Update: Pfizer Announces Changes to Popular Drug

Parex Animal Health is discontinuing the production and sale of Domitor (medetomidine) in the near future. In its place, the company is marketing Desdomitor (medetomidine).

While Domitor is a racemic mixture of 50% active molecules and 50% inactive molecules, Desdomitor is composed entirely of active molecules. This means that Desdomitor is roughly twice as potent as the same milligram dose of Domitor. Pfizer has made the concentration of Desdomitor 0.5 mg/ml, in contrast to the concentration of Domitor at 1 mg/ml. This means that when you calculate a dose in mg/kg and figure out the ml dose, it will be the same volume as you were using Domitor. While this may be helpful for people who calculated their doses on a milk basis (as listed on the bottle), it may be quite dangerous for those who calculated a mg/kg dose.

Domitor is still in use in the same way, drawn up the same volume of Anesthesia and given to effect. Please adjust all your sedation and anesthesia protocols using Domitor to reflect a 50% mg/kg dose reduction when switching over to Desdomitor.

There are anecdotal reports that the sedation effects do not last as long when using Desdomitor. If you do need to re-dose, be cautious about adding additional doses since the cardiovascular effects do not seem to be different.

If you have any questions regarding the change in this drug, please contact Lisa Mosey, VMD, DACVIM, CMCA of Angell’s Emergency and Critical Care Unit and the Pain Medicine service. She can be reached by email at painmedicine@mspca.org.

Practice Tip: Diet for Patients with Pancreatitis

Christine Willis, DVM, of the Internal Medicine service at Angell Animal Medical Center offers the following diet for patients with pancreatitis.

Diet: The diet for dogs with pancreatitis is mainly a low-fat diet. The diet should be dry with a low-carbohydrate content, consisting of around 30% of the total calories. There should be minimal fiber content to decrease gastrointestinal distress. The diet should be composed of high-quality protein and fat sources to support the immune system and help maintain weight.

Twice daily, the diet should provide at least 150 calories per pound of body weight. The total amount of food should be divided into two meals, with each meal providing from 100 to 150 calories. The food should be serve size-controlled to ensure that the patient is eating the right amount of food. The diet should also be rich in antioxidants, such as vitamins C and E, to protect the cells from oxidative stress.

In addition to the diet, medications may be necessary to manage the symptoms of pancreatitis. These may include anti-inflammatory drugs, appetite stimulants, or digestive enzymes. It’s important to work closely with your veterinarian to develop a comprehensive treatment plan.

Combining Imaging with Cutting-Edge Medicine for Chronic Ear Cases

A challenge in chronic ear cases is identifying the root cause of the ear condition. Advanced imaging through B-ultrasound scans and video otoscopes are important tools in the comprehensive evaluation of a chronic ear case.

B-ultrasound scans are excellent at visualizing the middle ear and identifying mineralization. Chronic ear disease is often reversible with medical treatment; however, it can be challenging to differentiate otic mineralization from otitis media. B-ultrasound scans are a valuable tool in differentiating these conditions and guiding treatment.

Video otoscopes are endoscopes specially fitted to evaluate the lumina of the inner ear. They are used to image the ears of dogs and cats and are particularly useful in diagnosing and treating chronic ear disease. Video otoscopes allow for a more thorough examination of the ear canal, allowing for a more complete understanding of the underlying cause.

Additionally, the use of advanced imaging techniques in combination with video otoscopes allows for a more comprehensive evaluation of the ear, which can help in identifying the root cause of the ear condition.

To learn more about Angell’s Internal Medicine service, please visit www.mspca.org/medicine.

For all other referrals, please contact to call Eleanor Cousins, Angell Referral Coordinator at 617-522-5011.

Continued on page 2

VETERINARY REFERRAL NEWS FROM ANGELL ANIMAL MEDICAL CENTER

PARTNERS IN CARE

VOLUME THREE: NUMBER ONE

WINTER 2009

INSIDE

Avian & Exotics Case Study P2 Neurology & Neurosurgery Case Study P3 Angell Referral Guide P4

CONTINUED ON PAGE 3

Kathy Tater, DVM, DACVD of Angell’s Dermatology service.

otoscope provides superior imaging of structures within the canal, compared to handheld otoscopes. This is especially helpful for identifying lesions in areas that were poorly illuminated by handheld otoscopes, such as the deep, horizontal canal in a large dog.

For the diagnosis and management of chronic ear disease, the Angell Animal Medical Center offers the Angell Ear Clinic, a subspecialty clinic of the Angell Dermatology service. It was established in 2006 by Angell’s board-certified Veterinary Dermatologist, Kathy Tater, DVM, DACVD. Through the Angell Ear Clinic, patients with chronic ear disease are seen by appointment on Thursday mornings. After an initial consultation, patients are admitted to our hospital and additional procedures are performed under anesthesia on the same day. Since most chronic ear cases have an underlying cause, a full evaluation of a pet’s dermatologic condition is also provided.

Continued on page 3

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Continued on page 3
An Avian and Exotics service at Angell Animal Medical Center for a chronic cloacal prolapse that had been unresponsive to treatment (reduction followed by placement of tractive sutures). He had a history of chronic malabsorptive behavior.

The prolapsed tissue was viable. Malodorous stool was noted during the exam, on recovery, the prolapse was reduced and Clostridium was observed closely.

A fecal Gram’s stain revealed an increased number of spore-forming bacteria. Clostridium was presented to the Avian and Exotics service at Angell Animal Medical Center for a chronic cloacal prolapse in birds can be caused by a variety of etiologies. Possible causes for prolapse include:

- egg binding
- impaction
- chronic bacterial cloacitis
- chronic cutaneous behavior/sexual displays for owner
- neuropathy
- early weaning; causing infante stool solidification behaviors

We recommend obtaining a thorough history to rule out behavioral causes for prolapsing. Initial diagnosis, including blood work, radiographs, fecal cytology, and bacterial cultures may be necessary to rule out other underlying causes. Salpingopharyngitis in females and castration of males may be important adjunct treatments to reduction/treatment of the prolapse. However, these procedures are technically difficult and should only be performed by an avian specialist or someone with adequate knowledge and experience. Behavioral modification is a vital component of treatment, and behavioral modification drugs may be helpful in reducing the likelihood of prolapse recurrence. Owners should be aware that prognosis for complete resolution of the problem may be poor.

ABOUT THE ANGELL ANIMAL MEDICAL CENTER’S AVIAN AND EXOTICS DEPARTMENT

The Avian and Exotics service at Angell Animal Medical Center treats approximately 1,500 animals each year. Small mammals, and birds each make up about 45% of species treated by the department and about 10% of patients are reptiles.

Dr. Graham, Orcutt and/or Nobrega-Lee are available seven days a week. To refer a patient, please call Referral Coordinator Eleanor Cosmai at 617 522-5001 or visit www.mspca.org/avianexotic for more information.

RECOVERY

On recovery, the prolapse was reduced and Chi-Chi was observed closely, to make sure he was able to pass feces through the smaller vent opening. In addition to antibiotics, he was also treated with butorphanol and meloxicam for pain management. Recovery was normal, and there were no post-operative complications. Chi-Chi was allowed to recover for two weeks. Chi-Chi immediately after castration.

Chi-Chi immediately after castration.

The cloacal prolapse in Chi-Chi.

VETERINARY REFERRAL NEWS FROM ANGELL ANIMAL MEDICAL CENTER

Case study

AVIAN & EXOTICS

Jennifer Graham, DVM, DABVP-Avian, DACZM
Connie Orcutt, DVM, DABVP-Avian (Section Head)
Michelle Nobrega-Lee, DVM (Resident)

CASE STUDY

Chi-Chi immediately after castration.

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VETERINARY REFERRAL NEWS FROM ANGELL ANIMAL MEDICAL CENTER

Case study

NEUROLOGY & NEUROSURGERY

Allan Sisson, DVM, MS, DACVIM

CASE STUDY

Patient: Two-year-old, neutered, 2.10-pound English Mastiff named Jack

History and Presenting Complaint

For one year, Jack’s left fore and left pelvic limb occasionally knuckled or slipped to the side when walking. Forty-eight hours before presentation, he began using his right pelvic limb as he was climbing stairs. Twelve hours before presentation, he limped severely on the left forelimb and both pelvic limbs were unsteady. Jack was presented to the referring veterinarian a few hours later and frequently collapsed on all four legs he could barely walk. By the time he arrived at the Angell Animal Medical Center later the same day, he was unable to stand or walk and was brought in on a stretcher.

Physical and Neurological Examination

Jack’s gait was abnormal. On neurological examination he was alert, responsive and friendly. Jack was able to maneuver into a sternal position with minimal effort. His cranial nerves were normal. He had no conscious proprioception and no hopping ability in all four limbs. Jack’s thoracic limb reflexes were absent and his pelvic limb reflexes were hyper-reflexic. His cervical spine was not painful on manipulation. These findings indicated a C1-T2 worse on the left spinal cord lesion, most likely C6-T2, due to the thoraco-lumbar hyperflexion. Differential diagnosis included cervical vertebral instability static or dynamic instability (Wobbler Syndrome), cervical intervertebral disc herniation, neuralgia, spinal cord hemorraghy or myelitis (immune mediated or infectious).

Diagnosis/Treatment

Hemogram, serum general chemistry profile and urinalysis results were normal. Jack was anesthetized and an MRI of the cervical spine was performed. Articular facet degenerative osteoarthritis was identified at all cervical disc spaces. Significant cord compression was identified at C3-4, C4-5, C5-6, and C6-7. Articular facet disc herniation was the greatest factor at C3-4 and C4-5; however, a large cystic lesion was identified on the right extending from C3-6 to C6-7, displacing the cord to the left side. This cystic structure was believed to be a bony cystic lesion, associated with the articular facets. Articular facet degenerative change also contributed to narrowing of the canal at the C5-6 and C6-7 sites. There was no significant cord compression at C7-T1. However, mild degenerative change was present, associated with the articular facets at this site as well. Stenosis cervical vertebral instability, secondary to facet arthrosis osteoarthritic spinal cord compression (Wobbler syndromes) from C3 to C7 was diagnosed.

A ventral cervical approach was made from C3 to C7. Interbody bone cement plugs using methyl methacrylate were placed at all four intervertebral disc spaces where the spinal cord was compressed, while those spaces were in traction. As additional stabilization at the caudal three sites, two parallel, monocortical bone screws locking plates were placed on either side of the ventral midline of vertebral bodies C4 to C7. A canalicular bone graft harvested from the right proximal humerus was placed ventral to the locking bone plates at all operated cervical sites.

In Memoriam

It is with great sadness that we share the news that Dean Sisson, DVM (Emeritus), Emeritus and Critical Care service at Angell Animal Medical Center passed away on December 19, 2016. She fought a long, courageous battle with cancer. She was not only an extremely talented veterinarian, but a true role model in the way she maintained a positive attitude every day during her illness. Shanen was a graduate of Tufts University School of Veterinary Medicine. She completed an internship in small animal medicine and surgery at the Animal Medical Center in New York. From there, she completed her residency in emergency and critical care medicine at the University of California. She became board certified by the American College of Veterinary Emergency and Critical Care in 2008.

That same year, Shanen began working at Angell. She took on the role of Angell’s Emergency and Critical Care Director, and oversaw the clinical education of new veterinarians as they rotated through all of Angell’s specialty services. She will be greatly missed by the staff and her clients.