Willows at BSAVA/WSAVA Congress

Willows first year as exhibitors at BSAVA Congress was a great success, with hundreds of visitors to our stand, many of whom participated in our various competitions – the laparoscopic sugar cube stacking contest proved particularly popular, with entrants queuing into the aisles! There were three lucky winners of iPads, and four ‘Willows Eye Test’ entrants won copies of ‘Small Animal Ophthalmology, What’s Your Diagnosis?’ by Heidi Featherstone (one of Willows’ ophthalmology Specialists) and Elaine Holt.

If you missed your opportunity to try your hand at stacking sugar cubes using laparoscopic instrumentation (this year’s top scorer managed 11 in the allotted two minutes!), don’t worry! – we will be back at BSAVA Congress again next year when we will be re-running the contest, and offering iPad prizes for other entertaining tests of professional skill!

The Turner Prize

As part of Willows’ sponsorship of BSAVA Congress, we funded a BSAVA prize draw for a full set of BSAVA Manuals. As luck would have it, this great prize went to those well known and long-serving veterinary professionals, Jean and Trevor Turner. Jean Turner RVN, whose registration was the lucky ticket, said “Trevor and I were completely taken by surprise and absolutely thrilled when we heard we had won the full set of BSAVA Manuals. We are already putting them to good use, and to make room on our shelves we have given our previous well-thumbed set to deserving new homes!”
In these challenging times of austerity, we are fully aware that caring owners still want the very best for their much loved family pet, but may find it difficult to fund whatever investigations and treatment might be necessary.

For most clients we are able to help by undertaking direct insurance claims on their behalf, and where there are genuine issues with funding of uninsured sums, we are always happy to look at the potential for 0% interest payment plans. We also offer a 15% discount scheme for pets belonging to veterinary surgeons and veterinary nurses.

In addition, we will always tailor each individual patient’s management to their needs and the client’s budget – whilst we can offer gold standard investigation and treatment, there are frequently alternative options which may still give the desired outcome.

If you have any queries regarding the likely costs of management of any particular case, or issues regarding an individual client’s ability to fund treatment, please give us a call prior to referral – we will do our best to help.

What’s your diagnosis?

**HISTORY**

9-month-old Labrador Retriever

Ben, a 9-month-old Labrador Retriever, was presented for evaluation of right pelvic limb lameness of six weeks duration. The onset was insidious and there had been a poor response to NSAID therapy. Examination revealed marked right pelvic limb lameness, right gluteal muscle atrophy and pain when the right hip was extended and abducted.

Ventrodorsal (extended and flexed) radiographs were obtained of the pelvis, along with mediolateral and caudocranial views of the proximal right femur.

**FINDINGS**

Slipping of the right femoral capital epiphyses (SFCE) is evident on the radiographs. The displaced epiphysis is more marked on the flexed (‘frog leg’) projection than on a ventrodorsal extended view of the pelvis!

**DIAGNOSIS**

What is your diagnosis?

For what two reasons is a caudocranial projection of the proximal femur preferable to a more conventional craniocaudal view?

How may this condition be managed?

What is the prognosis?

**PLAN**

- Help is at hand
- Multi-disciplinary team approach?
- Accredited Specialists in every discipline?
- Friendly, approachable staff?
- Members of each discipline on-duty 24/7?
- Longest established private referral practice in the UK?
- Established and run by Specialists?
- Veterinary and nursing in-patient care 24/7?
- Superb purpose-built diagnostic, surgical and hospitalisation facilities?
- Dedicated 24/7 intensive care unit?
- All investigations/management tailored to patient’s needs and client’s budget?
- Flexible appointment availability?
- Telephone advice rapidly available?
- Rapid reporting, keeping you informed of developments?
- Supportive approach, referring veterinary surgeons?
- Track-record of peer-reviewed clinical research?
- High quality CPD provision?
- Convenient location near motorway network and ample parking?
- Direct claims readily arranged for many insured cases?
- Interest-free payment plans for clients with cash-flow difficulties?
- Unsurpassed ‘Commitment to excellence’?
- Client satisfaction – over 80% top scores for every aspect of service?

Willows Referral Service...

It ticks all the boxes!

...for the answer see page 4
Macey, an 8½ year old F/N Staffordshire Bull Terrier

Macey was referred to Willows with a chronic progressive history that had culminated in severe pain and non-weight bearing lameness of the right pelvic limb. Physical examination revealed marked muscle wastage of the affected limb and a severe pain response associated with right coxofemoral joint manipulation. There were no detectable neurological deficits.

General anaesthesia facilitated palpation of a firm immobile subcutaneous mass associated with the right pubis. A contrast CT scan confirmed the presence of a spherical mineralised mass originating from the caudal aspect of the right pubic bone, causing lateral displacement of the urethra and rectum (see images). No metastatic disease could be identified on CT scanning.

The severe discomfort noted in this patient was likely to be due to a combination of direct pressure on the obturator nerve from the mass itself and pain associated with the pubic bone pathology. Rather than having biopsies performed, with the consequent need for a second procedure and a delay in definitive treatment, Macey’s owners were keen to proceed with resection of the mass. Definitive diagnosis, prognosis and decisions regarding adjunctive chemotherapy were delayed until the mass had been resected.

Subtotal hemipelvectomy was performed in order to facilitate en-bloc resection of the mass within the tissue compartment. The resultant body wall defect was reconstructed using the right sartorius muscle. Macey made an excellent recovery and returned home eight days postoperatively. Both urinary and faecal continence were maintained and Macey made an early return to good mobility. Six months later her owners reported that she was much more lively and happier than she had been for several months prior to surgery.

Histopathology of the mass confirmed the unusual diagnosis of fibrous dysplasia. Fibrous dysplasia is a rare, benign and expansile tumour-like lesion which is considered likely to result from a developmental defect in ossification. Whilst recurrence is possible following local resection, complete excision with a margin of normal tissue should be curative.
Metronomic chemotherapy: *Sometimes less is more*

The traditional use of cytotoxic drugs involves giving the maximum tolerated dose, followed by a break period to allow normal cells to recover. This is based on the concept that the higher the dose, the greater the degree of tumour cell kill and therefore the longer the survival. However, a cure is seldom achieved and resistance to cytotoxic drugs generally develops.

With recent advances in human oncology, more emphasis is now placed on tumour control rather than cure at all costs. One such approach, metronomic chemotherapy, is now proving its worth in veterinary oncology.

Metronomic chemotherapy refers to the continuous administration of low doses of chemotherapeutic drugs with minimal or no break periods. This approach to treatment has its effect not only by a direct cytotoxic effect, but also through other actions such as anti-angiogenic activity, targeting the tumour-associated neoangiogenesis, and through an immune modulation effect, specifically by reducing the number of immunosuppressive regulatory T cells.

There are many advantages to metronomic chemotherapy for the management of the cancer patient:

- The drug doses are lower and the risk of adverse effects is therefore reduced
- Monitoring of the patient is less intensive and less frequent, reducing the number of visits for the owner and the patient
- The cost is lower, as many of the drugs are less costly and given at lower doses

- Development of resistance is less common as the non-cancer cell targets are genetically stable and less likely to mutate

The most commonly used cytotoxic drugs in metronomic chemotherapy are cyclophosphamide, chlorambucil, lomustine and etoposide. These drugs are given at lower doses than those used for traditional chemotherapeutic protocols and are generally well tolerated. Other drugs are usually combined with these cytotoxic agents, such as non-steroidal anti-inflammatory drugs and tyrosine kinase inhibitors. The strongest evidence in support of metronomic chemotherapy in canine cancer is for soft tissue sarcomas and splenic haemangiosarcoma.

Willows Referral Service offers a comprehensive approach to chemotherapy for dogs and cats with cancer, with drug treatment protocols that are tailored to each patient’s needs and the client’s wishes. Patient welfare and quality of life are given paramount importance in the decision-making process.

**WHAT WAS YOUR DIAGNOSIS?**

*Slipping of the right femoral capital epiphyses (SFCE) is evident on the radiographs. The displaced epiphysis is more evident on the flexed (‘frog leg’) projection - this can be readily missed on a ventrodorsal extended view of the pelvis! Typically, as in this case, the femoral neck remodels and the metaphysis becomes sclerotic (increased radiopacity).*

A caudocranial projection of the femur is preferable to a craniocaudal projection because firstly, the femur can be positioned more parallel to the radiographic cassette (giving a more representative view of the morphology of the proximal femur – this is particularly important when planning joint replacement surgery) and secondly, it is a less painful position for the dog.

The precise aetiology of SFCE is unknown, although underlying physeal dysplasia is suspected. It is well recognised in people and has been described in dogs, cats and pigs. Displacement of the epiphysis occurs in the absence of trauma and bilateral involvement is not uncommon.

The slipped epiphysis is in effect a chronic, unstable physeal fracture. Conservative management is contraindicated as it results in non-union and persistent pain and lameness. As a result salvage procedures such as total hip replacement (THR) and femoral head and neck ostectomy (excision arthroplasty) are the key options. The outcome with the latter is variable and unpredictable, especially in large and giant breeds of dogs (in which SPFE tends to occur). THR is generally the preferred surgical procedure, albeit the additional cost and possible complications need to be carefully considered and discussed with the owner. A rapid improvement in limb function is expected following hip replacement surgery. With the advent of advanced prostheses, refined instrumentation and new cementing techniques, the complication rate in specialist centres where THRs are performed on a regular basis is now low. We have recently reported our results in two case series with complication rates of only 5% and 6%.

*Ben’s postoperative radiographs showing a hybrid hip replacement (cementless cup and cemented stem).*
**Practice tip:** Distant direct ophthalmoscopy

The simple, rapidly performed technique of distant direct ophthalmoscopy can help you to:
- differentiate between cataract and nuclear sclerosis
- detect even subtly unequal sized pupils (anisocoria)

Senile nuclear sclerosis of the lens is not infrequently mistaken for cataract. Lens fibres are continually produced throughout life, causing the lens to become progressively more dense and refractive, causing a bluish appearance in some lighting conditions. Nuclear sclerosis does not cause blindness or require surgery.

The use of distant direct ophthalmoscopy can rapidly determine whether or not true cataract is present – patients with senile sclerosis do not show evidence of any black opacity against the bright tapetal reflection. Care must be taken in interpretation as any opacity, e.g. a hair on the cornea, will show as black against the tapetal reflex.

**Distant direct ophthalmoscopy**
- use a direct ophthalmoscope
- dial up a 0 lens and hold the ophthalmoscope viewing aperture very close to your eye
- hold the patient at arm’s length
- move the beam until you see the glow of the patient’s fundus (the ‘fundic reflex’)
- any opacity between you and the fundic reflex (including cataract) will show up as black
- stand well back and include both eyes to compare pupil sizes

![Distant direct ophthalmoscopy in progress (the room should be darkened)](image)

**Cataract in a German Shepherd Dog**
**Mild senile nuclear sclerosis causing ring shaped changes in refraction**
**Anisocoria due to Horner’s Syndrome causing right pupilloconstriction (miosis)**
The simple, rapidly performed technique of distant direct ophthalmoscopy can help you to:

- Identify the presence of cataract or other ocular abnormalities
- Differentiate between cataract and nuclear sclerosis
- Determine whether or not true cataract is present—blindness or require surgery.
- Detect even subtly unequal sized pupils (anisocoria)
- Compare pupil sizes
- Differentiate between cataract and nuclear sclerosis
- Ring shaped changes in refraction
- Hold the patient at arm’s length close to your eye
- Use a direct ophthalmoscope
- Move the beam until you see the glow of the tapetum

Practice tip:

Senile nuclear sclerosis of the lens is not infrequently mistaken for cataract. Lens fibres are continually produced throughout life, causing the lens to become progressively more dense and refractile, causing a bluish appearance in the cornea, will show as black against the tapetal reflex. Care must be taken in interpretation as any opacity, e.g. a hair through the thick cornea, will show up as black opacity against the bright tapetal reflection. Careful evaluation is necessary.

Distant direct ophthalmoscopy in progress (the room should be darkened)

Cataract in a German Shepherd Dog
Mild senile nuclear sclerosis causing blindness or require surgery.