

Issue #1

# **THE INSIDE SCOPE**

May 2016

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## **NOW AVAILABLE – FLEXIBLE ENDOSCOPY!**

I am proud and excited to announce that after considerable delay, flexible endoscopic options are now available to you and your clients!

Examples of uses for flexible endoscopy include:

- Esophageal and gastric foreign body removal
- Upper GI examination and biopsy (esophagus, stomach, duodenum)
- Lower GI examination and biopsy (colon, ileum)
- Caudal pharyngeal examination for laryngeal paralysis
- Retroflex pharyngeal examination of caudal nasal exam in rhinoscopy

Flexible endoscopy allows us to examine these areas in astonishing detail and precision, allowing for better diagnostic testing and ultimate treatment of our patients. This approach is minimally invasive to our patients, less painful (if at all), and allows them to “still be home for dinner”.

Please don't hesitate to contact me with any questions or to discuss any cases where flexible endoscopy may be of a benefit.

## **A Special Thank You**

As you are all no doubt aware, starting a new business is exciting and rewarding but also difficult and stressful at times. I would like to take this opportunity to thank each and every one of you for your support in the early stages – I truly appreciate your trust and look forward to continuing to work with you to improve the lives of pets.

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*"It Doesn't Have to Hurt"*

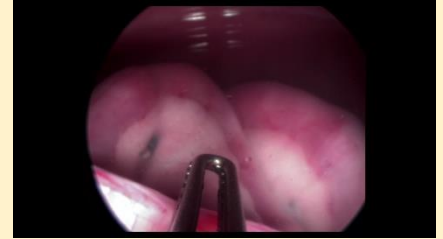


## Interesting Cases

Due to the wide range of applications MIP offers, I am often asked what sorts of cases I am being called about. In this first issue, I am going to highlight two recent cases where a minimally invasive approach has allowed a clinician to make a diagnosis and tailor a specific treatment for their patient.

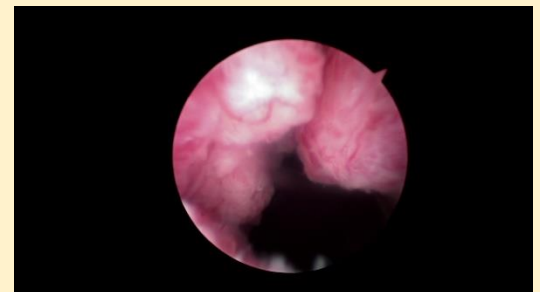
### 1. Lymphangiectasia in a 5 year old MN Yorkshire Terrier

- In this case, the primary presenting complaint was a distended abdomen. With further work-up hypoalbuminemia was identified, ultrasound showed possible thickened bowel loops and the attending veterinarian recommended intestinal biopsy. Full thickness intestinal biopsy samples were collected from duodenum, jejunum, and ileum using a laparoscopic assisted approach (accompanied by a full exploratory laparoscopy). A histologic diagnosis of lymphangiectasia was made and treatment initiated.



### 2. Bladder Carcinoma in a 7 year old FS Mixed Breed Dog

- This dog initially presented with complaints of straining to urinate and an inability to produce urine. She had a recent history of urinary tract infection that was partially responsive to therapy, but seemed to return once medication was finished. On presentation her urinary bladder was quite large and radiographs and ultrasound did not reveal any bladder stones or masses. The attending veterinarian called to inquire about urethrocystoscopy and we booked the procedure for later in the day. A complete urethrocystoscopy was performed and no bladder stones were identified and both ureters were functioning normally. There was a significant amount of erosion of the urethral mucosa as well as a thickening at the trigone area. Biopsies were collected and a diagnosis of bladder carcinoma was made on histopathology.



For more information on these and other cases visit [www.vetmip.com](http://www.vetmip.com) under "Interesting Cases"

## DID YOU KNOW.....?

Gastroesophageal Reflux Disease (GERD) is a common and often undiagnosed condition in our pets. GERD is most commonly seen secondary to vomiting or hypomotility disorders and is known to be extremely uncomfortable in people who suffer from it. Esophagoscopy can easily identify esophageal irritation and aid in initiating swift treatment. Common clinical signs of gastric hypomotility and/or GERD can be intermittent anorexia, lip licking, drooling, and general signs of nausea. Recommended treatments include gastroprotectants (Eg: sulcrate) and Proton Pump Inhibitors (Eg: Omeprazole).

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