

Animal Health Trust  
 Veterinary News

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## Expansion of Small Animal Clinical Services

Following in the footsteps of our successful initiative to establish a centre of excellence in feline internal medicine, we are now planning to extend this service to canine patients. We hope to recruit a specialist in small animal internal medicine by the end of this year and begin offering a canine service early in 2003. We see this as a natural progression within our overall aim of providing a high quality, integrated referral service that is attractive to our clients and contributes to the clinical and research work of the Trust. We have been receiving enquiries about such a service at the Trust for some time, and we believe that it will enhance considerably the overall level of care that we provide. It will be particularly complementary to some of our existing clinical disciplines such as soft tissue surgery and oncology, but will also be of considerable benefit to all the others.



The extension to the Small Animal Centre currently underway will give us sufficient space to house the additional staff necessary to provide this new service. This, of course, includes the supporting disciplines of anaesthesia and diagnostic imaging, both of which are currently expanding to meet the increased demand. Dr Audrey

Petite has joined our imaging team from the University of Liege, where she was a full-time scholar in the Division of Veterinary Diagnostic Imaging, and Dr Lorenzo Novello, an experienced



veterinary anaesthetist from private practice in Italy, is the latest member of the anaesthesia group. Both are coming to the Trust to pursue advanced clinical training leading to European board certification and they will be valuable additions to our team.

As ever, we are indebted to you for the support and feedback you provide, which allows us to continue refining our service in the interests of our patients.

## Nurse Training



Student nurse Zowie Holland recording TPR results.

*The Small Animal Centre is currently involved in the process of becoming a training practice under the umbrella of 'The College of Animal Welfare'. Two trainee veterinary nurse students will be joining us in August, we will also be taking a veterinary nurse degree student in September. The centre is committed to providing quality training for all staff including our already qualified nurses, of whom three are studying for the surgical diploma and one for the medical diploma.*

# Chronic nasal disease in a Maine Coon cat

Mark Goodfellow



Fig 1: Cleo (note facial distortion).



Fig 2: DV Intraoral radiograph showing diffuse soft tissue opacification of the left nasal chamber.

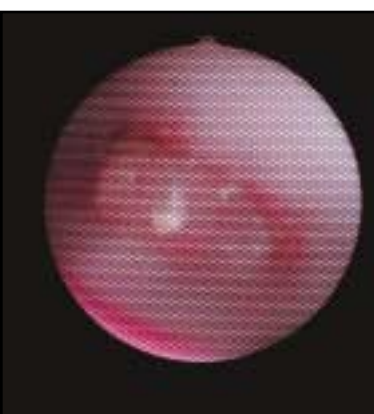


Fig 3: Endoscopic view of choanal mass.

Cleo, a 4-year-old female Maine Coon, was presented to the Feline Unit at the Animal Health Trust in early July. Following parturition 12 weeks previously, the owners had noticed that Cleo was sneezing serous fluid daily. This progressed in a short period of time to sneezing blood-stained mucus followed by epistaxis from her left nostril mainly, but on occasions bilaterally.

The referring veterinary surgeon had performed a thorough work-up. Intra-oral radiographs suggested a soft-tissue opacity within the left nasal chamber and, using forceps, a grab biopsy had been harvested. This had yielded necrotic and inflamed tissue infiltrated with neutrophils and lymphocytes, suggesting the possibility of severe rhinitis.

As the condition was failing to improve, Cleo was referred to the Feline Unit for additional investigations including rhinoscopy and endoscopy of the naso-pharynx. Over the days prior to her appointment, a firm swelling had developed at the medial canthus of the left eye, causing protrusion of the third eyelid, a reduced palpebral fissure and preventing normal eyelid movement (Fig 1). There was left submandibular lymphadenopathy, and Cleo was quite dull with a poor body-condition score (being in part attributed to the recent parturition and lactation). Otherwise, the clinical examination was unremarkable.

Given the history, clinical signs, prior investigations and lack of response to antibiotic treatment, neoplasia was considered to be the most likely differential diagnosis. However, other diseases such as mycotic nasal infections were not, at this stage, ruled out.

Following routine haematology, biochemistry and FeLV/FIV screening tests (negative), skull radiography was performed under general anaesthesia (Fig 2). The dorso-ventral intra-oral view revealed complete masking of the turbinate pattern of the left nasal chamber with a mass of soft tissue opacity. However the vomer and nasal septum appeared intact, although slightly distorted (consistent with an expansile soft tissue mass). Ocular ultrasonography confirmed that the firm swelling was soft tissue in origin and did not involve the bony orbit. During endoscopy with a 3.5 mm scope, retroflexed to view the naso-pharynx, a smooth soft tissue mass could be seen protruding from the choanae

bilaterally (Fig 3). Rhinoscopy was unrewarding due to the quantity of nasal discharge.

Using endoscopic grab forceps, inserted no further than the level of the medial canthus of the eye, samples of the mass were harvested via the left nostril and submitted for histopathology. An impression smear was also made and examined immediately and a presumptive diagnosis of nasal lymphoma was reached (Fig 4)

Intravenous vincristine, dosed by body surface area, was administered immediately as the start of a COP (Cyclophosphamide, Vincristine, Prednisolone) protocol to be continued by the referring veterinary surgeon, and Cleo was discharged pending confirmation of the diagnosis before continuing with further treatment.

Histopathology subsequently confirmed the diagnosis of lymphoma, the biopsies consisting of "coalescent sheets of large vacuolated lymphohistiocytic cells". Unfortunately, despite starting the full COP protocol, Cleo's clinical condition deteriorated and to prevent unnecessary suffering she was euthanased.

Lymphoma is the most common neoplastic disease of the nasal cavity in the cat and is seen, and thus treated, frequently. Long-term prognosis is better for FeLV negative cats and treatment options include a variety of chemotherapy protocols and/or radiation therapy, the latter requiring prior imaging by MRI or CT for planning. With feline nasal lymphoma, there is relatively scant literature comparing the survival times of cats treated with chemotherapy versus radiotherapy, or both. However, both radiotherapy and chemotherapy are generally successful treatment modalities and, unlike Cleo, most cats will respond to therapy and enjoy a good quality of life. Specific treatment recommendations are often based on availability of equipment, and suitability of radiotherapy as a treatment option. Although radiotherapy can result in complete remission in cats without systemic involvement, given that Cleo had both submandibular lymphadenopathy, and periocular involvement, radiotherapy was not considered an option as a sole treatment regime.

In general, 2–3 year survival rates of between 30 and 40% have been reported in cats using a standard COP protocol. Few factors, however, are useful in predicting the response of individual cats with lymphoma to chemotherapy. In published studies, the most valuable predictor of long-term remission is the short-term response of the tumour (ie in the first few days/weeks of therapy).

Doxorubicin can be added to a COP protocol (or used instead of COP in the maintenance phase) in an attempt to increase remission times, but its benefits in cats are not well-established and it is unsuitable as a single induction agent. The lack of critical data demonstrating clinical benefit of doxorubicin in cats, in addition to both its cardiotoxicity and nephrotoxicity in this species, limits its current value.

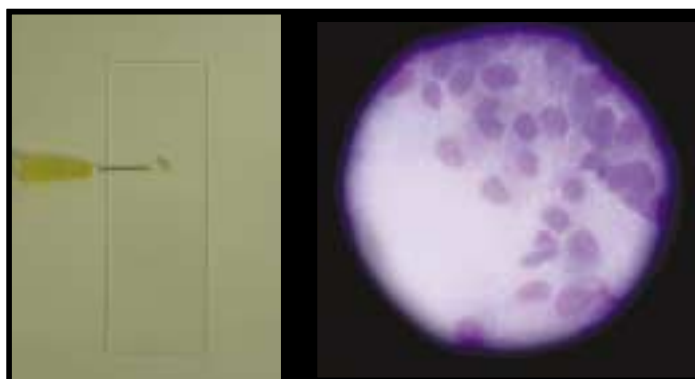


Fig 4: Cytology demonstrating neoplastic lymphoid cells.

# The Small Animal Centre Imaging Team

*Ruth Dennis (Head of Imaging)*

The imaging team works hard behind the scenes supporting the primary clinicians in the Centre for Small Animal Studies. There are now 4 radiologists, reflecting the increase in caseload over the last few years as the clinic has expanded.

Prior to mid 1992, there had been no radiologist at the AHT but, with the installation of the first MRI scanner in that year, it was decided to employ someone in this capacity. I joined the AHT 10 years ago having previously spent nearly 8 years as a radiologist at Cambridge Veterinary School. Graduating from Cambridge in 1981, I spent 3 years in general practice where I developed an interest in radiology and registered for the CertVR. In 1984 I returned to Cambridge to train in radiology, obtaining the CertVR that year and the DVR in 1985. On completion of my tenure at Cambridge I worked freelance for a while and did a 4 month locum at Zurich Veterinary School before joining the AHT. In the last 10 years I have seen an enormous change in the demands on the imaging service, reflected by this increase in radiologists.

I am a *de facto* Diplomate of the European College of Veterinary Diagnostic Imaging and for the last 2 years have been privileged to be the President of the European Association of Veterinary Diagnostic Imaging. My main interests in imaging are small animal MRI and radiology.

Francisco Llabres Diaz is a final year radiology resident who is staying on after his exams in September as a clinical radiologist. Francisco is from Majorca, and frequently complains about the English climate! He graduated from Zaragoza in 1996 and developed an early interest in radiology, spending a year preparing a thesis on Radiology of Skeletal Disease in Dogs. He came to the AHT for a 6 week visit in January 1998 and got on so well that he became first a clinical scholar and then a resident in radiology, the residency post being created for him. Francisco passed the CertVR in 2000 and is in the process of sitting both the DVR and the European Diploma in Veterinary Diagnostic Imaging (at the time of writing the practical exams are still to come). Francisco is interested in all aspects of imaging.

The expanding case load through 2000 meant that a third radiologist was needed, and Fraser McConnell joined the team as clinical radiologist in January 2001. Fraser qualified from Edinburgh in 1993 and spent 5 years in practice in East Anglia, obtaining the CertVR in 1998. He subsequently funded himself to study for the DVR at Cambridge Veterinary School, which he passed in 2000, also obtaining the CertSAM in 1999. He is particularly interested in imaging of



cardiovascular disease. Fraser's European Diploma was put on hold this year due to the arrival of a new baby at home, but he intends to sit the exam next year.

The arrival of a third radiologist gave us sufficient capacity for a limited time but, as the number of clinical referrals increased still further, it was obvious that a fourth person was needed to allow time off for study, writing and holidays. Audrey Petite joined us recently as a new resident, and will study for the British and European Diplomas. Audrey, who is French, qualified from Liege in Belgium in 1999. She worked in private practice for 18 months and then spent 5 months teaching surgery to final year veterinary students in Liege before being awarded a scholarship in imaging. Although very happy in Liege, Audrey has moved to the AHT where there is a formal residency training programme that will allow her to obtain the European Diploma. Audrey's husband Christoph has recently completed a surgery residency in Liege.

The Imaging Service now covers radiology, ultrasound, MRI and scintigraphy, all of which are on site. Although radiology has always been important in the clinic an increasing number of patients undergo ultrasonographic screening for known or suspected abdominal or thoracic lesions, and this service is in heavy demand. Many patients undergo ultrasound-guided fine needle aspirate or biopsy, which may save more invasive surgery. The AHT is also an approved centre for the FAB PKD screening programme in Persians and related breeds.

A new and much more powerful MRI scanner was installed in April 2000 thanks to a large legacy. This can perform many more studies than the old one and the MRI case load has increased to around 80 a month. An on-call system is in place so that MRI scans can be performed out-of-hours. Scintigraphy is also available and is used mainly for detection of ectopic thyroid tissue in hyperthyroid cats for whom surgery rather than radioiodine therapy is planned.

Veterinarians at the AHT are expected to contribute to clinical research and so an important part of our work is in writing or contributing to scientific papers as well as helping residents to prepare their dissertations, which should also go on to publication. We also take part in CPD within and outside the AHT. Finally, we offer a radiology reporting service to our colleagues in private practice.

## CPD - Day Courses

### Allergic Skin Disease in Cats and Dogs

17th October 2002  
(sponsored by Virbac)

This day course is being run as an interactive tutorial course, with each session finishing with a brief self-assessment section.

A practical approach to the diagnosis and long-term treatment of allergic disease will be given, with the emphasis on participants managing their own cases in practice.

*Tutor:* Dr Stephen Shaw BVetMed PhD  
CertsAD MRCVS

09.15 to 16.30 (including lunch and refreshments) £164.50 inc.

### Feline Neurology

15th November 2002

This day course is specifically designed for small animal veterinary surgeons in practice, with a particular interest in neurology. Topics for discussion will include updates on FIP, FIV and FeLV, diagnosis and treatment of feline seizures, diagnosis & treatment of the ataxic cat and CNS lymphoma.

*Speakers:*

Simon R Platt BVMS DipACVIM  
(Neurology) DipECVN,  
European and RCVS  
Specialist in Veterinary Neurology

Dr Andy Sparkes BVetMed PhD  
DipECVIM-CA MRCVS  
European Specialist in Internal  
Medicine

Jacques Penderis BVSc MVM CVR  
DipECVN MRCVS  
Specialist in Veterinary Neurology

Laurent Garosi DVM DipECVN  
MRCVS  
European Specialist in Veterinary  
Neurology

Carley Abramson DVM MRCVS

09.00 to 16.30 (including lunch and refreshments) £160.00 inc.

*Each of these courses will be presented in the seminar room of the Centre for Small Animal Studies at the Animal Health Trust. For further information on either course, or an application form, please contact Mrs Karen Bond on 01638 552700 or by e-mail: karen.bond@aht.org.uk*

## Dermatology Notes

### Herbal Treatment Trial for Atopic Dermatitis

The Dermatology Unit is currently participating in a multi-centre placebo controlled trial of a herbal product that may control both inflammation and the recurrence of pyoderma. Building on initial work performed in the UK and the USA, the trial is open to dogs with a diagnosis of year-round atopic dermatitis that are not receiving steroids. At the end of the trial, clients will be offered 3 months supply of the trial product free of charge. Examinations and travelling expenses are paid during the trial period.

If you have clients that you think may be interested in participating in this important investigation of a novel product for dogs with atopy, please contact Dr Steve Shaw.



### Remember to Skin Scrape!



Every year we see cases of severe demodex infection where the problem has been exacerbated by the use of corticosteroids. Occasionally the secondary infection is so severe that the dog becomes seriously ill and may even require intensive care. So, if in doubt, skin scrape and pluck any lesions that fail to respond to logical therapy. If you would like information about improving the sensitivity of your skin scrapes please call for an illustrated fact sheet.

### Ear Disease

The AHT offers a multi-discipline referral service for the diagnosis and treatment of ear disease with facilities and disciplines ideally suited to this area. Dermatology is complemented by neurology (eg otitis interna investigation and deafness testing), soft tissue surgery (eg lateral wall resection and total ear canal ablation) and diagnostic imaging (MRI and radiography of the ear). Please contact any one of the team if you would like advice regarding ear problems or you would like to refer a case for investigation and treatment. Contacts: Neurology - Simon Platt; Surgery - Prue Neath; Imaging - Ruth Dennis; Dermatology - Steve Shaw.

*The next issue of Veterinary News will feature additions to the Centre for Small Animal Studies which have been made possible due to the generosity of EBM Charitable Trust, British Veterinary Association Animal Welfare Foundation and Tailwaggers Club Trust.*

# Animal Health Trust

*the science behind animal welfare*