FOCUS To Treat or Not to Treat: Owner Attitudes About Pet Care

In this study, investigators surveyed pet owners at 6 different sites of a pet store chain. In order to qualify, respondents must have owned a pet within the last 3 years, be ≥18 years old, and live within specified zip codes. Total data from 529 respondents, representing 582 dogs and 402 cats, was descriptively analyzed. Respondents owned more cats than dogs; more cats were acquired from shelters or as strays. With regard to willingness to administer hypothetical treatments (eg, medication), dog owners were twice as likely to administer medications over a 30-day period than were cat owners. Owners that had acquired their cat from a shelter were more likely to feed a special diet than owners obtaining cats from other sources. Respondents who owned dogs were more likely to take their pet to a veterinarian for vaccinations and annual examination, or spend ≥$1000 for treatment of a chronic but not life-threatening condition than were cat owners. Respondents who obtained their pet from a shelter were twice as likely to take their pet to a veterinarian than those obtaining the pet from other sources regardless of species. Those respondents living in lower income areas were less likely to spend ≥$1000 on a cat or dog than respondents from higher income areas. Over 90% of all respondents expressed very high levels of attachment, except for owners of cats acquired as strays or from an “other” category (friends/family/neighbors).

Commentary

One of the major take-home points of this study was that pre-adoption pet ownership improves care for pets. In this study, owners that adopted pets from shelters were more likely to bring their pet to a veterinary hospital for annual examinations than owners acquiring pets from other sources. In addition, owners of shelter-acquired cats were more likely to take their cat to a veterinarian for care or feed special diets. This is most likely because many shelters offer adopter education programs and compulsory interviews before pet adoption.—Karen A. Moriello, DVM, DACVD

Source


Moving Grass: Spinal Empyema & Abscesses

This case report represents the first description of atlantoaxial epidural abscess seen in a dog. A 2-year-old female Lucerne hound presented with a 1-week history of progressive neck pain, inappetence, apathy, and elevated rectal temperature. MRI revealed changes consistent with an abscessed foreign body at the level of the first and second cervical vertebrae. A migration tract at the level of C4 originating from the skin was also identified on MRI. Presence of a 1-cm structure was confirmed on ultrasonographic imaging. CSF analysis was performed and found to be unremarkable. A dorsolateral atlantoaxial surgical approach and desmotomy revealed the abscess cavity and pus, which was submitted for bacterial culture. A 4-cm grass awn was identified and removed.

Spinal empyema (purulent discharge in a natural cavity without a capsule) or abscess (with capsule formation) has been reported only rarely in dogs; there are only 2 case reports of grass awn-induced lesions in the thoracic and lumbar spine. A third case report described a foreign body-induced lesion in the C3–C4 spine of a cat. Clinical signs in these cases are nonspecific and neurologic deficits may be delayed. Spinal epidural abscess may lead to irreversible neurologic deficits or life-threatening sepsis. Rapid surgical decompression and appropriate antimicrobial therapy are crucial to treatment and successful outcome.

Commentary

This case report from Switzerland highlighted the importance of early advanced imaging when treating severe spinal pain. Often empirical antibiotic treatment will help in these cases, but the clinical signs usually recur following cessation of the medication unless the foreign material is removed. Consideration could have been given to closed suction drain placement at the time of surgery to allow for ongoing external drainage. The 6-week course of antibiotic regimen is typical, but the question can be asked: Can it be treated successfully with a shorter course?—Jonathan Miller, DVM, MS, DACVS

Source