



**VCSG**

# Veterinary Care & Specialty Group

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*24/7/365*



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**S e p t e m b e r 2 0 2 0**

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- Surgery - Neurology Schedule (p. 1)
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- Vader's "Friends of the Month" (p. 2)
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## **SURGERY & NEUROLOGY FULL TIME**

**Dr. Massicotte - Neurology**

**Monday - Thursday**

**Dr. Ray Rudd - Surgery**

**Monday - Wednesday**

**Dr. Jeff Peck - Surgery**

**Tuesday - Friday**

**Introducing  
Journal Club  
October 7th  
First Wednesday  
Each Month  
8:30 a.m.  
Details on page 9**

## **Welcome to Amy Tamulevicus DVM, MS, DACVIM (SAIM) and David Levine PT, PhD, DPT, CCRP**

Dr. Amy Tamulevicus grew up in New Jersey. She graduated in 2003 from Veterinary School at Tufts University and completed an internship at Garden State Veterinary Specialists and a residency at Kansas State University.

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Dr. David Levine grew up in New York. He attended the University of New England and became a physical therapist in 1986. He completed postgraduate work in orthopedics and exercise science at Boston University and the University of Tennessee where he received his PhD in 1994.

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## Vader's Friends of the Month



Vader Pullen

## Ask the Vet:

### Surgical Options for the Management of Hip Dysplasia

Jeffrey Peck  
DVM, DACVS

Hip dysplasia is a hereditary developmental abnormality associated with excessive laxity (looseness) in the hip joints. This results in joint instability and subluxation (partial dislocation). Degenerative/arthritis changes progress as a result of this instability and can be seen very early in life, often as young as just a few months of age.

There are three categories of surgical procedures for management of hip dysplasia – prophylactic (preventative), salvage, and palliative. The intent of prophylactic procedures, such as a juvenile pubic symphysiodesis (JPS) and triple or double pelvic osteotomy (TPO/DPO), is to prevent the secondary degenerative changes (arthritis) that results from hip dysplasia. Salvage procedures, including total hip replacement (THR) and femoral head and neck ostectomy (FHO), aim to replace or eliminate the source of pain in a patient that is suffering the consequences of the degenerative changes. Palliative procedures, such as hip denervation and pectineal myectomy, seek to manage the pain without directly impacting the course of the disease. The palliative procedures have largely fallen out of favor and are not commonly performed today.

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### VETERINARY CARE & SPECIALTY GROUP FOURTH ANNUAL CONTINUING EDUCATION CONFERENCE AUGUST 22, 2020

WE COULD NOT HAVE DONE THIS  
WITHOUT OUR SPONSORS!

- CareCredit
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Practically speaking, there are four surgical options for the management of hip dysplasia that are performed today. I will address these in the general chronological order in which the options would be considered.

1. JPS – This procedure is performed primarily in dogs of at-risk breeds, those with a known familial predisposition for hip dysplasia, or those with palpable hip joint laxity. In this procedure, heat, in the form of electrosurgery, is applied to the hyaline cartilage of the pubic symphysis (the cranial 1/3 of the symphysis) in order to halt growth at the symphysis. This results in a gradual ventroversion (clockwise rotation on the right, counterclockwise rotation on the left) of the acetabulum (hip socket) to improve coverage of the head of the femur, thereby preventing subluxation. Dogs must be under 20 weeks of age for this procedure to be effective.



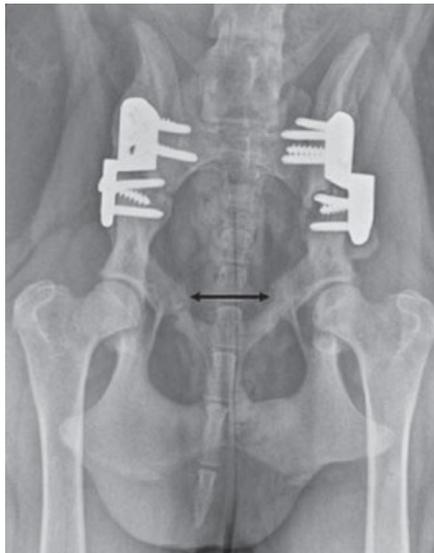
## JPS

The rectangle outlines the area to be treated.

2. TPO/DPO – Pelvic osteotomies are corrective osteotomies that acutely rotate the acetabulum to improve coverage of the femoral head. In this procedure an osteotomy is performed at the ilium and pubis and, in the case of TPO, also at the ischium. These osteotomies free the segment of the pelvis containing the acetabulum, and a specialty bone plate with a pre-formed angle of 20, 30, or 40 degrees is used to rotate the acetabulum. The degree of rotation is based on the angles of hip reduction (Ortolani angle) and subluxation that are palpated during a sedated or anesthetized examination. In order to be considered a good candidate for this procedure, degenerative changes of the hip joint should be absent on radiographic evaluation.

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The success of TPO/DPO depends almost completely on choosing the appropriate candidate for the procedure. While there is some controversy over absolute age restrictions for this procedure, it is uncommonly performed on dogs older than 11 or 12 months of age.



## DPO

Staged bilateral DPO.  
Note that there is no  
osteotomy of the  
ischium.

3. FHO (or femoral head and neck excision – FHNE) – This is a commonly performed procedure for dogs and cats with hip pain secondary to trauma (fracture or dislocation) or hip dysplasia. While FHO can be performed in pets of any size, clinical results tend to be more predictable in smaller patients; however, it is not contraindicated in larger patients. As the name implies, the procedure involves removal of the head and neck of the femur in order to eliminate the pain of “bone-on-bone” contact. While FHO should consistently control discomfort, the level of function is somewhat less predictable, particularly in larger patients. Early aggressive rehabilitative therapy is strongly advised in order to maximize functional recovery. There is no age restriction for FHO, but it should be made clear that the mere diagnosis of hip dysplasia should not result in a recommendation of FHO.

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This procedure should be reserved for patients in which there is clear evidence of hip discomfort based on physical examination, behavior, and gait abnormalities.



## FHO Bilateral

4. THR (or total hip arthroplasty – THA) – This procedure is generally considered a salvage procedure. However, it is important to note that the goal of THR is to restore normal comfort and function in a hip that is affected by hip dysplasia. Historically, both the femoral head and the acetabulum are replaced, although partial joint replacements are available. This is a highly successful and repeatable procedure that can dramatically improve the quality of life for dogs affected by hip dysplasia. Most total hips performed in dogs today are cementless implants, but cemented options also exist. There is no particular age restriction for THR. There is not a requirement of skeletal maturity and THR's are commonly performed in dogs as young as 6 months of age and as old at 14 years. While most dogs with hip dysplasia are affected bilaterally, approximately 80% of THR patients only ultimately have a single hip joint replaced. This is because clinical signs are often so dramatically improved after single side replacement that the owners do not perceive the need to have surgery performed on the second side. The decision to pursue second side surgery is based on clinical signs (symptoms) and not solely based on radiographic appearance of the hip.



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While rehabilitative therapy can be pursued after THR, limb function typically improves so quickly that it is not generally considered critical in order to achieve excellent outcomes. Substantial improvements in THR systems over the last 20 years have resulted in broader successful use of this procedure worldwide. Unfortunately, there remain relatively few hospitals actively performing THR surgery. The relative lack of access to the procedure has somewhat limited its application. Fortunately, the American College of Veterinary Surgeons (ACVS), recognizing this limitation, has now established Fellowship training for joint replacement surgery, thus ensuring broader successful use by future generations of Veterinary Surgeons. We are happy to now offer THR at VCSG.



## **THR** Using the Kyon Zurich Cementless hip.



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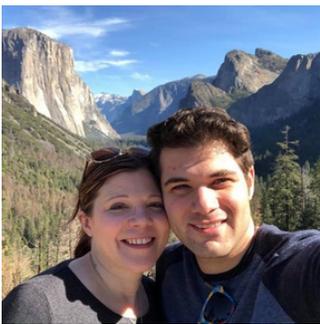
## WELCOME TO DR. TAMULEVICUS

Dr. Tamulevicus was boarded in Small Animal Internal Medicine in 2010. After spending most of her working days in private practices in the Northeast, she is coming to VCSG from a private practice in Charleston, South Carolina.

The main Internal Medicine interests of Dr. Tamulevicus include endocrine disease, immune-mediated disease, and renal disease. However, she enjoys all aspects of Internal Medicine.

Dr. Tamulevicus is married to a veterinarian, and they have five crazy cats named William, Rosalita, Cassandra, Chadwick (who now has a new nickname of Chad-anooga!), and Eli. Outside of work, she enjoys traveling in the United States and internationally with her husband, paddleboarding and kayaking, hiking, birding, music, and reading. In addition, Dr. Tamulevicus enjoys discovering the best local craft beers!

VCSG is very happy to welcome Dr. Tamulevicus!





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## WELCOME TO DR. LEVINE

Dr. Levine is also a professor and the Walter M. Cline Chair of Excellence in Physical Therapy at UTC, and an adjunct professor at the University of Tennessee's College of Veterinary Medicine. Dr. Levine has been working and conducting research in animal physical rehabilitation since 1993 and is co-director of the University of Tennessee's certificate program in canine rehabilitation. He is a co-editor of multiple veterinary books, including *Canine Rehabilitation and Physical Therapy*, *Essential Facts of Physiotherapy in Dogs and Cats*, and *Gait Analysis: An Introduction*.

Dr. Levine has been married to Allison for 22 years, and their children are Lauren, Sarah, Hadley, and Ava. Two dogs and three cats complete the family. Dr. Levine's main hobbies are boating and exercising.

VCSG is very happy to welcome Dr. Levine!





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## INTRODUCING VCSG JOURNAL CLUB

Veterinary Care and Specialty Group is pleased to announce the introduction of Journal Club to be held on the first Wednesday of each month at 8:30 a.m.

All are welcome! You may join us at VCSG in the Conference Room or by clicking on the link on our website (<https://zoom.us/j/99577705560>).

**Dr. Billy Pullen will be the facilitator of our first Journal Club meeting on October 7. Articles to be discussed are:**

ACVIM consensus statement: Support for rational use of gastrointestinal protectants to dogs and cats. Marks SL, Kook PH, et al. JVIM 2018 32(6):1823-1840.

Comparative analysis of the effect of IV administered acid suppressants on gastric pH in dogs. Kuhl A, Odunayo A, et al. JVIM 2020 34(2):678-683

**On November 4, Dr. Jeffrey Peck will be leading Journal Club discussing the following article:**

Journal of the American Veterinary Medical Association

June 15, 2020, Vol. 256, No. 12, Pages 1335-1341

Nutrition and nutraceuticals in the changing management of osteoarthritis for dogs and cats

Karie A. Johnson DVM, Anne H. Lee MS and Kelly S. Swanson PhD

We look forward to having you join us for Journal Club!



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## VCSG'S FOURTH ANNUAL CONTINUING EDUCATION CONFERENCE A SUCCESS!!

Thank you to everyone who joined us for our Continuing Education Conference 2020 which was held on August 22. Our thanks, too, for your support in the transition from our traditional Conference to a Zoom conference. We missed seeing all of you in person, but hope you enjoyed the brilliant doctors who made the Conference so special. We send thanks to all of them - Dr. John Lewis, Dr. Robert Kennis, and Dr. Karen Tobias!

We are grateful to our generous sponsors who made the Conference possible. Please see the names our sponsors among Vader's Friends on the second page of this newsletter. We could not have done this without them!



Sam Turnipseed and Claudia Pullen

### The Core Team



Dr. Billy and Claudia Pullen  
Conference Hosts and Owners of VCSG



Dr. John Lewis  
Veterinary Dentistry Specialists  
Introduced by Claire Maas



Dr. Karen Tobias  
University of Tennessee  
Introduced by Dr. Amy Holford of VCSG



Claire Maas of Care Credit



Dr. Amy Holford and Harry



Dr. Robert Kennis  
Auburn University



Dr. Doraica Aponte

Dr. Doraica Aponte of  
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