

A newsletter
for referring
veterinarians

SPRING 2010



METROPOLITAN VETERINARY ASSOCIATES

Providing emergency care & specialized veterinary services

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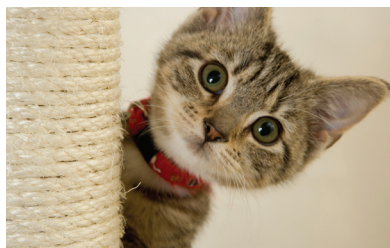
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WELCOME TO the third edition of our newsletter

Established in 1986, Metropolitan Veterinary Associates & Emergency Services is a veterinary group that provides referral veterinary services. We concentrate on specialty and emergency cases, allowing us to dedicate high-level care to the following disciplines: behavior, cardiology, dentistry, dermatology, emergency, internal medicine, neurology, ophthalmology, radiology (including CT and MRI) and surgery.

In order to maintain a high level of patient care, MVA moved into a newly renovated 18,000 square foot facility with state-of-the-art diagnostic and therapeutic equipment in 2006. If you haven't been able to visit our practice, we hope you can join us at one of the upcoming hospital lectures mentioned on page 4.

Please enjoy this newsletter and let us know of any topics of interest you'd like to see explored in future editions.

We've made it easier to contact us.

Catch us 24 HOURS A DAY at 610/666/1050!

(our primary phone number)

DID YOU KNOW?



FOCUS ON CANINE CRANIAL CRUCIATE LIGAMENT DISEASE

Cranial cruciate disease is the most common cause of lameness in the dog and is the most frequently encountered orthopedic injury in veterinary medicine. Over the past 40 years, numerous techniques have been developed to overcome the instability created by the ruptured cranial cruciate ligament (CCL) and the subsequent osteoarthritis that develops. However, no “perfect” procedure has been created that works in every animal or that halts the development of degenerative joint disease over time.

Behavior

Laurie Bergman, VMD, ACVB

Cardiology

Micheal Miller, MS, VMD, ABVP
Risa Roland, DVM, ACVIM
(Cardiology)

Dentistry

Paul Orsini, DVM, ACVS, AVDC

Dermatology

Karen B. Farver, DVM, ACVD

Emergency Services

James Buckman, VMD, PhD
Jason Chamberlin, VMD
Franciszek von Esse, VMD, ABVP
Owen Fink, DVM
Mary F. Heckscher, VMD
Jennifer McGough, VMD
Marisa Suvannavejh, VMD

Julie Banyacski, CVT, VTS (ECC)
Practice Manager

Internal Medicine

James F. Dougherty, MS, VMD
John DeBiasio, DVM, ACVIM
Damon B Rodriguez, DVM, ACVIM

Neurology

Jerry W. Northington, DVM

Ophthalmology

Stephen L. Gross, VMD, AVCO

Radiology

Robert C. McLear, VMD, ACVR

Surgery

Lori W. Cabell, DVM, ACVS
A. Jon Nannos, DVM
Jacqui Niles, BVetMed, SAS, ACVS
Catherine Popovitch, DVM, ACVS
Timothy M. Schwab, VMD, Resident

Pathogenesis of cruciate disease is multi-factorial and includes trauma, abnormal stifle biomechanics, as well as biological factors. A recent review of causes of CCL rupture in the April 2010 issue of Veterinary Surgery suggests that only a small percentage of animals with CCL rupture are as a result of a single traumatic episode. In fact, abnormal stifle biomechanics and biological changes within the joint both play significant roles in the deterioration of the CCL and ultimate rupture of the ligament. Current thought has focused on the conformation of the proximal aspect of the tibia (i.e. excessive tibial plateau angle and patellar tendon-tibial plateau angle) as primary underlying causes for cruciate ligament rupture, but there has been no definitive evidence that these changes significantly increase the risk for cruciate disease. Others have suggested that there is a dysfunction of the passive and active stifle stabilizers (ligaments, menisci, joint capsule, muscular support), that metabolic/endocrine causes, or the inflammatory cascade perpetuate ligament deterioration. It seems clear that cruciate ligament disease is caused by contributions of each of the aforementioned causes. With stifle incongruity, repetitive trauma, muscle weakness, and abnormal biology the inflammatory cascade is activated intra-articularly, perpetuating the deterioration of the cruciate ligament fibers, eventually causing a complete tear.

Numerous procedures have been developed over the years to address cruciate ligament deficiency in companion animals, each with their own subset of benefits, risks, and successful outcomes. However, the goal of each of these procedures remains the same- to return stability to the stifle and to return the pet to a pain-free, active lifestyle. When evaluating surgical options to stabilize a cruciate deficient stifle, all of these factors must be considered in order to attempt to select the ideal surgical technique for each individual patient.

Currently at Metropolitan Veterinary Associates, we offer our clients two different techniques for the treatment of cruciate ligament rupture, 1) the lateral fabellar suture (LS) and 2) the tibial plateau leveling osteotomy (TPLO). The lateral fabellar suture technique is an extra-articular stabilization that removes cranial drawer of the tibia by placing nylon across the joint in a position that mimics the orientation of the cranial

cruciate ligament. The TPLO stabilizes the stifle by rotating the tibial plateau to approximately 6 degrees relative to the weight-bearing axis. This changes cranial tibial thrust into caudal tibial thrust and this is counteracted by the caudal cruciate ligament.

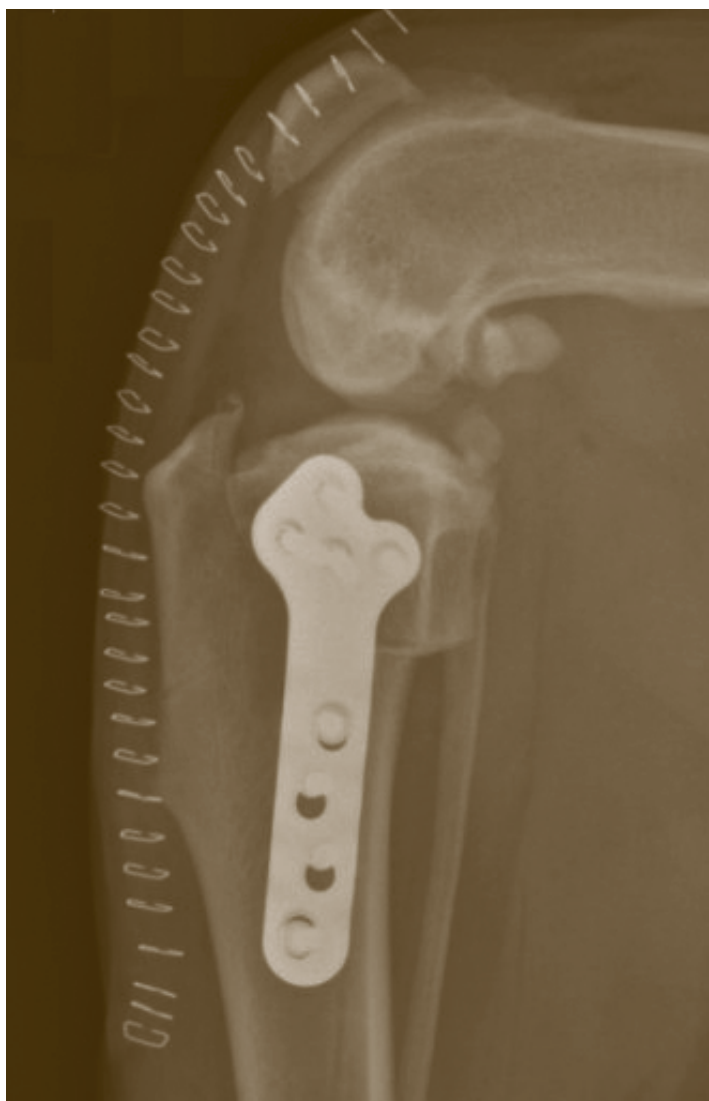
Both procedures are reported to have an 85%-90% good to excellent prognosis for full return to function with few complications, however, heated debates continue at all veterinary surgery conferences as to which is the best procedure to perform. In the literature, there has been no evidence-based proof of the superiority of one procedure over the other. A comparison of the short- and long-term function and development of osteoarthritis in dogs having either TPLO or LS was published in the February 2010 Veterinary Surgery. This study revealed there was no significant difference in ground reaction forces or development of osteoarthritis in dogs receiving either surgical technique. However, these animals also received post-operative physical therapy.

When evaluating animals with cruciate ligament disease at Metropolitan Veterinary Associates, we evaluate each animal as an individual, taking into account conformation, breed, activity level, and biological factors. Our goal is always to address abnormal biology and biomechanics, decrease pain, restore function, and slow the progression of degenerative joint disease. Pre-operative radiographs are evaluated closely to determine if one procedure would produce better long-term outcomes over another. We find it important to educate owners on each procedure and work with them to decide on the best surgical option for their pet. Other factors taken into consideration when choosing a surgical technique include the weight and temperament of the dog, its expected activity level, owner finances and the presence or absence of cruciate ligament disease in the contra-lateral stifle. It is important to remind owners that even if their dog is currently sound in the other stifle, they have a 40-50% chance that their dog will develop cruciate ligament rupture in the other stifle within 1-2 years of the first side becoming clinical.

Post-operatively, animals are monitored closely and recommendations are made to help them achieve a full recovery. We have found that post-operative physical therapy plays an important role in rapid recovery, improved weight bearing, and full range of motion and each client is encouraged to have their pet participate in a program near them.

Owners are also advised to maintain their dogs at an ideal body weight and consider starting their pet on a glucosamine/chondroitin joint supplement if they have not already done so.

Regardless of the surgical technique used, most animals are able to return to normal pre-operative activity levels around 12 weeks post-operatively. Dogs that still have a degree of residual lameness at 12 weeks post-operatively often continue to improve for 6-8 months post-operatively. Due to the subsequent development of osteoarthritis, many dogs will require the tactical use of non-steroidal anti-inflammatory drugs (NSAID's) if they have periods of mild lameness or stiffness, particularly associated with heavier than normal activity levels or cold, damp weather.



Post-operative radiographs of a giant breed dog after tibial plateau leveling osteotomy (TPLO).

DO YOU WANT TO GO GREEN?

Have this newsletter
electronically sent to you by
contacting Stacey Connell at
610/666/1050 or email to
sconnell@metro-vet.com



METROPOLITAN VETERINARY ASSOCIATES

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PET LOSS SUPPORT GROUP

Many of our employees have experienced and understand the depth of loss one experiences when a beloved four-legged family member has passed. For that reason, Metropolitan provides a pet loss support group to help grieving owners in need. Our pet group is designed to provide grieving pet parents with a safe, confidential environment to share their feelings with others who have experienced pet loss.

The meetings are held once a month onsite at Metropolitan and are free of charge for your clients (all family members are invited to attend). The group is led by Dr. Cari Thomson and co-led by psychiatrist Dr. Carol Tavani.

Please contact us at **610/666/1050** if you would like to have Pet Loss Support Group brochures mailed to your office. Clients are able to visit our website to find meeting dates and times, general information and recommendations on obtaining help outside of the group setting.

Pet Loss Support Group meetings held monthly for your clients (and are free of charge). Please contact us at **610-666-1050** for more information or for brochures

JOIN US

FOR OUR MONTHLY HOSPITAL LECTURES

PRESENTER/TOPIC

To get a list of topics and speakers please visit our website in the "for referring veterinarians" section

UPCOMING DATES/TIMES

6/17/10 6pm	7/15/10 6pm
8/12/10 6pm	9/16/10 6pm
10/14/10 6pm	

ALL LECTURES WILL BE HELD AT METROPOLITAN

Dinner provided :: Space is limited

Stacey Connell
at **610/666/1050**
or sconnell@metro-vet.com

RSVP

**SAVE THE DATE 10/28/10
CE FOR VETERINARIANS**
More details to come!



SAFE MRI & HIGH QUALITY IMAGES

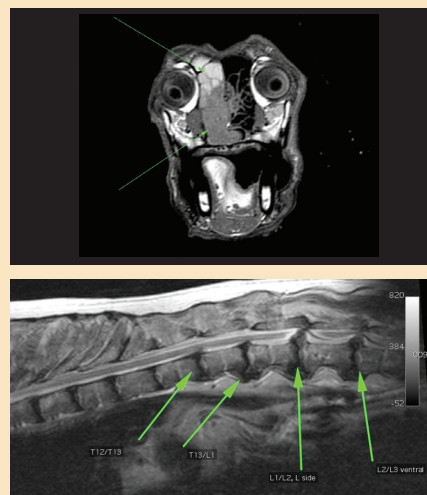
ADJACENT TO METROPOLITAN VETERINARY ASSOCIATE'S BUILDING



FINALLY, A SAFE NON-INVASIVE DIAGNOSTIC TOOL AT YOUR DOORSTEP THAT CAN ANSWER THESE QUESTIONS:

- 1) How can I obtain quality information to make good clinical decisions?
- 2) How can I help my owners obtain all the information they need?
- 3) How can I enhance my practice when dealing with patients that arrive with:
 - Ataxia
 - Paresis
 - Cervical pain
 - Tetraparesis
 - Lameness
 - Trauma
 - Urinary control difficulties
 - Seizures
 - Head tilt
 - Neurological symptoms
 - Hind limb hypermetria
 - Oncology issues
 - Hind limb weakness
 - Brain tumors

ANSWER: DIAGNOSE WITH MRI AT VET IMAGING PARTNERS



7-Year-old Golden Retriever with left sided nasal bleeding over the past two months.

Results: A left sided nasal cavity mass extending through the choana and slightly through to the right of midline within the nasal pharynx. Radiotherapy treatment was planned.

9-Year-old German Shepherd with history of worsening neurological symptoms.

Results: Severe spinal cord compression, levels L1/L2, L2/L3, caused by intervertebral disc herniation.

OUR RESULTS



CALL US TODAY
to schedule your patient's MRI or to speak with our staff about how we can serve your practice and patients.

COME MEET OUR DOCTORS

ANESTHESIA:

Sandra Perkowski, VMD, PhD, Dipl ACVA

RADIOLOGY:

Alexia McKnight, DVM, DACVR, McKnight Insight
Robert C. McLearn, VMD, DACVR, PetRad

CONTACT | **877 DOG SCAN** (877/364/7226)
WWW.VETIMAGINGPARTNERS.COM



MEET OUR SURGEONS



LORI W. CABELL DVM, ACVS

Dr. Cabell completed her veterinary degree in 1988 from the University of Tennessee. She pursued a rotating internship and surgical residency at the University of Pennsylvania from 1991 to 1995. Dr. Cabell joined the staff of Metropolitan Veterinary Associates in 1997 and completed her board certification in surgery in 1998. Her surgical interests lie with general orthopedic, neurologic, and soft tissue surgery.



A. JON NANNOS DVM

After earning his bachelors degree from Drexel University in Philadelphia, Pennsylvania in 1979, Dr. Nannos was awarded a scholarship to attend Aristotle University School of Veterinary Medicine in Salonica, Greece. He graduated in 1984 and returned to Philadelphia to complete clinical rotations at the University of Pennsylvania School of Veterinary Medicine in 1986. Dr. Nannos then completed an internship in medicine and surgery in 1987 and a residency in surgery in 1990 at the University of Pennsylvania. From 1990 to 1993 he instructed veterinary students in surgery at the Veterinary Teaching Hospital of the University of Pennsylvania as a faculty orthopedic surgeon and lecturer.

Dr. Nannos joined Metropolitan Veterinary Associates in 1993. He performs all aspects of surgery with a special interest in orthopedic and neurological surgery as well as soft tissue procedures.



JACQUI NILES BVETMed, SAS, ACVS

Dr. Niles obtained her veterinary degree from the Royal Veterinary College, London, England in 1993. She spent three years in private veterinary practice and then completed a three year surgical residency at Liverpool University in the UK. She then crossed the Atlantic to complete a further three years of advanced surgical training at The Ohio State University and became board certified in surgery in 2002. She was a faculty surgeon at Purdue University and taught veterinary students for three and a half years prior to working in private specialty practice in Indiana.

She joined Metropolitan Veterinary Associates in January 2008. Her surgical interests include TPLO's for the management of cranial cruciate ligament rupture in dogs and all types of soft tissue surgery, especially porto-systemic shunts, thoracic surgery and oncologic surgery.



CATHERINE POPOVITCH DVM, ACVS, ECVS

Dr. Catherine Popovitch joined Metropolitan Veterinary Associates in 1995. She completed her undergraduate degree in science at the University of Guelph and received her DVM degree from Ontario Veterinary College in 1989. Following veterinary school, Dr. Popovitch completed an internship in small animal medicine and surgery in 1990 and a residency in small animal surgery in 1993, both at the University of Pennsylvania School of Veterinary Medicine. Following the residency Dr. Popovitch was an instructor in Small Animal Surgery at the Veterinary Teaching Hospital of the University of Pennsylvania School of Veterinary Medicine before developing a provide consulting practice in small animal surgery.

While specializing in all aspects of small animal surgery, Dr. Popovitch has special interests in orthopedic surgery, fracture repair, and angular limb deformities.



TIMOTHY M. SCHWAB VMD, Resident

Dr. Schwab is a resident in small animal surgery at Metropolitan Veterinary Associates with special interests in orthopedics, portosystemic shunts, and minimally invasive surgery. He is a graduate of the University of Pennsylvania Veterinary School in 2007. Dr. Schwab completed a rotating small animal surgery and medicine internship at Florida Veterinary Specialists in 2008. He attended Denison University and graduated in 1998 with a major in environmental studies concentrating in marine biology.



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