

Paw Talk



A professional publication for the clients of East Valley Animal Clinic

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Miley

Meet Miley

Meet Miley, a very lucky little dog. One Tuesday afternoon, Miley went outside, and a short time later, her owner heard her cry out. When she came back in, her owner noticed that she had a screw sticking out of her side! Miley's owner did the right thing; she brought Miley to East Valley Animal Clinic.

continued on pg. 4

We Love Our Certified Veterinary Technicians

Why do we love them, you ask? It's not only because they are wonderful and caring individuals, but because they are good at what they do — for the clinic, our clients, their pets and our community.

A certified veterinary technician has earned an associate's degree or higher in veterinary technology from an accredited school, and has passed a national exam demonstrating specific knowledge and competencies in the field of veterinary medicine. Here at East Valley Animal Clinic, we have an amazing number of certified veterinary technicians, 14 to be exact. It is not common to find that many on staff at one veterinary practice. We also have two clinic-trained veterinary assistants who are happy to help when needed.

Although veterinary technicians cannot perform surgery, make diagnoses or prescribe medications, there isn't much else in the veterinary world that they are not trained and skilled at performing. Our veterinary technicians draw blood, collect urine samples and perform various laboratory tests on the samples. They place IV catheters and administer necessary treatments on sick and hospitalized patients. They assist in surgery, monitor anesthesia, perform the dental cleanings and take dental and standard radiographs.

Here in Minnesota, there are several accredited schools that offer programs — Argosy University in Eagan, Globe University (several locations) and Ridgewater College in Willmar, just to name a few. Training involves classroom work, laboratory and clinical work with live animals and a 12 week internship at a clinic.



Front row (L to R), CVTs: Laura, Ashlie, Erin, Bobbie, Aimee
2nd row, CVTs: Brigitte, Becky, Vet Assistant, Erica, Lindsey, Erin, Heather
3rd row, CVTs: Melissa, Megan, Dawn, Jackie, Groomer, Rebecca

continued on pg. 4



Anatomy of the Knee

Back leg lameness is the bane of competitive dogs in any sport, and a problem for couch potatoes as well. That lameness often occurs in the knee. The knee joint, or stifle, connects the femur (thigh bone) to the tibia (lower leg bone), and is considered one of the most complex joints in the body.

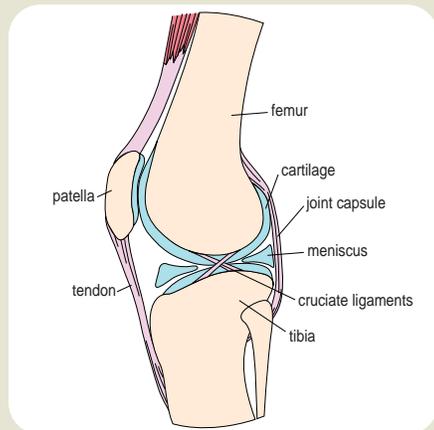


Image courtesy of Kurt S. Schulz, DVM, MS, DACVS

- The patella, or kneecap, is on the front of the joint.
- Four ligaments stabilize the stifle. There are two cruciate ligaments: the cranial cruciate in front, and the caudal cruciate in the back. In humans, these are known as the anterior cruciate ligament (ACL) and posterior cruciate ligament, respectively. The collateral ligaments are on each side.
- Two small cushions of fibrocartilage, known as the menisci, sit between the femur and tibia. They provide cushioning, shock absorption and stability to the joint, and contribute to joint lubrication. Meniscal tears often occur secondarily to CCL ruptures.
- A joint capsule keeps everything lubricated.
- Muscles provide movement.
- Tendons hold the muscles to the bone.

CCLR

Tiger Woods and quarterback Tom Brady have both suffered from ACL injuries; it's a common sports injury in humans. Likewise, rupture of the cranial



cruciate ligament (CCL) in dogs is one of the most common reasons for hind-end lameness and subsequent arthritis in the knee.

Dogs of any age, breed or sex can suffer from cranial cruciate ligament rupture, or CCLR. Older, overweight dogs are at greater risk, and it occurs more frequently in some breeds, including Labrador Retrievers and Rottweilers. The cause is often unknown, and the reason it is so common in dogs is still not completely understood. Factors may include the slow degeneration of tissue that comes with aging, conformation (the skeletal structure of the dog), genetics, the presence of other underlying problems in the joint, obesity and poor physical condition. Acute injury in young, athletic dogs occurs less frequently, and can result from strenuous activity where an abnormal stress is placed on the joint.

Acute injuries may present with an obvious, toe-touching lameness which seems to get better over time but never completely heals. CCLR may start as a partial tear, with the dog showing only occasional lameness, sometimes with exercise or when the dog first gets up after sleeping. Partial tears typically lead to complete ruptures, and studies have shown that at least 40% of dogs that experience a CCL tear in one knee will later develop a tear in the other knee.

The CCL is the most important stabilizer for the joint, so when it is damaged, abnormal wear occurs as the bones and meniscus rub against each other. Bone spurs and osteoarthritis can start to develop in as little as one to three weeks after injury, resulting in more pain and decreased mobility. Tearing of the meniscus often occurs after a CCL rupture, causing additional pain.

Diagnosis of a complete rupture is often straightforward: your veterinarian will watch the dog's gait and palpate the knee. A knee with a ruptured cruciate no longer has the stability to keep the tibia in place, so your veterinarian can elicit a "drawer" movement of the bones. A "medial buttress," or thickening of the inner side of the joint, may also be detected. Diagnosis of a partial tear is more difficult, and may require additional tests such as MRI, arthroscopy or exploratory surgery.

Small dogs under 30 pounds and some dogs with only a partial ligament tear sometimes regain stability with exercise restriction, weight loss and anti-inflammatories. For most dogs, surgery is recommended to restore stability to the joint. Several surgical techniques are currently in use. The technique that is most appropriate for your pet depends on age, size, activity level and conformation of the joint.

The prognosis for most dogs who undergo surgical repair of CCLR is good. Exercise restriction and appropriate physical therapy are crucial after surgery, and owners should carefully follow their veterinarian's discharge instructions.

**"Never underestimate the warmth of a cold nose."
– Unknown**



Patellar Luxation

The **patella**, or kneecap, is a thick, triangular-shaped bone that serves to protect the knee joint. It slides up and down a groove in the femur, called the trochlea, as the knee bends and extends. If the patella pops out of the groove, it is known as a patellar luxation. This can occur in dogs, cats and humans. The patella can luxate in either direction: toward the inside (medial) or outside (lateral) or both (bilateral).

Patella luxation can be a result of a congenital defect or trauma. When it's caused by trauma, the signs usually appear suddenly. If genetic, the signs may emerge slowly and worsen over time.

Luxating patellas are graded on a scale of 1 to 4:

- Grade 1, can be manually luxated but moves back easily
- Grade 2, frequent luxation
- Grade 3, always luxated but the animal may still use the limb
- Grade 4, out all the time. The limb is either non-weight-bearing or the animal moves in a crouched position.

The signs vary widely, depending on the degree of luxation. For low grade luxation, signs include intermittent lameness, an unusual "skipping" gait and an unwillingness to jump. The animal returns to normal movement when the patella returns to the trochlear groove. Pets with moderate to severe luxation may exhibit a bow-legged or knock-kneed appearance (depending on the direction of the luxation), frequent lameness and even an inability to stand.

Mild cases may not need treatment. Each case is evaluated individually, but in general, surgery is recommended for grades 3 & 4. Untreated, moderate to severe patellar luxation predisposes the knee joint to other problems, such as cranial cruciate tears and osteoarthritis.

The prognosis after surgery depends on the degree of luxation and whether additional injury or arthritis has occurred in the knee. Appropriate rest/recuperation followed by physical therapy are key to successful outcomes after surgery. Overweight cats and dogs will have a much harder time dealing with low grade luxating patellas and are less successful in recovering from surgery.



"Licking your paws is only the first step. After that, you need to use a good antibacterial body wash, then an exfoliating herbal facial scrub, followed by an avocado moisturizing cleanser."

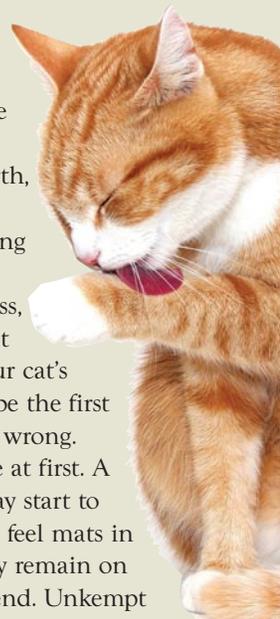
Fastidious Felines

Cats are perhaps the most fastidious four-footed creatures on earth, well known for their meticulous self-grooming habits. Cats are also masters at hiding illness, so for the observant cat owner, a change in your cat's grooming habits may be the first sign that something is wrong.

Signs may be subtle at first. A normally silky coat may start to feel coarse, or you may feel mats in the fur. Kitty litter may remain on the paws or the hind end. Unkempt fur is uncomfortable, and can lead to further health problems. Mats can pull on the skin and harbor bacteria or yeast that can cause infections. Mats on the back legs can trap bits of feces, which may then be rubbed on any furniture where the cat sits.

The two most prominent reasons for a change in grooming habits are obesity and arthritis. Fat cats often can't reach some of the spots they would dearly like to keep clean! The same is true for cats suffering from the pain of arthritis. A poor coat and reduced grooming can also be indicators of other health issues, such as thyroid or kidney problems. A trip to your veterinarian at the first sign of a poor coat may help catch an illness in its early stages, when it is easier and less costly to treat.

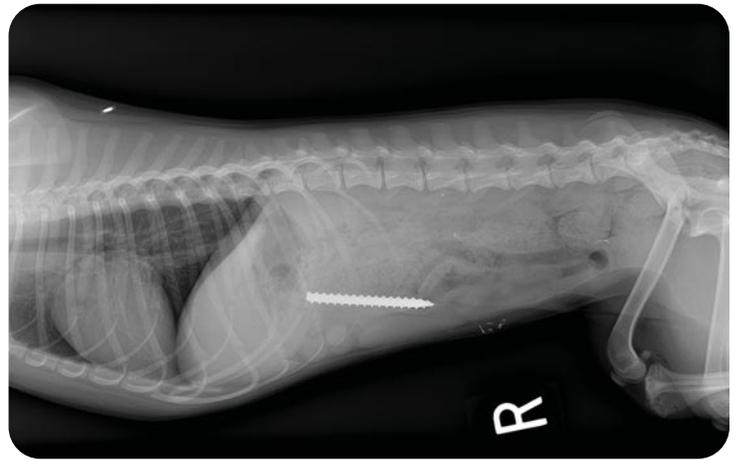
After you've seen your veterinarian, it's a good idea to help your cat get back on track with grooming. Start with short sessions and a wide-toothed comb so you're not pulling and causing discomfort. Reward your cat with some high value, low calorie treats. With patience, most cats will learn to accept and enjoy being groomed. If it's too difficult, consider visiting a professional groomer. Your cat will be healthier and happier with a clean, well-groomed coat!



MEET MILEY *continued from pg. 1*

Radiographs showed that the screw was 2½ inches long and was imbedded under her skin. She was very lucky that it hadn't penetrated her chest or abdominal wall. Fortunately, Miley did not require surgery and the doctor was able to successfully remove the screw.

Miley's owners did the right thing by not trying to remove the screw themselves. If the screw had gone into the lungs or punctured an abdominal organ, it could have caused serious damage, and removing it could have caused uncontrolled internal bleeding. It is always best to leave the object in place and seek medical attention. Miley is doing well and her owners have a great story to tell.



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GOOD THROUGH APRIL 30TH, 2015

WE LOVE... *continued from pg. 1*

In Minnesota, all CVTs are required to renew their certification every two years. They must also pay the MVMA (Minnesota Veterinary Medical Association) renewal fee, in addition to providing documentation that they have complied with Minnesota's continuing education requirements. In order to qualify for the renewal, CVTs must complete a minimum of 10 CE credits in their two-year period before renewal. As an AAHA accredited hospital, AAHA recommends that our CVTs complete a minimum of 20 CE credits.

The third week of October is designated as Veterinary Technician Week, and is intended to raise awareness and show appreciation for CVTs and all they do. Here at East Valley Animal Clinic, we would like to say that we appreciate them each and every day. So next time you are in, please feel free to give a high five or a pat on the back to any of our wonderful, hard-working CVTs, who we love so much!