Integrative Care for Golden Retrievers

by Shereen D. Farber, PhD, OTR, FAOTA

Getting Second Opinions

About the Author: Shereen D. Farber PhD, OTR, FAOTA, is a former associate professor of occupational therapy, having 34 years clinical experience in rehabilitation with post-professional training in orthopedic and neurological rehabilitation, functional osteopathy, craniosacral therapy and myofascial release. She holds a doctoral degree in comparative anatomy, neurobiology, and took three years of post-doctoral training in biophysics, biomechanics and neurophysiology.

Dr. Farber started a canine rehabilitation practice 15 years ago in conjunction with several veterinarians, to treat and condition dogs that participate in agility, conformation, field and obedience arenas.

We live in a society where it has become mandatory to be our own advocates, especially when it comes to medical care. Even with the introduction of advanced technological diagnostic methods, physicians still miss diagnoses for a variety of reasons, including asking their patients the wrong questions, not listening to the answers, ordering inappropriate tests or simply adding up the facts incorrectly. What is true for human medicine also applies to veterinary medicine. In addition, our animals cannot give their own histories, making it our responsibility to serve as their advocates. We must be vigilant regarding their health, do research into canine and specifically Golden Retriever medical conditions and seek intervention when indicated.

In human medicine, seeking a second opinion is common practice. In fact, many insurance policies pay for second opinions when surgery is indicated. It is imperative to trust our vets and not “second guess” their diagnostic skills, but under well-grounded conditions, seeking additional viewpoints regarding diagnoses and care plans is logical. Since you know your animal best, when you see atypical behavior and your vet cannot determine the cause, a second opinion may be helpful. Whenever your “gut” tells you something is wrong, learn to trust it and follow your instincts. Persist until you find the answers to your questions.

As a general principle, when a vet mandates an irreversible surgical action, like spay/neuter as the only answer to a problem, a second opinion should be obtained. The converse is also true. On occasion, a vet may take “a wait-and-see” position when you feel an urgency to intervene. If you have done your homework, you may have unique knowledge about some medical issues found in our breed. Sometimes we assume that professionals know everything and we just accept their diagnoses. A diagnosis must explain all the individual symptoms; and if these symptoms do not add up to a tenable diagnosis, the vet should be willing to explore further possibilities without defensiveness. If you believe the vet is missing something, seek an appropriate specialist’s opinion. If the vet minimizes or dismisses your concerns but you are convinced there is a problem, persist until you are satisfied. The nearest vet school may be just the place to find answers to complex issues. Good practitioners will become better practitioners by actively engaging with their clients and outside specialists concerning diagnostic challenges.

The following case studies are presented as illustrations of consumer-vet interactions where second opinions were appropriately rendered. Each case actually happened, but the names have been changed to insure privacy and confidentiality.

Case 1: “Feathers,” a three-year-old Golden bitch, suddenly demonstrated lameness in her rear extremities after an agility competition that was held on a concrete surface. Feathers’ owner, Becky, took her to a vet who was known as a talented surgeon hoping he might be able to rapidly diagnose and fix the problem. After radiographs and examination, the vet diagnosed the bitch as having severe dysplasia and said the most appropriate procedure for her was bilateral triple pelvic osteotomies (TPO). He said that it would cost $1,300 per hip and that surgery would be done on the more involved side first, followed three weeks later with surgery on the other hip. Becky took Feathers home and discussed the operation with her husband, who decided to research TPO’s on the Internet. He learned that a TPO is a procedure that cuts the hip in three places to allow rotation of the acetabulum (hip socket) into a better position over the femoral head. When properly done, a TPO provides stabilization of the hip joint. Steel plates and screws hold the bones in place while the osteotomies heal. This procedure relieves pain, restores function and stabilizes the hip.
joint so it will develop normally. A TPO can prevent arthritis that can develop in an unstable hip. The best candidate for a TPO is a five-to-eight-month-old puppy, but eight-to-12-month-old pups may still be candidates for the surgery. In order to determine if the dog is really a candidate, the vet must palpate the hip under anesthesia.

Feather’s owners were concerned that all descriptions of the procedure defined candidates as young puppies, and their dog was three. If indeed her dysplasia was advanced, that would be another reason a TPO might not be the best procedure. They called their own vet and asked for a referral to a board certified orthopedic surgeon. The specialist took new films and said the only appropriate procedure for this bitch was total hip replacements (THR). While THR is a more expensive procedure than a TPO, it was the best alternative due to the bitch’s age and advanced hip erosion and subluxation. Her femoral heads were flattened, ligaments were lax and the acetabulum was shallow bilaterally. Feathers is expected to walk without a limp, but it is too soon to tell how much of her previous activity she will be able to resume.

Case 2: “Jaymee,” an 11-month-old Golden, started to limp on his left forepaw. The family did not take him in to see the vet and instead restricted his exercise and gave him a short course of MSM, an over-the-counter anti-inflammatory. After two weeks of crate rest, he seemed better for a short time but started limping again, this time on a rear leg. He tried to prevent anyone from examining it, was listless and his joints felt warm. The family took Jaymee to their vet who did a complete set of films but could not find any underlying musculoskeletal problems. A short course of Rimadyl was prescribed along with more crate rest.

The symptoms decreased but when the Rimadyl was withdrawn, the dog’s joint problems worsened. Jaymee would not bear weight on his left rear leg. A family friend, who was a vet, suggested testing the dog for Lyme disease since the family and their dogs had been traveling throughout tick-infested parts of the United States. The test was positive and the dog was given a six-week course of doxycycline, a tetracycline antibiotic and the drug of choice for Lyme disease. He was also crate-rested for the interim. The family was warned to watch for any further episodes of lameness indicating a putative need for further treatment. In this case, the first vet did not ask enough questions or do a blood test to check for inflammatory responses.

Case 3: “Carrie,” a two-year-old Golden, was taken to her vet with large infected hot spots. The vet noticed that Carrie had licked all four of her paws producing lick granulomas and that her ears were loaded with a foul smelling brown tar-like substance. She continually scratched herself, producing abrasions on her belly. Carrie’s vet consulted a holistic veterinary medicine expert to help manage Carrie’s complex problems. The vets, with the help of the dog’s family, did a comprehensive intake assessment that included blood and allergy testing, examination of her spine to look for vertebral misalignment and comprehensive dietary history. The vets also asked about products used in and around the home including lawn sprays and solvents. They initiated treatment by attacking the various infections. Working with the nutritional, immunology and allergy faculties at the vet school, the two vets systematically studied Carrie’s responses to her commercial dog food and seasonal allergens. Carrie received weekly shots initially and she was switched to a diet low in grains. She was given vitamins and other supplements to boost her immune system. Currently, this lucky dog is thriving because of the team approach and multiple opinions that were coordinated to solve her problems.

In summary, if your dog has a problem that is not being resolved by working with your local vet, ask for additional input or referral to a specialist. Make sure that you do as much reading about your dog’s symptoms and the vet’s recommendations as you possibly can. Be an informed consumer by reading your breed magazine and by talking to knowledgeable breeders. ☞