



What's New at Imaging Center for Animals

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ICA offers Imaging Services 5 days a week from 8:00AM to 5:00PM.

The Team at ICA brings you information and updates about different imaging studies in veterinary medicine.

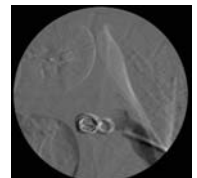
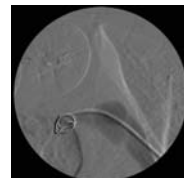
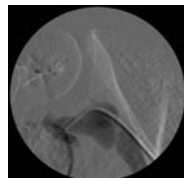
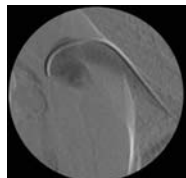
WHAT Can Interventional Radiology Do for You ?

Interventional Radiology involves the use of fluoroscopy, ultrasound, CT, MRI, and endoscopy, (or combinations) to gain access to different structures in order to deliver materials for therapeutic purposes. These procedures are minimally invasive and less painful. In addition, it offers treatment options for patients with various conditions that cannot be managed or treated with surgery, or is associated with excessive morbidity, high cost, or poor outcome. It requires multiple guide wires with various properties, catheters specifically adapted for individual procedures, stents composed of different materials and configurations, embolic coils, embolic particles, drainage devices, glue, oils, chemotherapeutic agents, occlusion devices, balloons,

ICA is fortunate to have the equipment and expertise to perform multiple of those procedures. Here are a few examples. We would encourage you to contact us to discuss those alternative procedures for your patients and clients. We will provide more information that is possible to include in this newsletter.

Intraluminal tracheal stenting offers a very rapid, non-surgical treatment option for tracheal collapse. The procedure is performed under general anesthesia and fluoroscopy guidance. The delivery system and constrained stent are advanced within the trachea, through the endotracheal tube. The stent is then delivered and the delivery sheath is withdrawn. Radiographs are obtained to confirm appropriate stent placement. The incidence of acute complications is very low when compared to prosthetic ring placement provided the stent is sized and deployed appropriately. We monitor the patient for 24-48 hours for potential complications as migration of the stent, excessive cough. Post-operative antibiotics are prescribed, as well as anti-tussive medications for 2-3 weeks.

Intrahepatic PSS embolization allows occlusion of the vascular anomaly and reduces greatly the mortality rate, compared to surgery. The procedure is performed via a percutaneous puncture of the jugular or femoral vein, depending upon the size and shape of the PSS. A catheter is advanced within the caudal vena cava to the level of the shunt. Then, thrombogenic coils are delivered, with or without a vena cava stent, within the shunt. As the occlusion is gradual, peri-operative complications are minor..



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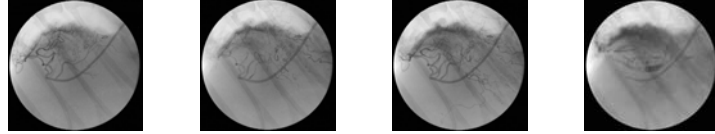
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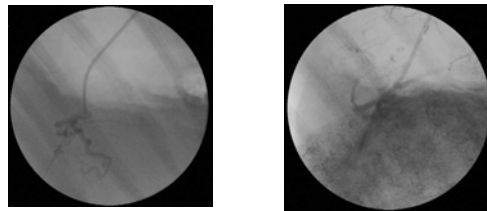


Transarterial Chemoembolization is often offered for non-resectable neoplastic disease. We have performed the procedure with success in patients with non-resectable hepatic neoplasia. The procedure involves selective catheterization of the artery(ies) feeding the tumor and intra-arterial chemotherapy delivery in conjunction with subsequent particle embolization. Intra-arterial chemoembolization has been shown to result in a 10- to 50-fold increase in intra-tumoral drug concentrations when compared to systemic intravenous chemotherapy administration. The embolization decreases the vascularization of the tumor, which will subsequently decrease in size or necrose.



Urethral Stenting can be performed in cases of malignant obstruction, either secondary to transitional cell carcinoma, prostatic carcinoma, or other intrapelvic neoplasia. This procedure is usually used as the last option. The procedure is performed under general anesthesia and fluoroscopic guidance.

Embolization of arterio-venous malformations. These malformations are more commonly encountered in the extremities, and may be either secondary to a trauma or a congenital anomaly. After a selective catheterization of the artery, thrombogenic coils, glue (or combination) are delivered.



Vascular nasal embolization for intractable epistaxis. In patients with recurrent or non-controllable epistaxis, catheterization and embolization of the bleeding vasculature can be achieved. Small particulate particles are delivered in order to control hemorrhage, occlude vascular malformations, or reduce tumor growth.



Vascular foreign body retrieval. The most common vascular foreign body is an IV catheter that has broken off or is severed and is lodged in the pulmonary vasculature. Using fluoroscopic guidance, vascular foreign bodies can be retrieved without the need for surgery using some specialized basket/loop/forceps.

Percutaneous nephrostomy tube placement. This procedure is usually performed in case of pyelonephritis or hydronephrosis (obstruction secondary to calculi, neoplasia).

Other interventional procedures include:

1. Antegrade placement of a urinary catheter. intervention as the urethra heals over the catheter.
2. Biliary drainage
3. Vascular Stenting and Angioplasty: Angioplasty and vascular stenting may be indicated for obstructed blood vessels due to tumors, clots, or other abnormalities.
4. Thrombolytic vascular procedures

We appreciate your referrals and confidence in our services.

We're on the web
www.vetspecialty.com