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BVS performs laparoscopic cholecystectomy

Gall bladder disease poses a difficult dilemma. Abnormal gall bladders are commonly identified but many times our patients seem asymptomatic for gall bladder issues. In the past few years, clinical suspicion of gall bladder disease has increased. When working up a dog for recurrent gastrointestinal disturbance, it is not uncommon to find that the gall bladder is the only abnormal finding on ultrasound examination and therefore appears to be the culprit in cases of GI disturbance.

The difficulty is deciding how to handle the disease. Ursodiol has proven to be effective in many cases but sometimes is not sufficient to provide complete clinical relief. Cholecystectomy is often reserved for emergencies (biliary tract rupture or obstruction). Historically, we would recommend exploratory laparotomy for cholecystectomy in patients that had chronic gall bladder disease and were either unrespon-

sive or incompletely responsive to ursodiol. This usually results in more significant clinical resolution but at the price of recovery from an elective exploratory surgery, often in a older patient.

BVS is working with surgeons at two university teaching hospitals to evaluate laparoscopic cholecystectomy. We are proud to offer this procedure for our patients in Kentucky that have chronic, stable gall bladder disease. A 13 year old, male castrated mix breed dog presented for chronic gall bladder disease. Clinical signs included recurrent (weekly) vomiting, lethargy, decreased appetite, and mucus and fat in the stool. ALT was mildly elevated and ALKP markedly elevated. Ultrasound revealed a thickened gall bladder wall with hyperechoic bile.

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INTERNAL MEDICINE SERVICES OFFERED

- Laparoscopy
- GI endoscopy including foreign body retrieval, rhinoscopy, cystoscopy, and bronchoscopy
- Evaluation, diagnostics, and treatment for various medical ailments including cardiology, neurology, and oncology
- Consultation (gratis) by phone or e-mail at address above

In this issue:

- ◆ Laparoscopic cholecystectomy
- ◆ Utility of a diode laser for our small animal patients
- ◆ BVS receives approval for use of melanoma vaccine
- ◆ Pamidronate for treatment of hypercalcemia and bone tumors

BVS approved for melanoma vaccine

We have received approval from Merial to administer the melanoma vaccine. The vaccine was given conditional approval by the FDA in March 2007. The vaccine is to be administered by board-certified oncologists, however some internists may order that vaccine if their application to Merial is approved. The vaccine has significantly increased survival times in melanoma patients with stage I, II, and III disease. It also is well tolerated and safe. The vaccine is administered every 2 weeks for a total of four doses on the inside of either thigh. The only noted side effect has been lameness or discomfort in that leg following vaccination. Patients should receive a booster every 6 months. All patients that receive the vaccine will be followed via survey by Merial. For more information about the vaccine, please feel free to contact us.

Pamidronate and its uses

Pamidronate is a bisphosphanate which inhibits osteoclast function. It is used primarily for treatment of hypercalcemia while diagnostics are pending to determine the cause. It has few side effects, is easy to use, and will not interfere with diagnostics or treatment of neoplasia the way corticosteroids may. Bisphosphanates can also be used to reduce pain due to bone tumors. It has been used for this purpose in human medicine and it seems to be efficacious for canine osteosarcoma pain.

It is administered as a slow IV infusion over several hours. Feel free to contact us for consultation on giving this treatment in your hospital or you may refer a patient for treatment with bisphosphanate if indicated.

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“Specialty care for four-legged family members.”

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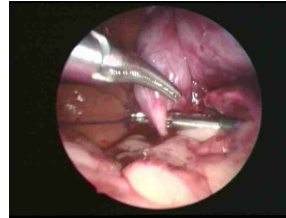
BVS performs laparoscopic cholecystectomy (from p1)

The pet was started on ursodiol to which he responded reasonably well: there was decreased vomiting and improved appetite. However abnormal feces persisted and there were occasional clinical signs. There was also concern about the development of obstruction or rupture.

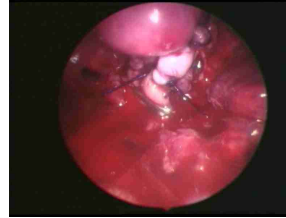
The patient underwent laparoscopy at our facility and we performed a laparoscopic cholecystectomy. The pet was discharged the next day. The owner reported that the dog was acting like a 5 year old with increased vigor and energy, excellent appetite, and *normal* stools. There are no recurrent gastrointestinal symptoms.

To the knowledge of the 3 investigators involved in this study, including Dr. Radhakrishnan, this procedure is not offered at any other facility. All dogs have responded very well. This procedure is only an option for patients with stable, chronic gall bladder disease. Patients that have gall bladder rupture or obstruction are a surgical emergency and will need to be treated by exploratory laparotomy. This should be done by a surgical service that you typically refer surgical cases. However for patients with stable gall bladder disease, we can schedule this minimally invasive elective procedure if it is indicated. Please feel free to call us to discuss any potential cases.

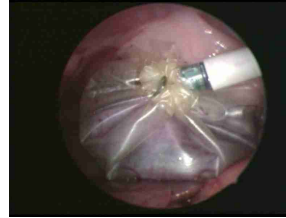
Endoscopy Corner—Classic Cases Laparoscopic cholecystectomy



Top—placing ligature around duct



Middle—sutures and ligaclips around duct



Bottom—gall bladder in bag which is then removed through port site

Recent News and Literature

Cytology vs. histology in splenic disease

It seems that every few months another study comes out evaluating cytology vs histology. In the March 1, 2007 issue of *JAVMA*, a study was published finding that cytology correlated with histology of the spleen in only 60% of all cases. Furthermore, if the disease was non-neoplastic, cytology typically correlated with histology. If the disease was neoplastic, correlation went down to below 50%. Since the purpose of sampling most organs is to rule out neoplasia among other diseases, it is worthwhile to consider biopsy of these organs as opposed to cytology. We have performed multiple laparoscopic biopsies of the spleen, liver, intestines and other abdominal organs in order to achieve accurate diagnoses and proceed with the ideal treatment plan.

Utility of a diode laser in small animal practice—now available in KY

There is new information coming out about the utility of diode lasers. It can be used for palliative treatment of bladder tumors and nasal tumors and soon to be published information shows that it is effective for the treatment of ectopic ureters. BVS now has a diode laser and has used it for transitional cell carcinoma of the bladder. The goal is to prevent urethral obstruction which is commonly the reason for euthanasia. The cancer will not be resolved and ultimately will result in the passing of the pet. However we can improve our pets' quality of life with this technique. The new information regarding ectopic ureters is very exciting and provides a minimally invasive option for therapy. We will be happy to see these frustrating cases to improve their continence and quality of life.

Virulent Systemic Feline Calicivirus

Virulent systemic feline calicivirus (VS-FCV) is becoming more readily recognized and poses a realistic threat to our feline patients. The virus causes traditional calicivirus symptoms along with more severe systemic signs such as edema, vasculitis, necrotizing hepatitis, jaundice and dermatologic problems including problems with the foot pads. If you see patients in your practice with symptoms of traditional calicivirus infection, consider the possibility of this more severe form and submit testing for VS-FCV. Be sure to take proper measures for environmental control to prevent outbreaks within the hospital.