The nursing team within the Centre for Small Animal Studies has recently undergone a restructuring, in which another tier has been added, in the form of ‘Animal Nursing Assistants’. We are very confident that our nursing assistants will prove invaluable in their support to our qualified veterinary nurses (VNs) and clinicians. We will be encouraging our nursing assistants to undertake formal training towards the achievement of the ANA certificate and for those that wish to progress further still, the opportunity of VN training. Introducing ANAs into the team has allowed us to appraise the overall input from the nurses and make sure everyone’s skills are used appropriately. An example of this would be that ANAs help VNs to restrain patients, whereas in the past we would have used 2 VNs to restrain a patient, for even simple procedures such as a catheter redress. When we advertised the ANA posts, we were overwhelmed by the response and, fortunately for us, we were able to recruit new staff with excellent CVs, references and aptitude for the positions available.
Brachycephalic breeds such as the bulldog have a shortened skull rostrocaudally, due to an inherited defect in the development of the bones at the base of the skull. The short, wide facial features cause compression of the nostrils and nasal cavities, and distortion of the larynx and pharynx. The term brachycephalic obstructive airway syndrome describes the anatomical obstructions to airflow consisting of stenotic nares, elongated soft palate and excessive pharyngeal tissue. In the bulldog, a hypoplastic trachea is often present. The inspiratory obstruction caused by these features leads to eversion of the lateral ventricles and eventually to arytenoid distortion and laryngeal collapse.

Clinical signs of brachycephalic airway syndrome include respiratory stridor, snorting, snoring, exercise intolerance and respiratory distress. The narrowing of the upper airways causes dynamic collapse during inspiration as significant negative airway pressures are created in an attempt to overcome the increased resistance to airflow. This increased negative pressure results in mucosal inflammation and laryngeal distortion. Signs are exacerbated by stress, exercise or heat.

Brachycephalic airway syndrome is treated surgically by wedge resection of the stenotic nares, shortening of the soft palate and resection of the everted lateral ventricles. Subjectively these procedures appear to improve airway function but there are no objective respiratory data pre- and post surgery, or information about the relative importance of the different surgical procedures.

Initially we intend to assess respiratory function pre- and post surgery in brachycephalic obstructive airway syndrome cases. We are hoping to demonstrate a marked improvement in respiratory function in these cases post surgery. It would also be possible to separate the main surgical components (soft palate resection and resection of the stenotic nares) and assess the contribution of each procedure to improvement in respiratory function.

The second and longer-term aim of the study is to assess any correlation between head dimensions, particularly nose length, and respiratory function. If a positive association is proved between length of nose and respiratory function, we intend to bring our results to the attention of breeders and discuss a future breeding plan which will improve respiratory function in the bulldog.

Respiratory function would be assessed by a series of non-invasive measurements, including exercise tolerance tests, respiratory inductive plethysmography and tidal breathing flow-volume loops.

We need your help in collecting cases for this study.

Please contact Jane Ladlow or Prue Neath of the Soft Tissue Surgery Unit at the Animal Health Trust if you have any cases you think may be suitable.

References


Recent developments in the diagnosis of foot pain: what we have learned from magnetic resonance imaging?

The term navicular syndrome has been coined for many years to describe horses with lameness due to foot pain in which no definitive diagnosis could be reached by conventional diagnostic techniques. Using nuclear scintigraphy, we identified some horses with abnormal radiopharmaceutical uptake in either the navicular bone or the distal phalanx which we assumed was related to the primary source of pain causing lameness. Based on post mortem examination of a number of horses with foot pain we had previously recognised primary injuries of both the deep digital flexor tendon (DDFT) and the distal sesamoidean impar ligament (DSIL) and a small number of horses with primary injuries of the distal phalanx that had not been identified radiographically. In horses with foot pain which responded to analgesia of the distal phalanx or the navicular bursa but had no definitive diagnosis we therefore preferred to say that the horse had pain arising from the distal phalanx or the navicular bone, or closely related structures including the DDFT, DSIL or collateral ligaments of the navicular bone, rather than using the non-specific term navicular syndrome.

Since January 2001, 150 horses with undiagnosed foot pain have been examined using magnetic resonance imaging (MRI). This has opened our eyes to the large spectrum of injuries that are occurring within the hoof capsule. Many horses had more than one lesion, but generally one lesion was considered the most likely to be the major cause of pain resulting in lameness. Horses classified as having multiple lesions were those in which several structures were damaged, often all on the same side of the foot, and all were thought to have similar significance. Primary DDFT lesions were the most common injury (58 horses), with lesions predominantly localised to either proximal to the navicular bone or at the insertion of the tendon. Lesion types included core lesions, dorsal border lesions and sagittal plane splits. A further 25 horses had lesions in both the DDFT and the navicular bone, both of which were thought likely to be contributing to lameness. Six horses had primary navicular bone pathology. Twenty-two horses had primary desmitis of a collateral ligament of the distal interphalangeal (DIP) joint, with medial injuries predominating. A further 14 horses had collateral desmitis of the DIP joint in conjunction with other injuries. Ten horses had primary lesions of the distal sesamoidean impar ligament, but many horses with insertional injuries of the DDFT also had adhesion formation between the DDFT and the DSIL. Twelve horses had primary lesions in the distal phalanx, either focal or diffuse, and 4 horses had primary DIP joint disease. Other lesions included multiple lesions (eg medial collateral ligament DIP joint, insertional injury of DDFT and DSIL medially and medial oblique distal sesamoidean desmitis) (9 horses), straight sesamoidean desmitis (one horse, also seen as a concurrent abnormality in horses with primary DDF tendonitis), desmitis of the collateral ligament of the navicular bone (one horse, also seen as a concurrent abnormality in horses with other primary injuries). Distension of the navicular bursa was frequently seen in the lame limb only in unilaterally lame horses, whereas distension of the DIP joint capsule, with or without synovial proliferation, was a frequent finding in both lame and non-lame limbs. Osseous cyst-like lesions in the proximal and middle phalanges were seen unilaterally or bilaterally as incidental abnormalities of unlikely clinical significance.

Correlation between nuclear scintigraphic images and the results of MRI has increased our knowledge of the significance of some scintigraphic abnormalities. MRI has highlighted the limitations of ultrasonographic imaging in the pastern and foot regions, with many false negative results. The presence of minor DDFT lesions in the pastern region has always been associated with much more severe lesions within the hoof capsule. Horses with lesions of the oblique distal sesamoidean ligaments have often had completely unrelated injuries within the hoof capsule that contributed to lameness. Horses with collateral desmitis of the DIP joint identified ultrasonographically often had related lesions in the distal phalanx or other injuries contributing to lameness.

Concurrent with this clinical study we have an ongoing post mortem study correlating MRI findings with post mortem, providing further validation of the spectrum of injuries contributing to foot related lameness.

**Fig 1:** Transverse 3D T2 GRE image at the level of the middle phalanx. There is dorsal border core lesion (white arrow) of the lateral lobe of the deep digital flexor tendon and soft tissue proliferation within the distended navicular bursa.

**Fig 2:** Transverse T1 weighted SPGR image at the level of the navicular bone. The medial collateral ligament of the distal interphalangeal joint is enlarged and has increased signal (black arrow).

**Fig 3:** Sagittal fast STIR image slightly medial to the midline. The distal aspect of the deep digital flexor tendon is enlarged and has a bright signal, typical of a severe insertional injury.
### Canine Internal Medicine

**Referral Prices for 2004**

**Mr J D Wrezey BVSc CertSAM MRCVS**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation</td>
<td>£140.00</td>
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</table>

### Dermatology

**Dr S Shaw BvetMed PhD CertSAD MRCVS**

**Miss J Cossette MA VetMB CertVDS MRCVS**

**Mr S Hassall BvetMed, CertAVC MRCVS**

The Dermatology Unit accepts referrals of canine, equine and feline patients with any skin problems; including systemic and endocrine 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: £140.00
- Equine: £190.00
- Re-examination: £90.00 & £68.00
- Investigation of patients with:
  - Allergic disease: from £600.00
  - Auto-immune disease: from £500.00
- Out of hours emergency (add): £75.00

### Neurology/Neurosurgery

**Mr S R Platt BVMS DipACVIM DipECVN MRCVS**

**RCVS, European and ACVIM Specialist in Veterinary Neurology**

**Dr J Henders BVSc MVM PhD CVR DipECYN MRCVS**

**RCVS & European Specialist in Veterinary Neurology**

**Dr L Garosi DVM DipECVN MRCVS**

**European Specialist in Veterinary Neurology**

**Alberta de Stefani DVM MRCVS - Vetoquinol Resident in Neurology**

**Mrs J Freeman BSc (Hons) - Research Assistant**

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:** £161.00
- Re-examination: £20.00–£84.00
- Spinal disease investigation: from £1100.00
- Spinal surgery: from £1300.00
- Intracranial disease investigation (consult, MRI and CSF analysis): from £1100.00
- Brain surgery (including MRI and intensive care): from £2100.00
- Out of hours emergency consult (add): £79.00
- Deafness screening (per puppy): £23.00

### Oncology

**Mrs S Murphy BVMS MSc (Clin Onc) MRCVS**

**Mr A Hayes BVMS CertVR MRCVS**

**Mr G Maglennon BVMS MRCVS**

The Oncology Unit offers comprehensive cancer management in canine and feline patients. Diagnostic investigations performed routinely include fine needle aspiration 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. The treatment of choice depends on tumour type, tumour stage and clinical stage; many cancers are now treated with multimodality therapy, eg surgery with adjunctive 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:** £147.00
- Re-examination: £80.00
- Consult & diagnostic work up: £640.00
- Adjuvant chemotherapy: Please enquire
- Adjuvant radiotherapy: £800.00

### Feline Internal Medicine

**Dr A H Sparks BvetMed PhD DipECVM MRCVS**

**European Specialist in Internal Medicine**

**RCVS Specialist in Feline Medicine**

**Miss E Mardell MA VetMB MRCVS**

**Mr G Maglennon BVMS 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 nature are accepted, and we are also happy to discuss cases and provide telephone advice prior to referral.

**Consultation:** £85.00
- Re-examination: £45.00
- Bronchoscopy (plus anaesthesia): £80.00
- GI endoscopy (plus anaesthesia): £160.00
- Radioiodine therapy: from £850.00
- Out of hours emergency consult: £180.00

### Soft tissue surgery

**Ms P Neath BS BvetMed DipACVIM ECVS MRCVS**

**American/European Specialist in Veterinary Surgery**

**Miss J Laidlow MA VetMB CertVR CertSAS DipECVS MRCVS**

**European Specialist in Veterinary Surgery**

**Mr P Neath BS BvetMed DipACVIM ECVS MRCVS**

**American/European Specialist in Veterinary Surgery**

**Miss J Laidlow MA VetMB CertVR CertSAS DipECVS MRCVS**

**European Specialist in Veterinary Surgery**

Referrals of all aspects of soft tissue disease are welcomed from laryngeal paralysis to gastric outlet 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 and interns allow us to provide 24 hour post-operative nursing care for all cases.

**Consultation:** £97.00
- Re-examination: £48.50
- Oral tumour excision: from £750.00
- Upper Airway surgery: from £450.00
- Teat/urethral incision: from £900.00
- Portosystemic shunt: from £1050.00
- (including consultation, pre-operative investigations, surgery, post-operative care & histopathology)
- Out of hours emergency (add): £70.00

### Ophthalmology

**Miss J Sansom BVSc DVOphthal MRCVS DipECVO**

**Mr D Donaldson BVSc(Hons) CertSAD MRCVS**

**Mr K Smith BvetMed CertOphthal MRCVS**

**Miss L Fleming BvetMed CertOphthal MRCVS**

**Consultant: Dr K Barnett OBE MA PhD BSc DVOphthal FRCS ECVO**

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 offer a 24 hour service 7 days a week. We are always happy to see ophthalmic emergencies the same day.

**Consultation:** £85.00
- Re-examination: £42.00
- Check up: £30.00
- ERG: £44.00
- Catactar extraction: from £990.00
- Conjunctival flap: from £580.00
- Eyelid surgery (2 lids): from £580.00
- Out of hours emergency: £152.00
- (Above fees include general anaesthesia and hospitalisation [2 nights + drugs]. For giant breeds anaesthesia and consumables costs may be higher)

### Support services

### Anaesthesiology

**Dr J C Breailey MA VetMB PhD DVA DipECVA MRCVS**

**RCVS Recognised Specialist in Radiology, European Specialist in Veterinary Anaesthesia**

**Dr F Corletto DVM CertVA MRCVS DipECVA**

**Ms E A Leece BVSc CertVA MRCVS DipECVA**

**Mr L Clarke BVMS CertVA MRCVS DipECVA**

**Mr L Novello Medico Veterinario (MedVet) MRCVS**

**Miss C Jollife BvetMed MRCVS**

**Mr P Francis DVM**

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. Advice is available to veterinary surgeons on anaesthetic and related problems including practice visits if requested.

**Sedation:** £15.00
- General anaesthesia (depending on patient size/weight): from £60.00 to £200.00
- Blood transfusions: from £95.00 to £190.00
- Written advice/reports on anaesthetic problems: from £20.00
- Practice visits (plus travel): from £300.00
- Hospitalisation: from £20.00
- Hospitalisation on pager: £23.00
- Day case fee: £20.00
- Additional high dependency nursing fee may be applied (per day): -£15.00–£65.00

### Diagnostic imaging

**Mrs R Dennis MA VetMB DVP DipECVDI MRCVS**

**RCVS Recognised Specialist in Radiology, European Specialist in Veterinary Diagnostic Imaging**

**Mr J Lluberes Diaz DVM DipECVDI MRCVS**

**Mr A Tudor DVM CertVR MRCVS**

**Mr J F McConnell BVMS DVP CertSAM MRCVS**

**Ms A Petite DVM 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. A high-field (1.5 Tesla) MRI scanner is on site, and over 1000 small animal patients are examined each year, including many emergencies. 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 £60.00
- Contrast studies: from £80.00
- MRI (including anaesthesia/consumables): £400.00–£1500.00
- Ultrasonography: £40.00–£150.00
- PKD Screening: £25.00–£35.00
- Reporting practice films: £25.00

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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 L Young BVSc PhD DVA DipECVA DVC MRCVS
Dr R Murray MA VetMB MS PhD MRCVS DipACVS DipECVS
F Harriss BVSc(Hons) MRCVS

Acute and chronic orthopaedic (including surgical) and neurological cases undergo comprehensive clinical examination on an appointment basis or as an emergency admission. Many lameness and poor performance 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 other multiple 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 be performed in anaesthetised horses. To ensure that appropriate sequences are obtained to maximise diagnostic information, sequences used and combined with the results of other investigations. MRI of the distal aspect of the forelimbs and hindlimbs and the head can be performed in anaesthetised horses. To ensure that appropriate sequences are obtained to maximise diagnostic information, sequences used and combined with the results of other investigations. MRI of the distal aspect of the for elimbs and hindlimbs and the head can be performed in anaesthetised horses. To ensure that appropriate sequences are obtained to maximise diagnostic information, sequences used and combined with the results of other investigations.

Prices for a typical case would be:
- Lameness investigation (including clinical examination, radiography, nerve blocks, scintigraphy and hospitalisation) from £1100.00
- Back examination (including clinical examination, radiography, scintigraphy and hospitalisation) from £1100.00
- Arthroscopic surgery (including surgery, general anaesthetic, drugs, dressings and hospitalisation) from £1260.00
- MRI (including general anaesthetic) from £1228.00

(Please note this excludes clinical examination, hospitalisation and any other diagnostic procedures which may be required)

Opinions will also be given on referred radiographs, scintigraphic and ultrasonographic images.

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 £315.00

Fitness and performance evaluation and upper airway investigation
Dr L Young BVSc PhD DVA DipECVA DVC MRCVS
Dr D Marlin BSc(Hons) PhD
F Harriss BVSc(Hons) MRCVS

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 videofluoroscopy. 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 videofluoroscopy.

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, videofluoroscopy at rest and exercise and hospitalisation) from £680.00
- Complete performance evaluation (including clinical examination, treadmill training and exercise testing with exercising videofluoroscopy, echocardiography, measurement of maximal oxygen uptake, laboratory investigations and hospitalisation) from £830.00
- Surgical treatment for dorsal displacement of the soft palate (including general anaesthesia) from £1050.00

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
Dr K C Barnett OBE MA PhD BSc DVOphthal FRCVS DipECVO
Ms M Donaldson BVSc(Hons) CertVOphthal MRCVS
Ms K M Smith BVetMed CertVOphthal MRCVS

Examination from £152.00

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

Examination from £190.00

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.

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

Animal Health Trust
the science behind animal welfare
Veterinary physiotherapy
Katherine Hulse MSc MCSP

In human medicine, it is well recognised that physiotherapy helps speed up physical and psychological recovery following injury. It comes as no surprise then that physiotherapy for animals is slowly gaining acceptance. The profile of Chartered Physiotherapists is being raised with the advent of a Masters Degree in Veterinary Physiotherapy being run at the Royal Veterinary College, open to Chartered Physiotherapists with previous experience in human physiotherapy.

As one of the first intake to gain my Masters Degree on this exciting new course, I am expanding my work in the veterinary field, and have been fortunate enough to become involved at the Animal Health Trust. My current role is mainly at the Centre for Small Animal Studies where I have been involved in training the veterinary nurses in the safe application of simple physiotherapy techniques to improve in-patient care and advising on rehabilitation programmes for animals following neurological insult or surgery. This rehabilitation programme can then be continued when the animal returns home, with further treatment being provided, if required, by a local animal or veterinary physiotherapist. By working closely with veterinary surgeons, nurses and owners, physiotherapists provide a holistic approach to patient care and help to optimise recovery from injury.

The main benefits of physiotherapy intervention in the early stages of rehabilitation are pain relief, reduction of oedema, maintenance of joint range of movement, prevention of muscle atrophy, prevention of joint and soft tissue contractures and release of muscle spasm. Pain relief and the reduction of oedema may be provided using a variety of massage techniques, of which effleurage is the most useful for reducing oedema. Ice therapy may also be used post operatively.

Physiotherapists are very good at feeling for areas of muscle spasm and employ a number of soft tissue release techniques. Pain relief can also be aided using electrical modalities such as transcutaneous electrical nerve stimulation or TENS, ultrasound or laser therapy. The latter 2 modalities are also useful to aid soft tissue healing. Passive movements, limb stretches and heat therapy are used to maintain joint range of movement and prevent contractures from developing. Muscle atrophy is prevented by encouraging early weight-bearing and sometimes by means of electrical muscle stimulation. A treatment programme will be different for every patient and depends on thorough assessment and communication between all parties involved for the most effective rehabilitation to take place. Various therapeutic or aquatic exercises may be recommended by the physiotherapist to progress the exercise programme and improve muscle strength and co-ordination, in close collaboration with the veterinary surgeon and owner.

Research into veterinary physiotherapy is now developing, particularly in America. Professor of Orthopaedic Surgery, Dr Darryl Mills and Physical Therapist and Researcher, Dr David Levine are at the forefront of this research. Recent studies have evaluated the benefits of physiotherapy for the treatment of various conditions to help validate this form of treatment. As collaboration improves amongst the involved professions, veterinary physiotherapy will continue to evolve and be of great benefit to veterinary patients.

Vetoquinol sponsors
3-year neurology residency

Vetoquinol, UK leader in the market of small animal anti-epileptic drugs with Epiphen tablets and solution and also Bromide syrup, announced its new collaboration with the neurology/neurosurgery unit at the Animal Health Trust (AHT) at the start of this year. Mark Leddy, Veterinary Adviser for Vetoquinol (pictured right, in front of the in-house MRI scanner at the AHT) recently welcomed Dr Alberta De Stefani in her new position as Vetoquinol resident in neurology/neurosurgery. This 3-year residency position, approved by the European College of Veterinary Neurology, will be entirely sponsored by Vetoquinol.

Mark Leddy said “Our funding of this residency demonstrates our commitment to both the field of epilepsy and also our desire to promote veterinary education. We are delighted that the Animal Health Trust feels it appropriate that we enter into what will be a new venture for both organisations.”

Residency training is an important part of the AHT’s activities and so to have support from Vetoquinol for a Neurology/Neurosurgery residency ensures continuation of these pursuits. The collaboration with Vetoquinol will also help to expand the Neurology team at the Trust, which enables an increase in the unit’s clinical research and referral capabilities. Part of Alberta’s residency will involve research project development and completion with the potential for presentation of the results at an international scientific meeting. In addition, Alberta will take part in neurology CPD meetings and assist with teaching of the small animal interns when they rotate through Neurology. Alberta completed an internship at the Animal Health Trust in October 2002 before starting in her new position.

Alberta has joined the team of 3 existing RCVS Neurology specialists working at the AHT - Mr Simon Platt, Dr Laurent Garosi (responsible for the residency programme) and Dr Jacques Penderis.
We are delighted to announce that The Iams Company has agreed to fund 2 of the positions on our successful small animal intern programme. The programme, designed for recent graduates, is now in its fifth year and provides broad clinical training at a specialist level. The interns rotate through all the specialist disciplines at the Trust in the course of their year and gain invaluable experience that provides an excellent basis for their future career, whatever their long-term aims. Many choose to pursue further specialist training in residency programmes or in research, while others return to general practice to develop their skills further.

Demand for places on the programme is always high, and the intake has grown steadily from an initial 2 when we started the programme in 1999, to 6 beginning in October of this year. This generous funding initiative is a significant boost to the programme and will be a major help in supporting our efforts to train the clinical specialists of the future. We are extremely grateful to Iams and look forward to working closely with the company in the future.

David Donaldson of the Trust’s ophthalmology group recently won 1st prize in the veterinary section of the Novartis and Daily Telegraph Vision of Science Photographic Awards for this photograph of feline ulcerative keratitis.

The photograph aims to illustrate the dramatic changes that may occur in the normally transparent feline cornea secondary to disease. Fluorescein staining has been used diagnostically in this patient to delineate the region of ulcerative disease. The photograph illustrates a gradation in the corneal oedema which is most severe adjacent to the corneal ulcer. Towards the edge of the cornea (limbus) the oedema is subtler allowing some visualisation of the anterior chamber of the eye.

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**Iams support AHT small animal intern programme**

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**David Donaldson**

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**BEVA/AHT Day courses**

**Practical Equine Cardiology**
13th May
Animal Health Trust, Newmarket
Course organiser: Dr Lesley Young
Registration: £300.00 BEVA members, £315.00 for non members
Registration via BEVA Tel: 01223 836970 or e-mail info@beva.org.uk
Delegate numbers will be limited to ensure maximum exposure to case material and demonstrators

**Practical Equine Cardiac Ultrasound**
14th May
Animal Health Trust, Newmarket
Course organiser: Dr Lesley Young
Registration: £350.00 for BEVA members £365.00 for non members
Registration via BEVA Tel: 01223 836970 or e-mail info@beva.org.uk

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**AHT/FAB Veterinary Feline Study Day**

**Latest developments in feline medicine**
17th June 2004
British Racing School, Newmarket
A study day for veterinary surgeons
Course organiser: Dr Andy Sparkes BVetMed PhD DipECVIM-CA MRCVS
Registration: £75 for FAB members £95 for non-members
Registration via FAB Tel: 0870 7422278
Clinical research project: Comparison of radiography and MRI for detecting the extent of nasal tumours in dogs

This clinical research project is the work of Audrey Petite DVM CertVR MRCVS, the Resident in Diagnostic Imaging, and will form a dissertation as part of the Diploma in Veterinary Radiology. It has been designed in collaboration with one of the AHT’s epidemiologists, Dr Vicky Adams.

Experience with MRI of nasal tumours at the AHT has shown that much more accurate information is given about the nature and extent of nasal pathology compared with radiography. Although radiography often under-estimates the extent of the mass (for example, intracranial extension is hard to see) it may also over-estimate the disease as fluid trapped in the nasal cavity or frontal sinuses caudal to the mass will have the same radiographic opacity as the tumour itself. Accurate assessment of the size of the tumour and involvement of surrounding structures is important if surgical and/or radiotherapy treatment is to be attempted. Of equal consideration is the detection of patients with very extensive disease in whom treatment is unlikely to be of benefit, so that the owners can be given a realistic prognosis.

Although the value of MRI (and CT) in such cases is widely assumed, no quantitative study comparing the 2 modalities in the evaluation of nasal tumours has been published in the literature. This project will compare the 2 techniques objectively, and suitable patients are being recruited. Dogs with a tentative or known diagnosis of nasal neoplasia will undergo a thorough radiographic examination and MRI of the head, and the diagnosis will be confirmed histologically. The radiographic and MR images will be interpreted separately by 4 diploma-holding radiologists, and for each patient 10 criteria will be assessed and graded. These criteria are: presence and size of a nasal mass, destruction of nasal turbinates, destruction of the nasal septum and vomer bone, extension into the contralateral nasal cavity, involvement of the maxillary recess, lysis of the cribriform plate with intracranial extension, frontal sinus involvement, occlusion of the ventral nasal meatus, erosion of the surrounding bones and presence of external soft tissue swelling. Similar research at the AHT some years ago on orbital disease in dogs and cats yielded much helpful information about the way in which radiographs of such cases should be interpreted, and so this study is also expected to be of considerable relevance to radiography in general practice. New methods of treatment for this debilitating and distressing condition are also being investigated.

For the purposes of this study we are seeking dogs with suspected nasal tumours, and are able to offer MR scans for a nominal fee. If you are interested in referring such a patient, please contact Prue Neath on 08700 502540 or prue.neath@aht.org.uk.

New canine internal medicine service at the Trust

We are pleased to announce that we will be offering a new service in canine internal medicine in 2004. This is a very important initiative for the Trust and perfectly complements our existing disciplines. A long search for the right person was finally completed in October, and we are delighted to announce that Jonathan Wray will be joining us in the middle of January. Jonathan graduated from Bristol Veterinary School in 1996, and after 2 years in general practice, went on to complete a 3 year residency programme in small animal internal medicine at Bristol. For the last 2 years, Jonathan has been responsible for establishing and running the internal medicine referral service at Willows Referral Services in the West Midlands. He has broad interests in small animal internal medicine and is particularly interested in cardiorespiratory disease.

Jonathan will be working particularly closely with Andy Sparkes to provide a comprehensive small animal internal medicine service, and also with our soft tissue surgeons and all the other disciplines.