Spring 2021

REFERRAL NEWS

dovecote VETERINARY HOSPITAL

IN THIS ISSUE: WE INTRODUCE OUR NEW INTERNAL MEDICINE SERVICE

Compassionate support and uncompromising standards

Welcome to our newsletter and the launch of our new internal medicine service.

We listened to your feedback and it was clear that we needed to offer more referral services at Dovecote to make it easier for you to access multidisciplinary referral care.

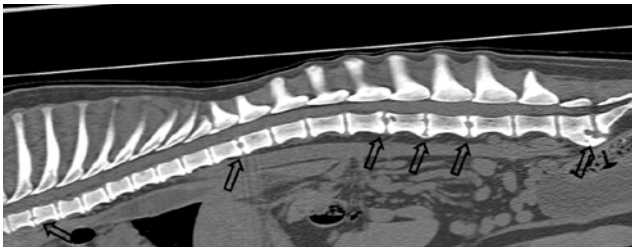
As a result, we are delighted to announce the launch of our new medicine referral service and I am excited to introduce Dr Justine Barton and Dr Steph Richardson in these pages and give you an insight into the work they perform.

This has undoubtedly been a difficult time for all of us, both at home and at work, and I have been immensely proud of our staff and the unwavering pride they have taken in our hospital and services over the last 12 months. As always they have dedicated themselves to compassionate support and the uncompromising standards that have contributed to our reputation over the years.

Please let us know your suggestions for how we can improve our services for you in the future. We welcome your thoughts.

Very best wishes,
Mark Lowrie and the rest of the Dovecote Team.

Multiple-site discopondylitis and meningomyelitis caused by Brucella canis in an imported dog at Dovecote



We report this case to raise awareness to and highlight the importance of considering B. canis as a differential diagnosis in dogs presented with clinical signs of discospondylitis with or without meningoencephalomyelitis, particularly if they have travelled from Eastern Europe. We believe this is the third case to be reported in the East Midlands in the last 5 years. Multifocal discospondylitis was diagnosed affecting the thoracolumbar and lumbosacral vertebral column. Cerebrospinal fluid analysis revealed a mild mixed pleocytosis with increased protein concentration. Serology was positive for Brucella canis. B. canis was isolated on cerebrospinal fluid culture. Chronic discospondylitis with concurrent infectious meningomyelitis caused by B. canis was the final diagnosis. Three days following diagnosis, the dog was humanely euthanised given the dog's poor quality of life and the zoonotic risk involved. Discospondylitis is a commonly reported clinical manifestation of B. canis infections. Although not notifiable, it represents a zoonotic risk, particularly for people intensively exposed to infected dogs or dog's specimens. The risk increases in immunocompromised individuals.

Paroxysmal dyskinesia in Sphynx cats

We are gathering information on paroxysmal dyskinesia (movement disorder) in Sphynx cats so that we can further our understanding of this condition.

If colleagues have a case of suspected paroxysmal dyskinesia in a Sphynx cat, or would like further information, then please contact Matthew Green at the following e-mail address; matthew.green@dovecoteveterinaryhospital.co.uk

This is being carried out in collaboration with Laurent Garosi at Vet Oracle Teleradiology and Claire Bessant at International Cat Care.

Photo by Anna Shvets from Pexels

Spotlight on… Internal Medicine

Introducing our new internal medicine team, Drs Justine Barton and Steph Richardson.

With access to advanced imaging modalities, and support from oncology and soft tissue surgery diplomats, Justine and Steph offer your patients comprehensive diagnostics and treatment strategies for a wide range of cases.

These include: endocrinopathies; gastrointestinal and pancreatic disorders; hepatic disease; haematological derangements; immune-mediated disorders; pyrexia of unknown origin; renal disease; upper and lower respiratory tract disease; urinary tract disease.

Justine Barton
BVetMed (Hons) PGCert (SAM) MRCVS
RCVS Advanced Practitioner in Small Animal Medicine

Justine graduated from the Royal Veterinary College in 2013 and spent a year working in mixed practice before moving to small animal general practice where she developed an interest in internal medicine. She completed her certificate in Small Animal Internal Medicine in 2017 and joined the Dovecote team in September 2020 to develop the internal medicine department alongside Steph.

Steph Richardson
MA BVetMed(Hons) CertAVP MRCVS AFHEA

Steph graduated from the Royal College of Veterinary Surgeons in 2013 and completed an RCVS Advanced Practitioner Certificate in Internal Medicine in 2019.

Steph splits her time between seeing cases at Dovecote Veterinary Hospital and developing and delivering post-graduate courses at the University of Nottingham, where she is a Clinical Assistant Professor and Sub Dean.

If you wish to refer a case, simply visit our website **dovecoteveterinaryhospital.co.uk** and use the online referral form.

Alternatively, call us on **01332 812500,** or email us at **info@dovecotecoteveterinaryhospital.co.uk,** with your client's details and we will contact them to make the necessary arrangements.

FOR EMERGENCY CASES, PLEASE CALL US IN THE FIRST INSTANCE

Our Disciplines

Neurology & Neurosurgery

Mark Lowrie MA VetMB MVM DipECVN MRCVS

Mike Targett MA VetMB PhD DipECVN SFHEA MRCVS

Sergio Gomes DVM MRCVS

Thomas Mignan BVM BVS MRCVS

Matthew Green BVM BVS MRCVS

Sara Longo DVM MRCVS

Orthopaedics

James Pratt BVetMed CertSAS DipECVS MRCVS

Bruce Campbell BVM&S CertSAS MRCVS

Giuseppe Bonanno DVM CertAVP MRCVS

Soft Tissue

Rob White BSc(Hons) BVetMed CertVA DSAS (Soft Tissue) DipIECVS FRCVS

Giuseppe Bonanno DVM CertAVP MRCVS

Oncology

Shirley van Lelyveld BVSc MSc (Clinical Oncology) DipECVIM-CA(Oncology) MRCVS

Internal Medicine

Justine Barton BVetMed (Hons) PGCert (SAM) MRCVS

Steph Richardson MA BVetMed(Hons) CertAVP MRCVS AFHEA

Dermatology

Steve Shaw BVetMed CertSAD DVD PhD MRCVS

Ellie Wyatt BVSc MRCVS

Snot just a case of cat flu

Chronic sneezing and nasal discharge can be frustrating for owners and vets alike. Along with infectious and inflammatory causes, neoplasia, developmental conditions and trauma may be responsible. In progressive cases, cases with epistaxis and those where resolution is not achieved with symptomatic management, further investigation is indicated.

Chronic rhinitis/ rhinosinusititis (CR) is one of the two most common causes of nasal disease in cats, the other being neoplasia. Chronic rhinitis/ rhinosinusititis is most commonly diagnosed in young to middle age cats, and will often include a history of "cat flu" as a kitten. It has been suggested that viral infection, often FHV-1, results in damage to mucosal epithelium and nasal turbinates, predisposing to recurrent bacterial infections. Bordetella bronchiseptica, Mycoplasma spp and allergens may play a role but their significance as primary causative agents is as yet undetermined. Diagnosis of CR involves exclusion of other conditions and identification of inflammatory infiltrate on biopsy.

Investigations generally involve bacterial culture and virus isolation, imaging, in particular CT, nasal flushing, biopsy and rhinoscopy. FIV/ FeLV testing is useful in assessing general health status and may have an effect on prognosis. In cases of epistaxis, blood pressure and coagulation status should also be assessed.

Bacterial culture and susceptibility testing and viral isolation are best achieved by swabbing pharyngeal or ocular mucosa to avoid culture of oropharyngeal commensal organisms. Common infectious agents include FHV-1, Calicivirus, Chlamydophiila felis, Bordetella bronchiseptica and Mycoplasma spp but be aware that the high prevalence of some of these agents in the healthy cat population means presence does not prove causation.
In CR cases, secondary mixed bacterial infections are common.

Fungal infections are uncommon in the UK but should still be considered as differentials.

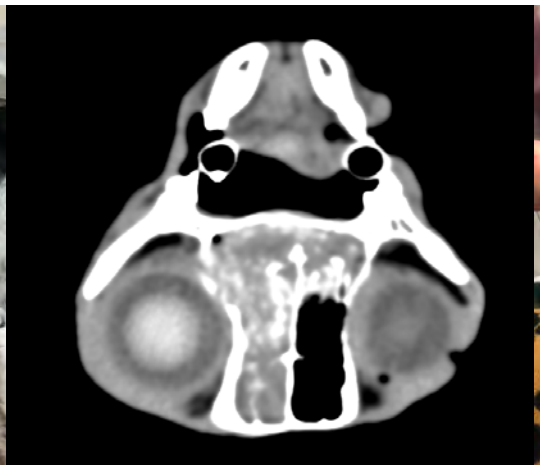
CT is useful to assess structural changes and space occupying lesions in the nasal cavity and sinuses, though there is some overlap between the appearance of inflammatory conditions and neoplasia. Biopsies, either blind, CT-guided or at rhinoscopy are therefore useful. In CR lymphoplasmacytic or, more commonly, neutrophilic inflammation is generally expected.

Nasal flushing is used to obtain samples for cytology, dislodge foreign material or occasionally mass lesions. Physical removal of mucoid accumulation can be therapeutic, not only aiding air passage but also improving frontal sinus drainage and reducing sinus pain.

Management of CR is aimed at reducing the frequency and severity of episodes with multimodal therapy used to treat infection, reduce inflammation and improve airflow.

+ Antibiotics – treatment of secondary bacterial infections should be based on culture and susceptibility
+ Antivirals – there is a lack of evidence to support the theory that FHV-1 recrudesces during episodes of clinical signs and so antiviral therapy is of limited use
+ Antihistamines – may be more beneficial in cases of lymphoplasmacytic or eosinophilic inflammation and multiple types of antihistamine may need to be trialled as response is variable between individuals
+ Glucocorticoids – may be useful in managing mucosal oedema but may be detrimental in bacterial infections or may initiate recrudescence of FHV-1
+ NSAIDs – may be useful in managing sinus pain
+ Mucolytics – aid mucocilliary clearance in the bronchial tree and their benefit in CR is unclear
+ Decongestants – whilst there is currently no published data so support their use, decongestants can improve nasal airflow by reducing oedema through vasoconstriction. Their use should be limited to three days as rebound vasodilation can result in worsening of clinical signs
+ Nebulisation – or placing the cat in a steamy environment may aid ciliary clearance by reducing mucous viscosity

Unfortunately cases of CR are rarely cured and prognosis can be variable depending on severity of disease and owner and patient compliance. We are always happy to discuss these cases with you and welcome referral of patients for investigation.



Breakthrough Briefings

At Dovecote we actively pursue research and try to answer common clinical queries that remain unsolved as well as advance the management of common ailments that may not yet have an optimal diagnosis or treatment.

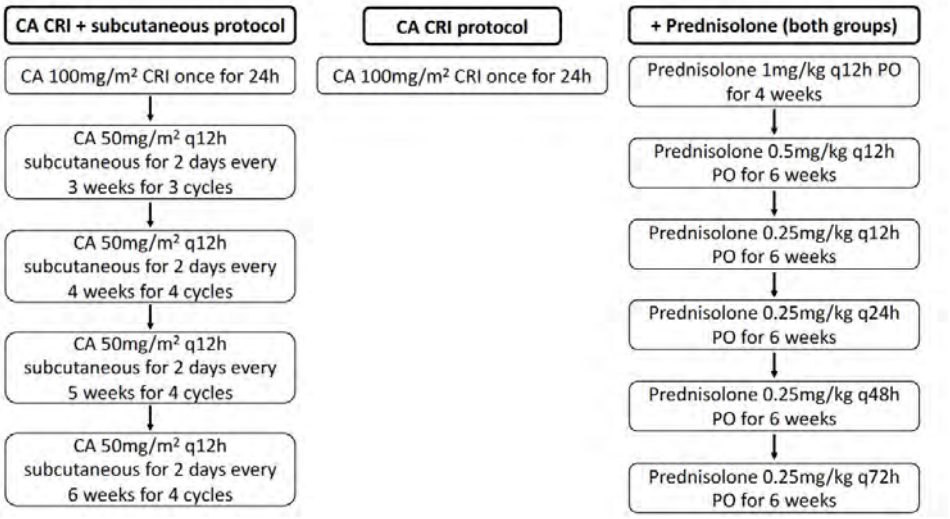
In this section we aim to provide you with information on our latest publications. In this update we report a novel treatment protocol for meningoen cephalomyelitis of unknown origin in dogs, research undertaken by the Dovecote neurology team.

A popular treatment protocol for meningoencephalomyelitis of unknown origin (MUO) is the combination of cytosine araboniside (CA) with glucocorticoids for several months. The aim of this study was to assess the necessity of administering subsequent subcutaneous (SC) CA injections for the treatment of dogs with MUO following a single CRI of CA, by comparing the outcomes of a CA CRI protocol with or without follow-up CA SC injections, combined with prednisolone.

Forty-two dogs diagnosed with MUO (CRI group) were compared with 41 control dogs (CRI + SC group) and followed up for 36 months. All dogs were treated with a standard protocol of prednisolone, starting at immunosuppressive doses and then tapering progressively over 34 weeks, as well as an initial CRI of CA at a dose of 100mg/m2. The first 41 dogs then continued to receive sequential SC injections of CA at a dose of 50mg/m2 every 12h for 2 days (CRI + SC group), initially at 3-week intervals and then at a decreasing frequency for a total of 72 weeks (18 months). The remaining 42 dogs received no further CA administration (CRI group; Figure 1).

Success rates were respectively 64.3% and 65% in the CRI and the CRI + SC groups at 40 weeks following diagnosis, and 32.5% and 35.9% at 36 months following diagnosis-. Median time to relapse was 299 and 285 days for the CRI and the CRI + SC groups respectively. No statistical significant difference was found ($p \geq 0.05$).

Main conclusion: No clear benefit was identified in the administration of subsequent sequential CA SC injections after the first administration of CA by CRI for the treatment of dogs with MUO. Therefore we see no reason to give follow-up SC CA injections in the treatment of MUO, allowing owners an easier management for their dog's MUO.



Left: Treatment protocol for dogs with meningoencephalomyelitis of unknown origin treated with a cytosine arabinoside constant rate infusion with (CA CRI + SC protocol) or without (CA CRI protocol) subsequent subcutaneous injections. Both groups received adjunctive prednisolone. A cycle refers to 4 SC injections, 12 hours apart. CA: cytosine arabinoside; CRI: constant rate infusion; q12h: twice daily; q24h: once daily; q48h: every other day; q72h: one in three days.

Reference

Stee K, Broeckx BJG, Targett M, Gomes SA, Lowrie M (2020) Cytosine arabinoside constant rate infusion without subsequent subcutaneous injections for the treatment of dogs with meningoencephalomyelitis of unknown origin Vet Rec doi: 10.1136/vr.106019

DOVECOTE VETERINARY HOSPITAL, 5 Delven Lane, Castle Donington, Derby DE74 2LJ
T: 01332 812500 F: 01332 810659 E: info@dovecoteveterinaryhospital.co.uk
www.dovecoteveterinaryhospital.co.uk