



**LONG ISLAND
VETERINARY SPECIALISTS**
24 HOUR EMERGENCY ANIMAL CARE

LIVS IN PLAIN VIEW



**Long Island
Veterinary Specialists**

*Where You Refer Your Patient First
Makes All The Difference*

INSIDE THIS ISSUE

**JULY/AUGUST 2024
VOLUME 17 ISSUE 4**

1 Update on treatment options for tracheal collapse

*Catherine A. Loughin, DVM,
DACVS, DACCT*

2 A Note from the Editor

*Leonard J. Marino, MD,
FAAP, LVT*

9 Treating Diarrhea In Pets With Traditional Chinese Veterinary Medicine

*Michel Selmer, DVM, MS,
CTCVMP, CVMMP
(Practice Limited to Integrative
Veterinary Medicine)*

UPDATE ON TREATMENT OPTIONS FOR TRACHEAL COLLAPSE

Catherine A. Loughin, DVM, DACVS, DACCT



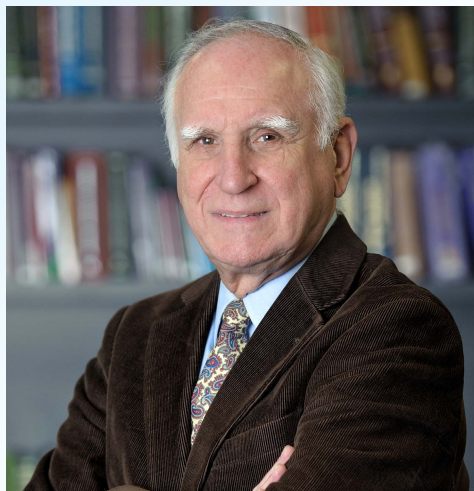
Collapsing trachea is a common disease of miniature and toy breed dogs such as Yorkshire Terriers, Pomeranians, Chihuahuas, and Toy Poodles. The definitive cause is unknown, but the condition can occur as a primary ailment or secondary to other cardiopulmonary disorders (chronic bronchitis, small airway disease, or mitral regurgitation). The primary form usually occurs in young animals as part of a heritable condition. The secondary form is a result of a chronic cough. Coughing causes abnormal airway and transpulmonary pressures that over time deform the tracheal rings and stretch the dorsal membrane, and over time can affect the bronchi.

A honking cough can start at any time, but are evident in most dogs by 2 years of age. Exercise intolerance, inspiratory wheeze and cyanosis can be noted as the disease progresses. Dyspnea is noted on inhalation in dogs with cervical collapse, and on exhalation with thoracic collapse. An abdominal component to the breathing is also noted in dogs with thoracic collapse. Concurring medical conditions such as obesity, heart disease and other airway conditions can make these signs more severe.

Most of the questions we receive about tracheal collapse cases involve definitive diagnosis and when to recommend treatment. Imaging is the best way to definitively diagnose collapsing trachea. Lateral radiographs of the cervical region and thorax (Fig 1) will confirm collapse in many cases, but in most dogs this is a dynamic disease. Radiographs will only evaluate the trachea at that moment, but does also review the chest for other airway issues. Fluoroscopy can be done in real time and will be able to confirm even more cases of tracheal collapse and the region(s) affected.

Continued on page 4

A NOTE FROM THE EDITOR



LIVS has now arrived at its twenty-sixth year serving the veterinary community locally and beyond. It was the first specialty referral hospital on Long Island and maintains its place in the forefront as before additionally adding service to the College of Veterinary Medicine at Long Island University. We are confident that LIVS will continue to pioneer novel diagnostics and treatments in support of the veterinary community.

LIVS remains open for any emergencies that may arise no matter the day or hour. Our regular appointment hours remain as before with each service ready to serve the needs of our clients and those patients referred to LIVS.

A few more days of temperature in the high nineties should remind us to be careful when walking our pets outside. When the air temperature is 90 degrees, the asphalt can reach a blistering 150 — more than hot enough to cause burns and permanent damage with scarring in under one minute of contact. Hot sidewalks, pavement and parking lots can not only burn paws, they also reflect heat onto dogs' bodies, increasing their risk of heatstroke. Abundant fresh water should be provided to pets which still seem to find the water in a flowerpot

base attractive when thirsty, though it may contain traces of toxic fertilizers.

Both pets and children left in cars for even a few moments can be life threatening. Law enforcement officials are permitted to break windows to rescue pets or children when found inside locked vehicles.

Recent studies have shown that dogs harbor more than 600 different bacteria in their mouths, making every lick and slobber a potential human health risk. . . . but like humans, pets have a microbiome—communities of bacteria, fungi, and viruses—not only in their mouths, but also on their skin and in their stool. It's apparent we swap microbes with them just like we do with members of our family. The microbial connection strengthens the argument that animals can be good for human health. As a result of keeping pets, the microbiota of different areas of the human body has changed, which has been associated with a decrease in pathogenic bacteria and an increase in beneficial bacteria. Good news for pet owners! Microbial benefits conferred to humans from their furry companions were discovered in a May study published in Clinical Gastroenterology and Hepatology. What they found was that dog ownership increased the relative abundance and diversity of gut bacteria. Having a dog was the most robust association with the reduction of Crohn's Disease.

There's always going to be a fine line between risks and benefits. Certainly, there's evidence that pets can be microbiologically beneficial to us in addition to the psychosocial aspect. . . . So yeah, hug your pets, but wash your hands afterwards.

The CDC's new requirement on importing dogs into the United States went into effect Aug. 1. The agency rules, designed to stop the spread of rabies, mandate that dog owners show

documentation and meet age requirements to have a dog enter the country.

Each dog imported with rabies could infect people and other animals and could cost more than half a million dollars to contain. The CDC said that the most significant rabies threat to Americans comes from foxes, skunks, and raccoons, noting that fewer than 10 people die each year on average from the virus since the 1960s. In 2022, the agency warned of a rise in rabies linked to bats after three people, including a child, died from the virus. The expanded rules mandate that all dogs entering the country 1) appear healthy when they arrive, 2) be at least 6 months old, and 3) have a microchip along with a CDC dog import form that has to be filled out two to 10 days before arrival in the United States. The latest regulations apply to all dogs, including puppies, service animals, and dogs that left the United States and are returning and they also apply whether you are a U.S. citizen, legal U.S. resident, or foreign national.

The mandate could be particularly onerous for dog owners, breeders, truckers, and sportsmen and women who frequently cross the U.S.-Canadian border. Military families and government workers are also in that group. Hopefully a solution will be offered protecting us from rabies and pets from needing months of repeated quarantines.

At LIVS, Dr. Dominic Marino was surprised by a delicious cake presented when his birthday was recently celebrated. . . . and another delicious cake presented to this editor when he "hit" fourscore and twelve. Thank you!

Another first was achieved when a new ER doctor, Dr. Brittany Cantor, started. A breakfast with bagels and muffins for her and the staff celebrated her new employment. Dr. Cantor,

LIVS welcomed shadowing veterinary students

Team “Huddles” and rounds are daily events and the “Comfort Cart” rolls out with lots of healthy snacks. The staff enjoys the options. Student volunteer Milti has been on hand to stock the cart and make the rounds throughout the hospital allowing everyone on staff a chance to pick out some tasty treats.

Again, we welcome your comments and observations e-mailed to Imarino@livi.org

Update On Treatment Options For Tracheal Collapse

Continued from front cover

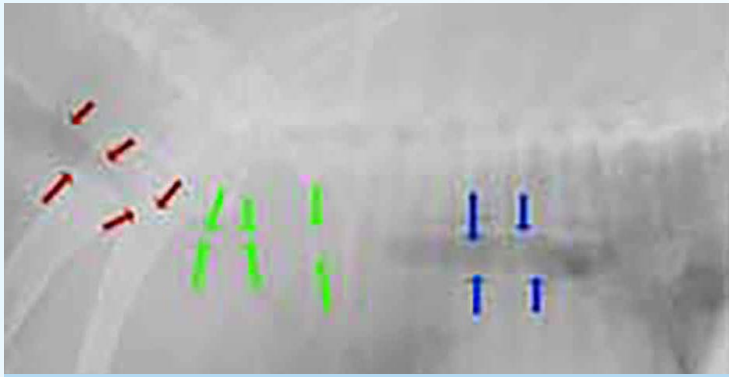


Figure 1 Lateral survey radiograph of a dog with tracheal collapse. In this view the collapse is seen at the thoracic inlet (arrowheads).

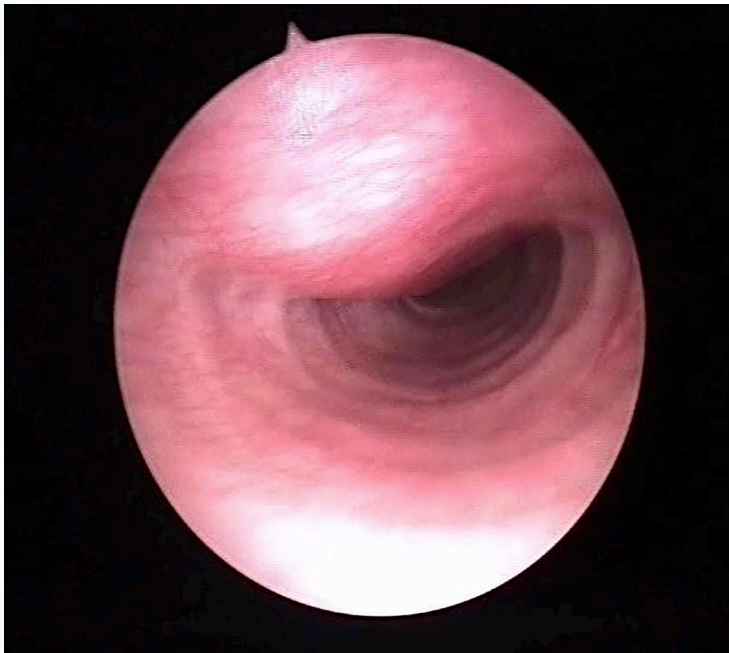


Figure 2 Is a picture taken during tracheoscopy of a dog with grade 3 tracheal collapse.

The best imaging is tracheoscopy (Fig 2). With the scope we can view the entire length of the trachea to the mainstem bronchi. The ability to view the tracheal lumen makes grading the collapse easier to accomplish, as well as assessing for masses, fluid or other abnormalities in the tracheal lumen. A full imaging work-up for diagnosis at LIVS includes chest and cervical radiographs, an oral-laryngeal examination, and tracheoscopy. An oral-laryngeal exam can sometimes reveal other coinciding issues such as elongated soft palate, laryngeal paralysis, and laryngeal collapse.

Medical management is often attempted first to palliate the cough. Cough suppressants such as hydrocodone, butorphanol, and guaifenesin with dextromorphan are usually the first line drugs. Some dogs also get relief from coughing with maropitant. If the dog is anxious a sedative such as trazodone, acepromazine, and gabapentin can be added. Corticosteroids can be added to decrease inflammation, bronchodilators for lower airway collapse, and antibiotics for secondary infections.

Once this conservative approach fails is when we recommend referral for surgical correction. The key to long-term successful management of tracheal collapse is to know when to consider surgery. Many tracheal collapse dogs also have other respiratory conditions, such as bronchial and/or laryngeal collapse. These conditions complicate recovery and often contribute to fatal complications. So, a thorough pre-operative evaluation becomes very important.

Unfortunately, end stage patients are often the most common candidates we evaluate for surgery. Some of these dogs are often poor anesthetic candidates, making success difficult but not impossible. The grade of the collapse has also been the subject of confusion. There is no rule that says all grade III and IV dogs need stents and all grade I and II do not. If a grade II fails medical management, then that dog is a candidate for a stent. If a grade III or IV is living an acceptable quality of life on medications, then continue monitoring.

Intraluminal stenting is the primary surgical intervention, but placement of plastic rings outside of the tracheal may still be used in some cases. Stenting has become more popular with the increase use of fluoroscopy, and the desire for fewer complications during the initial postoperative period. Intraluminal stents are placed under fluoroscopy guidance or with tracheoscopy and digital radiography (Fig 3). Measurements are made from survey radiographs to determine the length of the trachea that needs stenting. This can be just one segment (i.e. cervical or thoracic), or cover majority of the length of the trachea. The patient is placed under general anesthesia to eliminate the cough reflex. A delivery system is passed into the trachea, and the radiopaque stent is visualized under fluoroscopy. Once the stent is positioned at the distal aspect, it will then be deployed and the delivery system removed. Orthogonal radiographs are taken to document the position of the stent, and the patient is recovered in ICU (fig 3).

After stent placement we monitor the dog for 1-2 days. We monitor oxygen saturation, and keep the patient calm and decrease the cough with steroids, antitussives, and sedatives. Infections are treated with broad spectrum

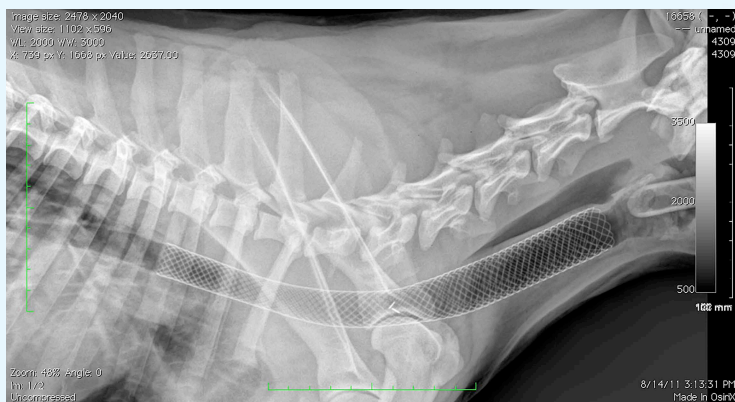


Figure 3 Lateral radiograph of a dog post intraluminal stent placement.

antibiotics. We recommend using a harness for all walks, 2 weeks of restricted activity, weight loss if indicated, avoid smoke and other irritants, use humidifiers in the winter, and regular follow-up to adjust medications.

Potential complications after stent placement are communicated to the owner. The owners are to expect a continued coughing for life, but it is expected to be milder than before stent placement. If bronchial collapse present or develops at a later date, the clinical signs may progress, and a bronchodilator is recommended. Some dogs will develop granulation tissue due to a chronic inflammatory reaction (fig 4). We currently start post-stent dogs on mycophenolate for life to diminish the chances of granulation tissue occurrence that can lead to placement of a second or third stent or in worse cases, euthanasia. We rescope dogs at 1 month, 3 months, and 6 months post-stent placement to assess for granulation tissue. If we see this we culture any mucus noted, we will stop the mycophenolate, and start colchicine. Many times this will resolve the granulation tissue and

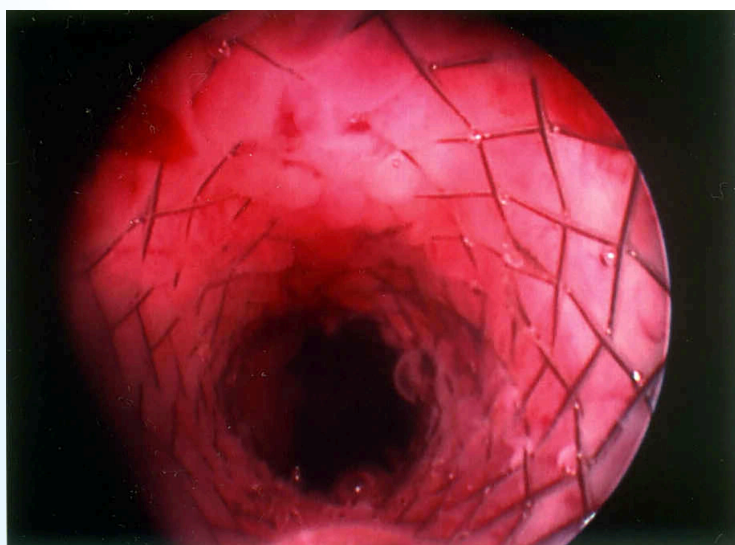


Figure 4A Normal stent placement in the trachea.

additional stents will not need to be placed. Fraying or breakage of the stent can occur. This does not allow cause clinical signs. If noted on radiographs we recommend evaluation and possible tracheoscopy to assess for further monitoring or in rare cases the need for a second stent.

Prognosis for survival is dependent on multiple factors: age of patient (>6 yrs of age increase complications), concurrent disease (laryngeal, bronchial, or cardiac), and long-term complications. Studies on intraluminal stents have shown 75% of dogs will improve after stent placement. About 95% are immediately improved, and 90% markedly improved at the 2 week recheck exam. Our best attempt to increase the median survival time for these dogs is to be informed of the benefits and complications of the treatment options available, and to understand when stent placement will be of the most benefit.

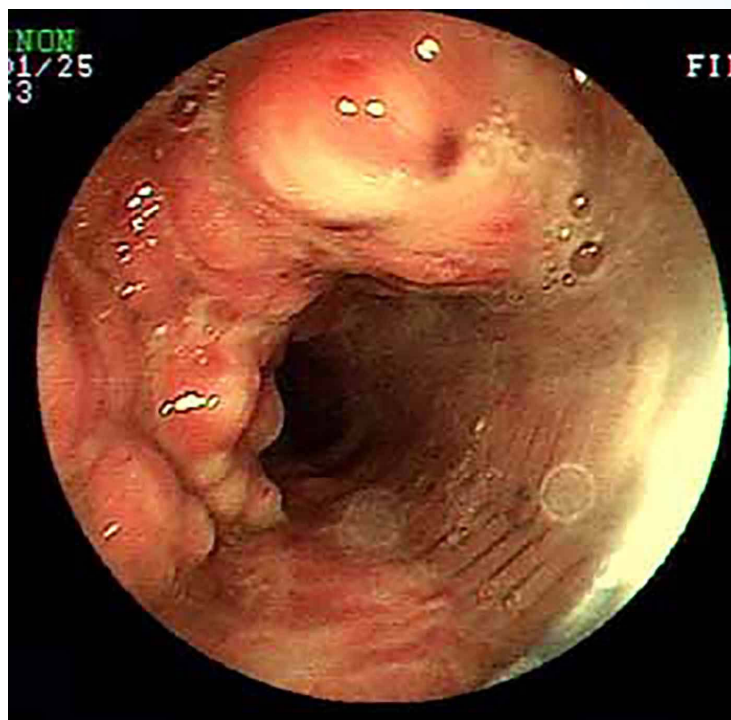


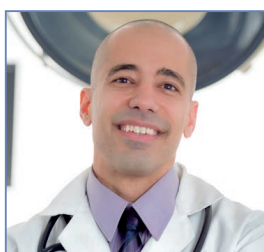
Figure 4B Granulation tissue over stent.



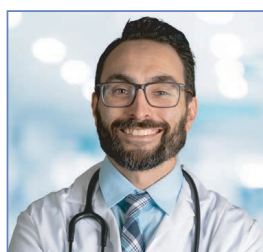
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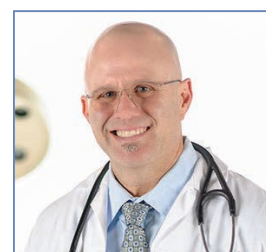
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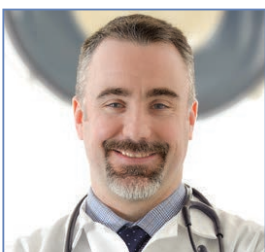
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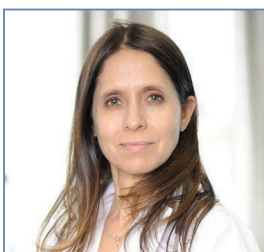
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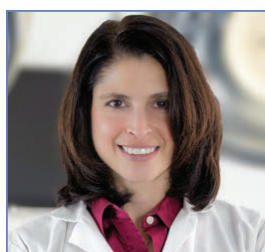
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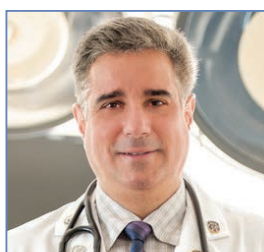
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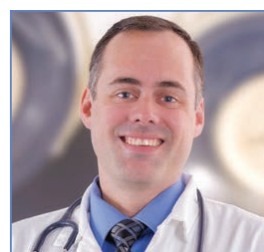
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EMERGENCY DEPARTMENT OPEN 24/7



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Now offering Synovetin OA,[®]

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DVM Video Sessions



24/7 video telehealth services provided by experienced, US-based veterinarians that triage client-perceived pet emergencies. Connect in minutes, no software downloads or appointments needed, connect in minutes in 3 easy steps from any computer or mobile device.

Maintain Veterinary Quality of Life



Eliminate the need for a veterinarian or technician to be on-call after-hours and overnights. This has shown to **substantially improve recruitment efforts** for new vets and technicians for clinic partners.

Your Cases Stay Your Cases



VetTriage is a **seamless extension of your clinic**, and are recommended to follow-up with you, their primary veterinarian. A session summary is emailed to both your office and your client allowing you to reference their triage session and insert it into the medical records.

No Cost to the Clinic



VetTriage services are offered at **no cost to your clinic!** The client pays a small triage session fee to video chat with our veterinarians. Save money by eliminating the need for an after-hours answering service, whom are not medically trained and a source of frustration for the client.

Cases are Triageed for Actual Emergencies

Nearly 80% of cases do not require a visit to the ER and the unnecessary expense associated with it. These cases are given advice and are re-directed back to the clinic for follow-up, diagnostics, and treatment. While actual emergencies are sent to the ER for immediate evaluation.

Enhance Client Loyalty and Trust



Instill comfort in your current clientele that a reliable and experienced telehealth service is available during times of limited office hours and for emergency triage during after-hours, overnights, and holidays.

**For more information contact our medical director Shadi Ireifej, DVM, DACVS at
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1. Aulakh KS, Lopez MJ, Hudson C, et al. Prospective clinical evaluation of intra-articular injection of tin-117m (117mSn) radiosynoviorthesis agent for management of naturally occurring elbow osteoarthritis in dogs: A pilot study. *Veterinary Medicine: Research and Reports*. 2021;12:1-12.

2. Donecker J, Fabiani M, Gaschen L, Aulakh KS. Treatment response in dogs with naturally occurring grade 3 elbow osteoarthritis following intra-articular injection of Sn (tin) colloid. *PLoS ONE*. 2021;16(7). e0254613. <https://doi.org/10.1371/journal.pone.0254613>.

3. Lattimer JC, Seltling KA, Lunceford JM, et al. Intraarticular injection of a Tin-117m radiosynoviorthesis agent in normal canine elbows causes no adverse effects. *Vet Radiol Ultrasound*. 2019;1-8. doi: 10.1111/vru.12757.

Homogeneous Tin (^{117m}Sn) Colloid] Veterinary Device for Use in Dogs

NAME: Synovetin OA®

Tin (^{117m}Sn) stannic colloid in ammonium salt. It is supplied as a 2–4 mCi (74–148 MBq)/mL suspension for intra-articular (IA) injection.

NET QUANTITY

Vials contain a prescribed dose up to 6.0 mCi (222 MBq) at the date and time to treat one dog. 1 mL of suspension contains 2–4 mCi (74–148 MBq) of tin (^{117m}Sn) stannic colloid in ammonium salt at the date and time of end use.

PRODUCT DESCRIPTION

Synovetin OA® is a conversion electron therapeutic veterinary device comprising a colloidal, sterile suspension with a pH between 6.5 and 9.0 where at least 90% of the particles have a size between 1.5 µm and 20 µm (HORIBA light scatter instrument). The ^{117m}Sn emits monoenergetic conversion electrons (significant energies 127–158 keV; emission probability 113%) and imageable gamma radiation (159 keV, 86% abundant). Accompanying low-energy emissions are Auger electrons (<22 keV) and X-rays (<30 keV). The half-life of ^{117m}Sn is 14 days. ^{117m}Sn decays by isomeric transition to stable ¹¹⁷Sn.

Excipients include ammonium carbonate ((NH₄)₂CO₃), ammonium chloride (NH₄Cl), ammonium iodide (NH₄I), iodine (I₂) and trace tin (Sn) salts.

MECHANISM OF ACTION

Synovetin OA® is a veterinary device consisting of a homogeneous tin colloid which emits discrete (<300 µm) low-energy conversion electrons confined to the joint space. The colloid is composed of microparticles (1.5 µm to 20 µm) that are retained in the joint space of the dog. The particles are absorbed and retained by synoviocytes and macrophages in the synovium, resulting in apoptosis and reduction of inflammatory cells. Elimination of the pro-inflammatory cells reduces inflammation of the joint synovium, thereby reducing pain associated with synovitis. The data, including radiographic evidence, supports use in Grade 1, 2, and 3 osteoarthritis (OA) of the elbow joint.

CAUTION

Federal law restricts this device to sale by or on the order of a licensed veterinarian trained in the use of radioactive veterinary medical products. Use of this product is restricted to facilities with a compatible Radioactive Materials (RAM) license.

INTENDED USE

Synovetin OA® is intended to reduce synovitis and associated pain of canine elbow joints afflicted with osteoarthritis.

WARNINGS

Do not exceed 6.0 mCi (222 MBq) of radiation activity per dog per treatment. Not for use in humans. Keep this and all medications out of reach of children. Consult a physician in case of accidental injection or ingestion by humans.

PRECAUTIONS

Injection should be performed only by a licensed veterinarian skilled in the delivery of intra-articular (IA) injections who is located at a facility that has a RAM license.

Rigorous aseptic technique must be ensured during injection

ROUTE OF ADMINISTRATION

Intra-articular injection. The product must NOT be administered by any other route. Confirmation of needle placement is recommended, whether by anatomical landmarks, fluoroscope, C-arm, ultrasound, or radiography.

DIRECTIONS FOR ADMINISTRATION

Dogs should be appropriately anesthetized or deeply sedated prior to administration to prevent vocalization and resistance to dosing. A 22-ga. needle can be used to inject Synovetin OA® directly into the elbow joint. Pain during and after treatment may occur. Administration of non-steroidal anti-inflammatory agents at the labeled dose may help any post-treatment pain.

FREQUENCY OF ADMINISTRATION

If needed, Synovetin OA® can be readministered to a previously treated elbow at least 12 months after the last treatment.

DURATION OF EFFECT FROM ADMINISTRATION

Effectiveness has been shown to last up to 12 months following a single treatment of dogs with naturally occurring OA of the elbow.

MAXIMUM ANNUAL DOSE

Total radiation dose per joint should not exceed 3.0 mCi/joint, with the total body dose not exceeding 6.0 mCi (i.e., two elbow joints during a 12-month period).

ADVERSE REACTIONS

Dogs participating in clinical studies to evaluate safety and effectiveness (n=74 dogs, 97 elbow joints) exhibited no significant adverse reactions when administered Synovetin OA®. Discomfort in the treated elbow has been rarely reported in some dogs up to 72 hours after treatment. If adverse events are observed or suspected, please report them by calling Exubion Therapeutics® Customer Service at 1-833-942-1247.

POST-INJECTION CARE

Following administration of Synovetin OA®, the dog can recover with other post-operation animals in the general clinic population. Once the dog has fully recovered from anesthesia, it can be discharged to go home with the approval of the facility radiation safety officer or authorized user. All treatment site policies and license requirements should be observed.

OWNER INSTRUCTIONS FOR POST-TREATMENT CARE

When the level of radiation is determined to be below the established levels for release, the dog can be discharged. The dog will, however, retain a low level of radioactivity in the treated joint(s) for a short period of time. Specific written instructions based on the post-treatment radiation dosimetry for care and proximity to the treated dog will be provided by the radiation safety officer (RSO) or authorized user (AU) of a radioactive materials (RAM)-licensed veterinary hospital to the dog owner. These instructions include information on limiting proximity to the dog in the post-treatment period. If in the judgement of the veterinarian, the dog owners are not likely to comply with the release instructions, the product should not be administered. A RAM-licensed veterinary hospital RSO or AU should contact Exubion Therapeutics® if there are specific questions. Apart from the proximity requirements to protect people there is no requirement for restraint of the dog itself, and it can resume its normal level of activity subject to the distance requirements.

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STORAGE INSTRUCTIONS

Store in the shipping container at controlled room temperature (10°–30°C or 50°–86°F) until ready to use.

TREATING DIARRHEA IN PETS WITH TRADITIONAL CHINESE VETERINARY MEDICINE

Michel Selmer, DVM, MS, CTCVMP, CVMMMP, (Practice Limited to Integrative Veterinary Medicine)



In Traditional Chinese Veterinary Medicine (TCVM), diarrhea may stem from an imbalance or disharmony within the patient's body systems. This imbalance is due to the body's inability to properly transform and transport food and fluids, resulting in an accumulation of dampness or heat in the digestive system. TCVM practitioners perceive diarrhea as a sign of an underlying pattern or condition that warrants attention.

Diarrhea can result from TCVM patterns, and the treatment approach will vary based on the specific Chinese pattern diagnosis. Here are a few common patterns and their potential corresponding treatments:

- 1. Spleen Qi Deficiency:** In TCVM, the Spleen plays a crucial role in the transformation and transportation of food and fluids, i.e., digestion. Weak Qi (energy) in the Spleen may lead to loose stools or diarrhea. Treating this pattern involves tonifying or strengthening the Spleen Qi. Dietary adjustments, such as consuming warm, easily digestible foods, and incorporating herbs like ginseng or astragalus, may be beneficial.
- 2. Dampness in the Spleen:** Dampness may arise from the body's imbalance, resulting in inadequate transformation of food and fluids and the accumulation of moisture or dampness in the Spleen. Dampness is also considered a toxin to the Spleen and can enter the

body from overeating, consuming greasy or rich foods, or consistent exposure to damp environments. The treatment goal is to alleviate dampness and facilitate its removal from the body. Using herbs such as Poria, Atractylodes, or coix seeds, and avoiding damp-inducing foods like dairy, sugar, and cold/raw foods, may be beneficial.

- 3. Heat in the Gastrointestinal System:** Heat in the intestines may stem from factors such as infection, inflammation, or consumption of hot and spicy foods. Diarrhea associated with heat typically presents as urgent, frequent, and possibly bloody stools. Treating this condition with herbs like mung beans, lotus leaf, or honeysuckle to clear heat and cool the intestines may be helpful. Avoiding spicy and greasy foods is also recommended.

It's important to note that a TCVM diagnosis and treatment should be conducted by a certified TCVM practitioner. A thorough assessment of the patient, considering exhibited symptoms, medical history, and physical examination, is essential to determine the underlying Chinese pattern causing the diarrhea and to recommend an appropriate treatment plan.

While Alternative/Complimentary/Integrative Veterinary care can complement conventional medicine, it is not intended to replace it. In cases of persistent or severe diarrhea in patients, it's crucial to rule out any underlying Western medical conditions.





Integrative Medicine

The best of both worlds in veterinary medicine.

The Integrative Medicine Team takes a holistic and gentle approach to treating animal disorders and puts an emphasis on the patient's emotional and mental well-being. Dr. Michel Selmer is one of only a handful of Traditional Chinese Veterinary Medicine Practitioners that holds a Master's Degree in the United States.

Services offered include:

- Acupuncture
- Chinese Herbology
- Class IV Cold Laser Therapy
- Medical Manipulation (Chiropractic Care)
- Food Therapy
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