**Willows at BSAVA/WSAVA Congress**

**Vets and nurses** from our multi-disciplinary Specialist team will be on our stand at Congress, presenting interesting cases and diagnostic images, and answering any queries you may have concerning difficult cases. *While you’re with us, test your manual dexterity in our Laparoscopic Sugar Cube Stacking Competition* – there are two iPads to be won! *And why not take the Willows Eye Test?* – you could win one of four copies of ‘Small Animal Ophthalmology, What’s Your Diagnosis?’ by Heidi Featherstone (*one of Willows’ Specialists*) and Elaine Holt.

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**Oncology Specialist at Willows**

**Stephen Baines**

MA VetMB PhD CertVA CertESAS DipECVS DipClinOnc MRCVS
RCVS and European Specialist in Small Animal Surgery
RCVS Specialist in Veterinary Oncology

We are very pleased to announce that Stephen Baines, one of our existing team of accredited Surgical Specialists, has now also been awarded Recognised Specialist status in Veterinary Oncology by the RCVS.

Willows Oncology Service is based on a multi-disciplinary approach to cancer patient management, with the needs of the patient and owner borne uppermost in mind. Patients are dealt with by a combination of clinicians from within our Specialist medical, surgical and diagnostic imaging teams. Anaesthesia and analgesia for cancer patients is supervised by our Specialist-led team of anaesthetists. Cutting-edge therapies available include tyrosine kinase inhibitors, metronomic chemotherapy and therapeutic melanoma vaccination.

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**Gareth Arthurs**

MA VetMB CertVR CertSAS DSAS(Orth) PGCertMedEd FHEA MRCVS
RCVS Specialist in Small Animal Surgery (Orthopaedics)

We are delighted to announce that Gareth Arthurs has recently joined fellow Specialists Malcolm McKee, Toby Gemmill, Jonathan Pink and Stephen Clarke, making our Orthopaedic team one of the most experienced in the UK.

Gareth comes to us from the Royal Veterinary College where he was Lecturer in Small Animal Orthopaedics, and held a number of other posts including Head of Orthopaedics and Head of Surgery. His clinical interests include fracture management and bone healing, surgical management of patellar luxation and cruciate disease, arthroscopic surgery and total joint replacement. Gareth has authored and co-authored scientific papers on a variety of orthopaedic subjects – he currently has a number of active research projects and is a reviewer for several international publications.
Interventional radiology at Willows

Willows offers a wide range of interventional radiology techniques and stents for the management of a number of disorders affecting dogs and cats.

Current veterinary applications include:

**Vascular:**
- Trans-arterial embolisation for haemorrhage, vascular malformations or metastases
- Intra-arterial chemotherapy and chemo-embolisation for malignancies
- Transvenous coil embolisation of portosystemic shunts
- Palliative venous stenting for malignant obstructions

**Non-vascular:**
- Tracheal stenting for tracheal collapse
- Palliative stenting for benign stenosis, e.g. nasopharyngeal stenosis
- Palliative stenting for malignant obstruction, e.g. oesophagus, colon, urethra
- Ureteral stenting for ureteric calculi
- Retrieval of tracheobronchial foreign bodies
- Balloon dilation of benign stenosis, e.g. oesophageal stricture
- Antegrade urethral catheterisation in urethral obstruction or trauma

This service is provided by close co-operation between Specialists in Soft Tissue Surgery, Internal Medicine and Diagnostic Imaging.

Practice tip: Circulation-Airway-Breathing (CAB) is the new ABC!

Recent studies have shown that chest compressions are the most important factor in successful cardiopulmonary resuscitation (CPR). Compressions must be delivered at a rate of 100-120 per minute to supply blood back to the heart and brain. Minimal interruptions are important to maximise blood flow. Current recommendations are to continue compressions for 2 minutes before taking a very short break to look at the ECG and palpate pulses.

In larger dogs, both hands should be placed at the highest point of the chest, and in cats and small dogs one hand should be used at the level of the heart. The chest should be compressed by approximately 30%, with complete release of pressure between each compression. At such a high rate and intensity it can be an exhausting process but a study in humans found that singing a song such as ‘Staying Alive’ or ‘Nellie the Elephant’ can help people to stay in time and on track!
Minimally Invasive Surgery at Willows

Willows offers a full range of minimally invasive surgery techniques for the management of a number of disorders affecting dogs and cats.

Facilities include:
- Karl Storz rigid 2.7mm and 5mm telescopes
- Range of 5mm and 10mm ports and instruments
- Force Triad energy platform and range of Ligasure vessel-sealing devices

All work undertaken by accredited surgery Specialists who have all undergone additional surgical training in this discipline.

Common veterinary applications include:

**Laparoscopy:**
- Exploratory laparoscopy and biopsies of abdominal organs
- Laparoscopy-assisted procedures, e.g. gastropexy, cystotomy
- Cholecystectomy, adrenalectomy, partial pancreatectomy
- Elective ovariectomy and cryptorchidectomy

**Thoracoscopy:**
- Exploratory thoracoscopy and biopsies
- Pericardectomy
- Lung lobectomy
- Thoracic duct ligation
- Resection of cranial mediastinal masses

What’s your diagnosis?

**HISTORY**

Domestic Shorthair

A 4.5-year-old male neutered Domestic Shorthair was presented due to inability to bear weight on the left thoracic limb. He had been missing for the previous six days. Clinical examination revealed a marked increase in left thoracic limb muscle tone. The triceps muscle group was tense and appeared to be in spasm. The limb was advanced with the elbow joint rigidly extended. A noxious stimulus to the paw was perceived, although the cat was unable to flex the limb. A malodorous wound over the left scapula was noted. Radiographs of the cervicothoracic spine and left thoracic limb were unremarkable.

**FINDINGS**

What is your diagnosis? What is the prognosis? What is the pathogenesis of this condition?

...for the answer see back page
Felix – a 3 year-old M/N Persian cat

Felix was referred with a three-week history of left unilateral blepharospasm and serous ocular discharge. Examination revealed a well demarcated, oval, opaque, black corneal lesion surrounded by oedema and vascularisation, and accompanied by mild medial lower entropion. Slit-lamp biomicroscopy demonstrated that the lesion itself and the vascular response extended into the deep corneal stoma. A narrow lip of surrounding epithelium was highlighted on fluorescein staining. The intraocular structures appeared normal, as far as could be assessed. The right eye appeared normal apart from similar medial lower entropion.

The diagnosis was one of a corneal sequestrum, a condition for which Persian cats are over-represented.

After discussion, the owners opted for surgical management. Keratectomy revealed full thickness corneal involvement, including Descemet’s membrane. A full thickness keratectomy was performed to help to prevent recurrence, resulting in planned globe perforation. A viscoelastic agent was used to prevent anterior chamber collapse. The resulting full thickness corneal defect was repaired using a corneoconjunctival transposition graft. This sliding advancement graft comprises healthy peripheral partial thickness cornea, the limbus and adjacent conjunctiva. Preparing the graft (of less than 0.5mm thickness) required meticulous dissection, facilitated by microsurgical operating facilities and specialist training. Both 9/0 and 10/0 monofilament sutures were used for wound closure. The medial entropion was not treated as it was not felt to be of significance.

One week later, the eye was comfortable and the graft was healing well. Oedema of the corneal component was an expected finding at that stage.

Three months later the corneal component was clear, providing a clear visual axis. The transposed conjunctiva was translucent.

The two main advantages of a corneoconjunctival transposition graft compared to a conjunctival pedicle graft are:

1. the provision of a clear central visual axis (sequestra are often central in position)
2. superior mechanical support

A conjunctival pedicle graft, although technically easier to perform, would not have provided sufficient mechanical support following full thickness excision of the corneal sequestrum.

Because sequestra are usually black and opaque, it is impossible to accurately assess the true depth of the centre of the lesion pre-operatively. Training in microsurgical techniques, including the ability to convert to a technique involving intraocular surgery, is required in order to respond to the intraoperative discovery of a full thickness lesion.

Complete excision followed by a successful corneoconjunctival transposition graft is associated with an excellent prognosis. Sequestra are recurrent and potentially bilateral, however, particularly in brachycephalic breeds of cat.
Feedback Prize Draw – our first £100 winner!

We continually strive to improve the service we provide to our referring veterinary surgeons as well as for our patients and their owners. Getting your feedback is very important to us, so much so that we enter all the feedback forms we receive into a quarterly prize draw, with £100 of M&S vouchers to be won.

We are delighted to announce the name of the first lucky winner, Edward Allsop MRCVS, who is currently working for Nantwich Vet Group.

You can give us your feedback either by completing and returning the form accompanying our referral report or by completing the form online by following the link from the Veterinary Professionals section of our website www.willows.uk.net

The percentage of over 500 clients surveyed in 2011 who scored us 5/5 for our Veterinary Attention and Communication.

96%

Conventional radiography has limitations when imaging the elbow, primarily due to superimposition of bony structures. This problem is overcome with computed tomography (CT) in which the multiple cross sectional transverse ‘slices’ obtained can be reformatted to allow the viewer to see potential lesions in any orientation, and 3D volume rendered or surface shaded reconstructions can be created to display even subtle skeletal pathology in great detail.

Advantages of CT compared to traditional radiography when imaging the elbow include:

- More sensitive at detecting fragmentation (‘fracture’) of the coronoid process
- More sensitive at detecting incomplete ossification (‘fissuring’) of the humeral condyle
- More sensitive at detecting joint incongruency
- More sensitive at detecting subchondral bone changes

These differences can enable earlier and more accurate diagnosis, improved case management and, very importantly, a better understanding of the prognosis. Our top-end 16-slice CT unit and advanced Specialist-run workstation produce highly detailed images that are invaluable to our orthopaedic surgeons. CT image acquisition is rapid, taking only a few minutes (interpretation takes somewhat longer!), and can usually be performed under sedation, thus avoiding the need for general anaesthesia.

Transverse 3-D images of the elbow of a Labrador Retriever showing fragmentation of the medial aspect of the coronoid process of the ulna (arrows)

Transverse image of the elbow of a Springer Spaniel showing incomplete ossification of the humeral condyle (CHOC) that was not detected on conventional radiographs

The percentage of our MRI and CT scans that are tailored to the patient, obtained onsite and interpreted by our Imaging Specialists.

100%
Local tetanus was the presumptive diagnosis. The wound over the scapula was excised and a 10-day course of clavulenate potentiated amoxicillin prescribed. A favourable prognosis was given. The muscle rigidity gradually resolved over a 10-week period with return of normal limb function.

Local tetanus is a rare disorder and diagnosis can be difficult. However, the presence of tonic rigidity of only a single limb is virtually pathognomonic for the condition, especially when there is clinical or historical evidence of a penetrating wound. The prognosis is good, with clinical signs generally resolving within two to three months.

*Clostridium tetani* is an obligate anaerobic bacterium which produces the neurotoxin tetanospasmin. Penetrating wounds provide a suitable environment for spore germination and toxin production. The clinical signs result from the action of tetanospasmin on inhibitory neurotransmission in the spinal cord and brainstem, following retrograde axonal transport of the toxin from the infected focus. Affected animals with generalised tetanus typically have stiff limbs, a rigid tail, increased jaw tone, retracted lips and erect ears. In cases of local tetanus the spread of exotoxin is restricted to neurons which innervate local muscle groups adjacent to the site of injury. Continuous involuntary muscle contraction results in the typical clinical signs seen in this case.

8+ the number of free CPD evenings with a buffet we host for veterinary surgeons and nurses each year

1247 the number of CPD presentations which our clinicians have given at national and international meetings

Our 2012 CPD programme is already well under way, but there are plenty of meetings still to come, including numerous free evening CPD forums and four all-day conferences. The meetings take place in our comfortable conference facilities and are presented by some of the UK’s top Specialists from Willows Referral Service.

Our next evening forum, on Wednesday 25 April, provides a practitioner-oriented insight into *feline corneal and conjunctival disease*. Our next all-day meeting, on Wednesday 23 May, will give a fresh look at ‘Trauma and the orthopaedic patient’. Further details of each of these meetings, as well as others in our 2012 CPD series, can be found on our CPD page – just follow the link from the Veterinary Professionals page on our website, [www.willows.uk.net](http://www.willows.uk.net)

Places for these meetings are strictly limited and are available from specific dates on a first come, first served basis. To avoid missing the opportunity to attend any of Willows forthcoming CPD events, simply register for email updates by following the link on the Veterinary Professionals page on our website, [www.willows.uk.net](http://www.willows.uk.net)