

helping us for we did not know who they were; they all surely did not know Erie, yet they knew what was needed and made it available.

Erie went on to a second surgery to try to control the bleeding into his thorax. Drs. Brockman and Griffin, and student Jenn Hopkinson, re-opened the carefully wired-together sternum, identified bleeding vessels in the mediastinum, cauterized the vessels, and Erie was again in recovery under the observation of the section of anesthesia. He returned to ICU where Drs. Brady, Campbell, and Waddell monitored his recovery.

This experience left me, as a veterinary neurologist, with a little role. In fact, it allowed me only the role of a client able to intimately watch the functioning of our hospital; an opportunity that not even the most dedicated of our clients is able to experience. I was in awe of the way that each person functioned specifically and independently in caring for Erie and yet completely contributed to his excellent care. I was



brought to tears at the way that people I did not even know volunteered to

have blood drawn from their dogs to treat a dog they did not know. And finally, I was amazed that when the day ended, all the other cases in the hospital had been cared for in a similar fashion by the same people; that the students were receiving training and experience by caring for Erie and other client-owned animals; and that perhaps for no one else but for Erie, Susan and I, this was an unusual and miraculous day. A nurse in anesthesia summed it up when I thanked her for her help and she replied that it was her job and she treated all cases this way — she was just happy to see it done this time for someone that she knew. Perhaps for me, the place is an extended family, but from what I saw and know, this family works just as hard for those people not directly a part of it. I can only imagine what the client's miss

by only getting to see snapshots of how this place works.

Erie was in ICU recovering from surgery and cared for by a partially new group of clinicians, students, and nurses, all working at the same high level as the group the day before. They deserve the same thanks and respect as all clinicians, nurses, students, and support staff here the day before. When Erie is no longer here we hope to remember all the love and care that all three of us experienced

and to be able to provide it for our VHUP family and to our clients.

P.S. Erie recovered and was discharged from VHUP. His final diagnosis was hemangiosarcoma. Erie lived for six weeks following surgery and was happy and playful. He passed away March 26.

Editor's note: Dr. Charles Vite is a neurologist and a research fellow at the School. Dr. Volk is an intern at VHUP and will begin a residency in surgery in July. 🐾

High Risk Pregnancy Program

The High Risk Pregnancy Program at New Bolton Center is twelve years old. It has been housed in its present location, the Graham French Neonatal Section of the Connelly Intensive Care Unit, New Bolton Center, University of Pennsylvania, for 10 years and over 1,000 neonates have been seen there. The program is modeled after regimens developed 20 years ago in human medicine. The intention is to identify high-risk pregnancies and intervene in time to help both the foal and the mare.

There are basically two groups of mares in the program:

1. Mares who have the same problems year after year. We encourage owners to have these mares foal at New Bolton Center to minimize problems. Many of the troubles begin prenatally, and we can monitor the fetus to keep track of how it is doing. Depending on the problem, the fetus can be treated — some treatments are simple, while others are quite complex.

Many mares in this category have problems with the placenta, which can be detected with ultrasound examinations. The most common problem is placentitis (inflammation of the placenta), which can be treated with antibiotics, non-steroidal anti-inflammatory drugs, and by supple-

menting the mare with the hormone progesterone. Placentitis interferes with oxygen delivery. If the mare's blood oxygen level is normal, she still can be placed on supplemental oxygen and this will result in more oxygen being delivered to the fetus.

The fetal heart rate is monitored, and this information is used to determine if the foal is in distress. Although there is still a lot to be learned about interpreting fetal heart rate patterns, there are changes that indicate a positive response after the mare is placed on oxygen.

2. The second group of patients in the High Risk Pregnancy Program are mares with new problems that put their pregnancies in jeopardy. The "new problems" can be anything that needs treatment: colic, laminitis, hernias, and anorexia, to name some common ones. The mare must be treated in terms of how her medical problem and how the treatment (such as medication) affect the fetus.

If a mare is off-feed the fetus is not getting enough nutrients, and we can give the mare an IV and monitor the fetus for distress while the mare is treated. (A mare who is completely off-feed for 36–48 hours without IV feeding is at great risk for aborting seven to ten days later even if she begins eating again). 🐾 *J.R.*