

# King Edward Referrals News

## Report back from Marlies' recent visits

Following on from my visits with everyone earlier this month, I wanted to report back.

**Regarding CPD talks:** I have agreed on the following dates with Charles

Date	topic
9 June	Disease of the canine liver and gall bladder - evening lecture
6 July	Diagnosis of feline viruses - FIP, FeLV and FIV - evening lecture
5 October	Emerging feline endocrinopathies- evening lecture
2 November	Feline liver disease and pancreatitis - evening lecture

The 6 July talk will be a re-run of a talk I am giving at the Mbekweni Sun on 28 April. I thought I would repeat it in PE as I am also talking to cat breeders about the same topic. We'll remind you closer to the time and let you know about the venue and exact time (evening - and yes they're weekdays). The likely cost will be around R150 pp to cover venue and audio-visual hire, tea and coffee etc.

## Case studies

Many of you requested I do case studies, yet you'll see none appear in the list of talks. Unfortunately, the SAVC does not easily give CPD points for case studies, so I thought I would send out a monthly newsletter with an interesting case study instead - see Page 2. The other way we could do them is to work them into the **PE veterinary clinician's group meetings** that we're going to try and kick start again - see Page 2.

## King Edward Referrals - where to from here

I spoke with many of you regarding King Edward Referrals and my (financial) dilemma on whether to continue as a referral only practice or to see first opinion cases as well. I wanted to let you know that I've managed to secure some further funding and have decided to see how things evolve over the next 6 months. If the practice turnover does not grow significantly during that time, I will have no option but to also see first opinion cases, at least for the foreseeable future.

Regards



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Kentucky the hadeda that Marlies somehow landed up rearing.

(NO, that does NOT mean I now see bird referrals!!)

## Resurrecting the PE veterinary clinicians' group

Lucie and I got talking about trying to breathe some life into this again with the aims of

- Getting to know our colleagues
- Providing a forum to discuss matters that affect us all - e.g. **after hours cover**, animal welfare and any other current issues that arise



Fern, the 1 year old crossbred

We thought we'd try and organize a meeting  
for **vets and vet nurses**

**On 13 April**

**At Old Gray Sports Club, Lennox Road  
(next to Mnt Croix Vet Hospital)**

**At 7pm**

You can buy drinks at the bar. Sue (my receptionist) has already started phoning around to check whether the date suits and get an idea of who would be interested. There's no cost involved with this meeting.

**Please RSVP to SUE on 0413654184 or  
[kereferrals@wol.co.za](mailto:kereferrals@wol.co.za) so we can sort catering**

## Case Study no 1: An unusual cause of pain

Fern, a 12 month old FN crossbred dog, presented with a 3 month history of recurrent episodes of lethargy, poorly localisable pain and episodes of apparent paresis. Signs improved but did not resolve on NSAIDs. She appeared stiff after rest but would have periods of severe pain associated with 1-3 minutes of shrieking when exercising more than normal. Radiographs were unremarkable. Two months prior to presentation she became polyphagic, coprophagic and her faeces became voluminous and soft. She lost about 3 kg in weight. Haematology showed a microcytosis, mild hypochromasia and shift platelets consistent with intestinal iron loss. Serum biochemistry showed very mildly elevated liver enzymes and CK levels. Signs did not improve on prednisone and doxycycline.

**Clinical examination:** T 38.7, P 60, RR 20, wt 9.1, body condition score 1.5/5

Fern was bright and bouncy. There was no evidence of pain / stiffness here. She had flat feet but apparently had always been like this. The carpi appeared somewhat puffy, but were not painful. There was no back, neck, joint or muscle pain. Mm wasting was symmetrical.

Voluminous soft poo was found on rectal. She was still on pred.

Nn exam: placing, limb reflexes and cranial nerves unremarkable

Retinal exam: no significant changes

### Minimum database

- Faecal wet prep: fat ++, no protozoa
- Faecal float: too much fat to exclude ova
- Urine analysis: SG 1.030, pH 5, rest dipstick and sediment exam NAD

### Questions:

1. List your master problems
2. Which problem has the shortest DD list and is most likely to lead to a diagnosis
3. Funds are limited. Which test is most likely to lead to a diagnosis?



The  
faecal  
float

## Free Lasix syrup

**One of our clients donated a recently opened bottle of Lasix oral suspension after her pet died last week. It's free to a needy home.**

**If you have a suitable case, call us at King Edward Referrals and arrange collection**

### Mount Croix

**has some Torbugesic paste that's looking for a new home - for dogs with severe coughing**

## Answers

1. Master problems:
  - a. severe pain and apparent paresis triggered by exercise
  - b. polyphagia and weight loss
  - c. fat maldigestion / malabsorption
  - d. suspected intestinal blood loss - microcytosis, hypochromasia and shift platelets
2. Problem a. The dog is currently asymptomatic and no-one was able to localize the pain when the dog WAS symptomatic - so less likely to be useful  
Problem b. DD list here is short:
  - Exocrine pancreatic insufficiency (EPI)
  - Diabetes mellitus (excluded by urine analysis)
  - Hyperthyroidism (but very rare in dogs)
  - Some liver diseases e.g. porto-systemic shunt
  - Some tumours esp. insulinoma (unlikely in a 12 mo old dog)
  - Inflammatory bowel disease (should improve on prednisone therapy)
  - Lymphangiectasia
  - Megaoesophagus (should then be regurgitating as well).Problem c. evidence of fat maldigestion / malabsorption means that EPI and intestinal problems are much more likely than the other DD for polyphagia and weight loss  
Problem d. intestinal blood loss can be the consequence of primary intestinal disease (IBD, tumour, worms) or gastric ulceration secondary to metabolic problems, CNS disease or a drug side effect.
3. A TLI test (trypsin-like immunoreactivity): this was < 1 ng/ml (< 1.9 ng/ml is diagnostic of exocrine pancreatic insufficiency)

## Discussion

As faeces are voluminous and there is evidence of fat maldigestion / malabsorption, EPI is much the most likely with lymphangiectasia and poorly responsive IBD as rare DDs. The TLI test is sensitive and very specific for EPI. The low result confirms that Fern has exocrine pancreatic insufficiency without a doubt. In her case, it is probably a.r.o. chronic pancreatitis / auto-immune destruction of the pancreas (very rare) rather than pancreatic acinar atrophy which typically causes EPI in GSD and some Collies. Possible triggers for pancreatitis include drugs, cholinesterase inhibitors, hypercalcaemia, pancreatic duct obstruction (calculi, inflamed duodenal mucosa, parasites) trauma and toxoplasmosis. Where toxoplasmosis can also result in a neuropathy / myopathy, infected dogs usually get significantly worse when given steroids.

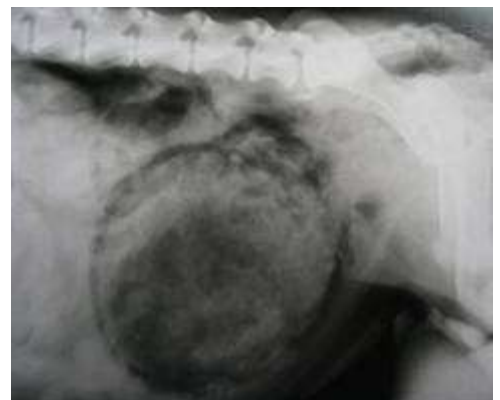
The pain is most probably the consequence of fat malabsorption - which can affect uptake of fat soluble vitamins. Vitamin E deficiency can cause muscle necrosis resulting in muscle pain and weakness which is exacerbated by exercise. Vitamin E assays are not easily available, so serum levels were not determined.

Treatment of EPI includes fresh raw pancreas / pancreatic enzymes added to each meal, cobalamin s/c and (in Fern's case particularly) oral VitE. If response is not optimal, one could try different foods (no particular one appears suitable for all affected dogs), H<sub>2</sub> blockers, and metronidazole. In light of the coprophagia she should also be dewormed.

Dogs with EPI as a result of chronic pancreatitis may become diabetic as well. It would be important to consider this if her water intake and urine volume suddenly increased and she became hungry again.

**Follow up:** Fern's weight increased and pain episodes resolved

An unusual radiograph



Emphysematous cystitis

This happens in animals with glucosuria

# Amanda's hot tips

## Drug Registers – they've changed the rules

To stay legal you need to record the following  
On computer: Trade name and Active ingredient

In Drug Book:

Date	Patient's name	Owner's Surname	Amount used and units of measure	species	sex	Administered by	Checked by	balance

## Section 21 applications – how to do them fast

**Download the application forms:** go to  
<http://www.mccza.com/showdocument.asp?Cat=20&Desc=Guidelines> - Veterinary Medicines

click on

[SECTION 21 APPLICATIONS FOR UNREGISTERED VETERINARY MEDICINES](#)

And download the submission form with all the instructions on how to fill it out

### Contact details:

Tel: 012 3120299

Fax: 012 3122104

Enquiries: Ms. K. Mompoti

\*\*\*\*\*NEW NEW NEW NEW\*\*\*\*\*

Payment of R200.00 needs to accompany the application  
**The proof of payment must be attached to the Section 21 application forms and faxed to the attention of Mr. Innocent Maponyane at 012 312 0367/0232/3104.**

Applicants may pay/transfer fees directly into the bank account of the Medicines Control Council electronically or as cash or cheque deposits.

Clearly indicate the reference for the deposit, i.e.

**Fee for S21 application - patient's name and drug name.**

Electronic transfers must include a reference to the applicant's name.

### Bank details

Account name: MEDICINES CONTROL COUNCIL

Account type: CHEQUE ACCOUNT

Account number 40-5939-2080

Bank: ABSA

Branch Code: 632005

### PHYSIO COURSE:

Marinette Teeling from Cape Animal Physiotherapy is willing to come to PE and present a course.

Cost: R750.00 including lunch for the whole day  
Or R200.00 per lecture.

Here is a breakdown:

8 - 10h00: **LECTURE 1-** Dog Anatomy

10 - 12h00: **LECTURE 2-** Common musculoskeletal problems

12- 13h00: **LUNCH**

13 - 15h00: **LECTURE 3-** Understanding soft tissue injuries and joint injuries in the working and show dog

15 - 17h00: **LECTURE 4-** Massage, stretching and warm up

At this point we are just trying to get numbers. Venue and time will be decided once we know who is interested.

Please email if you are and let Amanda know numbers.

[amandayoung@wol.co.za](mailto:amandayoung@wol.co.za)