PETS Referral Center to You

2026: April Issue

From the Surgery Dept: *When we cannot pre-train patients into vet tolerance* —Claire White and Dr. Razz

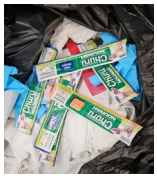
How we manage to get through dozens of bandage changes <u>without</u> investing in brute-acaine or <u>breaking</u> the drug bank!

Proper laterally recumbent restraint can be soothing all by itself.

- Pressure on neck, firm grasp of down forelimb.
- Pressure on hip, firm grasp of down rearlimb.
- <u>Hold still.</u>
- (And starting with a smooth "take down" is preferred as well!)

Less is more.

- Banging-bopping-jiggling-hollering continuously can ramp them up.
- Tapping/noise distract immediately around event needing distraction.
- Touch only where you need to; hold firmly.



Food restraint.

- Advise owners to come hungry!
- Stock hospital with lick matts, tongue depressors, pretzel sticks.
- Liberal use of Churus, babyfood, peanut butter, canned "cheese".
- Enlist a designated human feeder— keep it coming, tease and coax.

Start the sedatives at home...for everything (almost).

- Gabapentin 20-30mg/kg PO (don't be afraid of 30) Cat / Dog
- Trazadone 5-10mg/kg PO (becomes additive/beneficial) Dog
- Maropitant 2mg/kg PO (mild anxiolytic too) Pre anesth Cat / Dog
- Prepare a canned "pre-admit sedation" handout; prompt and promote

Employ the owners judiciously; they can surprise you.

- Layout ground rules and control the room; liability must be considered.
- Moral support or actual restraint; sometimes a pet's people can help.

And, drug 'em when you need to.

- Sometimes it's the kindest, fear-free-est route.

We've had a lot of success with these methods, especially when we use them in combination with one another. Recently, we've been seeing a Husky with some outta-control Husky-like behavior for bandage changes (see photo). Based on how things went the first time we met, I was sure we would be dipping into the drug bank every time. It was a pleasant surprise to learn that all he needed was some Gaba/Traz at home, emotional support from his family (big hug) and about 12 tuna flavored Churus from mom to get the job done. There's something very rewarding about giving our patients a more positive experience. It's stress-reducing for everyone! —*Claire*

PS: I definitely don't know it all, but Fear Free Certification offers some great CE with more tips if you're interested.

Husky boy received Gaba/Traz at home, walked in, kissed every-one in happy greeting, received a bear hug from dad, a dozen Churus from mom, had large wound on forelimb changed by Dr. Razz, and walked out. Smooth sailing.

When in doubt...

FROLIC!

Sign up for emailed newsletter!

Special points of interest:

- *Writing like a 6th grader*
- *Who to refer to...*

Inside this issue:

Writing Like a 6th Grader— What is that anyway?

We went to school through 16 grades. Then we learned a whole heap of new fancy language in a special four years of school, getting spanked when we used that language wrong. Now we are supposed to write papers for our pet owners that they can read and understand and use well. Said pet owners did not follow us through those same 20yrs of schooling; they are a diverse group of people with their own lingo, jargon, reading comprehension and focus/concentration. The infinite wisdom out there tells us to communicate in the written form with the style and word choice at the 6th grade level. (https://avmajournals.avma.org/view/journals/javma/aop/javma.25.10.0680/javma.25.10.0680.xml) *and infinite wisdom is vexed by the current state of affairs.*

WARNING: This just might be the hardest writing task yet….

An informative resource to evaluate our current style/word choice can be found online— search for a calculator for **"Flesch-Kincaid Grade Level"**

Why deal with this?

To quote the AVMA study (that has appropriate references), "*In human medicine, low health literacy increases the likelihood of **misinterpreting instructions** and **missing follow-up appointments**... is also associated with **higher rates of emergency care and hospitalization** and with **worse health outcomes**. Similarly, in veterinary medicine, a lack of understanding of medical instructions could lead to **uninformed treatment choices** and low **adherence to postoperative recommendations**...**treatment complications** and failures and to **repeated hospital visits.**"*

How to start your new writing adventure?

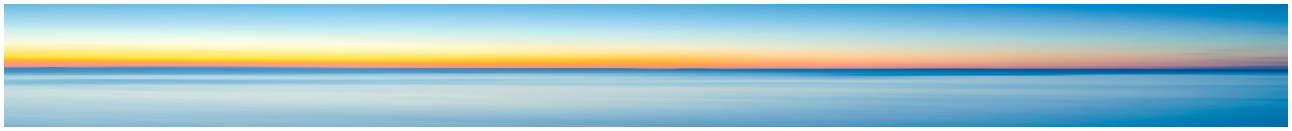
First step is self-evaluation with an online calculator.

Second step is to get into the writing brain of a 6th grader. The internet saves us here too. Search for 6th grade writing samples. Look at the sentence length, punctuation choices, word complexity, voice.

Third step is to make a plan for "cleaning up" your written words for your pet owners.
(I'll join you here! —Razz)

- Shorten your sentences; use more "periods" and fewer "semi-colons". **Irony intentional!**
- Simplify your words. **Leave the thesaurus on the shelf.**
- Write conversationally! ♥ **this 1**
- More bullets & lists ☑
- Short paragraphs (2-4 sentences)

This is doable and worthy. Let us begin.



Join the Zoom fun with the PETS team Journal Club

You are cordially invited to actively or passively (!) participate in our monthly **Journal Club/Topical Rounds**. This is hosted on *Zoom* one evening per month. We rotate between journal article discussions, specialty topic rounds, and Morbidity & Mortality rounds. The format is quite informal, and we always welcome new participants. If you are interested, please zap the QR code, and we will add you to the monthly email invite. We look forward to seeing some new faces!

MicroCE from Team Oncology:

Canine Cutaneous/Subcutaneous Mast Cell Tumors (MCT), "soup to nuts"

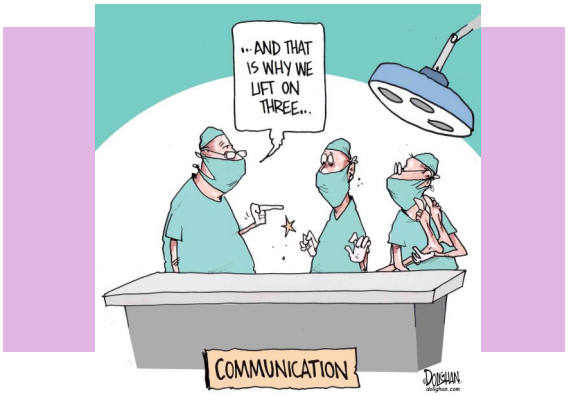
KIM SHAFFER, DVM DIPLOMATE, AMERICAN COLLEGE OF VETERINARY INTERNAL MEDICINE (ONCOLOGY)

FIND A MASS? IT COULD BE A MCT.

To do list:

- Fine needle aspirate for cytology (*ideal: submit for pathologist confirmation and cytologic grade*)
- Body map for additional/concurrent MCTs in predisposed breeds (~10-15% dogs have multiple MCTs)
- Start H1/H2 blockers (diphenhydramine, famotidine/omeprazole, etc.), especially dogs with large tumors
- Consider staging tests, *particularly if any negative prognostic variables are present*:
  - Location: subungual, oral, muzzle, mucocutaneous, +/- preputial, +/- scrotal
  - Size: large (>5cm)
  - Growth: fast over time to large size
  - Recurrent tumor
  - Metastatic lymph node
- Recommended staging tests:
  1) Cytology regional lymph node(s) **(Note: even normal sized lymph nodes can be metastatic**)
  2) Abdominal ultrasound w/ fine needle aspirate/cytology of abnormal lymph nodes or lesions in the spleen/liver concerning for metastasis
  3) Thoracic radiographs? Pulmonary involvement rare (might consider for aggressive MCTs; *see 1-5 negative prognostic variables above*)

TUMOR TOO LARGE FOR SUCCESSFUL SURGERY?
CONSIDER CYTOREDUCTION WITH PREDNISONE.
Response rate: ~70-75%
Dose: 1mg/kg/day



Surgical removal of cyto-confirmed MCT

Timing of surgery:

Small tumor, likely low grade, no metastasis—**Not urgent**

Large tumor, negative prognostic indicators—**More urgent (but variable)**

Surgical referral recommended if:

- Dog has negative prognostic indicators
- Tumor is in tricky location for resection with recommended margins.
- Anticipated incomplete excision and/or healing complications

Surgical margin recommendations (from cytologic findings):

Probable low-grade tumors: 1 deep **fascial layer** + skin margins **equal to the diameter** of the tumor or 2cm, whichever is **smaller**

Probable high-grade tumors: 1 deep **fascial layer** + **2-3cm** skin margins (where possible)

Remove metastatic regional lymph node(s), if no distant metastasis

Post-surgical recommendations are dependent on grade and surgical margins:

Incomplete or narrow excision?

⇒ Local therapy recommended:

If low grade: recurrence rate ~30-50%; consider surgical revision or electrochemotherapy based on amenable location and patient risk:benefit analysis

If high grade: recurrence rate high; adjuvant local therapy recommended (surgical revision, radiation therapy, electrochemotherapy)

⇒ Adjuvant chemotherapy recommended:

- If high grade **(3/3)** tumors
- If high grade **(2/3)** tumors, **with** metastasis present (questionable efficacy in dogs without metastasis)

(if low grade tumors with excised metastatic lymph node—adjuvant chemotherapy typically not recommended)

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DVM Comms on the Web!

www.petsreferralcenter.com

To serve pets and people.

PETS Referral Center was founded in 1979 by a group of local general practice veterinarians. They recognized a need for after hours care to support the local community and reduce the burden of emergency calls to primary care hospitals. PETS has since expanded into a 24/7 emergency and multi specialty hospital. Our specialties are all board certified in their respective fields of Exotics, Oncology, Ophthalmology, Radiology and Surgery. Through the years we have worked with primary care veterinarians and pet parents to provide the best possible medical care.

Our Mission: *To serve pets and people by continually pushing to improve our medicine, our service, our communication, and ourselves. We can accomplish this by working as a team, supporting our referring veterinarians, caring about every patient, learning from others, embracing change, and using intelligent and fair business practices.*

How to Use the Emergency Department Effectively

EMERGENT… URGENT… OR … SPECIALTY APPOINTMENT?

WHEN A PATIENT IS IN YOUR HANDS AND NEEDS ADDITIONAL HANDS…

…CONSIDER SELF-TRIAGE PRIOR TO CONTACT.

Online form:	**Email/pet name and department in subject**:
https://petsreferralcenter.com/referral-page	reception1@petsreferralcenter.com

Emergent condition? Stabilized as medically necessary and then send immediately. *Vet professionals please call to alert (510 548 6684) and immediately send all records with images*

Urgent condition? Advise owners to call and come as they are able. *Vet professionals please call to alert and immediately send all records with images.* *****ULTRASOUND ARRIVALS AFTER 9AM*****

Non-emergent/non-urgent condition?

Consider the best **discipline** to best **advance** the case. *Vet professionals please email or online form.*

Surgery— lameness, skin/SQ masses; stable MS/abd/thor disease-trauma-tumors

Oncology— confirmed or suspect neoplasia diagnosis; staging requirement; consult beneficial

Ophthalmology— stable/stabilized ocular and periocular disease or injury

Exotics— All reptiles; stable small mammal and birds *(emergent small mammals/birds to ER)*