



VETERINARY SPECIALTY & EMERGENCY HOSPITAL

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SPRING 2021 NEWSLETTER

SPRING IS ON THE WAY!

Spring is here! After a massive March snowstorm, here at VRCC, we are ready for the warmer temperatures and greenness that comes with Spring!

Our 2021 Spring newsletter is full of information for you.

Meet one of our Client Care Coordinators for the Oncology & Radiation Therapy team in the Staff Highlight section just to the right on this page.

Check out our news and events section that has some exciting news coming up later this year!

The Dermatology team explains how they are here to support you, your hospital, and your patients in the Specialty Highlight section at the bottom of this page.

We hope you'll enjoy this edition's case study about "Nirvana" written by Dr. Chad Devitt with the VRCC Surgery & Orthopedics team. To reach the Surgery team directly, call 303-874-2073, or email surgery@vrcc.com.

Cheers and Happy Spring!

Your VRCC Team

SPECIALTY HIGHLIGHT: DERMATOLOGY

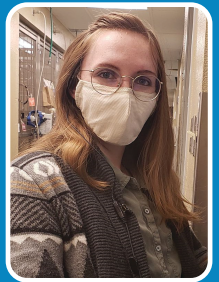
Itchy dog? Dog loosing hair? Fur-mowing cat? Crusts and scale? Inflamed skin? Chronic otitis? Nails falling off? Nodules? Chewing paws? Scooting? Licking and licking and licking? VRCC Dermatology / Allergy is happy to see them all and more. And yes, ears are us! For those patients with acute, chronic or recurrent ear disease, otic masses, polyps, plant foreign bodies, we are here for you. Our state-of-the-art video otoscope has allowed us to visualize ear canals much better when compared to the traditional otoscopes. With rare exceptions, all patients receive otoscopic exams with video otoscopy that is included as part of their comprehensive dermatologic exam.



STAFF HIGHLIGHT: ONCOLOGY

Melissa McCallum Oncology Client Care Coordinator

Melissa just celebrated her third year as a Client Care Coordinator in the Oncology Department here at VRCC! Her interest in animals began when she took a position at the Denver Zoo in attractions, and took any opportunity to learn new things about the animals and their environment.



Every morning was magical opening up to hear the monkeys and lions. After the zoo, Melissa took an overnight position in Emergency at an animal hospital, and also has experience working at a primary care veterinary hospital.

Previously, Melissa sailed the open seas as a freelance costumer for Cruise Lines. She has also worked for Central City Opera and Opera Colorado, amongst other theatres across the nation. Her previous studies in theatre include costume design, costume technology, and stage management.

After her workday at VRCC, Melissa enjoys delving deep into the mastery of Dungeons and Dragons. She has been playing for ten years and performs as a Game Master for multiple campaigns. Her personal favorite would be the Curse of Strahd module. Don't hesitate to bring up any geeky topic with Melissa - she enjoys any and all Fantasy and Sci Fi.

When you call the Oncology department, Melissa is one of the friendly voices you may hear answer the phone. Melissa helps the Oncology and Radiation team by working at both our main VRCC building, and at our Annex building, that houses VRCC Radiation Oncology. Melissa helps comfort our feline patients by offering cuddles throughout the day. If a cat or kitten needs any snuggles, Melissa is happy to lend a hand!

To reach the VRCC Oncology & Radiation Therapy team directly, please call 303-874-2054, or email oncology@vrcc.com.


Board-certified veterinary dermatologists, Dr. Jeremy Bachtel and Dr. Linda Messinger, and their awesome team of dermatology veterinary technicians (Bob, Heather, and Kylie), and client care coordinator (Addie) are available for your patients with any dermatologic problems. To reach the VRCC Dermatology / Allergy team directly, please call 303-874-2078 or email at derm@vrcc.com. Hospital-wide COVID protocols are in effect to keep everyone safe and healthy. For more information on what that looks like for your clients, please visit our website page on COVID-19: <https://www.vrcc.com/coronavirus/>.

VRCC Dermatology/Allergy Current Clinical Trial:

Do you have a pruritic canine patient interested in enrolling in a clinical trial? Owners will receive the clinical trial medication and visits associated with the clinical trial at no cost for qualified dogs. Dogs must not be on certain medications prior to entering the trial. For example, no Apoquel for 2 weeks and no Cytopoint 6 weeks prior to entering the clinical trial. For more information, including more details on inclusion and exclusion criteria (such as more on drug withdrawal times, as well as diet, etc.), contact us at the contact info listed above or email Dr. Linda Messinger directly at lmessinger@vrcc.com.





VRCC NEWS & EVENTS


 Battle of the Vet Hospital Stars Update:
As you are aware, the COVID-19 pandemic caused the cancellation of Battle 2020.

Due to the nature of the competition of Battle, and the team-oriented games that are chosen, there is not a future date for the next Battle at this time.

We will continue to monitor and assess when we may be able to host this event in the future.

 In past years, the VRCC Ophthalmology department has been proud to participate in providing free service dog eye exams every May. Unfortunately, the 2021 ACVO National Service Animal Exam event has been cancelled. Visit [ACVO](#) for more information, or contact VRCC Ophthalmology directly at 303-874-2070, or eyes@vrcc.com.

 Do you have new doctors at your clinic? Or are you getting mail for doctors who are no longer practicing at your hospital? If so, our apologies! Please let us know of any changes by emailing rpost@vrcc.com, or calling Ruby Post at 303-874-2053 to get your hospital's info up-to-date!

 VRCC Radiation Oncology has some exciting news to share! Coming this Summer, we will installing at upgraded Varian linear accelerator capable of delivering intensity modulated, image guided radiation therapy (including delivery of stereotactic radiotherapy). We will share more details in the near future, so stay tuned!



CASE STUDY: SURGERY & ORTHOPEDICS

Large Cervical Mass in a Cat

Nirvana, a 10 yo FS DSH presented with a progressively enlarging ventral cervical mass. Over time as the mass was enlarging, occasional gagging was noted after eating or drinking. The mass had been previously managed with benign neglect and intermittent aspirations in which a large amount of hemorrhagic fluid was removed from the mass. Cytological characterization of the fluid was not performed. After aspiration, the mass would reduced markedly in size, however quickly return to the previous size. At the time of presentation, the mass was 7 cm x 10 cm in the right jugular furrow. The mass was mobile in relation to underlying structures. Additional diagnostic steps discussed were a contrasting enhanced CT scan and/or cervical exploration to attempt surgical removal of the mass and submission for histopathological characterization. A CT scan was not performed due to the mobile nature of the mass.



Surgery & Orthopedics Department

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Miriam Talaat, DVM, Diplomate ACVS

"Nirvana" Schell DSH 10 yrs & 3 mo, FS, Wt: 3.6 kg

01/13/21

The ventral cervical region was prepared for aseptic surgery. There was a large mass of the right jugular furrow extending from the manubrium to the mid cervical region. A midline incision was made allowing exposure of the mass. The mass was dissected free of the jugulars, carotid arteries and vagosympathetic trunk. The normal appearing thyroids were preserved. The surgical wound was closed with PDS and monocryl.

Chad

Chad M. Devitt, DVM, MS, Diplomate ACVS



ANTECH

800.872.1001

Histopathology Full

VRCC Veterinary Specialty & ER Hospital

3550 S Jason St, Englewood, CO, 80110, USA

Dr. Sxcd

Received 01/14/21 Reported 01/19/21 Accession# DEPBO1000140



Pet Name Nirvana Owner Schell Species Feline Breed DSH Sex SF Age 10Y Chart# 30639

Probable thyroid mass. Cystic, mobile. Histopathology to characterize.

Received: 5.0 cm x 7.5 cm tissue.

MICROSCOPIC DESCRIPTION:

Multiple sections of the mass are examined. The mass is cystic, with multiple variably size cystic structures throughout containing flocculent proteinaceous material and occasional red blood cells. The mass is present adjacent to thymic tissue, containing a mixed population of lymphocytes and occasional squamous epithelial cells consistent with Hassall's corpuscles (ectopic cervical thymic tissue). The solid portions of the mass consists of a population of elongated oval to round or polygonal cells with moderate to abundant amounts of eosinophilic cytoplasm and oval hyperchromatic nuclei. Numerous lymphocytes infiltrate the neoplasm in some regions. The mitotic index is 0 per 10 high power fields. There are large areas of inflammation, with sheets of macrophages and multinucleated giant cells in some regions surrounded by fibrosis or maturing granulation tissue. The neoplasm is surrounded by a fibrous tissue capsule with inflammation.

MICROSCOPIC FINDINGS:

THYMOMA ARISING IN ECTOPIC CERVICAL THYMIC TISSUE-NECK -FELINE

COMMENTS

The presence of ectopic thymic tissue in this region aids with the diagnosis of this mass as a thymoma. This is a rare occurrence in the neck, which has been described in cats. Dr. Barthel, from Antech's Pet Cancer Specialty Service, has also evaluated the slides and agrees with the diagnosis of ectopic thymic tissue and thymoma.

Surgical margins: The neoplasm is completely excised (approximately 0.2mm margins).

REFERENCE

Lara Garcia, Ana, et al. "Cervical thymoma originating in ectopic thymic tissue in a cat." Veterinary clinical pathology 37.4 (2008): 397-402.

PATHOLOGIST:

Melissa D. Sanchez, VMD, PhD, Diplomate ACVP
Doctors may contact me by email (preferred) at Melissa.Sanchez@antechmail.com, or call 267-908-5567 to discuss these findings. I am available during regular business hours (Eastern Time Zone), Monday, Wednesday, Friday and Saturday. If I am unavailable and you need immediate assistance, please call Customer Service at 1-800-745-4725 (ANTECH WEST) or 1-800-872-1001 (ANTECH EAST).

A thymoma in the thoracic cavity is uncommon in dogs and is even more uncommon in cats; and ectopic thymomas are exceedingly rare. In general, surgical resection is the treatment of choice, however, not all thymomas are resectable and often there are few pre-surgical indicators of invasiveness other than the ability to establish a dissection plane between the mass and vital structures. In Nirvana's circumstance, the clinical feature of a very mobile mass in relationship to the regional anatomy was easily assessed without advanced imaging studies.



Dr. Chad Devitt, DVM
Diplomate ACVS

VRCC Surgery &
Orthopedics