

April - June 2022

BULLETIN OF THE

PET PRACTITIONERS ASSOCIATION OF MUMBAI.

(For Circulation amongst PPAM Members)



Editorial

Retirement of Dr. Sunita Kartik Patel

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Dr. Sunita Kartik Patel retired from active small animal practice in June 2022 after 35 long years in a very successful veterinary practice. Along with her own practice, Dr. Sunita regularly carried out her social responsibility of taking care of stray dogs and cats, she still continues her stray dog/cat program even after retirement. She has successfully headed PPAM for a long time and contributed to the growth and present status of the Association.

I had the privilege of assisting Dr. Sunita in surgery when we were doing our surgery post-graduation in 1985. Dr. Sunita always was a good teacher and mentor. Later as a member of the PPAM Managing Committee I had a close association with Sunita, she is strict, accommodating, carries everyone along with her, and looks after PPAM as one large family. She is an extremely kind and a thoughtful person. Dr. Sunita has always been available to sort out any issues for each one of our PPAM members be it an individual level or the Association level.

Dr. Sunita, the pets will definitely miss you since you retired but pet



parents will miss you more as they always admired you as one good, genuine, practical, and humble human being.

Sunita you always set high standards as a professional and as a member of PPAM. Your leadership and guidance will be of immense help in years to come for PPAM and the young veterinary generation.

We all at PPAM wish you Happy Retirement! Enjoy the rest and relaxation! And enjoy all of the exciting adventures ahead of you. Enjoy Your Seven-Day Weekends.



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Tiletamine plus Zolazepam combination. (Zoletil) an Insight.

Dr. P. V. Parikh¹ and Dr Hiren Barot²

1. Professor and Head – Department of Surgery and Radiology College of Veterinary science and Animal husbandry, Kamdhenu University, Anand, Gujarat.
2. Dr. Hiren Barot, Ph.D. Student, Department of surgery and radiology College of Veterinary science and Animal husbandry, Kamdhenu University, Anand, Gujarat.

Virbac Animal Health India Pvt, Ltd conducted an interactive Seminar on Zoletil and Its Surgical Application in Small Animal Anesthesia on 20.03.2022 at Hotel Lalit, Sahar Airport Road, Mumbai on Sunday 20.03.2022.

The main speaker was Dr. P. V. Parikh, Professor and Head, Department of Surgery and Radiology College of Veterinary Science and Animal husbandry, Kamdhenu University, Anand, Gujarat.

Distinguished panel speakers were Dr. L. D. Pawar, Dr. Vikram Dave, Dr. Makarand Chousalkar, Dr. Nihar Jayakar and Dr. Kalsy Barry.



Dr. P. V. Parikh



ZOLETIL

- Neuroleptic, dissociative injectable anesthetic.
- Ready to use combination of tiletamine and zolazepam in a 1:1 ratio.
- Rapid acting and dose dependent anaesthetic effects.
- Intramuscular injection used for restraint/ minor procedures of short duration reaching mild to moderate analgesia.
- Intravenous is indicated in dogs and cats for induction anaesthesia followed by maintenance with inhaler anaesthetic.
- Combines with opioid agents – opioid for profound analgesia and muscle relaxation.
- Ideal for aggressive dogs and fractious cats.**

Clinical Properties

- Onset of action : 1 to 7 minutes (cats) and 5 to 10 minutes (dogs) after intramuscular injection.
- ~ 40 seconds after intravenous injection.
- Duration of anaesthesia : Dose dependent (20 to 40 minutes after IM/IV injection).
- Ocular effects : The eyes normally remain open with the pupil dilated.
- Hypersalivation is common and can be reduced with atropine or glycopyrrolate.
- Tiletamine has excitatory effect on the CNS and increases cerebral blood flow resulting in an increased intracranial pressure.

Recovery with Zoletil

Complete recovery from anaesthesia in 10-15 minutes and no residual effects.

Complete recovery from anaesthesia in 10-15 minutes and no residual effects.

- In dogs, the minimum half-life of tiletamine is 12.4 minutes and the recovery phase is influenced by the anaesthetic dose and breed.
- In cats, the minimum half-life of tiletamine is 12.4 minutes and the recovery phase is influenced by the anaesthetic dose and breed.
- If given as repeated dosing will prolong recovery.
- Associated with renal disease also prolonged anaesthetic duration and recovery period.

Mechanism of Action (MOA)

TILETAMINE
Dissociative anaesthetic

+

ZOLAZEPAM
Benzodiazepines

• Non-competitive antagonist of the NMDA receptor which prevents glutamate transmission resulting in dissociative anaesthesia.

• Benzodiazepines act through GABA receptors enhancing the GABA receptor affinity to GABA.

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Sedatives, anxiolysis, muscle relaxation and anticonvulsant effects

- Protective reflexes such as coughing, swallowing, laryngeal, pharyngeal, corneal, palpebral, pedal, are maintained during anaesthesia.
- Respiration rate : Decreased in both dogs and cats.
- Apnoeic respiratory pattern (prolonged inspiratory duration and relatively short expiratory time) observed after rapid intravenous injection and resolved within a minute.
- Heart rate : In dogs, heart rate increased due to central sympathetic stimulation.
- In cats, heart rate decreases.
- Transient decrease in body temperature.
- Mean arterial pressure (MAP) : Variable.

Intramuscular – Zoletil

Short term anaesthesia
(Average 20 min)

Dose
(7 to 10 mg/kg in dogs)
(10 mg/kg in cats)

Indications

- Diagnostic purposes : Ocular, otitis, otomastoiditis.
- Diagnostic examination : Rectoscopy.
- Emergency sedation : Fracture repair.
- Orthopaedic procedures : Amputation of one limb.
- Biopsy.

Contraindications

- Intramuscular agent for aggressive dogs and fractious cats.
- Small injection volume.

Intramuscular Zoletil with combination

Zoletil (7 to 10 mg/kg) + Alpha-2 agonist (Xylazine 1 mg/kg) OR (Dexmedetomidine 10 to 15 µg/kg) + Opioid analgesic (Fentanyl 0.2 mg/kg) (Dapoxetine 0.1 to 0.2 mg/kg)

Indications

- Very good combinations for elective surgery in dogs and cats.
- Separation of dental surgery.
- Dental procedures : Dental scaling and polishing.
- Orthopaedic procedures : Rectoscopy, colic, urethral catheterisation.
- Amputation of limb.

Intermediate level anaesthesia
(30-40 min)

Contraindications

- Single premedication injection.
- Excellent surgical anaesthesia (30 to 40 min) with profound muscle relaxation and analgesia.
- Smooth recovery in dogs and cats.

Intravenous Zoletil without premedication

DOSE	DURATION OF ANAESTHESIA	COMMENTS
Taper (7.5 to 10 mg/kg IV)	15 to 20 min	• Minor surgery : Ocular, otitis, otomastoiditis, catheterisation, draining of abscess or hematoma.
Full (10 to 15 mg/kg IV)	20 to 30 min	• Major surgery : Dental extraction, urethral catheterisation, minor amputation.

Intravenous Zoletil with premedication

PREANESTHETIC MEDICATIONS (IM)	INDUCTION WITH ZOLETIL (IV)	MAINTENANCE
Alpha-2 agonist Xylazine (0.5 to 1 mg/kg) or Dexmedetomidine (0.5 to 1 µg/kg)	Opioid analgesic Fentanyl (0.2 mg/kg) or Dapoxetine (0.1 to 0.2 mg/kg)	2 to 5 mg/kg BW K: Maintained with 1 to 2 mg/kg BW

• All animals should be kept in a safe environment until they are fully recovered.

COMPARISON

TILETAMINE + DIAZEPAM / MIDAZOLAM	TILETAMINE + ZOLAZEPAM
• Less potent (compared to Tiletamine or Zolazepam) (K: 10 to 15 mg/kg)	• More potent (K: 7 to 10 mg/kg)
• Less potent analgesic and short duration of action.	• Good potent analgesic and long duration of action.
• Increased risk of respiratory depression.	• No respiratory depression.
• Large volume of distribution.	• Small volume of distribution.
• Even sampling of anaesthesia, sedation and analgesia.	• Sedation, analgesia and anaesthesia.
• Good recovery.	• Ready to recover and analgesia.
• Good quality of anaesthesia.	• Less likely to cause anaesthetic depression.

1:1 Tiletamine + Zolazepam

Wide margin of safety and wide therapeutic window.
Lowest dose 10 mg/kg in dogs and 7.5 mg/kg in cats.



PPAM conducted an Anaesthesia workshop.

The workshop was held on 28th and 29th May 2022, at Hotel Karl Residency, Andheri West, Mumbai.

Course Teachers - Dr. Nihar Jayakar, Dr. Shiwani Tandel, Dr. Makarand Chousalkar, Dr. Dipti Walawalkar and Dr. Deepti Deshpande.

Dr. Makarand Chousalkar explained the planning of anesthesia, pre-anesthetics induction of anaesthesia, maintenance of anaesthesia, anaesthesia machines and their parts, monitoring patients, and equipment required for the same.

Dr. Dipti Walawalkar detailed the importance of Balanced anaesthesia, premedication, induction, maintenance, and recovery from anesthesia.

Dr. Deepti Deshpande explained in detail monitoring the patient through Anaesthesia and during recovery.

Dr. Shiwani Tandel dealt in detail with anesthesia in birds and the care and monitoring required during the entire procedure.

Dr. Nihar Jayakar guided the participants in challenges encountered in anesthetizing the rabbits.



PPAM Life member and ever-smiling veterinarian Dr. Kiran Kumar Rao passes away.

(A tribute from Dr. Jairam Ramani.)

Dr. Kiran Kumar, Gone too soon. A very cherished life member of PPAM. Kiran was secretary of SAVA – Goa. It was always a pleasure to meet Kiran. Always smiling and having a lot of fun ideas to teach new concepts. A keen learner and a visionary. He was at the forefront to organize Continuing education programs in Goa and set up SAVA – Goa. I met him in 2011 in Chennai. He was Dr. Hatekar's best friend who soon became everyone's friend.



The following obituary message from Dr. Achina Joglekar (President SAVA - Goa)

Dear friends and colleagues,

I stand before you with a heavy heart today, because it is not easy to say goodbye or give a condolence message for a friend, associate, and colleague like Dr. Kiran Rao, a dedicated veterinarian, loving husband a doting father and above all a forever smiling colleague of ours from Goa. Who has left for his heavenly abode too soon.

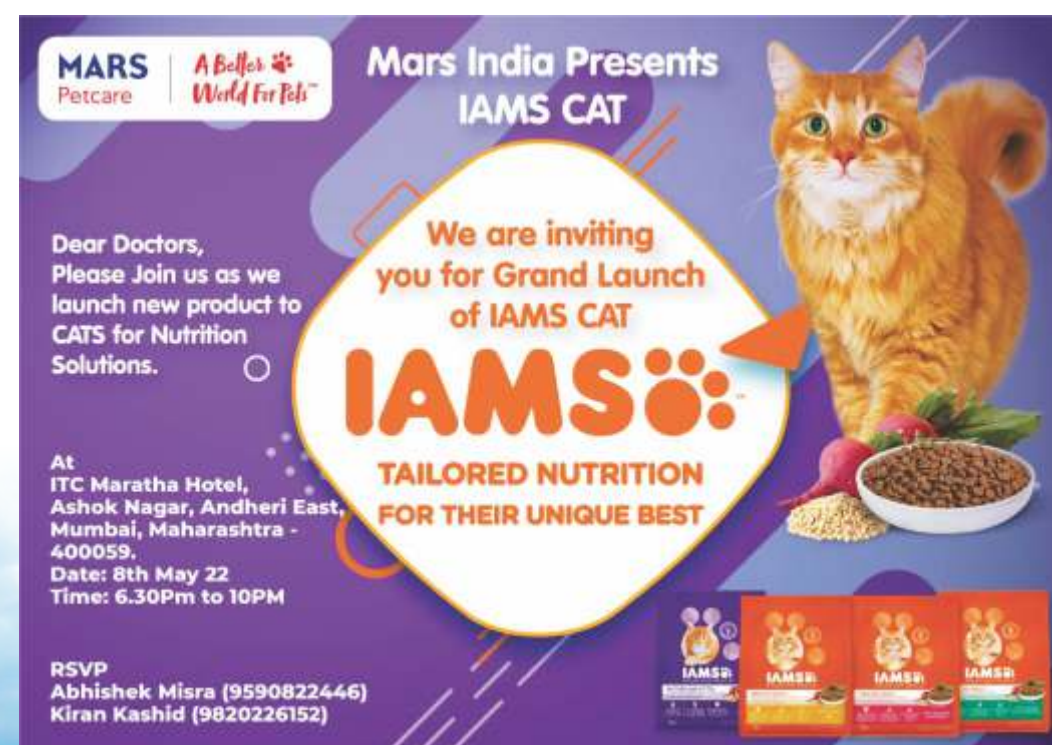
I extend our deepest sympathy and unwavering support to his family, wife Rashmi, and son Aditya wishing the bereaved family comfort, courage, and lots of love from all our members in this extremely painful and sorrowful time. I sincerely hope that his soul rests in peace. We never realized how much your loss would mean to us.

Dearest friend and colleague, hope you rest in peace. Adios dear Kiran Om shanti.

The best memory was in Chennai. We were inviting a few faculty members from Michigan State University to visit Mumbai and lecture at PPAM CE program. Kiran was carrying a very expensive leather bag which also doubled as a laptop bag. The American professor liked the bag. Without a second thought, he emptied the bag and gifted her the same in the evening. He was PPAM's man in Goa. He set up Tail Waggers specialty veterinary clinic. His DP handle carried the message. An ignorant shout about his expertise, an expert knows his ignorance. speaks volumes of the man.

Mars Pet Care launched IAMS Cat nutrition product in Mumbai.

Mars India launched IAMS Cat tailored nutrition product in Mumbai at ITC Maratha Hotel, Andheri East, Mumbai, on 08. May.2022.



PPAM Outreach program on Recent Updates in Veterinary Practice at Veterinary College Shirwal on 23.06.2022

Krantisinh Nana Patil College of Veterinary Science Shirwal, Dist: Satara and PPAM organized an Out Reach program on 23.06.2022 on "Recent Updates in Veterinary Practice" at Veterinary Clinical Complex, KNPCVS, Shirwal.

The topics and speakers were

1. Recent Updates in Veterinary Diagnostic Imaging in Companion Animal Practice. Dr. Adarsh Kumar. Professor, Dept. of Surgery and Radiology, COVAS, CSKHPKV, Palampur

2. Recent Updates and Challenges in Veterinary Orthopaedics. Dr. Hari Prasad Aithal Principal Scientist, Training and Education Centre, ICAR-Indian Veterinary Research Institute, College of Agriculture Campus, Shivajinagar, Pune.

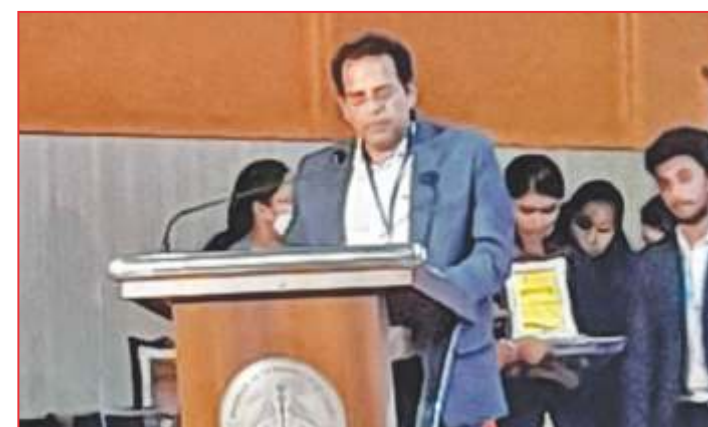
3. Management of Canine Vector-Borne Diseases - Indian Scenario. Dr. Mukulesh L. Gatne Retd. Professor & University Head of Veterinary Parasitology, Bombay Veterinary College.



Proud moment for PPAM members to be invited as speakers to deliver lectures for CE programs all over India.

PPAM is indeed proud and privileged to have members who are invited all over the country as speakers for various CE programs.

- **Dr. M. L. Gatne** spoke on Vector-Borne diseases of Canine and Felines and their management on 24.04.2022 at Crown Plaza hotel Cochin. The program was organized by the Companion Animal Association of Kerala (CAPAK).
- **Dr. Jairam Ramani**. International Conference on Advancing Veterinary Dermatology Practice, Education and Research in Developing Countries and Inaugural convention and Satellite Symposiums of the Association for Veterinary Dermatology, India Date 09-11 June 2022, Venue - Madras Veterinary College, Chennai. The conference was attended by more than 650 delegates. The delegates were drawn from across India. Presidential address given by Dr. Nagarajan (President - IAVD). IAVD report was delivered by Dr. Ramani Jairam (Secretary-IAVD) and With a vote of thanks by Dr. Selvaraj Palanisamy (Organising Secretary).



Appeal to PPAM Members to Renew Membership

1. **Renewal of Annual Membership** Rs. 1500.00 + GST (Rs. 270.00) = Total Rs. 1770.00
2. **New Membership** Rs. 1750.00 + GST (Rs. 315.00) = Rs. 2065.00
3. **Life Membership** Rs. 17500.00 (No GST)

Bank Details: Indian Bank; A/c name - Pet practitioners association, Branch- Santacruz (w)
A/c no. 744946564, IFSC: IDIB000S010

(As soon as payment transfer is made please send a message to Treasurer Dr. Anil Vade on 9820016420. Please also mention your complete name, date of payment and transaction id)

- **Dr. Makarand Chavan** spoke on Atopic Dermatitis in dogs, at Meerut 12.6.22 and Nagpur (19.06.22) event.



Dear PPAM members,

If there are any changes or additions in your details in forthcoming PPAM Directory + Diary 2023

Please mail your details to reachppam@gmail.com On or before 01 November 2022

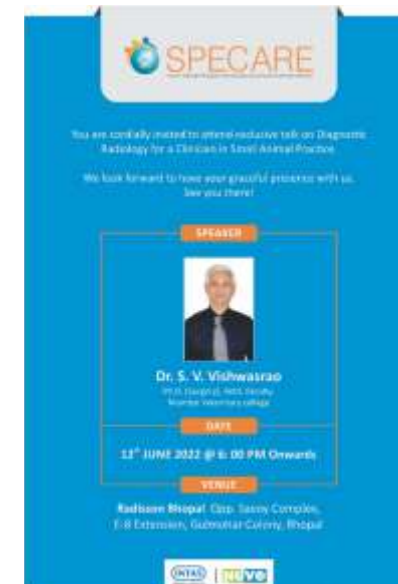
(Your Name, Address, Contact No, Email , Registration Number)

All annual members are requested to upgrade to life membership.

- **Dr. S. V. Vishwasrao**, spoke on Role of Artificial Intelligence in Veterinary Education and Clinical Practice online lecture on 21.4.2022 on the occasion of World Veterinary Day. The program was organized by Dr. S. Senthil Kumar, Ph.D. Associate Professor and Head, Veterinary Clinical Complex, VCRI, TANUVAS, Orathanadu, Thanjavur. The 2017-18 Batch students of Veterinary College and Research Institute, Orathanadu, Thanjavur, VCRI under Tamil Nadu Veterinary and Animal Sciences University, Chennai. In Orathanadu two batches attended the lecture from two different venues. One at Committee Hall and the other at TVCC.



Diagnostic Radiology for a Clinician in Small Animal Practice. CE at Bhopal in Madhya Pradesh on 12.06.2022



Diagnostic Radiology for a Clinician in Small Animal Practice. CE at Tirupati in Andhra Pradesh on 19.06.2022



Radiographic Interpretation of Pulmonary Diseases & their differential Diagnosis with Cardiac Diseases. CE online for PPA NCR Delhi on 19.06.2022.

- **Dr. Hitesh Swali** spoke on Care and Management of Puppies.



- **Dr. Sangeeta Vengsarkar Shah's** CE program "An Insight into Small Animal Cardiology" was organized by SAVA Delhi.



Refractory Superficial Corneal Erosions.

Dennis Brooks DVM, PhD

Diplomate, American College of Veterinary Ophthalmologists Professor Emeritus, University of Florida.

Synonyms include Boxer ulcer, indolent ulcer, persistent ulcer, rodent ulcer, refractory epithelial erosion, recurrent corneal erosion syndrome. Middle to old age groups are most commonly affected, and there may be an increased incidence in females. Breed predilection has been demonstrated in the Boxer, Corgi, Pekingese, and Lhasa Apso, but refractory ulcers have been documented in more than 24 breeds of dog. History, signalment, and ophthalmic findings are all important in the diagnosis of refractory corneal laceration.



Refractory corneal ulcers in the dog are usually primary. However, they can also be seen secondary to eyelash or eyelid abnormalities, corneal edema, infection, or tear film abnormalities. It is important to rule out conditions that can secondarily cause indolent ulceration in order to successfully treat the syndrome. The specific pathogenesis of refractory ulcers is still not known. Normally the corneal epithelium attaches to the underlying stroma via hemidesmosomes in the basal epithelial cell membrane. Some animals with refractory corneal ulcers have been shown to have fewer hemidesmosomes as well as abnormalities in the epithelial basement membrane. Histologically, there are focal areas of epithelial separation with splitting of the basement membrane and edema (in and between the basal cells) with accumulation of a basement membrane-like material.

Variable pain (manifested by tearing, blepharospasm, and photophobia) is present, and there is no history of traumatic injury. On ophthalmic examination, a superficial corneal ulceration with an overlying lip of unattached epithelium around the edge of the erosion is evident. The use of fluorescein staining will illustrate the ulcer bed as well as reveal the degree of unattached epithelium as the underlying stroma will take up stain.

Debridement of unattached and loosely attached epithelium is essential. Topical anesthetic and dry

cotton-tipped applicator are used to remove abnormal epithelium. Burring with the Algerbrush II and a 3.5 mm tip is very beneficial

Superficial keratectomy, grid keratotomy and diamond burring has altered the treatment of indolent ulcers, especially in terms of decreasing recurrences. This requires more specialized skill, equipment and magnification. Most small animals require only topical anesthesia, or rarely light sedation. A 25- 22 gauge needle is used to make cross hatches ("tic tac toe") through the ulcer bed with the scratches approximately 1-2 mm apart into adjacent normal epithelium and anterior stroma. This technique and the diamond burr have been shown to increase the healing rate of refractory ulcers. Chemical removal of the epithelium can also be accomplished with dilute topical povidone iodine or phenol. This is only recommended if all other therapy has failed.

Topical broad spectrum antibiotic solutions 4 times per day, topical cycloplegics (1% atropine) as needed to relieve pupillary spasm, topical hyperosmotic agents (5% NaCl) to decrease corneal edema; 1-4 times daily, serum: 2-8 hours, and a bandage soft contact lens can aid therapy.

CORNEAL LACERATIONS

The management depends on the depth of laceration. All should be stained with fluorescein to help assess the depth and affected area of the laceration. Superficial lacerations are treated as "simple" ulcers (topical antibiotics and atropine). Deep, non-perforating lacerations are treated more aggressively. Topical broad spectrum antibiotics and 1% atropine are used. If the laceration is judged to be less than ½ thickness, treat as simple ulcer; if more than ½ thickness, suture cornea and place conjunctival flap.

Perforating (full thickness) lacerations are emergencies. Animals require topical antibiotic solution (not ointment), topical atropine solution, systemic antibiotics, general anesthesia and surgical repair of cornea. This entails repositioning or amputating protruding iris, reforming the anterior chamber with Lactated Ringers, and suturing the corneal with #8-0 absorbable suture material. A conjunctival flap is also placed if needed.



Dennis Brooks DVM

Royal Canin - PPAM Scientific Session on Small Animal Dermatology.

Royal Canin - PPAM Scientific Session on Small Animal Dermatology was held on Sunday 12th JUNE 2022, at Hotel Raddison Blue, Mumbai International Airport, Mumbai on "Diagnostic Approach and Management of an Itchy Pet".

The Speaker was Dr. Ronnie Kaufmann, BSc, DVM, Dip ECVD, Head of Dermatology Service, The Veterinary Teaching Hospital, Koret School of Veterinary Medicine, The Hebrew University of Jerusalem. A large number of small animal clinicians, students, and interns attended this event.



Dr. Ronnie Kaufmann



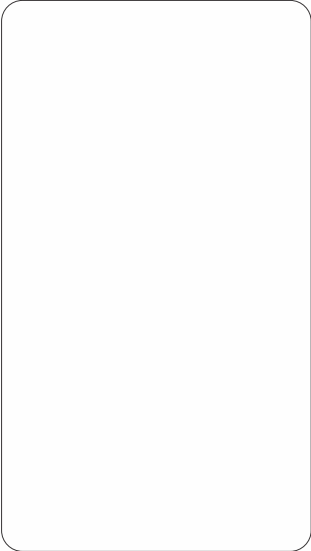
Dr. Narendra Pardeshi performs a Gastroscope procedure on a dog.

A team led by Dr. Narendra Pardeshi, one of India's leading veterinary surgeon from Small Animal Clinic in Pune successfully removed a plastic ice cream spoon accidentally swallowed by a 12-week-old pup. The

dog was unable to eat and had developed ulcers due to the spoon stuck in the stomach. The pup successfully underwent a gastroscope procedure under General Anesthesia.



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