Newsletter

LONDON VET SHOW EDITION

eastcott REFERRALS

NOVEMBER 2014

The Eastcott Veterinary Referral team will be at the London Vet Show on 20th and 21st November

LONDON VET SHOW
OLYMPIA GRAND
20 & 21 NOVEMBER 2014

COME AND SEE US AT STAND E22

YOU COULD WIN A PLACE ON ONE OF OUR 2 DAY CPD COURSES WORTH OVER £700!

Dentistry & Oral Surgery

Peter Southerden
BVSc MBA DipEVDC MRCVS RCVS Recognised and European Specialist in Veterinary Dentistry

Malocclusions in Dogs

Abnormal occlusion is relatively common in dogs and can be associated with the abnormal position of a single tooth or more complex situations associated with discrepancies in the relative lengths of the maxilla and mandibles.

Malocclusions which result in abnormal tooth to tooth or tooth to soft tissue contact require treatment in order to avoid endodontic disease and/or chronic trauma to oral soft tissues.

Case History

In this case a four year old Dogue de Bordeaux presented with a history of crepitus in it's temporomandibular joints and restricted jaw opening (distance between incisal edges of central maxillary and mandibular incisors of 4.5cm). There was no history of trauma. Clinical examination demonstrated a Class II (mandible shorter than maxilla) malocclusion and abnormal wear patterns on the distal aspect of the maxillary canine teeth and the mesial aspect of the mandibular canine associated with abnormal tooth to tooth contact.

A CT scan showed bilateral temporomandibular joint (TMJ) degenerative disease (right worse than left); right retroarticular process fragmentation; bony proliferation affecting the right coronoid process and the opposing surface of the right zygomatic arch.

It is likely that the pathological changes detailed in the temporomandibular joints, right coronoid process and right zygomatic arch are a result of abnormal jaw movement and stresses associated with the malocclusion. Treatment consisted of a partial right rostral zygomectomy including the bony proliferation on the caudal aspect of the zygomatic arch. Following surgery jaw opening had increased to 7.5cm.

This case illustrates that failure to address malocclusion at the earliest opportunity can, in addition to endodontic and oral soft tissue disease, result in significant TMJ and maxillofacial pathology.

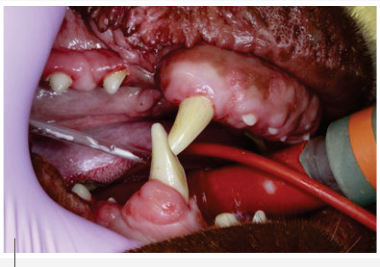


Fig 1. Photograph showing class 1 malocclusion and abnormal wear pattern affecting the maxillary and mandibular canine teeth.

Fig 2. Three dimensional CT image showing proliferative new bone affecting the right coronoid process and zygomatic arch.

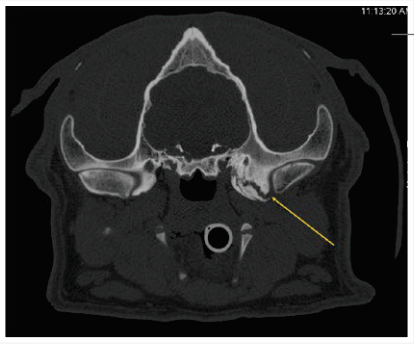


Fig 3. Transverse CT image showing evidence of fragmentation of the retroarticular process of the right TMJ.

Fig 4. Photograph showing the excised portion of the right zygomatic arch including the abnormal proliferative bon.

Orthopaedics

Duncan Barnes
MA VetMB CertSAS MRCVS

Duncan introduced the Securos PAX locking plate system last year and it has been extremely valuable in the treatment of fractures and angular limb deformities.

Some of the advantages of this system include:

- Locking screws which significantly reduces the chance of screw loosening and construct failure.
- Polyaxial screw placement which means that screws do not have to be perpendicular to the plate and can be angled to engage the best available bone stock and avoid the joint and other implants.
- Fewer screws are needed per fragment allowing reliable fixation of fractures close to the joint with minimal bone stock.
- Implants are made of titanium alloy which is more bio-compatible than stainless steel.

Recent Securos Pax locking plate fracture repair.
The cat was weight bearing the day after surgery and has gone on to have an uneventful recovery.

› THIS CASE AND OTHER CASES SEEN BY DUNCAN CAN BE READ IN FULL ON OUR WEBSITE BLOG.

Fig 1. A 6-year-old DSH cat with comminuted fractures of the tibia, fibula and calcaneus.

Fig 2. At 10-weeks there is radiographic union of both fractures.

Ophthalmology

Ida Gilbert
BVSc CertVOphthal MRCVS

Keratomalacia in Small Animals

Keratomalacia, or "corneal melting", is a process of degeneration and liquefaction of the corneal stroma, which is mainly associated with bacterial infection, typically Streptococci and Pseudomonas species, and the neutrophilic response to the infection. Some bacteria as well as the responding neutrophils have the ability to secrete enzymes such as proteases, collagenases and elastases, which attack structural collagen and glycosaminoglycans of the cornea. Additionally they can break down the intrinsic inhibitors of these enzymes within the cornea, hence having the ability to suddenly massively accelerate the process of damage to the cornea and many cases deteriorate rapidly and present as ophthalmic emergencies. Some cases are responsive to intensive medical management, if recognised and presented early enough, but a percentage of cases are so extensive or deep that they present an immediate threat to corneal integrity and require surgery.

An example of an extensive and complicated melt, which required urgent surgical attention. Jake, a 5 year old white Boxer presented with a painful left eye with the following clinical symptoms:

- Marked epiphora
- Blepharospasm
- Marked episcleral and conjunctival hyperaemia
- 360 degree ciliary flush
- Central stromal abscess/WBC infiltrate
- Deep corneal melting ulcer (note the circular shape and deep edges)
- Marked corneal oedema
- Poor vision due to the corneal clouding
- Severe reflex uveitis is suspected, including miosis

› READ THE FULL CASE HISTORY AND TREATMENT ON IDA'S BLOG ON OUR WEBSITE.

Fig 1. Advanced keratomalacia of the left eye.

Fig 2. 11 weeks post operatively, A good surgical outcome, considering the severity of damage to this cornea.

Soft Tissue Surgery

Tim Charlesworth
MA VetMB DSAS(ST) MRCVS
RCVS Recognised Specialist in Small Animal Surgery (Soft Tissue)

Portosystemic Shunt Referrals

We are happy to offer a range of services to help with any portosystemic shunts ranging from ultrasound or CT only appointments through to full case management i.e from imaging through to surgery and postoperative care.

Fig 1. Angiogram of the cranial abdomen showing position of a portocaval shun.

Fig 2. Intraoperative appearance of an extrahepatic PSS within the epiploic foramen with a vascular snare placed to perform the test ligation portovenogram.

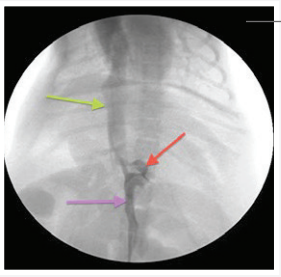


Fig 3. Intraoperative fluoroscopy (portovenogram) showing the same PSS as in Fig 1: Purple arrow = Portal vein; Green arrow = CVC; Red arrow = PSS

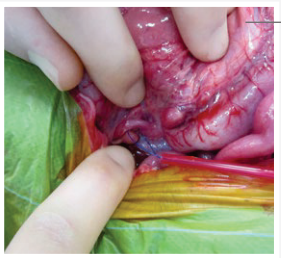


Fig 4. Intraoperative appearance of an extrahepatic PSS within the epiploic foramen with a vascular snare placed to perform the test ligation portovenogram.

› THIS CASE CAN BE READ IN FULL ON TIM'S BLOG ON OUR WEBSITE.

Internal Medicine

Alenka Hrovat Vernik
DrVetMed PhD MRCVS

The Role of Bronchoscopy in Bronchial Foreign Body Removal in Dogs

Bronchial foreign body is a differential diagnosis in dogs presenting with a history of an acute or chronic cough. Most bronchial foreign bodies are located within the right bronchial ramification and have a tendency to move deeper or migrate throughout pulmonary parenchyma to surrounding tissues and organs. About 30% of bronchial foreign bodies can be missed using the radiography for detection. At present thoracic CT and bronchoscopy seem the most sensitive diagnostic modalities, later allowing also the removal of the foreign body. Bronchoscopy was demonstrated to be useful in removing foreign bodies despite the size of the animal and the duration of clinical signs. It also presents an excellent non-invasive alternative to surgical management.

Bronchial Foreign Body Removal Case history

The patient was a 3 year old, male neutered SBT cross with a 3 week history of chronic productive coughing, lethargy and partial anorexia. Several chest radiographs were taken which did not show any significant abnormalities. Blood results were unremarkable and faecal examination negative for lungworms. Bronchoscopy was performed and a foreign body at the level of the right main stem bronchus was found. The foreign body could not be removed during the bronchoscopy so the dog was started on antibiotic therapy and referred to our hospital.

On physical examination the dog was calm, febrile (39.5°C) and coughed several times during the examination. The rest of the physical examination was unremarkable.

In order to evaluate the exact location and the size of the foreign body and aid decision-making (medical or surgical management), a CT was performed revealing foreign body at the level of the right main stem bronchus. Bronchoscopy was performed and prior to foreign body removal, the non-affected and the affected airways were thoroughly examined and a BAL performed.

Multiple foreign bodies were successfully removed (grass awns/ seeds). Due to pronounced regional swelling of the tissue and the presence of large amounts of mucopurulent discharge a thorough examination of the affected site for further foreign bodies and to evaluate the extent of the local site inflammation, was not possible.

Bronchial washes were sent for cytological examination, culture and sensitivity. Results indicated purulent inflammation although no bacteria were present on cytology slides or cultures. Antibiotics were continued and the dog was discharged after 4 days of hospitalisation.

The dog was re examined 2 weeks after discharge and was found to be generally well and the frequency of coughing substantially decreased but was still present. Physical examination was unremarkable. Given the disseminated nature of the foreign body and the fact that post removal detailed examination of the affected site was not possible, a control CT was performed. No foreign bodies were detected but local inflammation and local dilation of affected bronchus remained. Antibiotic treatment was extended for 2 weeks and the dog is currently scheduled for a repeat examination.

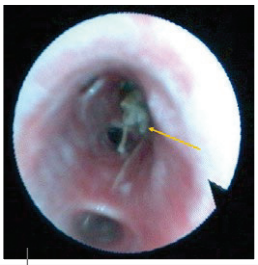


Fig 1. A CT image of the bronchial foreign body with the surrounding localised bronchopneumonia.

Fig 2. Bronchial foreign body.

CPD Dates 2015

2 Day Dental Radiology & Extraction CPD for Vets
24th – 25th June 2015

Radiography is the key to practising good dentistry and tooth extraction is one of the most common surgical procedures that many vets will perform. Yet both are common causes of frustration! This 2 day intensive practical course will teach you to master these essential techniques.

2 Day Feline Dentistry CPD Course for Vets
15th – 16th October 2015

This is a two day practical course for vets who want to further their knowledge and practical skills in the field of feline dentistry.

Small Animal Laparoscopic Surgery 2 Day Practical Course
TBC

This is a two day practical course aimed at vets who are interested in laparoscopic ("Keyhole") surgery in companion animals. The course will consist of lectures and wet-lab practical sessions. This is a very popular course and places book quickly. Please contact us via our website to register your interest in this course and we will contact you when the dates are released.

London Vet Show

Peter Southerden

Session Title: The dos and don'ts for effective scaling and polishing - before, during and after

Conference Theatre: Clinical 3

Day: Thursday 20th November

Time: 13:45 - 14:45
(including 10-15 minutes Q & A)

Session Title: Full mouth dental extraction in the management of feline gingivostomatitis complex

Conference Theatre: Clinical 2

Day: Thursday 20th November

Time: 16:50 - 17:50
(including 10-15 minutes Q & A)

Tim Charlesworth

Session Title: How and When to do Canine Ear Surgery

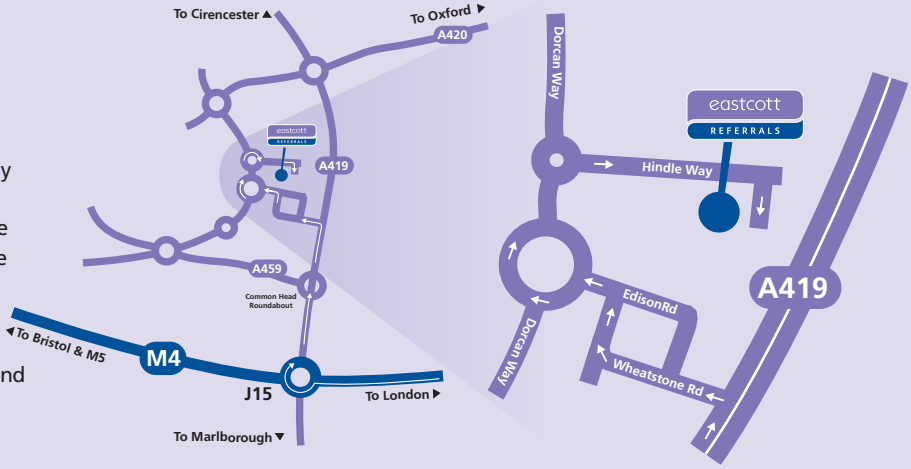
Conference Theatre

Day: Thursday 20th November
as part of the AVSTS (Association of Veterinary Soft Tissue Surgeons) stream.

How to find us

From M4 westbound exit at junction 15 and take the 3rd exit onto the A419 signposted Swindon. Take the second turning from the A419 signposted Dorcan (B4006 - Wheatstone Road). At the end of Wheatstone Road keep right onto Liden Drive and then immediately left onto Edison road. At the roundabout take the 3rd exit onto Dorcan Way. At the next roundabout take the 2nd exit. Arrive at Edison Park, Hindle Way take the first road on the right to arrive at Eastcott Veterinary Hospital. Wheatstone Road can only be accessed from the A419 Northbound, if travelling Southbound on the A419 ,proceed to Common Head Roundabout and then rejoin the A419 Northbound.

For satnav follow: SN3 3RB



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www.eastcottreferrals.co.uk

Follow us on Twitter
@eastcottrefer

Opening Hours
Monday to Friday 7am - 8pm
Saturday and Sunday 8.30am - 8pm

RCVS ACCREDITED PRACTICE CORE STANDARDS

Vet practice of the year winner