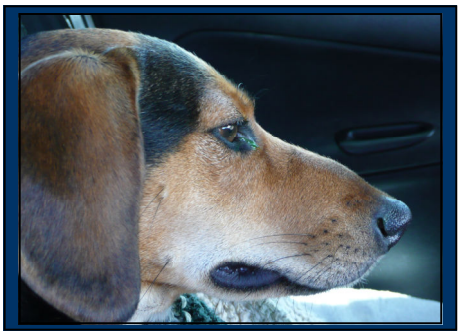
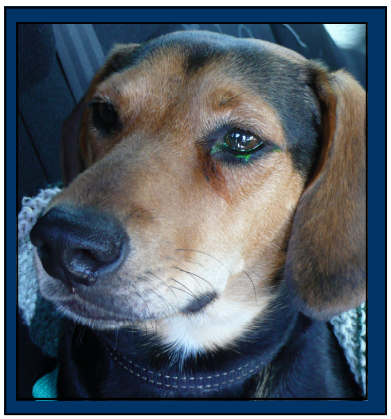
King Edward Referrals News

We live in times of change and the largest one this month is the fact that Idexx is closing its PE lab as of 1 September. They have asked me to continue to do cytology and case comments for them. As you know, you're also welcome to send me stuff independently, even if the bloods haven't been run by Idexx. The charge is exactly the same.

NB The more history, clinical abnormalities, other test results, treatment response information you send me, the more I can help you. Colleagues have sent me a set of 6 normal biochems and a history of 'off colour'. There's not much I can do with that other than report 'crystal ball out of order this week'. In contrast, if you send me the same 6 normal biochems and a history eg of intermittent vomiting and progressive anorexia for 4 months with severe weight loss in an 8 year old Boxer; vomit now occasionally contains blood; Grade 2 mast cell tumour removed from the perineum 3 months ago… I will suggest you consider MCT recurrence and paraneoplastic histamine release resulting in gastric ulcers or systemic mastocytosis – particularly as your normal bloods have excluded the most common extra-gastric causes of vomiting and ulceration. **Please help me help you!**

It remains for me to thank you for your referrals and support in these interesting economic times. I value it very much. Any feedback you wish to give (positive or negative) is always very welcome.





Case study no 7: meet Rocky

History: Dr Leon de Bruyn referred this cute 3 year old Beagle cross stray, who was adopted by his current owner at the beginning of the year. 2 months later, Rocky developed left sided epistaxis. There were no other clinical abnormalities initially. The epistaxis persisted despite symptomatic treatment with doxycycline, marbofloxacin, firocoxib and cortisone injections. Rocky began to snore when asleep. Then he started waking himself up to breathe. Then his owner noticed that his tears started overflowing on the left side of his face. His owner hadn't noticed the bump on the bridge of his nose.

Question 1: What are the most likely causes for persistent unilateral epistaxis?

Question 2: How would you work up this case?

Question 3: Rocky's owner has limited funds. Which radiographic view is going to give you the most useful information?

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A HORSE in my newsletter?! Turn to Page 4 for the reason why

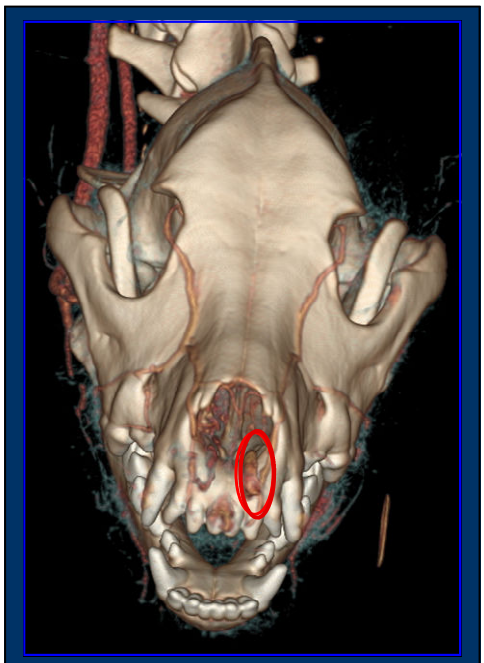
Answer 1: Most likely DD: a **nasal tumour** - owing to facial deformity and tear duct obstruction.

- Fungal rhinitis (unusual to cause facial deformity)
- nasal foreign body (unusual for dog to only have epistaxis, does not explain blocked tear duct)
- Coagulation issues would predispose to generalised bleeding so it would be very unusual to have persistent bleeding from only 1 site for months.

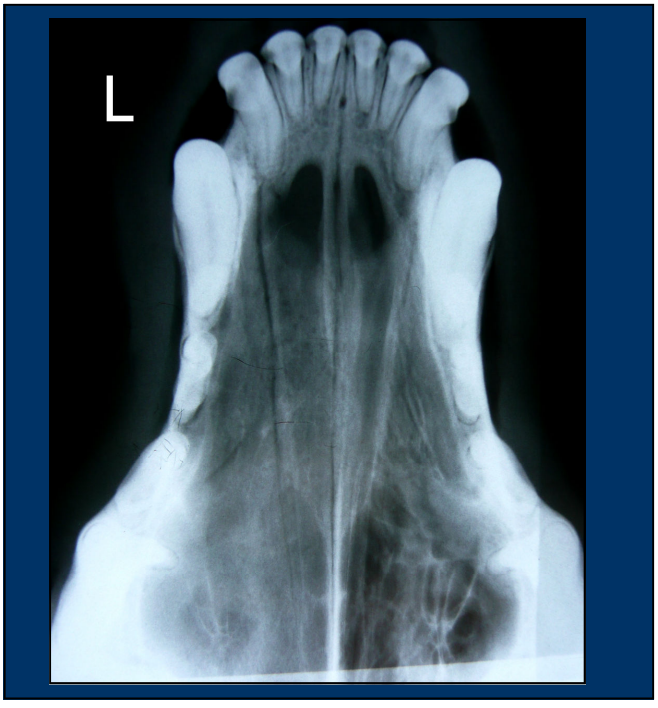
Answer 2: Blood smear and manual platelet count, blood pressure, serum proteins, (clotting factors and bucal mucosal bleeding time if this weren't so chronic), nasal contrast CT, antegrade and posterior rhinoscopy and biopsy. If relevant, nasal biopsies are submitted for fungal culture (ideally from a visible fungal plaque), bacterial culture and histopathology with special stains.

CT is more sensitive that radiography for nasal pathology. It allows 3D reconstruction of nasal masses to better plan surgery or radiotherapy. It allows careful assessment of the cribriform plate—important because instilling antifungals into a nose with a damaged cribriform plate can result in severe neurological signs.

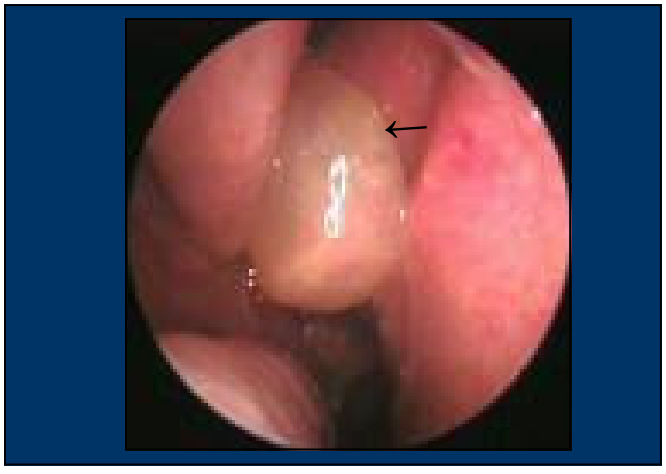
Nasal flushes often make the patient feel more comfy for a few days because they get rid of the snot, but only rarely does a bit of tumour break off / are you able to dislodge a foreign body / can you collect a bit of fungal plaque. **Fungal cultures of blind nasal swabs are neither sensitive nor specific:** they often miss fungi if the sample is not collected from the immediate vicinity of a fungal plaque. Equally, you may isolate *Aspergillus* from completely healthy noses.



Vascular malformations (red circle) are very rare causes of epistaxis (referred by Dr Chris de Beer)



Answer 3: An intra-oral (occlusal) view of the nose. This removes the overlying mandibular rami. We also use a slower screen for these so we get greater detail than when using our normal cassettes. A flexible dental cassette allows us to get the film deeper into the mouth.



Rocky's work-up: (normal PLT on blood smear)

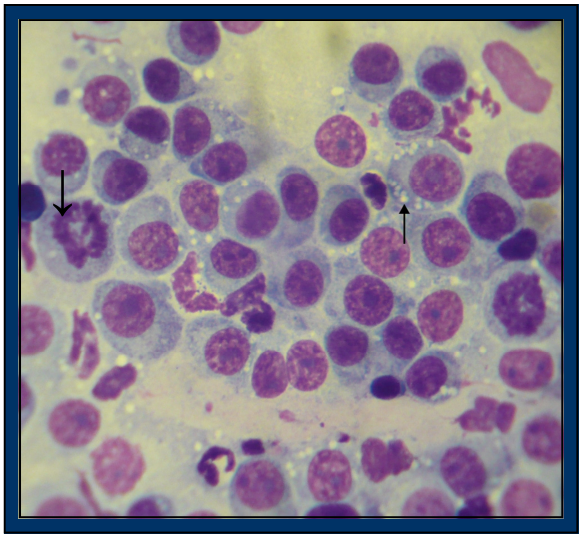
<u>Radiographs</u>

- turbinate lysis in the rostral and middle L nasal chamber
- some erosion of vomer.
- soft tissue density in areas affected by lysis.

<u>Retrograde rhinoscopy</u>: normal nasopharynx.

<u>Antegrade rhinoscopy</u>

- grey-pink multilobulated and relatively firm mass protruding between the turbinates about 3 cm caudal to the opening of the nares
- small amount of bleeding from the ventral aspect of the mass (not in image)



Cytology (of a squash prep of a pinch biopsy):

- There are large sheets of round cells.
- N:C variable—and usually higher than of a lymphoma
- Nuclear and nucleolar pleomorphism—thus neoplastic
- no lymphoglandular bodies-a lymphoma unlikely
- Mitoses are evident (↓)
- No multinucleate cells and perinuclear Golgis (clear areas) makes a plasma cell tumour less likely
- Cytoplasm contains a few small vacuoles (↑) typical of a TVT

This Thai stray obviously couldn't resist either!

Outcome: Most TVT respond very well to monotherapy with vincristine. After 2 treatment Rocky has

- Less sneezing and no blood when he sneezes
- stopped snoring
- airflow through the left nostril
- A less Roman nose

The moral:

Don't stick your nose where it doesn't belong!

◄▼►▲I will be away ◄▼►▲

1—11 September: to attend the ECVIM congress in Seville. This is essential for me to maintain my European board registration — and to ensure that I remain up to date… all to the benefit of your patients and your CPD

8-16 October: to speak at the World Veterinary Congress in Cape Town

Can you help?

Sally Rackham graduated from OP in 1991. It's taken her 20 years to see sense — but she's finally moving back to South Africa. To Knysna.

Relax! She has established 2 of her own practices in the UK and has absolutely no interest in doing this again. She may be available for part time work though. She arrives on 1 Sep 2011— with 3 kids and a couple of dogs.

She's **looking for a car to hire** for a couple of months while waiting for hers to be shipped out from the UK. **Can anyone recommend a private hire company that does long term leases or would anyone have a spare vehicle that they would consider hiring out?** If yes, please contact her:

E-mail: sallymrackham@aol.com
SMS: +44 7767 303438

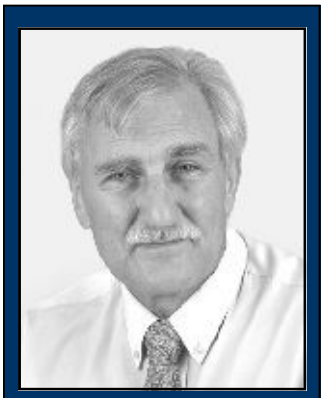
Handy tip of the month

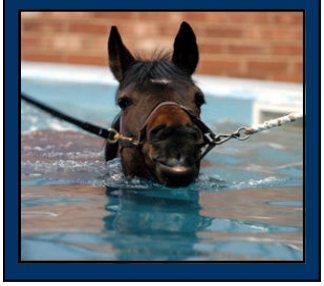
How to stop your feeding tubes looking like ….. a bowl of spaghetti

- Collect the inner cardboard tubes of some Vetwrap/Elastoplast
- Stick them together
- Mark with the relevant size.
- Feed tubes through the relevant sized one.

No longer will you have to curse under your breath while you scratch through a whole drawer of muddled tubies for 15 minutes

Please welcome a colleague





Prof Sybrand van den Berg moved to **Plettenberg Bay** this month to help Marinette Teeling (a trained physiotherapist and member of the animal physiotherapy group of South Africa) set up and run the Equine-Librium College. Most of you will remember Prof Sybrand from Onderstepoort where he taught equine surgery for 30 years. In my mind, he stands out as a wise, careful and astute clinician as well as a superb teacher—infusing students with his enthusiasm for his field and the patience to really WATCH the horse to see what it's telling you.

The college will offer a 2 year diploma and a 3 year MSc course in **equine and canine** physiotherapy, with the first enrolments planned for early 2012. Until then, **short CPD courses** will be on offer, with the first one planned for **September 2011**. This course will be aimed at a wide audience, with a day for vets, one for owners and a third for farriers and covering both species. If you'd like further details, please phone Ronel van der Sijde 082 9205227 .

Prof Sybrand is already available for **referral consultations** in the area and can also assist with radiographic interpretations and comments. **Digital radiographs** are best submitted via the Vet Imaging Specialists website on http://vetimagingspecialists.com/ (I used the site the other day for a CT and it's dead easy). **If you'd like to discuss a case or organise a referral, you can reach him on 083 4078349 or at sybrandvdberg@yahoo.com.**

Don't let your clients miss the opportunity to consult an expert of this calibre!

Found on Google

DIY equine physiotherapy?

Or … the water was just too bloody cold to consider swimming with the horse?

In need of CPD points? Here's a list of my talks for the rest of 2011

Date	Topic	Venue	Sponsor
16 August	Rational use of Antimicrobials	Old Grey's Sports Club, PE	Bayer / PECG
21 September	Liver disease in dogs	East London, TBA	Eukanuba Roadshow
22 September	Liver disease in cats	Port Elizabeth, TBA	Eukanuba Roadshow
26 October	Canine parvovirus—an update	Port Elizabeth, TBA	MSD Roadshow
8 November	Practical oncology	Old Grey's Sports Club, PE	Eukanuba / PECG