

Elburn Animal Hospital Newsletter

April, 2011

Welcome

We apologize for the delay in sending our April 2011 Newsletter out. Because of this, we are combining our April and May newsletters, and giving you two subjects in one email! For the month of April we're focusing on keeping pets safe at home by providing tips on how to handle serious emergencies. May's focus is n Go! Fetch National Food Drive for Homeless Pets. Our featured employee is Deb, a woman who has worked for EAH for the better part of a decade. ☺ Lastly, read about Arrow, a tough little pup going through a difficult time and showing a wonderful spirit. Any questions can be addressed to a member of our staff at (630) 365-9599, or you can contact us via email at 3lburn@sbcglobal.net.

April: First Aid for Emergencies

We provide emergency care at Elburn Animal Hospital in most situations. But we realize that many of our clients do not live within the town, and during an urgent emergency, the drive to the office utilizes precious minutes that would be spent triaging our patient, if we lived in an ideal world. During these times, pet owners are frazzled and under extreme stress. They often do not know what to do at home or on the way to the office to help their pet in distress. Immediate support is what we will address in this newsletter.

Seizure

A seizure is a burst of abnormal electrical activity in the brain. It can happen as a result of a poison ingested, a metabolic imbalance, epilepsy, and other reasons. It is a very scary



thing to witness. Seizures occur in two forms: petit mal and grand mal. Petit mal seizures have many different symptoms and may also be called atypical seizures. Pets may hunch up, twitch their head from side to side,

and shake uncontrollably. They appear aware that something is unusual, and may be scared. Other disorders unrelated to brain function can show these same symptoms, so a pet exhibiting these signs should be seen as soon as possible. During a grand mal seizure there is no awareness—pets twitch uncontrollably, paddle their legs, toss their head about, and do not react to stimuli. Most seizures last less than one minute. If a seizure lasts 5 minutes or more, this is an extremely urgent situation and the pet needs to see a veterinarian immediately. Other reasons to see a doctor right away include a first-time episode, clustered seizures (more than one occurring within a 24-hour period), or more than one seizure in one month.

It often helps to reduce exposure to light, so you may want to cover your pet's eyes or put a small pet in a dark enclosure or darkened room. Try to reduce stimuli as much as possible—no noise, no visual cues, etc. During a seizure, the temperature in the body (and thus the brain) can rise dramatically, so a cool wet cloth may be helpful, or at least may provide some comfort to the pet. Even if your pet stops seizing on the way to the office, (s)he needs to be examined. Brain damage is a common side effect of a seizure and must be mitigated as much as possible.

Protruding Broken Bone

Broken bones happen occasionally and most are not a serious threat to the pet. If a bone is broken and not sticking out through the skin, the emergency is most often not as critical as if a bone is protruding. In a closed fracture (all bones remain inside the skin), the bones are somewhat

stabilized by the tissue surrounding them. The body naturally launches an



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inflammation response, and although bruising and pain result, the animal will most likely remain stable during its trip to the clinic. In an open fracture, one or more bone ends are exposed. These are at greater risk for hemorrhage, nerve and tendon damage, and subsequent infection. Pets with open fractures experience more serious degrees of shock and often seem more painful.

If your pet suffers an injury resulting in an open fracture, get him/her to the vet as soon as possible. If a pet is moving around it can cause greater damage to itself. Keep your pet still. If you are able and have a second person to help, you may apply a splint to the limb.



Using cloth strips (shoestrings also work—anything in a pinch), tie a brace to the limb so the limb is immobilized at the joint above the

break and below the break. Sometimes this is best accomplished by wrapping a towel or blanket around the limb, if the pet will allow you to do so. Make sure there is a second person available to keep the pet's head under control, as even the nicest animal can bite in extremely painful

circumstances. Do not attempt to get exposed bone back under the skin—the risk of injury to the surrounding tissue is too great. Instead, cover the exposed bone lightly with a clean cloth and try your best to keep the limb from moving. If there is not a second person available, cover the animal's head with a towel or blanket, then wrap the entire pet in a blanket to keep it as motionless as possible during the drive to the clinic.



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Active Bleeding

Active bleeding is when a wound is briskly dripping blood, or worse yet, spurting. Active bleeding comes in two varieties—that which can be stopped at home and that which can't.



Any injury that involves active bleeding needs to be examined by a doctor. The pet will probably need antibiotics to take at home to combat bacteria that get into the wound. Some wounds require bandages that must be kept clean and dry. To triage an actively bleeding wound at home, the compression bandage is the tool of choice.

A compression bandage is used to put pressure on the blood vessels that have been injured, slowing the flow of



blood and allowing natural clotting factors to seal off the injury. Use clean cloth to completely cover the wound. Apply steady pressure without squeezing. Do not check to see if the wound has stopped bleeding until at least 5 minutes have passed, and if the wound was spurting blood (arterial spray), do not check the wound

at all, just bring the animal to the clinic. If blood soaks through your compression bandage, do not remove the original bandage to



apply a new one; simply apply more bandage and leave the old one in place.

In some cases a tourniquet may be used, but

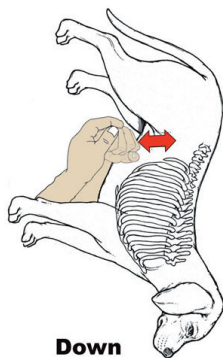
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tourniquets can cause more damage to a limb than allowing the wounded area to bleed, so they are not recommended, except in cases where the limb has been damaged beyond repair and the goal is not to save the wounded limb, but to preserve the life of the pet. To apply a tourniquet, use strips of cloth, strong shoestrings, or rope. Use a strong knot to lightly tie a thick stick to the wounded limb, above the wound. Then turn the stick in a circular motion to tighten the rope around the limb. Then secure the stick to the limb using more length of cloth or rope. Tourniquets should only be used in situations of accidental limb amputations, or when a large artery has been severed and the risk of blood loss causing death is more immediate than the risk of losing a limb.

Heimlich Maneuver

Any foreign item can cause problems in the GI tract, but occasionally a pet swallows something that gets stuck in the throat and blocks breathing. If this happens and your pet is coughing, let him/her cough. These forceful lung contractions are highly effective at expelling foreign objects. But if your pet is not coughing, you must be the one to provide the force necessary to remove the object.



You stand here

To perform the Heimlich Maneuver, hold your pet with his/her back against your chest, head facing down. Wrap your arms around the abdomen just under the rib cage. Grasp one fist with

your other hand. Using both arms, give five (5) sharp thrusts to the abdomen. The thrusts should feel like quick bear hugs. After the five thrusts, check the mouth and airway for the object. If your pet is unconscious, you may try

to remove the object from the airway with your fingers, but do not attempt to do this if a) you cannot see the object clearly, or b) your pet is still conscious.



Animals will bite—hard—when they are unable to breathe. It's just a reflex, but you will not be able to help your pet if you are hurt and require

medical attention yourself. We highly recommend a visit to the hospital after an episode of not breathing for any reason.

CPR

Electrocution, some poisons, genetic conditions, and foreign objects in the airway can all cause a pet to stop breathing and its heart to stop beating. These situations obviously require veterinary intervention as soon as possible. If you are alone in a circumstance where your pet is not breathing and its heart is not beating, you may try to use CPR to resuscitate your pet, then bring him/her immediately to the hospital. Or you may elect to drive to us right away if we are close to where you live. If you have a second person available, have one person drive and the other perform CPR and rescue breathing. And please be aware that, although CPR saves countless lives each year, it is by no means a guarantee that performing the actions, even *perfectly*, will save a pet's life.

To perform CPR, remember the ABCs, just as in human CPR. A = Airway. Check for a patent airway. Straighten the animal's neck and head (unless it has suffered from a head or neck injury) and pull the tongue straight forward out of the mouth—you will have to pull hard, their tongues are very long. Look in the throat to see if there is a foreign object visible. If the animal has vomited upon collapsing, you must clear the vomit from the throat before continuing. When you are sure the pet's

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airway is clear, give two breaths via mouth-to-nose breathing. Use your hand to make a seal around the pet's nose and hold its lips closed, then breathe into the nostrils. The breaths should be enough to raise the chest slightly without making it look like the pet is taking a deep breath as in a sigh. If the air does not go in easily, reexamine the throat, and consider performing the Heimlich Maneuver.

If the rescue breaths go in easily, move on to chest compressions. First lay your pet on his/her right side with the back against your knees. Find the heart by flexing an elbow up to the chest—the point at which the elbow touches the chest when it is fully bent is where



the heart is located. Using appropriate force, give 15 compressions at a rate of 3 compressions for every 2 seconds, then

give 2 rescue breaths via mouth-to-nose resuscitation. The compression rate is the same whether the animal is a cat or dog, but small mammals (rabbits, rodents) require must faster compressions—2 per second should work. Be careful not to compress the chest too much. Correct compression amounts are ½" for small dogs and cats, 1" for medium to large dogs, and 1 ½" for dogs over 100 lbs. You may continue CPR until your pet is breathing on its own, then please bring him/her in to see the doctor immediately.

We hope no one reading this newsletter will ever have to use the information within. As always, prevention of disaster is the best medicine. Keep your pets safe, do not allow them to roam unsupervised, use leashes when pets are outdoors (yes, even for cats!) and keep poisons out of reach. Still, we understand that accidents do happen, and it is always helpful to have information on what to do in an

extreme emergency. If your pet ever requires emergency treatment, please call our office to inform us you are coming in so we can be prepared to receive your pet immediately. In some cases we may redirect a severely injured pet to an emergency clinic such as St Charles Emergency Veterinary Clinic or VCA in Aurora. We do this to ensure your pet receives the best available care in emergency situations.

One other suggestion to help prepare pet owners for emergency situations: Consider taking a first aid class, such as the one offered by the Red Cross. Even though you will hopefully never need the information presented, it is extremely helpful should your pet ever be the victim of a serious injury.

May: Go! Fetch National Food Drive for Homeless Pets

The Go! Fetch program was started by the PALS Foundation of San Luis Obispo in 1980 to help feed companion animals living in dire straits. These are the feral cats and dogs in cities across the country, the neglected and abandoned

pets living on the street, the ones lucky enough to be in a shelter, and the ones who are loved but share their lives with humans down



on their luck and without a home. Each May the PALS Foundation asks shelters, veterinary clinics, schools and other organizations to put forth a concerted effort to gather food and supplies to donate to these unfortunate pets.

To give a better picture of what living as a homeless person caring for a pet is like, I enlisted the help of my friend Liz. She was homeless at the age of 17 and caring for a dog for several years. So I asked her what it was like.

"You know, it went back and forth. Like, some

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days it almost seemed easier to have Porkchop [her St. Bernard mix] with me than not to have her. But sometimes it was hard. You don't like to know that you can't feed your dog, like she's looking at you waiting for something to eat, and you don't even have food for yourself."

Liz became homeless after being widowed (yes, at 17). "I didn't really know what to do. It was a bad time for me, cause I wasn't talking to my parents and I just kinda freaked out and left. I left with this guy, who was really not a nice guy, but I didn't know what else to do. I thought it would be fun." She traveled with him across the country, hitchhiking and panhandling, dumpster-diving for food. "I didn't have Porkchop then. If I had I probably wouldn't have gone."

On New Year's Eve in 1999 I saw a young girl wearing a hooded sweatshirt and a tall young man with a parka-type jacket walking on the side of the highway. I stopped and asked them if I could give them a ride. In the next five minutes, after hearing their story, I asked if they'd like to stay with me for awhile, get their feet under them, and get jobs. Both said yes.



Liz went to work at a pizza parlor after a few weeks of looking for a job. She paid rent and helped me take care of the household, which included foster pets as well as my own personal pets. Her boyfriend had a warrant for his arrest in another state, so he couldn't get a job without risking his freedom. After a month, Liz and I convinced him to turn himself in, serve his time, and come back a contributing member of society.

Liz lived with me for about 3 months while her boyfriend served his time in prison. As soon as he was out, he found a job in Kentucky, and

sent for her. They got a dog, Porkchop, from another homeless teenager who could no longer take care of her. Pretty soon, though, Liz, Porkchop, and her boyfriend were back in the street, jobless and homeless. They moved down to Florida to try to live outdoors year-round.

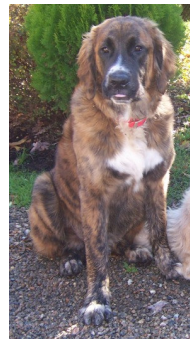
I didn't hear from Liz for about 2 years, until one day I saw her riding her bike in town and I stopped. We were both really happy to see each other.

Liz insisted she did not want to move back in with me, but preferred to live behind a



restaurant, in a cardboard box. She had her dog tied up there while she was out panhandling for money and food. She said she "didn't want to impose." She also told me she had a job, playing washboard in a local band. We kept passing each other in town for the next few months, until her bicycle got stolen. At that point, I asked again if she'd like a place to stay, and she said yes.

"The thing about living in a cardboard box is that you can never really know if it's gonna be there tomorrow. I had a couple of times where a gross homeless dude would come stumbling behind the restaurant and want to sleep in the box—with me. It was just gross. I was really lucky to have Porkchop there, because even



though she would just wag her tail and would never hurt anyone, she was a big dog and people were scared of her. Plus she was warm, and she made such a good pillow."

When I asked Liz if it was hard to take care of a dog without a home, she said,

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“Really it wasn’t. The hardest thing was making sure I got good food for her. If I could, I’d buy a bag of dog food so I knew I had something for her. But if I couldn’t, she’d eat my food, or sometimes I’d let her eat garbage from restaurants. I didn’t like to do that though, cuz you never know if it’s ok for them to eat that stuff, and I know it’s got a lot of fat and junk in it. Like, it was ok for me to eat a lot of crap I probably shouldn’t have, but I wanted Porkchop to get real dog food. That was the hardest part. But we were pretty stable, we stayed in the same place for a long time, we only had a couple of places we’d go to, we had people who would help us when we needed it. Porkchop spent a lot of time tied up to posts because she pulled on the leash a lot, but I just kept her near me. And she was great for company and protection. People don’t mess with a 80 pound dog. She was my best friend.”

Liz told me about living in forests with groups of other homeless teenagers and adults, some



with pets, some with children. The ones that had cars used them to help the others get to part-time jobs if needed, or to get into town to panhandle. They called it “flying a sign.” If a person had a good day of flying a sign, they’d buy food (and often alcohol) and share with others. She took me to one of the camps, in the middle of nowhere. There was a whole community of people. A pregnant girl with one child already—born in a forest somewhere—had another person’s RV to sleep in until she gave birth. The girl was 18. A drunken older man asked everyone who passed him if they’d like to share his bottle. He could have been 35 or 55, I couldn’t tell. A few, mostly the teen and twenty-something young men, took him up on it. There were bonfires and campfires, a few people fished, even at

night, and there were some very nice adults who tried their best to provide for the younger generation of homeless, giving out blankets and food they’d collected from churches.

Liz didn’t like to associate with these groups too often. “They’re always trying to get something from you. The church people try to get you to accept God, and they’re always here. It’s good for food when you



need it, but people just think it’s a party half the time.” She’d gotten Porkchop from such a gathering. At the time, the dog was 4 months old and so skinny you could see her ribs through her fur. She had fleas so bad Liz got bit over and over. The guy who had Porkchop gave her up when the dog ran over to Liz and stole her food (this is how the dog got her name). Liz yelled at him and he offered the dog as payment for the food.

Liz told me about dumpster-diving, and about calling a pizza place, ordering a pizza, then not picking it up. If she was lucky the workers would throw the pizza in the dumpster, and if the bin was not a locking type (a lot of restaurants have their dumpsters behind locked barriers for just this reason), she could go in after it. Sometimes it would still be warm. She also told me WalMart was good for finding food in the dumpsters, but it was very hit-or-miss.

The second time around, Liz lived with me for over a year. She got a job as soon as she was able, and eventually fell in love with a coworker, moved in with him, and got married. They now own their own house and have two children. Porkchop, unfortunately, was a victim of the tainted dog food from several years ago. She developed acute kidney failure and died within 3 days. Liz was so heartbroken when her companion passed

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away, not too long after they finally had a home of their own. "Porkchop helped me get through so many times. She was always so loving and good. If I needed anybody, she was there. Even if I didn't have food for her."

Living as a homeless person with a pet is tough, but as Liz shows us, it's rewarding. I knew Porkchop, and she was a happy-go-lucky, friendly dog. She lived a decent life even though she ate garbage as a necessity sometimes. Liz did her best to care for Porkchop—she got her spayed at a low-cost clinic, and tried to keep her up to date on rabies vaccines. Liz, like many other down-on-their-luck people (especially now) tried her best to keep her dog healthy and happy. That's why we're asking for your help to reach out to others in need this May and provide food for loved companion animals around the country, regardless of the circumstances of their human family members.

—Jennie Kanyok, EAH lead technician

Meet Our Staff: Deb



This month our featured employee is Deb. She has worked part time for Elburn Animal Hospital for about 10 years. Deb loves all kinds of animals. She currently has two dogs, a Belgian Tervuren

named Madison and toy Yorkshire Terrier named Coco. Debbie loves spending time with her children and grandchildren.



Deb and her husband are both race car enthusiasts and spend many of their weekends cheering for their favorite drivers and cars. Of course, Deb's favorite driver is her husband,

who races locally! ☺ They also like to spend their spare time at car shows. Deb is a fun-loving and compassionate person, and we all enjoy working with her! Thanks Debbie!

--Darlene Adams, office manager

Feature: Spotlighting Our Patients

Each month our staff collaborates to present photos and a brief summary of an interesting or touching case we've seen the previous month. We want to showcase the diversity in patients we see and let you know a little more about our daily activities at Elburn Animal Hospital.

This is Arrow. His human mom is a breeder of Australian Sheperds, a veterinary technician, and a doggie daycare enthusiast.

At just five weeks' of age, Arrow was picked up and shaken by another dog. He suffered a spinal injury and

was seen immediately at the clinic where his mom works. Little Arrow was put on anti-inflammatory and pain medications, but was paralyzed in both his hind legs. Arrow came to



see Dr C a few days after his injury for a holistic consultation. Dr

Cechner determined that electroacupuncture would be the most

appropriate treatment to help Arrow regain mobility. Arrow's mom continued to practice range of motion exercises, and Arrow has been in to see Dr Cechner twice weekly for the past 5 weeks. Slowly but

surely he's gaining more feeling and control of his hind legs. Now Arrow can stand on his



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own and even take a few steps! We're all so proud of him and his human mother for keeping a positive outlook and working so hard to keep Arrow on the path to wellness.

In May our topic is helping pets of the homeless. As you know, we are supporting the Go Fetch! National Food Drive for Homeless Pets. We will accept monetary, food and supplies donations in our office and take them to the local drop site in Naperville. From there, food will be available to help the pets of impoverished folks all over the country. If you have any questions or concerns, or would like more information, visit our website at www.elburnanimalhospital.com, or give us a call at (630) 365-9599. If you would like to opt out of receiving our newsletter, please send an email to us at 3lburn@sbcglobal.net.

question you'd like answered about caring for your pet? Email us at 3lburn@sbcglobal.net and let us know! We are always interested in what you have to say, and what you want to know.

April/May Special: As we gear up for spring, we'd like to remind all our clients to have their pets tested for heartworms. Mention this ad to receive 25% off the price of a heartworm test. ☺

Upcoming Event: Go Fetch! Homeless Pet Food Drive:

This May is the time for the annual Nationwide "Go Fetch" food drive for homeless animals. This drive is highlighted each year for the entire month. Events are held at shelters, veterinary clinics, schools and other places to collect food, bedding supplies, identification supplies and other items necessary to keeping pets healthy and happy, then donated to organizations dedicated to helping the animals left destitute to brave the elements on the streets, those in animal shelters, animals of low-income families, those of neglect and abuse, and animals with human companions in homeless shelters, soup kitchens, and at food banks and pantries.

Do you have an idea for a newsletter? A