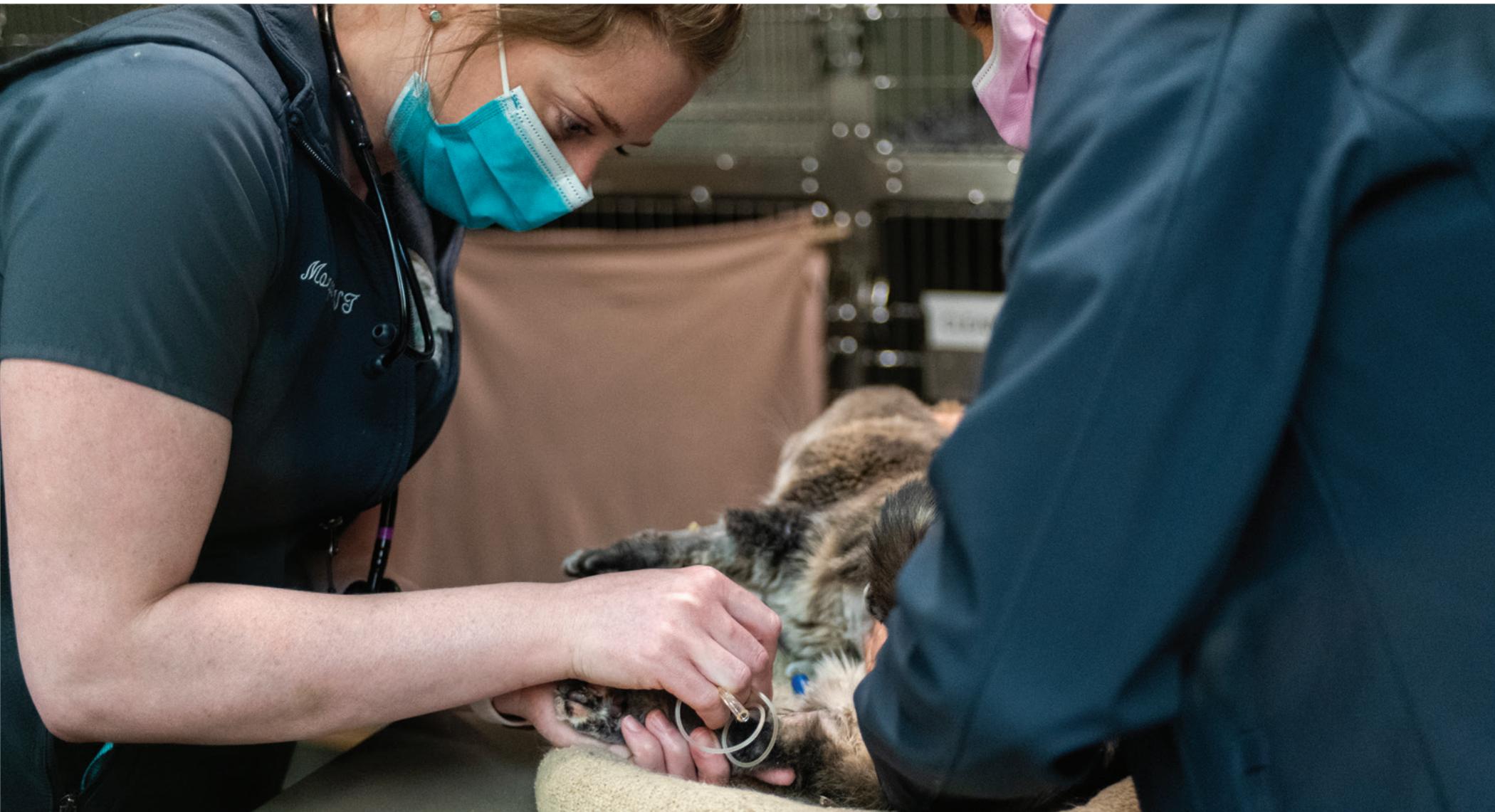




S E R V I C E

SPOTLIGHT

COLLABORATIVE CARE



A Synergistic Approach

At BEVS, we've seen firsthand that a collaborative approach to care improves patient outcomes and strengthens our profession. Our emergency and specialty/referral teams work together seamlessly under one roof to deliver today's most effective and advanced veterinary therapies to patients, while communicating with your team about the care your patients receive. We not only serve greater Burlington's primary care veterinarians, but we often receive patient referrals from across Vermont and upstate New York — a testament to the reputation we've earned for superb collaborative care.

24/7/365 Emergency and Critical Care • Acupuncture • Dentistry • Diagnostic Imaging
Internal Medicine • Neurology/Neurosurgery • Radioiodine • Rehabilitation • Surgery

802.863.2387 | bevsvt.com





Our Specialties



Because our team of specialists, residency-trained veterinarians, and credentialed professionals work together every day and often collaborate on patient care, our communication is seamless, and our client experience is smooth. We support each other from intake through discharge, often moving patients between departments over the course of treatment.

24/7 EMERGENCY/ CRITICAL CARE

Patients who come in through our ER often need attention from one or more of our specialties, whether to diagnose a problem, determine the best course of treatment, or help heal after an injury or illness.



NEUROLOGY

Allison Cowan, DVM, DACVIM (Neurology), is often called in to consult on cases that come from the ER, and works closely with our Rehabilitation, Internal Medicine, and Surgery teams.

ACUPUNCTURE

Since the healing power of acupuncture can benefit so many patients, our certified veterinary acupuncturist, Pamela Brown, DVM, CVA, CCRT, CVPP, often treats pets who have also been seen by our Surgery, Neurology, Internal Medicine, and Rehabilitation teams.

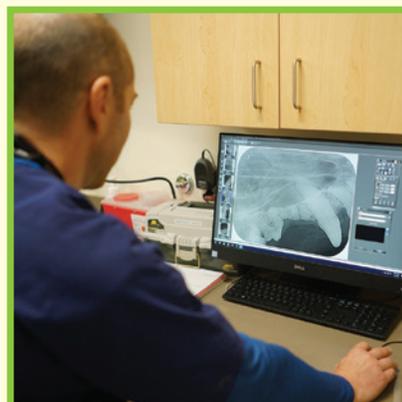


RADIOIODINE THERAPY

Felines diagnosed with hyperthyroidism are always seen first by our Internal Medicine team before they proceed with I-131 treatments in our special facility.

DENTISTRY

Our Dental department works with ER, Internal Medicine, and Surgery pets that present with facial fractures or oral tumors, as well as with our Internal Medicine team, on all pre-procedure screenings to develop customized anesthesia plans for each patient.



REHABILITATION

Our Surgery and Neurology patients especially benefit from the skills of our highly trained Rehabilitation team, which also works closely with our Acupuncture team.

INTERNAL MEDICINE

Led by our medical director Bryan Harnett, DVM, DACVIM, our Internal Medicine team often sees patients who overlap with our teams in all other departments.



SURGERY

Surgical procedures can overlap with many of our other specialties, including Emergency, Neurology, and Rehabilitation.

Case Study: Jean's Journey Through Collaborative Care



Patient: Jean Parmesan Fay, 5-year-old FS Chihuahua-Rat Terrier mix, 8.5 lbs.

Referred By: Dr. Jennifer Reynolds, VCA Brown Animal Hospital

Presentation: Jean presented to the ER for acute paraplegia of 36-hour duration. She presented with a deep pain sensation in her hindlimbs, but there was no motor function. Jean had a prior medical history of a right femoral head osteotomy (FHO), for which she received chronic meloxicam.

Diagnostics: Jean's initial diagnostics through the ER included baseline lab work, urine testing, and whole-body radiographs. Her CBC revealed a mild thrombocytosis. Her chemistry showed borderline hypoglycemia (78 mg/dL) and marked hypocholesterolemia (58 mg/dL). Jean's urinalysis was unremarkable, and her radiographs showed an unremarkable thorax with collapse of the intervertebral disc space at L3-L4.

Overnight, Jean's glucose decreased to 68mg/dL. She received a dextrose bolus and her glucose initially rebounded to 254 mg/dL, and then decreased to 76 mg/dL. Jean developed profound hematochezia overnight.

The following morning, Jean was transferred to BEVS' Neurology Department. Given her hypoglycemia and gastrointestinal signs, our board-certified veterinary neurologist, Dr. Allison Cowan, performed a resting cortisol, which was <0.5 ug/dL. An ACTH stimulation test confirmed atypical Addison's disease or hypoadrenocorticism (post-ACTH cortisol <0.5 ug/dL).

Treatment: The diagnosis of atypical Addison's disease with chronic meloxicam use and a severe T3-L3 myelopathy complicated Jean's treatment significantly.

After consulting with our Internal Medicine team, we initially addressed her Addison's disease while giving Jean a 36-hour washout period from her meloxicam prior to initiating steroids. Jean was given supportive care medications, including intravenous fluids with dextrose supplementation, pantoprazole, sucralfate, Cerenia®, and famotidine CRI, as well as pain medications gabapentin, methadone, and amantadine.

The following morning, Jean was started on steroids and continued supportive care medications. She was hospitalized through the weekend and was transferred back to our Neurology department the following Monday. Dr. Cowan conducted an MRI and subsequently performed a left L3-L4 hemilaminectomy. The day after her surgical procedure, Jean's comfort level and motor function had significantly improved, and she had regained the ability to urinate voluntarily. Jean was discharged that morning with oral medications, including multiple gastroprotectants, steroids, and analgesics.

Outcome: Jean has been doing great at home since discharge on daily steroids. At her most recent re-evaluation, she had almost normal motor function, an excellent comfort level, and resolved GI signs.

Takeaway: There are two big takeaways from Jean's case. First, we recommend you always consider Addison's disease when there is hypoglycemia and hypocholesterolemia with concurrent gastrointestinal signs. Second, this case demonstrates a good outcome resulting from collaboration between several specialty departments at BEVS, as well as a very committed owner. Jean came in through our ER, then was transferred to Neurology, then to Internal Medicine, went back to the ER, and was finally discharged through Neurology. Thanks to all of them, Jean is back home, enjoying a healthy life.



Jean Parmesan Fay



Jean during treatment

Thankful Words From Jean's Owner

Thank you



I want to express my profound gratitude for all the work that the BEVS team did to get Jean back into good health. It was an awful time, and I realize how lucky my mom and I are that Jean was able to make it through. I was so impressed with the staff and how they cared for Jean and for us too. I can't say enough about my experience at BEVS – tons of compassion and gentleness, deep knowledge of veterinary care, teamwork, the ability to help me make hard decisions when I wasn't very able to think straight, and even humor. There are no words to express how grateful I am, but I will still just say... THANK YOU, BEVS! – Lisabette Fay

S E R V I C E SPOTLIGHT



Fall 2022
COLLABORATIVE CARE

COVID Update

The SARS-CoV-2 virus (the virus that causes COVID-19) has created difficulties for all of us, both personally and professionally. Our top priority is to keep your clients, their families, our team, and their families safe until this public health concern is stabilized.

Please refer to our website for current protocols.



Referring Patients and Clients to BEVS

Whether your patients require emergency care after your office hours end, or you'd like to consult with one of our specialists on a challenging or complex case, we welcome the opportunity to collaborate with you. While a referral is not required, any information you can provide using our convenient online portal or online forms will help us ensure the highest level of care.

Visit www.bevsvt.com/for-veterinarians to learn more.

