

Dr. Fiona Lee is a board-certified veterinary dermatologist. Beyond an undergraduate degree (3 years at NYU, chemistry) and a veterinary degree (4 years at UPenn), an additional rotating 1-year internship and 3-year dermatology residency is required, capped off by a grueling 2-day board examination. The additional training, experience, and knowledge is coupled with collaboration with your primary vet, thorough review of previous records, focused physical exam of the skin/ears, longer appointment times, frequent follow-up communications, and specialized dermatologic diagnostics and treatments.

SECONDARY INFECTIONS

Whether skin or ear, infections can be challenging, even if they are only a secondary issue (another primary cause lurks in the background). Whether bacterial, viral, fungal, or parasitic, treatments for these infections need to be tailored to the species, and then again based on the individual patient; concurrent diseases, drug interactions, side effects, bloodwork abnormalities, and risk vs. benefit all need to be taken into account. In an era of increasing concerns about antibiotic resistance, for both human and veterinary medicine, antibiotic stewardship is at the forefront of best medical practice. For example, if your pet has >3 skin infections per year, or a methicillin-resistant Staphylococcus skin/ear infection, or may require an anesthetized ear flush, then management by a dermatologist is strongly recommended.

ALLERGIES

Allergies are one of the most common reasons to visit a veterinarian, particularly a dermatologist. Flea, food, and environmental allergies are all diagnosed and managed differently. Only a food trial can diagnose a food allergy. And only exclusion of other diseases can confirm environmental allergy. The ideal long-term management of environmental allergy involves skin testing to make up allergy shots or drops. Before jumping into this financial and time investment, meet with a veterinary dermatologist to see what steps are best for your pet.

OTHER (ex. autoimmune, hormonal, cancer)

Skin lesions due to different diseases can all look quite similar. With experience, initial non-invasive diagnostics, and potentially skin biopsy, a dermatologist can help differentiate common from the uncommon, less concerning from more concerning. Autoimmune diseases (ex. pemphigus foliaceus) often require lifelong management and a fine balance between immunosuppression to control the disease and the potential for side effects. Hormonal diseases and skin cancers often are co-managed with an internist or oncologist, respectively. Finding the diagnosis for atypical diseases is only the start, so a dermatologist can help guide workup and management.