King Edward Referrals News

EC-SAVA Congress: Some of you may have noticed a date shift from 4-5 May to **5-6 May.** The reason for the date shift: last year's post congress business management day with Diederik Gelderman was a great success. I'd heard that the IVPD was bringing him out again this May, so set the EC SAVA congress dates with the view of having him speak on the Sunday again. In December 2 issues cropped up

- the IVPD had changed their speaker
- the **Fish River Sun** was already booked out for Friday the 4th May

When EC-SAVA members decided that they'd rather listen to Diederik in February in PE than the new IVPD business management speaker (John Sheridan) in May, it seemed sensible to move the EC-SAVA congress dates back a day to **Sat 5 and Sunday 6th May** than to try and find a new venue. **Also note: accommodation at the Fish River Sun may be limited so book early to avoid having to sleep at the Mbekweni Sun and drive in for lectures.**

MDB Veterinary laboratory: Yes, It's still happening.

- **Dr Tarryn Fick** has had more than her fair share of dramas importing her machines and getting them set up.
- She'll let you know as soon as she's ready to go.

In the meantime, you're still welcome to send cytology or blood results and histories for case comments to me—either via Idexx or directly. I will provide the same service for vets using Tarryn's lab once she is up and running.

Staff: As some of you will know, Sue my receptionist and cheery voice on the phone answering all your queries, left last month. Velvet Sky head hunted her to run their PE airport office as she'd done the same for Nationwide airlines before she worked for me. I managed to identify a very able replacement in **Anita Cronjé** and Sue spent 2 weeks training her before heading off to new challenges. In the short time Anita has been flying solo, I have been amazed at how many clients I have that prefer to speak Afrikaans! Many of you will be speaking to her soon as she is updating our databases—so we don't miss folk when we're sending out CPD information … or our scintilating newsletter!

As some of you will also know, Sr Amanda Young left us toward the end of 2011 with the view of setting up her own hydrotherapy business. Finding a suitable nurse to replace her has proved challenging. For the interim, I have been very lucky to be able to call on Drs Gaby Howse, Tarryn Fick and Lauren Daisley and occasionally Sr Udine Joshua to assist me with procedures that require general anaesthesia—so you can be assured that your patients are still always in the most capable hands.

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

Index

Meet Anita

Case study 9: Fever of unknown origin

Odie, a 12 mo old MN township dog, was referred by Dr Alma Kerr from Southern Cross Veterinary Clinic in late January. He had initially presented to her last October with pyrexia and suspected tracheitis. Clinical signs resolved while on doxydog and theophylline. On 9 November he was again pyrexic, stiff and had a tense abdomen on palpation. Appetite was decreased but not absent. Treatment with Baytril and Rimadyl for 3d did not improve signs but signs improved once changed to Augmax, Tramahexal and prednisone at 10 mg bid. For the last week, he had been quieter than normal and for the last 3d pyrexic and inappetant. Signs had not improved on Tramahexal and Doxydog.

Key point: Investigations of a fever of unknown origin should start with a very thorough clinical examination to try and localize the inflammation

Clinical examination: T 40.7, P 144, RR 60 wt 20.2 bcs 3/5
Colour pink, CRT < 1 sec, pulse good, ln palpable but not enlarged, neck pain evident, short shuffling stride, mildly decreased ROM carpi. Retinas NAD, thoracic auscultation NAD, abdominal palpation comfy. Some sensitivity on palpating dorsal spinous processes esp mid-thoracic. Mild muscle pain but no wasting. Myotactic reflexes NAD. Rectal: no faeces for float. no palpable prostate / ln.

Question 1: Based on the clinical examination, where could the source of the fever be?

Question 2: Is this fever caused by an infectious organism?

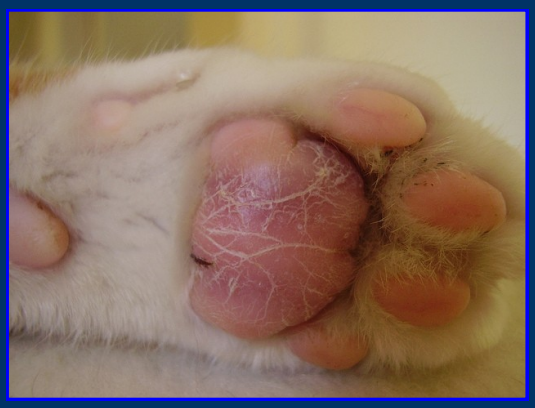
Question 3: How would you continue with the work-up?

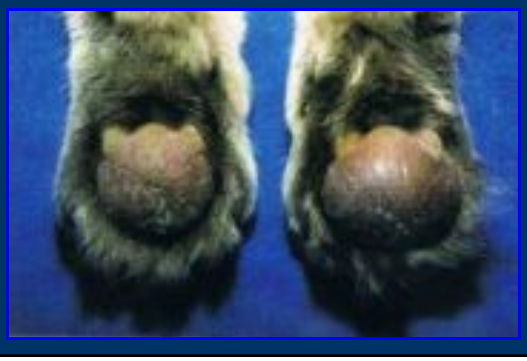
Answers on Page 3

Recently, Dr Geoff v Welie referred Cappy, a 5 year old DSH, that had a pad problem for a year. The pads had started bleeding 1 month previously—see 2 images on the left

The images on the right are from similarly affected cats off google images

Any idea on the diagnosis?





Case Study 9 : Answers

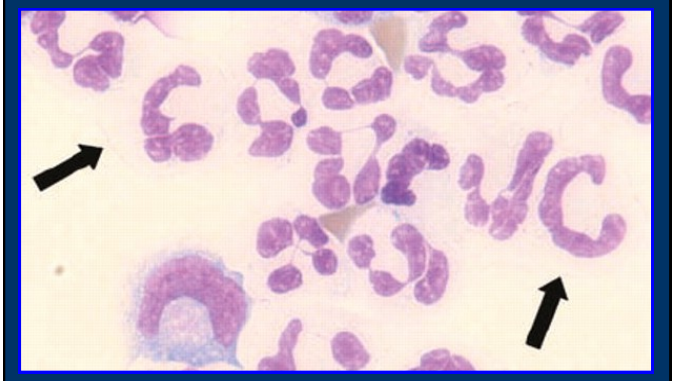
Answer 1: Apart from the pyrexia, the other abnormalities are: polypnoea, neck pain, possible joint pain, back pain which appears boney rather than muscular. Obviously, the polypnoea could be pain-related rather than aro lung pathology / anaemia. After 0.5 mg/kg morphine, the RR decreased to 36 bpm and HR to 90 bpm. Thus the source of the fever appears in the spine (the bones, joints and / or meninges) with possible distal joint involvement.

Answer 2: NO, not necessarily! Fevers may also be caused by immune-mediated disease, severe (sterile) inflammatory disease (eg pancreatitis, metaphyseal osteopathy) or neoplastic disease (e.g. lymphoma, leukaemias). Endocrine disease may also elevate body temperature (e.g. hyperthyroidism, phaeochromocytoma) though not usually this markedly. Hyperthermia can easily reach 40.7C and is most commonly the consequence of upper airway obstruction but may also be exercise induced, the consequence of seizures or very rarely the consequence of hypothalamic disease.

Answer 3: Systematically and from least to most invasive i.e. haematology, serum biochemistry, urine analysis, spinal radiography to look for boney changes, joint aspirates from carpi to look for infectious / immune-mediated disease, CSF tap +/- MRI

Odie had **steroid-responsive meningitis**

- **Synonym: necrotizing vasculitis, aseptic suppurative meningitis.**
- Affects large breed dogs esp. Beagles, Bernese Mnt dogs, German Short Haired Poinsters, Weimeraners and Boxers.
- typically 8-18 mo of age, range 4 mo—7 years
- Concurrent immune-mediated polyarthritis seen
- Suspect immune-mediated: CSF Ig A is increased
- histopath : necrotizing vasculitis
- Common DD: discospondylitis, immune-mediated polyarthritis, cervical IVDD if older dog. Bacterial meningitis is very rare and doesn't usually have the relapsing course.



Odie's CSF tap revealed a profusion of well preserved neutrophils

Body temperature in exercising dogs

Racing greyhounds: 40.3-40.9C AJVR 1989, 50(4) 583-586

Dogs on treadmill exercised to exhaustion: with cooling—41-41.3C.

Without cooling—43C!! JAppl Physiolo 1985, 58(5) 1444-1448

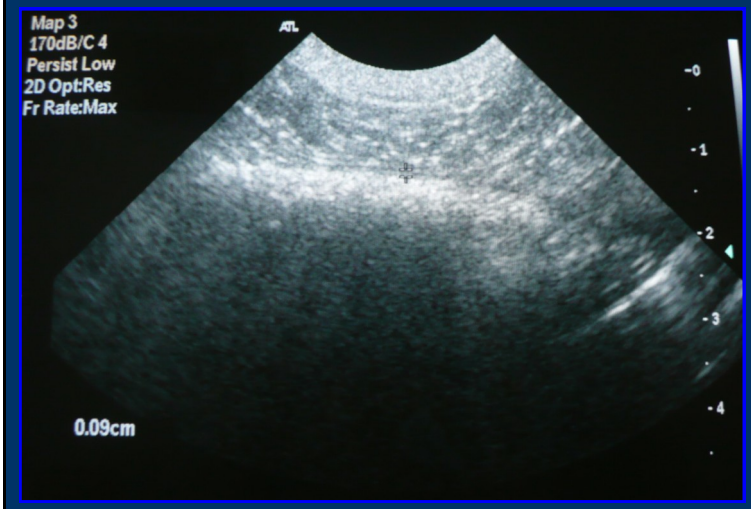
Dogs on treadmill: 41.6-42C J Appl Physiol 1985, 59(3) 766-733

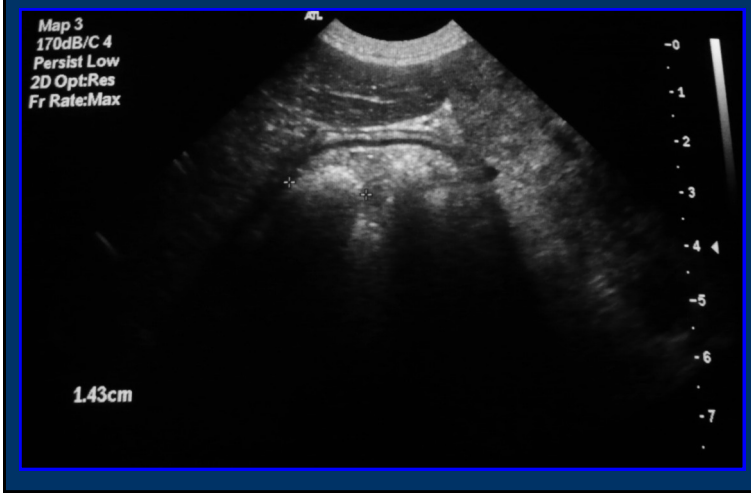
Severe plasma cell pododermatitis

Cappy the cat had Plasma cell Pododermatitis

One reference also called it '**mushy foot pad disease**' which describes the appearance very well. The classic photos (Page 2 right) show very swollen foot pads that lose the ventral ridges but appear to have a cracked surface. They feel mushy to the touch. Occasionally, as in Cappy's case, the pads can ulcerate—they appear to burst as in the image on the left and on Cappy's worst affected paw.

Often, the lesions resolve on their own over a few months, so benign neglect of typical cases is an option. Milder cases could be trialed on doxycycline as 1/3 to 1/2 appear to respond. More severe cases need steroids. Prescribed doses have varied from 0.5 -2 mg/kg bid for 2-3 months. The pododermatitis does occasionally recur. Concurrent hypergammaglobulinaemia is common.





Ultrasound corner: what's your diagnosis?

A 10 year old overweight JRT was referred for abdominal ultrasound. He'd been picking at his food for 3d, vomiting occasionally, had become jaundiced and was showing signs of colitis.

Yes, you're right, the dog probably had pancreatitis BUT all you can see on the ultrasound is GAS (dirty shadows) and FOOD (bottom image, clean shadows) in the stomach. Notice how you can see NOTHING beyond the gas / food.

If you want me to examine the anterior abdomen properly (pancreas, bile duct, portal vein for porto-systemic shunts, R adrenal etc) **please remember to starve your patients!! That means no food from 10pm the night before the scan**

X-ray machine and table for sale

- Machine: Diagnox
- Specs: 60-100 kV/60mA 6 kilowatt fixed unit
- X-ray table: integrated tube stand, integrated cassette holder
- Grid included
- One previous owner, bought new in 2007

R40 000

Or nearest cash offer

Interested? **Contact Jeanette van Dijken,** Port Rex Veterinary Clinic on **043 743 6702**

When last did you try and take a radiograph of something small and wriggly?

Place wriggly thing in bog roll.

Tape ends closed enough that wriggly thing can't escape (left out in image so you can see the idea)

Also: **cone down a lot more** than in the image

I plan to try this on the next yorkie pup I see!

This and other hot tips on www.vetlearn.com (you have to register but it's free!)