

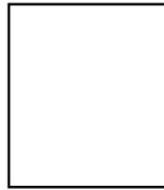


Center Of Veterinary Expertise  
24/7 ER + Specialty Care

6550 Hampton Roads Parkway, #113  
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# the COVE connection



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## CaseCORNER

**Patient:** Hope – 12YO, FS, Walker Hound  
**Referred By:** Denette Cooke, DVM  
**The Cooke Veterinary Medical Center**



**Outcome:** Total bilirubin and hepatic enzyme values decreased steadily. Cardiac arrhythmia never recurred. After three days, Hope was ready to go home with a continued care plan including: Cephalexin, Tramadol, Denamarin, Ursodiol, and Hill's L/d diet. Periodic lab work to monitor hepatic enzymes and total bilirubin values.

**Initial Presentation:** Sudden onset of depression, vomiting, anorexia, and abnormal behavior (standing in a corner of the room).

**Primary Care Work-Up:** CBC, electrolytes, biochemical profile, abdominal radiographs, and abdominal U/S.

**Findings:** Hemoconcentrated (HCT – 58.3) with a mild neutrophilic leukocytosis, mildly azotemic (BUN – 36 mg/dl), mildly hyponatremic (137 mmol/L), hypokalemic (2.9 mmol/L), hyperphosphatemic (9.2 mg/dl), hyperbilirubinemic (25.1 mg/dl) with immeasurable elevations in ALT and ALP, and elevated GGT (102 U/L). Radiographs revealed hepatosplenomegaly, U/S revealed a homogenously hyperechoic liver and spleen, cyst in the left kidney and severely distended gall bladder with a characteristic "kiwi" appearance consistent with a gall bladder mucocele.

**Pre-Referral Treatment:** IV bolus of 500mls LRS, Metronidazole, Baytril, and Vitamin K injections.

**Presentation Upon Referral To The COVE:** Severely depressed, weak, icteric and dehydrated, slightly tender on cranial abdominal palpation.

**Diagnostics:** Coagulation profile – WNL; Thoracic rads: cardiac, mediastinal and pulmonary structures – WNL.

**Treatment:** Plasmalyte + 20 mEq/L KCL, Metronidazole, Unasyn, Famotidine, Cerenia, Vitamin K, Lactulose, Denamarin, and Buprinorphine; exploratory surgery scheduled for next day.

**Surgery Prep:** ECG revealed second degree heart block with a transient ventricular escape rhythm. Responded to atropine therapy; Hope was anesthetized for surgery.

**Surgery:** Midline celiotomy and cholecystectomy performed. Samples submitted for histopathology and C&S. Hepatic and common bile ducts catheterized, flushed with sterile saline.

**Post-Op Care:** Fentanyl/Lidocaine CRI pain management protocol, hourly TPR's, Doppler BP and ECG monitoring every 6 hours, PCV/TS every 8 hours, Chem 10 profile every 24 hours.

**Histopathology Results:**  
Gall bladder – Mucocele with pericyclic hemorrhagico-purulent hepatitis  
Liver – Purulent portal hepatitis associated with extra-hepatic biliary obstruction  
C&S – Negative for bacterial growth

**Conclusion:** Hope continued to improve and she is now back to normal, enjoying life like she did before the crisis. She is currently still taking Denamarin, Ursodiol, and continues to eat Hill's L/d diet. Her latest lab work revealed completely normal total bilirubin and hepatic enzyme values.

Hope's case is a great example of how primary veterinary health care providers and emergency and specialty veterinarians can work together to bring about the most favorable outcome possible. Dr. Cooke did a fantastic job of assessing Hope's condition, gathering important diagnostic information, initiating treatment, and making a timely referral to a 24-hour care hospital where Hope would have access to round-the-clock intensive care and board-certified specialists to provide the very best definitive care options.

## In Their Words...



"We have dealt with The COVE in emergency and non-emergency situations and every time we have received the best care possible. The COVE staff has taken care of 3 of our 4 dogs and whether it is during normal working hours or 3 o'clock in the morning, they take exceptional care of our animals and us in the process. They treat our animals as they would their own, and you can see and feel it as they explain what will happen, how they will proceed, possible outcomes, and in their follow-up calls to check on our pet's progress. I have and will continue to recommend The COVE to family, friends, and fellow dog owners."

**Rachel Nelson – Owner of Malu**



In Their Words... Thank You! In Their Words... Thank You! In Their Words... Thank You!



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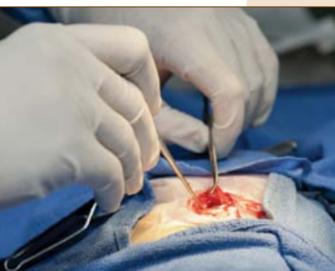
Board-Certified Specialty Care | Surgery + Cardiology



## SURGERY Department

Under the experienced leadership of Jeff Stallings, DVM, DAVCS, the surgery department at The COVE offers your patients the full range of state-of-the-art services including:

- + Orthopedic
- + Soft Tissue
- + Neurologic
- + Oncologic
- + Reconstructive/Trauma/ER
- + Minimally invasive – coming soon



Special emphasis on the safe administration and monitoring of anesthesia is part of our standard of care. Likewise, we develop an individual pain protocol for each patient utilizing local, regional, and IV management.

Take comfort in knowing that a veterinarian with experience in emergency and critical care medicine is on the premises at all times, along with other skilled, caring members of our team, for any surgical patients that need to stay overnight. Additionally, we have a cardiologist available for complications that may arise during surgery.

Please let us know if we can answer any questions. We welcome your call if you would like to discuss a case for referral consideration.

## Spotlight ON

**Jeff Stallings, DVM**  
Diplomate, American College of Veterinary Surgeons  
Co-Founder of The COVE



A Virginia Beach native, Dr. Stallings received a Bachelor's degree in Animal Science from Virginia Tech. He moved to Georgia to work on an Angus Cattle ranch, then took a job as an embryo transfer technician at the University of Georgia Animal Sciences Department. After earning his DVM from UG and completing an internship in small animal medicine and surgery, Dr. Stallings worked as an emergency veterinarian followed by a three-year surgical residency at the University of Florida. He moved his family to Maryland to work in a referral practice before returning to the Tidewater region where he initially established a mobile surgery service. His practice moved into a fixed location many years ago where he proudly offered pet owners and referring veterinarians the latest techniques in soft tissue, orthopedic, oncologic, and neurologic surgical procedures. As a co-founder and visionary for The COVE, Dr. Stallings has been encouraged to pursue this dream by his supportive family including his wife and two sons. Of course, the dog is happy about it too – she's a lab, she's happy about everything!



## Tech TIP

### Staying Warm While Under Anesthesia

The key to keeping your patients warm while under anesthesia is to avoid temperature loss from the start. Induce anesthesia on a warming device or cover them with one immediately following induction (Bair hugger blankets are a great choice). Also, give them warm IV fluids (from a controlled incubator) or wrap their IV line around a warming device.

Here's a quick and easy recipe for an in-house warming device for IV lines:

- + 2 – 1 liter bags of IVF
- + Microwave each bag separately for 1.5 minutes
- + Take it out, shake it then microwave another 1.5 minutes
- + Repeat with second bag
- + Place each bag on your forearm to ensure it didn't get too hot
- + Take one bag and wrap the IV line around it 3 to 4 times then place the other bag on top. You can then tape or vet-wrap the IV bag – “sandwich” together – for the duration of the anesthetic procedure.
- + Next, cover every exposed body part you can to minimize heat loss (warm towels from the dryer work great)



**Shannon Smith, LVT**  
Co-Operation Manager

*You can easily maintain 99 to 100 degrees Fahrenheit utilizing these simple steps. If your patient wakes up from anesthesia without shivering... job well done!*

## SaveTheDATE!



### Join us for the 5th Annual Mutt Strut Dog Walk & Festival

Walk • Demos • Pet Health Screenings & Microchipping • Games/Contests  
Rescue Groups • Entertainment & Children's Activities • Silent Auction  
Pet Portraits • Food & Vendors • And much more!



**Sunday, May 5, 2013 • 1 – 5 pm**  
**4700 Sleepy Hole Road • Suffolk**

Proceeds will benefit the Suffolk Humane Society.

To register for the walk, or for more information, visit: [www.firstgiving.com/suffolklhumaneociety/muttstrut2013](http://www.firstgiving.com/suffolklhumaneociety/muttstrut2013)

**Hope to see you there!**



Have a question you'd like answered or have an idea for a newsletter topic? We'd like to hear from you!

Please email your thoughts to: [DRuss@thecovevets.com](mailto:DRuss@thecovevets.com)

## Did You Know?

Did you know that the sensitivity of the cranial drawer and tibial compression tests are relatively low in conscious patients and much higher in heavily sedated or anesthetized patients? Additionally, properly positioned radiographs are a sensitive indicator of cranial cruciate ligament (CCL) insufficiency in heavily sedated or anesthetized patients.

The next time you are running diagnostic tests, please consider how sedation may affect the results.