REFERRALS Newsletter

eastcott REFERRALS

ISSUE 15

Our Clinicians

Dentistry, Oral & Maxillofacial Surgery

Peter Southerden

BVSc MBA Dip.EVDC MRCVS
RCVS Recognised & European Specialist in Veterinary Dentistry

Andrew Perry

BVSc MRCVS

Soft Tissue Surgery

Tim Charlesworth

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

Orthopaedics

Duncan Barnes

MA VetMB DSAS (Orth) MRCVS
RCVS Diplomate in Small Animal Surgery (Orthopaedics)

Internal Medicine

Paul Higgs

MA VetMB CertSAM DipECVIM-CA MRCVS, European Veterinary Specialist in Small Animal Internal Medicine

Internal Medicine

Jenny Reeve

BVSc DipECVIM-CA MRCVS
European Veterinary Specialist in Small Animal internal Medicine

Ophthalmology

Ida Gilbert

BVSc CertVOphthal MRCVS
RCVS Advanced Practitioner in Veterinary Ophthalmology

Ophthalmology

Mark Ames

BVSc CertVOphthal CertVDI MRCVS
RCVS Advanced Practitioner in Veterinary Ophthalmology

Cardiology

Andrew Francis

BVSc Cert VC DipECVIM-CA (Cardiology) MRCVS

Fellow in Cardiothoracic Surgery at the RVC

We had very mixed emotions saying goodbye to Poppy as she left us to start her new position at the Royal Veterinary College. We are sad to see Poppy go as she has been a very valuable member of our team over the last year and a pleasure to work with. However, we are pleased for Poppy as she has taken up the post as the first Fellow in Cardiothoracic Surgery at the RVC. This is a notable achievement and we will be following Poppy's developing career in this area with great interest. **Congratulations Poppy!**

An excellent scientific abstract presentation to the BrAVO

Congratulations to Malwina Kowalska for an excellent scientific abstract presentation to the British Association of Veterinary Ophthalmologists (BrAVO) at the pre-congress day at BSAVA. Malwina is one of our referral interns and has been working within our team of 4 interns and referral team since August 2017. Under the guidance of our ophthalmologists Ida Gilbert and Mark Ames and our soft tissue surgeon Poppy Bristow, Malwina performed a retrospective study evaluation into the outcomes in over 150 phacoemulsification treatments for cataracts at Eastcott Referrals. Not only was the visual outcome excellent in these cases but the study also identified some really interesting information that was very well presented and received by the delegates present at the abstract.

Malwina has worked incredibly hard during her internship and her diligence and commitment shone through during her presentation. Sadly, as with all interns, we will lose Malwina to new pastures in the summer and we are hopeful that she will go on to become a shining star of the ophthalmology world. We wish her all the best in her future endeavours whilst we look forward to our new intake of 5 interns in July.

Specialist Cardiologist joins the team

Welcome to **Andrew Francis** BVSc Cert VC DipECVIM-CA (Cardiology) MRCVS who will be joining The Eastcott Referrals Team.

Andrew will be seeing Cardiology Referrals from 8th May 2017.

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Eastcott Veterinary Hospital
Edison Park, Dorcan Way, Swindon, Wiltshire SN3 3FR
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Saturday and Sunday 8.30am - 8pm

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Canine Lung Tumours

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

Canine lung tumours are uncommon but are usually seen in older patients typically 9-12 years of age. They are usually malignant with the vast majority (97%) being carcinomas. We do very occasionally see benign masses (e.g. pulmonary lipoma) but these are considered very rare.

Lung tumours can cause a variety of clinical signs that are caused by direct compression of the associated airway and interference with normal respiratory function. These signs include increased respiratory effort, exercise intolerance, and cough. Other general /non-specific signs can include weight loss, anorexia, lethargy and pyrexia. Occasional cases will present with a pleural effusion.

Any older dog that presents with a chronic cough that either does not respond or partially responds to antibiotics should alert the clinician to the possibility of lung neoplasia.

Diagnostics:

Conventional three-view radiography (i.e left and right lateral and DV/VD projections) is usually enough to detect a pulmonary mass. Clinicians should pay particular attention to assessing radiographs for potential masses in areas of overlapping soft tissue densities i.e overlying the heart and diaphragm as smaller lesions can be missed. Larger, peripheral masses can be further assessed with ultrasound and guided fine-needle aspirates can be taken if desired but this is not without risk of creating pneumothorax or intrapulmonary haemorrhage/ haemoptysis.

Computed Tomography (CT) is invaluable for further assessment of suspected lung tumours. Not only is CT much more sensitive for detecting other smaller masses *(see figs 1-3)*, CT can also detect signs of regional lymph node enlargements that may indicate metastases to this site.

Treatment:

The treatment of choice for primary pulmonary carcinoma is surgical lung lobectomy. Although some very small masses can be resected thoracoscopically, the usual approach is via an open, intercostal incision. The affected lung lobe is removed by either dissection and ligation of the hilus or by use of surgical stapling equipment *(fig 4)*. Although intercostal thoracotomy is an invasive surgery it is usually very well tolerated by veterinary patients with the majority of cases discharged from our hospital within 24-48 hours of surgery.

Prognosis:

The prognosis for lung tumours in dogs is very variable and depends on the histological diagnosis and the stage of the tumour. Dogs with smaller solitary masses that have not spread can have an excellent prognosis following lung lobectomy with reported median survival times >18 months. By contrast, however, larger lung masses that have metastasized have a very poor long term prognosis with median survival times of approximately 2 months.

Latest advances:

There is a clear and significant difference in prognosis between cases that have and have not metastasised. Routine preoperative CT scanning is now recommended and although this will reveal metastases in a number of cases that were deemed "clear" by radiography alone, the cases that are deemed clear of metastases by CT will often do better than the quoted survival times. This is because these survival times were based on radiographic and intra-operative assessment that simply was not as sensitive as modern CT evaluation. In this way, better case selection will eventually lead to a better average survival time following surgery with many cases (especially smaller, peripheral masses with no metastases) being considered cured by surgical lobectomy.

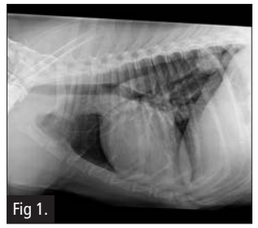


Fig 1.

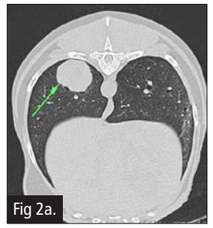


Fig 2a.

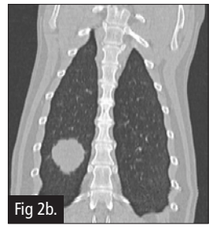


Fig 2b.

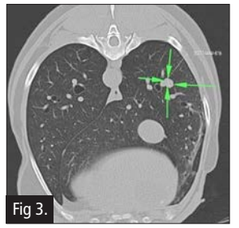


Fig 3.

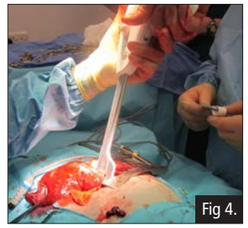


Fig 4.

Is there a role for Thoracoscopy?

Although we would not normally recommend thoracoscopy for lung lobe resection, thoracoscopy can be used to biopsy possible lung lesions and also to biopsy the local lymph nodes. The presence or absence of nodal metastases is highly prognostic and so knowing what is going on inside the regional lymph nodes before committing to surgery remains the "Holy Grail" of lung tumour treatment. Many carcinomas are associated with a significant inflammatory component (which is often why symptoms can improve with anti-inflammatories and antibiotics) which can cause mild-moderate enlargement of the hilar lymph node without metastases. Conversely, a normal sized lymph node does not entirely exclude the presence of microscopic metastases. It is hoped that using a combination of advanced imaging techniques and thorough preoperative assessment, including lymph node biopsy when indicated, will lead to better case selection and improved patient outcomes.

Metastectomy:

Some patients will present with solitary metastases from a primary mass elsewhere in the body. If that primary mass has been removed then surgical metastectomy can be considered although there are strict criteria used to assess such cases. These include:

1) The primary tumour must be in remission for >300 days
2) Only 1-2 visible nodules within the thorax
3) No other evidence of metastases elsewhere in the body
4) A long doubling time of the metastatic lesions (>30 days)

Summary

- Older dogs with a chronic cough should be radiographically assessed for significant pulmonary disease including neoplasia even if there is a partial response to anti-inflammatories or antibiotics.
- Smaller solitary lung masses are often very amenable to surgical resection which can result in very good survival times.
- Larger lung masses with metastases are sadly associated with a very poor prognosis.
- A thorough preoperative assessment is recommended to determine the likely prognosis for any patient before surgery is undertaken.

Figure legends:

Fig 1: Lateral thoracic radiograph showing typical appearance of a peripheral pulmonary mass within the caudodorsal thorax.

Fig 2a & 2b: Transverse and Coronal CT reconstructions of the same mass shown in figure 1.

Fig 3: Same case as figures 1-2: A second small (9mm) mass adjacent to a blood vessel is seen within a separate lung lobe. This nodule was not visible on screening radiographs. Other grey "spots" are branching blood vessels.

Fig 4: Use of a surgical stapler to remove a pulmonary histiocytic sarcoma in a dog.

Ruptured diabetic cataracts: An avoidable emergency

with Mark Ames BVSc CertVOphthal CertVDI MRCVS

A recent review of our cataract surgery patients found that approximately 50% of cases were diabetic dogs. Functional vision was achieved in over 95% of these cases, however some of our diabetic patients were not suitable for cataract surgery due to potentially avoidable lens rupture and retinal detachment. Vision can be saved in some cases of lens capsule rupture if surgery can be performed promptly.

The enemy: Aldose reductase

High levels of glucose in the blood overwhelm the normal metabolic pathway in the lens leading to the formation of sorbitol. Sorbitol cannot escape the lens so builds up inside it and draws water in from outside of the lens capsule. This process is facilitated by the enzyme aldose reductase (AR). Levels of AR vary from species to species (cats have very little so are unlikely to suffer from diabetic cataracts) and it is thought that the amount of AR present in the lens varies from individual dog to dog. It appears that there are two distinct groups of diabetic cataract patients: Group 1. Dogs that form cataracts in the first few months following diagnosis and in which the cataracts form very quickly and Group 2. Dogs with a later and more gradual cataract formation.

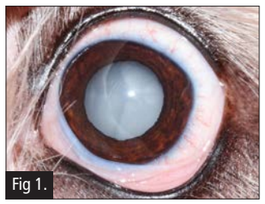


Fig 1.

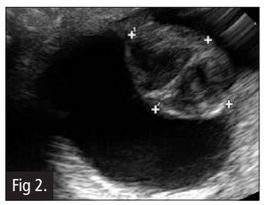


Fig 2.

Figures 1 and 2: Mature diabetic cataract showing a swollen lens and clear water clefts forming and an ultrasonograph of a similar lens.

The problem: Lens capsule rupture

Group 1 cases are thought to have higher levels of AR in their lenses and can become genuine emergency cases. The lens can swell so dramatically that the lens capsule ruptures which in turn leads to a severe uveitis and risks the blinding secondary consequences of retinal detachment and eventual glaucoma.

The solution: Prompt referral

Currently the only effective way to deal with these cases is to remove the source of the inflammation: i.e. the cataractous lens. This is often a race against time and the urge to completely stabilise your diabetic patient prior to surgery. If lens capsule rupture has occurred they need to have their lenses removed urgently to avoid permanent blindness. If your diabetic patient suddenly develops mature cataracts and your owner is in a position to consider cataract surgery a prompt assessment by a veterinary ophthalmologist could save their vision. Treatment with NSAIDs (systemic and topical) prior to surgery is desirable (2 to 7 days of treatment is ideal). As soon as any DM cataract is noted it is advisable to begin anti-inflammatory treatment (e.g. Ketorolac OU BID and Meloxicam PO SID).

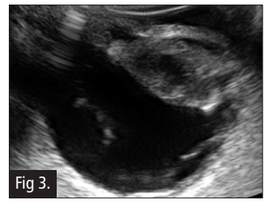


Fig 3.

Figure 3: This ruptured lens has an irregular shape with a flattened posterior outline. Retinal detachment is also present.

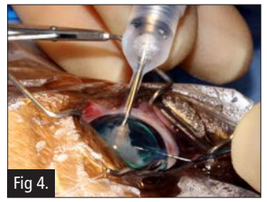


Fig 4.

Figure 4: Cataract being aspirated up the phacoemulsification probe.

The future: Kinostat?

Kinostat is an aldose reductase inhibitor. It is currently being licensed in the USA as an eye drop for dogs that has been shown to reduce cataract formation in diabetic patients. It is not currently available in the UK.

Free CPD Evening 9th May 2017

Options for the treatment of cruciate ligament disease

7.30pm – 9pm with refreshments from 7pm

with Duncan Barnes MA VetMB DSAS (Orth) MRCVS RCVS Diplomate in Small Animal Surgery (Orthopaedics), Head of Orthopaedic Referrals Service

This lecture will explore the options for the treatment of both standard cruciate ligament disease and cases complicated by medial patellar luxation, angular limb deformity and extreme tibial plateau angle.

For more information or to book a place on one of our courses, please visit our website. Alternatively courses can be booked via email or phone. If there is a course that you would like to see run or a topic that you would like covered, please contact us and we will see if we can help. If you have in interest in a course that is fully booked, you can register your interest in future courses by submitting a form via our website which can be found on the course page.

Contacting Eastcott Referrals outside office hours

If your communication is urgent please call 01793 528341.
Emails are processed during normal office hours (9am - 6pm Mon to Fri).

Prize Draw Winner

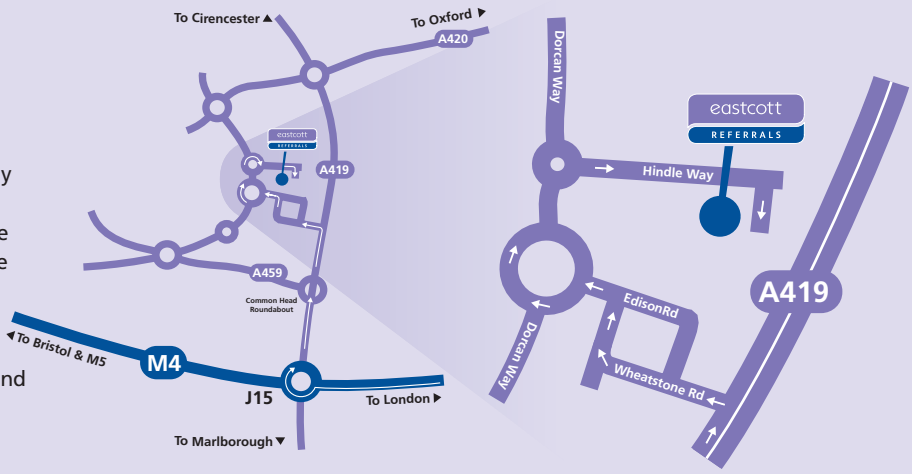
Congratulations to **Carina Palmer from The Paddock Veterinary Practice, Devizes** who won this quarter's prize. Carina wins £200 in vouchers to spend at The Bybrook - Manor House Hotel at Castle Coombe. The vouchers can be spent in the Michelin starred restaurant, spa or put towards an overnight stay.

Our draw takes place quarterly from referring vets. Names are added automatically each time a vet makes a referral.

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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