

INSIDE STORIES

PIONEERING TREATMENTS

– page 3



WHAT'S YOUR DIAGNOSIS?

– page 4



ACHIEVEMENTS WITHIN DAVIES

– page 2

New staff, research publications and more...

CPD

Visit vetspecialists.co.uk to check out DVS's CPD programme and make your booking.

DIAGNOSTIC CAPACITY INCREASED

CAPACITY AT DVS's MAIN SITE IN HIGHAM Gobion, Hertfordshire has been increased to improve the workflow for diagnostic procedures including MRI, CT and endoscopy.

The new development includes an anaesthesia induction room with two state-of-the art stations, a diagnostic imaging viewing room, a further ultrasound and procedures room and office space for the nurse supervisor team. The rooms were built inside the site's central barn as the next phase of DVS's ongoing

expansion programme, which has recently seen the completion of a new staff room with future planning for further ward space.

Staff are also being well looked after as demand for the practice's multi-disciplinary referral services steadily increases. A new suite of rooms in a separate building to the clinic, now give staff a proper chance to escape and unwind. There's a large general area, a quiet room, a well-equipped kitchen and a sun-dappled south-facing terrace.



GLUTEN INTOLERANCE LINKED TO CECS IN BORDER TERRIERS

A COLLABORATIVE STUDY LED BY DVS Neurology Specialists Mark Lowrie and Laurent Garosi has identified biomarkers suggesting Canine Epileptoid Cramping Syndrome (CECS) in Border terriers is linked to a gluten intolerance.¹ The research team is now seeking Border terriers with suspected CECS as well as Border terriers with idiopathic epilepsy to help find better ways of diagnosing and treating this disease.



Wendy, Border terrier

If you know of any Border terriers with suspected CECS or with epileptic seizures of no known or suspected underlying cause, please contact Mark Lowrie at mll@vetspecialists.co.uk or telephone 01582 883950. All data will remain strictly confidential and no patients will be identified.

For further information on the study visit <http://bit.ly/1nngX2>

¹Lowrie M, Garden O, Hadjivassiliou M, Harvey RJ, Sanders DS, Powell R, and Garosi L (2015) The clinical and serological effect of a gluten-free diet in Border Terriers with epileptoid cramping syndrome. J Vet Intern Med; 29: 1564-1568.

ROYAL SUN ALLIANCE REFERRAL NETWORK CONFIRMED

RSA HAVE NOW PUBLISHED THEIR FULL, preferred referral network and DVS is not currently on the list. Despite persistent dialogue with RSA a mutually acceptable agreement has not yet been found and currently RSA insured clients may be asked to pay the additional £200 if they attend DVS, except in case of an emergency.

Clive Elwood, Managing Director of DVS said: "We are conscious that any alternative arrangements made to accommodate the RSA decision may have implications for clients who are not insured with Tesco or MORETH<N so have not chosen to offer any discount to offset the additional cost to RSA clients.

"Whilst we recognise the RSA's decision is frustrating and inconvenient, we hope our colleagues and clients agree that the excellent clinical and customer service we provide is worth preserving. We routinely manage an exceptional range and number of complex clinical cases and do not wish to take any precipitous decisions that compromise this capability."

Communications are continuing and other ways of addressing the situation are being considered.

All feedback is welcome - please contact Clive Elwood at cme@vetspecialists.co.uk or call 01582 883950.

NEW FACES

CLAUDIA HARTLEY

*BVSc MRCVS CertVOphthal DipECVO
RCVS and European Veterinary Specialist in Ophthalmology*

Claudia graduated from Bristol University in 1995, and spent nine years in general practice during which time she gained her RCVS Certificate in Ophthalmology. She undertook a residency in ophthalmology at the Animal Health Trust and gained her European diploma in 2007, going on to lead the ophthalmology service there for six years. She has published several book chapters and original articles in ophthalmology. Claudia is a European & RCVS Recognised Specialist in Veterinary Ophthalmology.



RAQUEL SALGUERO

*DVM MA MRCVS DipECVDI
European Veterinary Specialist in Diagnostic Imaging*

After graduating from the University of Madrid in 2006, Raquel worked for four years in private practice in Spain and in the UK. She went on to take two internships while doing her Masters in teaching. Raquel undertook a residency in Diagnostic Imaging from 2012 to 2015 at the University of Cambridge, gaining her Diploma of the European College of Veterinary Diagnostic Imaging in 2015.



ANDREA VOLK

*DVM MRCVS Dr.med.vet. MVetMed DipECVD
European Veterinary Specialist in Dermatology*

Andrea graduated from the University of Veterinary Medicine, Hannover in 2002 and went on to take a research doctorate in pharmacology. Following several years in general veterinary practice in the UK she spent eight years at the Royal Veterinary College, where she received Specialist training in dermatology. She is now a European Veterinary Specialist in Dermatology.



JULIEN BAZELLE

*DVM MRCVS DipECVIM-CA European Veterinary
Specialist in Internal Medicine (Companion Animals)*

Julien Bazelle graduated from the University of Nantes in 2005. He stayed as an intern and an assistant for a further two years and was heavily involved in teaching the students. Following three years in general practice, he moved to the UK where he completed a residency in Small Animal Internal Medicine and went on to gain his Diploma as a European Veterinary Specialist in Internal Medicine.



VEERLE VOLCKAERT

*DVM MRCVS DipECVDI
European Veterinary Specialist in Diagnostic Imaging*

Veerle graduated from Ghent University in Belgium in 2010 and went on to complete a residency at the European College of Veterinary Diagnostic Imaging in 2015. She is now completing a PhD in nuclear medicine while practicing as a European Veterinary Specialist in Diagnostic Imaging at DVS.



ANNA THRELFALL

*BVSc MVetMed MRCVS DipACVIM
American Specialist in Small Animal Internal Medicine*

Anna graduated from the University of Liverpool in 2007 and enjoyed four years in general practice before completing a rotating internship at the Royal Veterinary College. She then embarked on her advanced clinical training in Small Animal Internal Medicine, also at the RVC, where she gained her Master's degree and Diplomate status of the American College of Veterinary Internal Medicine in 2015.



WHO'S DONE WHAT?

JOHNNY PLESSAS *Neurologist*

Johnny became a Diplomate of the European College of Veterinary Neurology.

KATE FORSTER *Small animal surgeon*

Kate became a Diplomate of the European College of Veterinary Surgeons.

ISABELLE DESMAS *Oncologist*

Isabelle became a Diplomate of the American College of Veterinary Internal Medicine (Oncology).

CLIENT CARE TEAM

Becky, Caroline, Cat, Clare, Nic, Roo, Ruth, Sarah and Tara ran in the 2015 Milton Keynes colour run, raising funds which included £610 towards Eyegaze Technology for a child with cerebral palsy and £130 to the Make a Wish Foundation.

LOUISE CLARK *Specialist in Veterinary Anaesthesia at DVS*

Louise has been helping to provide practical training to Indian vets and local charity workers at the Worldwide Veterinary Service International Training Centre in Ooty, Southern India. Recently she helped design an important trial to assess the efficacy of a propofol-based anaesthetic technique, given the recent reclassification of ketamine and its subsequent restricted availability.

The findings demonstrated the superiority of the propofol technique with smoother recoveries from anaesthesia and better oxygenation, compared to a ketamine-based protocol. An abstract has been submitted for presentation at the Association of Veterinary Anaesthetists conference in Lyon in April and Dogs Trust International has kindly agreed to support the travel expenses of the Nepalese vet who is the primary author.



Louise explained: "This is an important study and publication will enable the findings to be distributed to veterinary surgeons throughout the world and potentially improve the peri-anaesthetic welfare of many dogs undergoing surgery in low resource settings."

FOR FURTHER INFORMATION VISIT: WWW.WVS.ORG.UK/WHAT-WE-DO/TRAINING-CENTRE/

ELECTROPHYSIOLOGY & RADIOCATHETER ABLATION

– A CURE FOR CARDIAC ARRHYTHMIA TREATMENT

DVS IS ONE OF ONLY A HANDFUL OF SPECIALIST CENTRES IN THE WORLD TO HAVE A CARDIAC ELECTROPHYSIOLOGY CATHETER LABORATORY (EP LAB).



Cardiology Specialist Pedro Oliveira explains how the pioneering, minimally invasive techniques of electrophysiology and radiocatheter ablation are improving the diagnosis and treatment of cardiac arrhythmias.

SO WHAT IS IT EXACTLY?

An electrophysiology study is a minimally-invasive procedure that allows definitive diagnosis of the mechanism of irregular heart rhythms (arrhythmias), which can cause fainting, exercise intolerance and heart failure. Catheters are inserted via peripheral veins into the heart and positioned at specific points to record the intracardiac electrical signals (electrocardiogram). The recordings are analysed and tests used to induce and terminate the arrhythmia to determine the precise location of the problem. Radiocatheter ablation is then used to 'destroy' the abnormal tissue by applying heat to a small area of the heart muscle and effectively make the arrhythmia disappear.



WHAT ARE ITS MAIN ADVANTAGES OVER MEDICAL TREATMENTS?

These techniques can achieve a cure for previously incurable conditions, without the need for further medical treatment with drugs that have potential side-effects.

HOW MANY OTHER VETERINARY EP LABS ARE THERE?

There are only three or four centres in the world that perform these procedures routinely on veterinary patients.

IS THE TECHNIQUE BEING USED SUCCESSFULLY IN HUMAN MEDICINE?

Yes, these studies have been available in human medicine for many years now and have become the first line of treatment for many cardiac arrhythmias.

HOW MANY PATIENTS HAVE BENEFITED SO FAR FROM THE NEW LAB AT DVS?

We have successfully treated four patients since the start of the service in March 2015, without complications. Unfortunately six additional candidates were in a 'desperate situation' by the time they were referred to us and did not survive long enough to have the procedure during the same period. Hopefully this will change as cases are referred earlier.



WHERE DO WE GO FROM HERE?

An increase in awareness about how serious life-threatening arrhythmias can be treated effectively in this way is absolutely necessary so that more patients can benefit from it. These procedures represent a major improvement in the level of care we can offer to patients with cardiac arrhythmias and hopefully this will be the future of arrhythmia treatment in veterinary patients as it is in human medicine.

TYPICAL CASE STUDY



SUPRAVENTRICULAR ARRHYTHMIAS ARE THE MOST

common condition to be treated in this way. They are caused by the presence of accessory pathways (Wolff-Parkinson Syndrome), atrial flutter and atrial tachycardias. All patients have a thorough work-up with echocardiogram, electrocardiograms, Holter monitor (24 hour ECG) and blood analyses prior to the procedure which is conducted under a general anaesthetic.



Two catheters are introduced into the heart via the jugular vein in the neck and an additional catheter is introduced via the femoral vein in the leg. They are connected to a recording machine that can deal with up to 64 simultaneous electrocardiograms. Real-time radiographs (fluoroscopy) and trans-oesophageal ultrasound are used to view the catheters inside the heart.

Once they are in position the electrocardiograms are analysed and a series of electrical stimuli (pacings) are delivered to different areas of the heart in an attempt to induce the rhythm disturbance. Once the type of arrhythmia has been identified the abnormal area can be precisely pinpointed. Energy is applied to that area with a special catheter causing it to heat up to about 50°C (radiofrequency ablation). This effectively destroys the abnormal area, making the arrhythmia disappear. The study is repeated to make absolutely sure the arrhythmia has disappeared and then all catheters are removed and the two small incision sites in the neck and leg are sutured. Normally patients go home the following day without any treatment with the exception of some anti-inflammatory drugs. The incision sites should heal in 8-10 days.

WHAT'S YOUR DIAGNOSIS?

A 16-YEAR-OLD FEMALE NEUTERED DOMESTIC SHORTHAIRED cat presents with several months' history of losing weight, mild polyuria/polydipsia, reduced appetite, reduced demeanour and recent hair loss with pruritus.

What are your differential diagnoses?

Which further test(s) might you perform?

How would you communicate this to the owner?



A SIX-MONTH-OLD MALE ENTIRE FRENCH Bulldog with at least four months' history of hair loss and two week history of an abscess on its tail.

What are your differential diagnoses?

Which test(s) would you perform?

What's the prognosis for this dog?



FOR ANSWERS AND A DISCUSSION VISIT WWW.VETSPECIALISTS.CO.UK/CLINICAL_SERVICES/DERMATOLOGY.HTML

A VIEW FROM THE OTHER SIDE

CLIVE ELWOOD RECENTLY WITNESSED A 'client's eye view' of the practice when his beloved lurcher Fay developed a lump on her neck. He found the experience both instructive and humbling, as he reports:

I organised a CT scan for Fay when my son first discovered the lump. It confirmed a thyroid mass but, unexpectedly, we found a pulmonary mass too. Samples showed them both to be malignant cancer, probably unrelated, and indicated a need for surgical removal.

My colleague Ronan Doyle took on the responsibility of surgeon and explained to me the risks and potential complications, as he would to any client.

My family spent time with Fay over the weekend and on the Monday the neck mass and her right cranial lung lobe were successfully removed with (as it proved) clean margins. I popped into ICU on Monday evening to see her sleeping comfortably. I was away from the practice on Tuesday but received reassuring updates by phone. It was a great relief to see how bright and waggy she was on Wednesday. She came home the following day and has since gone from strength to strength. A little post-operative cough has resolved, her shaggy coat is slowly growing back and she is as active and stupid as ever.

So what have I learned from the experience?

Handing over control to others was the correct thing to do, but required huge trust.

Whilst I did not see the surgery, the calm, professional reassurance given by Ronan gave me total confidence (Obviously, she did not bleed out, so he must have been OK!).

I was more worried than I expected about



Clive and Fay

subjecting Fay to a big procedure and the potential pain and distress this might cause her. On reflection, perhaps a discussion with an anaesthetist might have given some additional reassurance. Maybe it's something we could consider in future for particularly worried clients?

Waiting to hear from theatre was agonising but the quick message Ronan sent out saying things were OK was hugely appreciated.

I saw with my own eyes the quality of the anaesthesia, analgesia and nursing care post-operatively. As a family we are indebted to all the team (surgeons, imagers, anaesthetists, nurses and others) involved for keeping Fay comfortable and safe.

Genuine concern and understanding for Fay and for my feelings was shown by so many in the practice and was greatly appreciated; I was more concerned than I may have admitted and such compassion truly helped.

Ultimately I was reminded that the quality of the communication is, for the owner, a measure of the quality of care.

CPD FOR VETS & NURSES

DVS's POPULAR FREE CPD

programmes for vets and vet nurses have been confirmed for the first half of 2016. For further information on all CPD courses and to book your place visit the DVS website www.vetspecialists.co.uk

OUR MISSION:

To deliver the best multi-disciplinary specialist care, that meets the needs of the patient, the owner and the referring veterinary surgeon.

OUR COMMITMENT:

To lead through exemplary care, learning, research, innovation and teaching.

OUR CORE VALUES:

Integrity, professionalism, respect and compassion towards our patients, their owners, their veterinary surgeons and our colleagues.

OUR GOAL:

To be the first choice for small animal specialist care.