Making the Difference in Exotic Animal Practice The Value of Endoscopy

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KEYWORDS

Definitive diagnosis
 Endoscopy
 Biopsy

KEY POINTS

- A definitive diagnosis requires demonstration of a pathologic change and identification of the causative agent.
- Endoscopic biopsy represents a noninvasive to minimally invasive technique that facilitates internal evaluation and biopsy.
- Training is required, but basic clinical competency is quickly achieved.

INTRODUCTION

Zoologic medicine has been plagued with numerous problems, many of which our domestic animal counterparts do not have to face. As exotic animal veterinarians, we have to deal with a variety of diverse species, general lack of pathognomonic clinical signs, limited serologic tests, and few tried and tested therapeutic modalities. I myself used to be frequently frustrated with many of my reptile, avian, and small mammal cases. My inability to reach a definitive diagnosis often adversely affected the accuracy of my prognoses, and the effectiveness of my treatments. In 1994, I took the Harris and Taylor avian endoscopy laboratory at the North American Veterinary Conference, and that forever changed the way I practiced zoological medicine. During the last two decades, my research and clinical experiences have only strengthened my belief that endoscopy is a diagnostic cornerstone of zoological medicine, and offers major benefits to exotic pet practitioners. From the outset it is important to state that my interests in endoscopy are solely clinical. I am not a paid consultant for any endoscopy company, and all equipment used in my clinical service (Table 1) at the Veterinary Teaching Hospital, University of Georgia, has been purchased (not

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Table 1 Endoscopy equipment frequently used in exotic animal procedures	
Equipment Description	Primary Indications
Telescopes and Endoscopes	
1 mm \times 20 cm semirigid miniscope, 0°	Stomatoscopy, otoscopy, rhinoscopy, tracheoscopy in animals up to 1 kg
1.9 mm \times 18.5 cm telescope, 30° oblique, with integrated 3.3-mm operating sheath	Stomatoscopy, otoscopy, rhinoscopy, tracheoscopy, gastroscopy, colonoscopy, cloacoscopy, and coelioscopy in animals up to 3–4 kg
2.7 mm × 18 cm telescope, 30° oblique (wide angle) 4.8-mm operating sheath	Stomatoscopy, otoscopy, rhinoscopy, tracheoscopy, gastroscopy, colonoscopy, cloacoscopy, and coelioscopy in animals between 100 g and 10 kg
5 mm \times 8.5 cm otoendoscope, 0°, with integrated operating sheath	Stomatoscopy and otoscopy in animals between 1 and 100 kg
Mechanical holding arm (VITOM)	Enables the telescope to be held in place by a table-clamped mechanical arm
3-mm, 100-cm fiberoptic bronchoscope with 1.2-mm channel	Two-way deflection and biopsy channel for flexible gastrointestinal and respiratory endoscopy
2.8-mm, 60-cm video bronchoscope with 1.2-mm channel	Two-way deflection and biopsy channel for flexible gastrointestinal and respiratory endoscopy
5.9-mm, 110-cm videogastroscope with 2-mm channel	Four-way deflection, irrigation, suction, and biopsy channel for flexible gastrointestinal
Visualization and Documentation	
Endovideo camera and monitor Xenon light source and light guide cable Digital capture device (eg, AIDA-DVD)	Required for all endoscopy procedures
Flexible Instruments for Use with Operating Sheaths	
1-mm biopsy forceps 1-mm grasping forceps	For use with 1.9-mm telescope and integrated sheath
 1.7-mm biopsy forceps 1.7-mm single-action scissors 1.7-mm remote injection needle 1.7-mm grasping/retrieval forceps 1.7-mm wire basket retrieval 1.7-mm needle end radiosurgery electrode 1.7-mm polypectomy snare 	For use with 2.7-mm telescope and 4.8-mm operating sheath, and 5-mm otoendoscope
Insufflation	
CO ₂ insufflator with silicone tubing	Used for insufflation during reptile coelioscopy
Sterile saline suspended above endoscopy table with intravenous drip line to a port on the operating sheath	Used for sterile saline infusion for otoscopy, rhinoscopy, cystoscopy, cloacoscopy, reptile (especially of small and/or aquatic species), or fish coelioscopy
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