Willows is excited to announce that Toby Gemmil MRCVS, RCVS and European Specialist in Small Animal Surgery (Orthopaedics) has been appointed as Clinical Director of the centre.

Toby has been with Willows for many years and will carry on the ethos and ethics of the founders going forward, ensuring the efficient and smooth running of the Centre and most importantly ensuring that all team members follow and deliver on our core values and commitment to excellence.

Toby gained the RCVS Diploma in Small Animal Surgery (Orthopaedics) and the ECVS Diploma in Small Animal Surgery in 2005 and was also awarded an MVM for research into canine elbow dysplasia. He has worked at Willows since 2005.

Toby has been an RCVS examiner in Small Animal Surgery since 2008 and has examined at both Certificate and Diploma levels. He is also a member of the RCVS Small Animal Surgery Board. Toby has maintained active research interests in addition to handling a busy clinical caseload, and he has been awarded research prizes from BSAVA, ECVS and BVCOA. Toby has authored and co-authored numerous scientific papers and abstracts, given presentations around the world on a wide variety of topics relating to small animal orthopaedics and spinal surgery, and has regularly contributed to local CPD meetings. He enjoys all aspects of small animal orthopaedics but has particular interests in joint replacement, management of complex fractures and spinal surgery.
What’s your diagnosis?

**WILLOWS CASE STUDY:**

*A three month-old male Great Dane*

Rocky, a three month old male Great Dane, was presented with a history of chronic regurgitation. He was reported to be bright but with a poor body condition score and moist respiratory sounds associated with his upper airway.

The radiographs were obtained from the referring veterinary practice prior to referral.

Radiographs reproduced with kind permission from Hawthorne Lodge Veterinary Practice Limited, Banbury.

What are your differentials for this case? *(Try to be specific)*

How could you investigate this case further?

What treatment options are available?

...for the answer see pages 10 and 11

---

**Online Referred Case Registration Form – £100 prize draw winner**

Our *online Registration Form* is proving to be increasingly popular amongst referring veterinary surgeons. Routine case referral can be done at any time of day or night – you just need to fill out some straightforward details and we will contact the client at the earliest opportunity and do the rest for you! It is even quicker to complete the form if you are already a registered member on the Veterinary Professionals section of our website.

As a bonus, using the form automatically qualifies you to enter our free quarterly £100 draw! The latest winner was Stephanie Holmes of Ashcroft Vets. On hearing the news of her win, Stephanie said, "I found the online referral service very efficient. The whole system is quick and easy to use, it saves you time which is invaluable. This is backed up by great support from the whole team at Willows".

To use the system and save yourself time, just visit the Veterinary Professionals section of the website at [www.willows.uk.net/vp](http://www.willows.uk.net/vp) and follow the link to the Referred Case Registration Form.

You could win £100!
Statement by a group of referral practices…

As you may be aware, insurance group RSA have recently made changes to their terms relating to veterinary referrals for their policyholders. A group of veterinary practices have joined together to submit the following statement.

As one of the local veterinary practices in the area we wanted to make you aware of this document and the options available for your patients.

We share the common beliefs that:

- The freedom of first opinion veterinary surgeons to recommend referral of patients to whichever Specialists or referral clinicians they choose, on the basis of their own clinical judgement, is a fundamental tenet of veterinary practice in the UK that should be safeguarded at all costs.

- The concept of insurance companies nominating ‘Preferred Providers’ seeks to erode this freedom of choice and encourages referrals to be made, and treatments to be performed, on the basis of financial considerations rather than what is most clinically appropriate, and that this will inevitably erode standards of care.

- Whilst there is a clear need for insurers and the profession to engage with each other and constructively discuss the issue of fee inflation, this should be based on the understanding that there is a difference between cost and value for money.

Colleagues may also wish to note that the Preferred Referral Network scheme is only being written into client policy documents as they are renewed on a month-by-month basis, so the obligation may not yet apply and customers would be advised to check their policy wording in the first instance.

If the referral practice is not included in the insurers ‘Preferred Provider List’ clients will have to request permission to be referred to this practice and may be subject to an additional fee of £200.

If the case is an emergency or if there is no relevant Specialist on the ‘Preferred Provider List’ close to the client, this additional £200 payment may be waived.

The list below is not intended to be exhaustive and there may well be other highly regarded referral facilities which, like those listed, have held discussions with RSA and chosen not to enter into an agreement with them.
Diane Wilson  
DVM MS Dip ACVAA MRCVS  
RCVS, European and American Specialist in Veterinary Anaesthesia and Analgesia  
After graduating from Louisiana State University in 2001, Diane worked in general practice in the UK for a short period before returning to America to complete her residency in anaesthesia and analgesia at Louisiana State University. In 2006, Diane became a Diplomat of the American College of Veterinary Anaesthesia and Analgesia. Diane has worked as a Specialist on ‘both sides of the pond’ and has developed a keen interest in providing tailored anaesthetic care for patients undergoing anaesthesia for cardiac related conditions. She enjoys the diversity of the cases she is presented with on a daily basis and appreciates the uniqueness of each pet entrusted to her care.

Vincent Guerin  
DVM MVetMed DipECVS MRCVS  
European Specialist in Small Animal Surgery  
Vincent graduated from Nantes University (France) in 2008. After working as an intern in Bordeaux (France) and in Cambridge, and as a general practitioner in Lincolnshire, he undertook a three-year residency programme in small animal surgery and a clinical masters degree (MVetMed) at the Royal Veterinary College, London. Vincent has a keen interest in all aspects of soft tissue surgery and a particular interest in minimally invasive thoracic and abdominal surgery. He is committed to providing the best level of care to his patients, and an excellent service and communication to pet owners and referring veterinary surgeons.

Alex Hamilton  
MA VetMB MACVS (Small Animal Surgery) MRCVS  
Resident in Veterinary Neurology  
Alex is a 2005 graduate of Cambridge University. After working for 3 years in mixed practice in the UK, he moved to Australia, initially working in Emergency and Critical care, which was then followed by a 1 year surgical internship at the Animal Referral Hospital in Sydney. In 2012 Alex started a European College approved neurology residency at Melbourne University, after 2 years he moved to even sunnier climes in Saudi Arabia, where he worked for an oil company looking after the employees’ dogs, cats and horses. Alex, moved to Birmingham in January 2016 and he is excited to be completing his European Diploma in Neurology and Neurosurgery at Willows. Alex has a special interest in degenerative myelopathy and Inflammatory brain disease.

Meet Will Awde our new Business Relationship Manager  
Will is a veterinary surgeon who qualified from the University of Cambridge and has worked in first opinion practice in the South West ever since.

As our new Business Relationship Manager, Will’s role is to further strengthen the relationship between ourselves and our referring practices and to understand how we can help you and your clients in the best possible way. He will also discuss our CPD programmes - both events in-house at Willows and in addition how we can tailor your practice needs through our Roadshow initiative.

With Will as your Willows contact point for any queries other than direct clinical ones, he will keep you informed of new staff, new procedures and any new services or facilities we offer.

He will be on our Stand 613 at BSAVA and we hope you will come over and say hello.

I am delighted to be joining the Willows team and I am very much looking forward to working with referring vets to ensure you and your clients get an excellent referral experience.
The use of 3D printing

Initially 3D printing was used to create accurate models of bones for direct visualisation and surgical planning, especially useful for angular limb deformity corrections and complex fractures.

Recently, the ability to manipulate the 3D meshes with the CAD software has opened up a number of exciting new possibilities. In fracture cases the intact, contralateral bone can be scanned, mirrored, and printed. Plates can then be accurately pre-contoured, reducing surgical time, improving fracture alignment, and facilitating minimally invasive fracture repair (Figure 2). The ability to perform virtual osteotomies within the CAD software increases the precision of surgical planning and permits creation of patient-specific 3D-printed osteotomy and reduction guides. Osteotomy guides fit onto the affected bone in a unique position and thus allow very accurate localisation of osteotomy planes and drill holes via slots and channels in the guide. A second reduction guide then automatically aligns the bone to the planned shape prior to plate application. Similar guides have been used for highly accurate placement of vertebral screws in previously impossible positions for several spinal stabilisation indications.

Advantages including improved operative planning and greater surgical accuracy look likely to make 3D printing an increasingly indispensable aid for the treatment of complex orthopaedic problems in the future.

The clinical application of 3D printing is a new and exciting area in both veterinary and human orthopaedics. Data is collected from high quality CT scans and used to produce a 3D mesh representation of the bone (Figure 1) which is then prepared for printing using further specialised computer-aided design (CAD) software. Models up to 45cm can be printed - enough for a life-sized Great Dane femur!
Sampling the dermatology patient

Cases of skin disease are very common, and account for 25% of small animal practice consultations. The superficial location means that visualising the problem is straightforward, and also means that diagnostic tests are easily performed. Sampling the dermatology patient is very important, as many conditions can appear quite similar macroscopically and differentiation can be difficult based on appearance alone. An example being a pustular rash, which could be due to a bacterial infection or a sterile process such as pemphigus foliaceus. This article gives an overview of the common initial tests performed in the dermatology patient.

COAT BRUSHING
This test is indicated in any pruritic or scaly patient. It can be easily performed by brushing the animal’s coat onto a table or large piece of card and collecting the debris onto a glass slide with some paraffin oil. After placing a coverslip, which flattens the material and aids visualisation, the slide is scanned using low power microscopy. This test will allow recognition of ectoparasites such as fleas and flea faeces, Cheyletiella spp., lice and, less commonly, parasites such as harvest mites, Otodectes spp. and the surface living forms of Demodex. It is generally better than the ‘wet paper test’ for finding flea faeces as it allows direct examination of these structures and is less likely to produce a false positive result due to blood from excoriations and crusting.

HAIR PLUCKS
Microscopic examination of plucked hairs provides a great deal of information. Hairs can be removed with the finger tips or gently plucked with forceps and placed on a microscope slide in paraffin oil. Again, a coverslip is applied, and the sample is analysed with low power microscopy. It is helpful to ensure all the hairs are placed in the same orientation to facilitate examination. Hair plucks are indicated in patients with alopecia, pruritus, follicular casting and scaling. Hair tips are examined for signs of chewing/pruritus and hair bulbs are examined to assess the stages of hair growth. The hair bulb area is also a good place to look for Demodex mites. With practice, the hair shafts can also be assessed for signs of dermatophytosis, although this is not a sensitive way of diagnosing this infection.

SKIN SCRAPES
Skin scrapes are performed in patients presenting with pruritus, alopecia, scaling and crusting. Drops of paraffin oil are placed onto the skin and a microscope slide, and the skin is scraped in the direction of the hair until capillary ooze is seen. The material is then transferred to the slide and a coverslip is applied. The material is scanned using low power microscopy. Skin scrapings are a good way to find Demodex spp, Sarcoptes spp., Cheyletiella spp., harvest mites and a number of other environmental mites. They can also be used to collect surface material such as scale for a dermatophyte culture.

SURFACE CYTOLOGY
Sampling the skin for cytology is usually done to look for infections and to assess the nature of an inflammatory response. There are various ways of collecting material depending on the nature of the lesions. Samples for cytology can be stained using routine in-house staining kits (e.g. Diff-Quik) and examined under high power oil immersion microscopy. A coverslip is not normally required. The samples can be assessed for bacteria and yeasts such as Malassezia. With practice, the types and numbers of bacteria and yeast can be assessed and inflammatory cells can be differentiated.

- Acetate tape impressions
These are best for relatively dry lesions such as patches of erythema or scaling. The tape is placed onto the skin site 2–3 times and then stained. It is important to avoid pot 1 of the staining kits to prevent the tape developing a cloudy coating.
appearance and only use pot 2 and 3. Then examine with a microscope using a high power oil immersion lens.

- **Direct impression smears**
  Placing a glass slide directly onto the skin is best for moist lesions such as erosions and ulcers. Once dry, the slide is stained in the normal way.

- **Swabs**
  Cotton tipped swabs can be used to sample moist skin lesions such as ulcers and draining nodules. The swab is rolled onto a glass slide, which is then allowed to dry, and is then stained in the normal way.

**EAR SMEAR MICROSCOPY**
This is done to collect samples of cerumen and debris for examination under low power microscopy. It is an effective way to diagnose otic parasites. A cotton tipped swab is introduced into the ear and rolled around the wall of the canal. The swab is then rolled onto a glass slide, a drop of paraffin oil is added, and a coverslip is applied. The sample is scanned for otic parasites such as Otodectes cynotis and Demodex spp.

**EAR SMEAR CYTOLOGY**
Swabbing the ear for cytological assessment is one of the most important tests to perform in any patient with otitis. It allows assessment of bacterial and yeast numbers, the types of bacteria present and the nature and degree of inflammation. Ear smear cytology is vital in the diagnosis of ear infections, and also vital in aiding judgement about when to stop treatment. The sample is taken with a cotton tipped swab, rolled onto a glass slide, and the slide is then allowed to dry. It is then stained routinely and analysed in oil under high power microscopy. Ear smear cytology also helps to determine the relevance of culture results from an ear canal.

**WOOD’S LAMP EXAMINATION**
This is a valuable screening test for dermatophytosis, particularly in cats. It is important to remember that the apple green fluorescence of a positive sample is seen on the hair shafts and not dead squamous cells and surface debris. Approximately 50% of M. canis isolates fluoresce, so a culture of suspicious lesions is always indicated when the Wood’s lamp is negative.

**BIOPTY**
There are numerous indications for a skin biopsy, and this test can be the first or last test performed in an investigation. Indications include neoplastic lesions, persistent ulcerations, cases not responding to rational therapy, cases that appear serious or unusual, cases with vesicles and any case where the treatment is likely to be expensive or dangerous. Skin biopsies can often be performed under sedation and local anaesthetic, although sampling from the face or footpads should be performed under general anaesthesia.

**CONCLUDING REMARKS**
Although some of these diagnostic tests may not be appropriate in every case, sampling can provide very useful and often essential information when investigating the dermatology patient.

With practice, sampling can be performed very efficiently and interpretation can often be done in-house.
A scary looking Ventricular Rhythm in a Dachshund

Zak was a 9 year old Dachshund that presented to his primary vet because he was ‘off colour’. He also had episodes of ‘shallow breathing’. But since his planned travels in the next month meant he need ‘vetting’ for his passport, his owners were keen to get Zak examined.

His vet found him to be bright and well on examination, however on auscultation there were peculiar ‘episodic galloping beats’. The referring vet performed an ECG tracing which revealed lots of ventricular premature complexes (VPCs) but also runs of ventricular tachycardia (VT). She also obtained a blood sample from Zak for a comprehensive health screen and this was all normal. Treatment was started to suppress the VPCs, with propranolol at 20mg bid.

At re-examination two days later, the heart rhythm had returned to normal at 85/min, but now a systolic murmur was detected. The advice of a cardiologist was sought and a referral appointment made for the following day.

The following two images are copies of the ECG tracing taken by the vet, clearly showing the abnormal ventricular rhythm problem.

Problem list
Clinical signs – dull, inappetent, systolic murmur and ECG evidence of a ventricular rhythm problem.

Approach to the problem
Undoubtedly the most significant problem was the ventricular rhythm problem. It was very useful for the referring vet to have provided a copy of the original ECG tracings, as the arrhythmia was no longer evident.

A systolic murmur, in a Dachshund, is most likely to be associated with mitral +/- tricuspid valve regurgitation, of which the aetiology is probably valvular endocardiosis, common in older dogs. However the murmur in Zak’s case did not seem loud enough to be associated with congestive failure to explain the clinical signs. Thus the arrhythmia seemed to be the more useful diagnostic clue.

Arrhythmias can be primary cardiac when there is severe heart disease, but they can also be secondary to other medical conditions. So if the problem was not heart failure, was there something else going on in Zak.

It was decided to perform an ultrasound examination of both Zak’s heart and abdomen. Chest radiographs were also taken to assess his heart and to screen for any chest masses or metastases.

Chest radiographs
The chest radiographs showed the cardiac silhouette to be reasonably normal for the breed chest shape, although it was equivocally rounded. There was clearly no left atrial bulge to indicate significant left atrial dilation. Additionally no thoracic mass or metastases were evident.

Referral
At the referral appointment, the owners could only recall one episode of ‘shallow breathing’, it was not a continuous or major clinical sign. Their main concern was that Zak had become dull, lacked energy and importantly was off his food. However there had indeed been an improvement since the medication. On presentation, his mucosal colour was pink, the femoral pulses felt good and the heart rhythm was regular at 80-90/min. There was indeed a bilateral grade 2-3 systolic murmur.

continued...
Echocardiography
This confirmed the murmur was associated with mitral and tricuspid regurgitation due to endocardiosis. Importantly, the left atrium was not dilated, thus ruling out heart failure as the cause of the clinical signs.

Abdominal ultrasound
Abdominal ultrasound demonstrated a small volume of ascites and a large cranial abdominal mass.

Summary
Zak was found to have an abdominal mass with haemoabdomen, which is one of the most common causes of a ventricular rhythm disturbance in dogs.

However on re-examining the ECG tracing, the rate of the ventricular rhythm was 160/min. But a ventricular tachycardia is defined as a run of VPCs at a rate exceeding 180/min. So the ventricular rhythm was not fast enough to be defined as a ventricular tachycardia. It was in fact consistent with an Accelerated Idioventricular Rhythm (AVIR). More information can be found on our website (see link below).

AVIR is a ventricular rhythm at has a rate typically between 100 and 180/min. It is often associated with abdominal or medical conditions that trigger enhanced electrical activity in the heart, ie secondary cardiac effects.

The abdominal mass was removed and Zak made a great recovery.

Learning Points
This is an interesting and challenging case for a number of reasons. Clearly the first is to not assume all ventricular arrhythmias are a ventricular tachycardia or due to primary heart disease. Although that seems reasonable given the presence of the murmurs; but the murmur proved to be incidental and not loud enough for MVD to be causing heart failure. Why did the murmur develop? ...Well did it? Maybe it was a more careful auscultation and a slower rhythm, or maybe the anaemia associated with the blood loss increased the loudness of the murmur.

What else might the primary vet have considered? With any arrhythmia like this, it is important to take the blood pressure. If it is a serious ventricular tachycardia, the blood pressure is likely to be low. So in Zak’s case, if this was normal, it might have been an alert to something else. Chest radiographs could have been performed to demonstrate the absence of left atrial dilation. Ultrasound is increasingly common in practice, particularly of the abdomen, and maybe this could have been performed.

Ultimately, following referral, a diagnosis was achieved and Zak made a good recovery.

Further information
AVIR information sheet: www.willows.uk.net/avir
The next ECG course at Willows: www.willows.uk.net/cpd-ecg
The differential diagnoses for a puppy presenting with regurgitation include:
- vascular ring anomaly,
- congenital megaesophagus
- hiatal hernia
- oesophageal foreign body
- oesophageal stricture and
- oesophageal duplication cyst

The radiographs raise a strong suspicion of a vascular ring anomaly because of the focal nature and position of the oesophageal dilation. In this case a persistent right aortic arch and probable ligamentum arteriosum and or right subclavian artery causing focal constriction of the oesophagus should be top of the differential diagnosis list.

Additional investigation options would include a CT-angiogram, which is invaluable in confirming the anatomy of the great vessels in addition to confirming the diagnosis. The information provided is used by the surgeon to determine the appropriate approach for surgery (e.g. left versus right thoracotomy) and the likely conformation of the constriction. Limitation of funds precluded CT-angiography in this case.

Following careful evaluation of the radiographs and discussion with the owners, Rocky was taken to surgery where a left 4th intercostal thoracotomy was performed. A persistent right aortic arch was confirmed and the ligamentum arteriosum identified as the cause of the oesophageal constriction. Release of the oesophagus facilitated passage of a large bore orogastric tube.

Rocky made an excellent recovery and was discharged from the hospital two days following the procedure. Within a short time of the procedure, he had been noted to have a significant improvement in his ability to feed effectively and resolution of his moist upper respiratory tract sounds.

Vascular ring abnormalities occur due to an abnormality in the process of selective involution of the six aortic arches during embryonic development.

Figures 1 & 2: Right lateral and dorsoventral plain thoracic radiographs showing ventral deviation of the thoracic trachea and foreign bodies within an apparently dilated cranial oesophagus. There is focal deviation of the trachea to the left at the level of the fourth rib which is considered a relatively reliable indication of a persistent right aortic arch.

Figures 3 & 4: Right lateral and dorsoventral thoracic radiographs during a positive contrast study that confirms marked dilatation of the cranial thoracic oesophagus and apparent focal narrowing at the level of the fourth rib. There is slight enlargement of the caudal oesophagus.
encircling of the oesophagus, usually by a remnant of the ductus arteriosus (the ligamentum arteriosum) and or a subclavian vessel.

Surgery is the treatment of choice to try and release the oesophagus from the constriction. It is important to identify the nature of the anatomical abnormality to ensure an appropriate surgical approach is performed, as there are less common vascular conformations that cannot be addressed using a left sided thoracotomy.

The prognosis is poor for animals managed without surgery due to persistent regurgitation and associated risk of aspiration pneumonia. Those animals undergoing successful release of the constriction can do well but regurgitation due to poor oesophageal function can continue to cause problems, particularly in those cases showing signs of dilatation of the oesophagus caudal to the constriction.

It is usually considered better to perform surgery at an earlier age to minimise the risk of deterioration in oesophageal function, although objective evidence to support a poor prognosis for older patients is lacking. Overall, studies would suggest an excellent (no regurgitation) or good (intermittent regurgitation) in 78-92% of cases undergoing surgery to treat a right aortic arch abnormality.

**WHAT WAS YOUR DIAGNOSIS?**

Intraoperative photograph highlighting the ligamentum arteriosum running between the right sided aorta dorsally and the pulmonary trunk more ventrally. The hemiazygous vein has been retracted to facilitate the dissection following ligation and transection of the ligamentum arteriosum (silk ligature visible), multiple fibrous bands were identified and transected to complete the release of the oesophagus. An additional stay suture is visible in this photograph that was used to achieve retraction of the thickened mediastinum.

**Figure 5**

**Figure 6**

At Willows we understand that cats are not just small dogs! Cats not only have a range of diseases which are different to those of dogs, but they also have different temperaments and need to be handled and treated in a different way.

Willows is proud to offer a feline renal clinic. Stephanie Lalor, one of our European Specialists in Internal Medicine hosts the clinic for cats with kidney disease. Stephanie received her post graduate training at Edinburgh University and was fortunate to be sponsored by International Cat Care. She has also attained the membership of the Australian and New Zealand College of Veterinary Scientists (MANZCVS) Qualification in Feline Medicine. These clinics will be tailored for individual client’s and patient’s needs, and will entail a detailed consultation, blood pressure assessment, blood work, urinalysis and abdominal ultrasound.

Ongoing care is tailored for each patient seen by the renal clinic. This is likely to involve follow up examinations (including blood work, urinalysis and blood pressure). The frequency of these follow up examinations will be adjusted to the patient’s needs. Referring vets will receive a full, detailed, written report after each visit.

Here at Willows we do all we can to minimise the difficulties that cats and their owners might encounter when they come to see us. Our staff are trained to be aware of the needs of cats and their owners, and we have put in place not only the necessary facilities, but also ways of working in order to make any visit with a cat as stress-free as possible.
Our 2016 CPD meetings are all planned and you can see each event’s details by visiting our website.

This year we have a very busy schedule of CPD meetings, with a wide selection of Evening Forums, Clinical Clubs, Day Meetings and Film Reading Evenings covering a whole host of topics.

2015 saw the addition of our Cardiology Department to compliment our existing specialisms and we have some great cardiology CPD in the forthcoming months. Chris Linney BVSc GPCertSAP CertAVP(VC) MRCVS, one of our Cardiology Clinicians, will be hosting an Evening CPD event looking at cardiac emergencies, and later in the year, we will be holding a day meeting specifically for nurses - An Introduction to ECG Interpretation.

If you would like to receive a reminder of either of these events, or indeed any of our other CPD meetings a few weeks before each event, all you need to do is sign up to our email list by registering as a member of the Veterinary Professionals section of our website. In addition to the benefit of email reminders of forthcoming CPD events, being a member also allows you to manage your Willows CPD Certificates of Attendance, and to also rapidly complete our online referred patient registration form.

**Free Evening Forums**
- I have given that drug, now what?
  A case based approach to anaesthetic drugs
  Wednesday 13 April 2016
- Autoimmune skin diseases – the ones you need to know
  Wednesday 4 May 2016
- An update on joint replacement
  Wednesday 8 June 2016
- Cardiac emergencies
  Wednesday 29 June 2016
- Canine mast cell tumours
  Wednesday 7 September 2016
- Surgical management of ear disease in cats and dogs
  Wednesday 5 October 2016
- Imaging approach to the thoracic emergency case
  Wednesday 2 November 2016
- Anaesthesia for the old and young
  Wednesday 7 December 2016

**Free Clinical Clubs**
Throughout 2016 we will continue to run FREE informal, interactive Clinical Club evening meetings for practitioners. The Clinical Clubs are generally run once a month and centre around a steeplechase of several case studies which are presented for small groups of 4 to 6 vets to discuss first amongst themselves, followed by further analysis and discussion with our Specialists.

The types of cases presented vary from one evening to another, and they currently encompass orthopaedics, ophthalmology, neurology, internal medicine, soft tissue surgery, dermatology, critical care, anaesthesia, oncology and cardiology. The numbers are strictly limited to 20 delegates per evening, and you must register for these events online - so please check our website regularly for information about these popular events.

**Day Meetings**
- Nurse CPD day: An update on essential skills and knowledge for nurses
  Wednesday 18 May 2016
- Open your eyes to eyelid disorders
  Wednesday 13 July 2016
- Heads up – how to approach the patient with head injuries
  Wednesday 14 September 2016
- An Introduction to ECG Interpretation for nurses
  Wednesday 9 November 2015
- Don’t go belly up: Abdomen Day
  Wednesday 16 November 2016

To book your CPD just go to our veterinary professionals section and follow the links to CPD: www.willows.uk.net/vp