In this case, surface and fine needle aspirate cytology was carefully performed and well tolerated in the conscious, gently restrained patient.

Under oil immersion microscopy, a population of round cells with round or oval nuclei were seen. Cytoplasts were medium to large and slightly basophilic or pale grey. There was no evidence of purple cytoplasmic granules frequently seen in mast cell neoplasia.

As the majority of these tumours undergo spontaneous regression, it was agreed to withdraw antibiotic therapy and the lesions completely resolved over the following 4-6 weeks.

Question 3: Both nodules could be excised under general anaesthetic if they were shown or suspected to be malignant. In this case, cytology suggested a diagnosis of Canine Cutaneous Histiocytoma, a benign, normally solitary skin tumour commonly affecting the head limbs and truncal skin of young dogs.

In summary, the importance of obtaining a careful history, performing diagnostic tests such as aspirate cytology and histopathology where appropriate, and updating the patient after treatment can all contribute to a successful outcome.

As anaesthetists, our job extends over so many aspects that are very important to the patient, from the moment we meet the patient until it leaves the building. It’s a challenging yet rewarding field and I’m grateful to have been able to gain so much knowledge and the opportunity to increase my practical skills.

Eleanor Hancox RVN VTS (Anaesthesia)
Deputy Clinical Nursing Manager
Pride Veterinary Centre

The nurses assigned to anaesthesia are allocated their cases at morning rounds and cover theatre, advanced imaging and sometimes medicine cases. The plan for the case is discussed with the anaesthetist who sets up the case drugs and equipment required and making sure the anaesthetic machine and circuit are checked and ready to start.

It’s a fun and interesting position with a really varied caseload, where nurses gain knowledge and confidence.
Circular stapling in dogs

Surgical stapling has been used in human surgery since the early 1900s and reportedly used in animals since 1979. Over time there have been significant developments in the staples and their applications in both humans and animals.

Circular staplers were used experimentally in dogs as trials for colonicostomies for humans in the 1980s and used clinically in cats with megacolon in 1990, and more recently for oesophageal, colonic, and rectal end-to-end anastomoses and gastroduodenal and gastroesophageal end-to-side anastomosis. In dogs, Cost can be prohibitive with these single-use stapling devices in animals, but the time saving can be significant. We have had four cases where we have used intraluminal circular stapling over the past year with great success and three of these have involved gastric tumours. Gastric tumours occur most commonly in dogs between the ages of 8–10 and account for 4% of malignant neoplasms in dogs. There are four main types: adenocarcinoma (42.7%), leiomyosarcoma (lymphoma) and mast cell tumours, although other types can be found. Gastric adenocarcinoma is the most commonly seen lesion and has already metastasised in 76% cases at the time of diagnosis. Surgical resection can be performed with adjuvant chemotherapy, but a median survival time of 8.5 months is expected. Surgery can be curative in leiomyosarcomas, although there is an average metastasis rate of 54%. However, these still have a median survival time of 12–21 months and a 1 year survival rate of 75%. Adenocarcinomas are most commonly located in the pyloric antrum or lesser curvature, with most leiomyosarcomas in the cardia. Partial gastrectomy is well tolerated with a relatively low complication rate, although depending on the location surgical anastomosis may be required and a good knowledge of anatomy and good surgical technique is required to reduce complications. Luminal disparity and tension can make hand sewn anastomoses technically challenging. In human surgery, circular staplers are used for the majority of gastroesophageal and Billroth I and II procedures and high success rates are expected with these cases.

The Spectrum of Tissue Compression

<table>
<thead>
<tr>
<th>Insufficient Compression</th>
<th>Optimal Compression</th>
<th>Overcompression</th>
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<tbody>
<tr>
<td>Poor Hemostasis Leaks</td>
<td>GOOD HEMOSTASIS</td>
<td>Tissue Damage</td>
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<tr>
<td>SECURE ANASTOMOSIS</td>
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Case 1: Ziggy

Ziggy is a 12 year old greyhound who was referred in May 2015 with a two month history of intermittent regurgitation. Ziggy had a reduced appetite and some associated weight loss. Physical examination was normal and bloods showed a moderate elevation of liver enzymes. Abdominal imaging and endoscopy revealed a mass in the cardia and superficial muscosal losses were inconclusive.

Figure 1: The Intraluminal circular stapler (ILS) allows controlled tissue compression and adjustable staple height depending on requirements.

Figure 3: Gastroctomy distal to mass with GIA stapler

Figure 4: Trochar advanced through the gastric wall

The trochar was locked into the anvil and the stapler tightened and fired. The gastrostomy was closed routinely. Ziggy made a good recovery and suffered only with intermittent vomiting for the following weeks. The histopathology identified the mass as a low grade leiomyosarcoma with clean margins. A repeated CT was performed in September 2015, which showed no evidence of recurrence or metastasis and Ziggy continues to do well ten months later.

Case 2: Abbie

Abbie was an 8 year old female neutered Boxer who had a two week history of pytalism and anorexia. She had lost weight and was lethargic on presentation. Clinical examination was unremarkable but abdominal imaging identified a large intraluminal mass arising from the medial fundus and involving the cardia. There were also two enlarged abdominal lymph nodes and a sternal lymphadenopathy. Aspiration of the nodes identified likely metastatic spread, but there was no clinical response to medical management, so her owners opted for palliative surgical management. An exploratory coeliotomy revealed a large infiltrative mass and a gastroesophageal anastomosis was performed as before.

Figure 5: CT scan identifying intraluminal gastric mass

Figure 6: Image showing the anvil within the oesophageal lumen

Histopathology identified the tumour as a histiocytic sarcoma of the stomach wall with metastatic lymph nodes. Given the presence of metastasis chemotherapy was discussed, but declined by the owners. Abbie had intermittent vomiting for the six weeks post surgery, but then the gastrointestinal signs resolved until December 2015 when Abbie was euthanased following recurrence of the signs.

The luminal diameter of the oesophagus was measured and a purse string suture placed. The anvil of the LLS stapler was placed within the distal oesophageal lumen and the purse string tightened. A gastrotomy was performed and the body of the stapler placed through this and the trochar advanced through the gastric wall.
A 12 week old Weimaraner puppy was presented for a second opinion. It had developed a raised inflamed mass on its top lip, and despite antibiotic therapy, the mass remained unchanged. Whilst on treatment, a second similar looking mass developed on the other side of the top lip. The owner reported that these lumps did not seem to bother the puppy who otherwise appeared to be in good health and had no other evidence of skin or oral cavity disease.

Question 1: What are your differential diagnoses in this case?

Question 2: What further diagnostic tests could you perform?

Question 3: What treatment options are available if appropriate?

Tea Time Teaser

Weimaraner puppy with lip lesions

Paul Sands BSc BVetMed CertVD MRCVS sets you a dermatology challenge.

A 12 week old Weimaraner puppy was presented for a second opinion. It had developed a raised inflamed mass on its top lip, and despite antibiotic therapy, the mass remained unchanged. Whilst on treatment, a second similar looking mass developed on the other side of the top lip. The owner reported that these lumps did not seem to bother the puppy who otherwise appeared to be in good health and had no other evidence of skin or oral cavity disease.

Question 1: What are your differential diagnoses in this case?

Question 2: What further diagnostic tests could you perform?

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Dermatology Service at Pride Veterinary Centre

We work closely with colleagues from Internal Medicine, Soft Tissue Surgery and Diagnostic Imaging to provide a multi-disciplinary approach to a wide range of dermatology and ear disease cases. The service is supported by our own on-site laboratory providing results for haematology, biochemistry and microscopic examination of samples (cytology, parasitology) as well as carrying out bacterial and fungal cultures. Many dermatology cases require long-term management and support, so we work closely with the referring vet and pet owner to achieve not only early diagnosis and immediate relief of clinical signs but also to achieve long-term control of the disease, balancing suitable therapy with minimum side-effects.

Our services include:

- Allergies, chronic pruritus, chronic and recurrent pyoderma
- Alopecia
- Autoimmune skin disease
- Disorders of keratinisation and pigmentation
- Foot and Nail disease (including interdigital ‘cysts’)
- Endocrine skin disease
- Ear disease

We welcome all enquiries about our Dermatology service and Paul is happy to discuss cases over the telephone should you require assistance prior to your referral.

Clinical Club at Pride Veterinary Centre

The aim is to provide an informal evening (with pizza and beer!) run by one of our referral veterinary surgeons discussing a hot topic and their approach. They will show some of their cases and ideas and then discuss any cases that you may have that could be of interest. It is also the ideal opportunity to bring along any radiographs or bloods for discussion.

To book your place please contact us on 01332 548911 or via email to post@prideveterinarycentre.co.uk

Tuesday 3rd May 2016

‘CPR in Patients’

An ‘Animal side’ Approach

Presented by Sarina Melis
MVD CertSAS DipECVS MRCVS

Tuesday 7th June 2016

‘Fracture Fight Club’

A Practical Approach to Fracture Fixation - with small group case-based discussion

Presented by Kimberly Smith BVSc MBBS PhD CertSAS DipECVS MRCVS and Frances Bird BSc MRCVS

They are held at Pride Veterinary Centre, starting at 7.30pm.

‘Where Caring Means More’

What this means to our feline friends

Cats continue to make up an increasing proportion of our veterinary patients. As a modern, well equipped veterinary hospital we pride ourselves on providing a first class service for all our patients and cats are no exception. It is therefore vitally important for us to recognise that cats are not small dogs as the saying goes. As well as suffering from a very different spectrum of diseases, cats have markedly different physical and psychological needs.

As we all know, cats are highly sensitive individuals. Their environment and their interactions with owners and other pets impact greatly on their wellbeing. Even small and (seemingly insignificant) changes in their daily routine can prove immensely stressful, resulting in obvious behavioural responses. Needless to say, a visit to the vet will inherently be met with some apprehension. Being bundled into a cat basket and enduring a car journey is not the best start to a veterinary visit and this is followed by exposure to an unfamiliar environment which is likely to be perceived as full of potential danger.

At Pride Veterinary Centre, it is our responsibility to make this experience as stress-free as possible making life easier for the individual cat but also for all involved in their care. Having a calm, relaxed pet is reassuring for owners and ensures that any necessary procedures can be performed smoothly.

On arrival at the veterinary surgery pets are met by strange sights and smells along with unfamiliar people and animals, invariably perceived as potential threats. As in all walks of life, first impressions are important and we boast a spacious reception area where we strive to maintain quiet and welcoming surroundings. Feline patients are directed to one of our ‘cat only’ waiting areas and, wherever possible, contact with dogs is avoided. Clients now have the option of being seen in our ‘feline only’ consulting room which is positioned well away from the busy reception providing a calm, quiet examination area free from offensive canine odours. If hospitalisation is required our new and improved feline-only ward boasts large, comfortable kennels along with a plethora of ‘cat friendly’ equipment. The kennels are positioned such that each patient remains out of sight of other cats and, along with comfortable warm bedding, cat-bags and igloos are used to provide hiding places where more nervous cats can feel secure. Sound-proofing also ensures that the ward remains calm and quiet. Owner questionnaires are completed prior to admission to ensure that consistency is maintained with regards to the patients normal diet, cat litter preference and grooming preferences along with other relevant behavioural information.

Our team works hard to ensure that a ‘cat friendly practice’ ethos is maintained at all times. One of the fundamental criteria is that day to day running of the cat ward is managed by staff who have been specifically chosen for their ‘cat friendly’ approach. Although appropriate handling of cats can be taught (in particular a ‘less is more’ approach), some people are inherently more empathetic towards cats than others. It is important that, as well as being appropriately trained, all staff dealing with cats maintain a positive and re-assuring attitude towards their patients. We also recognise that no two cats are the same and that ‘bonding time’ with each patient must be factored in so that their individual needs can be met.

In summary, we recognise that good veterinary care requires a holistic approach. Performing medical procedures is inevitably going to result in some degree of stress; however, we recognise that patients who have experienced a calm admission and who have been handled in a kind and reassuring manner by our team are much more likely to adopt a relaxed attitude to subsequent interventions. They can generally be restrained gently without becoming fearful and will hopefully learn that visiting us at Pride Veterinary Centre is not so scary after all... the ideal scenario for all involved!