VMTH NEWS

This has been a busy summer here at the VMTH. The caseload has been ample in both the Small and Large Animal Clinics for which we are most grateful to our referring practitioners. The students rotating through the various services have had an excellent clinical experience.

Staffing Changes

A number of housestaff have finished their course of training with us and have moved on to new career goals. As a result of the recent state budget reduction, the VMTH was unable to hire interns for this coming year but has increased slightly the number of residents. A current listing of residents in our various programs is included as an insert with this issue. You will undoubtedly be interacting on a personal basis with many of them as you refer cases to us during the coming year.

There have been a few additional staff changes recently. Dr. Tom Kern in our Ophthalmology Service will be on sabbatical leave from July 1, 1995, through January 31, 1996. Dr. Leslie Smith, who earned the VMD degree from the University of Pennsylvania and completed a residency in Anesthesiology at Washington State University has joined the Anesthesiology Service as an Instructor from July 20, 1995, through June 30, 1996. Dr. Kathy Linn has been reappointed as an Instructor in Small Animal Surgery from July 1, 1995, through June 30, 1996.

In the Large Animal Clinic, Dr. Norm Ducharme in Large Animal Surgery will be on sabbatical leave from September 1, 1995, through March 31, 1996, while Dr. Susan Fubini, also in Large Animal Surgery, will return from sabbatical as of September 1, 1995. Dr. Ryland Edwards, a graduate of the University of Georgia who completed both an internship and a residency in Large Animal Surgery at Cornell and has been an instructor for this past year, left us at the end of August. Dr. Edwards was extremely contributory to

ANIMAL PSYCHO-THERAPY IS THEIR CALLING

N

iNi, the Cairn terrier, answers the door quietly and with a minimum of fuss. Her owner, Katherine A. Houpt, Professor of Veterinary Physiology in the College of Veterinary Medicine at Cornell University, is talking on the phone to a referring veterinarian in Pittsburgh about a dog with a severe self-mutilation problem.

"The dog does not exhibit the behavior when the owner is gone," said Houpt firmly, with 23 years of practiced conviction. "It is not a medical problem. It is clearly attention-getting biting behavior, although most extreme. My advice is for the owner to ignore the behavior. Verbal scolding, or petting to distract the dog from biting himself in the groin merely serves to reinforce it. Hard as it may be, whenever Lefty starts to bite himself, she must immediately walk out of the room."

Houpt, Director of the Animal Behavior Clinic in Cornell University's VMTH, arrived at these conclusions in consultation with Soraya Juarbe-Diaz, the Resident in Animal Behavior, who has seven years experience as a veterinary practioner. The two behaviorists observed Lefty in the clinic for a week without the owner, and in association with "normal" dogs, like NiNi, to test some of the owner's other "anti-social" complaints about Lefty. As Houpt predicted—in the absence of the owner—the dog reacted with very typical "canine" behavior.

"We will also treat the problem with an anti obsessive-compulsive behavior medication like Prozac or Paxic," said Houpt, but she also wants to see compulsions modified behaviorally, although that frequently requires behavior modification on the part of the owner as well as the animal.

Some behavior problems are symptoms of medical conditions like cystitis or urinary tract infections, in which cases the animal must first be treated medically.

Other behaviors are inherited, some learned. Treatment includes pharmacological therapy, and behavior modification through obedience training, feeding, and exercise patterns that reinforce the desired behavior.

There are few animal behavior problems that cannot be diagnosed at Cornell's
PSYCHO-THERAPY

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20-year-old Animal Behavior Clinic which is one of few in the country. Animals which exhibit aggression toward the owner should be treated immediately—particularly canine dominance-related aggression. Houpt characterizes biting or growling incidents directed at babies or children as “emergencies” that should be handled in consultation with a veterinarian. “More frequently, however, situations become emergencies not because they are dangerous or because the behavior has suddenly escalated, but because some other person in the household or the neighborhood has ceased to tolerate the behavior. Sometimes, the neighbor threatens a lawsuit,” she said.

In extreme cases of aggression, euthanasia is a last resort. Houpt said it is occasionally warranted in larger canine breeds where the animal bites or is extremely unpredictable—especially if there are children in the house.

Historically, the second most common problem at the Behavior Clinic is “house soiling” cats that won’t use the litter box. Houpt noted that this problem has decreased significantly in recent years with the introduction of “clumping” kitty litter.

“Feline behaviorists proved that cats prefer clean boxes,” explained Houpt. Litter that “clumps” around wet spots brought the litter “up to cat standards” so they don’t “reject” it, and also made it easier for the owner to keep the box clean.

The third most common complaint is foal-rejecting mares. In these cases, best results are obtained if a veterinarian is called at the first sign of rejection. Restraining the mare for a number of days so the foal can nurse unimpeded frequently reverses rejection if restraint occurs quickly.

Another common complaint is thunder-phobia in dogs—“fairly innate” behavior in breeds with larger heads who “tend to hear low frequencies better,” noted Houpt. As dogs get older—and frequently more deaf—the hearing that remains sometimes becomes more acute and owners may observe a dramatic escalation in phobic anxieties like biting, scratching, or tunneling. Some dogs can be desensitized by gradual exposure to tapes of thunderstorms played louder and louder.

Referrals frequently begin with a phone call. About one-third of the more than 700 phone calls received by the Behavior Clinic in a year come from veterinarians in New York, Pennsylvania, Ohio, Connecticut, Maryland, New Jersey or other regions of the Northeast. If the problems cannot be satisfactorily diagnosed over the phone within five or ten minutes, Houpt and Juarbe-Díaz request the animal be brought to the Community Practice Service at Cornell for examination and treatment. More calls and most cases come in on Fridays—“just before owners go away”—or on Mondays—“after owners have spent a frustrating weekend” with an offending animal.

In addition to case consultation by phone and in-person, the veterinarians in Cornell’s Animal Behavior Clinic teach students at the veterinary college, and offer occasional canine and feline “short” courses through Cornell’s School of Continuing Education. “Solving Feline Problems” and “Solving Canine Problems” are open to breeders, veterinary practice staff, and other people who demonstrate serious interest.

For research data, the behaviorists depend heavily on cases referred to them by veterinarians in private practice. Successful treatment depends on cooperation and communication from owners and referring veterinarians. In addition to patterns that can be deduced from careful observation, videotapes supplied by the owner are frequently helpful. Cats, in particular, misbehave at home and not in a clinic setting, especially in cases of inter-cat aggression.

“The more referrals we have and the more we talk to practitioners . . . the more we know,” said Houpt. She and Juarbe-Díaz are actively soliciting more horse cases, especially geldings that act like stallions, horses that refuse to trailer-load, horses that exhibit stall vices like stall walking, cribbing or weaving, and horses that exhibit aggression toward other horses and people.

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our large animal program and we will all miss him. Dr. Bob Hillman in Theriogenology retired on July 1, 1995, after 30+ years of service as a clinician in our reproduction service. However, like Dr. Fox, Bob just cannot tear himself away and therefore will continue providing support to our Theriogenology Service for the foreseeable future.

Our new Dean, Dr. Franklin M. Loew, took office on September 1. Ms. Pat Janhonen who has been the Administrative Assistant to the VMTH for the past eight years, is now the new Administrative Assistant to Dean Loew. Many of you have met Pat and the next time you see her you may want to congratulate her on this promotion. Dean Loew was very perceptive in identifying Pat for this position. She has been an enormous asset during these past eight years and she will be very sorely missed by everyone (particularly me) here in the VMTH.

The Move

You should all by now have received a letter indicating that the Small Animal Clinic moved into the new “Companion Animal Hospital” on the weekend of September 23-24, 1995. While we were disappointed that the move did not occur when originally planned in May, the building is now in a much better state for occupancy. The Large Animal Clinic will move into the new Equine and Farm Animal Hospitals hopefully by the end of November.

Publications

Finally, we would like to recognize new publications by our faculty. Diseases of Dairy Cattle by Dr. Bill Rehbn has just been published by Lea & Febiger. Goat Medicine by Dr. Mary Smith and David Sherman has been available for about a year. Dr. Ken Simpson is a co-editor of the recently released The Waltham Book of Clinical Nutrition of the Dog and Cat, and Drs. Danny Scott, Bill Miller, and Craig Griffin have just published the 5th edition of Small Animal Dermatology. As you can see, our faculty are very active in disseminating the knowledge they have gained from their clinical activities in the VMTH.

Houpt and Juarbe-Díaz are assisted by Ilana Reisner, board certified in behavior who is also finishing her Ph.D. in behavioral physiology, and Ellen L. Lindell, a private practitioner who treats behavior cases in the Pleasant Valley area and spends Fridays in the Behavior Clinic, and by senior students who rotate through the Behavior Clinic.

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VETERINARY MEDICAL TEACHING HOSPITAL
COLLEGE OF VETERINARY MEDICINE - CORNELL UNIVERSITY
Faculty (F), Residents (R)

AMBULATORY CLINIC:
(607) 253-3140
(F) Charles Guard, Mary Smith,
Maurice White, Ann Wilkinson
(R) Sandra Fatone, Laverne Seib, Terri Tyson

LARGE ANIMAL CLINIC:
(607) 253-3100
Medicine:
(F) Dorothy Ainsworth, Thomas Divers,
William Rebhun
(R) Michael Ball, Lisa Weisensel
Ophthalmology:
(F) William Rebhun
Surgery:
(F) Normand Ducharme, Susan Fubini,
Richard Hackett, Alan Nixon
(R) Christina Cable, David Murphy,
Jan Palmer, Patrick Todhunter

ANESTHESIOLOGY:
(607) 253-3003 [veterinarians]
(607) 253-3060 [clients]
(F) Robin Gleed, John Ludders,
Paula Moon, Leslie Smith
(R) Victoria Lukasik

BEHAVIOR: (607) 253-3450
(F) Katherine Houpt
(R) Soraya Juarbe-Diaz

NUTRITION: (607) 253-3486
(F) Arleigh Reynolds, Francis Kallfelz,
Franklin Loew

RADIOLOGY: (607) 253-3241
(F) Nathan Dykes, Victor Rendano,
Amy Yeager

THERIOGENOLOGY: (607) 253-3081
(F) Barry Ball, Peter Daels, Robert Gilbert,
(R) Carlos Gradil

SMALL ANIMAL CLINIC:
(607) 253-3003 [veterinarians]
(607) 253-3060 [clients]
Avian/Exotics/Wildlife:
(F) Edward Gentz, George Kollias
Cardiology:
(F) Sydney Moise
(R) Anna Gelzer
Community Practice:
(F) William Hornbuckle
Dentistry:
(F) John Saidla
Dermatology:
(F) William Miller, Danny Scott
(R) Emily Rothstein
Fertility & Infertility
(F) Vicki Meyers-Wallen
(R) Carlos Gradil
Medicine:
(F) Stephen Barr, Sharon Center,
John Randolph, Kenneth Simpson
(R) Martina Altschul, Nichole Birnbaum,
JoAnn DeMarco, Shannon Flood,
Jeffrey Toll
Ophthalmology:
(F) Thomas Kern, Ronald Riis
(R) James Gaarder
Surgery:
(F) Jay Harvey, Kathleen Linn,
Rory Todhunter, Eric Trotter
(R) James Farese, Paul McNamara,
Kathleen Sevalla

(as of August 1995)
Anesthesia for cesarean section in the dog is a common topic at educational conferences. While it is likely that the outcome for dam and neonates is largely determined by anesthetic management, the last study reporting mortality data for cesarean section in the dog was published in 1979 and no study has compared anesthetic protocols since the 1960s. Furthermore, no study has evaluated neonatal survival more than 24 hours after cesarean surgery. Important changes have occurred since these studies including the introduction of newer anesthetics (ketamine, propofol, and isoflurane) and the increased use of intraoperative support. The College of Veterinary Medicine at Cornell University is initiating a prospective survey of practices to assess risk factors and determine the mortality of dams and their newborn puppies delivered by cesarean surgery. The Cornell study will cover the perioperative period and follow-up at 7 days after surgery. Results will provide veterinarians with information based on data instead of clinical impressions and opinions.

Cornell would like to enroll the assistance of small animal practitioners to help in this study.

FROM THE DIRECTOR

All of our referring veterinarians are well aware of the budget crisis that has hit New York State this fiscal year. The executive budget originally proposed by the Governor projected a significant reduction in funding for State University including the College of Veterinary Medicine. Based on dire predictions we found it necessary to withdraw from the Intern/Resident Matching Program in order to give us the flexibility to delete some house officer positions that become necessary. We sat on pins and needles for several months during the legislative negotiations relative to the passage of a new budget. Happily, the budget that was finally passed did not result in as serious a reduction as had been originally anticipated. The reduction in the College budget was only approximately 67% of what had been originally projected. We were thus able to refill virtually all of our residency positions. We could not refill internship positions, however.

I am very happy to report to you that the VMTH appears to be running relatively smoothly under this new scenario. The residents have been very cooperative in assuming emergency duty responsibilities that were previously covered by our interns. Many of our students are happy that they now have a greater opportunity to become directly involved in patient care since they are not "competing" with interns for case material. All in all, I think we withstood the budgetary crisis quite well although we are already hearing rumblings of possible additional recisions this year and further reductions next year. Keep your fingers crossed!

In addition to the fact that the budget reductions were not as serious as initially anticipated, the VMTH has also had a very successful 1994-95 year. Business for this year was the highest ever for the VMTH and our caseload also increased significantly. We are very grateful to our referring practitioners for helping us to achieve these goals.

The outlook for the coming year is still somewhat tenuous. We are hopeful that the relatively sound financial position of the VMTH will help us to withstand potential additional reductions. While a return to the Internship Program may occur in some services, other services have concluded that they can perform more efficiently with only residents as housestaff.

The recisions did result in a loss of some support positions which has resulted in temporary decreases in the efficiency of operations in some areas, particularly our Small Animal Clinic phone room. However, we have recently changed the phone system of the College which now provides us with AUDIX and voice mail capabilities. We are also back up to full staffing in our Small Animal Clinic phone room. We are very hopeful that these two changes will result in a significant increase in the efficiency of our response to incoming calls in this most important area.

We continue to commit ourselves to provide you and your clients with the best possible service. If you have any questions that I can answer or assist you with, don’t hesitate to contact me by phone at (607)253-3030 during work hours or (607)257-2522 on nights or weekends. I can be reached by e-mail at fak1@cornell.edu or XNFE02A@prodigy.com. Please do not hesitate to contact me with any comments you may have. I am most anxious to have your input on any issue of concern.

Fran Kallfelz
STAFF PROFILES

Dr. William C. Rebhun attended the New York State College of Agriculture and graduated from the New York State Veterinary College in 1971 with distinction. After graduation, he worked in a mixed practice for two years and then had his own practice which was limited to large animals and diseases of the eye.

In 1977, he joined the Section of Large Animal Medicine at the VMTH. Currently he is a professor of Internal Medicine and Ophthalmology and also has a joint appointment in the Department of Microbiology. Dr. Rebhun is a diplomate of the American College of Veterinary Internal Medicine and also the American College of Veterinary Ophthalmology.

His main clinical interests include internal medicine and infectious diseases in large animals, bovine lameness, teat surgery, bovine abdominal diseases, and equine neoplasms as well as large animal ophthalmologic problems. Among his research interests is an ongoing study of the pathophysiology and treatment of equine sarcoid in conjunction with Dr. Douglas Antczak.

Dr. Rebhun is Chief-of-Service for the Large Animal Medicine section for 6 months each year and also handles the large animal ophthalmology cases for 11 months each year.

Dr. Jay Harvey is an Associate Professor of Surgery and Head of the Small Animal Clinic.

A 1971 graduate of Kansas State University, Dr. Harvey completed an internship at the University of California at Davis, and a year in a private specialty practice in Pennsylvania. In 1975, he returned to the Animal Medical Center as a staff surgeon and surgical oncologist. He joined the faculty at Cornell in 1979. Dr. Harvey is a diplomate of the American College of Veterinary Surgeons.

Dr. Harvey's clinical interests include soft tissue surgery and oncology.