

**Animal Health Trust
Veterinary News**
Editor: Hugh Edgar
Design & Production:
R & W Publications
(Newmarket) Ltd

New facilities in Small Animal Centre fully operational



New Feline Ward

Last year saw the creation of 2 new areas in the Trust's Small Animal Centre: the Feline Ward and the new extension, both designed to improve patient care and our clinical service.

The Feline Unit was created in recognition of the growing need to consolidate our feline interests and to provide a centre of excellence in the east/south-east of the country for investigation and treatment of feline disease. Under the direction of Dr Andrew Sparkes, the Unit is already growing and we are confident that it will continue to develop as one of the major strengths of the Trust. Integral to the operation of the unit, we had identified the need to provide new facilities for housing hospitalised cats separately. This specially designed area became operational during 2002, and provides the ideal environment in which to treat the most challenging of feline cases. We are extremely grateful for the generous financial support of the BVA Animal Welfare Foundation, which allowed this work to go ahead.

The new extension to the Centre was completed on schedule in October 2002 and is now fully operational. In addition to the new wing, alterations were made to our existing in-patient facilities, allowing us to increase our capacity for canine patients by some 50%. The new accommodation is

designed to the same high standards as the original ward areas and includes equipment that will improve the intensive monitoring of high dependency cases. During the past year, the clinic had often reached full capacity and the lack of kennel space had, at times, delayed the admission of new cases. The new extension will remedy that situation and allow us to improve our service even further. As reported in previous newsletters, this extension was only possible through a very generous donation from the EBM Charitable Trust. We owe them a considerable debt of gratitude for this and all the other support they give us.

We are also grateful to the Tailwaggers Club Trust for additional funding towards caging.



Ted Chandler, Chairman of the Trust, receiving cheque for the Feline Ward from Kate Kerr, Chairman of the BVA Animal Welfare Foundation.

CPD dates

Equine Cardiology – Thursday 26th June

Equine Ultrasonography – Friday 27th June

For further information please contact Melinda Tillard, British Equine Veterinary Association, 5 Finlay Street, London SW6 6HE. Tel: 020 7610 6080 Fax: 020 7610 6823 e-mail: Melinda@beva.org.uk

Neurology – Friday 23rd May
Seizure disorders – diagnosis and management

'The geriatric dog and cat' – Friday 4th July

For further information, or an application form, please contact Karen Bond at the AHT on 01638 552700 or by e-mail: karen.bond@aht.org.uk

Animal Health Trust
Lanwades Park
Kentford
Newmarket
Suffolk
CB8 7UU

Telephone: 08700 502424
Fax: 08700 502425
e-mail: info@aht.org.uk
Web site: www.aht.org.uk

Registered Charity No: 209642

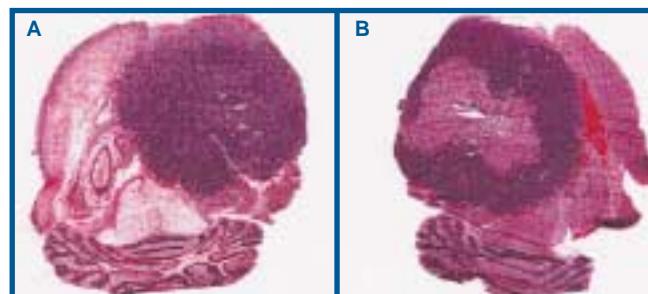
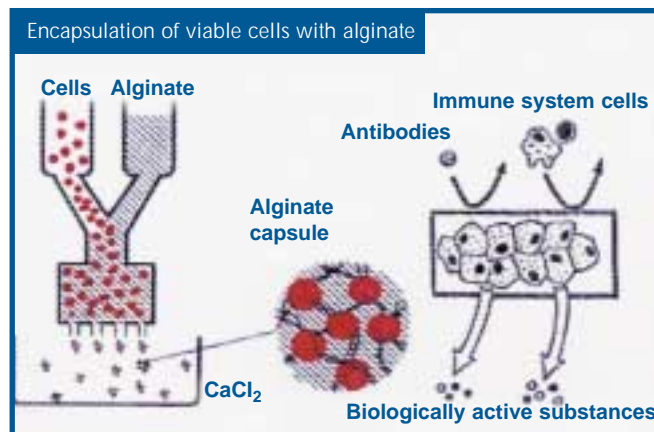
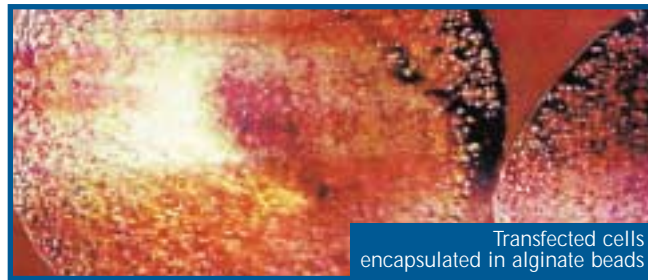
Brain tumours in dogs - a new hope?

Simon R Platt, Centre for Small Animal Studies, The Animal Health Trust, Newmarket, Suffolk, UK CB8 7UU
simon.platt@aht.org.uk

At present, malignant brain tumours in dogs have a poor prognosis even when treated by surgery and radiotherapy. Recent analysis of the treatment of aggressive gliomas at the Animal Health Trust revealed that the average survival time after such treatment is approximately 7 months. This includes the time spent undergoing radiation therapy and so over-estimates the 'quality' time that the owners have with their dogs. Following treatment, these tumours tend to recur at their primary site at which time there are no practical options. For these reasons, there has been much work recently into the investigation of more effective therapies.

In order to make real advances in the treatment of brain tumours, therapeutic strategies are being directed against several cellular or biological targets that are responsible for tumour growth and development. Progression of glial tumours is characterised by cell growth, accompanied by diffuse infiltration of tumour cells into the surrounding brain tissue. The progression depends on an adequate nutrient supply mediated by an ongoing neovascularisation process, in addition to a number of growth factors and macromolecules supplied by both tumour and host cells. It is commonly acknowledged that several of the growth factors that control cell proliferation are shared by tumour cells and endothelial cells, while others such as vascular endothelial growth factors (VEGFs) are solely associated with endothelial cells. Furthermore, it is well recognised that the tumour cell invasion process is biologically distinct from the proliferative process, where the migrating cells show little tendency to proliferate.

There are no reliable and predictable models of brain tumours such as gliomas, so it is necessary to carry out both preliminary investigations and definitive testing of new treatments in a clinical setting. The efficient and accurate estimation of the clinical value of potential new cancer therapies is quite challenging in human medicine. In veterinary medicine this is made more difficult by the smaller number of cases that are acceptable treatment candidates and the different measures of outcome that we must use. The development of more advanced imaging techniques such as magnetic resonance spectroscopy and vascular perfusion studies is being pursued



Histological section of a brain tumour treated with mock transfected cells (A) can be compared to (B) which is a histological section of a brain tumour treated with endostatin producing cells. Tumour necrosis is seen in the treated animal.

at the AHT so that new therapies can be fully evaluated. The functional evaluation of blood vessel supply to the brain tumour will become important when a new treatment for canine brain tumours is evaluated by the neurology/neurosurgery service at the start of 2003.

The new treatment to be investigated in canine cerebral glial tumours is an anti-angiogenic factor, endostatin, released on a continuous basis from encapsulated cells placed into the tumour at the time of a craniectomy. Microencapsulated cells are under study for the treatment of various diseases in man including Parkinson's disease, chronic pain relief, liver failure and hypocalcaemia. The use of an encapsulation system protects the cells from rejection by the immune system after they have been implanted into the target tissue with minimal invasive surgery. The cells have been shown to survive for more than 12 months, providing continuous local production of the effective drug, which in this study will be endostatin, an angiogenesis modulator.

Angiogenesis modulators are extremely important in tumour growth. Angiogenesis inhibitors may eventually be used to augment conventional therapy and to prolong dormancy of microscopic metastases. Endostatin has been shown to cause extensive necrosis of tumours when implanted in mice by way of inhibiting blood vessel growth and survival in the tumour. However, it does not cause any damage to blood vessels of normal tissue. Its safety is well recognised in many species but its potency in the treatment of aggressive tumours is only just being noted.

The Animal Health Trust neurology service is part of a European Union funded study evaluating this exciting new treatment of brain tumours. Financial support will be given to owners who have dogs with brain tumours that fit the criteria of inclusion. The potential exists for this treatment to exceed our present expectations and provide good quality of life in dogs that usually have a very poor prognosis. If you have cases of dogs with brain tumours or brain disease which may be due to neoplasia, and you would be interested in their inclusion in this study, please contact Simon Platt on 08700 502540 or simon.platt@aht.org.uk for further details.



Dr Andy Sparkes becomes new Chairman of the Feline Advisory Bureau

Andy Sparkes joined the Animal Health Trust just over 2 years ago to set up the Feline Unit (referral service in feline internal medicine) within the Centre for Small Animal Studies. Andy came to the Trust after 13 years at the University of Bristol where, for a large part of that time, the Feline Advisory Bureau had funded him. Prior to his departure he was the FAB Senior Lecturer in Feline Medicine.

Since Andy joined the Trust in 2000, the Feline Unit has expanded steadily, and earlier this year, with the support of the Alice Noakes Trust, Ellie Mardell was appointed as a Resident in Feline Medicine. She and Andy now provide the feline referral service. The expanding work of the Feline Unit, and the increased feline caseload coming through all disciplines in the Centre for Small Animal Studies, led to the development of the dedicated feline ward within the hospital; work that was supported by a donation from the BVA Animal Welfare Foundation.

Andy is a diplomate of the European College of Veterinary Internal Medicine and is recognised by the RCVS as a specialist in feline medicine. He was one of the founders of the European Society for Feline Medicine, an organisation established by the Feline Advisory Bureau to serve veterinary surgeons throughout Europe who have an interest in feline medicine. He also serves on the Executive Committee of this organisation as well as being editor-in-chief of the Journal of Feline Medicine and Surgery – an international journal published by Elsevier that was initially founded by the ESFM and has now been adopted as the official journal of the American Association of Feline Practitioners.

When Andy left Bristol to join the Trust, he was elected to serve as a Trustee of the Feline Advisory Bureau, and when Professor Tim Gruffydd-Jones announced earlier this year that he intended to retire as Chairman of the FAB, Andy was one of the candidates nominated to replace him. Following this, at the FAB's Annual General Meeting in October, Andy was elected to the post and has now assumed his new responsibility. The FAB has been in existence for almost 45 years and is a charity established to promote the health and welfare of cats through improved understanding of feline disease, advice, education and improved standards of care. Commenting on his new position, Andy says:

"I am extremely honoured to have been elected Chairman of the FAB – I have been a member of the Bureau for nearly 17 years and know the huge amount of good work that it has achieved. It has always had very close links with the veterinary profession and, indeed, it has been pivotal in the development of feline medicine in the UK. Like many other veterinary surgeons, the FAB was responsible for giving me the opportunity to develop a career in feline medicine, when I was appointed to a FAB-funded clinical scholarship in feline medicine at Bristol in 1987. I have enjoyed the privilege of working closely with, and for, the FAB ever since. This is an exciting time for the FAB – the past few years have seen a considerable expansion in its activities on many fronts, and the recent appointment of a dedicated fundraiser

should ensure that this expansion continues.

The objective of the FAB is to improve the health and welfare of cats, and this is achieved in a variety of ways. I look forward to serving the FAB in the coming months and years as it continues to raise its profile and expand its work."

The Animal Health Trust is delighted to support Andy in his new position and is pleased to be working closely with the FAB again, having had close links in the past. Andy also remains dedicated to the continued development of the feline work at the Trust and working with Ellie to provide a high quality client-orientated referral service.

For feline referrals, enquiries or advice, Andy and Ellie can be contacted through the Centre for Small Animal Studies on: 08700 502540.



Andy with one of his 4 cats.

TV personality, William Roache, visiting the Feline Unit with his wife Sara.



We are delighted to announce the arrival of Jane Ladlow to join our Soft Tissue Surgery department. Jane graduated from Cambridge Vet School in 1995, followed by a year's internship at Bristol Vet School, then 2 years at the busy Goddards Veterinary Hospital in Wanstead. She then completed a 3-year residency at the Royal Veterinary College (1998-2001) followed by a year as a Staff Clinician at the RVC. Jane has RCVS Certificates in Radiology and SA Surgery, in addition to becoming a Diplomate of the ECVS in July 2002.

Jane was appointed in response to the increasing numbers of soft tissue and surgical oncology cases that are being referred to the Trust. Her arrival allows us to provide a more comprehensive service for all our referring veterinarians in the 'real' world. We should be able to answer phone-calls for advice and referral more rapidly, and will be able to accept 'emergency' cases on a regular basis.

We are very happy to field phone-calls and accept cases with any form of soft tissue disease. Categories include:

HEAD AND NECK: nasal discharge investigations, fungal rhinitis, cleft palate, brachycephalic upper airway obstruction, laryngeal paralysis, tracheal collapse, otitis

THORACIC: vascular ring anomalies, chylothorax, pyothorax, thoracic wall trauma or neoplasia, lung mass lesions (abscess, neoplasia)

GASTROINTESTINAL AND ABDOMINAL: GDV, subtotal colectomy, portosystemic shunt, perineal hernia repair, anal tumours, peritonitis

GENITOURINARY: urinary incontinence investigations, colposuspension, ectopic ureter, urethral obstruction, bladder disease, prostatic disease, OHE with low vWF factor

Integument: degloving wounds, chronic wound investigation and treatment

Neoplasia: jaw tumours, limb amputations, soft tissue tumour evaluation and treatment, abdominal tumours (insulinoma, liver tumours, intrapelvic masses)

We will also be developing clinical trials to help further our knowledge and treatment options for diseases that hamper the well-being of our patients. We will update you and request your help in future as the studies unfold.



Jane (left) with Prue

Collateral desmitis of the distal interphalangeal joint

Sarah Jalim and Ana Boado

Lottie, an 8-year-old Thoroughbred eventer, was presented to the Trust's Centre for Equine Studies in September. She had had a history of left forelimb lameness for the previous month following a Pony Club rally. The lameness responded to rest but became evident when she started to work again.

The referring vet had performed palmar (abaxial sesamoid) nerve blocks which resolved the lameness. Radiographic examination was negative and Lottie had not responded to corrective farriery.

On examination at the Trust, bilateral distal interphalangeal joint capsule distension was noted, especially in the left forelimb. There was distension of the medial palmar vein of the left fore and the left front foot was slightly smaller than the right.

At the walk and trot in straight lines, Lottie showed a moderate degree of left forelimb lameness with a shortened cranial phase of the stride in trot. Flexion tests were unremarkable. She was lunged on both reins on soft and hard ground and showed a consistent moderate to severe left forelimb lameness.

Palmar digital nerve blocks of the left forelimb improved lameness by 40% in straight lines and on the right rein; and by 60% on the left rein. Palmar (abaxial sesamoid) nerve blocks of the left forelimb resolved the lameness. Intra-articular analgesia of the left distal interphalangeal (DIP) joint and intrathecal analgesia of the navicular bursa, under fluoroscopic guidance, were performed with negative results.

Nuclear scintigraphic examination of both front feet was performed using vascular, pool and bone phase images. In the left forelimb there was a focal area of markedly increased uptake of radiopharmaceutical in the region between the body of the distal phalanx and its lateral palmar process (Fig 1).

A thorough radiographic examination of the front feet revealed no radiological abnormalities.

Ultrasonographic examination of the palmar pastern revealed no abnormalities. The collateral ligaments of the DIP joint were abnormal in echogenicity, especially laterally, and had poorly defined borders.

These findings were suggestive of collateral ligament injury of the DIP joint. This was supported by the results of the nuclear scintigraphy which showed an area of increased

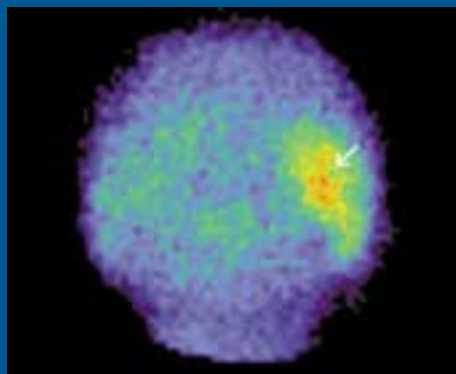


Fig 1: Solar scintigraphic image showing increased radiopharmaceutical uptake.

uptake consistent with the region of the insertion of the lateral collateral ligament.

To assess the degree of damage of the collateral ligaments and further evaluate the other structures within the foot, magnetic resonance imaging (MRI) of the feet was performed.

General anaesthesia was induced with a romifidine/ketamine/diazepam combination and maintained with isoflurane. The distal limbs were placed into the extremity coil of the GE Sigma 1.5 Tesla magnetic resonance scanner.

A series of images were obtained of both front limbs. A number of abnormalities were detected in the lame limb. The most significant was considered to be evidence of lateral collateral desmitis of the DIP joint with associated pathology of the distal phalanx at its insertion. Concurrent injury of the lateral ligament between the abaxial aspect of the navicular bone and the distal phalanx indicated global trauma to the lateral side of the DIP joint. There

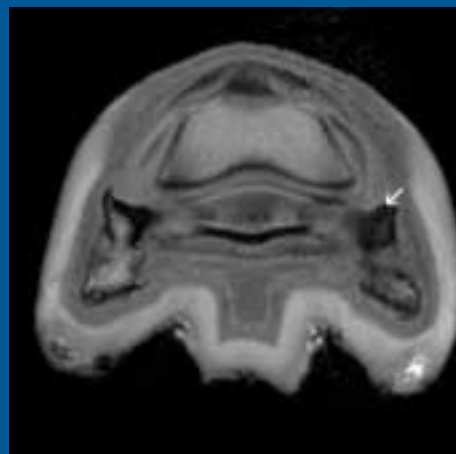


Fig 2: Transverse 3D SPGR image; lateral is to the right. There is reduced signal in the distal phalanx at the site of insertion of the lateral collateral ligament of the DIP joint (arrow), indicative of abnormal mineralisation.

was evidence of chronic synovitis of the DIP joint (Figs 2 and 3).

Collateral desmitis of the DIP joint is a difficult condition to diagnose with standard imaging modalities and there is little published work on the condition and its treatment. Ligaments which are damaged at the level of the coronary band may be identified using ultrasonography but lesions within the hoof capsule may only be identified using MRI. Of the 73 horses whose front feet have been examined using MRI at the Trust, 6 have had injury of a collateral ligament of the DIP joint.

As with a collateral ligament injury of any joint the mainstay of therapy must be rest and support, as any joint instability is a potential trigger for long term osteoarthritis. With prompt diagnosis and appropriate management horses with only soft tissue damage should regain athletic ability.

By using MRI in an increasing number of horses, we have been able to identify a variety of injuries to bone, cartilage and soft tissue structures (eg deep digital flexor tendon, distal sesamoidean impar ligament, navicular suspensory and collateral ligaments, and DIP joint collateral ligaments). Since diagnosis of many of these types of injuries is difficult without MRI there is no widespread knowledge of the prognosis.

Lottie's prognosis is considered fairly guarded as she has sustained relatively severe trauma to the joint and secondary osteoarthritis is a possibility. It is hoped that, with sufficient rest, Lottie will improve and perhaps be able to resume athletic function.

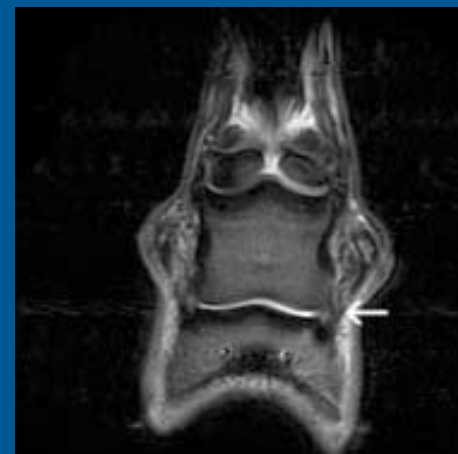


Fig 3: Dorsal fast STIR image; lateral is to the right. There is increased signal in the distal phalanx at the site of insertion of the lateral collateral ligament, evidence of bone inflammation, and increased signal in the ligament itself.

Dermatology

Dr S Shaw BVetMed PhD CertSAD MRCVS
Miss J C Coatesworth MA VetMB CertVD MRCVS
Miss 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.

Consultation:	Small animal	£137.50
	Equidae	£180.00
Re-examination		£90.00
Investigation of patients with:		
	Allergic disease	from £450.00
	Auto-immune disease	from £550.00
Out of hours emergency		(add) £70.00

Neurology/Neurosurgery

Mr S R Platt BVM&S DipACVIM DipECVN MRCVS
RCVS, European and ACVIM Specialist in Veterinary Neurology

Mr J Penderis BVSc MVM CVR DipECVN MRCVS
RCVS & European Specialist in Veterinary Neurology

Dr L Garosi DVM DipECVN MRCVS
European Specialist in Veterinary Neurology

Dr C Abramson DVM
Miss A de Stefani 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 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		£155.00
Re-examination		£80.00
Spinal disease investigation		from £865.00
	<i>(including myelography, CSF analysis, electrodiagnostics and hospitalisation)</i>	
Spinal surgery		from £1050.00
Intracranial disease investigation		from £890.00
	<i>(including consult, MRI and CSF analysis)</i>	
Brain surgery		from £2100.00
	<i>(excluding MRI and intensive care)</i>	
Out of hours emergency consult	(add)	£75.00
Deafness screening (per puppy)		£20.00

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 for diagnosis and treatment planning. 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. The Oncology Unit, together with other on-site services, represents one of only a few comprehensive cancer therapy groups in Great Britain.

Consultation		£140.00
Re-examination		£70.00
Consult & diagnostic work up		~£460.00
	Adjuvant chemotherapy. Dependent upon protocol	please enquire
	Adjuvant radiotherapy	from £735.00

Feline internal medicine

Dr A H Sparkes BVetMed PhD DipECVIM MRCVS
European Specialist in Internal Medicine
RCVS Specialist in Feline Medicine
Miss E Mardell MA VetMB MRCVS

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 happy to discuss cases and provide telephone advice prior to referral.

Consultation		£80.00
Re-examination		£40.00
Bronchoscopy (plus anaesthesia)		£73.50
GI endoscopy (plus anaesthesia)		£147.00
Radioiodine therapy	from	£750.00
Out of hours emergency	(add)	£80.00

Soft tissue surgery

Ms P Neath BSc BVetMed DipACVCS/ECVCS MRCVS
American/European Specialist in Veterinary Surgery
Miss J Ladlow MA VetMB CertVR CertSAS DipECVCS MRCVS
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		£92.50
Re-examination		£46.25
Oral tumour excision	from	£580.00
Upper airway surgery	from	£690.00
Portosystemic shunt	from	£980.00
	<i>(including consultation, pre-operative investigations, surgery, post operative care & histopathology)</i>	
Out of hours emergency	(add)	£70.00

Ophthalmology

Miss J Sansom BVSc DVOphthal DipECVO MRCVS
Miss H Featherstone BVetMed DVOphthal MRCVS
Mr D Donaldson BVSc(Hons) 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		£80.00
Re-examination		£40.00
Check up		£25.00
ERG (including consult & sedation)		£140.00
Cataract extraction	from	£990.00
Conjunctival flap	from	£580.00
Eyelid surgery (2 lids)	from	£580.00
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**Anesthesiology**

Dr J C Bearley MA VetMB PhD DVA DipECVA MRCVS
RCVS Recognised Specialist in Veterinary Anaesthesia
European Specialist in Veterinary Anaesthesia

Dr F Corletto DVM CertVA MRCVS
Dr A L Raisia BVSc MRCVS MACVS PhD DVA
Ms E A Leece BVSc CertVA MRCVS
Mr L Novello Medico Veterinario (MedVet) 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		£35.00
General anaesthesia	from	£60.00 to £200.00
	<i>(depending on patient size/duration. Highly complex procedures may incur extra charges)</i>	
Blood transfusions	from	£95.00 to £190.00

Diagnostic imaging

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

Mr F J Llabres Diaz DVM DVR DipECVDDI MRCVS
European Specialist in Veterinary Diagnostic Imaging
Mr J F McConnell BVM&S DVR CertSAM MRCVS
Ms A Petite DVM 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	£55.00
Contrast studies	from	£80.00
MRI (including anaesthesia/consumables)	from	£630.00
Ultrasonography	from	£38.00 to £150.00
PKD Screening		£25.00 to £30
Reporting practice films		£25.00

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.

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

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 £950.00

Back examination (including clinical examination, radiography, scintigraphy and hospitalisation) from £950.00

Arthroscopic surgery (including surgery, general anaesthetic, drugs, dressings and hospitalisation) from £1200.00

MRI (including general anaesthetic) from £1170.00
(Please note this excludes clinical examination, hospitalisation and any other diagnostic procedures which may be required)

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 and hospitalisation) from £300.00

Fitness and performance evaluation and upper airway investigation

Dr L Young BVSc PhD DVA DipECVA DVC MRCVS
Dr D Marlin BSc(Hons) 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 £650.00

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 £790.00

Surgical treatment for dorsal displacement of the soft palate (including general anaesthesia) from £1000.00

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 £145.00

Dermatology

Dr S Shaw BVetMed PhD CertSAD MRCVS

Examination from £180.00

All prices are approximate and serve only as a guide in estimating the cost of treatment. They may vary according to the severity or complexity of the case.

All prices quoted are exclusive of VAT

Animal Health Trust
Lanwades Park
Kentford
Newmarket
Suffolk CB8 7UU
Tel: 08700 502424



Animal Health Trust

Centre for Small Animal Studies
Tel: 08700 502540
Fax: 08700 502541
Answering Service Tel: 01223 257436
e-mail: smallanimal.centre@aht.org.uk

Centre for Equine Studies
Tel: 08700 502430
Fax: 08700 502431
Answering Service Tel: 01223 257436
e-mail: equine.centre@aht.org.uk

Animal Health Trust
the science behind animal welfare