New Jersey.

Dr. Marco Cervi joined us from Canada. He received his Doctor of Veterinary Medicine from Ontario Veterinary College, then completed his rotating internship at Michigan Veterinary Specialists. Last year he was at Veterinary Emergency Clinic/Referral Centre in Toronto for his surgical internship. He joins VSA while his fiancé, Dr. Jen Clooten, has joined VMS as an internist working out of our Concord office.

Please welcome the new VSA house officer team and let us know if you have any questions about the programs. They are here to benefit you and to improve the level of care that we are able to offer your clients and patients.

