Willows launches Extracorporeal Shockwave Therapy

We have now launched our extracorporeal shockwave therapy service to aid treatment of soft tissue injuries and rehabilitation. It is an excellent technique for dealing with certain orthopaedic conditions. Particularly the treatment of ligament and tendon injuries. Surgery is still essential in some of the more acute, problematic cases but shockwave therapy has been a terrific development in helping provide an alternative means of treatment.

It is a very simple process which sends mechanical shock waves into the affected area to stimulate the natural healing process by triggering the body’s own repair mechanisms. This accelerates healing and provides swift and long-term improvement in the majority of cases. There can be immediate pain relief for the dog; after two weeks we start to see lasting benefits and in four weeks we normally see a clear improvement. The added benefits are reduction in medication, increase in exercise levels and in some cases avoids surgery.

For further information please speak to a member of the orthopaedic team.

Willowis is delighted to be back at BSAVA Congress

5-8 April 2018

Congress delegates can meet our multi-disciplinary team to find out more about our new extended services such as our radioactive iodine service for hyperthyroidism in cats and extracorporeal shockwave therapy to aid treatment of soft tissue injuries and rehabilitation.

Come and join us on stand 114 to be in with a chance of winning an iPhone 8 by trying your hand at our canine operation game!

Willows is also delighted to be supporting BSAVA this year with their Go Green Campaign, sharing their vision of sustainability by sponsoring the reusable water bottles that will be given to all delegates this year, helping to reduce plastic waste at Congress.

Brian Watson, hospital director explains the decision to support BSAVA. He said: “One of our core values is caring for the environment. With so much emphasis now placed on cutting down on plastics, the opportunity to sponsor the reusable bottles being provided at BSAVA Congress was one we felt compelled to act upon. We identify with the BSAVA’s Go green campaign and are delighted to be playing our part with this sponsorship. As Willows and the specialist services we provide continue to grow, we will be looking at further ways in which we can positively impact on sustainability in the environment going forward.”
What’s your diagnosis?

**HISTORY**

**FINDINGS**

**DIAGNOSIS**

**PLAN**

**PROGNOSIS**

**WILLOWS CASE STUDY:**

**Young adult, male neutered Pug**

Charlie was presented with a chronic history of dyspnoea, tachypnoea, exercise intolerance, polydipsia and polyuria. Biochemistry and haematology performed at the referring veterinary practice revealed mildly elevated total calcium levels and a moderate eosinophilia respectively.

On clinical examination, Charlie was bright and in good body condition (body condition score 5/9). The only abnormality identified was mild inspiratory dyspnoea, which was evident on thoracic auscultation. Thoracic radiographs were performed (Figure 1).

Figure 1: Right lateral and dorsoventral radiographic projections of Charlie’s thorax

What is your diagnosis or differential diagnosis? What are the treatment options for this condition? What is the prognosis?

...for the answer see the back page

**Forthcoming Day CPD Meetings**

**Focus on Urology**

*Wednesday 16 May 2018*

This day CPD meeting will cover how to approach cases along with the some of the more common and frustrating conditions encountered. Topics include diagnostic imaging, anaesthesia, feline urethral obstruction, nutrition for urolithiasis, the role of cystoscopy and interventional endoscopy, neoplastic disease, and the role of antibiotics in urinary tract disease.

**Collapsing in a Heap; Wobbles, Fits and Faints**

*Wednesday 12 September 2018*

During this multi-disciplinary day CPD we will focus on the assessment of the collapsing patient. The aim is to give you the tools required in primary care practice to triage and provide initial treatment for these patients. Which cases can wait and which may need further investigations or prompt referral.

**Nursing Geriatrics**

*Wednesday 28 November 2018*

This day CPD will cover the approach to nursing a number of commonly presented conditions such as congestive heart failure, feline hyperthyroidism, hypertension and vestibular disease. Specific tips such as anaesthetising geriatric patients and running geriatric clinics will also be discussed. Anaesthesia, orthopaedics, cardiology, neurology and internal medicine for the geriatric patient will be covered.
New cardiology project at Willows

Atrial fibrillation (AF) is one of the most common arrhythmias in dogs and is usually associated with significant underlying heart disease. About 75% of dogs with AF have concurrent heart failure.

Optimal rate control of AF has shown a clear survival benefit for humans and our study aims to investigate if this is also true for dogs. Our cardiology team is leading a multi-centre prospective study which will investigate AF, its impact on the patients’ quality of life and survival times in relation to optimal rate control. We will be recruiting all dogs with AF due to any cause. The most common diseases that cause AF are mitral valve disease, dilated cardiomyopathy and congenital heart conditions.

Every dog included in the study will have an initial full cardiac work-up at a reduced and fixed cost. This will include consultation with a Specialist, full blood work (including biomarkers), blood pressure, ECG, echocardiography, Holter ECG monitoring +/- thoracic radiographs. Follow-up assessments will include all necessary tests and will also be offered at a reduced fixed cost.

Total Hip Replacement (THR) Clinic

Total hip replacements are very well established at Willows, and our orthopaedic surgeons are supported by a truly multi-disciplinary team in our state-of-the-art hospital.

- New specialist total hip replacement clinic now available
- Fixed price package for clients’ peace of mind
- Orthopaedic team consisting of six board-certified Specialists, supported by Specialists in anaesthesia and imaging
- Proven low complication rates and outstanding clinical results*
- Comprehensive investigation of patients using state-of-the-art diagnostic systems
- Hospitalised patients benefit from 24 hour veterinary and nursing care
- Contact us for details 0121 712 7070 or visit our website for more information


To find out more about our Specialist orthopaedic surgery and THR clinics, please call a member of our orthopaedic team on 0121 712 7070.

Please do not hesitate to contact our team on 0121 712 7070 if you would like further information about the study or if you would like to refer a case to be included in this project.
Daisy, a 12 year old, female spayed Cocker Spaniel was referred to the Internal Medicine service to investigate hypertensive retinopathy which was suspected to be secondary to a protein losing nephropathy (PLN). Daisy also had a history of chronic pancreatitis and had been diagnosed with hypothyroidism.

On physical examination, Daisy was noted to be overweight (body condition score 6/9) but she was otherwise bright and well. Diagnostics confirmed severe proteinuria, despite the absence of azotaemia and only mild ultrasonographic changes to the kidneys. Ultrasonography also revealed a thickened pancreas which was consistent with the clinical suspicion for chronic pancreatitis. Medical therapy for Daisy’s proteinuria and hypertension were started with benazepril and amlodipine respectively.

Nutritional assessment revealed three separate problems requiring specific dietary modulation, i.e. the PLN, chronic pancreatitis and excessive bodyweight. The main nutrient modulations required for Daisy’s PLN included dietary protein restriction, sodium restriction and omega-3 fatty acid (fish oil) supplementation. Dietary fat restriction was considered to reduce the risk of her chronic pancreatitis. Finally, Daisy’s excessive bodyweight necessitated calorie restriction. In summary, the nutrient modulations needed for Daisy included restricted amounts of calories, protein, fat and sodium, together with the supplementation of fish oils. A commercial renal diet would be suitable for Daisy’s PLN, however these diets are usually high in fat and are calorific so not helpful for her other two disorders. On the other hand, a commercial low fat intestinal diet would have been ideal to manage her chronic pancreatitis, however these diets are high in protein and are not calorie restricted, so are unsuitable to manage renal disease and obesity respectively. Finally, low calorie (i.e. weight loss formulated) commercial diets are also usually high in protein so are counterproductive with renal disease.

In the absence of a suitable commercial diet that meets all of Daisy’s nutrient needs, a recipe for a balanced home-cooked diet was formulated. This diet provided restricted amounts of calories, protein, sodium and fat, and used ingredients known to be preferred by Daisy. The diet was balanced for her micronutrient (i.e. vitamins and minerals) needs using an imported supplement. Finally, a veterinary formulated omega-3 fatty acid fish oil supplement was also started.

Daisy was re-evaluated two months later, at which time she was no longer overweight (body condition score 5/9). The home-cooked diet was reformulated at that time to provide more calories, but it remained restricted in protein, sodium and fat. Due to a change in Daisy’s dietary preferences, some ingredient changes were also made at that time (i.e. pasta instead of rice, carrots instead of peas). Over the next three months, two further reformulations were made to change the ingredients. Daisy continued to do well over this period with no clinical signs of pancreatitis and her proteinuria improved.

The practice of feeding home-cooked diets is becoming increasingly popular amongst owners. Some of this popularity stems from a reluctance of some owners to feed their pets commercial diets, and in some cases it is due to the refusal of some dogs and cats to eat commercial food. However, there are inherent risks associated with feeding unbalanced home-cooked diets, and this is especially true for diseased animals. A recent study of internet and textbook recipes for home-cooked renal diets for dogs and cats revealed multiple nutrient deficiencies including amino acids, choline, selenium, zinc and calcium (Larsen et al, JAVMA 2012). For this reason, a home-cooked diet should always be balanced for all of the nutrient requirements and be tailor-made to meet the specific requirements of individual patients.

Home-cooked diets can play a vital role in the management of complex medical conditions (such as Daisy’s) where there are contradicting nutrient requirements. In these cases, a home-cooked diet can be tailor-made to meet individual nutrient specifications. These bespoke diets also enable certain nutrient provisions to be adjusted with disease progression (e.g. adjusting the calorie provision to achieve and maintain a target body condition score or titrating the protein provision with advancing renal disease). Finally, a home-cooked diet enables the use of a wider range of ingredients. This can be useful in dogs and cats with fastidious appetites or when a novel protein option is needed (e.g. to manage food responsive skin or gut disease). Feeding of home-cooked diets can be labour intensive and costly, however in some circumstances these can be very useful to manage medical and nutritional disorders.
2018 is going to be a very exciting year for us at Willows with the launch of new services and clinics.

Our building extension work is now complete, and was carefully planned to maximise the space we already had available.

We are already extremely well placed to offer a wide variety of specialist treatments along with:

- A radioactive iodine unit for treatment of hyperthyroidism in cats building upon our gold level cat friendly clinic status
- A new and larger echocardiography suite for our cardiac patients
- Oncology procedure room to allow safe and efficient administration of chemotherapy agents to cancer patients
- Endoscopy suite
- Ophthalmology procedure room
- Dedicated operating theatre for minimally invasive procedures, fully equipped with fluoroscopy as well as rigid and flexible endoscopy
- 41 new kennels, including an additional 13 large walk in kennels
- Dedicated anaesthesia recovery ward

In addition to these new expanded areas, we will be offering shockwave therapy to rehabilitate dogs suffering from musculoskeletal injuries and we will also be introducing dedicated clinics for patients needing total hip replacements, as well as a clinic for patients with atrial fibrillation. These new clinics will complement our existing specialist clinics in nutrition, feline medicine, and brachycephalic airway syndrome.

We will keep you up to date over the coming months with all these exciting new developments as part of our commitment to providing our patients with excellence in every aspect of our service.
We are delighted to announce the arrival of three new members to the Willows’ team

**Anne Staudacher**  
**DrVetMed DipECVDI MRCVS**  
**European Specialist in Veterinary Diagnostic Imaging**
Anne studied Veterinary Medicine at the Justus Liebig-University in Giessen, Germany, spending an academic year in France at the École Nationale Vétérinaire de Nantes on an ERASMUS scholarship in 2006/2007.

**Ines Carrera**  
**DVM MVM PhD DipECVDI MRCVS**  
**RCVS Specialist in Veterinary Diagnostic Imaging**  
**European Specialist in Veterinary Diagnostic Imaging**
Ines graduated in 2001 from the University of Santiago de Compostela (Spain). She undertook a Masters degree in Radiology at the University of Glasgow and then started a residency in Diagnostic Imaging. Ines passed her European Diploma in Veterinary Diagnostic Imaging in 2010.

**João Neves**  
**DVM MRCVS**  
**Clinician in Veterinary Cardiology**
João graduated in 2009 from Oporto University, Portugal. After graduation, he initially worked for four years in general practice in Portugal. Focused on studying towards to become a cardiology Specialist.

**WHAT WAS YOUR DIAGNOSIS?**

**Charlie, a young adult, male neutered Pug**

The thoracic radiographs reveal multifocal soft tissue opacities associated with coalescing nodules within the periphery of the lung fields both caudally and ventrally. Occasional small air bronchograms are also visible confirming an alveolar component to the lung pattern. Several ring shadows are present (sometimes referred to as ‘doughnuts’) representing thickened end-on bronchi consistent with a bronchial pattern. Subtle pleural fissure lines are also visible indicating the presence of a small volume of pleural fluid and there is equivocal right-sided cardiac enlargement.

A multicentric bronchoalveolar pattern with a predominantly peripheral distribution is highly suggestive of Angiostrongylus vasorum (French heartworm) infection. Adult A. vasorum are found within the right side of the heart and pulmonary arterial circulation. Following mating, the eggs hatch into first-stage larvae (L1) and are transported to a peripheral pulmonary capillary bed where they penetrate the alveoli. A strong immune response results in an eosinophilic inflammation within the lung and granuloma formation around the parasite larvae and eggs, the latter accounting for the pulmonary nodules identified radiographically in Charlie. These changes are often accompanied by pulmonary haemorrhage due to the migration of L1 larvae throughout the pulmonary parenchyma. Equivocal right-sided cardiac enlargement suggests possible pulmonary hypertension. Further radiographic changes that may be observed in dogs with A. vasorum infection include enlargement of the tracheobronchial and/or cranial mediastinal lymph nodes and pulmonary arterial enlargement.

There are other, albeit less likely differentials for the radiographic changes observed in this case including eosinophilic bronchopneumopathy, granulomatous lung disease and pulmonary lymphoma, hence confirmation of A. vasorum infection is necessary. In Charlie’s case, an angiostrongylus antigen test was performed which returned a positive result and larvae were also identified within a fresh bronchoalveolar lavage sample. Hypercalcaemia has been reported in dogs with A. vasorum most likely due to the granulomatous reaction and would explain Charlie’s polydipsia and polyuria.

Following diagnosis, Charlie was successfully treated with fenbendazole and dexamethasone (to reduce any anaphylactic reaction resulting from the worm kill).

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**References**


