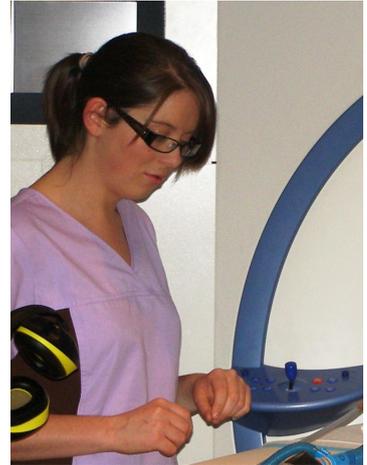


Introducing Ashleigh

We welcome Ashleigh onto the team. Ashleigh started with us in March of this year, and is covering while Sarah-Mae is away on extended leave.

A Unitec graduate with a Diploma in Veterinary Nursing, she brings fresh enthusiasm and a desire to learn, and has picked up very quickly the way we do things. Outside of work Ashleigh and her dog Max go for long walks in the park and practice good behaviour training. She loves spending time with friends and on the weekends enjoys working with her family on their avocado farm.



E-referrals

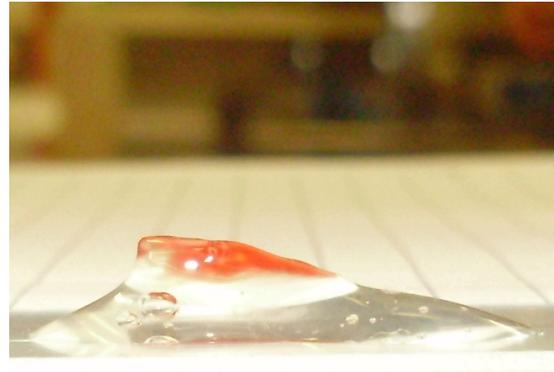
For straightforward and non-urgent referral cases, we have included a simple online referral form on our website. Once the info is received, we will phone the client direct and make the booking - we can get more detailed history from your clinic over the next few days. We already do this for fax requests, but thought we should offer this as an on-line option as well. Go to our website (www.smallanimalsurgeon.co.nz) and click 'Online Referral'. Any problems with it, please let us know!

Christmas

Ruth will be out-of-town at a secret location from Friday 21st December until Saturday 29th December inclusive, BUT expects to put in a solid January (working the Fridays of that month as well), to catch up on all your referrals.



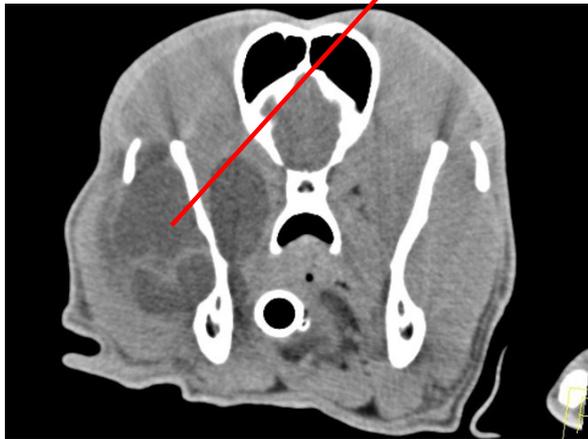
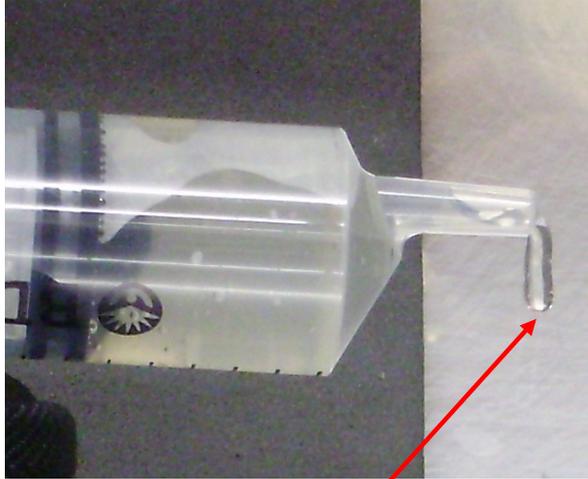
What is your diagnosis? (answer overpage)



A 9 year old male neutered Labrador presented to us with a facial swelling. Aspirates from a lump ventral to the dogs' left ear 8 months earlier were suggestive of a sialocoele, but the mass had continued to enlarge, now causing exophthalmos and third eyelid protrusion (see picture). Repeat aspiration showed a thick, crystal-clear jelly-like substance (photo). This 'fluid' was thick and gelatinous, and could only be drawn through a 16G needle with difficulty. Advanced imaging was recommended to rule out a zygomatic and or parotid salivary mass (see over-page).

What is your diagnosis? cont ... CT evaluation of orbital swelling

CT imaging showed a large cystic soft tissue mass infiltrating the left masticatory muscles and orbit, with rarefaction of the articular process of the left mandible and thinning of the vertical ramus. These imaging features were consistent with an orbital myxoma or myxosarcoma. These tumours are often only slowly progressive, and although this dog's owner declined surgery the dog is still eating and managing relatively well nearly 11 months after the diagnosis was made.



Remember ...

We don't work for Franklin Vets (just in the same building).

Think about it ...

We are considering having a list of clinics that refer cases to us on our website. Would you like to have your practice identified in this way? Let us know.

Business cards

If you would like some for clients let Derek know, and he'll post them through.

Facebook

Yep, we're on there too! Just click on the Facebook link on our website and it'll take you through to our Facebook page. We'll be using this to keep watchers up to date on staff, hours, updates, interesting snippets, and so forth. Have a look, and 'like' us!

Website

We've updated our website (www.smallanimalsurgeon.co.nz) to give it a fresher look. You will find links to PDF versions of our referral form, referral pad reorder form & this newsletter (you can download and save, or open and print as required). Also links to our facebook page, and e-referral page. It would be great if you could direct any clients that you are referring to our website; then they can have a look and find out a bit about us before they come in for an appointment.

Elbow Joint Blocks

Just a new thing we have tried on a single case with some success- It can be very difficult to determine which forelimb joint is the source of a lameness problem in a stoic dog. We like to call these 'shelbow lameness' and we do see plenty. On a recent case, we used reversible sedation to inject the elbow joint with mepivacaine (NB not marcain or lidocaine) using aseptic technique. We videoed our before-and-after lameness. Strict aseptic skin preparation was used, along with sterile gloves. This was helpful in localizing the problem to the elbow, as this dog was less lame during the period of joint block. This diagnostic aid has not been well researched in canine clinical cases, however equine practitioners have been using similar techniques for many years. The potential of local joint blocks for lameness examination in dogs was reviewed in a recent article (Van Vynct et al, VCOT (2010) 23:4, 225-230).