Intractable ingrown tail vertebral malformation and associated skin fold dermatitis are often associated with dirty or contaminated procedures and, in some cases with impressive vertebral malformation, can result in significant technical challenges. Thus, they are not notably desirable cases for the veterinary surgeon. Previous anecdotal concerns for neurologic disruption may deter veterinarians and clients from surgical treatment, but with meticulous dissection and attention to detail, caudectomy is associated with relatively low risk and high benefit for resolution.

— Jason Bleedorn, DVM, DACVS

How to Handle Corkscrew Tails

Ingrown or corkscrew tails, common vertebral abnormalities among brachycephalic dogs, may result in local skin fold dermatitis and associated pain and infection. The precise cause is unknown, but a genetic predisposition to the phenotype is hypothesized, with English bulldogs overrepresented. Medical management may reduce bacteria, but surgical resection of the tail and associated skin is often required for sign resolution. Previous perceptions of neurologic complications may deter surgical management consideration; however, little evidence substantiates these claims.

Postoperative complications following caudectomy in 17 dogs over 10 years were examined. Short-term complications arose in 4 cases, including changes in defecation patterns, delayed healing, and persistent infection. All resolved with conservative treatment except 1 case that had more severe draining tracts present preoperatively and required surgical drainage for resolution of infection after caudectomy. Antibiotics were used preoperatively in 4 cases and postoperatively for an average of 13.5 days. No dogs developed persistent neurologic complications or incontinence. Overall client satisfaction at long-term follow-up was good to excellent, except for 1 poor cosmetic outcome reported by an owner who did not understand that the entire tail would be removed. Caudectomy was demonstrated to be an effective treatment of ingrown tails in brachycephalic dogs and is associated with a low complication rate.

— Sandra Sawchuk, DVM, MS

Iodine Content as Contributor to Feline Hyperthyroidism

First described in 1979, feline hyperthyroidism has become an increasingly common endocrinopathy of geriatric cats, and concentration of iodine in commercial foods may be a contributing factor.

Multiple cat-food brands (112 over-the-counter and prescription diets) from 3 geographic regions (ie, west coast, Florida, Midwest) were purchased and iodine concentration measured. Seventy-one were canned, 19 were pouches, and 22 were dry foods. Eight brands and 2 supermarket varieties were tested. The daily iodine intake for a hypothetical 4.5-kg cat or 1.4-kg kitten was calculated based on manufacturer feeding instructions. Although no significant difference was found in iodine concentration across the 3 regions, variations were noted across packaging types, brands, seafood ingredients, and intended use (ie, therapeutic or not). Canned foods showed the greatest variation, in which an intake between 49 and 9,639 µg iodine/day was calculated.

Commentary

Diagnosis of feline hyperthyroidism has become a near daily event in my practice. Many owners, especially those with their second or third affected cat, question if they can do something to prevent unaffected cats from developing an active thyroid nodule. Avoiding known thyroid disrupters (eg, flame retardants, fish-based diets with high levels of polybrominated diphenyl ethers [PBDEs], soy, bisphenol-A lined cans) can be difficult, if not impossible. Because fluctuations in iodine content of food (from low to high levels) have been linked to toxic nodule goiter development in humans and cats alike, why not simply feed a diet with consistently low iodine? The only commercially available iodine-restricted diet is, in this commentator’s opinion, too low in protein and too high in carbohydrates to meet an obligate carnivore’s long-term needs.

Until manufacturers produce cat foods with consistent iodine levels (after first determining what levels cats actually need), or at least report levels on the nutrient content statement, my clinic will be well stocked with methimazole.—Sandra Sawchuk, DVM, MS

— Jason Bleedorn, DVM, DACVS