VMA OF NYC NEWSLETTER

The New York City Veterinarian

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VMA NYC
VETERINARY MEDICAL ASSOCIATION OF NEW YORK CITY

PRESIDENTS MESSAGE

David Wohlstadter-Rocha, DVM

Dear Colleagues,

As summer settles in, I hope this season brings you a few moments of calm and connection amid the constant pace of our profession. It's a time when even the busiest among us can hopefully pause—if only briefly—to recharge and reconnect.

The VMA of NYC has two nonscientific events this summer to take part in.

The first is the Manhattan Pride March on Sunday, June 29th. This event is among the largest LGBTQIA+ civil rights demonstrations in the world. I am proud that our organization has taken part in it for the past two years. For more information on how to participate, contact Dr. Brooke Britton at brooke.britton.dvm@gmail.com.

The second summer event is our Big Apple Summer Veterinary Mixer on Thursday, July 17th. This year's mixer will be held at Castell Lounge, 260 West 40th Street, New York City. The Mixer brings together veterinarians from across all five boroughs for an evening dedicated to connection and camaraderie.

Inside this issue

President's message continued …

Unlike traditional professional events, this mixer is all about community—no lectures, no CE credits, just meaningful conversations and shared experiences with fellow veterinary professionals.

It is important to note that this event is open to ALL New York City veterinarians. You need not be a member of the VMA of NYC to attend this event. This is a great opportunity to bring a non-member colleague and introduce them to our strong veterinary community in New York City.

Whether you're new to NYC or a long-time local, this is your chance to expand your network, reconnect with peers, and enjoy a relaxed evening in great company. Come ready to mingle—and don't forget to bring your smile!

While summer can be a busy time of year for veterinarians, remember to take some time for yourself. You deserve it. I look forward to seeing everyone at our CE dinner on September 10th!

With deepest appreciation,

David R. Wohlstadter-Rocha, DVM
david.wohlstadter@bluepearlvet.com

2025 High School Student Award Recipients

The 2025 High School Student Award Recipients are Jacqueline Bocchieri from Fontbonne Hall Academy, Juliana Lopez from Holy Cross High School, Katherin Soriano from East Bronx Academy for the Future, and Alexandra Watson from Midwood High School and Brianna Xavier from John Bowne High School.

Awards are presented to each student that is currently enrolled in a program that promotes excellence in academics in a pre-veterinary curriculum. The students must demonstrate a significant commitment to pursue a career in Veterinary Medicine and have a high grade point average. In addition, they musts demonstrate that he or she has extracurricular activities related to veterinary medicine or animal health and have applied or been accepted to college with a pre-veterinary curriculum.

Juliana Lopez, Holy Cross High School

a

Calendar of Events

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.

June 29, 2025 - New York City Pride March
Location: To be determined

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.

Wellness Corner

Following Your Passion

By Jennifer Tsung

This time of year is dedicated to congratulating graduates of all degrees for completing their college education. Recently, I attended my niece's graduation ceremony where the guest alumni delivered a heartfelt speech emphasizing the importance of pursuing one's passion. I believe that as a profession, veterinarians are typically very passionate about their love for animals. Passion in your career can energize you while also removing the dread of going to work. It helps maintain our life satisfaction through the regular ups and downs.

Following your passion is a key to happiness and fulfillment in life, but not 'the' key. It is normal to have multiple passions in life and the key is trying to find the right balance for what makes us tick. Every generation has a different feeling about what the right balance is for them. Baby Boomers grew up after WWII and valued working hard while looking for work opportunities and stability. Gen Xer worked long hours but wanted more time for parental and vacation leave. Millennials and Gen Zers want even more flexibility with their work schedules and being able to choose what they want to work on.

Many veterinarians have expressed a desire for better work life balance. Just what does that mean? It took me a while to understand how different that is for every person. It means being flexible so that people can pursue other aspects of their life such as family, friends, and hobbies. Hobbies are so important as they give us an outlet for our other passions. They add meaning and value to our lives. They channel our creativity and help us to cope with stress. If we neglect other aspects of our lives, we are at risk of becoming burnt out and demoralized.

Balancing a career as a dedicated veterinarian with the pursuit of other interests is essential for both economic stability and personal fulfillment. Engaging in other activities is crucial for achieving self-realization. I speak to veterinarians with all different work schedules. This arrangement works well as people find time to pursue their passions and ultimately become happier and more satisfied veterinarians. Achieving this balance between career and personal passions enables us to lead full, enriched lives.

2025 CE in the City

Thank you to all who attended and spoke at the 15th annual daylong symposium, CE in the City, hosted by BluePearl. The first CE in the City was hosted in 2009 as a way to come together as a local veterinary community and the tradition has remained strong. The event has occurred every year since, except for two years during the pandemic.

This year featured 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.

Just over 300 people were in attendance. Admission was a suggested donation to NYSAVE.

Veterinarians and technicians earned up to seven NYS continuing education credit hours by attending some of the twenty one lectures offered throughout the day.

We look forward to seeing you next year!

Initial Assessment of Ophthalmic Emergencies

By Andréa L. Minella, DVM, PhD, DACVO

Ophthalmic emergencies can be stressful for client, patient, and clinician, and initial triage and diagnosis can be challenging. Injuries and diseases of the eye can be painful and cause significant blepharospasm, complicating examination, and the many small components in close proximity within the eye can mean complex changes that span several ocular structures. Approaching them with a systematic method and recognizing which diagnostics to perform for each case can allow a clinician to navigate these cases smoothly.

Initial triage of ophthalmic patients should include evaluation of comfort as well as vision. A quick survey for red flag history and clinical signs should be performed. History findings that indicate a more emergent problem include a patient who shows signs of significant pain such holding an eye closed, decreased appetite and/or lethargy, as well as any note of impaired vision. If on brief visual assessment an eye has significant vascular injection (a "bloodshot" appearance), moderate to severe corneal edema, significant or hemorrhagic discharge, hyphema, or a change to corneal contour such as a protrusive or concave lesion, emergent examination is warranted.

Triage Red Flag History Findings	Triage Red Flag Clinical Signs
- Acute and/or severe pain - Loss of vision - Ocular signs paired with signs of systemic disease	- Ocular vascular injection - Corneal edema - Hyphema - Severe or hemorrhagic discharge - Change in corneal contour

In painful patients, blepharospasm is a common clinical sign that can preclude thorough ocular examination. Administration of a topical anesthetic such as 0.5% Proparacaine can help overcome this obstacle. In patients in which this is inadequate, pain management and sedation can further facilitate the examination. Similar to a systemic examination, a thorough ocular examination should be approached in a systematic fashion that assesses each ocular structure. A common approach is to assess each structure from extraocular to intraocular and from anterior to posterior. Minimum baseline equipment includes diffuse, slit, and cobalt blue light sources, fluorescein stain, and a tonometer for intraocular pressure (IOP) measurement. Proparacaine ophthalmic solution can facilitate the examination and a mydriatic agent such as Tropicamide should be available to allow for a complete fundic exam. Schirmer Tear Tests may be helpful in some patients, though this test may not be urgently necessary for many emergency cases. A magnification source can greatly assist an ophthalmic examination. A handheld slit lamp provides both light sources and significant magnification, however, if not available, an otoscope or even a simple inexpensive magnification visor can be used. A dark exam room also allows for better visualization of ocular changes such as aqueous flare.

An ophthalmic examination should begin with a distance scan of the patient to quickly assess for asymmetries such as any facial drooping, muscle wasting, or uneven ocular position. Reflexes and ocular responses should then be assessed. Palpebral reflexes should be performed, followed by the menace

response to quickly determine the absence or presence of vision. Ideally with the lights off, a light source at a distance should then be used to assess pupil symmetry, thereafter moving closer to the patient to assess pupillary light reflexes (PLRs) and dazzle reflex. The dazzle reflex and consensual PLR can be particularly helpful in emergent ophthalmic patients as they allow for fast assessment of the potential for vision in eyes that may be difficult to assess other responses or reflexes in, such as menace response or direct PLR. In an eye with severe corneal edema from Glaucoma, a lens obscuring the pupil due to lens luxation, or severe pain, a positive dazzle reflex and present consensual PLR from the affected eye to the healthy eye indicates the potential for vision. In these cases, immediate vision preserving treatments should be considered. Absence of these reflexes indicates an eye that is unlikely to regain vision, and comfort should be prioritized.

The ocular structures should then be examined with a diffuse light beam, followed by slit beam to help facilitate evaluation of lesion depth and contour. The surface structures of the eye may be examined first. Eyelids and conjunctiva should be scanned for hyperemia, swelling, hemorrhage, evidence of trauma, or other abnormalities. In the emergent situation, these structures can often be assessed briefly. The cornea, a common site of emergent problems such as ulcers, infections, and lacerations/perforations, should then be thoroughly examined, initially with a diffuse beam and then with a split beam to determine depth of any lesions. Lesions and opacities should be characterized by color, location, focality, and depth. Lesions of greater than fifty percent depth, full-thickness lacerations and perforations, or painful protuberances that suggest a possible laceration with iris prolapse or fibrin plug should be considered emergent. Additionally, corneal ulcers with malacia, cellular infiltration, or severe uveitis, signs of infection, should also be treated emergently given how rapidly corneal infections can progress to perforation. In corneas with signs of infection, culture and cytology should be considered. This should ideally be performed before application of fluorescein stain and may be aided with the application of topical Proparacaine. Fluorescein stain should be applied to check for ulceration, before starting topical steroids, or to determine if there is active leakage of aqueous humor via a Seidel test. A Schirmer Tear Test should be considered in patients with signs of Keratoconjunctivitis sicca (KCS) such as a dry appearance to the cornea or significant discharge, as failure to address underlying KCS may prevent ulcers from healing and increase risk of infection. Diffuse corneal edema, episcleral injection, and/or vision loss warrants prompt tonometry to determine if the intraocular pressure is elevated. A pressure above 30mmHg should be considered emergent and treated promptly, or partial to complete permanent vision loss may occur in as quickly as several hours.

Intraocular structures should then be examined. The depth of the anterior chamber should be noted with a slit beam, using the healthy eye as a reference when needed and possible. A shallow anterior chamber may indicate a corneal perforation and loss of aqueous fluid or, especially in cats, may indicate glaucoma due to Aqueous Misdirection Syndrome warranting tonometry if not already performed. A deep chamber is concerning for lens luxation or subluxation or may be noted in more chronic cases of glaucoma with buphthalmos. The nature of the aqueous should then be noted, with a visible light beam through the aqueous indicating flare and therefore uveitis. To best see aqueous flare, a small focal bright light should be used, ideally in a dark room. The anterior chamber should also be surveyed for abnormal materials and structures such as fibrin, hypopyon, hyphema, foreign bodies, cysts, masses, or a luxated lens. Fibrin and/or hypopyon may indicate more severe uveitis or endophthalmitis, warranting urgent treatment. Foreign bodies should ideally be referred for prompt removal and hyphema may indicate systemic abnormalities and should encourage the clinician to consider systemic workup. Cysts and masses may increase the risk of uveitis, but in the absence of uveitis may not require urgent treatment.

Initial Assessment of Ophthalmic Emergencies continued …

Iris changes may indicate serious, potentially systemic, conditions. Hyperpigmentation, rubeosis iridis, and miosis are concerning for uveitis. Posterior synechia increases the risk of glaucoma, and iris bombe is highly concerning for a potentially seriously elevated IOP. IOP measurement should be performed in these eyes and glaucoma treated promptly when diagnosed. Mydriasis may also indicate glaucoma and also warrants IOP measurement. Iris hemorrhage warrants systemic workup for causes of abnormal bleeding.

Lens clarity and position should be determined. Cataracts alone are not emergent, but advanced cataracts may lead to uveitis, glaucoma, or lens luxation which may require more urgent treatment. Diffuse light and a slit beam should be used to determine lens position. An anterior lens luxation may be obvious in some cases on diffuse beam, however, potentially marked corneal edema may preclude the clinician's ability to easily see into the anterior chamber. In these cases, a slit beam and magnification may be helpful, with the second Purkinje image appearing adjacent to the corneal image. A posterior lens luxation will present with a deep anterior chamber, and the lens may be visible in the vitreous, often settled inferiorly. Anterior lens luxation, especially if the IOP is elevated and/or the eye remains visual (as evidenced by presence of menace response, dazzle reflex, or consensual PLR) warrants emergent referral to an ophthalmologist ideally for surgical removal of the lens. A posterior lens luxation may be emergent if IOP is elevated.

In the posterior segment of the eye, emergent causes for concern include vitreous hemorrhage, retinal hemorrhage, and retinal detachment. All of these abnormalities should raise alarm about the patient's systemic health, as they may be related to systemic hypertension, thrombocytopenia, and coagulopathies. Retinal lesions such as granulomas may also be present in patients with systemic diseases such as fungal infections. Evaluation of the optic nerve may help confirm a glaucoma diagnosis if signs of atrophy such as a small size and loss of myelination are noted. Conversely, an enlarged optic nerve may indicate optic neuritis or papilledema, which warrant evaluation for potentially serious neurologic disease.

Potentially Emergent Ophthalmic Findings by Ocular Structure		
Eyelids and Conjunctiva: - Severe hyperemia - Severe swelling - Hemorrhage - Evidence of trauma	**Cornea:** - Lesion of >50% depth or full-thickness - Moderate to marked corneal edema - Painful protuberance - Malacia - Cellular infiltration	**Anterior chamber:** - Shallow depth - +/- Increased depth - Aqueous flare - Fibrin - Hypopyon - Hyphema - Displaced lens
Iris: - Anisocoria - Hemorrhage - Rubeosis iridis - Posterior synechia - Iris bombe	**Lens:** - Luxation (anterior > posterior)	**Posterior Segment:** - Vitreous hemorrhage - Retinal hemorrhage - Retinal detachment - Focal retinal lesions/granulomas - Enlarged optic nerve

Initial Assessment of Ophthalmic Emergencies continued …

Given the potential that ocular conditions can be related to serious systemic illnesses, systemic workup should be considered in some emergently presented ophthalmic patients. If hemorrhage is noted, such as hyphema, iris hemorrhage, vitreous hemorrhage, subretinal/retinal hemorrhage (and retinal detachments even in the absence of hemorrhage), or corneal stromal hemorrhage, testing for conditions increasing the risk of abnormal bleeding should be considered. This should include blood pressure measurement, platelet count, testing for infectious diseases such as tick-borne diseases, and workup for coagulopathies. Uveitis may be secondary to systemic disease and therefore systemic examination and diagnostics should be recommended in uveitis cases in which a clear primary ocular cause is not evident. This should generally include a complete blood count, blood chemistry, urinalysis, infectious disease testing relevant to the area and travel history, sampling from any enlarged lymph nodes, and consideration of imaging such as thoracic radiographs and abdominal ultrasound. This should especially be strongly recommended in patients with clinical signs of systemic illness.

Indications for Diagnostics in the Emergent Ocular Patient					
Culture and Cytology	**Intraocular Pressure**	**Fluorescein Stain**	**Seidel Test**	**Schirmer Tear Test**	**Systemic Workup**
Signs of corneal infection: Malacia, cellular infiltrate, severe uveitis	- Episcleral injection - Corneal edema - Posterior synechia - Iris bombe - Small dark optic nerve - Vision loss	- To assess for ulcers - Before prescribing topical steroids	Concern for corneal perforation: Significant liquid or hemorrhagic discharge, small eye, wrinkled eye	Dry cornea or significant mucoid to mucopurulent discharge	- Hemorrhage (corneal, hyphema, iris, vitreous, or retinal) - Uveitis - Retinal granulomas - Enlarged optic nerve - Systemic clinical signs

Ophthalmic emergencies can be challenging cases, however, if a systematic approach is utilized a clinician can readily characterize abnormalities, perform relevant diagnostics, and initiate appropriate treatment. This can be performed in an efficient manner, allowing for quick determination of next steps. Treatment should aim to stabilize the patient, provide pain management, and begin treatment. Referral to a veterinary ophthalmologist can then be considered for patient long-term management.

Andréa L. Minella, DVM, PhD, DACVO is the Medical Directory of City Veterinary Eye Center of New York City, Long Island City location .

RT: A Working Knowledge for the General Practitioner

By Renee Alsarraf, DVM, DACVIM (Oncology)

Radiation can be a daunting topic when speaking to clients. In veterinary school, it is not a large (or any) part of the curriculum. Additionally, pet parents have preconceived ideas about care. Unfortunately, there aren't enough radiation oncologists to treat all who need radiotherapy. Stress rises as cancer progresses. In 2021, the AVMA reported only 129 radiation oncologists in the country. Frustratingly, referring can be a tertiary referral- from general practitioner to internist to medical oncologist then, finally, to radiation oncology- adding time and expense.

To make referrals easier, work up cases thoroughly as RT works best to treat LOCAL disease. Though it can be used for metastatic disease, clients should be counseled as to the goals. And educate clients about the RT process.

The Work-Up:

- CBC, chemistry, UA
- Three view thoracic radiographs: Even for benign disease or cancers that rarely metastasize (mast cell tumors), radiographs assess the lungs and heart for anesthesia.
- Abdominal ultrasound: For tumors that spread internally. For cancers that don't typically spread (soft tissue sarcoma, brain tumor), before embarking on expensive treatment, it is wise to confirm that all is well. Aspirate abnormalities.
- Lymph node aspirates: Especially for tumors that readily spread (melanoma, nasal lymphoma, mast cell tumors).

Histopathology or Cytology: Sometimes a diagnosis can't be made, yet these patients can be treated (brain tumors, primary bone tumors). Educate clients on potential risks of treating on a presumptive diagnosis to include actually treating a bacterial or fungal infection, the assumed cancer is incorrect, or if the assumed cancer type is correct but the patient is an outlier for that prognosis.

Types of Radiation

Definitive Therapy - treatment with the intent to cure or a long remission.

Stereotactic radiation - uses very targeted radiation, treating the tumor with less than 1 mm of normal tissue in the field. Higher doses of radiation is given, decreasing the length of treatment (1,3 or 5 treatments), and decreasing anesthetic events. Brain tumors are frequently treated with SRS.

Intensity modulated radiation - uses the precision of SRT, but the daily dose is much smaller for 10-20 treatments. This is for when pinpoint accuracy is paramount in high risk areas, such as pelvic tumors.

Conventionally fractionated radiation - uses small doses given 3-5 days per week for 10-20 treatments. Treatment of incompletely resected mast cell tumors is an example.

Palliative Therapy - radiation to improve quality of life though may not alter the quantity as for bone pain. This is given 1-2 times a week for 4-6 weeks.

Frequent Client Questions:

Who decides the Type of RT?

The radiation oncologist decides on the type by assessing extent of disease and safety to tissues. Pet parents factor in on prognosis, tolerance for side effects, transportation concerns, and costs.
Is RT the Same in People and Pets?

Dosing is different. People tend to get lethargic though animals don't. Animals are anesthetized for reproducible treatments. Veterinarians use the same machines and use the same shielding as in human medicine.

What is a Set-up?

Before RT, a plan is created by imaging/isolating the target, often with a CT, to ensure all cancer is treated while minimizing radiation to surrounding tissues. A mold may be created and/or indelible ink used as guides.

Will He Get Sick?

Many will exhibit minimal side effects. Others will experience some. Effects are directly related to the area treated.

Will Treatment Burn?

A "sunburn-like" effect occurs in approximately 25-50% which begins in the latter few weeks or 1-2 weeks after completing treatment. Some develop hyperpigmentation at the treatment site. While burns heal in weeks, hyperpigmentation is permanent.

Will She Lose Fur?

Maybe. Pets can lose fur in the field which may or may not regrow. Regrowth takes months to 1.5 years. Leukotrichia is permanent though purely cosmetic. Alopecia is more common in dogs than cats.

What Can be Treated?

Cancers amenable to radiation include tumors of the brain, head, neck, spine, lung, bone, liver, adrenal gland, thymus, bladder, prostate, SQ, digit, AGASACAs and some lymphomas. Benign disease is responsive, including infiltrating lipomas, epuli, rhinitis, arthritis, FLUTD, and lymphoplasmacytic disease.

Will RT be Curative?

While many patients go into remission, only some can be cured, like grade II stage 0 mast cell patients (86% 5-year disease-free interval). For benign tumors, many cases are cured or attain a long remission.

Can We Stop Radiation?

Yes, pet parents can stop anytime, whether due to issues with anesthesia, side effects, cancer growing during RT, finances, etc. Clients should understand if only part of a protocol was administered, we cannot predict the benefits. While we can restart RT later, the protocol may change, the patient would need another set-up plan, and treatment may not be as effective.

How Frequently Do We Go?

For definitive radiation, treatment is frequently 5 days a week for 10-20 fractions (treatments). Typically, an animal is a day-stay. Sometimes for the ease of clients, patients board for the course of therapy, though often go home on weekends.

Can We Do Radiation AND Chemotherapy?

Yes, some are best treated with a multimodality approach. Some oncologists prefer RT first then follow with chemotherapy. If given concurrently, evaluating the WBC count is vital as leucopenia may occur more frequently. GI toxicity can be more pronounced. Certain drugs act as an RT sensitizer.

Can a Pet Get a Second Round?

Yes, for recurrent disease, this can often be given. For animals that experienced a long first remission, a second round may yield favorable results.

Will My Cat Glow in the Dark?

Patients do not glow after RT. Once the machine is off, no radiation is emitted from pet, machine or the room.

It Must Cost a Fortune!

There are various prices for different types of radiation. Palliative RT is less expensive ($3000-8000). Definitive treatment may run $7,000-19,000. Fortunately, many insurance companies will cover much of the radiation costs.

Veterinary Advisory #6:
Harmful Algal Blooms as a Potential Source of Toxins

NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Michelle Morse, MD, MPH
Acting Health Commissioner

2025 Veterinary Advisory #6

Harmful Algal Blooms are a Potential Source of Toxins to Dogs

- **Algal blooms are caused by overgrowths of algae and cyanobacteria; harmful algal blooms (HABs), produce toxins that are harmful to the liver, skin, and the central nervous system.**
  - **The most commonly observed signs of HAB-associated illness included gastrointestinal, generalized, and neurologic signs.**
- **To date this year, HABs have been reported in Brooklyn's Prospect Park Lake and Manhattan's Central Park Lake. In past years, HABs have been identified in numerous areas across New York City, including Manhattan (Morningside Pond, Turtle Pond, and Harlem Meer), and Staten Island (Brooks Lake, Clove Lake and Willowbrook Pond).**
- **Veterinarians should warn owners to keep dogs away from water with HABs.**
- **HAB-associated illness in dogs is reported most often in summer months, peaking in August and September according to national surveillance data from 2022.**
- **Report suspected HAB poisoning in animals by calling the New York City Health Department at 347-396-2600 and ask to speak with someone in the Zoonotic and Vector-borne Disease Unit.**

Please share with your colleagues in veterinary medicine and your staff.

June 3, 2025

Dear Colleagues,

Through routine surveillance and water sampling, the New York State Department of Environmental Conservation (DEC) has identified the presence of harmful algal blooms (HABs) in bodies of freshwater across New York City every year during warm summer months. Veterinarians should be aware of signs of cyanobacterial toxicosis in dogs. To date this year, HABs have been reported in Brooklyn's Prospect Park Lake and Manhattan's Central Park Lake. In past years, HABs have been identified in numerous areas across New York City, including Manhattan (Morningside Pond, Turtle Pond, and Harlem Meer), and Staten Island (Brooks Lake, Clove Lake and Willowbrook Pond). Visit the DEC website for information and updates on HABs, and for an interactive map displaying the locations of current freshwater HABs for which DEC staff determined that conditions fit HABs criteria based on visual observations, digital photographs, and/or water sampling results.

Background

HABs can develop when naturally occurring algae, such as cyanobacteria and dinoflagellates, grow quickly into blooms and produce toxins that can harm people, animals, and aquatic life. These blooms can sometimes cover large portions of water bodies including salt, fresh, and brackish waters. HABs can look like floating mats, scums, or discolored water. Colors can include shades of green, blue-green, yellow, brown, or red. As HABs die, they emit an odor of rotting plants.

HABs are caused by a combination of environmental factors, including:

- **Nutrient pollution**: Excessive nutrients, such as nitrogen and phosphorous from urban runoff and wastewater discharge, can fuel algae growth.
- **Water temperature**: Warmer water temperatures can enhance the growth of some algae. Climate change may bring warmer temperatures and increase carbon dioxide levels in both air and water, intensifying the magnitude and duration of HABs due to accelerated algae growth.

- **Light availability**: Sunlight supports algae growth through photosynthesis.
- **Stagnant water**: Lack of water flow creates stable conditions for nutrients to accumulate, temperature to increase, and algae colonies to grow.

HABs regularly occur in waterbodies across New York. A statewide HAB-associated illness surveillance system piloted in 2015 found 51 human and three canine suspect cases. All three dogs had gastrointestinal symptoms and two were hospitalized. All dogs survived and the owners reported possible ingestion of water or algae.[1] National surveillance data from the CDC in 2022 reported 95 human illnesses and at least 56 HAB events causing 102,071 animal illnesses. Most were aquatic animals, but 20 cases involved dogs. The most commonly observed signs these dogs were vomiting, lethargy, and ataxia. The median time to illness onset was 1.25 hours and median duration of illness was 2 hours. Most illness occurred during August and September.[2]

Toxicity and Clinical Illness

Cyanobacteria can produce hepatotoxins and neurotoxins, as well as irritants that can cause a dermatologic allergic reaction. Clinical manifestation depends on the route of exposure (consumption or contact). Dogs are especially susceptible because they are more likely to drink and swim in water. They may also ingest cyanobacterial toxins when grooming themselves after being in HABs. A tentative diagnosis is based primarily on history (recent contact with cyanobacteria) and signs of toxicosis.

Common signs of HAB toxicosis can include:

HEPATOTOXINS AND NEPHROTOXINS

- Excess drooling, vomiting, diarrhea, foaming at mouth
- Jaundice, hepatomegaly
- Bleeding abnormalities, blood in urine or dark urine
- Malaise
- Stumbling
- Loss of appetite
- Photosensitization in recovering animals
- Abdominal tenderness

NEUROTOXINS

- Progression of muscle twitches
- For saxitoxin, high doses may lead to respiratory paralysis and death if artificial ventilation is not provided

DERMAL TOXINS

- Skin rashes, hives

Prevention

Advise owners to look for posted warning signs around bodies of water. If a HAB has been identified suspected HAB in a body of water, owners can reduce the risk of cyanobacterial toxicosis in dogs by doing the following:

- Keep dogs on a leash when near the shoreline to keep them from wading, swimming, or drinking the water.
- If a dog goes in the water, remove immediately and do not allow the dog to lick its fur or paws.
- Use a towel or cloth to remove algal debris and wash the dog thoroughly with soap and clean water using rubber gloves.
- Dog owners should immediately wash their hands afterwards with soap and clean water.
- Monitor the animal closely for any signs of illness.

Treatment

While no therapies have been investigated in detail, activated charcoal slurry is likely to be of benefit in addition to palliative care tailored to the individual patient according to the Merck Veterinary Manual. Additionally, cholestyramine has been used to treat microcystin toxicosis with varying success.[3] Veterinarians can call the ASPCA Animal Poison Control Center at 1-888-426-4435 for assistance, and refer to the ASPCA treatment page. Because there is a strong dose dependent curve, dogs that survive the initial exposure are

more likely to survive illness from neurotoxins. This is less clear with hepatotoxins as secondary effects (e.g., fibrosis) can result in more long-term sequelae.

Reporting Suspected HABs to NYS DEC
To report a suspected HAB, visit the NYS DEC website to submit the online Suspicious Algae Bloom Report Form. You may also send an email to HABsInfo@dec.ny.gov.

Reporting HAB Poisoning in Animals
To report suspected HAB poisoning in a dog or other animal, please call the New York City Health Department at 347-396-2600 and ask to speak with someone in the Zoonotic and Vector-borne Disease Unit.

Resources
Health promotion webpages and materials are available from CDC and the AVMA:

- Informational poster for animal owners (also available in Spanish)
- Veterinary HAB Reference Card for Cyanobacterial Blooms
- Preventing Pet and Livestock Illnesses Caused by Harmful Algal Blooms
- AVMA HAB resources and tools

As always, we greatly appreciate your partnership.

Asha Abdool, MPH; Renee King, MPH; Kevin Lovingood, MPH; Ryan MacDonald, MPH; Marc Paladini MPH, Christina Ng, MPH; Stephanea Roeser, MPH; Sally Slavinski, DVM, MPH, DACVPM; Yin Ling Leung, MPH; Emily McGibbon, MPH; Lisa Alleyne, MPA

Bureau of Communicable Diseases
ZIVDU@health.nyc.gov
347-396-2600

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Visit our webpage for information and resources for veterinarians: Zoonotic and Vector-borne Diseases: Information for Providers
If you do not receive these alerts via email and would like to be added to the distribution list, email zivdu@health.nyc.gov
Report animal diseases to the NYC Health Department:

- Online through a secure web-based reporting platform
- Call 347-396-2600
- Fax the Animal Disease Case Report form to 347-396-2753

Report upon suspicion: Anthrax, brucellosis, glanders, influenza (novel with pandemic potential), mpox, plague, Q fever, SARS, tularemia.
For rabies, call the Animal Bite Unit at 646-364-1799 to report suspect rabid animals or for assistance with pets exposed to rabies.
Report upon laboratory diagnosis: Arboviral encephalitides, carbapenem-resistant organisms, leptospirosis, psittacosis, Rocky Mountain spotted fever, salmonellosis, tuberculosis
Report within 24 hours any outbreak or suspected outbreak of any disease, condition, or syndrome, of known or unknown etiology, which may pose a danger to public health.

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 online 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.

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.

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.

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. 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

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 regard to veterinary medicine, science, knowledge and the avoidance of cruelty to animals, wherein it affects the public good and welfare.

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