Willows at BSAVA Congress

Once again Willows will be exhibiting at BSAVA Congress, giving delegates the opportunity to meet with vets and nurses from our multi-disciplinary Specialist team. After last year’s success we are repeating our highly popular Laparoscopic Sugar Cube Stacking Competition and introducing a 3D Shape Sorting Contest using joint replacement prostheses – there are iPads to be won in each category! And why not enter the Willows Oncology Quiz? – there are copies of the BSAVA Oncology and Nursing Manuals to be won. This is an ideal opportunity to discuss cases informally, catch up with colleagues, put the world to rights and have some fun! We look forward to seeing you on Stand 716 – just next to the Ice Cream Stall.

As part of our commitment to BSAVA Congress 2013, Willows is making a £5,000 donation distributed amongst three Charities*. When you go for your tea or coffee, pick up a token and use it to vote for the Charity of your choice.


Oncology at Willows - a new team member

James Elliott
BVM+GS CertSAM DipECVIM-CA (Oncology) MRCVS
European Specialist in Veterinary Oncology

We are delighted to welcome James to Willows’ multi-disciplinary Specialist team. James has joined us from the University of Liverpool where he was Lecturer in Oncology. James has a medical oncology background and is interested in seeing animals with all types of cancer and blood disorders. He regularly lectures on oncology topics and has published on various subjects in the veterinary literature, including blood biomarkers in certain cancers, chemotherapy for canine lymphoma and canine oral mast cell tumours.

With James’s arrival, Willows is currently the only centre in the UK to have the benefit of Oncology Specialists with both medical and surgical backgrounds, as James is teamed with Stephen Baines who is an RCVS and European Specialist in Small Animal Surgery and an RCVS Specialist in Veterinary Oncology. Both James and Stephen work closely with other members of our medical, surgical, imaging and anaesthesia/analgesia teams.

Whilst we are able to offer some of the latest techniques in cancer management, the quality of life and the needs of the patient, as well as the wishes of the owner, remain at the heart of our service provision.

To learn more about the oncology services we offer, feel free to ring James or Stephen, or alternatively visit the relevant section of our Veterinary Professionals pages on our website: www.willows.uk.net/vp
Streamlining the referral process: Quick and easy on-line referred patient registration, with £1,000 quarterly prize draw!

Once you have made the decision to refer, you want to be able to send the patient and the owner on their way as speedily and efficiently as possible. At Willows we are well aware of the pressures on busy practitioners, and we have therefore introduced our new on-line patient registration form for routine appointments (for emergency referrals, please continue to contact the practice first on 0121 712 7070).

Simply fill out your details (or rapidly log in for these to auto-complete), give us some straightforward information about the case and indicate if you would like us to contact you or the client to book the appointment. You can also upload the patient’s history and any diagnostic images/test results using the form.

To use the system, visit the Veterinary Professionals section of our website www.willows.uk.net/vp

To encourage use of this new efficient process, for each case you refer using the form and which is then seen by us, you will be entered into a £1,000 quarterly prize draw!

What’s your diagnosis?

**HISTORY**

**FINDINGS**

**DIAGNOSIS**

**PLAN**

**PROGNOSIS**

**WILLOWS CASE STUDY:**

4-year-old Labrador Retriever

Polly, a four-year-old Labrador Retriever, was presented with rapid onset paraplegia of 12 hours’ duration. The owner reported that Polly had been chasing a ball when she suddenly yelped and collapsed on her pelvic limbs. On examination there was no voluntary motor function in either pelvic limb. Segmental spinal reflexes were intact and the cutaneous truncal reflex was ‘cut-off’ at the mid lumbar region. Pain perception was present in both pelvic limbs and the tail. The thoracic limbs were considered to be normal and femoral pulses were strong. Palpation of the spine was not resented. It was not possible to determine continence status.

What is your diagnosis? What is the prognosis? Where would you localise the suspected spinal cord lesion? How would you grade the severity of spinal injury? What are your differential diagnoses? What investigations could be performed? What are their advantages and disadvantages?

...for the answer see back page
**Case Report**

**HISTORY**

Frankie, an 8 year old M/E Whippet

Frankie was referred to the Orthopaedic service at Willows with a six month history of progressive pelvic limb weakness and collapse on exercise. Physical examination revealed discomfort on hip manipulation, mild pelvic limb muscle atrophy and a striking feature of absence of femoral pulses. Frankie was otherwise considered to be well.

In view of the clinical findings, a CT scan of the lumbar spine and pelvis was advised. This revealed a large, completely occlusive, filling defect within the terminal aorta, consistent with an aortic thrombus. In addition, both kidneys appeared mildly irregular in outline with some loss of corticomedullary differentiation. Abdominal ultrasonography confirmed absence of blood flow in the caudal aorta. Frankie was transferred to the Internal Medicine service for further investigation and management of his aortic thrombus.

In contrast to cats, where underlying cardiac disease is the most common cause of aortic thromboses, this is rarely the case in dogs. More commonly, aortic thromboses in dogs occur due to renal disease (particularly protein losing nephropathies), endocrine diseases (hyperadrenocorticism; hypothyroidism; diabetes mellitus), protein losing enteropathies, neoplasia and corticosteroid therapy. On the basis of the changes to Frankie’s kidneys seen on CT, an underlying renal disorder was suspected. Further diagnostic work, including blood tests and urinalysis, was performed. The blood tests showed no abnormalities, but urinalysis revealed marked proteinuria.

Frankie’s blood pressure was high, although fundic examination revealed no evidence of hypertensive retinopathy. After discussion, the owners decided against renal biopsy to ascertain the underlying cause of the protein losing nephropathy.

The options for the management of Frankie’s aortic thrombus included: 1) thrombolysis therapy to dissolve the existing thrombus, 2) anti-thrombotic therapy to prevent the development of further thromboses, 3) analgesia, and 4) addressing the underlying cause of the thrombus (i.e. the protein losing nephropathy). Although medical and surgical thrombolytic therapies have been attempted in dogs, these can be associated with a high rate of complications. Anti-thrombotic therapy on the other hand is usually recommended. This can be provided by using anti-platelet medications (e.g. aspirin; clopidogrel) and/or medications that target the clotting cascade (e.g. warfarin; heparin). The steps recommended to address Frankie’s protein-losing nephropathy included: 1) medical therapy to reduce the magnitude of proteinuria, 2) medication to treat hypertension, and 3) dietary modulation. Angiotensin converting enzyme inhibitor therapy (e.g. benazepril or enalapril) is the mainstay therapy to reduce proteinuria (by decreasing the glomerular blood pressure). The calcium-channel blocker, amlopidine, is however usually required to manage hypertension in these disorders. The nutritional management of protein losing nephropathies include the feeding of a protein restricted diet (e.g. senior or renal formula diet) and omega-3 fatty acid supplementation.

Frankie was discharged on benazepril and aspirin therapy, and the owners were advised to feed him a protein-restricted senior formula diet. This was supplemented with an omega-3 fatty acid. On re-examination three weeks later, Frankie was reported to be much more comfortable on exercise and faint femoral pulses were now palpable. Follow-up abdominal ultrasonography showed canalisation of the previous thrombus and follow-up urinalysis revealed a reduction in proteinuria. It was advised that Frankie be continued on these medical and dietary therapies and that regular monitoring of his blood pressure and blood/urine parameters be performed. The prognosis for dogs with aortic thromboses can be very variable, depending on the underlying cause, but with good case management, prolonged survival has been reported.

**FINDINGS**

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Fissures and fractures of the humeral condyle in dogs

Significant recent advances in our understanding of fissures and fractures affecting the canine humeral condyle have influenced both the management and prognosis of these potentially debilitating conditions.

Humeral condylar fissures and fractures are over-represented in spaniels, especially English Springer Spaniels. Condylar fissures may be associated with pain when the elbow is manipulated, especially when extended and when pressure is applied to the lateral epicondylar ridge. Radiography will enable the detection of some, but not all, fissures. Computerised tomography (CT) is a more sensitive technique and also has the advantage of enabling detection of other elbow joint pathology, such as fragmentation of the coronoid process.

Placement of a transcondylar screw will reduce motion, relieve pain/lameness and also minimise the danger of condylar fracture. Recent work suggests that placement of the screw in a medial to lateral direction in a positional manner (not as a lag screw), can reduce the risk of complications, such as seroma formation and infection.

Fractures of the humeral condyle are intra-articular and consequently require prompt, accurate reconstruction, rigid internal fixation and a structured postoperative rehabilitation programme. A transcondylar lag screw should be used to achieve interfragmentary compression and the epicondylar ridge fracture(s) stabilised with K-wires, lag screws or preferably plates/screws. Y-T fracture repair can be extremely challenging and surgery should only be undertaken by surgeons with advanced orthopaedic training. Combined medial and lateral approaches are preferable to a caudal approach with osteotomy of the olecranon. The prognosis following repair of lateral, medial and Y-T condylar fractures by an experienced surgeon is generally good to excellent, despite the inevitable development of elbow osteoarthritis which often remains subclinical.


Feedback Prize Draw – another £100 winner!

The latest winner of our £100 prize for referring vets completing our feedback forms is Nora van Genugten MRCVS of The Vet Centre, Maids Moreton in Buckinghamshire. Nora wrote “I am very impressed with the excellent quality, quick and friendly service the Specialists at Willows offer”.

You can give us your feedback either by completing and returning the form accompanying our referral report, or by completing the form on-line by following the link from the Veterinary Professionals section of our website: www.willows.uk.net/vp
**Practice tip: Placing urinary catheters**

When catheterising the bladder it is important to minimise the risk of introducing infection. A useful tip to avoid directly handling the catheter is to produce a mobile ‘butterfly’ from the end of the see-through packaging and shuttle this back-and-forth to advance the catheter along the urethra and into the bladder.

1. Remove the end of the packaging and make two incomplete cuts just in front of the tip of the catheter to produce a loosely attached ‘butterfly’
2. Exteriorise the end of catheter through the ‘butterfly’ and apply lubricant
3. Enter the tip of the catheter into the urethra. Support the bulk of the catheter with one hand and free the ‘butterfly’ from its residual attachment with the other
4. Use the ‘butterfly’ to repeatedly grasp the catheter and advance it into the bladder, thus completing the 'no touch' technique!

**NEW FOR 2013! - Willows Clinical Clubs**

We are running an entertaining series of FREE informal, interactive Clinical Club evening meetings for practitioners. These involve case-based discussions amongst small groups of attendees, followed by analysis and further discussion with our Specialists.

*Sign up online for CPD Updates to receive notification of forthcoming Willows Clinical Club events.*

**New faces at Willows**

**Neurology**

- **Roberto José-López**
  - Veterinary Neurology Clinician

  Roberto has joined Specialists Sebastian Behr and Raquel Treval in our neurology team, after researching rostrotentorial mass lesions in dogs at Glasgow Vet School and completing a three year Residency at Barcelona University.

- **James Elford**
  - Resident in Veterinary Neurology

  James joined the team in 2012 as our Neurology Resident, having completed a one year Internship at Willows and worked previously for three years in general small animal practice. James is working towards the European Diploma in Veterinary Neurology, and Willows is approved by the ECVN for its structured Neurology Residency training programme.

**Ophthalmology**

- **Carolin Chiwitt**
  - Resident in Veterinary Ophthalmology

  We welcome Carolin as our new Ophthalmology Resident – she has just joined our experienced team after completing an ophthalmology Internship at The Animal Health Trust.

  Carolin has previously received awards for retinal research undertaken for her doctoral thesis at Giessen University, and she has also worked in referral practice in Germany. Willows’ Ophthalmology Residency training programme is approved by the ECVO.
Neurology Ophthalmology

New faces at Willows

Veterinary Neurology clinician Roberto José-López completed a one year Internship at Willows and worked previously for dogs at Glasgow Vet School and completing a three year Residency at our neurology team, after researching rostrotentorial mass lesions in European Diploma in Veterinary Neurology, and Willows is approved by These involve case-based discussions amongst small groups of attendees, followed by analysis and further discussion.

We are running an entertaining series of Sign up online for CPD Updates to receive notification of forthcoming Willows Clinical Club events.

CPD at Willows

Willows continues to be very active in providing high quality CPD for both vets and nurses. We have a great line-up of interesting presentations this year, with seven free evening CPD forums and three all-day conferences yet to come. They are presented by some of the UK’s top Specialists working at Willows Referral Service.

Our next evening forum, on Wednesday 15 May covers Decision making in Oncology: Part 1 - Making a diagnosis, and will include topics such as patient assessment, diagnostic test selection, biopsy techniques, tumour grading and staging.

It will be presented by both of Willows Oncology Specialists. Our next all-day meeting, on Wednesday 1 May promises to be a fascinating multidisciplinary approach to the emergency critical care patient. For further details, see the enclosed CPD brochure or our CPD page in the Veterinary Professionals section of our website: www.willows.uk.net

To make sure you don’t miss the chance of attending Willows CPD events, simply register for email updates by following the link on the Veterinary Professionals page on our website: www.willows.uk.net/vp

The normal thoracic limbs and intact pelvic limb reflexes localise the lesion to being between T3 and L3 spinal cord segments. Furthermore, the cutaneous trunci ‘cut-off’ suggests the cranial extent of the spinal cord injury to be around the thoracolumbar junction (T12 to L1). In view of the findings on neurological examination, Polly was considered to have a grade 3-4 out of 5 spinal cord injury (i.e. moderate). The key differential diagnoses are either an ‘explosive’ disc extrusion or ischaemic myelopathy resulting from e.g. fibrocartilaginous embolism (FCE). A degenerative intervertebral disc extrusion (Hansen type I) is less likely in view of Polly not being a chondrodystrophoid breed, and the history is not consistent with a traumatic vertebral fracture or luxation. Uncommon causes of acute spinal cord injury that should be considered include haemorrhage (e.g. coagulopathy; neoplasia; vascular anomaly) and pathological vertebral fracture (e.g. neoplasia; osteoporosis).

The key investigations that could be performed are radiography, myelography, CT and MRI. Whilst plain radiographs can detect fractures, luxations and osseous neoplasia, they do not reveal the more common causes of acute spinal cord injury. Likewise, myelography is of limited value and furthermore it can result in additional injury to an already compromised spinal cord. CT and CT-myelography provide excellent bony detail, but they too are poor for revealing spinal cord pathology such as ischaemia or concussion. MRI is the imaging modality of choice in patients with suspected spinal cord injury, as it provides unparalleled information without risk of additional injury.

Polly’s MRI scan revealed an ‘explosive’ disc extrusion at T12-T13, with nucleus pulposus disc material evident within the parenchyma of the spinal cord. Such extrusions typically occur when a healthy disc is subjected to supraphysiological forces, e.g. during vigorous exercise, resulting in hydrated disc material rapidly extruding through a tear in the annulus fibrosis. Typically the extruded material is of small volume and the neurological dysfunction is caused by cord contusion (concussion) rather than compression. As a result, surgery is rarely indicated.

The prognosis in dogs that retain pain perception is generally good. Despite the relatively high volume of ‘exploded’ disc in Polly’s case, she took her first unaided steps after four months of intensive physiotherapy, and she was walking with minimal ataxia and paresis after seven months.

What was your diagnosis?

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