

“Pearls”
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AT A GLANCE

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Discovering a mast cell tumor

It cannot be stressed enough that if a client brings in an animal for a lump (or if a lump is serendipitously found during an exam) that a ***fine needle aspirate of that lesion should be performed*** and evaluated. Mast cell tumors can look and feel like anything. As an oncologist this author cannot tell you the number of times that a client has brought in a dog with a mass that has been present for a long time and that has been seen by many veterinarians and summarily dismissed as “nothing to worry about” only to have a bright-eyed and bushy-tailed recent graduate perform a fine needle aspirate and put the fear of God into the owner with tales of woe associated with mast cell tumor evil. The single most important variable in prognosis for the dermal mast cell tumor is the histological grade, which we can ONLY get from histology.

*Carlos O. Rodriguez, Jr, DVM, PhD, DACVIM
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Atopy and serology testing

A recent study found one of the biggest barriers for recommending immunotherapy is easy access to a dermatologist. Intradermal skin tests are considered the ideal test for allergy testing. However, serology is a great option for allergy testing when it is not feasible to perform skin testing in a primary veterinary practice or referral to a dermatologist is not an option. ***Serology does offer some benefits*** over intradermal skin tests (IDATs), including no sedation, no shaving or clipping, shorter withdrawal times,

and wide availability. In many cases, serology is a great option to pursue immunotherapy, especially if skin testing is not available. Many owners pursue allergy testing with the goal of removing offending allergens from the pet's environment. It is important to point out elimination is often impractical, if not impossible, and the goal of allergy testing is to direct formulation of immunotherapy. A common statement in practice is, “if it is in your pet's ZIP code, it is in your pet's life.”

*Rebecca Mount, DVM
Vet Practice News, May 2022*

Diet and chronic enteropathy

Given the multimodal aspects of nutrition and clinical response rates, diet trials are the first-line approach to both diagnosis and treatment of chronic enteropathy. Unlike the lengthy diet trial required for dermatologic disease (8-12 weeks), a clinical response in patients with food-responsive enteropathy (FRE) can be appreciated within 2 weeks. The biggest mistake made is ruling out FRE after only 1 diet trial and, potentially, providing unnecessary immunosuppressive therapy. One study demonstrated that dogs with protein-losing enteropathy that previously did not respond to diet trials and immunosuppressive therapies ultimately achieved remission of clinical signs with a diet change. Thus, performing multiple diet trials is recommended prior to definitively ruling out FRE. Client compliance is crucial to the success of diet trials. It is recommended to slowly transition the diet over 7-14 days to reduce any exacerbation of clinical signs a diet change may cause. After this period, it is important for clients to adhere to a strict elimination diet trial for patients receiving hydrolyzed and novel protein sources. These patients cannot receive their usual treats, flavored medications and supplements, or toothpastes. Patients on a low-fat or fiber-enriched diet do not require strict elimination of treats, but care should be taken to ensure treats are <5% of the total daily caloric intake.

*Allysa M. Galloni, DVM and Sarah M. Schmid, DVM, DACVIM
Today's Vet Practice, May/June 2022*

Micro-dosing of alpha-2 agonists

Medetomidine and dexmedetomidine binds opioid-like receptors on C- and A-delta fibers, especially in the central nervous system. It also blocks NE receptors on blood vessels, resulting in vasoconstriction; the resulting hypertension parasympathetically induces bradycardia, which is extended by a subsequent direct decrease in sympathetic