



VETERINARY SPECIALTY & EMERGENCY HOSPITAL

3550 South Jason Street

Englewood, CO 80110

(303) 874-PETS (7387)

[www.vrcc.com](http://www.vrcc.com)



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## WINTER 2021 NEWSLETTER

### WINTERTIME IN COLORADO!

The VRCC team is ready for the Colorado Winter season! Although there hasn't been much snow yet, it is sure to be on its way!

We would like to take this opportunity to wish you, your team, your clients, and your families a warm, happy, and festive Winter season.

This issue of the VRCC newsletter highlights VRCC Internal Medicine, Emergency, and Rocky Mountain Veterinary Neurology, as well as provides news about the hospital, including department holiday closures.

Meet our newest Emergency doctor in the Staff Highlight Section, on this page just to the right.

Dr. Stephen Lane with Rocky Mountain Veterinary Neurology, presents the case study for this edition discussing intracranial neoplasia in a cat on page 3.

Learn more about VRCC Internal Medicine in the specialty highlight section on page 2.

Happy Holidays from everyone here at VRCC, and cheers to the New Year!

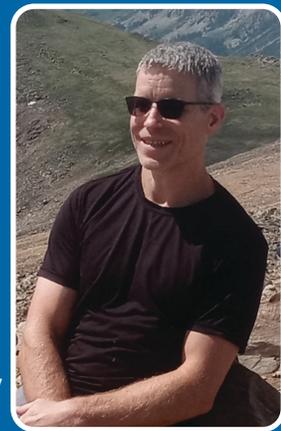
Your VRCC Team



### STAFF HIGHLIGHT: EMERGENCY/CRITICAL CARE

#### Cory Stamper, DVM

Dr. Cory Stamper is a recent addition to the VRCC Emergency team, having recently moved here from Kansas City. He received a bachelors degree in music in 2000, but eventually decided to study veterinary medicine, and graduated from Kansas State University in 2008.



Dr. Stamper had always loved growing up with a dog and several cats and a few ducks around the house. But he had never really considered veterinary medicine until he watched his wife go through veterinary school - and was able to really appreciate the way that the lives of people and their pets could be touched by those in the veterinary field.

Dr. Stamper worked several years in small animal general practice before eventually joining the emergency team at BluePearl in Kansas City. Emergency medicine grew on him, as he truly enjoys the fast pace and variety of the ER.

Cory loves spending time with his wife and his two boys (age 13 and 11), hiking and biking, adventuring and exploring. They are looking forward to the ski/snowboard season now that they are finally in Colorado to make the most of it. His other interests include rock climbing, occasionally tinkering around on his fiddle and guitar, and laughing at old Saturday Night Live skits. Think Chris Farley and Adam Sandler.

Dr. Stamper is glad to be back in Colorado, and is excited to be part of the VRCC team to help your clients and patients however he can!

VRCC Emergency can be reached at 303-874-7387, or [emergency@vrcc.com](mailto:emergency@vrcc.com).

### VRCC HOLIDAY HOURS

#### Cardiology

Closed on Friday, December 24th  
Closed on Saturday, December 25th  
Closed on Saturday, January 1st

#### Dentistry

Closed on Friday, December 24th  
Closed on Saturday, December 25th  
Closed on Monday, December 27th  
Closed on Friday, December 31st  
Closed on Saturday, January 1st  
Closed on Monday, January 3rd

#### Dermatology / Allergy

Closed on Friday, December 24th  
Closed on Saturday, December 25th  
Closed on Friday, December 31st  
Closed on Saturday, January 1st

#### Emergency & Critical Care

Open 24 hours a day, 7 days a week

#### Internal Medicine

Closing at 12p on Friday, December 24th  
Closed on Saturday, December 25th  
Closing at 12p on Friday, December 31st  
Closed on Saturday, January 1st

#### Neurology

Closed on Thursday, December 23rd  
Closed on Friday, December 24th  
Closed on Saturday, December 25th  
Closed on Friday, December 31st  
Closed on Saturday, January 1st

*Phones are open 24 hours.*

Dr. Lane will continue to accept emergency cases throughout the holidays

#### Oncology & Radiation Therapy

Closing at 12p on Friday, December 24th  
Closed on Saturday, December 25th  
Closing at 12p on Friday, December 31st  
Closed on Saturday, January 1st

#### Ophthalmology

Closed on Friday, December 24th  
Closed on Saturday, December 25th  
Closed on Friday, December 31st  
Closed on Saturday, January 1st

#### Surgery & Orthopedics

Closing at 12p on Friday, December 24th  
Closed on Saturday, December 25th  
Closing at 12p on Friday, December 31st  
Closed on Saturday, January 1st

## VRCC New Building Ground Breaking Ceremony!

Did you happen to see the pictures of our ground breaking ceremony on our Facebook page? If not, here are a few of the pictures from that chilly afternoon. We are so excited for what the future holds!! Make sure you 'Like' our [Facebook](#) page to stay up to date on the new site!



## SPECIALTY HIGHLIGHT: INTERNAL MEDICINE

VRCC Internal Medicine is composed of friendly and thorough internists to assist you, your clients, and their pets. Drs. Jessica L. Timian, DVM, MS, DACVIM, Elizabeth M. Groth, DVM, MS, DACVIM, Kellie N. Barreto, BVMS, MRCVS, Practice Limited to Internal Medicine, and Danielle B. Bayliss, DVM, MS, DACVIM are available for phone consultations, new-patient appointments, and procedures. The Internal Medicine team is supported by a skilled team of veterinary technicians and knowledgeable client care coordinators. Each is available to assist you or your clients with consultation, scheduling, medical questions, and facilitation of communication with the Medicine team. Our operating hours are Monday through Friday, 8am to 5pm, with some limited availability on the weekends.

Our Internal Medicine specialists are proficient in the diagnosis and management of diseases of the gastrointestinal, urogenital, respiratory, endocrine, and hematologic systems. Their expertise includes, but is not limited to: abdominal and thoracic ultrasounds, endoscopy, cystoscopy, bronchoscopy, nasal CT and rhinoscopy, along with advanced care of hospitalized patients. By providing compassionate and professional consultation, advanced diagnostic procedures, and 24-hour care, our Internal Medicine team provides a well-rounded and experienced care opportunity available in the Denver-Metro area. VRCC Internal Medicine is also available on an emergency basis for endoscopic procedures to remove esophageal and gastric foreign bodies, 24 hours a day; 7 days a week. Please contact the Emergency department at VRCC for this service.



The Internal Medicine team is proud to be a part of VRCC and to provide the highest quality of care for our clients and patients. We strive to have a collaborative, open relationship with our referring veterinarians to provide thorough medical care and treatment options for each patient that is referred to our hospital. If you have any questions about the specialized services we provide, or would like to speak with one of our internists to consult about a case, please call and start the conversation with one of our coordinators at 303-874-2055. You can also reach our technicians or doctors by email at [internalmedicine@vrcc.com](mailto:internalmedicine@vrcc.com). We look forward to assisting you in providing advanced medical care for your clients and their pets.



## CASE STUDY: EMERGENCY



Stephen Lane, BS, DVM  
Diplomate ACVIM  
Neurology/Neurosurgery  
Rocky Mountain Veterinary  
Neurology

### “Misterz” A case study of feline intracranial neoplasia.

#### HISTORY:

Misterz is a 12-year-old neutered male, Domestic short-haired cat. Misterz presents with insidious, yet progressive behavioral change characterized by dullness, pacing and circling in a clockwise fashion and hyporexia.

#### PHYSICAL EXAMINATION:

Physical examination reveals a thin yet symmetric cat. Central body temperature is normal. Mucous membranes are pink with normal capillary refill time and strong, symmetric femoral pulses. Cardiac auscultation reveals a regular heart rate without arrhythmia or murmur. Heart sounds are not muffled. Respirations are eupneic without inspiratory wheeze or crackles auscultated bilateral. Abdominal palpation is non-painful. Evidence of abdominal effusion or mass lesions is not present. Lymph node assessment is normal. Dermatologic assessment is normal. Ophthalmic assessment reveals clear corneas with normal scleral vascularization and color. Orthopedic assessment is normal. Evidence of joint effusion/pain/lameness is not present.

#### NEUROLOGICAL EXAMINATION:

Neurological examination revealed a dulled and poorly responsive cat. Within the examination room, continuous circling in a clockwise fashion was noted. Cranial assessment revealed an absent left menace response. Left facial sensation was diminished. Corneal and aural sensation was normal. Gaiting was characterized by ambulatory left hemiparesis. Conscious proprioceptive reactions are absent in the left thoracic and pelvic limbs and normal in the right. Hopping reactions are delayed in the left thoracic and pelvic limbs and normal in the right. Reflex testing was normal.

#### ASSESSMENT:

Neuroanatomic localization is a right cortical/forebrain lesion. Differentials for a progressive, focal, intracranial

deficit in a cat over 10 years of age would place expansile disease highest on the differential list.

Further ancillary testing consisted of a minimum database including CBC, serum chemistry and urinalysis. Significant abnormality was not noted. Magnetic resonance imaging was pursued on the cranial axis. Present on imaging is a large intradural-extra-axial mass lesion (figure 1). This lesion was oblong and globoid in shape, occupying a markedly right lateralized nature with mass-effect including compression of the right lateral ventricle, subfascial and caudal transtentorial herniation with secondary foraminal herniation. A meningeal tailing was evident on post-contrast studies. The associated mass measured 1.54 x 1.6 x 1.25 cm in size.



Figure 1: Transverse T-1 weighted, fat sat, post-contrast image of Misterz's mass.

Based upon imaging characteristics, a meningioma was considered the primary differential diagnosis. Aggressive intracranial hypertension management was implemented with a positive response. A rostral tentorial craniectomy was performed with the resection of the intradural-extraaxial mass lesion in total. The associated lesion was pinkish white with a cauliflower-like texture. Histologic assessment was requested. Recovery from surgery was uneventful. Misterz was discharged with vision returning in the right visual field. A more normal cat with friendly behavior was evident at the time of discharge, 7 days following surgery.

Histologic assessment documented a fibromatous meningioma.



In a retrospective multicenter case series of 121 cats with diagnosed meningiomas, 76/121 were neutered males and 83/121 domestic short-haired cats. Age at diagnosis range from 3-18 years (median 12 years). Clinical signs included changes in behavior, ataxia, seizures, visual deficits, circling and paresis. The duration of neurologic signs range from less than 1 to 23 months with a mean of 1.25 months. Meningiomas can be subclassified by the histologic typing. Fibroblastic, meningothelial, papillary, psammomatous and transitional meningiomas are described. Meningiomas are most commonly isolate although meningiomatosis can occur (Figure 2). Meningiomatosis has been noted in young cats with Mucopolysaccharidosis type-1.



Figure 2: Coronal T-1 weighted, fat sat, post-contrast image of a 13 year, domestic short haired cat with multiple intra-cranial meningiomas.

At this writing, Misterz is doing well. Complete surgical excision is felt to have occurred in this case, while a 25% recurrence rate is reported in cats. Quality of life as well as duration has been provided in this case. We wish Misterz the best!

Neurology can be reached by calling 303-874-2081, or by emailing [info@rmvneurology.com](mailto:info@rmvneurology.com).