Veterinary **Specialist** Group

# The Next Step

Issue 1. April 2005

EXPERTISE • TECHNOLOGY • COMPASSION

## Overnight Nursing at VSG

It has always been the aim of the founding partners of VSG to have the hospital staffed 24 hours a day, 7 days a week. A major step towards this was achieved last year with the employment of Shannon Reed to cover the nightshift Monday to Friday. Shannon is a highly experienced and dedicated veterinary nurse with scrupulous attitudes to patient care.

It gives the VSG team relief in knowing that our patients' well being is assured and that they are clean, dry, comfortable and pain relieved. The application of simple TLC is so important for the recovery of ill or post-surgical animals and we are very happy to be able to assure owners that this often-neglected aspect of veterinary care is being fulfilled. This year we plan to investigate the viability of web cams, so that owners can see their pets in a rested and comfortable state.

## Medicine and Ultrasound in South Auckland

In order to provide easier access to referral services for clients in the south and east of Auckland, Darren Fry is now running a medicine and ultrasound service from the Chapel Road Veterinary Clinic on Tuesdays. The reaction to this service has been extremely positive and the service is growing in popularity. We will be monitoring the need to provide extended services at this location in the next year or two. Darren has the use of a top-of-the-line portable ultrasound unit that is capable of excellent general ultrasound imaging and echocardiology. All studies performed off-site are digitally archived for future reference. No interventional procedures or procedures requiring general anesthetic will, however, be performed at the off-site location. All procedures requiring general anesthetic and all interventional procedures will be performed at VSG hospital where trained staff are available to help manage the patient should undesirable consequences of either a biopsy procedure or anesthetic arise. We do not intend to replicate the VSG hospital concept in another location, although given time as the service develops it may be necessary to acquire additional space. The sole aim of the service is to provide easy access to a specialist consultation and some limited diagnostic procedures. Future plans include the expansion of the service to provide the opportunity for clients in this region to obtain specialist surgical consultations without the need to travel to VSG hospital. If this off-site service proves to be successful it is likely that a similar service will be offered on the North Shore later in 2005.

When a patient presents with a problem that Darren perceives could benefit from multiple specialist input, the patient can be transported to VSG hospital by Darren and later returned to the Chapel Road Veterinary Clinic for discharge. The above option will allow many clients to avoid the frustrations of Auckland's ever-increasing traffic problems.

Appointments for the Chapel Road Veterinary Clinic service should be made on the main Veterinary Specialist Group number, 09 845 5455. The address of the Chapel Road Veterinary Clinic is 164 Chapel Rd, Botany Downs.

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The Veterinary Specialist Group hospital is located on the Unitec campus situated between Gates 2 and 3 on Carrington Road.


**Welcome to the first edition of "The Next Step", the Veterinary Specialist Group (VSG) newsletter.**

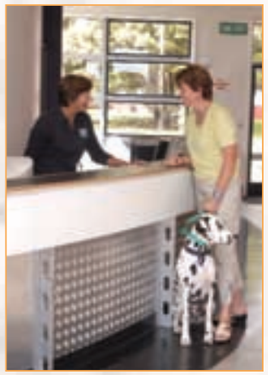
VSG is a partnership of a group of small animal veterinary specialists. It was formed to develop a high-quality stand-alone specialist hospital in Auckland, with the intention of providing the highest possible level of veterinary care to the veterinarians and pet owners of the region.

As our byline states, we regard ourselves as "The Next Step" in the process of achieving a resolution for patients with difficult medical, surgical and imaging problems. We are here to provide a resource of experience, technology and compassion that we hope you will regard as an extension of your practice. We do not perform routine procedures here, nor do we retail. Our aim is to provide answers to your clients, then pass them back to you for ongoing management and care.

We occupy a 7000 sq ft purpose-designed building on the Unitec campus, and we have a partnership agreement with Unitec to provide hands-on training to their advanced veterinary nurses. VSG recently celebrated its fourth birthday, and is now well established as the leading provider of veterinary specialist services in the region. We continue to grow, and from an original complement of 3 specialists and 7 staff, we now have 5 specialists, a medicine clinician (working towards specialist registration), 12 veterinary nurses, 3 receptionists and a practice manager. In 2004 we were able to hire a very experienced nurse to provide overnight care (Monday to Friday) and we have all relished the feeling of reassurance that this gives us. Our clients and patients also appreciate the higher level of care that we can provide.

Our aim with this newsletter is to regularly provide you with news and information about the latest services we offer, as well as "bite sized" chunks of information from the worlds of medicine, surgery and imaging. We hope that you find this useful, and welcome feedback via email, phone or fax.

Our aims are; to offer a wider selection of specialist services; to continue to grow; to train veterinary nurses to the highest possible standard, and to continue to offer pet owners the greatest possible range of options for their animals.



# Surgical Treatment of Caudal Maxillary Tumours in Dogs - a new modification - by Alex Walker

**The most common tumours of the maxilla and rostral skull of the dog are fibrosarcoma (FSA), osteosarcoma (OSA), squamous cell carcinoma (SCC), malignant melanoma (MM) and epulides.**

The goal of treatment is surgical removal while attaining tumour-free margins. Many of these tumours are locally invasive (FSA, OSA, SCC) and the caudal location often delays recognition by the owner. These two factors make surgical resection of these tumours a challenge. Although many studies state that tumour-free margins are associated with a more favourable prognosis, only one study has correlated outcome with histopathological appearance of the margins of the resected maxillary tissue. Dogs with tumour cells in the margins (dirty margins) were 3.6 times more likely to die than patients with clean margins. Also the study found that dogs with tumours located caudally (caudal to PM3) were 4.3 times more likely to die from the tumour than dogs with tumours rostral to PM3. The standard technique for caudal maxillectomy described in 1985 has been via an intraoral approach. It has been found this approach makes effective resection of caudal tumours difficult. Recently we have used a modified technique in two cases to allow greater chance of "clean" resection. This technique uses a combined dorsolateral and intraoral approach to allow greater exposure and better visualisation of the extent of the tumour when making the dorsal osteotomy for the maxillectomy and for the dorsal and caudomedial osteotomy when combined with a partial orbitectomy. All tumours were caudal to PM3. All patients are "met(astasis) checked" preoperatively with thoracic radiology and FNA of an enlarged regional lymph node if present. All dogs treated for caudal maxillary tumours undergo CT investigation to assess the tumour extent and therefore the extent of resection required. We use 3D reconstruction software technology to get visual images of the tumour to further facilitate surgical planning.

*3D CT reconstruction of maxillary fibrosarcoma*

The surgical technique involves an intraoral incision in the buccal mucosa 1 cm from the tumour margin. A second incision is made dorsally just lateral to the midline of the dorsal nasal cavity. This incision is extended caudally over the zygomatic arch if partial orbitectomy is required as in both of our cases. The area between the two incisions is dissected clear from the maxilla, creating a large bipedicle flap. The facial vein is ligated during dissection and the osteotomies are made in the cranial and dorsal maxilla. The ventral osteotomy is made in the hard palate, medial to the teeth (the more medial, the more chance of severing the greater palatine artery). The most caudal osteotomy is made through the ventral orbit with an osteotome and the maxillary artery (where it becomes the infraorbital a.) is exposed and ligated. Intraoperative haemorrhage can be brisk and profuse so blood should always be available for transfusion.

Of the 20 dogs studied, tumour-free margins were obtained in 70% of cases with 64% alive at 1 and 2 years post-op. This compares favourably with previous studies. In both our cases we achieved tumour-free margins and found the technique far superior for visualisation and execution of the osteotomies. Cosmetic results have been excellent and patient oral function has been minimally compromised.

# BEN - back on the hunt for food - an interview by Annie Wright of 'The Write One'

**Ben is a nine year old, large, black exuberant Labrador who is full of energy and literally jumping out of his skin to get out and about having fun and pursue his favorite pastime of stealing food whenever and wherever.**

The good life he has now is very much due to the expert care and attention he received for a life threatening tumour on his jaw from the team at VSG. Bens' owners, Charles and Dianne Woolley live on a two acre rural property on the edge of Takanini in South Auckland and, along with Ben, they have a veritable menagerie of animals to care for. Charles says he has had Labradors all his life and loved them all but Ben is one out of the box, so full of energy and fun, but that all changed towards the end of last year.

"Ben developed a lump on his lower jaw which got bigger and bigger. I took him down to our local veterinary clinic and, when my usual vet was unavailable, Ben was seen by a new vet. He carried out tests and said pretty much straight away that Ben had a caudal maxillary tumour, which would be fatal. He would have to be put down, the sooner the better as he would die within a few weeks."

Charles says he was devastated and, after discussions with Dianna, he returned to see his normal vet Glen Burgess at Vet Associates at Takanini. Glen re-confirmed the diagnosis but suggested Charles and Dianna take Ben to VSG.

"He said VSG have teams of highly trained vet specialists very much like a hospital and they have had a very good success rate in treating this sort of condition. We made an appointment and met with VSG veterinarian Mark Robson who explained the condition and all the options regarding operating on the tumour."

Charles says Mark immediately requested a set of x-rays and carried out more tests and said he would confer with the VSG surgeons before making a decision to operate. We were told of the costs involved and the likelihood that Ben's face may be disfigured - all the nuts and bolts that we needed to take into consideration before moving forward but he was positive that Ben could be saved."

*Surgical site at suture removal 10 days post-op*

Charles said he was fully informed about the whole process Ben may go through right down to viewing a canine skeleton as an example - "they were so professional and caring. I felt they took the situation seriously and cared about Ben as much as we did."

"Alex explained the goal of treatment is surgical removal while attaining tumour-free margins. He felt that this tumour could be operated on with success."

He says Ben had a C.T. scan and the results gave hope. Mark then explained about Helixor, which contains mistletoe extract, which is intended to stimulate the immune system. This would be prescribed for Ben post operation. We were given all the treatment costs up front and asked to think about these."

After going home and discussing the situation Dianne and Charles decided to place Ben in the hands of the VSG team and the process began. Ben was admitted to VSG for three days - he came through the operation well and when the Woolley's went to collect him he was running around, full of energy and fun.

"He is alive and well and back to his old mischief - if it hadn't been for the hope and expertise that VSG offered he would be dead now."

Charles and Dianna cannot speak highly enough of their relationship with VSG or the treatment Ben received.

"We can't thank them enough. We were able to sit down and discuss every aspect of Ben's care, with Mark, Alex, and the VSG team - initially we thought there was no hope for him but we were immediately reassured by the VSG team that there was hope and, more importantly, that Ben would have a good quality of life post operation."

Charles says not everybody wants to, or is able to spend thousands of dollars on vet bills but for Dianna and him it was something they wanted to do and they have no regrets. Initial fears of facial disfigurement have also gone as Ben's fur grew back and he is now as good looking as ever, and once again out on his daily missions to find more to eat.

# Radiology of The Cervical Spine - by Chris Warman

Many veterinary patients present with a clinical history suggestive of possible involvement of the cervical spine. Plain radiology is an appropriate screening imaging modality when a patient presents with clinical signs suggestive of cervical spine pathology. Unfortunately many of the radiographs presented for a specialist opinion are of inadequate diagnostic quality, largely, but not solely due to inappropriate positioning.

To optimize the value of any radiographic examination it is important to adhere to a stringent positioning and beam localizing protocol. The failure to adhere to a strict protocol will result in images that can be extremely difficult to interpret with an increased likelihood that erroneous diagnosis being made, probably more so in spinal radiology than in any other examination.

Survey spinal radiology requires general anesthetic. Adequate patient relaxation is generally not achieved with sedation alone. General anesthetic produces the necessary degree of muscle relaxation to produce diagnostic radiographs and allows the technician or veterinarian to easily make subtle adjustments to positioning.

In the lateral view it is very important that the spine is parallel to the cassette. Place the patient in lateral recumbency and caudally distract the hindlimbs so that the shoulders do not to summate with the caudal cervical spine in the resultant images. The head should be in a neutral position, neither extended nor flexed. The nose needs to be supported so that the head reveals no rotation and the mandibular rami are superimposed. If positioning is correct, it should be possible to see when standing behind the patient that the occipital crest is positioned in exactly the same plane as the dorsal processes of the thoracic spine. A radiolucent packing device is then placed under the neck in the region of C3-C5. A mound of cotton wool, which is adjusted depending upon patient size, is excellent packing.

Two radiographs are required to evaluate the cervical spine on the lateral position. One radiograph should be taken with the beam focused at C2-C3 and the other focused at C5-C6. An adjustment in exposure factors is necessary between the two radiographs due to the discrepancy in patient thickness between the two regions.

In the resultant image the wings of the atlas and the transverse processes of the lower cervical vertebra should overlay one another.

*continued overleaf*

*continued from pg 3*

The intervertebral spaces should not reveal the effects of tangential obliquity, in that the end plates of the respective vertebra are parallel to the beam.
In the ventral-dorsal view the hindlimbs need to be retracted caudally. The thoracic region needs to be supported either by sandbags or in a trough. The head is gently extended and fixed in position generally with a sandbag. The correct alignment of the spine can be assessed by standing at the head of the patient looking towards the thorax. Once again two radiographs at appropriate exposure for both the cranial and caudal cervical spine need to be performed. If possible, rotation of the tube-head, approximately 10° to the head will limit the influence of tangential obliquity through the intervertebral disc spaces. Use can also be made of the "heel effect" to assist in obtaining a more uniform image density despite the varying tissue thickness. When performing a ventral-dorsal radiograph it is important that the radiograph be photographically labeled so that left can be distinguished from right. The resultant image should reveal a straight spine from the head to the thorax. By drawing the line from the occipital crest to the thoracic dorsal processes, the left side of the spinal image should be a mirror image of the right.

## Feline Hepatic Lipidosis - by Mark Robson

**Not long ago an experienced veterinarian said to me "a yellow cat is a dead cat".** Happily this is definitely not the case, but he was almost certainly scarred by dealing with hepatic lipidosis (HL). If undetected, HL is almost always fatal as the treatment involves careful but sustained nutrition for weeks to months, and most cats with undiagnosed HL will be euthanased due to lack of response.
Cats are unusually vulnerable to the accumulation of lipid in hepatocytes. HL is usually a syndrome of multifactorial origin, but the end result is that triglyceride accumulates in >50-80% of hepatocytes. This leads to liver failure and the myriad systemic effects that such failure always precipitates. A principle source of the lipid is thought to be adipose stores, which are mobilised in response to even short periods of anorexia. Hepatocyte uptake of the mobilised fatty acids exceeds the ability of the liver to convert them into triglyceride then re-excrete it as lipoprotein and the cells "fill up" with fat.
Dr Sharon Center, a respected worker in this field, states that " the term idiopathic HL is obsolete". This strong statement results from her experience that over 80% of cats with HL can be proved to have one or more underlying diseases. These precipitate metabolic changes that result in lipid accumulation in hepatocytes. As in most idiopathic syndromes, the more thorough the diagnostic evaluation the less likely that the condition will remain idiopathic!
Some authors use the terms primary and secondary HL. Primary HL refers to a "typical" obese cat going off food for an unknown reason with no detectable underlying disease. Within days they go into the full-blown syndrome featuring icterus, anorexia, depression etc. Secondary HL describes those cats with an underlying disease, e.g. cholangiohepatitis, neoplasia and infection who then develop lipid accumulation that progresses to full blown HL. They may well be recovering from the primary disease while slipping into liver failure from HL.
Diagnosis is best achieved using history, blood work and ultrasound, preferably with guided aspiration of the liver. Consideration of clotting ability is needed. Biopsy can be used, with impression smears taken from samples to speed interpretation, but an increased (though still small) risk of bleeding is incurred. Attention must be paid to electrolyte disorders and the diagnosis and treatment of underlying conditions.
Nutritional support is the core treatment for HL. Force-feeding is rarely sufficient or desirable. Many of these cats are too ill for invasive procedures under anaesthetic, so careful nasogastric tube feeding along with IV fluid and electrolyte support may be needed for a few days before placing a more permanent feeding tube. Most internists prefer a percutaneous endoscopically placed gastrostomy (PEG) tube but an oesophagostomy or pharyngostomy tube can also be used.
Long term feeding at home may be needed. My "record" patient was fed at home via PEG tube for 8 months before suddenly recovering her appetite and ripping the tube out, all in the same day! Physical exams and monitoring of liver enzymes and bilirubin will help to plot progress.
Space precludes discussion of supplementation with Vitamin K, B12 and carnitine, and the interested reader is referred to the articles listed below:

- *Hepatic Lipidosis In Cats* - Sharon Center - Proceedings of Western Veterinary Conference 2002
- *Common Feline Liver Diseases* - Keith Richter - Proceedings of Western Veterinary Conference 2004

Both articles above are available online at www.vin.com to members. A free one-month trial membership is available to all veterinarians.
Gypsy Collard, our feline HL example was presented after a week of illness centred around her liver. I believe that she was suffering from cholangiohepatitis that then progressed to full blown HL. Her owner was extremely motivated and conscientious and allowed us to treat her comprehensively. PEG tube placement was essential to get food into her in a reliable and stress free way until her liver recovered. She is now well in all respects after looking to be "on death's door" for quite a few days.
Hepatic lipidosis is a major differential diagnosis in all cats with evidence of liver disease, and prompt aggressive treatment is needed to give a good chance of recovery. Recovery rates varying from 30-90% appear in the literature, with the higher figure or better being the norm in our practice.

## Special Care For Gypsy - an interview by Annie Wright of 'The Write One'

**Receiving a check-up call on Christmas Day from your vet is definitely not the norm.**
But Mark Robson from the Veterinary Specialist Group (VSG) based at Unitec in Auckland, took time out from his own celebrations to check on the progress of a small black cat called Gypsy and, according to owner Suzi Collard from Epsom, that call sums up the VSG attitude.
According to the old adage most cats have nine lives but Suzi says her small, black furry friend Gypsy has used up all of these recently, and if it had not been for the superlative treatment and care she received from both Greenlane Vets and VSG, Gypsy would almost certainly be dead.
Gypsy (affectionately known as Jew-Jew) is a four year old, small, black & white female cat who is much loved and cherished, along with her brother Moses. Jew-Jew had been unwell over a period of time culminating in serious illness in December 2004. She was spending long amounts of time away from home and was emaciated and very ill and, although she had already been diagnosed with a very narrow pelvic canal, which was causing her to become constipated, she seemed to be fading by the day.
Suzi says Jew-Jew had a history of acute constipation and late last year she became extremely thin and jaundiced. She consulted with her local vet at Greenlane Vets who put Jew-Jew on daily Lactulose syrup which would help her pass stools and ease her condition.
While this did seem to improve Jew-Jew's lot, Suzi says it was extremely hard to find the correct dose and also ensure that Jew-Jew was always on site to receive them.
When Jew-Jew's health did not improve Suzi took her back to Greenlane Vets and extensive tests were again carried out to determine the base cause of her illness. Blood tests showed up very high levels of bilirubin & liver enzymes, which can have very serious consequences for small animals such as cats.
"They thought that the high levels could be attributed to some sort of toxic poisoning but couldn't find a satisfactory cause. Due to Jew-Jew's deteriorating health, Greenlane Vets decided to refer to VSG. Suzi says she had been told by her local vet to expect the worst but upon contacting VSG she was given hope.
"The whole team were so caring and did not treat Jew-Jew as just another sick cat. I was immediately assured they could do much for her - that they had the expertise and equipment and would do everything possible to save her life. They sat with me and explained what they would or could do, how they would approach the problem and how much the treatment might cost, which is an important part of the process."
VSG veterinarian Mark Robson says Jew-Jew presented as low energy, thin and showing signs of malnourishment and dehydration despite the fact that she had been well fed and cared for.
After rehydration and supportive care, Chris Warman performed an ultrasound-guided biopsy of Gypsy's liver. This revealed a syndrome called hepatic lipidosis (fatty liver) that cats are unusually susceptible to, and which is often fatal.

Treatment centres on providing a guaranteed intake of calories each day using an endoscopically placed feeding tube.
Suzi says as treatment progressed Jew-Jew slowly started eating and was discharged from VSG weighing just 2.67kgs - "while she was skin and bone she was taking in food. I had this belief that I wanted to do the very best for her as she is an incredible little cat, full of affection and character that never failed her despite all the tests and treatments she has endured."
She says Jew-Jew came home and was taking eight meals a day through a tube inserted into her stomach. Things were looking up.
"Mark was so caring and supportive. He called me every day to check on her progress - even on Christmas Day, which was amazing. Suzi discovered Jew-Jew liked roast chicken and gravy, which was freely available at Christmas, and more importantly Jew-Jew started eating unassisted. "She took an instant liking to this swish diet and from there moved gradually onto a normal daily diet of two and a half bowls of cat biscuits and water consumed by herself. She reached four kilos in weight and from there started to flourish while Mark continued to keep a close eye on progress."
Suzi says she is sure Jew-Jew would have died under normal circumstances had she not received the incredible level of care provided by Mark and the VSG team.
"Mark and the team at VSG were just brilliant with the both of us. They really cared, were always available and kept in contact even when Jew-Jew had been discharged back into my care. Every morning I wake up to Jew-Jew's little face and think it's been worth all the effort - for cat and owner."

# The Pfizer Internship at VSG - by Richard Jerram

VSG in conjunction with Pfizer New Zealand are pleased to welcome Thurid Freitag as the 2005 Pfizer Intern @ VSG.

Thurid is a 2001 veterinary graduate of the University of Leipzig, Germany. She has recently completed the research work towards a PhD at Massey University under the supervision of Richard Squires. Following the completion of her twelve-month internship, she hopes to pursue further clinical specialist training through the North American residency program system.

The Pfizer Internship is offered to new graduates of Massey University annually and is a fixed twelve-month position from December to December of the following year. The position offers concentrated, supervised, in-hospital training through services in small animal surgery, internal medicine and diagnostic imaging. Pfizer New Zealand has been a key contributor to the success of the programme.

**The objectives of the programme are:**

**1.** To prepare the intern for postgraduate specialist training (internship, residency, research) at university teaching hospitals overseas.

**2.** To provide the intern with an opportunity to develop an understanding of the clinical management of challenging small animal medicine and surgery cases.

**3.** To allow the intern to learn professional publication and presentation skills.

**4.** To provide the intern an opportunity to develop skills in client communication, medical record keeping, and literature review.

The intern has no primary case responsibility but works alongside the specialist during the admission of complex cases referred to the Veterinary Specialist Group hospital. During the year, the intern will develop the clinical skills required to assess, diagnose, and treat these patients with the opportunity to refine fundamental skills including catheter placement, blood collection, fluid therapy, anaesthesia management, analgesia, transfusion medicine, and the acquiring and interpretation of imaging studies and clinical pathology.

If an animal proceeds to surgery, the intern is scrubbed in as surgical assistant, getting first-hand experience of general surgical principles and specific techniques. The monitoring, management, and care of hospitalised patients are a major part of the intern's duties that extend to weekends and after hours.

James Sutherland-Smith, the 2003 Pfizer Intern @ VSG is currently completing the first year of a residency-training program in radiology (diagnostic imaging) at Tufts University in Massachusetts, USA. This is a three-year program that will ultimately allow James to sit the Board Certification examinations for the American College of Veterinary Radiology.

Wendy Archipow, the 2004 Pfizer Intern @ VSG has secured an internship at the prestigious University of Pennsylvania, beginning in July 2005. Wendy is currently doing locum veterinary work in the United Kingdom.

Thurid and VSG would like to acknowledge the invaluable support of Pfizer New Zealand in making the Internship Programme a success. We wish Thurid all the best for 2005 and beyond.

# Saturday Medicine Consulting at VSG

Michael Coleman has been running a Saturday clinic at VSG for some time now. Caseload has been building slowly, but we would like to remind veterinarians that this service is available and is intended to provide an avenue for referral of those urgent Saturday morning cases as well as for owners who cannot get in to us during the week.

Mike completed his residency in October last year and is busy studying for his Fellowship exams, which are in June. He is experienced in all aspects of internal medicine and is gaining all the latest information as he heads towards specialist status.

Having Mike available on Saturday also means that in-patients get in-depth care on that day and most of those admitted late in the week will either be discharged on Saturday or will be well on the way to recovery. This makes Sundays an easier day for us all. We eventually hope to be able to offer referral medicine services 7 days a week, but there has to be sufficient staff available to make this viable. We do not wish to expand services too fast, but rather grow in such a way that staff rosters are still compatible with good quality of life.

The medicine team can be reached on Saturday mornings by calling 0276 969933. At the moment we cannot provide full reception services but this will come with time.

# Telephone Consulting in Medicine and Surgery

We are now pleased to offer a formal telephone consulting service at VSG. We became aware last year at the NZVA Conference in Christchurch of an unfulfilled need for a national consulting service. The value of a remote specialist consultation can be inestimable for you and your clients. A real-time discussion with a specialist can provide case management advice that is a distillation of years of experience and reading. In many instances the direction of a complex case or a planned surgery will be radically altered, and almost inevitably the veterinarian saves valuable time. If a case is fully referred within 7 days of a consultation then no charge will be made.

## How Does It Work?

Call or email reception for a consultation time.

Fax or email relevant case history and especially lab reports.

Call us at the appointment time.

We bill you once 7 days has elapsed or if it's clear that referral will not occur.

## Medicine and Surgery Telephone Consulting Fees

**Full Consult;** 30 minutes, no limit to number of cases $90.00

**Ten Minute Consult;** for dose rate queries, sourcing equipment, drugs etc $35.00

**Revisit Consult;** follow-up on a previously discussed case $35.00

**Note;** If a case is fully referred within 7 days of a consultation then no charge will be made. *(These prices include GST)*

# Film Reading

$60 to $90 depending on the number of films to be read.



# VSG Publications

Although VSG is a commercial business, we feel that we still have an obligation to contribute to veterinary learning and research. Three times a year we provide a continuing education evening to local veterinarians and our specialists regularly present topics at local, national and international seminars. Since the establishment of VSG, we have contributed nine peer-reviewed articles to the international veterinary literature and a further two are awaiting publication. The following is a list of these articles.


- King M, Jerram RM: Achilles tendon rupture in dogs. *Compendium on Continuing Education for the Practicing Veterinarian* 25: 613-620, 2003
- Jerram RM, Walker AM: Cranial cruciate ligament injury in the dog: pathophysiology, diagnosis and treatment. *New Zealand Veterinary Journal* 51: 149-158, 2003 (awarded Most Commendable Paper prize for 2003 by the Australian College of Veterinary Scientists)
- Sutherland-Smith J, Jerram RM, Walker AM, Warman CGA: Ectopic ureters and ureteroceles in dogs: Presentation, cause, and diagnosis. Compendium on *Continuing Education for the Practicing Veterinarian* 26: 303-310, 2004
- Sutherland-Smith J, Jerram RM, Walker AM, Warman, CGA: Ectopic ureters and ureteroceles in dogs: Treatment. *Compendium on Continuing Education for the Practicing Veterinarian* 26: 311-315, 2004
- Jerram RM, Warman CGA, Davies ESS, Robson MC, Walker AM: Successful treatment of a pancreatic pseudocyst by omentalisation in a dog. *New Zealand Veterinary Journal* 52: 197-201, 2004
- Coleman MG, Warman CGA, Robson MC: Dynamic lung hernia in a dog. *Journal of Veterinary Internal Medicine* 19: 103-105, 2005
- Coleman MG, Robson MC: Evaluation of six-lead electrocardiograms obtained from dogs in sitting position or sternal recumbency. *American Journal of Veterinary Research* 66: 233-237, 2005
- Coleman MG, Robson MC: Pancreatic Pseudocysts and Abscesses: Uncommon conditions of the exocrine pancreas. *Compendium on Continuing Education for the Practicing Veterinarian* 27: 147-154, 2005
- Jerram RM, Walker AM, Sutherland-Smith J, Warman CGA, Lewis DD: Treating pedal shortening in a dog by metatarsal distraction osteogenesis. *Journal of Small Animal Practice* 46:191-195, 2005
- Coleman MG, Robson MC: Nasal infection with Scedosporium apiospermum in a dog. *New Zealand Veterinary Journal* (in press)
- Coleman MG, Robson MC, Harvey C: Pancreatic cyst in a cat. *New Zealand Veterinary Journal* (accepted for publication)