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DIRECTORS' MESSAGE

This is our second year as co-directors of the alumni association, and one of the best parts of the position is hearing about past Angell folks and finding out what they are up to. Unfortunately, too often we have old e-mails or addresses that are out of date, and people miss out on what is happening. We would love to strengthen the e-mail base of all of our alumni. Please help us to do this by visiting our online Alumni Center at www.angell.org/alumni and click the "update your contact information" option. Once we know where you are, we'll keep you informed about all the fun events (yes, fun) like the annual alumni picnic.


Angell alumni and their families enjoying the 2010 alumni picnic.

Megan Whelan (Angell intern, class of '04) and Annabelle Casale (future alumna?).

This year's alumni picnic was a rousing success. We nearly doubled our attendance from 2009. At the peak of the party there were at least 80 staff, family and alumni all crowding the backyard of Dr. Brum's house. There was lots of swimming, ping pong and volleyball.


Doug Brum, DVM (Angell intern, class of '86)

Joel Kaye, DVM (Angell intern, class of '91)

With the hot weather this summer, the pool was a very welcome addition. One of the things that stood out the most was all of the children in attendance. Angell is definitely getting younger! It was great to have so many young families take part in the event. Luckily, the rain held off for most of the day, and the kids spent most of the afternoon jumping in and out of the pool. We even hired two lifeguards for the party so families could relax a bit more, not having to constantly keep a watchful eye out for their younger ones. Attendees came from all around the northeast and we even had Dr. Keith Richter in attendance, all the way from California. Mary Grace and Joel Kaye were masters on the grill, while many others brought delicious homemade specialties for all to share.

The party was organized so that all of the new interns could attend. It was nice seeing all the new recruits so relaxed in a non-hospital setting. We probably will not see them this relaxed again for a long, long time! The party was a bit reminiscent of the old days when it was at Dick Roberts's home. Next year we would love to see even more alumni attend, eat some barbecue, play some games, drink some beer, and catch up with some old friends.


Alumni kids Christian and Jack Casale and Andrew Briggs

THE NEW INTERNS AND RESIDENTS HAVE ARRIVED!



Carter Luke, President of the MSPCA-Angell.

“ Their careers are about to take a giant step forward. Their time at Angell will do so much for their medical skills, and for animals. ”

It's always a good thing to add new, positive energy to our lives, and every summer, Angell gets a healthy dose of this from the very first day our new group of interns and residents arrives at the hospital. I get a chance to meet the new class at the beginning of their orientation. We know we are fortunate to have some of the best and brightest veterinarians in the world match up with us. On day one, everyone looks so enthusiastic, energized and well rested; no one even knows what The List is yet! Their careers are about to take a giant step forward. Their time at Angell will do so much for their medical skills, and for animals.

The educational part of Angell's mission has so many additional benefits besides providing an intensive clinical experience to new doctors. I think their knowledge keeps us current. I think their questions during the course of daily activities keep us fresh and thoughtful. I think their energy is contagious.

Angell provides such a unique educational setting. In addition to learning from some of the finest clinicians and technicians and nurses, our interns and residents experience what it's like to be a part of one of the world's leading animal welfare organizations with full-fledged adoption, advocacy,

and cruelty investigation services aimed at helping homeless, abused, and neglected animals. Those experiences will also pay dividends for animals down the road.

We are fortunate to have our interns and residents. It is a symbiotic relationship, good for all of us, and it helps the MSPCA-Angell stay vigorous in all of the ways we serve people and animals.



Intern Class of 2010-2011

Left to Right Front: Megan Davis, Ya Zhang Rote L-R Middle: Bari Morris, Moira Borys, Kelly Makielski, Kimberly Bebar, Mary Aslanian, Charity Uman L-R Back: Corynne Orzech, Ruth Van Hatten, Samantha Emch, Michelle Fulks, Christopher Potanas, Devin Berthiaume

BY CATHY REESE, DVM, DACVS
ANGELL INTERN, 1996

SHOCKWAVE THERAPY



Cathy Reese, DVM, DACVS performs Non-Invasive Regenerative Extracorporeal Shockwave Therapy on a patient.

Non-Invasive Regenerative Extracorporeal Shockwave Therapy (ESWT) is a fairly new treatment modality that has been used at Angell Animal Medical Center for the past year. Many of the applications for ESWT are conditions that have been previously frustrating to treat, and the results so far have been promising, with pain relief often evident after the first treatment.

Shockwaves are focused, high-energy pressure waves that have a high peak pressure (typically 50 Megapascal) with a short life cycle. This fast initial rise in pressure followed by a decrease in pressure causes a cavitation effect in the treated tissue, which causes the formation and collapse of vapor bubbles. These in turn result in secondary, localized shock waves. The focused wave energy and cavitation effects result in the generation of substantial compressive and tensile forces at the cellular level. These forces result in microcellular trauma and the release of proteins from the affected cells. Some of these proteins are cytokines, which may return a chronic condition such as tendonitis to an acute condition and

thereby allow the healing response to occur. ESWT treatments have been shown to cause proliferation of growth factors that result in neovascularization, as well as bone-morphogenic proteins which can help bone healing. ESWT may also disrupt biological biofilm, resulting in a bactericidal effect. This may help in the healing of chronic wounds.

It is a non-invasive form of therapy in which the affected area is shaved, cleaned with alcohol and covered liberally with ultrasound gel for good contact between the shockwave applicator and the patient. The patient must be sedated due to some mild discomfort and a fairly loud noise made by the machine. We generally use a Dexdomitor/butorphanol combination followed by an Antisedan reversal. The procedure generally takes about 10 minutes. Three treatments are recommended, separated two weeks apart. Applications at Angell have been primarily for shoulder tendonopathies (biceps, supraspinatus), but they have also been recommended for patellar tendonitis post-TPLO; osteoarthritis; chronic back pain due to

spondylosis, disc disease or lumbosacral instability; non-union or delayed union fractures; and chronic non-healing wounds such as lick granulomas. It has been used in humans for diabetic foot ulcers, and in equine medicine for suspensory ligament injuries, stress fractures, osteoarthritis and tendonitis. Cost per treatment (not including sedation or hospitalization) is \$250 for new cases, or \$150 for patellar tendonitis cases that have had the TPLO done at Angell.

If you have any questions or cases that you think might benefit from shockwave therapy, feel free to e-mail me at creese@mspca.org.

For more information, please visit www.angell.org/surgery. Angell's surgeons are available for consultation via phone or e-mail (surgery@angell.org) Monday-Friday 9:00 am-5:00 pm. To reach an Angell surgeon by phone or to refer a patient to the Angell Surgery service, please call Referral Coordinator Eleanor Cousino at 617 522-5011.

JACKIE PARR, DVM, BSCH
ANGELL INTERN, CLASS OF '10

THE OVERNIGHT SHIFT THROUGH THE EYES OF AN INTERN

It is currently 3 a.m. on Saturday morning and I am the overnight doctor, which means I am the only doctor in the hospital. It has been eerily quiet since 11 p.m., which means a gong show is imminent. I have actually had time to figure out new constant rate infusions and fluid rates for the diabetic ketoacidosis patient that has had ketones for four days now, and to calculate the free water deficit for the animal that has sodium greater than 170 and too many other problems to list.

Just now, my pager goes off with, "Please eval dog that may have ingested ibuprofen." I run up to the front of the hospital, speak with the owner and head back to the Critical Care Unit (CCU) to induce vomiting. Before I can even get the animal into the cage, I have another page that reads, "Stat eval – collapsing dog." After a collapse event on the way to CCU (by the dog, not myself) and another two collapse events in the CCU, we finally get ECG leads on the animal. During the collapse events, the hyperosmolar diabetic cat has become mentally inappropriate and I rush to call the owner. While I am on the phone helping the owner through the difficulty of putting her beloved cat to sleep, the collapsing dog has three more episodes of collapse and I am paged to urgently evaluate a seizing pug. I put the owner on hold and explain I want her to have a moment to think through this difficult decision, then I run to the front lobby. Unfortunately, I find that the "Eval-seizing dog" page was from CCU. I run back to CCU while contemplating how many precious calories I have just wasted from the Ensure I downed at about 2:30 a.m., and find a pug having what looks like a focal seizure. The orders say to call the neurologist if the animal is seizing. Since I have a mentally inappropriate hyperosmolar cat, a collapsing dog that has had six episodes of collapse at this point, a potential ibuprofen-ingestion dog who is still not vomiting and I have just been paged to evaluate another animal with difficulty breathing, the nurse on the seizing pug offers to call the neurologist for me. I would have kissed her, but that would have taken too much time.

I run up front to evaluate the "difficulty breathing" case and it is a Chihuahua with a whopping heart murmur and some of the worst crackles and wheezes I have ever heard. The poor little guy starts to turn cyanotic and I run him back to the CCU, put him in oxygen and give him a life-saving 2mg/kg of Lasix (at this point I need life-saving Xanax). I finally get back on the phone with the owner of the hyperosmolar diabetic cat, who desperately needs to be transferred to Heaven, and she speaks with one of my colleagues and me to confirm she would like to euthanize her pet. I perform the euthanasia and by this time the nurses have an ECG strip from my collapsing patient and it is terrific news... third-degree AV block with 16 P waves before one almost-QRS complex and then another 14 or so



Jackie Parr, DVM, BSCH
(Angell Intern, Class of '10)

before a real QRS complex. Now it is time to get on the phone with the on-call cardiology resident. I hate waking people up during the middle of the night, but I am desperate and need advice on pacemaker surgery which I will pass along to the owners.

Our cardiology residents are fabulous here. The one on duty even looks up a constant rate infusion for me of a drug I have never heard of before to start the patient on. Chances are it will not work, but we will give it a shot while I discuss a temporary pacemaker with the owners. I speak with the owners of the collapsing dog and ultimately they decide to humanely euthanize her. I had already humanely euthanized two pets earlier tonight, and with the diabetic hyperosmolar kitty and the collapsing dog, my total is at four. I sat with the owners and let them know that I supported their decision before euthanizing their pet of more than a decade. I think Jesus must be thinking I do not treat animals because I am sending a lot of business to the pearly gates tonight.

By this time the ibuprofen dog has vomited and I can go and give the owners some good news. My cyanotic Chihuahua is now purple-pink, which is so much better than blue, and the neurologist said to not treat the focal seizures the pug was having. The ibuprofen dog's owners take him home as

DID YOU KNOW...

...that you can provide for your future even as you support the mission of the MSPCA-Angell? As you consider ways to supplement retirement income, you may wish to explore the benefits of a charitable gift annuity. By making your gift now, reserving the right to receive income at a later date, you not only provide for your financial future, but give yourself the advantage of a federal charitable deduction available immediately.

If you would like to learn more about the substantial benefits of a charitable gift annuity, please contact Alice Bruce at 617 541-5045 or abruce@mspca.org.

they were sure they found the only pill they dropped, but they wanted to induce vomiting to make sure (I love when pet owners have a kid in medical school).

I then go to speak with the owners of the Chihuahua about congestive heart failure. They have been trying Lasix at home for over a week now and they have very little money. They do not want him to suffer. I let them know I support their decision to put him to sleep, as he needs to be hospitalized in oxygen. I take them back to witness the humane euthanasia. There is always a shortage of Kleenex, but I manage to find some fresh tissues to give to the owner. Jesus has patient number five coming his way and is probably getting very concerned about me at this point.

It is about 6:45 a.m. when other doctors start to come in and I am relieved. After I check on a few more patients in the CCU, there is a poor couple whose vomiting/diarrheal dog has been waiting since 4 a.m. because it was more stable than everything else. I head up to see them and I am paged to evaluate a neurologic kitten. I rush the kitten back to CCU to pull a trauma blood panel, and to my surprise it is not hypoglycemia. The kitten's vitals are stable so I set up monitoring parameters and go up to see the vomiting/diarrheal dog.

By 7:15 a.m. others have started to help on the emergency list as patients just keep coming in. I am exhausted by this point and I explain to my cover doctor that I am sorry I euthanized five patients last night and do not have any cases for her to cover for the day. She is relieved as she is already swamped with work, and I realize I am just sad that I gave Heaven so much business. It was much-needed business, but sad nonetheless. I finish my paperwork and at 8:45 I head home to sleep. Usually I am lucky to leave by 10:00, but sympathy cards are quicker to write than cover notes.

The important thing was, all of the owners thanked me for helping them through the euthanasia process and even though we were run off our feet, all the animals got the care they needed. And sometimes little old ladies without their dentures have to give you a kiss on the cheek and thank you for your help and well... a thank-you is all I really need!

Jackie graduated from the Ontario Veterinary College in Guelph, Ontario, Canada in 2009. She completed her Bachelor of Science Honors in Animal Biology at the University of Guelph in 2005. She is a Canadian citizen who came to Boston with her two dogs Hurricane and Hennessy in June 2009 for her internship. She adopted a Boston Terrier in December 2009 and named him Hadley.



Intern Class of 2009–2010

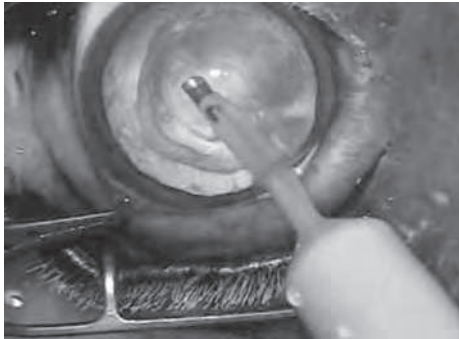
Front (L-R): Sunita Seshia, Maia Howard, Jackie Parr, Mark Garneau **Back (L-R):** Nate Stanglein, Naoko Sogame, Staci Goussev, Kim Helmbold, Marie Chartier, Faith Buckley, Mitzi Clark, Danielle Thomas, Vicky Yang, Shanna Minior

BY MARTIN COSTER, DVM, MS, DACVO

CATARACT SURGERY

When to Refer a Cataract Patient

Whether a client is interested in cataract surgery or not, early referral (as soon as cataracts are noticed) to an ophthalmologist is optimal to help maintain the ocular health and visual potential of an eye for as long as possible. Early monitoring and intervention to treat lens-induced uveitis can greatly increase the chance of a successful cataract surgery, if vision deteriorates in one or both eyes. We can also help to monitor diabetic patients to determine when their inevitable cataracts begin to develop.



Phacoemulsification cataract surgery in the eye of a dog.

When to Recommend Surgery

Generally, cataract surgery should be performed as soon as the vision in an affected eye deteriorates. With advancing maturity or hypermaturity of the lens, the success rate of surgery declines, so early intervention should be our goal. However, there are many other factors, including systemic health, general ocular health, and owner expectations that we take into account when considering cataract surgery.

At Angell, all cataract surgery cases have retinal screening (ERG and ocular ultrasound) prior to surgery to ensure the greatest possible chance of success. Dr. Coster and Dr. Daniel Biros use phacoemulsification with intraocular lens implantation, and diode laser retinopexy is available for cases with retinal fragility. Some cases require a cross-disciplinary approach, in which case an Angell radiologist may perform the pre-operative ocular ultrasound, or an internist may collaborate on a case involving a patient with more advanced needs, such as diabetes.

What Your Clients Should Expect

Cataract evaluation appointments at Angell are set aside to give clients a longer time to discuss their pet's condition with the ophthalmologist. There is no additional charge for this extra time. A thorough history and eye exam, including tear testing, fluorescein staining, tonometry, and slitlamp biomicroscopy will be performed by our specialty technicians and ophthalmologist. In collaboration with the owner, an individualized treatment plan is developed that fits best with the needs of the owner and the pet; cataract surgery itself may or may not be a part of this plan. If elected, pre-surgical screening tests and cataract surgery typically take place on separate days from the initial appointment.

Dr. Martin Coster joined the Ophthalmology service at Angell in 2009, having completed a residency in comparative veterinary ophthalmology at Purdue University. Dr. Coster's special interests include feline herpes virus treatment, exotic animal ophthalmology and cataract surgery.



Martin Coster, DVM, MS, DACVO.

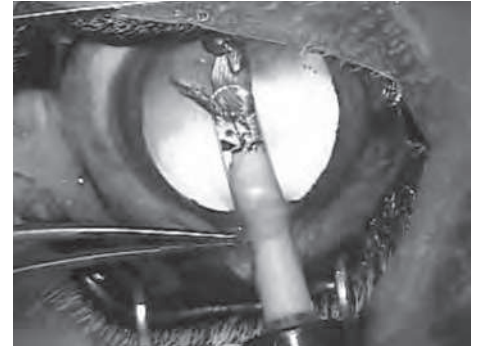
For More Information

For more information about cataracts and the benefits and risks of surgery, please visit angell.org/eyes. Please feel free to call or e-mail for a free consultation with Drs. Biros or Coster on any ophthalmology case:

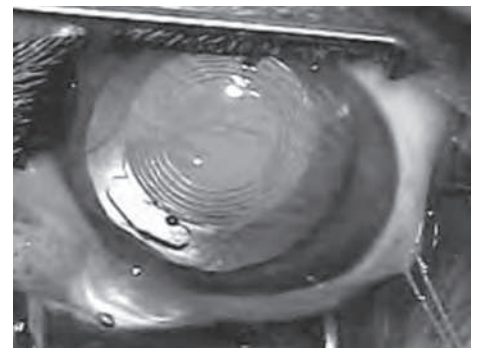
Ophthalmology Referral Line: 617 541-5095

Fax: 617 989-1635

Online Referral Form: angell.org/ophthalmology



Injection of an artificial lens following phacoemulsification.



Final placement of the artificial lens following phacoemulsification.



Ocular ultrasound of a hypermature cataract (note the mixed echogenicity of the lens).

WHERE ARE THEY NOW?

Spotlight on Julie Levy, DVM, PhD, DACVIM

(Angell Intern, Class of '90)

For the past two decades, Dr. Julie Levy has been practicing internal medicine and researching feline infectious diseases at the University of Florida. Julie is currently a professor of small-animal medicine at the University of Florida, and was an Angell intern from 1989 to 1990. From the day she arrived at Angell, we all knew that Julie and her love of feline medicine were going to have an impact on the profession. Little did we know just how significant it would be. Julie is truly one of the most influential veterinarians of the past decade. She lectures internationally and has over 150 peer-reviewed articles, research abstracts and book chapters. She has won numerous awards from "outstanding teacher" to "original research" during her veterinary career. She is incredibly committed to her patients and her colleagues.

Through her work at the University of Florida, she enjoys the ready access to cutting-edge technology, brilliant colleagues, and the veterinary students who never stop asking thought-provoking questions. In addition to her academic accomplishments, Julie has continued her interest in the plight of homeless animals. She is president of her local No More Homeless Pets coalition, which is working to bring an end to euthanasia of animals for population control in her community. She also founded Operation Catnip, a feral-cat trap-neuter-return program. The program has been responsible for neutering more than 20,000 feral and stray cats since 1998. Thanks to a \$3.7 million grant from Maddie's Fund, her career took a turn in 2008 when she became the director of a brand new shelter-medicine program. This program includes a residency in shelter medicine as well as veterinary student courses and public symposia in shelter medicine, disaster medicine, and forensic medicine. She provides shelter consultation services throughout the southeastern United States.

According to Julie, her year at Angell was a pivotal one. She claims to have never worked harder in her life. Her father died suddenly during her internship, and her nine intern mates rallied around her like family. She taught Brenda Griffin, from the class that followed, how to spay a cat, and they have been in constant contact ever since. They both found a way to leverage their specialty and scientific training to help change the outlook for homeless animals, and they hope to take the field of shelter medicine to a new specialty based on research and compassion.

Julie says it is true that there is an "Angell family" of people who have completed internships at one of the most demanding programs in existence. She has met its members all over the world and there is an instant bond when the common experience is revealed.



Julie Levy, DVM, PhD, DACVIM (Angell Intern, Class of '90)

**SAVE THE DATE —
SUNDAY, OCTOBER 24, 2010**

CE SEMINAR

Sunday, October 24, 2010, 8:00 am–4:00 pm
Munson–Blakely Auditorium, Angell Animal Medical Center
350 South Huntington Ave., Boston, MA 02130

Pain Management in Ophthalmic Disease

This educational seminar is open to veterinarians, veterinary technicians and veterinary students.

Visit angell.org/ce or call 617 541-5192 for more information or to register.

IN MEMORIAM:

Gus W. Thornton, DVM MSPCA–Angell President Emeritus

January 26, 1933–January 29, 2010

BY CARTER LUKE, PRESIDENT, MSPCA–ANGELL

I'm the one who gets to sit in Gus's old chair at the MSPCA–Angell and wonder, "What would Gus do about _____?"

At the MSPCA–Angell, we say "we speak for those who cannot speak for themselves." Humbly, I am honored to represent those millions who have so very much to say and feel so very strongly about our dear friend, Gus.

A number of years ago, Gus had a chance to meet someone who personally knew George Angell, the person who founded the MSPCA in 1868. As Gus spoke with this woman, in that quiet and gentle manner of his, she told him that what she remembered most about Mr. Angell were his hands — how strong they were, but how gentle they were. Gus had hands like these. Animals could sense it. They knew those hands brought comfort.

As you may know, Gus was from Oklahoma, and after graduating from veterinary school, he came to Boston to join the Angell Memorial Animal Hospital intern class of 1957–58. In 1966, he became Chief of Staff at Angell. Think about the math here. He was a student graduating in 1958, and eight years later, he was the head of the finest animal hospital in the world. Eight years from student to Chief of Staff. How is that possible?

His veterinary colleagues could tell you why. They could talk for hours about his medical skills and capabilities — how smart he was, what a relentless learner he was, what a superb diagnostician he was. Eight years from student to Chief of Staff. That wasn't an accident.

Gus was truly proud to be a veterinarian. I remember him saying once, "I'm just a veterinarian." Whew, talk about understatement. Interestingly enough, some people who met Gus later in his life didn't know he was a veterinarian. Many know Gus from his work in the humane field, where he was a true leader. Gus became President of the MSPCA in 1989.



**Gus W. Thornton, DVM,
MSPCA-Angell President Emeritus**

He brought people together. His thoughtfulness and his manner helped people to join forces to help animals around the world — bears, dogs, horses, wildlife, cats, whales, elephants, tigers — all animals. In Morocco, Turkey, South America, Siberia, Pakistan, India, Australia, everywhere. He served on the board of our international colleagues, the World Society for the Protection of Animals, and he was the Chairman of the Board in the late '90s. He cared and he acted to help animals who were victims of horrible abuses or were suffering the consequences of disasters — volcanoes, hurricanes, oil spills, earthquakes, wars and more.

Gus brought people together in America as well. As a leading veterinarian who worked as part of a humane society, he bridged a broad gap between those two camps. There were times in the past where humane groups and veterinarians didn't get along so well. Gus was a very influential

person in closing that divide. I remember him speaking at an animal welfare conference once, and saying, "Come on, everyone. We agree on 90% of the issues involving animals. Let's not let the other 10% divide us." He was right, of course, and through his words, but more importantly through his actions, the lines that separate veterinarians and animal welfare people don't exist like they did in the past.

Recently, there was a national meeting of an organization called the Association of Shelter Veterinarians. This organization has about 750 members — all doctors who specialize in the unique medical needs of homeless animals in shelters. One of the attendees of this meeting reminded me that 15 years ago, there was no such thing as a shelter veterinarian. How did this ever happen? What thoughtful, broad-thinking, farsighted person got this profession started? Yes, his name was Gus Thornton.

There is no question about his incredible accomplishments and credentials as a veterinarian and humanitarian. But what his friends and colleagues will remember about him most is his heart. He cared so very deeply about people as well as animals. He spent his life helping others. He treated, he led, he cared. A humble man, loved around the world.

We will miss Gus, of course, but the MSPCA and Angell will always have his heart and soul firmly embedded in our walls and in our hearts. The world is a better, kinder, more humane place because of our dear friend, Gus Thornton. There's no better way to celebrate him and remember him than to practice kindness.



Dr. George W. Abbott, 87, of Ithaca, New York died September 17, 2009.

After graduating in 1945 from the Cornell University College of Veterinary Medicine as president of his class, Dr. Abbott began a prominent

career in New England. Beginning as an associate in the Jamaica, New York practice of Louis Corwin, DVM, he went on to serve two years in the U.S. Air Force and opened his own practice in Worcester, Massachusetts in 1953. He left that in 1979 to join Angell Memorial Hospital as the Director of Hospital Management in Boston, Nantucket and Springfield. During that time, he also served as Vice President of Health and Hospital Services for the MSPCA and from 1985 to 1987, he was an associate professor at Angell. He retired in 1987.

Dr. Abbott was a former president of the American Animal Hospital and a former president of the Massachusetts Veterinary Medical Association. He also served on the board of directors of the Rhode Island Society for the Prevention of Cruelty to Animals. He was a noted regional, national and international lecturer on surgical and practice management, and an adjunct professor of clinical medicine at Tufts University School of Veterinary Medicine.

Following his retirement, Dr. Abbott continued his dedication to animals, volunteering his time at the Southside Well Pet Clinic in Ithaca.

Photo: Courtesy of cornell.edu



Dr. Margaret ("Midge") Petrak, 81, of Medway, Massachusetts died October 19, 2009.

Dr. Petrak was a pioneer in establishing the specialty of Avian Medicine. Her scholarly and authoritative text *Diseases*

of Cage and Aviary Birds was one of the first books edited by a woman veterinarian, and filled a great void in the veterinary literature for guiding practitioners in the care of pet birds. She was a board member in the formative years of the Association of Avian Veterinarians and on the committee that developed the Avian specialty board. She was a lifetime member of AAV.

Until her retirement in 1992, Dr. Petrak spent her career at Angell Animal Medical Center, where she did an internship after graduating in 1952 from the University of Pennsylvania with honors and a doctorate in Veterinary Medicine. As a staff veterinarian she educated hundreds of interns in the art of veterinary medicine. The kindness and gentleness that she displayed left a lasting impression on all who were fortunate to work with her.

She was also a member of the MSPCA's Law Enforcement department and worked endlessly on behalf of mistreated and abused animals. She was often an expert witness for the many law enforcement cases prosecuted by the MSPCA.

Photo: Courtesy of zwire.com



Dr. Nicholas Palumbo, 81, of Oahu, Hawaii died January 10, 2010.

Since the 1960s, Dr. Palumbo had been flying from Oahu to Lanai every weekend to treat animals, the only veterinarian on the island for more than 40

years. People knew that on Sunday mornings if the flags were up at his house, he would be there to treat their animals — dogs, pigs or any creature that came his way. Dr. Palumbo was a friend to all.

When his plane crashed, Dr. Palumbo died with his son Tim, 20. Tim was the youngest of Palumbo's eight children and attended a special-education program that taught life skills to people with learning disabilities. Tim was his father's constant companion and loved flying with his dad to Lanai every weekend.

After serving as a non-commissioned officer in the Marines in World War II, Dr. Palumbo went to college on the GI Bill. He then was drafted to serve in the Korean War and became a captain. He learned to fly while in the Marines, though in a program for civilian aviators.

Dr. Palumbo graduated from the University of Missouri after his service and did his residency at Angell. While at Angell he met a fellow veterinary resident from Hawaii, who recruited him to work in his family's Honolulu clinic. After working in a number of clinics and going to Johns Hopkins University for his teaching credentials, Dr. Palumbo taught at the University of Hawaii medical school and was chairman of comparative medicine. He studied such wide-ranging topics as fertility, growing corneas and developing an antitoxin for dogs that come in contact with toad poisoning.

Dr. Palumbo and his family always had a house on Oahu, but Lanai was where they felt most at home. The doctor was in Lanai on Sunday morning, the day of the crash, treating animals. There was a line out the door to see him.

Photo: Courtesy of Alberta.deJetley

INCOMING INTERNS

Mary Aslanian

Texas A & M

Kimberly Bebar

Iowa State University

Devin Berthiaume

Cummings School of Veterinary Medicine at Tufts University

Moira Borys

Colorado State University

Megan Davis

Washington State University

Samantha Emch

Ross/Purdue University

Michelle Fulks

Colorado State University

Kelly Makielski

University of Wisconsin–Madison

Bari Morris

Cummings School of Veterinary Medicine at Tufts University

Corynne Orzech

Cummings School of Veterinary Medicine at Tufts University

Christopher Potanas

Kansas State University

Ya Zhang Rote

Cummings School of Veterinary Medicine at Tufts University

Charity Uman

Louisiana State University

Ruth Van Hatten

Cummings School of Veterinary Medicine at Tufts University

INCOMING RESIDENTS

E/CC

Amy Kaplan, DVM

Dr. Kaplan graduated from the University of Florida and recently completed an internship at Florida Veterinary Specialists in Tampa.

Lindsey Nielsen, DVM

Dr. Nielsen is a graduate of the Cummings School of Veterinary Medicine at Tufts University. She completed her internship at the Veterinary Referral & Emergency Center in Norwalk, Connecticut.

Danielle Thomas, DVM

Dr. Thomas graduated from the Virginia–Maryland Regional College of Veterinary Medicine and completed her internship at Angell this year.

Surgery

Russell Kalis, DVM

Dr. Kalis is a graduate of St. George's University. He recently completed a surgical internship at Gulf Coast Veterinary Specialists in Houston, Texas.

FUTURE PLANS: CLASS OF 2010

Interns

Faith Buckley is beginning an Internal Medicine residency at Tufts University.

Marie Chartier is beginning an Internal Medicine residency at Veterinary Specialty Hospital of San Diego.

Mitzi Clark is beginning a Dermatology residency at Cornell University.

Julie DeCubellis is beginning an Avian and Exotic Medicine residency at Ocean State Veterinary Specialists.

Mark Garneau is beginning a Surgical internship at Long Island Veterinary Specialists.

Staci Goussev is beginning an Internal Medicine residency at Cornell University.

Kim Helmbold is beginning an Emergency/Critical Care residency at the University of California at Davis.

Maia Howard is working at the Nantucket MSPCA–Angell.

Shanna Minior is working at the Nantucket MSPCA–Angell.

Jackie Parr is completing a Nutrition residency at Angell.

Sunita Seshia will be working in private practice in the Athens, Georgia area.

Naoko Sogame is beginning an Oncology residency at Tufts University.

Nathaniel Stanglein is pursuing a private-practice position in the New York City area.

Danielle Thomas is beginning an Emergency/Critical Care residency at Angell.

Vicky Yang will be a research fellow at Harvard Medical School (Brigham and Women's), working on cardiac cell regeneration.

Residents

Avian & Exotic Medicine

Michelle L. Nobrega-Lee will be working in the Knoxville, Tennessee area.

Emergency and Critical Care

Danielle Berube will work at Red Bank Veterinary Hospital in New Jersey.

Suzanne Dempsey will work at Red Bank Veterinary Hospital.

Lisa Mahlum will work at Red Bank Veterinary Hospital.

Internal Medicine

Nikki Wimmer will work at Veterinary Referral and Critical Care in Richmond, Virginia.

Surgery

Sevima Aktay will work at Virginia Veterinary Surgical Associates in Richmond, Virginia.

Jennifer Weh will work at ACCES (Animal Critical Care and Emergency Services) in Seattle, Washington.

DID YOU KNOW...

You can update your contact information at angell.org/alumni and find out information about your classmates.

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 Dr. Gus W. Thornton 58
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 Anonymous
 Dr. Louis B. Pieper, Jr. 77
 Dr. Morton Wolf 48

\$5,000 — \$9,999

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 Dr. T.C. Jones
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 Dr. Margaret S. Thompson 99
 Dr. Vernon R. Thornton 69
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 Dr. Jeffrey Feinman 86
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 Robert Lewis 62
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 Stephen W. Russell 67
 Dr. Carmen S. Scherzo 66
 Dr. Allen Sisson 79
 Dr. Erwin Small 58
 Dr. Alice M. Wolf 77

\$1,000 — \$2,499

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 Dr. Robert Arrick 77
 Dr. George T. Blackledge 83
 Dr. Gary M. Bryan 61
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 James Carpenter 61
 Dr. Thomas J. Clarke 63
 David and Jennifer Cook 95
 Dr. Robert B. Cotton 68
 Dr. Carol J. Curry 78
 Dr. Richard A. DeVries and Dr. Nina Cairns 80
 Dr. Lynn Dgetluck 89
 Dr. William J. Faircloth 85

Jeffrey and Barbara French 78

Jack Gallagher 91
 Paul Gambardella
 Erin Geshwiler 04
 Dr. Brenda Griffin 91
 Dr. Robert C. Griffiths 53
 Dr. Neil K. Harpster 91
 E. Charles Hendricks 64
 Dr. Sandra L. Higgins 93
 Dr. Ralph Henry Hunt 67
 Dr. Paul Husted 54
 Dr. James M. Johnson, Jr. 69
 Dr. Henry Kellner 72
 Dr. Peter C. Kennedy 50
 Dr. Hinta Lee Keyes 91
 Dr. Mark Kopit 82
 Dr. Julie Kopsler 64
 Dr. Michele Kudisch 87
 Dr. Roger Kuhn 69
 Dr. William V. Lumb 47
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 Dr. Scott Munson 83
 Sanford von H. Olson 68
 Dr. Lee Patel 62
 Dr. Donald F. Patterson 55
 Dr. Wayne R. Renegar 79
 Dr. Linda McElhaney Robinette 71
 Dr. Rodney L. Robison 66
 Dr. William Rosenbaum 72
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 Dr. James Wylie 69
 Dr. Miles M. Yoshioka 81

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 Dr. Roy Dornfeld 81
 Dr. Sharon Drellich
 Dr. Jean Dunn 80
 Dr. William Fuller 73
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 Kenneth Goddard 58
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 Dr. Jean Holzworth 51
 Dr. Walter I. Horne 78
 Dr. Andrew S. Kestler 83
 Dr. Nancy Laste
 Dr. Linda Lowenstine 74
 Linda Mellema 95
 Dr. Kirk Miller 96
 Dr. Ronda Moore 77
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 Dr. Clifford Muddell 66
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 Dr. Judson H. Pierce, Jr. 60
 L. Thomas Pulley 65
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 Dr. Ruth Barlow Strong 42
 Dr. Theresa G. Taylor 94
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 Dr. Sharon B. Westphal 96
 Dr. Kathryn Wirth 01

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This information will be used to update the new 2010 Angell Alumni Directory. Please return to: Arlyne Koopmann, Angell Animal Medical Center, 350 South Huntington Ave., Boston, MA 02130 or visit angell.org/alumni.