Evaluation of Palliative Stenting for Management of Non-Urolith Urethral Obstruction in Cats

Feline urethral obstruction can result from a urolith plug or secondary to traumatic urethral injury (eg, pelvic fracture, repeated/traumatic urethral catheterization with subsequent urethral stricture). Primary surgical repair of traumatic urethral injury can be complicated, risky, and costly, possibly leading owners to elect euthanasia over treatment. This study evaluated the efficacy of minimally invasive, transurethral, self-expanding metallic stents for palliative treatment of clinical nonurolith urethral obstruction. Eight cats with urethral obstructions underwent general anesthesia and fluoroscopy-guided urethral stent placement. Four were continent after stent placement, 2 were mildly incontinent, and 2 were severely incontinent. At long-term follow-up (median, 462 days), 5 patients were alive and 3 had been euthanized. It was determined that 6/8 cats had good-to-excellent long-term outcome, and 2 had poor long-term outcome. This study suggests that palliative stenting is an effective and minimally invasive technique for reestablishing urethral patency in cats.—Brace MA, Weisse C, Berent A


Although controversial, surgical correction of cervical tracheal collapse is done via placement of prosthetic rings or intraluminal stents. To determine long-term outcome, complications, and progression of tracheal collapse in dogs treated with commercially available extraluminal prosthetic rings, medical records from 23 dogs that underwent surgical placement of extrathoracic prosthetic tracheal rings were examined; 22 survived to discharge. Client questionnaire responses and postoperative evaluation suggested that clinical signs improved in all surviving dogs. All owners that followed up reported satisfaction with surgical outcome, and the procedure was generally considered successful in long-term management of cervical tracheal collapse. However, 5 dogs had further progression of tracheal collapse postoperatively, and several dogs developed other complications (eg, laryngeal paralysis).—Chisnell HK, Pardo A

Treating Cranial Cruciate Ligament Disease: Preliminary Data from a Survey of ACVS Diplomates

This study evaluated factors that influenced treatment for cranial cruciate ligament disease based on a survey answered by 40% of ACVS diplomates. Most surgeons chose tibial plateau leveling osteotomy, followed by tibial tuberosity advancement for dogs greater than 60 pounds. Dog size, activity level, concomitant patellar luxation, tibial plateau angle, and tibial morphology were considered most influential in treatment choice. Nonsurgical treatment involved NSAIDs, rest, glucosamine, rehabilitation therapy, and omega-3 fatty acids.—Duerr FM, Martin KW, Palmer RH, Selmic LE
Ex Vivo Leak Pressures for Single-Layer, Simple Interrupted, Simple Continuous, Modified Gambee & Skin Staples for Jejunal Enterotomy Closure in a Canine Model

Enterotomy requires closures that avoid leakage and dehiscence, which can lead to sepsis. The surgical times and intraluminal pressures at the time of leakage were compared among different closures for enterotomy sites: modified Gambee, simple interrupted, and simple continuous suture patterns and staples. The Gambee pattern had significantly higher initial and maximum leak pressures when compared with simple interrupted and simple continuous patterns; however, it required more surgical time. The Gambee pattern may be preferred when closing tissue of questionable health. Staples, which enable the fastest closure, may be indicated in unstable patients.—Keives NR, Zellner E, Krebs I

Preliminary Evaluation of Esophageal Stenting for Treatment of Refractory Benign Esophageal Strictures in Dogs: 9 Cases

Benign esophageal strictures, most commonly caused by anesthesia-related gastroesophageal reflux, may be challenging to treat and can include dilation, stent placement, and palliative management. Records from 9 dogs with refractory benign esophageal strictures were included in this retrospective study. Ten indwelling intraluminal esophageal stents were placed transorally with endoscopic and/or fluoroscopic guidance in the 9 dogs: 6 biodegradable, 3 self-expanding metallic, and 1 self-expanding plastic. Short-term dysphagia improvement was noted in all dogs. Complications included ptyalism, nausea, gagging, vomiting, or regurgitation (8/9), confirmed stricture recurrence (6/9), stent migration (3/9), stent shortening (1/9), megaesophagus (1/9), incisional infection (1/9), and tracheo-esophageal fistula (1/9). Intervention was required in 8/9 dogs, and 4/8 were euthanized. One dog was lost to follow-up. Esophageal stent placement, while safe and technically effective, was unpredictably tolerated. Dogs receiving esophageal stents should be carefully monitored for stent migration, dissolution of absorbable stents, and stricture recurrence.—Lam N, Weisse C, Berent A, et al

Owner Perspective & Satisfaction Following Canine Limb Amputation

Canine limb amputations performed at University of Georgia Veterinary Teaching Hospital between 2005 and 2012 were reviewed, with the hypothesis that most owners consenting to amputation would report a positive outcome, even if their initial reactions were negative. Of 118 records, 64 owners were surveyed regarding their perceptions of postsurgical outcome and their pet’s adaptation after amputation compared with their initial feelings; 78% felt their dogs adapted better than expected, 17% as expected, and 5% worse than expected. When asked if they would elect amputation again if faced with the choice, 94% said they would. This indicates that owner expectations were met or exceeded in most cases and may be useful for veterinarians educating and reassuring clients about canine amputation.—Ogawa M, Coleman K, Cornell K, et al

Transdiaphragmatic Gastrotomy Approach for the Retrieval of Distal Esophageal Foreign Bodies in 8 Dogs

Esophageal foreign bodies are potentially life threatening, and surgery may be necessary if endoscopic retrieval fails. Eight cases of transdiaphragmatic gastrotomy, performed via eighth–ninth left intercostal thoracotomy, for retrieval of distal esophageal foreign bodies, were reviewed. The mean duration of clinical signs before surgery was 5.25 days. All surgeries were successful except one in which esophagotomy was required for foreign body retrieval. Extracted foreign bodies included 2 fish hooks and 6 animal bones. Postoperative complications included esophagitis (6 dogs) and pyothorax (1 dog). The dog with pyothorax died the day after surgery. Seven dogs were alive and without signs after 15 months. Transdiaphragmatic gastrotomy may be considered effective for retrieving distal esophageal foreign bodies.—Delligianni A, Papazoglou LG, Basdani E, et al

Urethral Prolapse in Dogs: A Retrospective Study

Medical records of 48 dogs with urethral prolapse of the penis were reviewed to evaluate breed, castration status, and recurrence. Urethral prolapse developed with significant incidence in English bulldogs and castrated males; previous studies have documented its occurrence most commonly in young, intact brachycephalic breeds and Yorkshire terriers. Surgical correction consisted of resection and anastomosis (43 dogs) or urethropexy (3 dogs). Risk for postoperative hemorrhage, the most common acute complication (39%), could be reduced via a simple continuous pattern for resection and anastomosis. Of patients available for long-term follow-up, 57% experienced prolapse recurrence, which was less common in dogs that received postoperative sedation with butorphanol or acepromazine. This high recurrence rate should be communicated to owners considering surgical correction.—Carr J, Tobias K, Smith L

Surgical Treatment of Canine Splenic Lymphoma: A VSSO Retrospective Study

Cytoreductive surgery before chemotherapy is controversial in dogs presenting with splenomegaly from lymphoma. Cases of canine splenic lymphoma shared with the Veterinary Society of Surgical Oncology list server between January 1995 and February 2011 were reviewed and included patient signalment, presenting complaint, reason for surgical intervention, histologic diagnosis, pre- and postoperative treatment, staging, disease-free interval
(DFI), median survival time (MST), and cause of death. Multivariate analysis of prognostic factors included age, sex, breed, presenting complaint, stage, adjuvant chemotherapy, histologic classification, and duration of first remission. Age, sex, weight, hemoabdomen, peripheral lymph node involvement, and adjuvant chemotherapy did not significantly change the DFI or MST (median, 431 days). MSTs varied depending on type (B cell, 377 days; T cell, 9 days) and whether or not organs other than the spleen were involved (532 days for splenic lymphoma without other organ involvement; 142 days with other organs involved). Splenic lymphoma without other organ involvement was correlated with long survival time; chemotherapy may not be indicated. Splenectomy may be the treatment of choice for splenic lymphoma.—van Stee LL, Boston SE, Scase TJ, et al

Novel Multipotent Cell Isolation Technique for Excised Feline Tissue
A study was designed to determine whether adult feline adipose-derived stromal cells (ASCs) could be obtained from epididymal adipose tissue collected during routine castration and to assess whether the number of multipotent stromal (stem) cells (MSCs) isolated from individual cat epididymal adipose tissue would be sufficient for clinical and tissue engineering needs. Epididymal tissue collected from 5 cats during routine castration was processed using a modified digestion protocol with 0.2% type I collagenase and constant mechanical agitation. Expansion rate, multipotentiality, and immunophenotype of passage 0 cells were investigated. Approximately 1.5 million adult progenitor cells, sufficient for therapeutic and tissue regeneration procedures, were available from individual cat tissues ~9.5 days after tissue harvest and 1 cell passage. MSCs isolated from tissue excised during routine castration could potentially provide autogenous and allogeneic ASCs for clinical application.—Zhang N, Daigle PR, Lopez MJ

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