

# The New York City Veterinarian

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## PRESIDENTS MESSAGE

*David Wohlstadter-Rocha, DVM*

Dear Colleagues,

I am honored to again serve as the president of the VMA of NYC. One of the most exciting aspects of our work is the ever-evolving nature of the veterinary profession. The first time I served as president was in 2012 and there have been many changes since then. Practice models have changed and restructured, research has brought us new therapies and our appreciation for the concept of one health has grown, to name a few.

2012 was also the year that Linda Chiaverini became the Executive Secretary of our organization and helped us to modernize the way we run as an organization. One of our accomplishments that year was a new website. I am happy to say that we will again be unveiling a new website this year. Our hope is that this website is more user friendly for both our members and the general public.

There are many exciting events already planned for this year. This includes CE dinners, student awards, CE in the City and the New York Vet Show, mixers and more. So, if you haven't done so already, renew your membership today!



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President's message continued ...

VMA of NYC membership benefits include:

- Continuing Education Events - Free continuing education programs (5 meetings per year with complimentary dinner, drinks, and 2 hours of CE per meeting)
- Free NY Vet Show Conference - Attend New York City's premier conference for free, saving up to \$300 on registration fees!
- Social and Networking - Meet and connect with your peers during live social events
- Free CE in the City - Experience a full day of top-notch continuing education at no cost, a \$50 value
- Stay Up-to-date - Local newsletter covering regulations, scientific articles, and community updates
- Mentorship Opportunities - Build lasting relationships with your peers through networking opportunities

As our community faces new and emerging health challenges, we, as veterinarians, remain committed not only to caring for the animals entrusted to us but also enhancing the health of the public and our shared ecosystems. Each of us has the opportunity to contribute uniquely to our diverse profession.

I encourage you to be involved and volunteer for our organization. Attend a board meeting. We have a variety of committees looking for new talent and perspective and are continually creating new ones as the need arises. Contact me if you are interested in learning more. I look forward to continued growth, collaboration, and innovation across our profession and association. Thank you for your continued dedication to the animals and people we serve.

With deepest appreciation,

David R. Wohlstadter-Rocha, DVM  
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## Dog Aging Project and TRIAD Update

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The Dog Aging Project is pleased to announce that the first enrolled dogs, Zoe and Jack, have now completed their participation in the three-year clinical trial, the [Test of Rapamycin in Aging Dogs \(TRIAD\)](#). This is one cohort of the [Dog Aging Project](#) and the third clinical trial investigating whether rapamycin can improve aging-related health in older dogs. Initial studies show evidence that small doses of the drug rapamycin help to mitigate or delay the diseases of aging. The plan is to enroll 580 dogs, and they are actively recruiting more participants.

To be considered for TRIAD, a dog needs to be at least 7 years old, between 44 and 120 pounds, spayed or neutered, and in good general health. Participants must bring their dog to a clinical trial site every six months for three years. Sites are located throughout the U.S., including in Brooklyn, NY. Veterinarians are encouraged to share information about this study with their clients, and [resources](#) are available online to help do that.

The Dog Aging Project is a community science initiative led by Texas A&M University, the University of Washington, and Tufts University, along with other collaborating institutions. Funding comes from grants, including a 2024 \$7 million National Institutes of Health (NIH) award, along with philanthropic donations and support from the [Dog Aging Institute](#).

To learn more, visit the website at <https://dogagingproject.org/>.

## Calendar of Events

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### **Program Committee - Megan McGlinn, VMD**

The schedule of the VMA of NYC Continuing Education meetings and events for the 2025 calendar year is listed below, including the speakers and topics.

#### **April 26, 2025 - CE in the City**

Location: Convene

#### **May 7, 2025 - 7:00 - 9:00 pm**

Speaker: Andrea Minella, DVM, PhD, DACVO

Location: Empire Steak House

#### **July 17, 2025 - Big Apple Summer Veterinary Mixer**

Location: Castell Rooftop Lounge

#### **September 10, 2025 - 7:00 - 9:00 pm**

Speaker: Stanley Marks, DVM

Location: STATE Grill and Bar

#### **October 1, 2025 - 7:00 - 9:00 pm**

Speaker: Howard Seim DVM, DACVS

Location: Arnos's Ristorante

#### **November 6 - 7, 2025 - New York VET Show**

Location: Javits Convention Center

#### **December 2, 2025 - 6:00 - 8:00 pm**

Speaker: Vanessa Spano, DVM

Location: Civilian Hotel Secret Garden

#### **December 2, 2025 - Holiday Party**

Location: Starchild Rooftop Bar & Lounge

*If you have any suggestion for a continuing education speaker, timely topic, or event, please email the VMANYC at [info@vmanyc.org](mailto:info@vmanyc.org).*

## 2025 Meet the Breeds

*By Mari Morimoto, DVM, Public Events Committee Do-Chair*

The VMANYC once again tabled at American Kennel Club's Meet the Breeds show on January 25 and 26, sharing the same space with about 150 breeds of dogs on the lower level of the Javits Convention Center. According to one of the other vendors, a record 30,000 people may have stopped by, and as in past years, there were also attendees from the NY Boat and Travel & Adventure shows upstairs.

Ironically, AKC's past mislabeling of the VMA as the Animal Medical Center finally came back to bite them, as the AMC actually did participate this year. But that helped us score the same prime location along the perimeter of the Demo Ring that we had last year. Several NYSAVE board members also joined us on the Saturday, including first-time volunteer Lisa Weiss.

And despite the dates conflicting with VMX for the first (and hopefully last) time, we still managed to have an excellent cadre of 10 members answer questions from breeders and the public alike, over the two days. This includes four first-timers and one who had only previously assisted with the Westminster Kennel Club show. Drs. Andrea Shliselberg, Jeff Levy, Judy Schwartz, Nicole Shaw, Kenya Crawford, Andrea Tu, Jack Biederman, Kevyn Harer, and Thao Vo, plus NY SAVE board members Lisa Weiss, Eleanor Gibson, and Dr. George Korin, I cannot thank you enough for taking time out of your busy schedules to help! And an extra shout out to George for taking on a double shift as well as being my stand-in on Saturday when I could not be onsite for most of the day!!



## Wellness Corner

### Laughter As Medicine

*By Jennifer Tsung*

In our hectic lives, there are numerous activities we should prioritize to enhance our health and wellbeing. One of the simple things that we do not normally think about is laughter. As children, we used to laugh hundreds of times a day, but as adults, it is much less frequent. Laughter is a normal and natural physiological response to one's environment, situation, and stimuli. Laughing is medicine and has quantifiable positive physiological effects. This medication is free and has no side effects.

There are five types of laughter identified: genuine, self-induced, stimulated, induced and pathological. Genuine is our spontaneous laughter. Self-induced is our making ourselves laugh even with no stimulus. Stimulated is from tickling, induced is from a drug, and pathological is from damage of the pathways in the brain.

The types of laughter that we typically think about is spontaneous and self – induced. Whereas spontaneous laughter is typically from a positive mood, self-induced laughter may not be associated with positive emotions or feelings. Recent studies show that simulated laughter may have the same positive physiological responses on the body. In some parts of the world, laughter yoga blends breathing exercises with intentional laughter. Laughter yoga reduces depression, particularly among the elderly.

The health benefits of laughter are that it can relax the entire body while relieving stress with lasting effects for up to 45 minutes. Laughter can boost our immune system, decrease cortisol levels, release endorphins, and increase blood flow. Laughter can also increase pain tolerance and decrease anxiety.

Can we laugh when we get angry? Laughing can decrease anger's heavy load. A shared laugh is one way to help put problems into perspective and move on from confrontation. At work, I suggest we should sometimes laugh at situations. Otherwise, we may end up crying from the stress of them.

The easiest way to get to laughter is to start by smiling. Smiling is the beginning of laughter which is contagious. Laughter is also contagious. This is why there are laugh tracts on TV shows. The more laughter you can bring into your life, the happier you should feel and the people around you will feel that too.

Let us plan to add more laughter to our lives. Start with a smile and then give a laugh, even if it is a little forced. If you start to feel more relaxed, then that is the natural wonder of laughing at work. Laughter will improve our health and well-being, while also helping us feel more connected socially. Look for ways to laugh more and enjoy all its benefits.

Q: Why did the vet have to put down my cat?

A: His arms were getting tired.

Q: What do you call a vet with a sore throat?

A: A horse doctor.



# Palliative Care: It's Not What You May Think!

By Stephanie Silberstang, DVM

Often, the first thing we think of when we hear the words 'palliative care' is death. But the truth is, palliative care is about *life*! Palliative care is the management of a disease, curable or incurable, with a focus on managing pain and other factors negatively impacting quality-of-life.

Palliative care is an extra layer of support for veterinarians, guardians and pets. This can include symptom management and support for chemotherapy and/or radiation, surgery, and acute or chronic illness. Anticipation and identification of symptoms associated with certain diseases and management of those symptoms is a key aspect of palliative care.

Most often, I find palliative care to be the support of the guardian in providing the pet's care. This includes a priority in discussing not only the pet's quality of life, but the guardian's quality of life surrounding caregiving as well. Together, we assess the risk versus benefit of certain therapies, palatability and therefore compliance of medication administration, goals for care, and in end of life cases, boundaries and limitations of interventions.

## **Peri-operative or short-term care**

Although end-of-life care comes to mind, palliative care includes support through short-term or acute illnesses that require more focused care. This can include perioperative care, chemotherapy support, or recovery from acute injury.

*Example: A dog with a torn CCL whose guardian wants to discuss treatment options or who has scheduled an upcoming TPLO surgery.* A palliative care practitioner can assist guardians in knowing what to anticipate perioperatively, can help coordinate care with the surgeon and physical therapist, and discuss long term pain management strategies and household adjustments to avoid further injury.

## **Chronic or painful disease**

Palliative care is a customized care plan for each patient and guardian with a focus on pain management. Therefore, it can include painful diseases like intervertebral disc disease and osteoarthritis or chronic disease including metabolic and endocrine disease, as these are often progressive diseases that require reassessment to maintain comfort and minimize side effects.

Unfortunately, approximately 20% of dogs over the age of 1 year old<sup>1</sup> and approximately 80% of dogs over the age of 8 years old<sup>2</sup> experience pain from osteoarthritis. And osteoarthritis is a leading cause of humane euthanasia in dogs.<sup>3,4</sup> Proactive and early intervention ultimately leads to better outcomes and longer lives, and palliative care can assist in providing this intervention.

*Example: A middle-aged dog starting to show signs of osteoarthritis.* Palliative care includes pain management and frequent reassessment to monitor for progression and to re-evaluate for care and comfort. Therapies including pharmaceuticals, physical therapies, acupuncture and laser, and supplements can be recommended and monitored for response to treatment, and adjusted as needed.

*Example: A cat with co-morbidities requiring numerous medications, treatments and follow up.* This patient can benefit from palliative care which would help to coordinate symptom management, palatability and compliance of medication administration, and stress-reducing techniques for medical handling and treatments, making follow up easier for their general practitioner and specialty teams.

Palliative Care: It's Not What You May Think!! continued ...

### Hospice care

Palliative care encompasses end-stage chronic diseases, terminal aging, or an incurable cancer diagnosis, also known as hospice care.

Palliative care as hospice care includes long-term and escalating pain management, adaptations of home environments to meet the pet's needs, and re-evaluation of chronic conditions as needed.

In the end, palliative care includes a comforting and dignified plan for humane euthanasia.

Example: *A cat with a terminal diagnosis who is feeling fantastic.* Starting palliative care early allows them to prolong and maintain quality of life, before decline occurs. It also allows for the formation of a comforting and dignified plan for humane euthanasia.

### So What Patients Should Receive Palliative Care?

The answer is any pet and guardian who needs support. Palliative care practitioners do not replace a general practitioner or specialist, but instead join the care team to assist in coordination and continuous re-evaluation of care and comfort.

These are just a few examples of palliative care. These days when general and specialty consultations are often limited to 20-30 minutes, a thorough discussion of a diagnosis, prognosis, treatment options, and follow up care is near impossible, resulting in numerous follow up calls, emails and extra time. Adding palliative care to your patient's care team can help coordinate information and focus a care plan to maximize your impact on your patients and clients.

### The takeaway

Palliative care helps manage symptoms and pain, regardless of diagnosis, and continues to evolve as a plan in partnership with the veterinary care team to keep up with the patient's needs. It's not just hospice!

### References:

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2. Anderson, K.L., O'Neill, D.G., Brodbelt, D.C. *et al.* Prevalence, duration and risk factors for appendicular osteoarthritis in a UK dog population under primary veterinary care. *Sci Rep* 8, 5641 (2018). <https://doi.org/10.1038/s41598-018-23940-z>
3. D.G. O'Neill, D.B. Church, P.D. McGreevy, P.C. Thomson, D.C. Brodbelt, "Longevity and mortality of owned dogs in England," *The Veterinary Journal*, Volume 198, Issue 3, 2013, Pages 638-643, ISSN 1090-0233, <https://doi.org/10.1016/j.tvjl.2013.09.020>
4. Pegram, C., Gray, C., Packer, R.M.A. *et al.* Proportion and risk factors for death by euthanasia in dogs in the UK. *Sci Rep* 11, 9145 (2021). <https://doi.org/10.1038/s41598-021-88342-0>

*Dr. Stephanie Silberstang (she/her) had been practicing emergency veterinary medicine for over 10 years when her own dog Tembo was diagnosed with degenerative myelopathy and lymphoma. Advocating for and providing his comprehensive care during that time drew her to palliative care work and to create [Gentle Journey Vet Care](#). She received her undergraduate and DVM degrees from Cornell University College of Veterinary Medicine. She is a member of the VMA of NYC, American Veterinary Medical Association (AVMA), Fear Free certified, and a Certified Peaceful Euthanasia Veterinarian. She studied at the Chi Institute and has been practicing acupuncture since 2019.*

*Learn more about her journey to palliative care medicine and [her inspiration for establishing Gentle Journey Vet Care](#) or email at [Hello@GentleJourneyVetCare.com](mailto>Hello@GentleJourneyVetCare.com).*

## CE in the City

**Saturday, April 26, 2025  
8:00 am - 6:00 pm  
Convene, 237 Park Avenue, NYC**

Please join your fellow VMA of NYC members at the 15th annual daylong symposium, CE in the City!

This collaborative event will feature speakers from BluePearl, The Schwarzman Animal Medical Center, Veterinary Eye Center, Hudson Valley Veterinary Dermatology, Prism Veterinary Dentistry, The Animal Cardiology Center, Veterinary Emergency and Referral Group, Hills, Elanco and Antech.

Enjoy delicious food and beverages throughout the day and help us raise funds for NYSAVE. Veterinarians can earn up to 7 NYS continuing education credits. 21 one-hour lectures will be provided throughout the day. Three lectures will be given simultaneously.

Breakfast, lunch, snacks and a cocktail hour reception are provided.

Admission is free for dues paying VMA of NYC members.

For more information, contact Dr. David Wohlstadter at [david.wohlstadter@bluepearlvet.com](mailto:david.wohlstadter@bluepearlvet.com).

### [CE in the City Registration](#)





# Targeted Electrochemotherapy to Treat Cancer

*By Joseph A. Impellizeri DVM, DACVIM (Oncology), MRCVS*

## **What is Targeted Electrochemotherapy?**

Targeted Electrochemotherapy (ECT) is an advanced, cutting-edge, cancer treatment that utilizes a very low dose of chemotherapy combined with brief pulses to destroy the cancer as well as stimulate the immune system against the cancer via the release of tumor associated antigens (TAA).

## **When is Targeted Electrochemotherapy used?**

ECT is an effective treatment against most tumors including Melanoma (oral and cutaneous), Mast Cell, Soft Tissue Sarcomas, Carcinoma especially (tail base, oral, tongue, skin, and anal gland), Bone (both primary and metastatic), Nasal Tumors, and some types of Lymphosarcoma. It is particularly useful for lesions that cannot be removed with surgery, or have proven resistant to other therapies such as standard chemotherapy or radiation therapy. It may also be combined with standard therapies. It is also extremely effective in treating incomplete surgeries instead of radiation therapy. Typically, only one treatment is needed for most scars.

## **How is Targeted Electrochemotherapy administered?**

While the pet is under a short anesthesia, we will administer the chemotherapy drug intravenously. This dose of chemotherapy does not cause side effects as could be seen in standard chemotherapy protocols in people. Following this low-dose chemotherapy administration, the applicator or electrode, which consists of several very small needles on a round disc, will be inserted into the tumor or into the scar where the tumor cannot be completely removed. A brief pulse is released throughout the region allowing a transient opening in the cancer cell membranes and permitting the chemotherapy drug to enter, thus directly destroying the cancer.

## **What can be expected after Electrochemotherapy?**

- Following the procedure the lesions may or may not be covered with a bandage. An e-collar may be needed to prevent your pet from licking or chewing for ~24 hours but often, it is not needed.
- Lesions may darken or scab and may look inflamed or slightly irritated initially for 24-72 hours before reduction of the tumor is noted over the next few weeks. This is a normal reaction.
- The procedure is non-thermal and is an outpatient procedure. Typically, no pain medication is needed. The pet returns to normal eating and drinking later that evening.
- Treatment may be repeated in a few weeks and treating bulk cancer almost always requires several treatments.

## **Are there any possible side effects of Electrochemotherapy?**

- The treated area may be more sensitive and a mild pain medication may be prescribed. In rare circumstances, the treated area could become infected and require additional treatment, including antibiotics.
- As with any drug, there is always a rare chance for an allergic reaction.

## **What is the outcome after treatment?**

- The cancer may begin to reduce in size, sometimes completely and sometimes only a partial response. In rare cases, the tumor may not respond at all. Additional ECT treatments may be necessary usually every 2-4 weeks and retreatment of the same area is common without increasing the risk of any side effects.
- ECT may be combined with other therapies such as surgery, immunotherapy (cancer vaccines), standard chemotherapy, and radiation therapy.
- Additional therapies may be necessary to address control of metastasis or spread of the cancer to other organs and will be discussed.

## Anesthesia Highlights from the 2024 Literature

Andrea Looney, DVM, DACVAA, DACVSMR, Schwarzman Animal Medical Center

Happy New Year from AMC, everyone. I thought I would try to point out some of the past years (2024's) interesting articles on abdominal/gastrointestinal issues and anesthesia/sedation, many of which have influenced my practice habits; I will also offer commentary on the studies.

### ***Addition of a metoclopramide constant rate infusion to prevent ptyalism, regurgitation, and vomiting in brachycephalic dogs undergoing spinal surgery. Rovatti I et al. Veterinary Anaesthesia and Analgesia, 2024***

We all know how challenging brachycephalic breeds can be peri-anesthetically. Many issues stem from anatomic gastrointestinal malformations, which contribute to regurgitation and vomiting in both awake and sleep states. Many brachycephalic patients undergo anesthesia for multiple problems, including their obstructive airway syndrome, gastric herniations, and a variety of comorbidities (disc disease, odd humeral fractures, etc). Many anesthetic agents, both inhalant and injectable, as well as depth of anesthesia (too light and too deep), positioning, pain, abdominal approaches, and stress can add to perisurgical nausea, vomiting, and reflux. Interestingly, the higher the inhalant utilized (depth of anesthesia) of the anesthetic event, the more profound the chance of vomiting in human patients; it is the single most important factor in determining nausea and vomiting post op.

There has been a surge of "recommendations", some evidence based, some anecdotal, to pretreat brachycephalic patients for gastrointestinal issues to prevent aspiration and furthering of respiratory and esophageal issues. Some practices tend to administer every antiemetic known (ondansetron, pantoprazole, metoclopramide, maropitant, etc.) preoperatively, while others will administer one or all of these intra- or post-operatively. Metoclopramide is one of the most commonly used agents in these breeds.

A worry with perianesthetic administration of metoclopramide in all breeds has been twofold. First, its mechanism of reducing nausea is dopamine antagonism, dopamine being a necessary neurochemical endogenously and exogenously administered to provide catecholamine effects that aid blood pressure and maintain renal perfusion, especially at times of hypotension (anesthesia). Secondly, its prokinetic activity can add to less than desirable side effects for a "sound sleep", such as extrapyramidal signs, excitement, disorientation, stress, etc., let alone abdominal cramping.

Ways to reduce the above metoclopramide side effects are to minimize the perianesthetic dose (safe doses usually 0.1-0.3 mg/kg) or to use other classes of antiemetics instead. Sadly higher doses continue to be used, sometimes as high as 1 mg/kg in a single dose(!!!) preanesthetically, even though 1mg/kg/day is a recommended 24-hour dose.

This paper highlights a randomized blinded and controlled trial of 43 brachycephalic dogs undergoing thoracolumbar spinal surgery. All dogs (French bulldogs overrepresented) received maropitant 1mg/kg SC, with their premed (methadone, dexmedetomidine or medetomidine), pantoprazole 1mg/kg IV with their propofol induction, and then randomly, either metoclopramide 2mg/kg/day without loading pre-incision until 5 hours post (19 dogs) OR saline (24 dogs) at equivalent rate and timing. Postoperatively, starting 1 hour after extubation and hourly for 4 hours, presence of vomiting, regurgitation, and ptyalism was recorded. The same clinical signs were examined within 12 hours of discharge at home via an owner questionnaire.

## Anesthesia Highlights from the 2024 Literature continued ...

Perioperatively, vomiting did not occur in any pet. Regurgitation occurred in six dogs, three in each of the metoclopramide and the control groups. Ptyalism occurrence did not differ between groups. At home, three dogs regurgitated and three dogs vomited in the control group compared with one dog with one episode of regurgitation in the metoclopramide group.

Although it is unclear how generalized the findings can be when so many of the brachycephalic dogs were French bulldogs, results of this study showed the addition of metoclopramide did not change incidence of vomiting, regurgitation or ptyalism perioperatively. Based on results of this study, given the side effects of metoclopramide, I will reserve the drug for awake patients with appropriate GI signs vs. using the drug as standard procedure perianesthetically for brachycephalics. Further, similar studies to determine the appropriateness of pantoprazole and maropitant for these breeds are needed.

### ***Sedative and cardiorespiratory effects of dexmedetomidine alone or combined with acepromazine in healthy cats Schimtes PI et al 2024. The Veterinary Journal.***

Dexmedetomidine has been used in combination with many opioids, dissociatives, benzodiazepines and alfaxalone to provide sedation, muscular relaxation, and analgesia in both cats and dogs. These effects are mediated through the activation of alpha-2 receptors in the locus coeruleus. In cats, doses of 5 mcg/kg dexmedetomidine, especially when administered NOT in combination with other agents, has been associated with excessive salivation and emesis, despite solid analgesia and sedation. Mild hypertension and bradycardia are clinical “side” effects of dexmedetomidine.

Acepromazine is a phenothiazine tranquilizer that, when combined with other agents known to produce emesis, provides an antiemetic effect. It does so through blocking alpha-1 receptors; it can cause vasodilation through the same mechanism. Acepromazine and dexmedetomidine are administered together for patients that are hyperactive, aggressive, or in need of further sedation than either agent can provide alone. However, no studies have considered whether one agent will interfere with the other, or whether one agent “helps” the other. This study was intended to investigate the sedation, incidence of emesis, and cardiovascular effects of the two agents administered together compared with dexmedetomidine alone.

Fourteen adult male cats undergoing orchiectomy were utilized. Cats were randomized to receive dexmedetomidine 5 mcg/kg IM or the same with acepromazine 0.03mg/kg IM. The administrator and data collector were blinded to treatments. After administration, cardiovascular and sedation data, as well as emesis were recorded at 10-minute intervals until recovery. Ironically, the administration of these agents and data collection were independent of a separate anesthetic event wherein the cats were reanesthetized and neutered.

The sedation duration, respiratory rate, and decrease in body temperature were similar between the two treatments; however, sedation quality, heart rate and systolic arterial pressure decrease were all more profound (not surprisingly) when both agents were used together as sedatives. The acepromazine failed to cause hypotension, which would counteract the dexmedetomidine's hypertension. The onset of sedation was shortened when the two agents were combined. The acepromazine also failed to cause its usual tachycardia, causing instead synergistic bradycardia, especially at the 20-minute point in the cats having both acepromazine and dexmedetomidine on board.

As for gastrointestinal effects, the total number of episodes of emesis was significantly higher in the dexmedetomidine alone group. Historically, acepromazine has been shown to decrease the incidence of emesis when administered prior to morphine; with the results of this study, we now know that acepromazine administered with dexmedetomidine should prevent emesis. Anecdotally, we utilize roughly 25% to 30% of the acepromazine dose used in this study (a dose of roughly 5-10 mcg/kg), and, when combined with many nauseating co-premeds, it appears to reduce vomiting -it's nice to see this substantiated in print.

So, why wouldn't one want to use acepromazine with dexmedetomidine whenever the latter is administered? First and foremost, abdominally, splenic enlargement and reduced hematocrit can be a result of premedication with acepromazine. Interestingly, this study looked at venous blood gas variables, but hematocrit was not included. Also, the cats never went into surgery after sedation, let alone open abdominal surgery, so we have no idea objectively how splenic size changes when the combination of acepromazine and dexmedetomidine is used for premedication. However, many surgeons dislike acepromazine because this splenic enlargement can be profound, and the spleen often ends up right on midline under the linea and is prone to laceration on initial entry if one is not elevating fascia and reversing scalpel position. Secondly, acepromazine can add to hypotension, as it did in this study. While this may not be serious for a cat neuter, this may cause issues, especially at the rather "high" dose (0.03mg/kg) quoted in this paper, for more hemorrhagic surgeries, also considering the splenic enlargement and decreased hematocrit effects from the drug alone.

I do, however, want to encourage the use of acepromazine as a sedative and in combination with dexmedetomidine for overly anxious, fractious dogs and cats ***whose operative and anesthetic risk (ASA status) is low***. Doses that we use (0.005-0.01mg/kg) are lower than that in this study but appear to make a significant difference in the onset and duration of sedation (as supported in these results). For low-risk surgeries and healthier patients, acepromazine adds a longer duration calming effect that we can't seem to get from premedication with dexmedetomidine alone.

***Rectus sheath block results in greater cranial-caudal spread whereas transversus abdominis plane block results in greater lateral spread as assessed by computed tomography in dogs. Swanton WE et al 2024 Amer J Vet Res***

It's no surprise that systemic analgesics used perisurgically (mostly opioids and dexmedetomidine) are often combined with regional anesthetic techniques to provide multimodal pain relief and reduce reliance on opioids. This can be particularly important for abdominal surgical procedures, including spay and gastrointestinal exploratory surgeries, wherein avoidance of ileus, nausea, urinary retention, increased inflammation (negative consequences of opioids) is paramount to surgical "success".

Fascial plane blocks involve a large volume of anesthetic solution which is deposited between tight tissues (fascia or muscle layers) that contain nerves; two such fascial blocks are a TAP (transversus abdominis plane) block, performed on the lateral side of the body wall, and a rectus sheath block, (RSB), performed just off midline. One study that compared the analgesia performed by an incisional block, a TAP block, and a RSB block, found that all blocks contribute to analgesia during OVH. Key point here: do a local block of some type in every procedure or surgery.

The TAP block is performed far from midline on the lateral abdominal wall directly behind the costal arch, by placing injectate between the internal oblique muscle and the transversus abdominis muscle, where branches of the ventral spinal nerves are located. Theoretically, this block "covers" the midline abdominal linea approach used in most abdominal exploratory surgeries, but many surgeons and anesthesiologists don't think it does "justice" in providing solid pain relief. However, the placement is "away" from the surgeon's entry, so it doesn't upset their perfect midline approach.

## Anesthesia Highlights from the 2024 Literature continued ...

The RSB block is performed just off midline of a ventral abdominal standard linea approach, within the fascia that encases the rectus abdominus muscle, a large muscle to either side of the midline that houses the terminal ends of the same ventral spinal nerves. This block is much akin to the “incisional” block that many practitioners already do blindly. The RSB block is located closer to the abdominal midline linea incision, and many believe it provides more consistent analgesia for this approach.

In this study, both blocks were done on six laboratory beagle dogs after a 5 day washout period in between procedures; both blocks were performed by using ultrasound guidance to place the blocks according to their correct anatomic site. The blocks were iodinated (contrast only, vs. bupivacaine), timed in accordance with their difficulty, and were followed by CT to track where exactly the injectate ended up anatomically. The CT scans were done at specific times under a half hour after each block and evaluated by a blinded resident.

This prospective crossover study performed on lab Beagles was NOT undertaken to prove efficacy of one block over another, but instead to show the placement/spread of contrast injectate by CT AND to get an idea of ease of performing the block in vivo. Not unsurprisingly, the RSB off midline block showed greater cranial caudal spread of anesthetic based on the CT images; the TAP block appeared to stay laterally up along the costal arches in all patients. Sadly, analgesia was not measured in this study, but the authors surmised that because similar studies in humans showed TAP blocks to not provide as consistent midline analgesia as the RSB block, a similar situation was likely occurring in veterinary patients wherein the TAP block remained “lateral” on the abdominal wall. However, this improved analgesia with the midline RSB block was not objectively substantiated in this paper, just opinioned, a large downfall of the study in my mind.

The midline RSB block was performed more “efficiently”, meaning with more ease, in this study. This may be because it was the study’s institution’s “block of choice” for midline approaches, or it may be because it was an “easier” block overall. We too have noted the ease of administration of this block compared with the TAP block. Also, in this study, the spleen was evident directly below the TAP block costal arch area, and in the authors’ opinion, made laceration of this organ more probable than with an RSB block.

I believe the skin integrity being much thinner in the TAP block=costal arch area and the lack of underlying thick muscle to be a detriment to performing a TAP block “blindly”. As such, I also believe the RSB block to be easier, safer overall, and certainly quicker to master even “blindly” performed. With any nerve block, a key to avoiding splenic laceration and worse yet, injection of bupivacaine into the spleen (quick venous uptake) is to always aspirate before injection; also, if pressure of the injection is high/difficult push, stop the injection of local block, and reorient oneself before further injection.

The take home from this paper is difficult because of multiple shortcomings: small sample size, no standardized approach to volume and technique of injection, the hyperosmolarity of the injectate affecting spread, and the bias of the institution towards the RSB block. However, the results show distinct placement differences in the two blocks (the CTs have captured this nicely) which, in the case of the TAP block, may explain reasons for inconsistency in ventral midline approaches, further supporting use of this block for lateral abdominal wall pain (ovarian ligament tear, costal adrenal approaches, bite wounds, etc) vs. midline linea approaches. Likewise, the ease of providing the RSB block supports this: please attempt to provide a local block for all midline abdominal approach surgeries. Local and regional nerve blocks and lesion blocks containing lidocaine, bupivacaine, etc. are all anti-inflammatory, anti-opioid, and provide analgesic effects that extend far beyond the surgical period; they are invaluable for reducing postop morbidity, enhancing return to function, return to appetite and hospital exit.



## VETERINARIANS WANTED

### Kalvig & Shorter

#### About KSV

- You are invited to join our supportive professional team, which is dedicated to serving our unique community of New York City pets and people.
- Kalvig & Shorter Veterinary Associates is a highly regarded, privately owned small animal practice located in Manhattan.
- We support a loyal and diverse urban clientele passionate about the quality of care and services provided to their beloved pets.
- Our practice was founded upon the sincere belief that kindness and thorough attention to all patient and client needs should be a top priority in every healthcare field. We are committed to providing excellent service to our patients, clients, and community.
- A core value of our hospital team is to give our individual and collective best to the clients and patients we serve daily.

#### About the Candidate

We are searching for a candidate who places high value on helping pets and people: a Veterinarian committed to practicing high-quality medicine with a caring heart is serious about the importance of excellent patient/client services and communication and is passionate about serving their community. This is an outstanding opportunity for a dedicated individual looking to work, learn, collaborate, and grow in a professional environment that offers various paths in comprehensive general practice. A candidate excited about a veterinary career within the exciting pet community of New York City would find a fulfilling mix of work-life balance, continuing education, and invaluable personal and professional growth. We welcome all special interests, including but not limited to surgery, internal medicine, dentistry, emergency and critical care, rehabilitation, exotics, and dermatology.

#### Highlights of the Practice

Our practice provides a valuable opportunity for learning and growth in many important areas of veterinary medicine under the Mentorship of Practice Owners, Referral Specialists, Associate DVMs, and others in the field. We are a full-service hospital with a state-of-the-art surgical suite and anesthesia/monitoring equipment, DR digital radiography, ultrasound, dental x-ray, dentistry suite, in-house and reference labs, tonopen, cold laser, cryotherapy, on-site and on-line pharmacy, and a private outdoor area for exercise and physical therapy. Close to 24-hour referral and emergency practices and with Board-Certified Mobile Veterinarians who regularly perform a wide variety of specialty procedures on-site, the opportunity for collaboration on complex emergency, medical, and surgical cases is readily available. We treat various exciting cases, including managing senior patients with multiple chronic illnesses. With client education in preventative health care, along with the dedication and compliance of our clients, we are fortunate to care for many vibrant patients well into their geriatric years.

#### Location

Located in the historic Midtown Manhattan neighborhood of Murray Hill, our beautiful practice is in a quintessential brownstone building. Our community enjoys the change of seasons in our lovely front courtyard as we enjoy our rare gem of a backyard and garden for daily relaxation, team celebrations, and fun client/patient events. We love our Landmark neighborhood with many restaurants and shopping opportunities, convenience to the many vibrant activities of Bryant Park and the waterfront esplanade, endless uptown, crosstown, and downtown cultural attractions, and quick access to the East River Ferry and the Hampton Jitney. We are three blocks from Grand Central Station, a central NYC transportation hub. We cherish the opportunity to watch our famous neighbor, The Empire State Building, change color every evening! Anyone excited about a fulfilling professional career in a city with endless opportunities should look no further for a beautiful location to work and call home.

#### Benefits

We offer both Full-time, Part-time, and steady Per-Diem employment, with a competitive compensation package, including PTO, 401K, Health, Dental, Vision, and Group Disability Insurance, Continuing Education, Wellness, Transit, Bonus, and Other Options.

We look forward to meeting with you to hear all about your professional interests and goals, and to discuss how we may be a good professional lifestyle match for you! To apply, please send your resume to [vetcareers@ksvassociates.com](mailto:vetcareers@ksvassociates.com).

## VETERINARIANS AVAILABLE

**Full or Part-Time.** Veterinarian seeks work at small animal practice in New York City. NY licensed. Contact Eduarda Krieger, DVM at 917-239-3377.

## VARIOUS POSITIONS AVAILABLE

**Animal Care & Control of NYC (AC&C)** has many new and exciting job openings available at this time. If you love working with animals and helping people they may have a great career opportunity for you. Some of the positions that are available are Communications Associate, Volunteer Liaison, Veterinarian, Licensed Vet Tech, Animal Care Officer, and Animal Control Officer. If you are interested in learning more about the available positions or want to apply, please visit their website at [www.nyacc.org](http://www.nyacc.org).

**Banfield Pet Hospital** seeking Associate Veterinarians in New York! Leadership Positions, Flexible Full and Part-time Schedules! Banfield Pet Hospital is seeking Veterinary professionals for leadership positions, as well as full time and part time Associate Veterinarian positions with flexible schedules. As an Associate Veterinarian, you will be able to make independent medical decisions, continually grow and learn as a Veterinary professional, as well as fulfill a higher purpose by improving the quality of life for millions of pets across the United States. You will also have the opportunity to work alongside a highly trained team, providing the best preventive care possible for both clients and their pets, improving the quality and business performance of our veterinary hospital. A typical day for an Associate Veterinarian will include performing all surgeries, including the use of state of the art medical instruments and equipment. You will diagnose, treat and control diseases and injuries in pets, prescribe and administer drugs and vaccines and educate clients on all aspects of pet health, including Optimum Wellness Plans®. To hear more, or simply to see what we have available, call Andrew Cowley at (360) 784-5057 or e-mail [Andrew.Cowley@banfield.com](mailto:Andrew.Cowley@banfield.com).

**InstaVet** is a modern veterinary practice, with a focus on providing pets with top level care in the comfort, convenience and stress-free environment of home.. We are looking for an experienced veterinarian to join our growing team, serving clients at home, in the office or local preferred partner clinics. An ideal candidate would be someone who understands the value of administering care in the patients own environment, on demand... while remaining cool, calm and determined under extenuating circumstances. A team player fully invested in their colleagues' success...someone who takes enormous pride in their ability to listen and speak to clients like a trusted friend...a service-minded professional who is energized by the once in a lifetime opportunity to revolutionize the field of in home veterinary care forever.

**Skills and Qualifications:** A Doctor of Veterinary Medicine (DVM) degree, or equivalent, from an accredited university, Licensure in good standing to practice in New York or New Jersey; Professional demeanor and appearance, with excellent interpersonal skills and a positive, friendly attitude, The ability to make decisions and communicate clearly and effectively with fellow team members, A commitment to practicing the highest standard of medicine, upholding the veterinary code of ethics. Please note we have PER DIEM, PART TIME and FULL TIME positions available. Benefits include generous compensation, professional discounts on pet care, continuing education opportunities and more! Please reply with a cover note and attach your resume. To learn more about our services, please visit our website: [www.InstaVet.com](http://www.InstaVet.com). Required experience: 2 years. Salary commensurate with experience. Salary: \$80,000.00 to \$100,000.00 /year.

## FOR SALE

**Small animal practice for sale 1+ doctor.** Located in Queens. Owner retired and working part time. Room for expansion, possible for 24/7 facility. Please call 516-991 2235.

**Equipment For Sale** - Shor-Line Animal Cages (2 Large / 3 Small attached to each other), Tingle X-Ray Machine Model TXR 325A, Suburban Surgical Table, Suburban Examination Table, Health-O-Meter Weighing Scale Model 2842 KL



## Save-the-Date for the Big Apple Veterinary Mixer

July 17, 2025  
6:30 – 9:30 pm

Castell Rooftop Lounge  
260 West 40<sup>th</sup> Street  
New York, NY 10018

### VMA of NYC

**The mission of the  
Veterinary Medical  
Association  
of New York City is:**

*To improve and advance the  
education of veterinarians  
and the science of veterinary  
medicine; to foster and  
maintain high standards of  
integrity, honor, courtesy  
and ethics in the profession;  
to foster protection of the  
public health, and enlighten  
and inform the public in re-  
gard to veterinary medi-  
cine, science, knowledge  
and the avoidance of cruelty  
to animals, wherein it affects  
the public good and welfare.*



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