

Diagnostic imaging

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

Mr J F McConnell BVM&S CertSAM DVR MRCVS

Mr J J Llabres Diaz CertVR 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 and 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 £52.00
Contrast studies	from £75.00
MRI (including anaesthesia/consumables)	from £600.00
Ultrasonography	from £35.00 to £140.00
PKD Screening	£25 to £30.00
Reporting practice films	£22.00

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.

Referral prices for 2002 EQUINE CENTRE

The Equine Centre offers a comprehensive referral service for orthopaedics, cardiology, upper airway investigation and performance-related disorders, together with anaesthesiology and surgical facilities. A referral service is also available for equine dermatology and ophthalmology in collaboration with the Small Animal Centre. The Equine Centre 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 S Dyson MA VetMB PhD DEO FRCVS

Dr R Murray MA VetMB MS PhD MRCVS DipACVS DipECVS

Dr M 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, nuclear scintigraphy and magnetic resonance imaging (MRI).

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. Images can only be interpreted in the light of the results of other diagnostic techniques, and both qualitative and quantitative image assessment are used and combined with the results of other investigative techniques. MRI of the distal aspect of the forelimbs and hindlimbs and the head can now be performed in anaesthetised horses. To ensure that appropriate sequences are obtained to maximise information about suspected lesions, it is essential that maximum clinical information has been obtained before scanning, and we prefer to combine MRI with scintigraphy to facilitate both this and image interpretation.

Prices for a typical case would be:

Lameness investigation (including clinical examination, radiography, nerve blocks, scintigraphy and hospitalisation)	from £900.00
Back examination (including clinical examination, radiography, scintigraphy, and hospitalisation)	from £900.00
Arthroscopic surgery (including surgery, general anaesthetic, drugs, dressings, and hospitalisation)	from £950.00
MRI (including general anaesthetic). (Please note this excludes clinical examination, hospitalisation and any other diagnostic procedures which may be required)	from £980.00

Cardiology

Dr L 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.

Prices for a typical case would be:

Heart murmur investigation (including clinical examination, echocardiography, exercising ECG, hospitalisation)	from £220.00
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Fitness and performance evaluation and upper airway investigation

Dr L Young BVSc PhD DVA DipECVA DVC MRCVS

Dr D Marlin BSc(Hons) PhD

Dr M Schramme DrMedVet CertEO MRCVS DipECVS PhD

The Equine Centre 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.

Horses with abnormal respiratory noise at exercise can also be evaluated using treadmill videoendoscopy.

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

Prices for a typical case would be:

Treadmill test and endoscopy (including clinical examination, treadmill training and exercise testing, videoendoscopy at rest and exercise, and hospitalisation)	from £600.00
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Complete performance evaluation (including clinical examination, treadmill training and exercise testing with exercising videoendoscopy, echocardiography, measurement of maximal oxygen uptake, laboratory investigations and hospitalisation)	from £750.00
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Surgical treatment for dorsal displacement of the soft palate (including general anaesthesia)	from £900.00
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Other services

In conjunction with the Small Animal Centre, services in ophthalmology and dermatology are also provided.

Ophthalmology

Miss J Sansom BVSc DVOphthal MRCVS DipECVO

Miss H Featherstone BVetMed DVOphthal MRCVS

Dr K C Barnett OBE MA PhD BSc DVOphthal FRCVS DipECVO

Examination	from £137.00
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Dermatology

Dr S Shaw BVetMed PhD CertSAD MRCVS

Examination	from £180.00
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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.

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Primary glaucoma – a comparative approach

Primary glaucoma is an extremely painful condition that causes blindness. It is inherited and breed related. The Basset Hound, Flatcoat Retriever, Siberian Husky, Great Dane, Dandy Dinmont, Golden Retriever, Norwegian Elkhound and Spaniel breeds are particularly susceptible.

Primary glaucoma is related to an abnormal drainage angle which results in diminished outflow and precipitating factors are poorly understood. An acute increase in intraocular pressure presents as sudden blindness in association with diffuse corneal oedema, scleral congestion and a dilated pupil.

This is an extremely difficult condition to treat. A wide range of glaucoma medications are available for man but only a few work well in the dog. Even when these are effective it is only for a short period of time. Another attack of glaucoma often follows within weeks. Our current treatment of choice is Xalatan (Latanaprost, Pharmacia and Upjohn) once or twice daily.

Surgical options are available to improve the drainage from the eye but again problems are encountered because the drainage site heals especially well in the dog with the formation of scar tissue and this blocks the flow of fluid out of the eye resulting in a further pressure rise.

In man glaucoma is a common problem over the age of 70. Most people respond well to medical treatment or surgery. However, glaucoma can occur in young children and this is particularly

difficult to treat. When surgery is performed these young eyes heal very rapidly with the development of scar tissue over the drainage hole preventing the flow of fluid out of the eye. This problem is being addressed by Moorfields Eye Hospital in London, the largest eye hospital in the Western world. A team of workers lead by Professor P T Khaw has been investigating the use of anti-scarring drugs as part of the treatment protocol.



Following the receipt of a grant from the Kennel Club Charitable Trust we are collaborating with Moorfields on the surgical management of this condition in the dog. Although it is very early days, we are encouraged by the results.

YAROSLAVE Straiton was one of the first cases to benefit from the funding received from the Kennel Club. This 11-year-old Siberian Husky was referred to the Trust with glaucoma in September 2000. Initially, he was treated medically to bring the intraocular pressure under control at which point he had a drainage implant placed with the assistance of a consultant from Moorfields, Miss Maria Papadopoulos. Over the last 13 months YAROSLAVE has been re-examined on a regular basis. His eye remains visual and comfortable with a normal pressure. He is hopefully an example of what we may be able to achieve in the future for dogs with glaucoma.

Anaesthesia in the Small Animal Centre

Although it may seem a luxury to have dedicated veterinary anaesthetists, we believe it is a necessity. Our patients are referred to us because we have the technology and expertise to deal with complex and unusual conditions. Many owners are tremendously reassured to learn that we have vets specialising in anaesthesia. All 2,500 anaesthetics conducted at the Trust each year are administered by one of a team of 5 vets, headed by Jackie Brearley. She has worked in the field of anaesthesia for 17 years and is vastly experienced. Jackie originally qualified from Cambridge and after a brief sojourn into surgery, trained under Professor Jones at Liverpool, first studying for the DVA and then a PhD in the effects of anaesthesia on the stress response.

Since joining the AHT in 1990, she has gained further qualifications making her an RCVS Recognised Specialist and a European Specialist in Veterinary Anaesthesia. She is also a member of the Royal College of Anaesthetists. As well as clinical anaesthesia, Jackie is involved in training juniors, giving telephone advice to other veterinary surgeons and in other consultancy work. Jackie is an examiner for the CVA and DipECVA and regularly speaks at international meetings.

Working with Jackie is Dr Anthea Raxis who gained extensive experience in Australia before coming to the Trust to do a PhD in muscle blood flow in anaesthetised horses. She is currently studying

for her RCVS DVA. We are also fortunate to employ Elizabeth Leece. Liz trained in anaesthesia at Liverpool and left to explore general practice. She decided to pursue her

interest in anaesthesia and came to the Trust to finish training for her European and British Diplomas. The males in the team are Federico Corletto and Jonathan Cracknell. Federico was employed at Padua University, teaching anaesthesia, but was not able to study for his European diploma. He came to us initially for a 6-month study period but when a residency became available, he was taken on as a further member of the team. Jonathan by his own admission is fascinated not only by anaesthesia, but also by exotic animals. He feels that the mortality in exotics under anaesthesia is unacceptable, so came to the small animal centre to receive further training in the subject.

In addition to providing veterinary anaesthetists, the unit has the most sophisticated equipment available, allowing our patients to receive the most appropriate monitoring and anaesthetic technique for their condition. We are happy to provide advice over the telephone and, equally, to offer the opportunity for vets to see practice with us.



Left to right: Sofie (locum), Jonathon, Jackie, Federico, Liz and Anthea.

Animal Health Trust
the science behind animal welfare

Animal Health Trust
 Veterinary News

Editors:
 Hugh Edgar & John Owen

Design & Production:
 R & W Publications
 (Newmarket) Ltd

Success for the Feline Unit

The Feline Unit aims to provide a referral service and act as a focus for developing feline research. The clinical caseload is expanding and a new dedicated feline hospital ward is nearing completion.

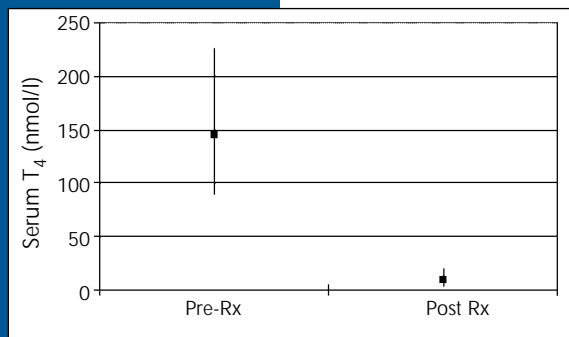


Fig 1: Serum T₄ levels (mean and range) pre- and post therapy (reference range 10–55).

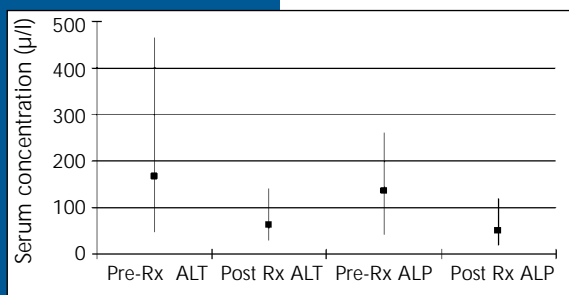


Fig 2: Serum ALT and ALP levels (mean, range) pre- and post therapy (normal range <100).

One of our major successes has been the establishment of facilities to treat hyperthyroid cats with radioiodine, recognised widely as the treatment of choice for the majority of hyperthyroid cats. Cure rates following a single treatment exceed 95%. Other than the rare induction of persistent hypothyroidism, this mode of treatment is without side effects, the only major disadvantage being an enforced period of hospitalisation following therapy to prevent any unnecessary exposure of humans to ionising radiation.

Due to the special licensing required to use radioactive iodine, the Trust is only the fourth centre in the UK to offer this therapy. Full results are now available for the first 20 cats treated. They comprised 12 males and 8 females, 19 were DSH with one DLH and their mean age was 11.4 years (range 6–15). They received a single subcutaneous injection of radioiodine (¹³¹I) at a typical dose of 111–185 MBq (3–5 mCi), depending on the severity of clinical signs, the size of the enlarged thyroid gland and the circulating concentration of T₄.

The cats remained hospitalised for 3 weeks, initially (while higher levels of radioactivity were being emitted) in a dedicated, isolated ward. At the end of this period, repeat blood tests were undertaken (Figs 1–3).

At discharge, all 20 cats had normal or subnormal serum T₄ concentrations. The injected radioiodine is taken up selectively by hyperfunctional thyroid tissue, causing its destruction through the emission of β-particles. The function of normal thyroid tissue is suppressed by the hyperthyroid state and, while this tissue is usually not affected by the treatment, it can take several weeks or months to recover function. Therefore, temporary hypothyroidism is not uncommon. Along with a decrease in circulating T₄ levels, most treated cats begin to put on weight by the end of the 3-week hospitalisation period. In the first 20 cats treated, mean bodyweight increased from 3.7 kg pre-treatment to 3.9 kg 3 weeks post treatment. This may not be a dramatic increase, but it largely reflects the fact that many of these cats had been well controlled on medical therapy (carbimazole) prior to radioiodine therapy.

Thyrotoxicosis is typically accompanied by elevations in liver enzymes (ALT and ALP) due in part to direct effects on the liver, and in part to increased bone turnover contributing to elevated ALP levels. With successful treatment of the hyperthyroidism, the liver enzymes usually return to within the reference range (Fig 2).

The hyperthyroid state also commonly results in increased renal blood flow, and thus successful treatment may lead to an exacerbation of pre-existing renal failure. The reduced renal blood flow that accompanies successful therapy results in a predictable rise in mean serum urea and creatinine values (Fig 3) and thus careful pre-treatment screening is required to try and ensure treatment will not adversely affect cats with existing chronic renal failure. Although radioiodine may not be advisable in cats where there is severe concurrent disease (eg heart failure, renal disease), it is a suitable and desirable form of therapy for most hyperthyroid cats.

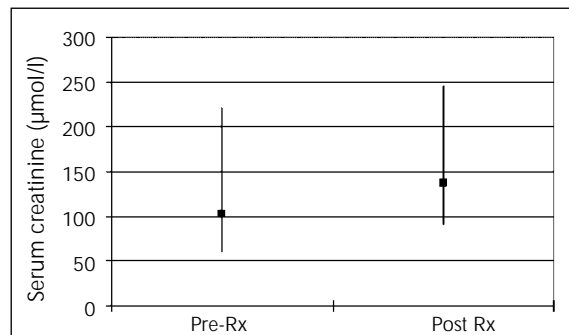


Fig 3: Serum urea and creatinine levels (mean, range) pre- and post therapy (normal ranges <12 and <160, respectively).

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Referral of hyperthyroid cats

We are happy to accept referral of hyperthyroid cats for initial assessment and discussion with owners regarding treatment options. In addition to radioiodine therapy, we offer surgery or continued medical management, according to the owners' wishes and suitability for the individual cat. We also have nuclear medicine facilities for thyroid scintigraphy which can be valuable in localising the site and position of hyperfunctional thyroid tissue (Fig 4). This is particularly helpful when there is biochemical confirmation of hyperthyroidism but no thyroid masses are palpable.

Referral case assessment

All cats are assessed and investigated prior to ^{131}I therapy. Initial investigations include routine haematology, a biochemistry panel, urinalysis and a T_4 assay. If necessary, the investigations will include radiography and echocardiography to assess cardiac status etc. Radioiodine and other treatment options are always discussed with clients before proceeding. In exceptional circumstances arrangements can sometimes be made to carry out the initial evaluation and to keep the cat hospitalised for subsequent therapy (usually 7 days later).

Prior to therapy with ^{131}I , medical treatment for hyperthyroidism (carbimazole etc) needs to be withdrawn for a minimum of 7 days.

Treatment

Following ^{131}I administration, particularly in the first 10–14 days, cats are in an isolation ward with restricted contact. Three weeks post treatment, a repeat blood sample is collected, in particular to check T_4 levels and renal function, before the cat is discharged.



Fig 4

Costs

The cost for radioiodine therapy of hyperthyroid cats is typically £700–800 (plus VAT) in uncomplicated cases.

In cases where cats remain hospitalised for a week between the initial assessment and radioiodine therapy being given, there will be additional hospitalisation costs of approximately £150. If extra hospitalisation is required at the end of therapy, or more extensive investigations are needed, additional costs will be incurred.

For further information or to make a referral request, please contact the Small Animal Centre.

Cataract extraction in the horse

Cataract surgery is performed less frequently in the horse than the dog. Indications are bilateral progressive lens opacification resulting in severe visual impairment or blindness.



A number of techniques have been described to remove cataracts in the horse with variable results. Phacoemulsification, a microsurgical technique now performed widely in small animals, can be applied to the horse. The advantage of this procedure is that the cataract can be removed through a very small incision (3 mm) which minimises post operative complications. Providing the cataract is soft, phacoemulsification can be performed through the small corneal incision. This technique has been reported in the horse with very favourable results (Millichamp and Dziezyc, 2000, *Vet. Ophthalmol*, 3, 157-164). Surgery is facilitated by neuromuscular relaxation. The excellent operating and anaesthetic facilities at the Animal Health Trust, backed up by excellent post operative care, make this technique feasible. Phacoemulsification has already been performed on 2 horses and results have been excellent. The horses have been visual and their quality of life appears to have improved dramatically. The purpose of this article is to alert veterinary surgeons to the availability of this technique for horses with bilateral cataract and impaired vision.

AHT hosts 2001 British Veterinary Neurology Study Group Meeting

The BVNSG, formally the Neurology Study Group, held its first scientific meeting in a decade at the Animal Health Trust on 7th September. Affiliated with the BSAVA, the BVNSG will aim to provide a biannual forum for UK veterinarians whose major focus is neurology/neurosurgery or neuroscience. Twenty participants gathered at the Equine Centre to discuss the work being undertaken in clinical and research-based neurology. Attendees included clinicians and researchers from the Trust, the Universities of Glasgow, Cambridge and London and practitioners. Topics included myelination research, MRI studies, CNS neoplasia, CNS trauma and management of hydrocephalus. This was an opportunity to share and discuss information and ideas among some of the country's leading neurologists and neuroscience researchers. It is hoped the group will work in parallel with the ECVN/ESVN to promote this rapidly developing speciality.

For further information, please check out the website at www.vetneurology.org.uk

Congenital deafness screening at the AHT

Certain breeds of dog are predisposed to congenital deafness. The Dalmatian is particularly susceptible, with 21.4% of the UK population affected, but over 60 breeds are listed as having the disorder which is strongly linked with white coat colour.

This type of deafness is caused by degenerative changes in the inner ear, leading to permanent loss of the hair cells. This interrupts the passage of sound to the auditory nerve. Deafness may occur in both ears (bilateral deafness) or in one ear only (unilateral deafness).

It is often difficult to recognise a deaf puppy, as its behaviour may seem perfectly normal. Bilaterally deaf puppies can sometimes be identified by their response to certain stimuli. However, this subjective method of testing is not reliable. Some hearing animals are unresponsive, others adapt quickly and stop responding and highly stressed animals may also not react. Deaf animals may sense the presence of an unseen examiner, or respond to other cues (vibration, air current, body smell) which are undetectable by the tester.

We are able to screen puppies and breeding stock for deafness using the Brainstem Auditory Evoked Response or BAER test. This can be defined as the electrical response of the brain to a series of auditory stimuli and offers a quick, non-invasive assessment of hearing status.

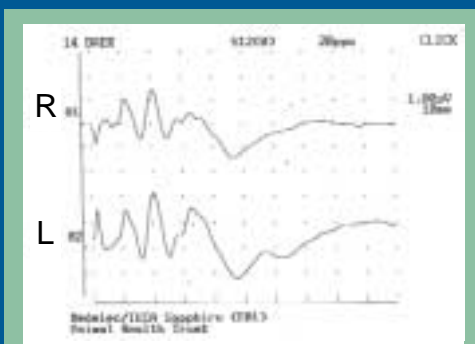


Fig 1: Trace showing bilaterally normal hearing.

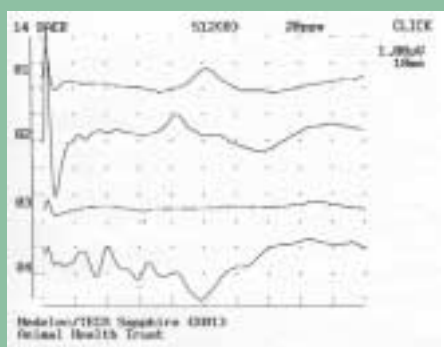


Fig 2: Traces obtained from a puppy with unilateral deafness in the right ear. Traces 1 and 2 are from the right ear at 80 and 100 dB, respectively, and show the contralateral response. Trace 3 is from the right ear at 100 dB, with the left ear masked at 80dB, showing the contralateral trace has been eliminated. Trace 4, a normal trace, was from the left ear at 80dB.

The test is performed by passing a series of clicks into the ear through a headphone, causing tiny electrical impulses to be generated by components of the auditory pathway in the inner ear and brain. These signals can be picked up by recording electrodes positioned on the head and are in turn passed into a specialised electrodiagnostic machine. The responses are signal averaged to remove random brain activity and the trace obtained is displayed on a screen.

Each ear is assessed in turn. In a normal-hearing dog, a waveform consisting of a highly repeatable series of peaks and troughs is produced (Fig 1).

Some dogs produce a normal trace from one ear only, and the other ear generates a trace where the desired peaks and troughs are absent. There may be some activity recorded in the early part of the trace, but this is actually the contralateral response to the stimulus from the other ear. If the hearing ear is masked using a headphone producing random 'white noise', this activity is eliminated and a flat line is obtained (Fig 2).

These dogs are identified as being unilaterally deaf. The hearing ability of the unaffected ear is perfect, and a unilaterally deaf animal can lead a completely normal life. However, breeding from such dogs doubles the risk of producing affected puppies.

When it is not possible to elicit a waveform in either ear, and only flat traces are obtained even with increased

volume of the stimulus, the dog is bilaterally deaf. This is complete and irreversible.

The number of Dalmatian puppies born deaf can be reduced significantly by choosing parents with bilaterally normal hearing. Therefore, the BAER test is particularly important in selection of potential breeding stock. This may also hold true in other breeds in which congenital deafness is a problem. BAER testing prior to purchase of a puppy can also prevent the heartache of discovering a much-loved pet is unresponsive and difficult to train because it is deaf.



STOP PRESS

The Veterinary Open Day, postponed in 2001 due the FMD outbreak, will now take place on Sunday 16th June 2002. The Open Day is designed to offer referring vets an opportunity to view our facilities and speak directly with AHT clinicians. Our intention is to offer facilities for youngsters so that families may also attend. We look forward to welcoming you to the Trust soon.

The following prices are approximate and serve only as a guide in estimating the cost of treatment
All prices quoted are exclusive of VAT

Referral Prices for 2002 SMALL ANIMAL CENTRE

Dermatology

Dr S C Shaw BVetMed PhD CertSAD MRCVS
Miss J C Coatesworth MA VetMB CertVD MRCVS
Dr P Lau DVM MRCVS

The Dermatology Unit accepts referrals of canine, equine and feline patients with any skin problems; including systemic diseases with dermatological manifestations. It has considerable experience in the investigation and management of allergic patients and is involved in associated clinical research programmes, with particular reference to canine atopic dermatitis.

Consultations:	Small animal	£137.50
	Equidae	£180.00
Re-examination		£80.00
Investigation of patients with:		
	Allergic disease	from £375.00
	Auto-immune disease	from £500.00
	Ongoing therapy and monitoring	from £165.00
	<i>(above examples vary depending upon need to hospitalise, nature of lab tests and frequency of check-ups)</i>	
Out of hours emergency	add	£65.00

Neurology/Neurosurgery

Mr S R Platt BVetMed 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 C Abramson DVM
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 the related oncology and surgical services, allows a standard of investigation and treatment only matched by a 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 the congenital deafness-screening programme in a variety of at-risk breeds.

Consultation	£145.00
Re-examination	£77.00
Spinal disease investigation	from £825.00
<i>(including myelography, CSF analysis, electrodiagnostics and hospitalisation)</i>	
Spinal surgery	from £1000.00
Intracranial disease investigation	from £850.00
<i>(including consultation, MRI and CSF analysis)</i>	
Brain surgery (excluding MRI and intensive care)	from £2000.00
Out of hours emergency	add £65.00
Deafness screening (per puppy)	£18.48

Oncology

Mrs S Murphy BVMS MSc (Clin Onc) MRCVS
Ms A Hayes BVMS 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, MRI can be used 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 or 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	£137.00
Re-examination	£60.00
Consultation & diagnostic work up	~ £440.00
Adjuvant chemotherapy. Dependant upon protocol	please enquire
Adjuvant radiotherapy	from £700.00

Feline internal medicine

Dr A H Sparkes BVetMed PhD DipECVIM MRCVS
European Specialist in Internal Medicine
RCVS Specialist in Feline 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 all natures are accepted, and we are also happy to discuss cases and provide telephone advice prior to referral.

Consultation	£70.00
Re-examination	£35.00
Bronchoscopy (plus anaesthesia)	£77.00
GI endoscopy (plus anaesthesia)	£150.00
Radiiodine therapy	from £700.00
Out of hours emergency	add £70.00

Soft tissue surgery

Ms P Neath BSc BVetMed DipACVSc/ECVSc MRCVS ACVSc & European Specialist in Veterinary Surgery

Referrals of all aspects of soft tissue disease are welcomed from laryngeal paralysis to gastric outflow obstruction to anal furunculosis. Surgery offers a particularly complete service for surgical oncology via our imaging and medical oncology units. 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	£88.00
Re-examination	£44.00
Oral tumour excision	from £550.00
Upper Airway surgery	from £660.00
Portosystemic shunt	from £935.00
<i>(including consultation, pre-operative investigations, surgery, post operative care & histopathology)</i>	
Out of hours emergency	add £65.00

Ophthalmology

Miss J Sansom BVSc DVOphthal DipECVO MRCVS
Miss H Featherstone BVetMed CertVOphthal MRCVS
Mr D Donaldson BVSc CertVOphthal MRCVS
Miss L Waters BVetMed CertVOphthal 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	£77.00
Re-examination	£38.00
Check up	£25.00
ERG (including consultation & sedation)	£133.00
Cataract extraction	from £950.00
Conjunctival flap	from £550.00
Eyelid surgery (2 lids)	from £550.00
Out of hours emergency	add £65.00

(above fees include general anaesthesia, hospitalisation [2 nights + drugs]. For giant breeds anaesthesia and consumable costs may be higher)

Support services

Anaesthesiology

Dr J C Brearley MA VetMB PhD DVA DipECVA MRCVS RCVS Recognised Specialist in Veterinary Anaesthesia European Specialist in Veterinary Anaesthesia
Dr F Corletto DVM MRCVS
Dr A L Raisis BVSc PhD DipVetClinSt MACVS MRCVS
Ms E A Leece BVSc CertVA MRCVS
Mr J Cracknell BVMS MRCVS

This unit is staffed by vets specialising in anaesthesia. It is responsible for all the 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 maintaining 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	£33.00
General anaesthesia	from £55.00 to £190.00
<i>(depending on patient size/duration. Highly complex procedures may incur extra charges)</i>	
Blood transfusions	from £90.00 to £180.00