

AnimalLIFE

VETERINARY MEDICAL TEACHING HOSPITAL



Inside

Tiny Treat
Becomes
Big Problem

Researcher's
Dog Becomes
Subject of Paper

Honk Leads
to Fantastic
Friendship

Fourteen Pins
Needed to Fix
Twist of Fate



AnimalLIFE

The two words "animal" and "life" share the "L" because—just like our pets—they are a seamless part of our lives.



Patrice Scott, "AnimaLIFE" editor, with Clyde.

This edition of "AnimaLIFE" contains an interesting mix of clients. One client had never heard of the teaching hospital while two clients were faculty members in the College of Veterinary Medicine. The clients in the final feature sought out the teaching hospital when their alpacas needed advanced care.

These animals are now connected by the pages of this magazine, but it's truly the binding commitment of owners and veterinary specialists that bring them together. The feature articles on Stosh, Chloe, Gabe, and Ranger are medical triumphs. Stosh, a Yorkie, lived for 10 years after being operated on by a K-State surgeon who invented a technique to repair collapsed tracheas. Gabe, a German Shepherd, left the hospital after being diagnosed with and receiving treatment for a condition of which there are only four documented cases. Chloe, also a Yorkie, became a cat burglar and her overnight escapade resulted in a three-week stay in ICU. And, Ranger, an alpaca, suffered a bone-shattering fracture dangerously near his joint.

We owe a debt of gratitude to all of our clients who make similar choices for their animals. Without them, we wouldn't have a magazine and more importantly we wouldn't have the caseload needed to train veterinary students. The value of a teaching hospital also has a direct impact on patient care. Having renowned specialists available for consult on complex cases like these absolutely made the difference between life and death. Learning is celebrated here, and these cases are textbook examples of academic excellence and commitment to patient care. They also demonstrate the number of humans it requires for one animal to live.

We hope you enjoy these articles. There is literally heart, soul, hope and excellence in each. Please contact me if you'd like to share your hospital experience or thoughts about our magazine. I look forward to hearing from you.

All the best,

Patrice

Patrice Scott
Marketing and Development Officer
Veterinary Medical Teaching Hospital
1700 Denison Ave., 103 Trotter Hall
Manhattan, KS 66506-5601
Phone: 785.532.4046
Email: pscott@vet.k-state.edu

Contents

Pg. 2 AnimaLIFE editor's column

Pg. 4 VMTH Director's column

Nation's premier Small Animal ICU is fully functional.

Pg. 5 VMTH Vet profile

Dr. Walter Renberg oversees patient physical rehabilitation.

Pg. 6 Raisin Awareness

Chloe's late night escapade turns into a critical situation.

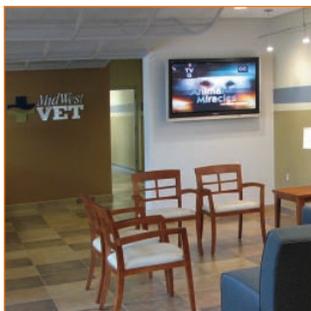


Pg. 8 Supreme Confidence

Soon there will be five cases in the veterinary medical literature about Gabe's "exceedingly rare" medical problem.

Pg. 12 MidWestVET

Teaching Hospital opens satellite specialty hospital in Omaha, Neb.



Pg. 15 Hearts & Souls

A simple cough and an intricate surgery lead to an amazing 10-year relationship. Couple thanks surgeon and hospital by making estate gifts.

Pg. 15 Referring Vet

Dr. Greg Bogue refers patients to the VMTH because of his commitment to patient care.



Pg. 16 Twist of Fate

Freak accident leads to a remarkably painful break for an alpaca.

About the Cover

Drs. Ken and Kate Harkin spending time with Chloe in ICU. Cover photo by Patrice Scott.

Editor

Patrice Scott
1700 Denison Ave.,
103 Trotter Hall
Manhattan, KS 66506-5601
785.532.4046
psscott@vet.k-state.edu

Photography

Instructional Technology Center
College of Veterinary Medicine
Kansas State University
Dave Adams
Patrice Scott
Brennan Engle
Personal family photos

Publisher

AnimaLIFE is published by the
Veterinary Medical Teaching
Hospital at Kansas State
University, Manhattan, KS 66506.
For advertising information
contact Patrice Scott at
785.532.4046.

All rights reserved.

Contents of this
magazine may not be reproduced
in any manner without the written
consent of the publisher.



Photo by Brennan Engle

Dreams realized...

Drs. Rose
McMurphy and
Roger Fingland
discuss the
recently completed
Intensive Care Unit
at the Veterinary
Medical Teaching
Hospital.

It brings me tremendous joy to announce that many hospital projects—dreams, really that I've shared through previous letters—are now complete. Critically ill patients that present to our hospital will receive the intensive care they need. And, K-State's College of Veterinary Medicine is proud to be one of the first programs in the country to open a satellite teaching hospital in another state.

Midwest Veterinary Specialty Hospital located in Omaha, Neb., opened in August following a reception for the many people whose support made its existence possible. We are thrilled to offer life-saving procedures to committed animal owners with the only difference being that it's a little closer to home. This innovative program will provide specialty care for patients in the Omaha/Lincoln and Council Bluffs region and it is certain to become an exceptional clinical training opportunity for veterinary students and house officers.

Whether patients are treated in Omaha or Manhattan, the ability to give clients more time with their pet is a deeply rewarding aspect of veterinary medicine. Any one of our doctors can share stories about how a patient and client affected them, and I'm happy to share a special case with you.

Ten years ago I operated on Stosh, a Yorkie with a serious medical condition. Stosh and his loving and committed owners, George and Karen Hammermeister, would go on to occupy a space in my heart that I never could have imagined when we first met in 1996. Clients like George and Karen inspire us in ways they'll never know and encourage us to become better at what we do. You'll witness this in action as you read the article about Gabe because in medicine, good enough is not good enough. Animals have the unique ability to bring together people working toward a common goal and often this experience turns us into friends. In many ways, animals open doors that humans never even see.

Thank you for supporting our hospital, and thank you for caring about animals. 🐾

Warm Regards,

Roger B. Fingland, DVM, MS, MBA
Diplomate, ACVS
Professor and Director
Veterinary Medical Teaching Hospital

Dr. Walter Renberg On a Mission

Story by Patrice Scott

A deep commitment to veterinary medicine has inspired one faculty member to complete the requirements leading to certification in physical rehabilitation thus offering additional therapies to patients requiring post-operative care, performance conditioning or relief from chronic pain.

Dr. Walter Renberg, associate professor of small animal surgery, joined the faculty at the Veterinary Medical Teaching Hospital (VMTH) in 1998. Since then his personal and professional interests have led him to become certified in physical rehabilitation, a growing field in veterinary medicine. His interests have also led him to remote fields in Third World countries.

Dr. Renberg recently completed a demanding program through the Canine Rehabilitation Institute in Florida. The course was divided into three sections with modules on physiotherapy techniques, canine athletes and sports medicine, and case management. "I realized the profound benefits of physical rehabilitation in human medicine and wanted to incorporate those same treatment modalities for our veterinary patients," Dr. Renberg says. "Patients have realized gains in strength, mobility, comfort, endurance and neurologic function."

The teaching hospital recently purchased a \$45,000 underwater treadmill and Dr. Renberg designs individual rehabilitation therapy programs for a gamut of patient needs such as regaining the use of a limb, managing arthritis, weight loss and conditioning regimens for performance dogs.

VMTH client Maxine Futter welcomed the idea of physical rehabilitation for Maggie, her 2-year-old yellow Lab. Maggie had a persistent limp for six months. After an exhaustive search for a diagnosis and appropriate therapy for this problem, Maxine brought Maggie to the VMTH for evaluation. The next day, Maggie underwent surgery to repair a ruptured cranial cruciate ligament in her knee. For optimum results, doctors explained that Maggie needed two weeks of physical rehabilitation. "There was no question," Maxine says when informed of the benefits of physical rehabilitation. "It made perfectly good sense to me. Why go through the surgery if you're not going to go through physical rehabilitation? Most people who are willing to invest in their pet are going to do what it takes."



Photo by Brennan Engle

Dr. Renberg, left, calls attention to the extension in Maggie's leg during her physical rehabilitation session.

Dr. Renberg says rehabilitation was especially productive for Maggie because she will need a second surgery. "Part of the benefit for Maggie was that her opposite knee was also affected. Thus, we were able to assist her through the rehabilitation process for one knee while protecting and strengthening the opposite side. She was much better suited for the second surgery, and we had every confidence that she would—and did—do well."

Dr. Renberg's commitment to veterinary medicine extends to people he has never met. As faculty advisor for the Christian Veterinary Mission Fellowship (CVMF), an organization that facilitates fellowship and veterinary students' spiritual growth, Dr. Renberg has led missions to Haiti, Uganda, Mongolia, East Asia and Nigeria. "This is one of my primary professional motivations because of the opportunity to interact with students in this context and to use my veterinary skills to help people around the world whose needs are magnitudes above our own," Dr. Renberg says.

Dr. Renberg and his wife, Susanne, are at home in Westmoreland with their dogs, horses, cows and chickens. 🐾



K-State veterinary student Brian Pileggi (second from right) shows future veterinary agents how to estimate a cow's weight by measuring the animal with a tape.

Dr. Renberg led a team of students on this mission to Haiti in 2003.

RAISIN

Some foods that are considered healthy for humans can be deadly for dogs.



Chloe with her family—Dr. Kate Harkin, Jillian, age 1, and Daniel, age 3.

A natural snack and a leisurely walk became a near fatal combination for Chloe, a Manhattan family's 10-year-old Yorkshire Terrier.

Drs. Ken and Kate Harkin took their children, Daniel, 3, and Jillian, 1, for a walk to City Park on a lovely April day. When they returned, they wheeled the stroller into the foyer, hung up everyone's coats and had a pleasant Sunday evening reading stories and playing games. "I didn't even think about what was in the diaper bag at the bottom of the stroller," says Ken, Chloe's owner and small animal internal medicine section head at the Veterinary Medical Teaching Hospital (VMTH).

AWARENESS

An empty plastic baggie lying in the middle of the room at 5:30 the next morning was an ominous sign for Ken. Before leaving for work, he asked Kate to keep a close eye on Chloe. Most dog owners are aware that chocolate and antifreeze can pose serious medical threats; however, some foods that are considered healthy for humans can be deadly for dogs.

"We had all the typical little kid treats like crackers, fruit snacks and raisins in the diaper bag," says Kate who graduated with her Doctor of Veterinary Medicine degree in 1998. "I'm always vigilant about putting the diaper bag up on a shelf in the closet and for whatever reason I didn't do it that time."

Chloe began vomiting and having diarrhea and Kate could easily identify the raisin skins. She called her husband at work and suggested that they run a blood test on Chloe. "I was pretty certain we were in trouble when I got that call," Ken says.

"Chloe's creatinine level should be less than 1.5, but it was 4," he says. Creatinine is a chemical waste molecule transported through the bloodstream that is filtered through the kidneys and disposed of through urine. The abnormally high value indicated that Chloe's kidneys were not functioning properly and her potassium level was also elevated. Potassium is one of several elements in blood called electrolytes, and it is responsible for normal heart and nervous system function. Ken says Chloe's potassium level should be between 4 and 5. Hers was 8.5. "Potassium affects the heart," he says. "It slows down conduction of the heart, and a patient can die from that."

Chloe was admitted to the intensive care unit that day and placed on intravenous fluids. She was diagnosed with raisin toxicity, a relatively rare condition that results in acute renal failure. Ken says cases began to appear in the veterinary medical literature in the last five years, and no one can say for certain when the simple act of sharing a bite of fruit with your pet can become fatal.

Meanwhile, the Harkins had decisions to make—decisions that each have counseled clients on. "With a medical condition, you have a fighting chance," Kate says. "We had to give Chloe the chance."

The Harkins also knew that the surgical procedure needed to place dialysis catheters could kill Chloe because putting an animal with increased potassium under anesthesia is life threatening. Dr. Rose McMurphy, anesthesia section head, says Chloe's case was complex.

"When a patient is in renal failure and their potassium is remarkably high, it makes the administration of anesthesia very, very critical and complicated."

Dangerous it was. "Despite having cardiac arrest twice, they were able to pull Chloe through the surgery to place the dialysis catheters," Ken says. For the next few days, Chloe would receive hourly peritoneal dialysis treatments to rid her body of the toxins her kidneys were unable to filter. "The first week was pretty depressing because she was barely making urine, and her creatinine climbed to 7," he says.

Kate spent as much time with Chloe as possible and would leave for the hospital as soon as her husband got home from work. "I just thought it made her feel better," Kate says of her visits. "One time my Mom came into town and I took her up to ICU to see Chloe. I said, 'Chloe, Grandma's here,' and she just perked up."

On her eighth day in ICU, Chloe demonstrated improvement by making a quantity of urine, and her medical team tapered her off of dialysis as her kidneys began to regain function. Chloe would spend a total of three weeks in ICU. Once her kidney values were significantly reduced and her weight remained steady, which indicated she could maintain hydration without fluids, Chloe was able to go home. But she will be on medications for the rest of her life.

The couple estimates that Chloe ate a half-cup of raisins, which are much more concentrated than grapes: one pound of raisins equals four pounds of grapes. The Harkins no longer keep raisins in the house or buy cookies containing them. Jillian loves grapes so Kate puts Chloe outside when Jillian is eating them. "All the responsibility for this falls to us," Kate says. "You're never too busy to keep your dog safe, and by telling Chloe's story, we hope to save someone from the pain of this."

Kate insists that Chloe would not be alive today if it weren't for the specialists at the VMTH. "There is no doubt in my mind that Chloe received the best care available," Kate says. "I cannot overemphasize the medical value of having specialists immediately available for patients."

Chloe may not realize what happened to her, but her family is happy to have her back in their bustling home and overjoyed that when they go on a family walk, Chloe is with them. 🐾



Now when the Harkin children snack on grapes, Chloe looks in from the safety of the back yard.

"Gabe is a New Skete German Shepherd. When I heard about them and the monks in upstate New York who bred them, I had to have one."

—Barb Leith

What no one realized was that Gabe's life would depend on a diagnosis rarely made in veterinary patients. Faculty members in radiology, anesthesiology and surgery along with the hospital's interns and residents would confer, probe and persist.

Story by Patrice Scott

SUPREMIÉ CO



A Harvard-trained anesthesiologist spent 25 years on faculty at the Ivy League university training medical doctors before joining the faculty as a researcher at the College of Veterinary Medicine. Who knew his dog would become an educator, too.

Dr. Dave Leith and his wife, Barb, knew their 11-year-old German Shepherd, Gabriel, wasn't well. On Friday, Sept. 9,

he'd stopped eating and going to the bathroom. Barb, who describes Gabe's commanding presence as that of a Supreme Court chief justice, says his demeanor changed. "Gabe is extraordinarily calm, brave and gentle, but he seemed somber."

Gabe engaged in his favorite activities of going for a walk and swimming on Friday but when he wouldn't eat Saturday morning, Barb instinctively knew something was wrong. At 3 p.m. on Saturday, Dr. Leith and Barb became alarmed and brought Gabe into emergency.

Senior veterinary student Kari Springstead was paged when Gabe arrived in emergency. "His abdomen was distended, and he seemed depressed but not particularly painful," Kari says. "We took him to ICU, started him on intravenous fluid therapy and ordered radiographs. We were concerned that his heart rate was elevated, a potential warning sign of shock."

What no one realized was that Gabe's life would depend on a diagnosis rarely made in veterinary patients. Faculty members in radiology, anesthesiology and surgery along with the hospital's interns and residents would confer, probe and persist.

Thoughts of losing Gabe tormented Barb, and she realized how fast the years had gone by. "Gabe is a New Skete German Shepherd. When I heard about them and the monks in upstate New York that bred them, I had to have one. I put my name on the list and waited four years for him. When we picked him up at the airport, he was the last thing off that airplane. We had already chosen his name, and I peered inside the crate and said, 'come here, Gabe.' He bravely came out, and that's the way he's been his whole life."

The radiographs yielded valuable information, and word quickly spread about Gabe's unusual case. It drew



Photo by Dave Adams

CONFIDENCE

hospital administrators and the most experienced faculty members to the ICU on that Saturday. “We knew from the radiographs there was an obstruction, and the radiographs were classic for colonic torsion, a twisted colon,” says Dr. Rose McMurphy, anesthesiology section head. “But in all the universities I’ve worked in, I’ve never see a patient with this problem.”

The team reported their initial diagnosis to the Leiths. “Volvulus of the stomach isn’t rare in dogs but torsion of the large bowel, the colon, is exceedingly rare,” Dr. Leith says. “Gabriel’s life hinged immediately on this diagnosis and whether the condition was surgically curable.” The Leiths understood all too well that if the blood supply to a vital organ was choked off, the consequences could be catastrophic.

The couple was reluctant to put Gabe through major surgery without a reasonable chance for a cure because of his age. “By 6 p.m.,” Dr. McMurphy says, “Gabe was at a critical point.” Dr. Roger Fingland, VMTH hospital director and noted surgeon, shared his confidence with the Leiths that they could help Gabe. “We are in the business of making big problems small problems.” With that, the couple decided to proceed with surgery on one condition: If surgeons found an irreparable problem, they would not wake Gabe up.

Dr. Eric Hoots, small animal surgery resident, walked out of a surgery suite after spending hours performing an intricate surgical procedure to find a mass of clinicians standing in the ICU. He was going to operate on Gabe.

At about 6:30, Gabe was prepped for surgery. Anesthesiologists administered fast-acting drugs to quickly ready Gabe for the urgent procedure. Dr. Fingland scrubbed in and assisted as Dr. Hoots made the 10-inch incision. Like Gabe’s owners, Dr. Hoots shared the same concern that Gabe’s colon had been compromised. “The colon contains many bacteria,” Dr. Hoots says. “If the colon begins to lose blood supply, the colon’s lining is deprived of oxygen and those cells die. This allows bacteria to seep into the blood stream, a condition called translocation of bacteria, and spread throughout the body.”

Minutes into the surgery, Dr. Hoots had a definitive answer: colonic torsion. “The colon is shaped like the letter J, but the hook of the J on Gabe’s colon was on top of itself,” Dr. Hoots says. “It looked like a water balloon folded in half. It was a dark, angry color, but as soon as we moved some of the intestine, the colon had sufficient space to unfold and return to its normal position. We

Above: Gabe and Ruby June playing together. Top right: The Leiths bring Gabe to visit Dr. Rose McMurphy (center) in the ICU.

“Gabriel’s life hinged immediately on this diagnosis and whether the condition was surgically curable.”

—Dr. Dave Leith



Photo by Dave Adams

From left: Senior student Aron Shuler, Barb and Dave Leith and Gabe, Dr. Eric Hoots, Dr. Erin Brinkman, Dr. Natalia Guerrero-Henao, student Amanda Korkow and Dr. Michelle Jude. Dr. Jude is writing an academic paper on Gabe's case for veterinary medical journals.

found no other strictures or masses, and within minutes the colon was a healthy pink tone. We sutured his colon to his body wall, a procedure called colopexy, to prevent this from reoccurring. The entire surgery took about an hour."

Dr. McMurphy called the Leiths at home during the surgery as promised. "Before the phone call came, it was scary," Barb says. "But when we heard the great news, what a relief, enormous relief." On Sept. 11, 48 hours after his arrival, Gabe walked out of the teaching hospital.

"Exceedingly rare" may be an understatement in describing Gabe's condition. Only four cases of dogs with colonic torsion have been reported in the veterinary medical literature. But a case like this, complete with challenge and commitment, fuels the quest for knowledge that burns inside faculty at academic institutions. That's something that Dr. Leith knows



Only four cases of dogs with colonic torsion have been reported in the veterinary medical literature.

separates teaching institutions from all others.

"This was a diagnostic triumph, and it is tremendously important in an academic medical setting," Dr. Leith says. "The team was reaching beyond "good enough" and they were committing themselves for they knew the right answer would be revealed in Gabriel. They didn't have to make themselves accountable like that—except they did, really, because it's part of their culture. And their students and trainees see this every day for years and, they absorb it. It is the urge to deep competence and intellectual honesty. That is how those things are taught and learned."

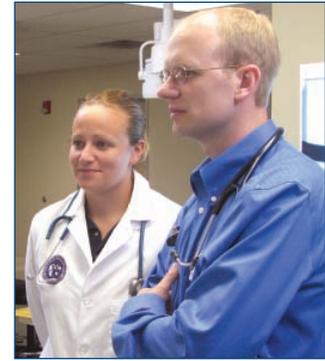
Dr. Hoots says there are lessons in every aspect of Gabe's case. "One of the great things about training in a university is that you have renowned experts in their fields available for consult. This case demonstrates the value of that and teamwork." 🐾



A healthy Gabe is able to enjoy his favorite activities. Gabe and Ruby June get daily physical exercise by going for walks or a swim at the lake near their home.



The lobby of MidWestVET in Omaha, Neb. The hospital is state-of-the-art, and the care is state-of-the-heart.



Dr. Mike Thoesen, MidWestVET staff surgeon, and senior student Jill Kester interpret radiographs.

Patient care and enhanced clinical training are at the heart of the Veterinary Medical Teaching Hospital's (VMTH) initiative to open a satellite specialty hospital in Omaha, Neb., called Midwest Veterinary Specialty Hospital.

While construction was under way on the ICU, Dr. Roger Fingland, director of the Veterinary Medical Teaching Hospital, was also directing construction of a 10,400-square-foot specialty hospital designed to meet the needs of clients and patients in Nebraska.

The concept for the referral-only, satellite specialty hospital was borne out of the hospital's relentless quest to better serve referring veterinarians, clients and patients.

"We have a tremendous amount of support from



VMTH opens satellite hospital in Nebraska

our referring veterinarians in Nebraska," Dr. Fingland said. "They (referring veterinarians) wanted a specialty hospital closer to their clinics and now their patients and clients will benefit from our combined efforts. Because of our joint interest in offering animals and their owners the highest level of care possible, MidWestVET has opened its doors."

Dr. Nels Backlund of Backlund Animal Clinic in Omaha said MidWestVET elevates the education students like his daughter Michelle receives in veterinary school. "For students, this will be invaluable," Dr. Backlund said. "The more cases students can see and the more feedback students receive from instructors, the better their education—which ultimately

improves the profession of veterinary medicine."

MidWestVET will have specialists in small animal surgery and internal medicine. Senior veterinary students can enroll in a three-week elective rotation at the hospital and residents will also benefit from these training opportunities. "The vast majority of our graduates will go into

private practice," Dr. Fingland said. "This rotation will offer students the unique opportunity to experience firsthand the rigors of private practice while working along side board certified specialists."

The concept is so unique that Dr. Fingland has been invited to Colleges of Veterinary Medicine across the country hoping to emulate the VMTH's success. "It's because of the trust and relationships that have been built between our faculty and referring veterinarians that a project like this can happen. I am proud of what we—together—have been able to accomplish. This will be remarkably positive for our students, referring veterinarians, animals and the people who love them." 🐾

On a sunny spring day in 1993, Karen took Stosh for a mid-day walk when a curious symptom presented. "It seemed the more we walked, the more he coughed. It sounded like a honk."
—Karen Hammermeister



Story by Patrice Scott

HEARTS & SOULS

Stosh changed George and Karen Hammermeisters' lives. They felt the least they could do for him was everything.

Now the Illinois couple wants to thank the surgeon and the hospital that gave them an additional 10 years with their beloved dog.

George and Karen Hammermeister married in 1975 and by their first anniversary, George's mom, Ann, moved in with them after suffering a paralyzing stroke. By 1991, her health was declining, and the Hammermeisters thought a dog might cheer her up. On Nov. 7 of that year, George bought a one-pound Yorkshire terrier at a local pet store.

Their suburban Chicago home would never be the same. Neither would they.

Stosh was named after Ann's brother, and he quickly brought joy and laughter to George and Karen who worked demanding jobs at a

local utility company and spent their evenings tending to Ann. “We got a dog thinking it would perk up George’s mom,” Karen says. “I believe for us as caregivers it perked us up more than her.”

Karen recounts one incident in particular that amazed them. “One of the rims from Ann’s wheelchair came off so it was basically a hoop,” Karen says. “George taught Stosh to jump through it. We would start out low and then every so often raise it, and he would jump higher and higher. One time I was having him jump through it, and he felt it was too high. So he put his paw in the hoop and pushed it down then jumped through it. To this day I still laugh about that. What a smarty pants!”

On a sunny spring day in 1993, Karen took Stosh for a mid-day walk when a curious symptom presented. “It seemed the more we walked, the more he coughed,” she says. “It sounded like a honk.”

Concerned, Karen called their veterinarian, Dr. Ronald Swanson, who advised the couple to bring Stosh in for radiographs. George says he’ll never forget what Dr. Swanson said. “I’ve got some really bad news for you. Your dog has tracheal collapse,” George says. The doctor explained they could control Stosh’s symptoms with medications for the time being, but in all likelihood Stosh had a limited number of days to live.



George rigorously researched the disease and learned that tracheal collapse primarily affects toy breeds—Pomeranians, poodles and especially Yorkies.

George rigorously researched the disease and learned that tracheal collapse primarily affects toy breeds—Pomeranians, poodles and especially Yorkies. If medical therapy couldn’t control the disease, surgery was the only other option. However, when George investigated the surgical techniques available then, he had deep concerns. Few surgeons would perform the delicate and risky procedure and the techniques available had limitations. So, George and Karen faithfully administered Stosh’s daily medications and hoped another solution would come along.

Dr. Swanson called George after attending a veterinary seminar in the summer of 1995 where Dr. Roger Fingland, now director of the Veterinary Medical Teaching Hospital, spoke about a technique he’d invented to repair collapsed tracheas. Dr. Fingland utilized a spring-shaped device that provided support to the entire trachea. Dr. Swanson contacted Dr. Fingland who was happy to help Stosh if he could.

Dr. Fingland recalls his first conversation with George. “George was very concerned about Stosh and committed to doing everything possible for him. He was wonderfully gracious and appreciative, but not very optimistic because he had heard and read primarily bad things about this disease. Over the following weeks, I reviewed Stosh’s

medical record including a videotape of Stosh coughing, edited and narrated by George! When I called George to tell him I thought K-State could help Stosh, George told me I was his best friend. Little did I know the wonderful relationship that would develop.”

The Hammermeisters would face a difficult fall: Ann died in October and Stosh’s condition was worsening. “By the time I drove Stosh to K-State in December, he was in bad shape,” George says.

After two days of tests, Dr. Fingland performed the intricate procedure on Stosh’s trachea, which was roughly the size of a woman’s little finger. Dr. Fingland wound the spring-shaped polypropylene prosthesis he designed around Stosh’s extrathoracic or cervical trachea and sutured it, allowing the dog’s trachea to stay open during breathing.

The couple could hardly rest until they received news about Stosh. “By mid-afternoon my prayers had been answered,” Karen says. “Dr. Fingland told us that Stosh had come through surgery quite nicely, and he didn’t have to be in ICU as long as expected.”

George returned to the teaching hospital one week after Stosh’s surgery and received a warm welcome from Dr. Fingland but got the cold shoulder



from Stosh. "He found a new buddy in Dr. Fingland," George says, smiling.

Karen anxiously awaited their 2 a.m. arrival back in Illinois but didn't greet Stosh for fear of exciting him. They were concerned that he might tear his tiny sutures so Karen pretended to be asleep. "George put him on the bed and he came over to me and I don't know which got my face wetter, the tears of happiness or the puppy kisses," Karen says.

Stosh did very well after surgery and George, Karen and Stosh enjoyed life together. While he was the smallest dog in the neighborhood, Stosh was clearly the social alpha male. He had play dates. He had birthday parties. He and Karen were even pictured in the local newspaper when she took him to Mass for a blessing.

Over the next 10 years, whenever Stosh had a medical problem, George called Dr. Fingland. "After his surgery, I asked Dr. Fingland how long he would be Stosh's vet. He said until Stosh didn't need him anymore. Let me tell you, no truer words have ever been spoken," which moved this strong willed and plainspoken man to tears. "That dog was the best friend I ever had, and I had more time with him because of Dr. Fingland and K-State."

George and Dr. Fingland spoke often, at least once a month for all those years. George left a voicemail for Dr. Fingland almost every Sunday night just to let him know how Stosh was doing. On April 14, George and Karen faced the unspeakably painful day of saying goodbye to Stosh who was 14. Maybe they didn't know how Stosh entered the world, but they know how he departed—with love and dignity. "The last phone conversation George and I had when Stosh was so sick was one of the most difficult of my career," Dr. Fingland says. "For the first time in 10 years, I couldn't help Stosh or George."

Dr. Fingland surprised George and Karen by making a memorial gift to the Pet Trust, a College of Veterinary Medicine program that honors the human-animal bond. Stosh's photo is in the Whispering Garden, an outdoor tribute to the animals that have touched our lives.

Shortly after Stosh passed away and learning of Dr. Fingland's gift, George decided to thank K-State by making an estate gift to the teaching hospital's development fund, The Miles Fund. "I wanted to do something to help," George says. "Dr. Fingland was

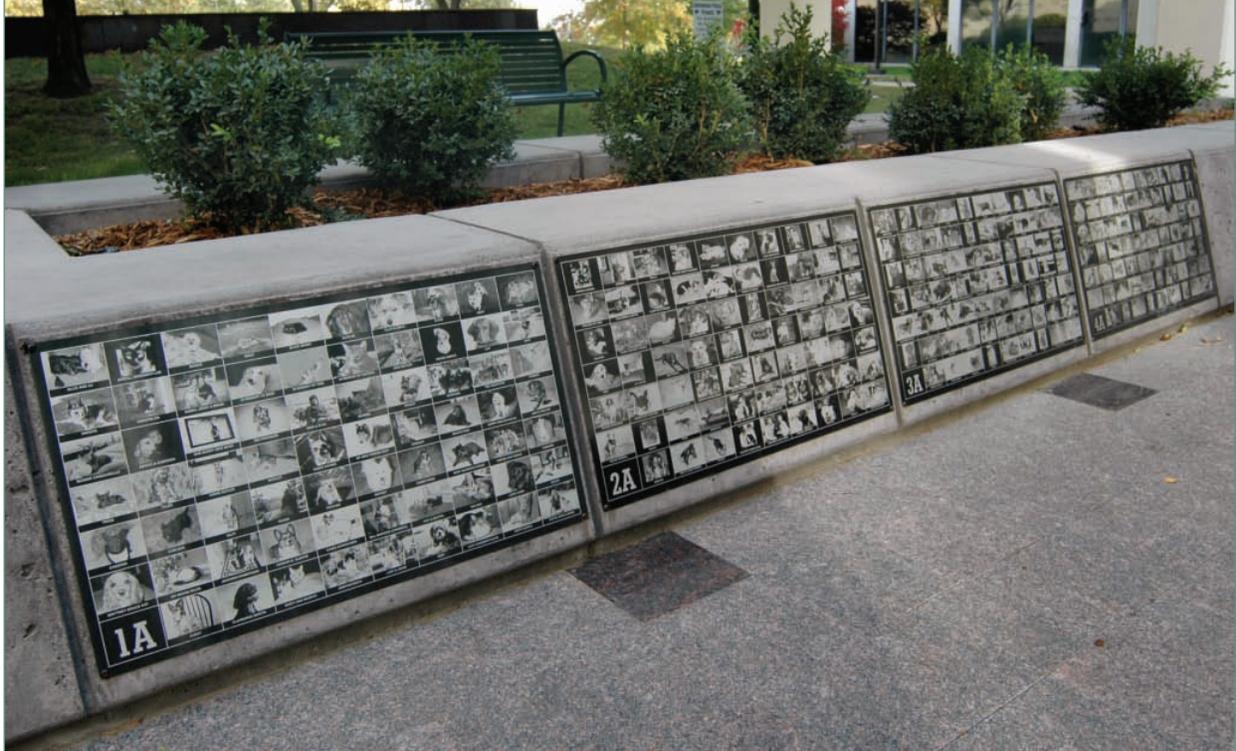


Photo by Brennan Engle

"George, Karen and Stosh taught me that there are bonds of love between animals and humans that cannot be broken by death."

—Dr. Fingland

so good to us." Moved by her husband's decision, Karen announced that she would make a gift from her half of their estate to support the ICU renovation. "Thank you Dr. Fingland from the bottom of our hearts and souls," Karen says for all the years of support and guidance he'd given them.

"George and Karen are wonderfully gracious, respectful people who were as committed to their pet as any client I have known in 25 years in veterinary medicine," Dr. Fingland says. "We were all very fortunate that Stosh had the opportunity to live a normal life and grow old.

George, Karen and Stosh taught me that there are bonds of love between animals and humans that cannot be broken by death."

Editor's Note: George and Karen would also like to acknowledge the care Stosh received from K-State trained internal medicine specialist Dr. Terry Medinger. He and his staff pulled Stosh through two life-threatening bouts of pancreatitis. 🐾



Top: The Whispering Garden, a pictorial celebration of the human-animal bond, is located in the plaza between the hospital and Trotter Hall. Stosh's picture is the last photo in the top row of panel 4A. Dr. Fingland presented George and Karen with their Whispering Garden keepsake. See photo on page 13.

Left: Willie the Wildcat bringing Stosh to George. It was time to go home!

The Referring Veterinarian

Story and Photos by Patrice Scott

Dr. Greg Bogue & Heritage Happiness

Longtime client Don Belles, Ashley
and Dr. Greg Bogue



A third generation veterinarian would enter his 30s before following in the proud footsteps of his father and grandfather.

Dr. Greg Bogue graduated from K-State in 1975 with a degree in grain science and lived in Illinois and Nebraska before settling in Texas where he worked in the animal feed manufacturing industry. During those years, he and his high school sweetheart and wife, Cindy, started a family and welcomed children, Brandon and Brooke.

Life was wonderful except for the fact that Dr. Bogue wanted a career in veterinary medicine just like his father, Dr. Richard Bogue and his grandfather, Dr. Joseph A. Bogue. On a trip back to Kansas in 1985, Dr. Bogue made a detour through Manhattan where he visited with College of Veterinary Medicine administrators who advised him to take college courses to prepare him for the stringent admittance requirements. Pursuing this dream would also mean moving his family, committing four years to an academically challenging and stressful curriculum, and it would mean leaving behind a comfortable lifestyle. That was to be the easy part.

"In the fall of '85, I quit my job and took 10 hours in the fall semester at a college in Texas," Dr. Bogue says. "That October, at age 32, I was diagnosed with colon cancer. I finished my exams on a Friday and on Monday had most of my colon resected. I had a recurrence in my kidney that spring and underwent six months of chemotherapy. Through all of that, I made my grades. We belonged to a great church, and we had lots of people praying for us. Without a solid faith, I can't imagine where we'd be."

Dr. Bogue completed another year of undergraduate studies at K-State before being admitted to the College of Veterinary Medicine in 1987 and the couple's roles reversed. "I became the bread winner," Cindy says. "We lived on a tight budget but we never wanted for anything."

Upon his graduation in 1991, Dr. Bogue joined his Dad's practice, Bogue Animal Hospital in west Wichita, which celebrated 75 years of continuing service last year. He learned that all actions should enhance



Cindy Bogue with Lucy. Dr. Bogue's father also had a standard poodle that greeted patients and clients.

since his dog, Ashley, got a parasite after drinking pond water then had multiple appointments after scratching her eye. "Dr. Bogue is a great vet and a real people person. I wouldn't switch vets for the world," he says.

Dr. Bogue values the advice and mentoring he received from his father and like his father, refers cases to the Veterinary Medical Teaching Hospital at K-State to support the educational program that supported them. He often refers patients to the small animal surgery section because of their expertise; the specialists who trained him have become trusted colleagues. It's his contribution to mentoring future veterinarians. "As veterinarians, we are bound to helping the next generation," Dr. Bogue says. "I interpret that as part of the Hippocratic Oath."

This year Greg and Cindy, the hospital's business manager, celebrated 32 years of marriage and they've built a wonderful life and practice together. "Cindy's fingerprints appear on everything we do," Dr. Bogue says. So do his father's and grandfather's. 🐾

patient care. "I had a great mentor in my Dad. He would say to me, 'Greg, you take care of your patients and make sure that you educate client's about their animal's medical condition, and they'll take care of you.'"

Don Belles, a longtime client of Bogue Animal Hospital, appreciates that advice. "Dr. Bogue explains everything to you real well," Don says. Dr. Bogue has had ample opportunity to explain medical problems to Don





If Glenn and Robin were willing to move 18 alpacas halfway across the country because they loved them so much, they would move heaven and earth for Ranger. On July 24 at 10 a.m., Ranger was wheeled into a surgery suite with eight medical professionals.

Twist of FATE

Story and Photos by Patrice Scott

Ranger was on his way to the Veterinary Medical Teaching Hospital (VMTH) for the second time in his short life.

The 2-year-old alpaca was in pain following a training accident at Glenn and Robin Alpert's Paola, Kan., farm during which they heard the unmistakable, horrific sound of bone snapping. "I was leading him and he was getting a little aggressive," Glenn says. "I edged him back and his leg twisted as he stumbled over a clump of grass. It was a freak accident."

Glenn and Robin knew immediately Ranger's leg was broken. "We heard it break then his leg just dangled," Glenn says. The couple rushed Ranger to their veterinarian, Dr. Jeff Thompson of Town and County Equine Hospital in neighboring Louisburg. "We didn't want him hurting," Robin says.

Dr. Thompson took one look at Ranger's leg and knew this was a bad and painful break. "As soon as I looked at his leg, I thought the fracture was probably close to the joint and it would need a pin to heal properly," Dr. Thompson says. "Glenn and Robin are so conscientious and so concerned with doing what's right, that when I suggested taking him to K-State, they were more than willing. I immobilized Ranger's leg with a bandage so he wouldn't further injure himself and gave him a shot to control pain. Once they were on their way, I called the hospital to let them know of Ranger's condition and when to expect him."

The two-hour drive to Manhattan was reminiscent of the worrisome trip the couple made in 2004 when Ranger was a cria—just a few hours old. It was a miracle he survived birth. But he would need two miracles.

Ranger's mom had a troubled delivery, called a dystocia. The cria's head was turned backward and the dam's uterus tore during delivery. "I assumed he was going to be a dead cria," Robin says. "But the placenta was still attached and he was able to get oxygen." They rushed Ranger and his mom to the VMTH, arriving six hours after his birth. "They did everything they could for her and she lived for six days," Robin says. We never thought Ranger would survive, but we were able to bring him home. I called our neighbor and told her I needed as much goat's milk as she could give me. For the next four months, Glenn and I bottle fed Ranger six times a day, including every three or four hours during the night for the first few weeks."

The Alperfs became very attached and protective of Ranger and Robin was not comfortable leaving him unattended, even with alpacas his own age. When Ranger was 5 months old, the couple decided to take Ranger with them to an alpaca show in lieu of leaving him, and a star was born. "I just didn't like leaving him alone because he was a



Above: Radiographs show the lateral view of the tibia repair with the T-plate and screws. Right: Senior student Cari Bowlin assists Dr. Anderson during a post-operative evaluation of Ranger's leg.

Photo by Brennan Engle



little tiny guy," Robin says. "We took him to an alpaca show and he was so friendly to everyone who walked by. Now when we take him to a show, everybody knows Ranger by the time it's over."

All of those memories guided their decisions about Ranger's medical care. As Robin backed their van up to the large animal entrance on July 21, 2006, just like that fateful trip two years earlier, the VMTH faculty, students and staff were waiting. Dr. David Anderson, agricultural practices section head, says radiographs revealed the severity of Ranger's injury. "He had a Salter-Harris type II distal tibia fracture. The break occurred at the level of the growth plate adjacent to the hock," Dr. Anderson says. "This was a very painful injury, and Dr. Thompson did an excellent job

stabilizing the injury and presenting him to the hospital. I recommended that we do surgery to stabilize the bone."

Glenn and Robin learned that without surgery Ranger would be in pain and lame for life. Not having surgery was not an option. "No, it wasn't," Robin says, definitively.

After all, alpacas were the reason the couple moved back to Kansas from Washington State following Glenn's retirement from the Air Force Reserve. "We wanted animals that were a manageable size," Glenn says. After

Glenn started talking about alpacas, Robin, a retired library/media specialist, researched alpacas and the two quickly became fascinated. They purchased their first alpacas in 1997 and the herd grew so rapidly that on occasion they had to sell crias. For Robin, that was unacceptable. "I got tired of selling babies," Robin says. "We had 150 acres here (Kansas) and part of it had been in Glenn's family for many years. We did the math and moved back to Kansas where we could have land and alpacas."

The couple built a house in 2002, and today their farm, Alpacas 'R Diamonds, is home to 42 alpacas. Robin and Glenn are active members of the Midwest Alpaca & Owners Breeders Association (MOPACA) and the Mid America Alpaca Foundation. Each year they host sightseers for the Miami County Scenic Fall Farm Tour. On display are the specialty items, rugs, sweaters, hats and scarves, Robin makes using the magnificent fleece from their herd. Proceeds are used to support the alpacas.

If Glenn and Robin were willing to move 18 alpacas halfway across the country because they loved them so much, they would move heaven and earth for Ranger. On July 24 at 10 a.m., Ranger was wheeled into a surgery suite with eight medical professionals.

"We performed a surgical approach then anatomically reconstructed the bone and stabilized the fragments with a T-plate, which is specially designed for fractures adjacent to joints," Dr. Anderson says. "Ideally, a surgeon can place three screws through the plate on either side of a fracture. But in Ranger's case, the fracture was too close to the joint."

It was a very complicated reconstruction and repair but, two hours later, Dr. Anderson had stabilized the shattered



Above: Robin makes clothing from the fleece sheared from their herd. Yarn from Ranger's lush gray coat is in the foreground.

Twist of FATE

Like Kevin, this was Cari's first exposure to alpacas. "I really like alpacas," Cari says. "The way you handle alpacas is different than you handle other animals..."



Glenn (far right) and Robin (center) Alpert provide information about Ranger's progress to senior veterinary student Kevin Haynes at Ranger's appointment on Sept. 9. This was Ranger's third trip to the teaching hospital.



Above: Glenn at the couple's Alpacas 'R Diamonds farm.

tibia with a plate and 14 screws. "We put a cast on after surgery to provide additional support because of the location of the fracture," Dr. Anderson says.

Cari Bowlin, senior veterinary student, was assigned to Ranger's case and sat with him in his stall following surgery. "We (Cari and classmate Aron Shuler) stayed with Ranger until he was sternal and could keep

his head up," Cari says. During that time, we monitored him for signs of respiratory distress. At one point, he seemed a little chilled so we put a heating blanket on him to warm him and kept it on him until his temperature reached 99 degrees."

Cari and Aron conducted two full physical exams on Ranger each day he was in the hospital at 7 a.m. and 7 p.m. Between those exams, hospital staff checked on Ranger hourly.

Ranger returned home one week following surgery but life was far from back to normal. His leg was in a cast and he was confined to the farm's isolation area for six weeks.

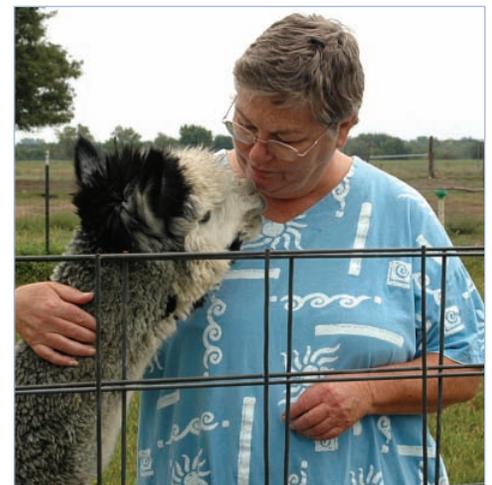
The Alperets and Ranger returned to the hospital on Sept. 9 for a post-operative evaluation and Dr. Anderson removed Ranger's cast and ordered radiographs. "At the follow-up appointment, the fracture healing was excellent," Dr. Anderson says. "He was healing extraordinarily well and ahead of schedule."

Senior veterinary student Kevin Haynes assisted placing Ranger's leg in a splint, which he had to wear for the next two weeks. That job left a big impression. "Coming from a small town in Kansas, I didn't have much exposure to alpacas before Ranger. The increased presence of alpacas in the hospital has allowed me and many other students to gain an even deeper knowledge of this species. Dr. Anderson has not only brought his expertise in camelids to K-State but his clientele is willing to follow him here. It has opened up new opportunities and learning experiences for us at the teaching hospital and will better prepare us for cases such as this in the future."

Like Kevin, this was Cari's first exposure to alpacas. "I really like alpacas," Cari says. "The way you handle alpacas is different than you handle other animals, and I am very grateful for this learning experience. It was a great opportunity!"

Glenn and Robin kept Ranger isolated for another two weeks until the splint was removed. On Oct. 7, 11 weeks after shattering his tibia, Ranger joined the alpaca herd. "He's doing great," Glenn says. "He goes the full length of the pasture, a quarter-mile."

The Alperets are truly thankful to have a world renowned camelid expert in Dr. Anderson and the VMTH's caring and experienced students and staff nearby. And they know that whatever twists the future may hold for Ranger or any of their alpacas, they will turn to the VMTH. 🐾



Above: Robin gets a special nuzzle from Ranger when she checks on him. Robin and Glenn bottle fed the alpaca for the first four months of his life.



Kansas State University
 Veterinary Medical Teaching Hospital

Mosier Hall
 1800 Denison Ave.
 Manhattan, KS 66506

Nonprofit Organization
**U.S. POSTAGE
 PAID**
 Permit #4
 Manhattan, KS 66502

Animal**LIFE**



GOT DRUGS?

If so, you might consider an alternate route through Kansas because Riko is BACK.

Riko, the Wabaunsee County K-9 unit featured in the spring '06 issue of "AnimaLIFE," has made a full recovery and rid society of another 12 pounds of cocaine. "Riko is doing great!" says Riko's handler, Sgt. Bill Gollner.

Bill and Riko's story generated much attention and prompted one reader to establish the K-9 Officer in Need Fund that can provide financial support for K-9 units in Kansas and Nebraska needing advanced medical care. "The bond between Bill and Riko was just amazing," the anonymous donor says. "They do so much for us that this is one way we can help them."

Bill was appreciative when he learned of Riko's impact. "This is going to mean a lot to law enforcement agencies that are struggling out there that have or want a K-9 unit," Bill says. "If a portion of the medical expenses could be covered through this fund, that would be a big relief. I think a lot of good will come of this."

If you are interested in making a donation to this worthy fund, please call Patrice Scott at 785.532.4046 or contact her by email at pscott@vet.k-state.edu.

The largest veterinary hospital in Kansas and one of the largest in the nation.

Kansas State University Veterinary Medical Teaching Hospital

1800 Denison Ave. • Manhattan, KS 66506

- Small Animal & Exotics: 785.532.5690 • Equine and Agricultural Practices: 785.532.5700
- www.vet.ksu.edu/depts/VMTH