

Animal Health Trust  
Veterinary News

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## Small Animal Clinic CPD Courses 2001

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*Spinal cord disease*
- **April 10th** – Ruth Dennis  
*Abdominal radiology and ultrasound 1  
– parenchymal organs and peritoneal  
cavity*
- **May 8th** – Prue Neath  
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*Seizure therapy*

For further details please contact  
Karen Bond on 01638 552700

## 500th MRI scan with the new system

The AHT's first MRI scanner was installed in 1992 and during its working life nearly 3,000 small animal patients were imaged. However, this was a low-medium field system with limited imaging capabilities and picture quality. In 1998 it was decided to try to raise the funds to replace it with a new, more sophisticated system that would allow live horse scanning to be performed. Following a period of extensive market research and fundraising, a new scanner was installed during the spring of 2000 and the MRI building was modified extensively, largely thanks to a substantial legacy from the late Mrs. Coco Markus. An equine recovery box was installed and a non-ferrous handling table for anaesthetised horses was built by an engineering firm in Cambridge. The new scanner is a GE Signa echospeed system operating at 1.5 Tesla; a human scanner with very advanced software and comprehensive service back-up. This results not only in much better quality images and far greater versatility in scanning, but also in much shorter scanning times, thus reducing the length of anaesthesia and increasing the patient throughput.

The first small animal patient was scanned on 10th April and, since then, the caseload has more than doubled, with over 70 patients a month being scanned by the end of the year. The majority are still neurological cases; many are brain studies but spine scans are

now being performed routinely, removing the need for myelography which is more hazardous. Other uses for the scanner include nasal disease, treatment planning for tumours and foreign body location. The first live horses have been scanned and MRI will soon become a routine diagnostic tool for the equine clinicians.

On Monday 18th December 2000 the 500th small animal MRI scan using the new system was performed. The patient was 'Soames', a five-year-old flatcoated retriever from Devon. His owner, a GP, had noticed a rapidly-growing mass in the scapular area which was found to be a sarcoma on biopsy. An MRI scan was performed with a view to surgical planning. The mass was seen to obliterate the infraspinatus muscle and unfortunately was eroding through the scapula into the subscapularis muscle and extending very close to the chest wall. The extent of the mass was not evident radiographically. The lungs appeared free of metastatic disease. The MRI scan showed that no limb sparing option was available and forequarter amputation was performed on 20th December.

The scan was particularly helpful in surgical planning for this case. The initial assessment of the mass suggested that a scapulectomy might be sufficient to remove the tumour. Although radiographs indicated the scapula to be affected by the tumour, the MRI scan showed that the tumour had infiltrated the underlying subscapularis and serratus ventralis. This indicated that a scapulectomy would be an insufficient excision of the tumour and a forequarter amputation was required. Unfortunately we are not able to administer radiation therapy to thoracic sites due to damage to the underlying lungs and heart, hence complete surgical excision is vital.



# Sox Mei – A Case History

Sox, a 4-year-old black long haired cat, was originally seen by his vet in early July with anisocoria, ataxia and pyrexia. Although the owner reported some initial improvement with antibiotics, the symptoms persisted and progressed to the cat exhibiting some character changes including aggression. Sox was referred to the neurology service at the Animal Health Trust by the vet, who suspected a brain tumour or meningitis.

Sox was seen by Jacques Penderis, a clinical neurologist at the Animal Health Trust. Results of the clinical examination suggested a cerebellar lesion (explaining the ataxia) with forebrain involvement (explaining the altered behaviour).

MRI imaging of the brain was undertaken, under general anaesthesia to keep the animal completely still and gain the best quality pictures. However general anaesthesia of an animal with a potential brain tumour can be hazardous. Increases in arterial carbon dioxide seen with respiratory depression cause cerebral vasodilation and, in a brain already under pressure from a mass, this can result in brain herniation and death. Similar changes can occur with rapid changes in blood pressure. Hence all animals anaesthetised for MRI are anaesthetised and monitored by a veterinary anaesthetist with the aid of specific MRI compatible equipment. Thus each animal is ventilated to maintain normocapnia and the end tidal carbon dioxide is monitored along with the blood pressure.

The MRI revealed that Sox had a very large extradural mass arising dorsolaterally to the left parietal and occipital lobes occupying approximately one third of the anterior fossa. This was causing pressure on the left cerebrum, cerebellar hemisphere and brainstem. The mass had the appearance of a meningioma. With complete surgical removal these animals have a good prognosis. Not infrequently, adjunct radiotherapy will also be undertaken if clean margins cannot be achieved. Regrowth in these cases is generally very slow and a good quality of life can be enjoyed for a year or two after treatment.

The owner elected for surgical removal of the tumour and this was undertaken a week later. There was no specific pre-operative preparation for Sox; indeed this would have been difficult due to the altered temperament. The potential problems during craniectomies are generally blood loss and changes related to brain swelling, eg changes in blood pressure and heart rate. Measures taken to minimise brain swelling included minimal and gentle manipulation of the brain itself, mechanical ventilation to



maintain normocapnia and direct monitoring of arterial blood pressure with measures to maintain normotension, eg fluid administration and changes in depth of anaesthesia. The cat was positioned in sternal recumbency with a head-up attitude. Care was taken to ensure that there was no compression of the jugular veins, which might reduce venous drainage from the head. Central venous pressure was also monitored via a jugular catheter for the same reason. Both halothane and nitrous oxide increase cerebral blood flow and hence may increase brain volume. With nitrous oxide there is also a risk of expansion of any air emboli and pneumocephalus and so this agent should be avoided. Methylprednisolone, which is reported to decrease brain oedema, was administered prior to opening the cranium.

During surgery, Sox lost approximately 30% of his circulating blood volume, the majority in the final stages of freeing the tumour from its base. This resulted in a tachycardia and hypotension, which was treated with a bolus of colloid. However, as a result of the brain manipulation and dramatic changes in blood pressure, brain swelling occurred and so mannitol and frusemide were administered to decrease the swelling. Due to the large size of the tumour and the difficulty experienced during its removal it was felt that some of the mass was left behind but this could not be avoided.

After the 3-hour surgery, Sox was transferred to intensive care. His recovery was uneventful. He was aware of his surroundings within 4 hours and returned to his own kennel after 6 hours. Generally, animals undergoing craniectomies are not offered food or oral water on the day of surgery in case vomiting causes raised intracranial pressure. However the next morning he ate well. Over the following 4 days, the ataxia improved and Sox became affectionate and friendly again. The only residual effect from surgery appeared to be loss of sight in the right eye.

Pathology confirmed that the 2cm x 3 cm mass which was removed from the cranium was a meningioma but, as suspected at surgery, neoplastic tissue extended to the margins of the mass, suggesting incomplete removal.

In all, Sox was treated by 3 European Specialists (in Neurology, Imaging and Anaesthesia). If the owners elect to proceed to adjunctive therapy, ie radiotherapy, then he will also be seen by the Oncology Unit. This illustrates that, although cases are referred initially to one discipline, patients benefit from a wide range of experience and a multi-disciplinary approach.

## ACVIM Approves Neurology/Neurosurgery Unit for Residency Training

The American College of Veterinary Internal Medicine (ACVIM) has recently approved a residency training programme at the Trust in the discipline of Neurology/Neurosurgery. The College is the major North American governing body responsible for certification of specialists in veterinary medicine. Under the ACVIM guidelines, residents trained at the Trust in Neurology will be eligible to apply for recognition as a specialist in North America as well as in Europe. The major European governing body of veterinary neurological specialisation, the European College of Veterinary Neurology (ECVN) will also oversee the training of residents at the Trust, providing the programme with dual recognition. This achievement can be seen as a major step in bringing the two colleges closer together and emphasises the Trust's commitment to resident training as well as its status in the field of clinical neurological expertise.

It is hoped that the first neurology resident will start training in 2001 and each programme will last for up to 3 years. The service offered by the Unit will continue without change, with the addition of another clinician to assist with the diagnosis and care of each case.

## Magnetic Resonance Angiography

### Neurology/Neurosurgery

Mr SR Platt BVM&S DipACVIM DipECVN MRCVS ACVIM & European Specialist in Veterinary Neurology  
 Mr. J Penderis BVSc MVM CVR DipECVN MRCVS European Specialist in Veterinary Neurology  
 Dr. L Garosi DVM MRCVS  
 Dr CJ Abramson DVM MRCVS  
 Mrs. J. Freeman BSc (Hons)

The Neurology/Neurosurgery Unit offers a comprehensive referral service for canine and feline patients with medical and surgical neurological problems or myopathies. The excellent facilities, including on-site MRI, electrodiagnostics facilities and neurosurgical operating equipment, with related oncology and surgical services, allows a standard of investigation and treatment matched by few other locations in Europe. The service is equipped to receive intracranial and spinal emergencies on a 24-hour basis. The unit also prides itself on the maintenance of a congenital deafness-screening programme in a variety of at-risk breeds.

Consultation	£135.00
Re-examination	£ 70.00
Spinal disease investigation (inc. myelography, CSF analysis, electrodiagnostics and hospitalisation)	from £750.00
Spinal surgery	from £750.00
Intracranial disease investigation (inc. consultation, MRI and CSF analysis)	from £850.00
Brain surgery (including MRI and intensive care)	from £2,000.00
Out of hours emergency	(add) £60.00
Deafness screening (per puppy)	£16.80

### Oncology

Mrs S Murphy BVM&S MRCVS  
 Ms A Hayes BVM&S CertVR MRCVS

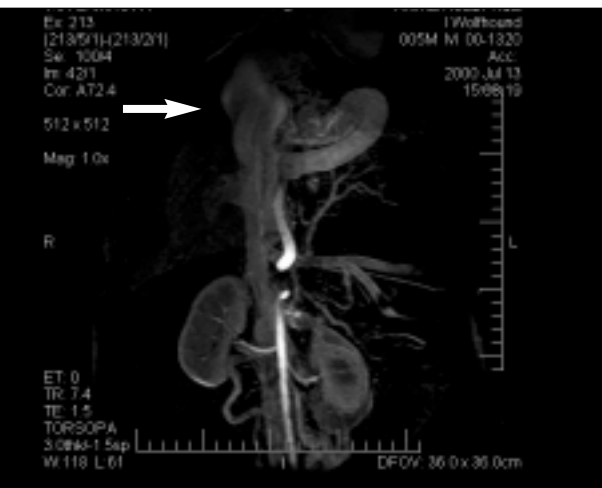
The Oncology Unit offers comprehensive cancer management in canine and feline patients. Diagnostic investigations performed routinely include fine needle aspirate cytology and histopathology, radiography and ultrasonography. For tumours at complex anatomical sites such as the head and neck, brain and pelvic canal, we can use MRI both for diagnosis and treatment planning. The treatment of choice depends on tumour type and clinical stage; many cancers are now best treated with multi-modality therapy, eg surgery with adjuvant radiotherapy, neoadjuvant chemotherapy then surgery. Oncology, together with other on-site services, represents one of only a few comprehensive cancer therapy groups in Great Britain.

Consultation	£125.00
Re-examination	from £40.00
Consultation & diagnostic work up	£400.00
Adjuvant chemotherapy	from £650.00
Adjuvant radiotherapy	from £600.00
Out of hours emergency	(add) £60.00

### Feline Internal Medicine

Dr AH Sparkes BVetMed PhD DipECVIM MRCVS  
 European Specialist in Internal Medicine

The Feline Unit offers a comprehensive referral service for feline internal medical disorders backed up by extensive diagnostic abilities including a full laboratory service, endoscopy, radiography, ultrasonography, scintigraphy and MRI. Feline patients are hospitalised in a dedicated feline ward and are provided with 24 hour nursing care. The Trust is one of the few centres able to offer radioactive iodine therapy for the treatment of hyperthyroid cats. Referrals of any nature are accepted and we are happy



3-dimensional contrast enhanced angiogram of an arterio-venous fistula (arrows). Above: maximum intensity projection; below: 3-D surface rendered image reconstructed to highlight the position and nature of the malformation.

MR imaging sequences are intrinsically sensitive to motion and flow. Flow in MRI imaging can result in enhanced or decreased signal intensity for vasculature, contributing to excellent contrast between vessels and soft tissues. Recently, more sophisticated imaging pulse sequences have been developed which can either suppress these flow effects or use them to better advantage. This type of imaging is used widely in medical hospitals, where it can be tailored to investigate angiographic problems encompassing the renal, hepatic, pulmonary and cerebral areas.



The technique can be used in the same way for small animal patients to diagnose conditions in the circulatory system (such as portosystemic shunts) and to give 3-dimensional representations of the blood vessels which can be looked at from any angle to provide a huge amount of information and detail. The equipment enabling these studies to be performed has recently been installed at the Animal Health Trust, with several cases already imaged prior to successful corrective surgery.

to discuss cases and provide telephone advice prior to referral.

Consultation	£70.00
Re-examination	£30.00
Bronchoscopy	£70.00 (plus anaesthesia)
GI endoscopy	£140.00 (plus anaesthesia)
Out of hours emergency	(add)£60.00

## Soft tissue surgery

**Ms P Neath BSc BVetMed DipACVS/ECVS MRCVS**  
**ACVS & European Specialist in Veterinary Surgery**

Surgery offers a particularly complete service for surgical oncology via our imaging and medical oncology units. Referrals of all aspects of soft tissue disease are welcomed from laryngeal paralysis to gastric outflow obstruction to anal furunculosis. We are able to provide the essential critical care required for surgical treatment of conditions such as portosystemic shunts and thoracic disease. Our nursing team are all fully qualified, allowing us to provide 24 hour post operative nursing care for all cases, supplemented by 24 hour veterinary on-site attention for the more critical patients.

Consultation	£80.00
Re-examination	£40.00
Oral tumour excision	from £500.00
Upper airway surgery	from £600.00
Portosystemic shunt	from £850.00
<i>(inc. consultation, pre-operative investigations, surgery, post operative care &amp; histopathology)</i>	
Out of hours emergency	(add)£ 60.00

## Ophthalmology

**Miss J Sansom BVSc DVOPhthal DipECVO MRCVS**  
**Miss H Featherstone BVetMed CertVOphthal MRCVS**  
**Miss C Gillespie MA VetMB MRCVS**

**Consultant:**

**Dr K Barnett OBE MA PhD BSc DVOPhthal DipECVO FRCVS**

The Unit of Comparative Ophthalmology offers a fully comprehensive referral service in the medical and surgical treatment of ophthalmic disorders across the species. We encourage early referral and are always happy to see ophthalmic emergencies the same day

Consultation	£70.00
Re-examination	£35.00
ERG (inc. consultation & sedation)	£121.00
Cataract extraction	from £900.00
Conjunctival flap	from £500.00
Eyelid surgery (2 lids)	from £500.00
Out of hours emergency	(add) £50.00
<i>(above fees include general anaesthesia, hospitalisation [2 nights + drugs]. For giant breeds, anaesthesia and consumable costs may be higher)</i>	

## SUPPORT SERVICES

### Anaesthesiology

**Dr JC Brearley MA VetMB PhD DVA DipECVA MRCVS**  
**RCVS Recognised Specialist in Veterinary Anaesthesia**  
**European Specialist in Veterinary Anaesthesia**

**Dr F Corletto DVM MRCVS**

**Dr AL Raisia BVSc PhD DipVetClinSt MACVS MRCVS**

**Ms EA Leece BVSC CertVA MRCVS**

This unit is staffed by veterinarians specialising in anaesthesia. It is responsible for all anaesthetics and sedations carried out in the clinics. In addition it provides support for intensive care cases and pain control. Each patient is cared for by an anaesthetist on a one-to-one basis with particular emphasis on perioperative pain relief and maintenance of

homeostasis. Vital signs monitored routinely include temperature, heart rate, arterial blood pressure, respiratory rate and respiratory gases. In more complex cases, neuromuscular function, renal function and central blood pressure will also be monitored.

Sedation	£30.00
General anaesthesia	from £50.00 to £180.00
<i>(depending on patient size/duration. Highly complex procedures may incur extra charges)</i>	
Blood transfusions	from £80.00 to £170.00

## Diagnostic imaging

**Mrs R Dennis MA VetMB DVR DipECVDI MRCVS**  
**RCVS Recognised Specialist in Radiology, European Specialist in Veterinary Diagnostic Imaging.**

**Mr JF McConnell BVM&S DVR MRCVS**

**Mr FJ Llabres Diaz Cert VR MRCVS**

Radiology provides diagnostic imaging services for the other clinical disciplines. These include radiology, ultrasound, magnetic resonance imaging (MRI) and scintigraphy. A radiographic film reading service for practitioners is also offered, with reports returned quickly by fax. The new MRI scanner was installed early in 2000, allowing a much greater range of conditions to be imaged. Typical indications for MRI include brain & spine scanning for neurological disease, assessment of tumour extent prior to surgery or radiotherapy, investigation of orbital and nasal disease and location of foreign bodies and draining tracts. The AHT is approved by the Feline Advisory Bureau (FAB) as a centre for ultrasonographic screening of cats for polycystic kidney disease (PKD)

Radiography	from £ 50.00
Contrast studies	from £ 75.00
MRI (including anaesthesia/consumables)	from £500.00
Ultrasonography	from £ 40.00
PKD Screening	£ 30.00
Reporting practice films	£20.00

*Our clinicians are happy to receive requests for advice or to discuss potential referrals. We will aim to call or fax the referring clinic with a brief update on the day of the initial appointment, a further update on the day of discharge, followed by a full referral letter within a week.*

## Vetoquinol announces sponsorship of Neurology/Neurosurgery CPD

The pharmaceutical company Vetoquinol, has agreed to sponsor the Neurology/Neurosurgery Unit to provide Continuing Professional Development (CPD) courses in 2001. Vetoquinol are the sole manufacturers of the veterinary licensed anti-convulsant phenobarbitone, which is marketed under the trade name of 'Epiphen'. The company have demonstrated a firm commitment to the treatment of seizure disorders in veterinary patients and have now shown their commitment to the further education of practising veterinarians in the field of neurology.

The weekend course in neurology is scheduled for 3rd and 4th February 2001. The topics being addressed include seizure management, vestibular diseases, nervous system imaging and the use of steroids in neurological patients. For further information and registration, please contact Karen Bond on 01638 552700.

# Equine Prices 2001

All prices quoted are exclusive of VAT. The prices in the examples are typical, but they may vary according to the severity or complexity of the case.

The Animal Health Trust offers a comprehensive equine referral service for orthopaedics, cardiology, respiratory and performance-related disorders, together with anaesthesiology and surgical facilities. A referral service is also available for equine dermatology and ophthalmology. The referral service office is manned from 08.30 until 17.00, and our clinicians can provide telephone advice to veterinary surgeons between 08.30 and 18.00.

## Orthopaedics

**Dr Sue Dyson MA VetMB PhD DEO FRCVS**  
**Dr Rachel Murray MA VetMB MS PhD MRCVS DipACVS DipECVS**  
**Dr Michael Schramme DrMedVet CertEO MRCVS DipECVS PhD**

Acute and chronic orthopaedic (including surgical) and neurological cases undergo comprehensive clinical examination on an appointment basis or as an emergency admission. Many lameness cases require hospitalisation for in-depth examination, including local analgesic techniques, radiography, ultrasonography, thermography and nuclear scintigraphy.

Horses may be referred for comprehensive clinical evaluation including scintigraphy. Scintigraphic examinations will not be performed within 7 days of performing regional local analgesic techniques, and horses are hospitalised for a minimum of 3 days. Studies are usually performed under standing sedation. Motion correction after image acquisitions results in high definition images, even of the back and proximal limbs. Two gamma cameras linked to a computer allow both qualitative and quantitative analysis of nuclear scintigraph images of the musculoskeletal system and statistical comparisons with normal data.

Our new MRI scanner is now fully operational, and this service is offered for further investigation of appropriate orthopaedic and neurological cases in the horse.

### Prices for a typical case would be:

Lameness investigation  
(inc. clinical examination, radiography, ultrasonography, nerve blocks, scintigraphy and hospitalisation) . . . . .from £800

Back examination (including clinical examination, radiography, ultrasonography, scintigraphy, and hospitalisation) . . . . .from £700

Arthroscopic surgery (including surgery, general anaesthetic, drugs, dressings, and hospitalisation) . . . . .from £900

MRI (including general anaesthetic) . . . . .from £850  
(Please note this excludes clinical examination, hospitalisation and any other diagnostic procedures which may be required)

## Fitness and performance evaluation

**Dr Lesley Young BVSc PhD DVA DipECVA DVC MRCVS**  
**Dr David Marlin BSc(Hons) PhD**  
**Dr Colin Roberts BVSc PhD FRCVS**

The Animal Health Trust is equipped to evaluate fitness and performance in horses using either treadmill or field exercise tests. Evaluation includes measurement of heart size by echocardiography, assessment of heart rate, and blood lactate responses to exercise. Treadmill evaluation allows acquisition of more detailed information such as measurement of maximum oxygen uptake and examination of the upper airway by videoendoscopy. Field tests are also of value for assessment of multiple horses in a single yard, or for screening individual animals.

### Prices for a typical case would be:

Performance evaluation (including clinical examination, treadmill training and exercise testing, video-endoscopy at rest and exercise,

laboratory samples, and hospitalisation) . . . . .from £500

## Cardiology

**Dr Lesley Young BVSc PhD DVA DipECVA DVC MRCVS**

The complete cardiology service includes colour flow Doppler echocardiography and measurement of heart rate and rhythm during strenuous exercise by radiotelemetry. Cardiology forms part of the diagnostic service for performance-related disorders and fitness assessment. The service also handles primary referrals for evaluation of cardiac murmurs detected at pre-purchase examinations, and for investigation and treatment of horses with suspected cardiac rhythm disorders.

### The price for a typical case would be:

Heart murmur investigation (clinical examination, ultrasound, exercising ECG, hospitalisation) . . . . .from £175

## Respiratory disorders

**Dr Colin Roberts BVSc PhD FRCVS**

Horses with acute and chronic respiratory disease can be evaluated using resting techniques including endoscopy, tracheal wash and bronchoalveolar lavage, radiography, pulmonary function testing and nuclear scintigraphy. Horses with abnormal respiratory noise at exercise can be evaluated using treadmill videoendoscopy. Exercise testing is also used for investigation of respiratory disorders and performance-related problems which cannot be diagnosed at rest. Horses for exercise testing are usually admitted for 3 to 4 days to allow for treadmill training, prior to which orthopaedic assessment is performed to screen for musculoskeletal conditions likely to be worsened by exercise.

The opportunity for surgical treatment of upper airway disorders is available at the Equine Centre.

### Prices for a typical case would be:

Resting examination  
(inc. clinical examination, blood gas analysis, radiography, endoscopy, laboratory samples and hospitalisation) . . . . .from £250

Exercise testing (inc. clinical examination, treadmill training and exercise testing with exercising videoendoscopy, laboratory samples and hospitalisation) . . . . .from £550

Surgical treatment for dorsal displacement of the soft palate (including general anaesthesia) . . . . .from £850

## Other Services

In conjunction with the small animal referral services, ophthalmology and dermatology are also provided.

## Ophthalmology

**Miss J Sansom BVSc DVOPhthal MRCVS DipECVO**  
**Dr K C Barnett OBE MA PhD BSc DVOPhthal FRCVS DipECVO**

Examination . . . . .from £125

## Dermatology

**Dr J D Littlewood MA PhD BVSc(Hons) DVR DVD MRCVS**

Examination . . . . .from £150

## Equine CPD

A return of the popular practical equine cardiology course designed for equine practitioners and RCVS certificate candidates. This one-day course will be held in 2 venues: the Animal Health Trust on Thursday 28th June and the Royal (Dick) School of Veterinary Studies, Edinburgh on Wednesday 18th July, 2001, to give potential delegates a choice of venue.

This practical course will cover a range of cases including the common cardiovascular abnormalities. Emphasis will be placed on auscultation and interpretation of clinical findings.

Please contact Karen Bond on 01638 552700 for details. Numbers are strictly limited and early booking is, therefore, recommended.



## Equine MRI

Magnetic resonance imaging (MRI) is a technique used widely in human medicine for evaluation of anatomy, function and pathology in many structures. This has particular applications for orthopaedic injuries affecting bone, joints and soft tissues as well as central nervous system disease. Although MRI has been used in small animals for a number of years, the application of MRI to live adult horses has not previously been possible in the UK. The shape, software and design of the new MRI system at the Animal Health Trust allow imaging of the limbs and head of horses under anaesthesia. Design and purchase of an MRI-compatible equine table, anaesthetic equipment and recovery box has meant that we are able to detect pathology that has been difficult to identify using other methods of imaging.

The size and shape of the individual horse determines, to some extent, the areas of the limbs that we can image. Although we are able to obtain images of the carpus and tarsus in selected horses of adequate size, we are confident that we can interpret and obtain quality images distal to and including the level of the fetlock. In order to minimise time under anaesthesia, we have developed sequences to optimise image acquisition in equine limbs, which fit nicely into the 'human' extremity coil. Work with cadaver material and scanning in live

horses has shown that we are able to visualise anatomic structures in detail, including tendons, ligaments, articular cartilage, subchondral, cortical and cancellous bone, in addition to detection of flow in vessels. Although a horse's head does not fit into the standard human size 'head coil', excellent quality images of the brain are obtained using coils normally used on a human thorax. One of the few centres undertaking live equine MRI is Washington State University, USA. Russell Tucker, their MRI radiologist who specialises in equine MRI, visited us in September to help set up the system and improve our interpretative skills.



*Sagittal slice, normal foot*

Pathology that may be detectable using MRI, but is difficult using other non-invasive modalities includes ligament injuries (distal sesamoidean, impar, navicular suspensory and collateral), deep digital flexor tendon injuries (including the insertion), occult fractures, articular cartilage damage and subchondral bone remodeling. One of the most interesting features that we see is that of bone oedema, which is a strong marker of local pathology. This unique MRI system is allowing us to undertake research into joint disease, in particular that affecting the tarsus, carpus and fetlock joints, and into palmar foot pain.

## AHT Nurses Club

Following the enormous success of the AHT Nurses Club 2000, the intention is to recommence in January 2001 with a new and informative programme.

An average of 60 – 70 nurses attended each of 4 meetings in 2000, covering topics such as physiotherapy, wound management, theatre practice and animal bereavement. Due to the success of these meetings, we have planned a total of 6 club meetings in 2001.

Nurses Club allows for crucial Continued Professional Development (CPD) and gives visiting nurses an opportunity to experience the scope of AHT nursing and the associated clinical disciplines. Nurses Club also provides an ideal opportunity for nurses from a variety of practices to meet, discuss current issues and enjoy the refreshments provided.

Topics to be presented in 2001 include: Animal Behaviour; Neurology; a Portfolio Session; Critical Care; Veterinary Dentistry; and Ophthalmology.

*For further details of all Nurses Club activities, please contact our nursing co-ordinator, Katie Collard.*

**Animal Health Trust**  
*the science behind animal welfare*