

The Referring VETERINARIAN

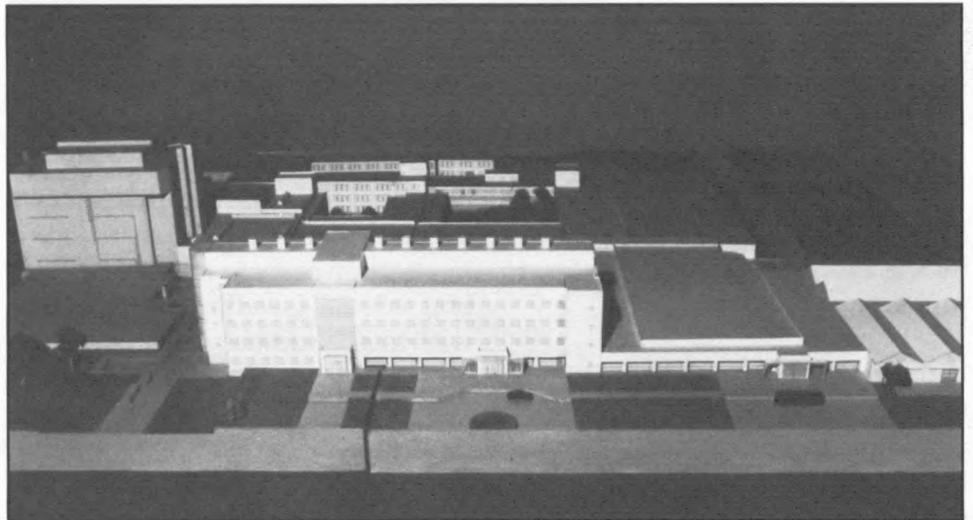
VETERINARY MEDICAL TEACHING HOSPITAL ❖ COLLEGE OF VETERINARY MEDICINE ❖ CORNELL

Spring 1991

From the Director:

It is our great pleasure to provide you with this premier issue of *The Referring Veterinarian*, a new publication of the Veterinary Medical Teaching Hospital, College of Veterinary Medicine, Cornell University. Put it in a safe place. It will no doubt be a collector's item in a few years! The aim of *The Referring Veterinarian* is to keep practitioners abreast of activities at the VMTH. This will include updates on currently available services, highlights of new faculty and their specialties, news of progress on our new teaching hospital construction project and so forth. By way of this publication we want to emphasize our interest in receiving referrals from private practitioners in the northeastern United States and to encourage you to refer cases to the VMTH at Cornell whenever you feel your clients and their animals can benefit from the services we have available. Included in this first issue is an updated list of current VMTH faculty, their specialties and phone numbers through which they can be reached. We have recently instituted a change in the management of the phone system of the Small Animal Clinic which appears to have resulted in a dramatic improvement in accessibility of clients and practitioners to the clinic. "The Referring Veterinarian" will be published three times per year in spring, summer and fall. We would very much welcome your comments, concerns and suggestions both with respect to this publication and the operation of the VMTH at Cornell. My phone number is 607/253-3030 and I would be glad to hear from you. If I am unavailable when you call, I'll get back to you just as soon as possible.

Fran Kallfelz



Architect's model showing Basic & Clinical Sciences/Hospital Building

CONSTRUCTION BEGINS IN SPRING

A mild winter is helping the building program at the College and the earth is moving at various locales on campus as the first phase of the project proceeds. This includes the relocation of utility lines in the path of future building sites. Right now, the digging has extended to the foot of the Veterinary Research Tower, prompting the move of the shipping and receiving facilities there to a new loading dock in the E-wing of Schurman Hall. Weather permitting, work on the first phase should be completed by late March.

The second phase—construction of the Primary Teaching Center—is next on the agenda. The PTC will be built in the space between the Administrative Wing, the Small Animal Clinic and the Veterinary Research Tower and will connect these three buildings. If all proceeds as planned, construction on the PTC should begin in late spring.

The most extensive phase of building will be for the Basic & Clinical Sciences/Hospital building. The new hospital will be approximately twice the size of our existing facilities, with state-of-the-art equipment in all areas, thus allowing us to provide the highest level of patient care available anywhere in the world. Design plans should be nearly complete by midsummer. There will be no interference with or alternation of client access to the VMTH until construction of the new hospital complex begins sometime in the fall. We will keep you informed of new access routes to the VMTH as they become necessary.

CORNELL'S EQUINE NEONATAL INTENSIVE CARE UNIT



It's 2:00 a.m., the dead of winter, and you're standing out in a client's barn watching their best broodmare deliver a foal that, even by the most generous estimates, is premature.

If the foal is experiencing difficulties, the decision may be made to admit the newborn to the Equine Neonatal Intensive Care Unit (ENICU) in Cornell's Veterinary Medical Teaching Hospital. According to Dr. Alan Weldon, a resident in large animal medicine, prematurity may be the major reason for a foal's admission to the ENICU. "A lot of the care we give in the ENICU is simply directed at letting the foal grow up," he says.

In addition to prematurity, Dr. Weldon identifies septicemia as a major reason for a foal to be admitted to the ENICU. "Because the umbilicus is exposed when they're born," he says, "it's easy for bacteria to gain access to a foal's bloodstream. Or they can be born septicemic from a mare with concurrent endometritis. This problem is often compounded by a failure of passive transfer of immunoglobulins."

A number of foals admitted to the ENICU may suffer from neonatal maladjustment syndrome. According to Dr. Weldon more cases of neonatal maladjustments are being

correctly diagnosed in the field because practitioners recognize the signs and have learned how to treat the foals initially. Foals that receive medication early to relieve the cerebral edema (swelling) associated with this condition seem to have the best chance.

In Cornell's ENICU, foals receive intensive 24-hour nursing care. The intensive care and constant monitoring are essential because of a foal's special fragility. They are born with virtually no glycogen stores and have an immature immune system. Their condition can change dramatically in just twelve hours so it's essential to have close clinical monitoring and a laboratory facility where results can be obtained rapidly.

The ENICU is furnished with some of the most sophisticated medical monitoring equipment available including electronic fluid pumps to provide continual, accurate levels of intravenous fluids and medication; automated blood pressure analysis; and monitors for the hourly assessment of fluid input and urine output. Foals in respiratory distress can be assisted with either continuous nasal oxygen or mechanical pulmonary ventilation.

If a foal arrives within 24-hours of birth, a colostrum bank is available and the immunoglobulin status of older foals can be bolstered with a

commercial plasma targeted for gram-negative bacteria. To provide rapid determination of arterial blood gases, electrolyte status and organ function, there is a fully equipped laboratory facility with clinical pathologists on-call. Results on blood cultures for septicemia can be ready within 24- to 36-hours.

Within the Veterinary Medical Teaching Hospital there are facilities providing chest radiographs to detect pneumonia or lung collapse, and abdominal ultrasound for ruptured bladders or infected urachus.

At the peak of last year's foaling season, Cornell's ENICU admitted thirty patients in a two-month period. Twenty of those patients required intensive, 24-hour care. Another 10 foals needed 24-hour monitoring but intensive care for only the first day or two. Says Dr. Weldon, "The first 72-hours may be the most critical. When they are admitted, a lot of foals can look terrible, mainly because they have a low blood glucose, or because they're not breathing adequately, or they're cold because they can't regulate their body heat very well. But once you correct those basic abnormalities, they can improve tremendously."

A stay in the ENICU can be expensive with a week's care costing \$1,000 to \$2,000. "But," says Dr. Weldon, "the foal's prognosis can generally be determined within the first three days—with an average bill of \$500. Even in today's depressed equine market, that minimum investment can be justified." Care in the ENICU may help a sick foal, but how does a poor start affect later growth and development? Many of these foals grow up to compare favorably in growth and performance with healthy horses of the same age.

CORNELL VETERINARY MEDICAL TEACHING HOSPITAL

FACULTY AND SPECIALTY LISTING

AMBULATORY CLINIC 253-3140

Dr. Francis A. Fox - Professor
 Dr. Charles L. Guard - Associate Professor
 Dr. Gerald D. Mechor - Assistant Professor,
 Bovine Med./Respiratory/Neonate
 Dr. Mary C. Smith - Associate Professor
 Dr. Maurice E. White - Professor

ANESTHESIOLOGY 253-3003 -vet# 253-3060 - client#

Dr. Karin Ewing - Instructor
 Dr. Robin D. Gleed - Associate Professor
 Dr. Andrea Looney - Instructor
 Dr. John W. Ludders - Associate Professor
 Dr. Charles E. Short - Professor

BEHAVIORAL PROBLEMS 253-3450

Dr. Katherine A. Houpt - Professor

CLINICAL NUTRITION 253-3100

Dr. Francis A. Kallfelz - Professor

LARGE ANIMAL CLINIC 253-3100

• Medicine:

Dr. Dorothy M. Ainsworth - Assistant Professor,
 Internal Medicine
 Dr. Thomas J. Divers - Associate Professor,
 Internal Medicine
 Dr. William C. Rebhun - Professor, Medicine/
 Ophthalmology
 Dr. Bud C. Tennant - Professor, Internal Medicine

• Surgery:

Dr. Norm G. Ducharme - Associate Professor,
 Ortho.Surg./Sports Med.
 Dr. Susan L. Fubini - Assistant Professor,
 Soft Tissue Surgery
 Dr. Richard P. Hackett - Associate Professor,
 Soft Tissue Surg./Sports Med.
 Dr. Alan J. Nixon - Associate Professor, Ortho.Surg./
 Sports Med.
 Dr. Peter C. Rakestraw - Instructor, General Surgery

NEUROLOGY

Small Animal- 253-3003 -vet#
253-3060 - client#
 Large Animal - 253-3100

*consultations through Small & Large Animal
 Teaching Hospital Services**

Dr. Alexander de Lahunta - Professor
 Dr. Brian R.H. Farrow - Professor

PHARMACY 253-3230 - LAC 253-3231 - SAC

Mr. Gerald A. Decker - Chief Pharmacist
 Mr. J. Edward Kirker - Pharmacist

RADIOLOGY 253-3241

Dr. Kathy A. Beck - Assistant Professor, Diagnostic Radiology
 Dr. Nathan Dykes - Assistant Professor, Diagnostic Radiol-
 ogy, Nuclear Medicine
 Dr. Francis A. Kallfelz - Professor, Nuclear Medicine
 Dr. Victor T. Rendano - Associate Professor, Diag.Rad/
 Ultrasonography
 Mr. Gerald D. Ryan - Senior Lecturer, Rad.Technology
 Dr. Amy E. Yeager - Assistant Professor, Ultrasonography

SMALL ANIMAL CLINIC 253-3003 - vet# 253-3060 - client#

• Medicine:

Dr. Stephen C. Barr - Assistant Professor, Int. Med./Infectious
 Diseases
 Dr. Sharon A. Center - Associate Professor, Internal Medi-
 cine/Liver/Renal
 Dr. Susan A. Dougherty - Instructor, Internal Medicine
 Dr. Jay Gould - Assistant Professor, Internal Medicine/G.I./
 Exotics
 Dr. William E. Hornbuckle - Associate Professor, Internal
 Medicine
 Dr. Thomas J. Kern - Associate Professor, Ophtho.
 Dr. William H. Miller - Assistant Professor, Dermatology
 Dr. N. Sydney Moise - Associate Professor, Cardiology
 Dr. John F. Randolph - Associate Professor, Int Med/Endocri-
 nology
 Dr. Ronald C. Riis - Associate Professor, Ophtho.
 Dr. Danny W. Scott - Professor, Dermatology
 Dr. Lauren A. Trepanier - Instructor, Community Practice
 Service

• Surgery:

Dr. James A. Flanders - Assistant Professor - Soft Tissue
 Dr. H. Jay Harvey - Associate Professor, Soft Tissue/
 Oncology
 Dr. Mark B. Parchman - Lecturer, General Surgery
 Dr. Eric J. Trotter - Associate Professor, Orthopedics

THERIOGENOLOGY 253-3081

Dr. Barry A. Ball - Assistant Professor, Large Animal/Equine
 Dr. Peter F. Daels - Assistant Professor, Large Animal/Equine
 Dr. Robert O. Gilbert - Assistant Professor, Large Animal/
 Ruminants
 Dr. Robert B. Hillman - Senior Clinician, Large Animal/
 Ambulatory
 Dr. Vicki N. Meyers-Wallen - Assist. Professor, Small Animal

CLINICAL NOTES



Dr. Nathan L. Dykes



Dr. Dorothy M. Ainsworth

Dr. Nathan L. Dykes has been appointed assistant professor of radiology in the Department of Clinical Sciences. A 1974 graduate of Cornell's College of Veterinary Medicine, Dr. Dykes was in practice nearly twelve years before entering a residency in radiology at the University of Pennsylvania, School of Veterinary Medicine in 1986. He completed the clinical training program in 1989. His clinical interests include myelography and abdominal ultrasound. He is also interested in nuclear medicine and has recently initiated a simple, non-invasive nuclear medical procedure for the diagnosis of portocaval shunts in dogs and cats.

Dr. Dorothy M. Ainsworth has joined the College's faculty as assistant professor of large animal (equine) medicine in the Department of Clinical Sciences. A 1980 graduate of the DVM program at Washington State University, Dr. Ainsworth completed a clinical residency in equine medicine at Michigan State University, became board certified in internal medicine, then completed a PhD degree in respiratory physiology at the University of Wisconsin-Madison Medical School. She is a member of the American Thoracic Society, and the Comparative Respiratory Society, and has been the recipient of research fellowships from

the American Lung Association and the National Institutes of Health. Her clinical interests are in problems of the equine lower respiratory system, typically seen in horses with a history of poor performance. She also will work with cases in the ENICU especially those with respiratory problems associated with prematurity.

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VETERINARIAN

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