

FOCUS **New Tricks for Senior Dog Examinations**

Many veterinarians rely on reported signs of age-related diseases from pet owners, who may not recognize signs or consider them important. In this study, owners of dogs ≥ 9 years of age ($n = 45$) were invited to attend a 30-minute consultation consisting of a history-taking session, full physical examination, and basic urinalysis. History taking was standardized; owners, not prompted, were asked for changes they had noticed as the dog aged. Basic data about the pet and its lifestyle were collected. A prompted history was completed using open questions, followed by appropriate closed questions. Thorough physical examination evaluating all systems was completed. Urinalysis (from 35 dogs) included a dipstick urine test and specific gravity. The original allocation of 30 minutes for examination was changed to a minimum of 45 minutes.

At least one previously unrecognized problem was identified in 80% of the 45 dogs, with a mean of 7.8 problems per dog identified (eg, otitis, abdominal masses, cardiac murmurs or arrhythmias, osteoarthritis). Owners often did not recognize the importance of signs. Further diagnostic testing was conducted

in over two-thirds of the dogs. Downsides to geriatric screening included negative outcomes for pet or owner.

■ Commentary

Senior wellness programs have long been recommended, but the program outlined here was standardized for both owners and practitioners. Changing scheduled examination time from 30 minutes to 45 minutes (considerably longer than most examinations) emphasized what is likely required for thorough examination. Many owners, who did not recognize signs of illness in their pets, attributed signs to “old age” and failed to mention them until prompted. The International Veterinary Senior Care Society (ivscs.org), a recently formed organization, recognizes the importance of taking care of senior pets.—*Patricia Thomblison, DVM, MS*

■ ■ Source

Geriatric screening in first opinion practice—Results from 45 dogs. Davies M. *J SMALL ANIM PRACT* 53:507-513, 2012.

The Eyes Have It

Entropion, inversion of the eyelid margin, typically presents differently in dogs than in cats.

A categorization for feline entropion has been suggested on the basis of age. In younger cats, entropion may be caused by ocular surface irritation from keratitis, conjunctivitis, corneal ulceration, tear film instability, or corneal sequestrum. In a second form that occurs in older cats, lid laxity or tension can result in entropion.

Various methods of entropion corrections have been described. In a retrospective review of 124 surgically managed feline entropion cases, a combination of Hotz-Celsus (HC) and lateral canthal closure had the highest success rate for resolving entropion in a single procedure. Cats with unilateral entropion often developed entropion in the contralateral eyelid 3 or more months after the first entropion surgery. The cats that presented with unilateral entropion and had contralateral prophylactic surgery never developed entropion in that eye. The authors recommended a combination of HC and lateral canthal closure and prophylactic lateral canthal closure in the contralateral unaffected eye.



■ Commentary

This large retrospective study offered valuable information regarding surgical correction for feline entropion. Lessons learned from the study may also be applied to dogs, as a >99% success rate for the surgical correction of feline entropion was demonstrated using the techniques described. While these are excellent results, perhaps the most important aspect involved prophylactic lateral canthoplasty in management of the unaffected eye. Of the contralateral unaffected eyes that had a prophylactic lateral canthoplasty, none subsequently developed entropion in the second eye, whereas 17% of those that did not have the prophylactic procedure eventually developed it. This has been my experience when presented with unilateral canine entropion; the contralateral unaffected eye will benefit from a prophylactic lateral canthoplasty, shortening both eyelids to the appropriate length and preventing future entropion in the unaffected eye.—*David A. Wilkie, DVM, MS, DACVO*

■ ■ Source

Surgical management and outcome of lower eyelid entropion in 124 cats. White JS, Grundon RA, Hardman C, et al. *VET OPHTHALMOL* 15:231-235, 2012.

MORE ►