

The Referring VETERINARIAN

VETERINARY MEDICAL TEACHING HOSPITAL ❖ COLLEGE OF VETERINARY MEDICINE ❖ CORNELL

VMTH NEWS

THE MOVE

Most of you are no doubt aware of the building program that has been ongoing here at the College for the last several years. In the Fall Issue of the newsletter it was mentioned that the construction program was progressing rapidly and that the VMTH could move into the new facilities as early as April or as late as October 1995. As of this writing, we have a date for the move of our Small Animal Clinic whose new name will be the Companion Animal Hospital. This will take place on Saturday and Sunday, May 13 and 14, 1995. We will have access to the new Companion Animal Hospital for several weeks before the actual move and, hopefully, can get many things arranged in the new facility before the date of the actual move.

The Small Animal Clinic, whose new name is the Companion Animal Hospital, is scheduled to move to its new facilities Saturday and Sunday, May 13 and 14.

It may be necessary for us to reduce our clinical operations during the time of the move. Therefore, we would ask the cooperation of all of our referring practitioners in keeping referrals to the Small Animal Clinic to a minimum from Monday, May 8 through Monday, May 22. We will continue to respond to emergencies but our resources may be limited during this time.

We hope to be able to resume normal operations by Monday, May 22 at the latest. This move involves only the small animal clinical facilities. The Large Animal Clinic will move at a later, yet to be determined, date. The Ambulatory Clinic is not scheduled to move permanently into the new facilities but, rather, to occupy renovated facilities in the existing clinic once these renovations are completed.

If any of our referring veterinarians have questions regarding the move and how this may affect their referrals, please feel free to call us at (607) 253-3030 or (607) 253-3060.

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ANESTHESIOLOGY: FOUNDATION FOR SURGERY AND DIAGNOSIS

Anesthesiologists at Cornell University's VMTH are unseen partners in all the surgical procedures and many of the diagnostic procedures performed on patients admitted to the Large and Small Animal Clinics. The weekly clinical caseload in Anesthesiology averages 50 to 60 small animals (dogs, cats, birds, and small exotics) and 10 to 15 large animals (horses, cows, sheep, pigs, goats, and large exotics).

Fewer than 50 percent of the anesthetized small animals go into surgical operating rooms; the rest receive general anesthesia for diagnostic procedures like radiography, dentistry, endoscopy, gastroscopy, ultrasound, and brain scans. Anesthesia may be required for as little as a half-hour for dentistry, radiography, or endoscopy, or as long as eight or nine hours for the most complex orthopedic surgery. A full 90 to 95 percent of the cases are electively scheduled, but 5 to 10 percent represent emergencies that cannot wait. The staff provides 24-hour service and works closely with veterinarians in all VMTH areas, especially the surgeons.

"One of the luxuries of working at a modern teaching hospital is that we are able to concentrate on supporting the whole patient a lot better than most veterinarians are able to in private practice," said Dr. Paula Moon, Assistant Professor of Anesthesiology. "In private practice, a single veterinarian often works with one technician on any one case. From experience, I can tell you it is extremely difficult to concentrate equally on the surgery, the anesthesia, and the patient — especially in high-risk cases or if something starts to go wrong. Here we function



Dr. Paula Moon checks on an anesthetized dog.

as members of a much larger team and we can focus on keeping the patient stable during surgery."

In a high-risk colic, for instance, the typical team includes one faculty anesthesiologist, one resident anesthesiologist, one anesthesia student, and one anesthesia technician. In addition, there is one faculty surgeon, one resident surgeon, two surgical students, and one surgical technician in attendance. At night, the team is the same except fewer students are involved. Coverage is extensive enough to allow the patient to be fully monitored from pre- to post-op. For small animals, a student keeps the anesthesia record from beginning to end; for large animals, a technician keeps the record.

In the Anesthesiology Service, three specialty, board-certified veterinarians perform all clinical and teaching responsibilities: Associate Professor Robin Gleed, Associate Professor John Ludders, and Assistant Professor Paula Moon. There is one Instructor, Dr. Ann Tute; two resident anesthesiologists, Dr. Victoria Lukasik and

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WHEN FERTILITY IS IN DOUBT

When a \$150 ewe fails to conceive, most shepherds truck the animal to the nearest auction house. The stakes are much higher when the animal in question is a stakes running thoroughbred mare worth over \$1.5 million who fails to throw a foal. Equally valuable, in some owners' eyes, is the family's favorite backyard mare. In both cases, the owner calls the veterinarian to evaluate the mare for breeding soundness. The primary care veterinarian, in turn, may refer the animal to theriogenologists at the VMTH.

"Horses are the largest component of our practice because they tend to be the most valuable," explains Dr. Robert Gilbert, Associate Professor and Chief of the Theriogenology Section at the VMTH. "We do see some cattle, an occasional pig, and a few ruminants like sheep, goats, and llamas, but we are busiest in the spring and summer during the equine breeding season."

The Theriogenology Section at the VMTH specializes in all aspects of animal reproductive health: obstetrics, infertility, and assisted reproduction in the form of artificial insemination, embryo transfer, semen freezing, and embryo freezing. For example, surgery to correct infertility caused by urine pooling in the vagina is one of the most common procedures for all species.

The Theriogenology ("therio" means "animal"; "genology" means "reproductive") Service has expanded in the last six years and currently employs Associate Professors Dr. Barry Ball and Dr. Robert Gilbert, Assistant Professor Dr. Peter Daels; Senior Clinician, Dr. Robert Hillman; Resident, Dr. Christine Schweizer; Technician, Liane Schultheis; and Carol Collyer, Manager of the Equine Research Park.

"Horses come here from all the big tracks in the tri-state area, from breeding farms, from people with one or two horses, and from people who have dozens. Many referrals come from New York, but we also see cases from Pennsylvania, Canada, and Kentucky," said Gilbert. "Most cases are referred here by primary care veterinarians."

In evaluating breeding soundness, one

of the theriogenologist's most reliable techniques is endometrial biopsy, in which a small snipping of the inner lining of the uterus is evaluated.

"We work closely with the pathologists in the endometrial biopsy service. Referring veterinarians should realize that biopsies are not only examined by a pathology specialist, but also by a theriogenologist," said Gilbert. "When coupled with a complete breeding history, biopsy results give us a fairly accurate means of predicting the future breeding potential of that mare. The most important things we can evaluate are signs of permanent, irreversible damage which could impede a mare's ability to maintain a pregnancy in the future."

Mares that come to the VMTH for breeding management are housed at the Large Animal Clinic or the Equine Fertility

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Center which is located at the Equine Research Park approximately two miles from the clinic. State-of-the-art equipment is available for semen collection, processing shipped semen, and ultrasound examination of mares for pregnancy detection as early as 14 days after ovulation.

Mares that require foalwatch are put under 24-hour surveillance in foaling stalls at the Equine Fertility Center. If they require critical care, they can be housed near the Equine Neonatal Intensive Care Unit (ENICU).

Reproductive surgery procedures for mares include Caslick's procedure, vulvoplasty, cervical repair, and c-sections. The Theriogenology Service offers complete service for stallions, including breeding soundness examinations, semen collection, cryopreservation, storage, and shipping. The section's 20-year-old Dutch Warmblood "Obelisk" is also available for

breeding.

Theriogenologists at the VMTH also provide services to two large bovine artificial insemination cooperatives— Eastern Artificial Breeders Cooperative in Ithaca and Sire Power in Pennsylvania, in addition to performing the annual breeding soundness examinations for the New York State Beef Bull Testing Association. The association subjects the bulls to growth tests and examines their conformation, stature, and feed conversion to decide whether they are genetically superior. Before the bulls can pass, theriogenologists examine them to decide whether they are reproductively sound as well. The same services can be provided to private bull owners, who, for \$100 or less, can be assured their bulls are fertile before the breeding season starts. "It is a good form of insurance. It is very costly after the season to find out your bull was infertile," said Gilbert.

On an annual basis, the Theriogenology Service offers continuing education courses for horse owners and stud farm managers, 30 to 40 of whom generally attend each program. The theriogenologists also provide phone consultations to referring veterinarians, owners, and lawyers.

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CONSULTATION SURVEY

In the Fall Issue of *The Referring Veterinarian* we indicated that a survey was being initiated with our referring veterinarians to ascertain their experiences with consultation calls to our Small Animal Clinic. This survey is now more than half completed, approximately 500 responses having been received from referring veterinarians who had called with consultation questions. The results indicate widespread satisfaction on the part of our referring veterinarians with the timeliness of response to consultation questions and with the value of the information that is provided. We will summarize the complete findings from this survey in a future issue of *The Referring Veterinarian* but are very pleased at this point to know of your satisfaction with this service as it currently is being provided to you.

ANESTHESIOLOGY

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Dr. Toi Pedrick; and four technicians, Joan Ballenstedt, Sharon Koski, Ducka Strawbridge, and Ann Sturmer.

"In small animals, the usual referrals are gastric dilatations, c-sections, and trauma but we also do many routine cases. Most of the large animal cases tend to be high performance animals, e.g. racehorses, so we see mostly colics, fractures, arthroscopies, and the occasional c-section," said Gleed. The service is busiest in the spring, summer, and fall when the caseload of small animals and high performance horses and racehorses at the hospital peaks. "For teaching purposes, we would like to see more large animals in the winter, if we could," he said.

Both Moon and Gleed emphasize the importance of communication with the referring veterinarian. "Often it is the surgeon who speaks directly to the owner or the referring veterinarian," said Gleed. "We rely completely on the patient history that the referring veterinarians and the owner provide. It is essential that it be as complete as possible." Whether an animal has ever had any adverse reactions to specific anesthetic drugs; whether there is a history of bleeding; and/or whether an animal has had previous plasma or a transfusion can make a critical difference in the outcome of even the most routine case.

"The more we know in advance, the better chance the patient has," said Gleed, noting that cases referred to the VMTH are usually high risk, in an advanced stage of trauma, or suffering from multiple problems.

In all but the rarest cases, the anesthesiologists provide service at the VMTH only. Occasionally, it is necessary to take the service to the patient. In anesthetizing Siri, an elephant at the Burnett Park Zoo in Syracuse who required surgery, for instance, they loaded two large animal anesthesia machines into a truck. Siri was so big, she required one anesthesia machine for each lung.

The anesthesiologists at the VMTH have access to a wide selection of anesthetic drugs, and a range of modern equipment often unavailable to veterinarians in private practice. "During surgery, we routinely place an intravenous catheter and administer fluids as well as continually monitoring heart rate and blood pressure. We are able to detect cardiovascular arrhythmias and mechanically ventilate a patient if needed,"



Anesthesia technician Ann Sturmer (right) and senior student Elizabeth Von Keyserling place an arterial catheter in an anesthetized horse.

said Moon. "We have blood component therapy as well."

Post-op care is equally critical and just as carefully monitored. In their half-conscious state, patients can be extremely dangerous to themselves and their caretakers. "We do not want to see them re-injure themselves," said Moon. All recovery stalls in the large animal section are padded. Recovering large and small animals are kept in a dark and quiet environment whenever possible, and under close supervision.

The anesthesiologists at the VMTH frequently spend several hours a week on the phone consulting with referring veterinarians from all over the Northeast about anesthesia in pending cases which may be complicated because of unique patient histories. Consultations range from questions about how much anesthesia to use on a pot-bellied pig to which anesthesia machine to buy.

Caseload at the VMTH in all specialties has the potential to double in the new hospital because case capacity will double. This is good news for referring veterinarians, owners, and students, but the staff at the hospital is anxious about delivering the same, high quality service. "We will have more room and better facilities," said Moon, "but we anticipate a need for more technicians and more equipment."

The Small Animal Clinic will move to their new facilities in mid-May; the Large Animal Clinic will move later this year.

FROM THE DIRECTOR



During the last several months, there have been various news reports relative to the impact of the executive budget on higher education in New York State. We, of course, are most concerned about the effect this will have on the College of Veterinary Medicine, and most specifically on the Veterinary Medical Teaching Hospital. Although the magnitude of the budget reduction is not yet known, it is certain that the clinical program must shoulder its share of the eventual partial loss of state support.

Our new facilities provide us with considerable advances in medical technology compared to our current capabilities but additional resources are vital to optimizing the utilization of these new assets. Despite the challenges that the budget reductions will cause, we are determined to use this as an opportunity to take a serious look at current policies and practices, achieve efficiencies wherever possible and to continue to strive to improve the services we are able to provide to you, your clients and their animals.

Our new facilities will provide several exciting technological advances such as computerized tomography, state-of-the-art surgical suites, excellent intensive care facilities, etc., and we are anxious to optimize their use as soon as possible. Your support and cooperation during the moving process and thereafter is greatly appreciated.

On another note, our referral caseload has been very healthy during these last few months for which we are very grateful. As you know, the size and diversity of the clinical training experience we can provide to our students and house staff is heavily dependent on your referrals to us. We are most anxious to provide you and your clients with the best possible service. If you have any questions that I can answer or assist you with, don't hesitate to contact me at (607) 253-3030 during working hours or at (607) 257-2522 on nights or weekends. For those of you who have joined the information superhighway, I can also be reached on the Internet using fak1@cornell.edu or XNFE20A@prodigy.com.

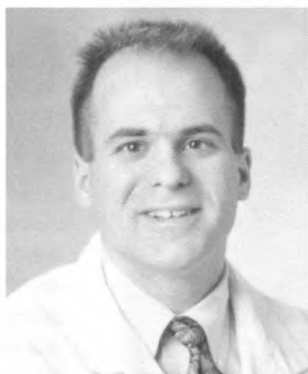
Fran Kallfelz

STAFF PROFILES

Dr. Ryland Edwards has been appointed Instructor of Large Animal Surgery in the Department of Clinical Sciences and the Veterinary Medical Teaching Hospital.

A 1990 graduate of the DVM program at the University of Georgia, Dr. Edwards completed an internship and residency in large animal surgery, as well as a Master of Science, at Cornell University. His master's research consisted of examining the effects of laryngeal hemiplegia on the upper airway mechanics in horses exercised on a high speed treadmill. Further study determined the effects of a prosthetic laryngoplasty and ventriculocordectomy on the partial airway obstruction present in these horses.

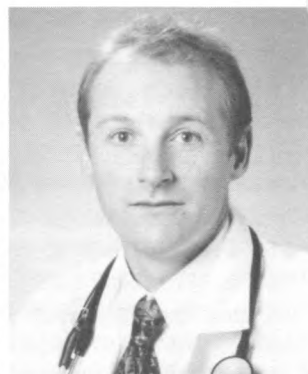
Dr. Edwards' clinical interests include both the bovine and equine patient equally, but he is especially interested in equine lameness and upper airway disease of the horse. He is active on the orthopedic and soft tissue surgical services in the Large Animal Clinic, since he is filling in for Drs. Susan Fubini and Alan Nixon who are on sabbatic this year.



Dr. Kenneth Simpson is an Assistant Professor of Medicine in the Department of Clinical Sciences and Veterinary Medical Teaching Hospital.

A 1984 graduate of the Royal (Dick) School of Veterinary Studies, University of Edinburgh, Scotland, Dr. Simpson completed a Ph.D. in canine pancreatic and intestinal function at the University of Leicester, an internship in small animal medicine and surgery at the University of Pennsylvania, and a residency in small animal internal medicine at The Ohio State University. Dr. Simpson was a lecturer in small animal medicine at the Royal Veterinary College, London, for three and a half years and is a Diplomate of the American and European Colleges of Veterinary Internal Medicine.

Dr. Simpson's clinical interests are in small animal internal medicine, with a particular interest in gastroenterology and endoscopy. His principal research interests are pancreatic function and dysfunction in dogs and cats.



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