

INSIDE STORIES

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Teamwork treats severely anaemic terrier
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Insight:
Cutting edge wound management
– page 6



Nurses win at BVNA Congress
– page 8

New staff and services, plus more...

	RICHARD WHITELOCK President Elect – ECVS			JERRY DAVIES Vice President – RCVS	
	LAURENT GAROSI Vice President – ECVN			LIZ BRANSCOMBE Chair – Vet Nursing Council	
	CLIVE ELWOOD Board Member – ECVIM			NURIA CORZO MENENDEZ Presidency – EAVDI	

ELECTION SUCCESS IN 2010

DVS HAVE BEEN PROVING their prowess across the disciplines with a total of six members of staff elected to prestigious posts within the veterinary and nursing professions during 2010. Richard Whitelock has taken up the post of President Elect of the European College of Veterinary Surgeons (ECVS). Laurent Garosi has been appointed Vice President of the European College of Veterinary Internal Medicine (ECVIM). Jerry Davies has been appointed Vice President of the Royal College of Veterinary Surgeons (RCVS). Liz Branscombe has become Chair of the Vet Nursing Council and Nuria Corzo Menendez has taken on the Presidency of the European Association of Veterinary Diagnostic Imaging (EAVDI).

Clive Elwood, managing director of DVS said: *“We are very proud of such achievements that show the willingness of our staff to contribute to their professions.”*

ROB RAYWARD SWIMS CHANNEL

INTREPID VET ROB RAYWARD, an RCVS Orthopaedic Surgery specialist at DVS, bravely greased up and swam the murky waters of the English Channel on 19 July, helping to raise £1745 (and counting) for the Christian charity Derek Prince Ministries (DPM) UK.

Rob undertook the 35km swim as a part of a Channel Swim Relay Team. The funds raised by the team will help to support DPM’s work providing Christian teaching materials in over 1000 languages to Church leaders and Christian communities around the world. They also provide food and education to widows and orphans in Ethiopia.

Rob spent a year in training for his chilly trip. It took 13 hours and 14 minutes for the relay team to traverse one of the world’s busiest shipping lanes, with the average water temperature around 16C.

“Conditions were perfect – our pilot described them as miraculous,” said Rob. *“There was almost a flat calm and the seas had warmed and the wind stilled. We saw jelly fish but no one was stung and thankfully we managed to keep clear of the Channel’s notorious sewage.”*

THERE’S STILL TIME TO SPONSOR ROB BY VISITING HIS JUSTGIVING PAGE AT WWW.JUSTGIVING.COM/ROB-RAYWARD



“I am extremely grateful for the kindness, support and generous donations I have received. I am thrilled to have exceeded our fund raising target of £1500 and the money is still coming in.”

CPD

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SEE BACK FOR DETAILS
OR VISIT:
www.vetspecialists.co.uk

REPEATED BLOOD TRANSFUSIONS KEEP JACK RUSSELL IN GREAT SHAPE

A CASE OF UNRESPONSIVE ANAEMIA IS CAUSING YOUNG JACK RUSSELL TERRIER MATILDA TO NEED MULTIPLE BLOOD TRANSFUSIONS TO SURVIVE. DVS'S CLOSE WORK WITH THE TERRIER'S OWNER, PET BLOOD BANK UK AND HER PRIMARY PRACTICE, HYDE PARK VETERINARY CENTRE IN LONDON, HAS RESULTED IN A SMOOTHLY MANAGED TREATMENT PROTOCOL AND A VERY GOOD QUALITY OF LIFE FOR MATILDA.



THE DAVIES SPECIALIST'S VIEW POINT

CLIVE ELWOOD,
INTERNAL MEDICINE
SPECIALIST AT DVS,
REPORTS:

“Matilda first presented to us in May 2010. She had initially become ill in February because of a severe anaemia. Investigations at her primary veterinary surgery and at another referral centre had indicated primary erythroid hypoplasia and myelofibrosis. The presence of spherocytosis suggested a primary immune mediated aetiology, but no inciting cause had been found, despite extensive investigation. She was referred to us for further advice and treatment.

“Our investigations have been limited because of the previous extensive work up, so our long

term goal has always been to trial treatments whilst maintaining Matilda's quality of life. A range of immune-suppressive medications have been trialled, with limited success, including prednisolone (corticosteroid), azathioprine (a purine synthesis inhibitor), leflunomide (a pyrimidine synthesis inhibitor), mycophenolate mofetil (a purine synthesis inhibitor) and ciclosporin (an inhibitor of activated T-lymphocytes). Her haematology has been fluctuating, but with a persistently declining PCV and inadequate regenerative responses throughout.

“Whilst these treatments have been tried, we have been able to support Matilda with multiple blood transfusions. To date, she has received a remarkable *eight* cross-matched DEA 1.1+ blood transfusions and we are extremely grateful to the Pet Blood Bank who have supplied samples of blood for prospective cross-matching in anticipation of her needs. We have seen some low grade transfusion reactions (vomiting and shaking), but these have been short-lived and



MATILDA RELAXES AT HOME. INSET: MATILDA WITH HER DEVOTED OWNER LOLA

have stopped upon cessation of the transfusion. In between transfusions Matilda's quality of life appears very good, and she has adapted to very low PCVs, appearing normal even at 11%. She has developed some proteinuria, attributed to probable glomerulonephritis resulting from antigen-antibody deposition from the foreign protein challenge of the transfusions.

“Despite the lack of a definitive treatment, Matilda has shown us

that repeated blood transfusions are viable and have not, as yet, been associated with limiting incompatibility. We are continuing to explore new treatment combinations but are concerned that underlying secondary myelofibrosis may be limiting her capacity for a complete regenerative response. “

DVS's efforts have been supported with those of Andrew Prentis and Odile Sicouri MsRCVS at Hyde Park Veterinary Centre in London.

**THE
REFERRING
VET'S
VIEW POINT**

**ANDREW PRENTIS AND
ODILE SICOURI MScRCVS
OF HYDE PARK VETERINARY
CENTRE IN LONDON
REPORT:**

“Matilda started her veterinary trajectory with another local vet who had referred her to a university referral centre where they made a diagnosis of erythroid hypoplasia. She had already had several blood transfusions there but a poor long-term prognosis had been given.

“She first came to us on the recommendation of one of our clients on 11th May 2010. At that time she was on multiple medications and in addition she was receiving homeopathic remedies from vet Richard Allport and healing from Helen Hilliard.

“This was never likely to be a straightforward case. Our role over the past six months has been to be the centre point of her local care, offering close monitoring, day-to-day advice and support as her health status changes. We have regularly monitored her physical condition, blood counts, liver and kidney function, bodyweight and blood pressure to allow for the most appropriate medication to be given and to help judge the most appropriate timing for the multiple transfusions that she has received at DVS during this period.

“We arranged for bloods to be sent to California for specialist thyroid assessment and have been liaising between her owners, vet Jean Dodds in California and Clive Elwood and Nat Whitley at DVS. Matilda has remained remarkably cheerful and enthusiastic throughout all this, despite the number of vet visits, injections and samples taken. A lesser dog might well have lost the will to go on and many would have lost their patience with the amount of intervention. This would not only have made ongoing treatment difficult but have drawn into question whether it was appropriate to continue. This has never been an issue for with Matilda. Where the normal red blood cell count for a



ABOVE: MATILDA IN INTENSIVE CARE RECEIVING A BLOOD TRANSFUSION
RIGHT: ANDREW PRENTIS AND ODILE SICOURI MScRCVS OF HYDE PARK VETERINARY CENTRE

dog is 35-55%, we have become accustomed to Matilda trotting in, all waggy tailed, with counts down into single figures!

“Lola is an extraordinarily involved and pro-active dog owner, whose dedication to Matilda’s care has been an example to us all, and Matilda’s permanently pricked ears in particular have inspired us to keep going when at times her prospects have looked bleak. This is a complex disease process that in truth is still not well understood, and the underlying reason for it in Matilda’s case is still not clear..”

**THE
OWNER'S
VIEW POINT**

**MATILDA BELONGS TO
LOLA MARLIN AND HER
HUSBAND SIMON, WHO
IS A MEMBER OF THE
FAMOUS LONDON-
BASED HOUSE MUSIC
PRODUCTION DUO THE
SHAPESHIFTERS. LOLA
EXPLAINS:**

“I spotted Matilda at the Mayhew Animal Home in London and, being a Jack Russell lover, I just couldn’t resist her. She was only two and

seemed so full of health and vitality – and to start with she was just that. Her illness came on slowly – one she day she ran upstairs and simply fell over. Initially the prognosis was all gloom and doom but I was determined not to give up. My spirits were bolstered by Jean Dodds, an American vet I found when I was researching Matilda’s condition on the internet. She has experience of cases like Matilda’s in the States and has become an invaluable advisor and friend, helping to steer me on the right path and keep me focused on Mattie’s survival!

“I am so lucky to have such a sympathetic team of veterinary experts on Matilda’s case. No one knows how her illness will progress but I take comfort from the fact that we are working on the same side and are all determined to give Matilda the best possible quality of life while she still has the spirit to fight. Matilda sees Andrew or Odile at least once a week for a check up and routine tests

and we see Clive at DVS every three to ten weeks, depending on how each blood transfusion is going and when she needs the next one.

“Matilda is in great shape between transfusions – so much so that if you didn’t know her history you wouldn’t think there was anything wrong with her. I have a very open mind when it comes to complementary therapies. Hyde Park Vets combine all the benefits of modern medicine and surgery with complementary medicine so Matilda has regular acupuncture, homeopathy and healing as well as her conventional veterinary treatment. Clive is so reassuring every time I see him at DVS. At first I was worried that the specialists would peer over glasses and say it was wrong to keep Mattie going on transfusions but they have all reassured me that it’s OK. In fact her eighth transfusion has been the best-tolerated so far; while the protocol is working and my little dog is happy it has to be the right thing to do.”

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PORTOSYSTEMIC SHUNTS: EXPERIENCE COUNTS

DR CAROLYN BURTON, SOFT TISSUE SURGEON AT DVS, EXPLAINS HOW THE PRACTICE'S DECADE OF EXPERIENCE WITH SURGICAL TREATMENT PROTOCOLS HAS RESULTED IN A CONSISTENTLY GOOD PROGNOSIS FOR PORTOSYSTEMIC SHUNTS.

THE DIAGNOSIS

Timothy, a Havanese dog, was just six-months old when his owner presented him to his primary vet, describing him as lethargic. When he then spent most of the consultation staring blankly at the wall Graham Finch of Blythwood Veterinary Clinic in Pinner became suspicious of hepatic encephalopathy and submitted blood samples for haematology and biochemistry. The results of these tests were suggestive of portosystemic shunting of blood.

Timothy was promptly referred to Ian Battersby on the internal medicine service team at DVS. An abdominal ultrasound scan performed by radiologist Sergio Guilherme confirmed the presence of a single extrahepatic portosystemic shunt (*figure 1*).

Ultrasonography in this case was able to:

- visualise a congenital shunt
- rule out acquired shunts
- categorise the congenital shunt as extrahepatic and portocaval
- provide a definitive diagnosis

Congenital portosystemic shunts are classically treated by medical or surgical means and DVS have been successfully using surgical procedures for the past 11 years. Our experience with extrahepatic shunts in dogs shows they have a good prognosis with in excess of 85% of dogs treated with a single surgery having complete closure of their shunting vessel by three months post-operatively (as shown by post-operative dynamic bile acid measurements).

↓ PCV	30.9 %	(37.0 – 55.0)
↓ UREA	2.3 mmol/L	(2.5 – 9.6)
↓ ALBUMIN	10 g/L	(23 – 40)
↓ TP	32 g/L	(52 – 82)
↑ AMMONIA	190 µmol/L	(0 – 98)
↓ GLUCOSE	3.64 mmol/L	(4.11 – 7.94)
↑ BILE ACIDS (fasting)	10.6 µmol/L	(0.1 – 5.0)
↑ BILE ACIDS (post feeding)	247.2 µmol/L	(0.1 – 10.0)

PRE-SURGICAL MANAGEMENT

The success rate of surgery and the reduction in peri-operative complications has been much improved by careful stabilisation of the shunt patient prior to anaesthesia and surgery. On this basis Timothy was discharged with specific treatment for encephalopathy for four weeks prior to surgery:

- lactulose 2ml BID
- ampicillin 10mg/kg BID
- Royal Canin canine hepatic support

During this time he showed no signs of encephalopathic behaviour, gained 0.5kg in weight and had greater energy and stamina. In addition, his anaemia and hypoalbuminaemia resolved with his serum albumin rising to 23g/L and PCV to 37.0%.

THE PROCEDURE

Anaesthesia was managed by anaesthetist Ambra Panti and extensive peri-operative monitoring of vital parameters was possible using:

- ECG
- capnography
- pulse oximetry
- oesophageal temperature
- invasive arterial blood pressure
- central venous pressure
- equential blood glucose levels

Surgery was carried out by Dr Carolyn Burton of the soft tissue surgery service. A ventral midline laparotomy was performed, a mesenteric vein catheter placed and a fluoroscopic portovenogram carried out using a C-arm fluoroscopy unit within the surgical theatre (*figures 2 & 3*).

Portovenography in this case was able to:

- accurately demonstrate the position of the shunt
- show a single vessel entering vena cava caudal to T13 confirming extrahepatic position
- show no contrast media visible entering liver through portal vein branches, usually indicating lack of development of portal vasculature

Extrahepatic shunts are often situated in consistent anatomical positions, and with the aid of the portovenogram they can be located rapidly intraoperatively without extensive manipulation of, and excessive searching through the abdominal contents (*figure 4*).

A combination of sharp and blunt dissection was then used to dissect around the shunting vessel, a suture was passed around the back of the vessel and a Rummel tourniquet placed. This allowed atraumatic temporary occlusion of the shunting vessel (*figure 5*).

The temporary occlusion of the shunt allowed:

- a second portovenogram to be carried out with the shunt closed
- determination of the degree of portal vascular development and arborisation
- judgement of whether a full ligation of the shunt would be tolerated

(*figure 6*)

The second portovenogram was able to:

- confirm the shunting vessel had been correctly identified and temporarily ligated
- show no second shunt was present

DANNI THORNHILL RVN AND TIMOTHY

A SERIES OF IMAGES ILLUSTRATING THE PROCEDURE

- show relatively under-developed portal vasculature

In Timothy's case full ligation of the shunt was not tolerated and portal hypertension was evident with:

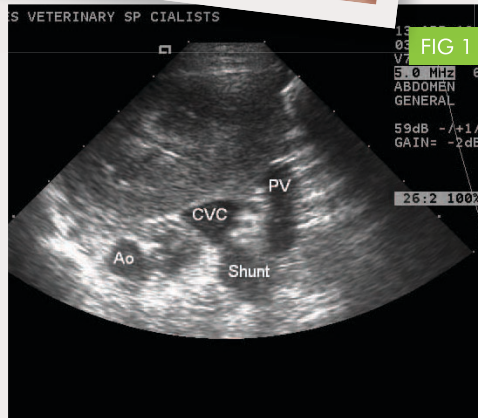
- cyanosis of pancreas / viscera
- distension of portal vein and its tributaries
- decrease in arterial blood pressure
- increase in respiratory rate

It is also possible to measure portal pressures to determine the rise seen with ligation. However, after gaining a large amount of experience in shunt surgery we have found it less useful than monitoring the parameters listed above. Therefore, a partial occlusion of the shunt was carried out with a cellophane band to encourage additional ongoing occlusion of the vessel to occur in the first few months post-operatively. A liver biopsy was taken and submitted for histopathology. Results of this sample showed portal vein atrophy and arteriolar duplication with vascular hepatopathy, all consistent with a patient with a congenital portosystemic shunt.

POST-OPERATIVE CARE

Post-operatively Timothy spent several hours in intensive care, under the supervision of our nursing staff for continued monitoring of his vital parameters. Blood glucose measurements were repeated hourly until he started eating three hours after the end of surgery. He returned to our main wards that evening. Our experience shows the duration of the anaesthetic episode and surgical procedure has a very significant influence on speed of recovery after surgery, as well as the amount of support the patients require. Timothy made a swift recovery and was hospitalised for three days post-operatively to be monitored for signs of post-ligation neurological syndrome. As Timothy showed no abnormalities he was discharged to his owner.

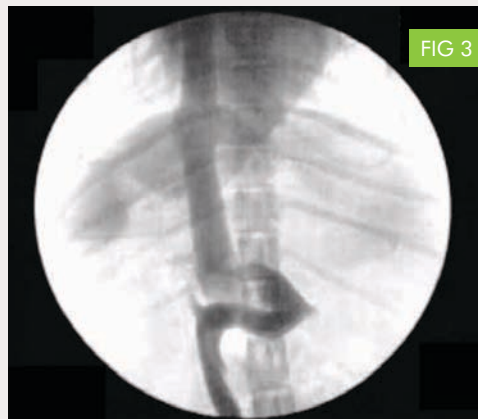
Timothy's medical management regime will continue, with lactulose, ampicillin and an hepatic support diet until further monitoring of the status of his shunt is carried out at one month and three months post-operatively with a dynamic bile acid test, which will be conducted by the primary vet. These results will determine whether any ongoing management, or rarely a second surgery, is needed.



ULTRASOUND IMAGE OF SHUNTING VESSEL ENTERING THE CAUDAL VENA CAVA (TRANSVERSE RIGHT-SIDED INTERCOSTAL APPROACH)



C-ARM INJECTION OF CONTRAST MEDIA FOR THE PORTOVENOGRAM



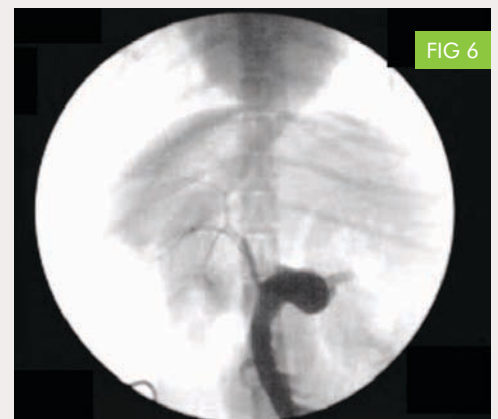
INITIAL PORTOVENOGRAM SHOWING CONTRAST PASSING THROUGH THE SHUNT AND ENTERING THE CAUDAL VENA CAVA CAUDAL TO T13



INTRA-OPERATIVE VIEW OF SHUNTING VESSEL ENTERING CAUDAL VENA CAVA



RUMMEL TOURNIQUET OCCLUDING SHUNTING VESSEL



SECOND PORTOVENOGRAM TAKEN WITH RUMMEL TOURNIQUET OCCLUDING SHUNTING VESSEL.

NEW FACES

FRANCOIS-XAVIER LIEBEL

DVM, MRCVS

Francois has joined DVS as a resident in neurology. He said: "DVS brings all aspects of veterinary medicine together to provide the highest standard of care to our patients. Being a part of the neurology team, with access to state-of-the-art facilities, is a privilege."



FRANCES TAYLOR

BVSc MRCVS

Frances Taylor has joined DVS's oncology service. She said: "For me, helping owners to make decisions regarding their pet's cancer care that are right for them is of utmost importance. Working at DVS means that I can work as part of a multidisciplinary team of experts to deliver the very best care for my patients, whatever their problem might be."



WHO'S DONE WHAT

Sarah Thomson, Resident in anaesthesia, has won the BSAVA Clinical Research Abstract Award in surgery, receiving a £300 cheque to be spent on CPD.

Nat Whitley and Clive Elwood have been appointed to the Veterinary Cardiovascular Society Doppler heart testing panel.

Mark Morton, Resident in small animal orthopaedic surgery, has obtained his Certificate in small animal surgery.

Sam Adshead VN DipAVN (surgery) has passed her American Veterinary Technician Specialist (Anaesthesia) exams.

Lindsay Clapham and Danielle Banks have passed their Diploma in Advanced Veterinary Nursing.

CUTTING EDGE WOUND MANAGEMENT

A new method for wound management has helped a Staffie recover from a severe bite wound in double-quick time. Silas Goldsworthy (intern) and Aidan McAlinden (soft tissue surgeon) report:

Squngy, a four-year-old Staffordshire Bull terrier bitch had an extensive wound on her ventral sternum as a result of a dog attack several days earlier. The novel method of Vacuum Assisted Closure (VAC) was used to successfully close the 20cm by 20cm wound over a relatively short timescale. The technique greatly reduced the number of general anaesthetics required for wound management, subsequently reducing the overall cost of treatment.

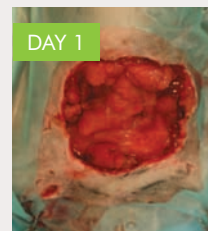
WHAT IS VAC?

VAC therapy is the exposure of a wound to intermittent or continuous sub-atmospheric pressure through a specialised foam dressing to help promote healing. The system was established over the last decade as a method for closure

of extensive chronic and acute wounds in human medicine but has only been used for veterinary treatment recently. Squngy was the first patient at DVS to be treated with VAC and to the authors' knowledge DVS is only the second centre in the UK to use the system.

Application of negative pressure to a wound has been shown to accelerate debridement and improve healing. It assists in the resolution of infection by actively removing exudate, thus reducing wound oedema and bacterial numbers. It stimulates cell proliferation and angiogenesis which in turn improves blood supply to the wound. Application of mechanical stress to cells in the wound bed increases expression of certain growth factors that effectively stimulates granulation tissue formation and wound contraction.

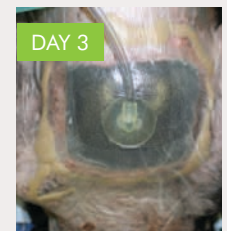
It is important to note that all wounds are different and not all would benefit from the VAC dressings. However they are a promising addition to the options available for wound management at DVS and have since been used successfully in other patients.



DAY 1
VENTRAL STERNAL WOUND AFTER LAVAGE AND DEBRIDING OF NECROTIC MARGINS



DAY 3
AFTER INITIAL WOUND MANAGEMENT WITH WET TO DRY DRESSINGS



DAY 3
THE FIRST VAC DRESSING APPLIED. THE VACUUM TUBING IS VISIBLE ENTERING THE CENTRE OF THE DRESSING



DAY 6
AFTER REMOVAL OF 1ST VAC DRESSING. THE WOUND IS SMALLER AND GRANULATION TISSUE FILLS THE POCKETS



DAY 6
TRACTION WAS APPLIED TO THE APPLICATION OF NYLON BRIDGING SUTURES TO ENCOURAGE WOUND CONTRACTION



DAY 10
WOUND AFTER REMOVAL OF 2ND VAC, NOW MEASURING 6.5CM X 3CM



DAY 10
FURTHER APPPOSITION OF THE WOUND MARGINS PRIOR TO APPLICATION OF 3RD VAC



DAY 10
FOAM LAYER CUT TO SIZE AND STAPLED TO WOUND PRIOR TO APPLICATION OF 3RD VAC



DAY 22
ALLEVYN NON ADHESIVE DRESSING SUTURED OVER IN PLACE OVER THE PREVIOUS 8 DAYS

CPD TAKES TO THE ROAD

DVS'S ORTHOPAEDICS ROADSHOW, HELD THIS AUTUMN, WAS A NEW INITIATIVE FOR DVS AND WAS AIMED AT SHARING OUR WIDE EXPERIENCE OF ORTHOPAEDIC CASES WITH AS MANY SMALL ANIMAL PRACTITIONERS AS POSSIBLE.

Recognising that not everyone can get to our in-house monthly CPD sessions, particularly those practitioners who live some way from DVS, we decided that it was our turn to do the travelling.

Kicking off at DVS in Hertfordshire on 21 October, DVS's veterinary orthopaedic surgeons Richard Whitelock, David Thomson, Rob Rayward, Manuel Jiménez Peláez and Mark Morton also visited Aylesbury, Northampton and North London, hosting some lively and interactive seminars.

Delegates were split into small groups, with each rotating round three 40 minute sessions to discuss developmental elbow disease, developmental hip disease, case discussions and film reading. "We found the more personal format relaxing and enjoyable. The delegates readily engaged in questions and discussions and steered the seminars according to their personal interests and experiences," explained Richard Whitelock.

ELBOW DYSPLASIA

This session was designed to help practitioners advise owners on all aspects of elbow dysplasia over the lifetime of their pet. It covered suitable management strategies for the skeletally mature and adult dog, when to refer, the benefits of advanced imaging (CT) in investigating elbow pain and the merits of arthroscopy.

Figures 1 and 2 show the relative advantages of CT over the "shadowgraph" created

by conventional x-rays. The differential diagnoses for elbow pain were explained, including incomplete ossification of the humeral condyle (IOHC) which can be difficult to confirm on x-rays.

Figures 3 and 4 show the same elbow but the "fissure" is only seen on Fig 4. CT is a far more reliable option for the investigation of this condition as it does not rely on the primary beam passing directly through the 'fissure'.



FIG 1
ROTTWEILER: ELBOW PAIN BUT MINIMAL RADIOGRAPHIC CHANGES

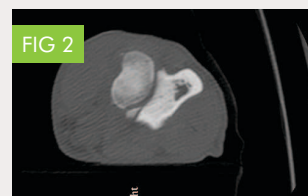


FIG 2
ROTTWEILER: SHOWING FRAGMENTATION OF THE MEDIAL CORONOID PROCESS



FIG 3
SPRINGER SPANIEL: WITH ELBOW PAIN

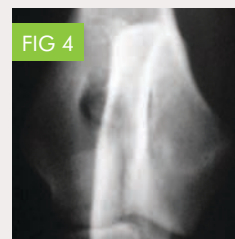


FIG 4
SPRINGER SPANIEL: SLIGHTLY DIFFERENT PROJECTION NOW REVEALS A FISSURE (IOHC) IN THE HUMERAL CONDYLE

HIP DYSPLASIA

The take home message for the hip dysplasia session was that, like elbow dysplasia, this disease affects dogs for life and requires informed advice and careful management. The diagnosis of hip dysplasia, including distraction index radiography, was explained and discussed. Juvenile Pubic Symphysiodesis (JPS) is a novel surgical technique that aims to improve the capture of the hip by influencing the growth of the pelvis but it must be done between 16 and 20 weeks of age to be successful. Other surgical options as well as conservative management techniques and indications for referral were discussed.

Figure 5 shows the assessment of hip instability using the Ortolani

test. The "PennHIP" scheme is a highly rated diagnostic test that can be applied to dogs as young as four months old. However there are challenges in performing it without breaching health and safety regulations (hand holding) although the use of positioning aids (ties/straps) has been described to resolve this issue.

Figures 6, 7 and 8 show the progression to a total hip replacement. This has become a very sophisticated surgery with both cemented and non-cemented techniques available. The results of the different systems are equally good and despite the heavily theorised benefits of the ingrowth (cementless) systems there is no evidence that they are superior. In fact 90% of hip replacements performed in man are still cemented.



FIG 5
ORTOLANI MANIPULATION

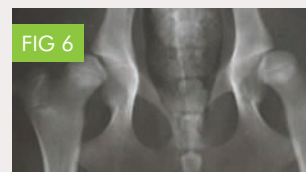


FIG 6
FIG 7
FIG 8
THESE RADIOGRAPHS SHOW THE SAME LABRADOR TAKEN AT 6 MONTHS OLD (FIG 6) AND 3 YEARS OLD (FIG 7) AND SHOW THE PROGRESSION OF THE DISEASE PROCESS. A TOTAL HIP REPLACEMENT WAS PERFORMED IN THIS CASE (FIG 8).

VET PARTY WINS LOCAL VOTE

Over 100 local vets and practice staff turned out on the evening of 17th June to enjoy their annual social gathering, hosted this year by DVS on behalf of the Hertfordshire and Bedfordshire division of the British Veterinary Association.

The erudite party, which included students from the Royal Veterinary College in London, were given a full tour of DVS's facilities, including displays of state-of-the-art MRI and CT equipment and the advanced keyhole technologies of endoscopy, laparoscopy and arthroscopy. Officers



of the Hertfordshire and Bedfordshire Police provided a captivating demonstration of police dog handling. The working dogs included Deva, a German shepherd dog who had been treated at DVS three years ago for a serious illness and is now back on full operational duty. Deva was gravely ill with gastroenteritis and was down to a very thin 19kg before treatment by Ian Battersby of DVS helped her pull through.

David Thomson, who organised the evening, said: "It was a pleasure to welcome so many local practices to DVS for such a convivial evening. We thank the Hertfordshire and Bedfordshire Police for putting on an excellent demonstration – it was wonderful to see Deva back on top form."

TUG OF WAR TEAM TAKES ON THE WORLD



Two members of Davies Veterinary Specialists have just returned from South Africa, having taken part in the World Tug of War Championships.

Lindsay Clapham and Marion Kitchener are members of Bedford Ladies Tug of War Club. Lindsay is one of the team of pullers and Marion, who has now retired from pulling, helps coach the girls alongside her husband David.

Having won their Nationals earlier this year they were invited to represent England at the World Championships. The team came 4th in the Club competition but, unfortunately, they were not so successful in the closed section.

This was Lindsay's first major competition. She said: "It is such a fantastic opportunity to represent your country in sport and I enjoyed every minute. I can't wait until next year. The Championships will be in Minehead, which will be more convenient if a little less exciting to visit."

Bedford Ladies are always looking for new team members. If anybody is interested in finding out more about the sport, please contact Marion at DVS.

MIDGE GOES WITH THE FLOW

Midge, a 4-year-old domestic short-hair, is one of a number of cats that have been referred to DVS for evaluation and interventional radiology treatment recently. In Midge's case she was suffering from bilateral hydronephrosis as a consequence of bilateral ureteral obstruction.

An ultrasound examination confirmed the presence of bilateral hydronephrosis and ureteroliths. Midge was stabilized and a fluoroscopically-assisted surgical procedure was performed to place double pigtail ureteral catheters in both the left and right ureters.

Midge made a good recovery and was soon urinating good volumes without difficulty. Prior to surgery serum creatinine levels were measured at just over 1000 $\mu\text{mol/l}$, and immediately postoperatively these had reduced to 240 $\mu\text{mol/l}$. Subsequent follow-up samples have shown further reductions in serum creatinine levels. Midge is bright and has taken to her new diet well.

Ian Battersby, Specialist in Small Animal Internal Medicine at



AN INTRA-OPERATIVE FLUOROSCOPIC IMAGE SHOWING PIG-TAIL URETERAL STENTS DESCENDING FROM BOTH RENAL PELVES

DVS explains: "The placement of the ureteral stents means that there is a permanent bypass around the ureteral stones allowing resumption of good urine flow from the kidney to the bladder. These also prevent any further stones that may form in the renal pelvis from passing into the ureter. This will therefore prevent a recurrence of the hydronephrosis and help to maintain renal function."

If you have a case of nephroliths or ureteroliths that you feel may benefit from ureteral stenting please contact Ian Battersby or Ronan Doyle at DVS.

NURSES WIN AT BVNA CONGRESS



Lucky DVS vet nurse Laura Barham entered a draw run by Centaur Services at BVNA in October and was thrilled to win an iPad. "I haven't been able to use it properly yet because I haven't got WiFi at home," said Laura, "but I took it to my Dad's at the weekend to try it out and I was really impressed."

Meanwhile on the same day her colleague Justine Kidd won an iPod, courtesy of the recruitment agency Synergy, by accurately guessing how many dogs were in a poster. Her rough calculation of 686 proved bang on. "It was pretty good because I haven't won anything before. I can't wait to set it all up when I have a week off soon," she said.

CPD

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