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– Dr. Irene Fujishima Nakaoka

“It was really valuable to be back in a university setting (with the VMTH’s Soft Tissue Surgery Service). Now I can counsel owners better on their options. I now know better what types of cases not to be referred versus what to do in house. I will refer more now than before because I’m more aware of the level of pre-operative diagnostics available at UC Davis, which may yield better outcomes for patients. The most unusual case I saw was a calico cat referred from the UC Davis shelter. It was fascinating to watch her reconstructive surgery—a once-in-a-lifetime experience. I highly recommend the Don Low Fellowship and would jump at the chance to be a Don Low Fellow again.”

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Thanks and Praise from Grateful Clients

“I suppose it is fair to expect the highest level of professionalism and skill at the UC Davis veterinary hospital, but I felt moved to write to you to express how impressed I was by the compassion and humanity we received from everyone we encountered, from Dr. Sabrina Hochne in particular, but also her interns and students and including the staff at the front desk.”

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There are many types of cancer, and there are many treatment options to consider. Beyond fighting cancer with our new linear accelerator, our clinicians are also developing innovative therapies to treat the disease. I’m excited to highlight some of the new procedures being pioneered by Dr. Michele Steffey and her colleagues in our Soft Tissue Surgery Service. Dr. Steffey’s innovative work in the surgical treatment of cancer is recognized worldwide, and we’re proud that she is making these breakthroughs as a member of our faculty.

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VMTH Clinician Offers Multiple New Options in the Diagnosis and Treatment of Cancer

Dr. Michele Steffey is making great strides in the fight against cancer with multiple innovative procedures. Her cutting-edge approaches may revolutionize the treatment of cancer in veterinary patients. Many of these procedures are in the clinical trial phase, and are seeing success as potential new standard protocols.

Near-infrared fluorescence operative imaging

This exciting new form of surgical imaging uses an injectable tracer pharmaceutical that is detected by a special imaging system at very low doses, with a very high sensitivity, to highlight specific structures in the surgical field that otherwise may be unseen with the naked eye. In the context of cancer surgery, this provides the potential for improvement in the identification of tumors, identification of lymph nodes that should be examined for metastatic disease, and delineation of surgical margins. These improvements increase operative accuracy and decrease surgical time. Unlike many other types of imaging, there is no radiation dose to the patient with near-infrared fluorescent imaging, and this modality can be used in minimally-invasive surgery, as well as traditional open procedures. This exciting technique has also been extremely useful in identifying branches of the thoracic lymphatic duct at surgery, and is being applied to the treatment of chylothorax in dogs and cats with great success.

Percutaneous cryoablation

This method of killing cancerous cells by freezing is achieved through the use of specialized hollow cryoprobe devices for percutaneous ablation of tumors located deep in the body in a minimally-invasive manner. Excitingly, successful preliminary results are being achieved in a study evaluating treatment of intranasal tumors (within the nasal cavity) in this manner. With harder to reach tumors, such as bone tumors, larger surgical incisions may be necessary, but successful applications have the potential to spare some animals from amputation (which is currently the standard recommendation for this disease). Cryoablation is currently used in human health care for treatment of kidney, prostate, bone, lung and liver tumors.

CT pneumonolongraphy

This imaging protocol has been developed for CT of colonic and rectal disease. Historically, CT has not been used in veterinary medicine for imaging the gastrointestinal (GI) tract because it remains collapsed when empty, making it difficult to accurately assess the extent of GI disease. In this protocol, the colon is inflated with gas to improve the anatomic understanding of relationships between normal and abnormal structures. An optimal protocol has been determined, and all patients with large bowel disease, whether cancer is suspected or not, are candidates for this new imaging technique. Preliminarily, we are finding that this technique improves surgical planning in dogs with cancer of the colon or rectum. Its potential role in differentiating benign from malignant disease is under active investigation.

Interventional Oncology: Chemoembolization and Palliative Stenting

These palliative treatments of non-resectable tumors use specialized stents, catheters and the targeted delivery of chemotherapy directly to the tumor in order to improve quality of life. In chemoembolization, a mixture of chemotherapy and agents to block the tumor’s blood supply are delivered directly to the tumor with lower risk of systemic complications. Stents are used to address obstructions in the respiratory, GI, or urinary tracts. These minimally-invasive treatments are performed under general anesthesia and use fluoroscopy and either very small skin incisions or natural orifices; therefore, pain associated with the procedures is minimal, and recovery is quick.

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CASE OF THE MONTH – CADDY

Caddy (Spook DeVille), an 11-year-old Quarter Horse gelding, was at the top of his game in 2012. He won several barrel races and set new records. A tragic accident befell Caddy, though, in the spring of 2013. He escaped from his box stall during the night, and fell on a tractor drag, severely injuring himself.

His owners brought Caddy to the VMTH’s Equine Surgical Emergency & Critical Care Service, where he was immediately evaluated and treated for multiple lacerations on his face, chest and legs. Because the injuries to his chest were extensive, the primary concern initially was that he may not develop respiratory difficulty. UC Davis veterinarians performed a thoracic ultrasound to determine if he had a pneumothorax—a collapsed lung—which is caused by air leaking into the space between the lungs and the chest wall. Luckily for Caddy, there was no internal damage, but the level of his lacerations would take a great deal of care and time to heal.

Further examination of the lacerations on his face revealed a frontal facial bone fracture, and exposed right frontotemporal sinuses. A deep vertical laceration on his chest measured about six inches, opening a massive gaping wound. Multiple smaller lacerations covered his front legs.

VMTH equine surgeons Drs. Jorge Nieto and Sarah Gray thoroughly cleaned, debrided and closed all of Caddy’s wounds with multiple sutures, dressings and bandages. Three drainage tubes were placed to help remove fluid from the injured areas.

Caddy remained hospitalized at the VMTH for 12 days to properly manage the healing of his injuries. After release, he recovered at a layup facility, and later at home, with stall rest, medications, and regular dressing changes, before later moving on to therapeutic laser and ultrasound treatments and working out on an underwater treadmill.

Caddy’s three- and five-month re-check examinations at the VMTH showed that the lacerations had healed remarkably well, and he was gradually returning to normal activity. Six months after the accident, Caddy returned to competition, running faster than ever and breaking new records.

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