

Full day CPD at the AHT 2016 - £100/delegate

We would like to invite you to join us for a programme of CPD days at the AHT. Included is a full day of lectures, refreshments and buffet lunch.

Date	Title
11 February 2016	A day of case-based oncology
10 March 2016	A day of case-based medicine and anaesthesia
14 April 2016	CPD Day for SQPs
12 May 2016	A day of case-based medicine and imaging
7 July 2016	Free recent graduate CPD day
13 October 2016	A day of case-based surgery
10 November 2016	A day of case-based neurology

FREE evening CPD at the AHT 2016

Where: John MacDougall Visitors Centre, Animal Health Trust
Time: Light refreshments available from 7.30pm, talk starts at 8.00pm

Date	Title
Thursday 18 February	Neurological conditions of young dogs and cats
Thursday 17 March	Feline abdominal ultrasonography
Thursday 21 April	Canine diabetes - the highs and the lows
Thursday 19 May	Still coughing – diagnostic approach to chronic cough
Thursday 16 June	'Why is this dog lame?' – a practical approach
Thursday 21 July	Surgery for GDV – how to have a good outcome
Thursday 15 September	Optimising chemotherapy in practice
Thursday 20 October	Ventilation and respiratory monitoring

To register for any of the above courses, or for further details, please visit our website: www.ahtreferrals.co.uk or email: cpd@aht.org.uk



Veterinary News

Autumn 2015

Animal Health Trust Small Animal Clinic Veterinary News

In this issue:

- Lung lobectomy
- Ophthalmology Service
- CPD 2016



Dear Colleagues,

Welcome to the Animal Health Trust Small Animal Clinic newsletter. This autumn's newsletter includes our CPD events for 2016, news of changes within the ophthalmology department and an interesting case that needed the expertise of our internal medics, imagers and surgeons to solve. We are currently investigating IBD (information below) and conducting a diabetic treatment trial which you can assist us with. Further information is included within this newsletter.

Please remember that all funds raised through treating patients at the Animal Health Trust go straight back into our work to help develop new diagnostic tests, treatments and vaccines.

Sue Murphy, AHT Head of Clinics

CAN YOU HELP US INVESTIGATE INFLAMMATORY BOWEL DISEASE (IBD) IN GERMAN SHEPHERD DOGS?

We are working with the RVC to investigate the genetic cause of IBD in GSDs. By using a new technique called a Genome-Wide Association Study, we hope to help investigators reveal important factors contributing to the disease that could potentially help to find novel treatment options.

If you have either diagnosed a GSD with IBD on the basis of histopathology of intestinal biopsies, that also has no evidence of other immune-mediated disease and/or inflammatory skin conditions, or you have a suspected case that you would like to refer to the AHT for further evaluation and endoscopy we would like to hear from you.

Please contact Mayank Seth or Mellora Sharman by email: smallanimalinternalmedicine@aht.org.uk



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LUNG LOBECTOMY IN A DOG WITH SECONDARY IMMUNE MEDIATED THROMBOCYTOPENIA



Shai, a four year old Border Collie, was seen by his regular veterinarian after haemorrhage into the iris of one eye had been noted. Initial investigation identified pyrexia, bilateral iridial haemorrhage, bleeding from the buccal mucous membranes and thrombocytopenia. Immune mediated thrombocytopenia was suspected and prednisolone therapy was started.

Unfortunately Shai did not improve as hoped and he was referred to the AHT for further evaluation. The day prior to presentation Shai was reported to have developed a cough and examination at this time identified harsh lung sounds, particularly on the right side of the chest. An engorged tick was also detected between the toes of one foot.

Haematology at this time showed that Shai was moderately anaemic and he remained moderately thrombocytopenic. Thoracic radiographs confirmed pulmonary pathology, with consolidation of the right cranial lung field.

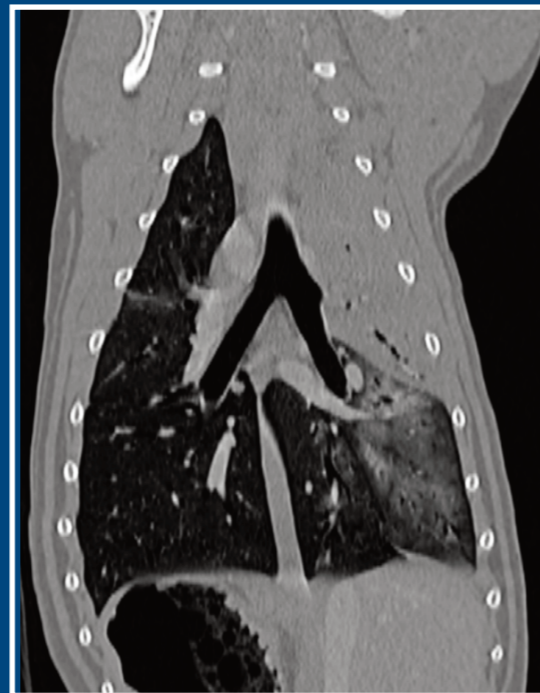
Bronchoscopy was performed to allow further investigation of this region as well as the collection of samples for cytology and culture. Given the exposure to ticks and the thrombocytopenia present, Shai was also evaluated for tick-borne disease as well as *Angiostrongylus vasorum* but these tests were negative.

Bronchoscopy identified narrowing of the airways in the region of the affected lung lobe and the presence of haemorrhagic fluid, but evaluation of cytologic samples showed only inflammation and no evidence of obvious infection.

Since Shai was clinically stable and, considering the known tick exposure, he was treated initially with continued steroid therapy, doxycycline and enrofloxacin pending further culture results. Despite the negative tick serology, tick-borne disease was still considered possible. It was unclear whether the thrombocytopenia identified at this time was a primary cause of both the iridial haemorrhage and pulmonary pathology seen, or respiratory disease had been subclinical and was the primary cause of presentation resulting in either platelet consumption via haemorrhage or secondary, immune-mediated platelet destruction.

When Shai was seen a few days later his haematology results unfortunately showed worsening anaemia and thrombocytopenia; he had continued to cough and was now mildly tachypnoeic. Given these findings further investigation was considered appropriate. Computed tomography was performed in order to evaluate the extent and type of pulmonary disease present as it was suspected that this was the driving force of his ongoing illness.

The changes identified on Shai's CT confirmed pathology were primarily within the right cranial lung lobe, but also demonstrated changes elsewhere. No discrete masses or abscesses were identified, and there was no clear evidence of lung lobe torsion. However the extent of disease present, failure to respond to antibiotic therapy and evidence on CT that suggested perfusion to segments of the affected lung was compromised led to a decision to perform thoracotomy for lung lobectomy. This allowed not only removal of a potential driving force of disease, but also further samples for pathology.



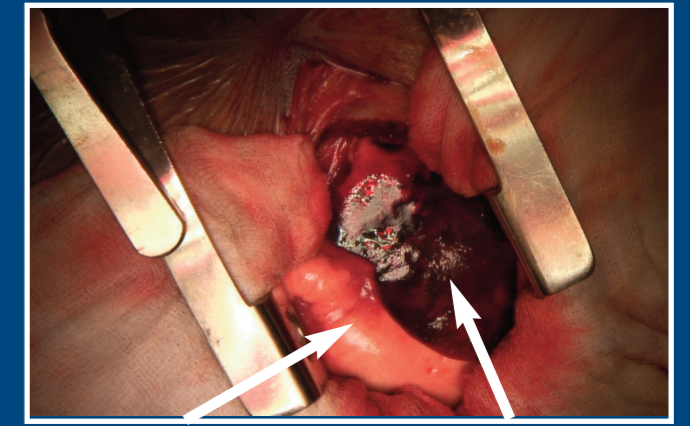
Dorsal plane reconstruction of thoracic CT scan

By the time of surgery Shai's platelet count was unfortunately dangerously low, and the anaemia had again worsened. Luckily Shai's house-mate Rui, a Great Dane, was able to provide a donation of fresh whole blood. This option was considered preferable to packed red cells as although platelets are short lived in circulation following transfusion their availability can often be sufficient to minimise the risk of bleeding with challenge to coagulation such as would occur with surgery.

Shai's surgery and recovery was uneventful.

Thrombocytopenia initially improved and a consumptive process was therefore considered most likely as a cause of the low count. However, prior to discharge, this worsened to dangerously low levels and a decision had to be made to restart immunosuppressive therapy. Given that a focus of potential infection had been removed, this was now felt to be a much safer option.

Shai's clinical team and his family spent an anxious few days waiting to see whether the platelet count would respond, happily repeat haematology a few days after starting prednisolone therapy showed a marked improvement in platelet count. Shai's lung pathology showed very severe inflammation, and although positive evidence of infection was not identified this was suspected to be the most likely cause of the presentation. Shai continues to respond very well to therapy with complete resolution of both the thrombocytopenia and anaemia.



Healthy lung tissue

Diseased lung

CHANGES IN OUR OPHTHALMOLOGY SERVICE

This autumn sees some big changes to AHT Ophthalmology. James Oliver, who joined the team in 2013, has now taken over as Head of Ophthalmology. James already holds the European Diploma in Veterinary Ophthalmology and is conducting research into the genetics of canine glaucoma towards a PhD. He plans to develop further the collaborative efforts between the clinical ophthalmology and research arms of the AHT.



L-R: Christiane Kafarnik, James Oliver and Lorraine Fleming

The AHT has also recruited two not-so-new, faces to the Ophthalmology team. Christiane Kafarnik, who undertook her specialist ophthalmology training with us before leaving in 2012 to work all around the UK, has returned to provide clinical ophthalmology services before concentrating on her PhD next year. Lorraine Fleming, who was at the AHT 1993-2004, has also re-joined us on a part-time basis. Lorraine and Christiane bring a combined wealth of experience with them and are both warmly welcomed to the team.

DIABETES TRIAL IN DOGS

We would also like to draw your attention to a diabetes trial in dogs that we are conducting. Potential candidates for the trial are dogs with a diagnosis of "diabetes mellitus". Owners are offered, free of charge, a diabetes work-up, counselling and the latest treatment, which results in enormous cost savings for the expensive process of establishing the optimal insulin dose for good glycaemic control.

Full details are available on our website at

www.aht.org.uk/diabeticdogstudy

or contact Mayank Seth or Mellora Sharman on **01638 552700**

