Willows anniversaries!

20 years on... It is 20 years since RCVS Recognised Specialists Malcolm McKee and Peter Renwick founded Willows Referral Service – the UK’s longest established private Specialist small animal referral practice. The practice has continued to grow whilst retaining its founders' 'Commitment to excellence'.

Today Willows Referral Service is recognised worldwide as a provider of exceptional small animal veterinary care with dedicated Specialist clinicians who, in addition to their clinical work, are actively involved in training, CPD provision and clinical research.

1 year on... It is a year since our out-of-hours care for hospitalised patients was enhanced, with the presence of a veterinary surgeon and a veterinary nurse on the wards and in ICU throughout every night of the year. Our clients have peace of mind, knowing that all our patients are closely monitored 24 hours a day, 365 days of the year, by qualified veterinary and nursing personnel.

Website update
We have extended and improved our website content for veterinary professionals to include useful information such as how to go about referring a case, our forthcoming CPD events, our Internship program and Willows EMS provision for students. Simply go to our home page at: www.willows.uk.net and follow the Veterinary Professionals link.

Discount scheme for treatment of vets’ and nurses’ pets
Willows has launched a discount scheme for patients which are in need of Specialist treatment and which are directly owned by vets and veterinary nurses. A discount of 15% will be given on the total bill for both uninsured and insured patients. Direct claims can generally be arranged for insured patients, depending upon circumstances.

Further details can be obtained in the event that your pet needs the care of one or more of our Specialist teams.
Malignant melanoma is a highly aggressive and frequently metastatic tumour that represents approximately 4% of all tumours in dogs. Commonly affected sites are the oral cavity, mucocutaneous junction, nail bed and footpad. Cutaneous melanomas not adjacent to a mucocutaneous junction and some well-differentiated oral melanomas may behave in a more benign fashion.

Malignant melanoma is poorly sensitive to chemotherapy and, in the absence of a good therapy for metastatic disease, survival times have been poor.

More recently, a therapeutic vaccine for the management of melanoma has been made available (Oncept: Merial). This vaccine works by generating an immune response to a melanoma-associated antigen (tyrosinase) which is present in normal and neoplastic melanocytes, but not other cells.

Treatment consists of an intramuscular injection once every 2 weeks for 4 doses, followed by a booster every 6 months. Treatment is well-tolerated, with no significant adverse effects being reported.

In the absence of adjuvant therapy, the survival time for stage II oral melanoma is up to 150 days and for stage III melanoma is up to 60 to 90 days. For dogs with stage II, III and IV oral melanoma treated with the vaccine, median survival time is 389 days. For dogs with stage I – IV digital melanoma treated with the vaccine, median survival time is 476 days.

This product is only licensed for use by oncology Specialists or other Specialists with a high oncology caseload in the UK and is available at Willows Referral Service.

Parenteral nutrition

We are now fully equipped to provide parenteral nutrition for our patients. This form of nutrition is provided intravenously and is usually reserved for dogs and cats that are critically ill. Examples of patients that would benefit from parenteral nutrition include those with intractable vomiting (e.g., due to severe pancreatitis) or those at risk from aspiration due to oesophageal dysfunction (e.g., megaesophagus) or reduced mentation.

Parenteral nutrition can be tailor-made to suit a patient’s specific nutritional requirements and for this reason this technique can be very helpful in those patients with complex medical problems.

Our intensive-care unit is fully staffed and equipped to safely deliver and monitor the administration of parenteral nutrition. Each patient’s nutritional needs are fully assessed and calculated by Isuru Gajanayake DipACVIM, one of our medicine Specialists, who has undergone additional approved residency training in clinical nutrition.

Willows scientific publications

Willows personnel have been actively involved in clinical research and continuing professional development for the last 20 years. This activity, along with the training of Residents, Interns and visiting veterinary professionals, has helped to keep Willows Referral Service at the forefront of small animal healthcare provision.

To see some of the contributions Willows’ personnel have made to advances in small animal work, visit our website at www.willows.uk.net/veterinary-professionals and follow the link to the Willows Scientific Publications pages.

Therapeutic melanoma vaccine

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This and other recent advances in Veterinary Oncology will be included in a forthcoming CPD day meeting at Willows on 23rd November 2011.
Personnel update

Lizza Baines
MA VetMB DVR DipECVDI FHEA MRCVS
RCVS and European Specialist in Veterinary Diagnostic Imaging

We are delighted to welcome Lizza Baines to our Diagnostic Imaging team, where she is working alongside Paul Mahoney DVR DipECVDI, RCVS and European Specialist in Veterinary Diagnostic Imaging, Andrew Parry DipECVDI, European Specialist in Veterinary Diagnostic Imaging, and our highly experienced Radiographer, Andrew Tanner BSc (Hons).

Lizza has joined us from the RVC where she worked in the clinical imaging service and was Lecturer in Diagnostic Imaging.

Each of our scans, whether CT, MRI or ultrasound is tailored precisely to the needs of the individual patient and reported by our onsite Specialists. Our imaging team also represents a vital component of our comprehensive 24 hour emergency service, providing MRI, CT and ultrasound imaging 365 days of the year.

MRI or myelography – which is best for the spinal patient?

Plain radiography is only diagnostic in a limited number of spinal conditions, including vertebral deformity, osseous neoplasia, discospondylitis, and vertebral fracture/luxation.

Myelography provides information where there is a mass involving the vertebral canal, meninges or spinal cord, such as degenerative disc extrusion/protrusion, arachnoid diverticulum, or neoplasia. However, myelography has a number of limitations, the most important of which are:

- It can result in severe injury or death if the contrast agent is injected into neural tissue
- It results in an increase in pressure in the vertebral canal/brain that may further injure the spinal cord (this is particularly a problem in paretic patients with chronic spinal cord injury which may be unable to walk following myelography)
- It may be non diagnostic if:
  - the contrast agent is injected into the epidural space
  - the spinal cord is swollen when contrast may fail to delineate the lesion (commonly encountered in patients with thoracolumbar disc disease)

MRI (magnetic resonance imaging) has the benefit of avoiding all of the above contrast-related complications. In addition, unlike myelography, MRI provides valuable information on spinal cord pathology, such as infarction, syringomyelia, oedema, gliosis, neoplasia, myelitis and haemorrhage. Such information can significantly influence case management and our understanding regarding the patient’s prognosis.

Unlike myelography, MRI provides information on spinal nerve pathology such as foraminal disc extrusion with spinal nerve compression, neoplasia and neuritis.

Our 1.5 Tesla scanner is operated by Imaging Specialists Paul Mahoney, Andrew Parry and Lizza Baines, and our highly trained radiographer Andrew Tanner. In contrast to many other referral centres and indeed human hospitals, our scanner is available for imaging spinal emergencies 24 hours a day, 365 days of the year.
Willows Case Study: Obi - 4 year old M/N Cocker Spaniel

Obi was referred with a short history of a non-productive cough. Physical examination revealed dull heart and breath sounds on the right side of the chest and a swelling on the chest wall at the level of the 7th and 8th ribs.

Lateral and dorsoventral thoracic radiographs obtained by the referring veterinary surgeon showed an extensive soft tissue opacity occupying most of the right hemithorax, with a marked mediastinal shift to the left and an osteodestructive and osteoprotective lesion centred on the 7th rib, extending caudally to the 8th rib. Incisional biopsies indicated the mass was a low grade chondrosarcoma.

Obi was admitted for a CT examination to assess the extent of the lesion and its association with other structures, particularly intra-thoracic viscera, and to look for the presence of potential metastases to the pulmonary parenchyma and intra-thoracic lymph nodes.

The CT scan showed a large, smoothly margined heterogeneously mineralised and contrast-enhancing mass in the right hemithorax measuring 15 x 9 x 11 cm. There was lysis of the right 7th rib adjacent to the costochondral junction and mineralisation of the adjacent mass with a smooth peristomial reaction along the medial aspect of the cortex of the right 6th rib, especially adjacent to the costochondral junction. The mass caused a marked mediastinal shift with the heart and caudal mediastinal structures displaced to the left hemithorax. The caudal vena cava was displaced to the left and was markedly compressed within the plica vena cava resulting in the accumulation of a small amount of peritoneal and retroperitoneal fluid (Budd Chiari-like syndrome).

En bloc resection of the mass with margins of either 3cm or one unaffected rib was performed, necessitating resection of the ribs 5-9. The thoracic wall defect was closed with polypropylene mesh and an omental pedicle flap. Obi made an excellent recovery from surgery, with a normal pattern of breathing and no respiratory impairment from the point of recovery, and he returned to his home in Guernsey eight days postoperatively.

Histological examination of the resected specimen confirmed the presence of a low grade chondrosarcoma with complete margins of excision.

Complete excision of a low grade chondrosarcoma is associated with a good prognosis. Metastasis is uncommon and the reported median survival time is of the order of 4 - 5 years, with those animals without local recurrence or metastasis essentially cured of their disease.
Cassie - English Setter

Cassie, a six year old neutered female English Setter, presented with a history of intermittent urinary incontinence, predominantly associated with recumbency and sleep. The condition had shown an incomplete response to the administration of phenylpropanolamine and oestriol. General physical examination was unremarkable. A retrograde positive contrast vaginourethrogram was performed.

...for the answer see back page

Feedback on our services

As part of our ‘Commitment to excellence’ we are continually trying to improve the service we provide to our clients and to the vets who entrust their patients and their clients to our care. In order to help us to improve we already seek feedback from all our clients, and we would like to know what you think of us, too!

To give us your feedback just visit our website at www.willows.uk.net/veterinary-professionals and follow the link to our feedback page to complete the online form (this should take no more than two or three minutes), and get the opportunity to win £100 of M&S vouchers in our quarterly draw!

Practice tip:

X-raying the stifle joint

Unlike the mediolateral projection, obtaining a craniodorsal or a caudocranial view of the stifle is not straightforward. A caudocranial view is preferred, since it reduces the distance between the stifle and the X-ray cassette. With either projection the joint should be as extended as possible.

Traditionally the caudocranial projection has been obtained with...
The vaginourethrogram revealed the presence of an intrapelvic bladder neck. Further investigations included urinalysis with culture and sensitivity and lower urogenital tract endoscopy. A diagnosis of urethral sphincter mechanism incompetence (USMI) was made on the basis of the clinical history and investigations.

At surgery, a urethropexy was performed. Post-operative vaginourethrography (see above) showed the bladder neck to be positioned intra-abdominally. Other surgical options for the management of USMI in the bitch include colposuspension and sub-mucosal injection of bulking agents. The urethropexy procedure will produce continence in approximately 75-80% of cases, although the long term results (three years postoperatively) suggest that continence without concurrent medication is seen in approximately 60-65% of cases.