



A Letter From The President

March/April 2012

I hope that this letter finds everyone having a good start to the year. I would like to remind everyone that you can pay dues online at www.kcvma.org. Paying your dues online is easy and efficient and very much appreciated. We have some wonderful continuing education events planned and are working on more. I hope to see many of you at these events. We are also working on planning our next social, so keep checking the website for more information.

The other day I saw a piece on blogging while watching the news. The man speaking was talking about the benefits of every business having a blog and keeping that blog current. Now, if you are like me, I was wondering how having a blog would help business. Personally I do know what a blog is, but I was and still am baffled about how it helps business. The man said that it brings exposure to your business, and any exposure is good. Now we all know that some types of exposure are not good, but I think for the most part he may be correct. He also mentioned other types of social media as tools to increase exposure as well. I am not sure if this truly works but our clinic does have a Facebook page and time will tell if it increases business. One downside I see is the time to it takes to keep every site current. My only other concern is how people find out about your blog, an aspect he didn't mention in his segment. I guess I will figure that out later, as well as Twitter.

Dental month is well upon us and is keeping our practice very busy. It never ceases to amaze me that we start off with a typical cleaning and end up extracting several teeth. If you do not currently have dental radiography capability, I strongly recommend investing in a good unit. It will increase your revenue and help you practice good medicine. We have found so much pathology that we would have otherwise missed. I had one case where the dog's crowns were normal with only a small amount of plaque due to regular cleanings. However, the dog exhibited signs of pain while trying to pick up her kibbles and when her face was touched. We anesthetized her and took radiographs. We found that 309, 310, 409 and 410 had horizontal and vertical bone loss. At every cleaning these teeth had been checked for pockets and

none had been found, so this bone loss came on quickly. I extracted the teeth and now the dog is doing great. Another area where radiographs are essential is missing teeth. We took a radiograph of a missing 104 and found not only a retained tooth but also a dentigerous cyst. My last tip is to make sure that your elevators are sharp. They can make a huge difference during extractions.

Each newsletter I am going to try to share something that one of my kids has said or done. Most of the time they make me laugh when they are not making me want to pull my hair out. Currently they are driving me to drink and I have only been home for about an hour. I will share with you something my 5-year-old, Hayden, said to me the other day. First I have to give you a little history. I like to fancy myself a bit of a handy woman. I am not great but I can change faucets and repair toilets. Having said that, one of our toilets had a problem with the flapper valve not closing. I finally got around to fixing it while the kids were taking a bath. As I looked inside the tank, Hayden says to me, "Don't you think you should get someone more qualified to do that?" I informed him I was plenty qualified and repaired it. The things that come out of their mouths never cease to amaze me.

One last thing, be sure to let your senators and representatives know your position on the bill regarding mandatory written prescriptions for all medications prescribed. Have a wonderful month.

President - mhughes@kcvma.com

REBUILDING A NATION

BY: JEN NIGRO

Thanks to television and movies, we're all familiar with the role medics play in the U.S. military. But did you know veterinarians are also in demand? According to the U.S. Army Medical Department, there are currently around 700 Army veterinarians serving in the military, either as active duty members or reservists. The U.S. Army Veterinary Corps provides many services, including veterinary care, food safety and defense training, and biomedical research and development.

Captain Ryan Miller, DVM, was commissioned as a member of the U.S. Army Veterinary Corps Reserves in 2006. Since then, he has served on two different tours in Afghanistan. Captain Miller is from Wellington, KS and attended both Fort Hays State and Kansas State Universities. He is currently stationed in Arlington, TX with his wife and twin sons. Why did he choose to join the Veterinary Corps? "I kind of wanted to do something different, do something more," he says.

Doing "something more" could be considered an understatement. While in Afghanistan, Captain Miller worked with U.S. Army Civil Affairs. His team provided veterinary care and education to the Afghans, covering topics like wound care, disease prevention and proper feeding techniques. But Dr. Miller says their role was much bigger than basic veterinary care. "We're trying to get the Afghans' economy going, trying to get their nation, their infrastructure built up." Captain Miller says it's a complicated process that involves working with people from the provincial level all the way up to the federal level. The key is sustainability. "If they have food and a job and they're making some money, they're less apt to work against us."

Teaching the Afghans to fend for themselves has been anything but easy. "The first time I was there we were spending money and giving them stuff like there's no tomorrow, and they got wind of that so they kept asking for more stuff." Captain Miller says that led to a continued dependence on U.S. forces. The corps quickly learned to shift their focus. "We're not going to be there forever. If I'm setting up a program for them to do I need it to be easy for them to do it, easy to understand, easy to maintain and cheap to maintain," he says. "If I buy them a truck or a tractor, that's fine and it helps them out today, but a week from now they're going to need gas, a few months from now they may need a tire or parts for the tractor, and we're not going to be there." Captain Miller says the situation is made even trickier by the living conditions in Afghanistan.

"They're living like they did 3,000 years ago, in mud brick buildings if they have that at all, dirt floors, no toilets or sinks, a well with a little hand pump for water," he says. "The country is below a third-world country, and they don't know how to trust."

To build that trust, Captain Miller says the corps took great care to not make promises they couldn't keep. "I'm not going to be here forever, so if I promise something and I can't get it, guess what? Those people in the village aren't going to trust us," says Captain Miller. And losing that trust could have dangerous implications. Captain Miller says there's always the danger that an upset villager could retaliate by giving information to the Taliban. In fact, he and his team were constantly taking precautions against such activity. "I had four interpreters and when we did operations I had them work the crowd to gather information on what insurgent activity was going on in the area." Add to that the other dangers of snipers, IEDs and indirect fire, and you've got a tough job.

Captain Miller says finding out what villagers needed went a long way toward easing tension. "There are days when you're working with the locals and you know they don't like you, but by the end of the day when you're done working with them they realize they're learning something useful," he says. "They warm up to you a little bit and that's worth a lot to me, because by the end of the day they're saying, 'Maybe the Americans aren't so bad,' and they're less likely to turn around the next day and shoot at us or our guys."

Captain Miller says there's still a lot of work to be done in Afghanistan. "We can't go in there and give them a country," he says. "They've got to figure it out on their own to a degree." But he says the men and women who are on the ground there are making a huge difference. "Our troops are not just fighting the Taliban with bullets," he says. "They're honest men and women, they're working hard and they're motivated to do the best job. I was really honored to work with all of them over there both times."

Captain Miller has been home for about a year now. When he's not doing work for the U.S. Veterinary Corps Reserves, he works as a relief veterinarian, contracting with local clinics to provide his services to cover for illness or vacations. He also teaches classes for Dallas County Community College's Vet Tech program. He and his wife, also a veterinarian and K-State graduate, would like to return to Kansas to be closer to their families.

MARCH CASE STUDY: DYSAUTONOMIA

BY: DR. STACEY NICKELL, EAGLE ANIMAL HOSPITAL

Two recent communications in *Clinicians Brief* ([The Biggest Mistake a Veterinarian can Make](#), JC Burcham and www.cliniciansbrief.com/lessonslearned/case-misdiagnosed-vomiting (Oct. 2011)) were a timely reminder of the importance of learning from our mistakes and of perpetual education in veterinary medicine. Although I wouldn't necessarily consider this case a "mistake," it was certainly a learning experience which I hope others can also benefit from.

Widget, a four-month-old mix-breed intact female stray dog, presented with severe lethargy and anorexia. She was subsequently diagnosed with parvovirus. The generous people who found her were willing to give her a chance and after four days of hospitalization, she was a sweet, healthy puppy looking for a new home. Her new owners renamed her Lucy and brought her back to me for her puppy vaccinations and routine ovariohysterectomy.

Lucy presented, once again, at eight months of age for acute vomiting and anorexia. The owner was not aware of any foreign body ingestion or dietary indiscretion and felt it was true vomiting, not regurgitation. Upon presentation, Lucy was bright, alert and responsive. Her physical exam was normal except that she did vomit bile once during her exam. Her radiographs did not reveal any abnormalities. Based on these findings, the owners elected symptomatic treatment. She was administered Maropitant citrate (Cerenia®), Famotidine and subcutaneous fluids. Bloodwork was recommended if she did not improve.

Lucy initially seemed to improve but then presented to a local emergency clinic three days later for diarrhea and lethargy. They treated her symptomatically and recommended a recheck examination with me the following day. On recheck exam, she was depressed, lethargic, approximately 8-10% dehydrated and exhibited a very dry, crusty nose. Abdominal guarding and flatulence were also noted. CBC and chemistry panels were normal. Repeat radiographs showed a gas distended stomach. It was decided to pursue exploratory surgery.

Lucy was placed on IV Normosol and taken to surgery later that day. The only abnormality was a mildly distended, inflamed section of intestines at the ileo-cecal junction. An enterotomy revealed several long, thick pieces of clumped grass material which was suspected to be secondary to ileus. She was recovered from anesthesia and maintained on a constant rate infusion (CRI) of hydromorphone, lidocaine and ketamine.

The following morning, Lucy was not recovering as expected after an exploratory surgery. She was very depressed and her third eyelids remained elevated. The CRI was discontinued in case this was contributing to her continued depression. She was taken out of her cage for examination and urinated a large amount of normal looking urine that subsequently turned bloody mid-stream. Urinalysis revealed no significant findings aside from the blood. At this

time, her clinical signs were re-evaluated and differentials reconsidered. She seemed to have urinary retention, her third eyelids remained elevated and she continued to belch and exhibit flatulence. Based upon these new clinical signs, dysautonomia was suspected. Upon further assessment, a schirmer tear test revealed no tear production OU and a neurological exam revealed the absence of anal tone. At this time, the suspected diagnosis (dysautonomia) and a poor prognosis were thoroughly discussed with the owner. Based on that information, the owners elected euthanasia.

Dysautonomia is a rare polyneuropathy of the autonomic nervous system affecting both the sympathetic and parasympathetic nervous systems. It is more prevalent in the Midwestern United States and may be endemic in Missouri and Kansas. It is more common in juvenile dogs. The etiology is unknown, although toxic and autoimmune processes have been hypothesized. Clinical signs are typically progressive and include vomiting, regurgitation, diarrhea or constipation, urinary retention, elevated third eyelids, mydriasis, dry nostrils and additional signs associated with autonomic dysfunction. Diagnosis is made primarily on clinical signs, but pupillary response to pilocarpine or lack of heart rate increase following atropine administration may supplement the physical exam findings. Treatment is solely symptomatic and the prognosis is poor, with a 10-30% survival rate after months to a year of slow recovery.¹

In Lucy's case, dysautonomia did not become apparent until more recognizable autonomic nervous signs were observed post-operatively. Lucy's age as well as her initial clinical signs of vomiting (likely regurgitation), diarrhea, lack of abnormalities on her bloodwork and lack of radiographic abnormalities (aside from a gas-filled stomach) could have been recognized as early signs of dysautonomia. (In retrospect only, subtle megaesophagus could conceivably be appreciated on the film.) Once she displayed elevated third eyelids, a dry nose, and lack of anal tone, as well as no significant findings on exploratory surgery, the diagnosis became more apparent. Dysautonomia is a disease that can surprise even the most astute clinicians; therefore, I hope that the lessons provided by Lucy will benefit not only myself, but will help other veterinarians recognize the subtle signs of dysautonomia earlier in the disease process.



1 -O'Brien, Dennis and Linda Shell. Primary Dysautonomia. 11/11/2003 (VIN Canine Associate Database)

BUILT ON THE SHOULDERS OF VETERINARY GIANTS ANIMAL FILM STARS

BY: DR. STEVE JOSEPH, KCVMA HISTORIAN

Believe it or not, outstanding animal actors are not eligible for Oscars. Nonetheless, Francis the Talking Mule starred in seven films during the 1950s. The series focused on Francis and a young soldier. The mule identified himself as “Francis, 123rd Mule Detachment, M52519.” Donald O’Conner received top billing, but the true star was Francis. Somewhere along the way O’Conner quit saying, “When a mule gets more fan mail...”

Well, you can guess the rest. The distinctive voice of Francis was provided by actor Chill Wills.

Francis received the first Picture Animal Top Star of the Year (Patsy Award) from the Animal Humane Society in 1951. Ronald Reagan was the presenter.

Rin-Tin-Tin (1918 – 1932) was whelped in a litter of shell-shocked pups found by an American soldier in France during World War I. The pup was named for woolen dolls French children gave to GIs as good luck charms.

According to legend, the dog received the most Oscar votes in the Academy’s first year of voting. But rather than cause embarrassment, the Best Actor Award went to thespian Emil Jennings.

By 1926 Rin-Tin-Tin was the biggest box office draw, earning \$6,000 a week. At age 14 he died in the arms of a neighbor. The neighbor was Jean Harlow.

Lassie (1940 – 1958) was introduced to film after his owner

asked trainers to “cure” him of chasing cars. Initially, the Collie was a stand-in, but when Lassie performed better than the lead dog he took over the starring role.

Terry was the Cairn Terrier who played Toto in *The Wizard of Oz*. Terry made her debut in the 1934 Shirley Temple film *Bright Eyes*. At the time, Judy Garland was still in vaudeville. Terry was paid \$125 a week, which was more than many human stars received.

Roy Rogers paid \$2,500 for Trigger (1932 – 1965). Formerly known as Golden Cloud, Trigger first appeared in the Rogers’ film *Under the Western Stars*. Their relationship covered 80 movies and numerous television roles. Trigger was said to be “the smartest horse in the movies.”

Morris was an orange tabby adopted from a Chicago shelter in 1968. In less than two years, Morris landed a gig as spokescat for *Nine Lives* cat food. He even penned three books.

Orangey is said to be the feline Meryl Streep. The red tabby played Cat in *Breakfast at Tiffany’s*. Her first role was in *Rhubarb* and she won a Patsy. Orangey portrayed Minerva in *Our Miss Brooks*.


Other stars include Babe, Old Yeller and Popcorn Deelites who played Seabiscuit.

There are no animal Oscars, but there should be. Nonetheless some have stars on the Walk of Fame, including Rin-Tin-Tin and Lassie.



Picture is a courtesy of the Burbank Animal Shelter where PATSY markers are located.

March CE


Speaker:	Tiffany Tapp, DVM, Diplomate, American College of Veterinary Dermatology	Location:	Boulevard Brewery 2501 Southwest Boulevard Kansas City, MO 64108 816-474-7095	
Topic:	Pitfalls to Avoid in Veterinary Dermatology: Common errors made in working up dermatology cases and how to avoid them.	Fee:	No fee to attend this event, but RSVP is required. Current membership dues cover all CE.	
Date:	March 15th, 2012 (3rd Thursday of the Month)			
Time:	Dinner: 6:30pm, Presentation: 7pm			*Boulevard Brewery has a maximum capacity of 100 guests
CE:	2 hours	Sponsor:	Elanco	

RSVP by March 9, 2012 by contacting Mia Briones (brionesmi@elanco.com / 913-207-4838) or Lyndsay Farnsworth-Dick (913-481-3857)

Dr. Tapp received her DVM in 1991 from Oklahoma State University and completed an internship in Small Animal Medicine and Surgery at Auburn University. Her subsequent experience in private practice for four years influenced her selection to enter into a private practice residency with Drs. Griffin and Rosenkrantz at Animal Dermatology Clinic in Southern California. Following her residency, she established Veterinary Healing Arts in Rhode Island along with her husband, veterinary behaviorist Dr. Vint Virga.

Dr. Tapp is a Diplomate of the American College of Veterinary Dermatology. She is the author of several published research studies and continuing education articles, and actively contributes to ongoing research with a number of pharmaceutical companies in the evaluation and development of new treatment regimens for dermatological conditions. She lectures extensively across the US to a variety of veterinary audiences. Dr. Tapp's special interests include the diagnoses and management of immune mediated and allergic dermatoses of dogs and cats. She has an 8-year-old daughter and two crazy Norwegian Forest Cats.

April CE

Speaker:	Geryll Hall, DVM	Location:	BluePearl Veterinary Partners 11950 West 110th Street Overland Park, Kansas 66210 913-642-9563	
Topic:	Putting Vaccine Choices into Action	Fee:	No fee to attend this event, but RSVP is required. Current membership dues cover all CE.	
Date:	April 19th, 2012 (3rd Thursday of the Month)			
Time:	Dinner: 6:30pm, Presentation: 7pm			
CE:	2 hours	Sponsor:	Merck Animal Health	

Please RSVP for the April 19th CE event by 5pm on Tuesday, April 17th at kcvma.com or <http://conta.cc/yo05GJ>

Dr. Hall is the lead veterinarian for Merck Animal Health's unique Vaccine Protocol Help Line. Her contributions to this effort include practicing in Atlanta, GA, as well as working with two rescue groups and one shelter; creating vaccination life plans for animals with genetic problems or suspected adverse events; presenting the latest product developments and applications to veterinarians, as well as keeping them informed about recent industry changes; updating shelters on immunology and sanitation protocols; and visiting veterinary clinics and shelters personally to educate the staff on the issues involved in the use of currently available products. She also serves as the primary Merck Animal Health representative at international, national and state meetings concerning biologicals, internal medicine and pain management.

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CLASSIFIED ADS

Send your classified ads to: Wanda Geis, PO Box 12468, Shawnee Mission, KS 66282-2468, fax them to her attention at 913-341-4225 or email them to classifieds@kcvma.com. Ads must not be over 100 words in length. Classified ads will be run at the sole discretion of the editor and may be edited for content. Deadline for the next newsletter is 4/15/12.

Westwood Animal Hospital is seeking an experienced veterinary receptionist to join our staff. This position will start at approximately 30 hours per week, but has the potential to become full-time if the need arises. Some experience with Avimark veterinary software is preferred. Interested parties can fax or e-mail their application and resume. Applications are available on our website, www.westwoodanimalhospital.com.

Abaxis Animal Health, a leading manufacturer of point-of-care diagnostic systems in the veterinary market, seeks applicants for a new sales position in the Kansas City area resulting from expansion of our reference laboratory business in Olathe, KS. Abaxis Veterinary Reference Laboratories (AVRL) has experienced rapid growth since launching in fall 2011. The Responsibility of the AVRL Territory Account Manager (TAM) is to sell AVRL services to veterinary hospitals, retain customers and increase AVRL requisitions in addition to clinic exclusivity and AVRL revenue. Go to www.abaxis.com to apply: "About Us" tab, click on "careers, scroll to "Current Open Positions," click the Territory Account Manager position.

VETERINARIAN WANTED: Growing veterinary practice in South Johnson County in search of Part-time veterinarian. Looking for self-sufficient veterinarian willing to work flexible work schedule and help our practice grow. Please send inquiries to kvet@kc.rr.com or contact Dr Gib Benschoter at 913-742-1183 for more information.

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Gregory Dennis has served and represented the KCVMA and Kansas City area veterinarians for 25 years.
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