

Mark Maltman MRCVS
Josie Cosham MRCVS
&
Hannah West MRCVS

with nurses:

Emma Akehurst RVN (Head Nurse)
Mandy Chard RVN (Deputy Head)
Cindy Winter RVN
Rebecca Norman RVN
Kerry Blight RVN
Mel Langdridge RVN
Laura Betchley (Student)

and

Claire Martin (Reception)
Lucy Cotton (Kennels)

PRACTICE NEWS:

It has been a busy quarter for the practice. Hannah West joined us in July as our third Veterinary Surgeon and has taken to practice life very well indeed. Many of you will have already met her. Mark and Josie have been very grateful of the help she has provided, both in the day to day team and in the out of hours rota.

Our Veterinary Nurse, Cindy, returns from maternity leave on Saturdays in order to combine continuing her veterinary skills with motherhood and as a result she stepped down as our full time Head Nurse. We have appointed one of our Deputy Nurses, Emma Akehurst, to the vacant Head Nurse position. Emma has over 15 years of nursing experience and has also taught Veterinary Nursing at Chichester College.

Our heartiest congratulations go out to Melany Langdridge, who passed her nursing exams in August entitling us to now add "RVN" after her name at the top of this column. This was a richly deserved achievement. Our Kennel Assistant, Laura has stepped up to fill the vacant training position on the nursing team and we have been pleased to welcome Lucy Cotton to fill the position left behind the scenes by Laura.

24 hr veterinary care

The practice telephone number comes straight through to the Duty Vet's phone 24/7

01403 791011



Volume 2 Issue 4

October 2012

Leishmaniosis—a risk to travelling dogs

Leishmaniosis, formerly called, leishmaniasis, is a parasitic disease carried by sand flies (pictured right and so named because of their colour rather than anything to do with living specifically in sandy habitats). This disease is predominantly a risk for dogs travelling to Europe and to regions level with and south of mid France, most predominantly at the Mediterranean coast.

The parasite is a single celled organism which lives inside white blood cells. It has a particularly long incubation period, usually lasting 6-12 months and sometimes years, during which it causes no clinical signs. This can lead to problems with diagnosis as, by the time symptoms appear, the association with travelling may well have faded from the owners' minds. Therefore, do remember to tell us that your dog has been abroad if it is sick at any time after returning home.

Once signs do appear, they often do so in the skin at first with small, hairless areas of

silvery skin being typical. Sometimes, these may crust and become secondarily infected with the skin's own bacteria. Lymph nodes will usually be enlarged and many patients will have a temperature leading to malaise, lethargy and inappetence. With time, infection can attack almost any organ system, but most commonly the kidneys and joints are affected. Protein is lost from failing kidneys and painful joints make walking very difficult. Treatments are available but are neither cheap nor easy, often coming with side effects and generally only aiming to ameliorate the effects of the disease rather than cure it completely.

Previously, prevention has relied on repelling the sand fly with the use of insecticidal collars and "spot-on" products, as well as keeping dogs indoors for one hour before and after dusk and dawn when sand flies are most active. Please note that Advocate and Frontline have no such activity against sand flies, so it is imperative to take proper



advice before you travel. Thankfully, a vaccine is now available which can be administered to dogs. It is a course of 3 injections, given every 3 weeks and must be started 10 weeks before the date of travel. If your dog has already been abroad, it is necessary to carry out a quick blood test to check that there has not already been exposure, as this will preclude the vaccine from being effective. Other preventative measures should still be employed and one must not forget to also take precautions against ticks, lung and heart worms and Echinococcus. Unfortunately, relaxation of rabies regulations has sent out the message that foreign travel is very feasible, but this does not mean that basic disease prevention is not still important for your individual pet.

That annual chestnut! Fireworks and distress in pets



The coming 3 months are the ones in which pets and their owners can be tormented by the noise of fireworks, making November and Christmas/New Year very stressful. Animals become fearful of noise due to either one bad experience when they were young or it

can be cumulative and worsen over a period of years with repeated exposure to the noise. Pets will display their anxiety or fear of loud noises in many different ways: common displays of stress are hiding, jumping on to furniture, shaking, vocalisation, pacing, panting, destructive behaviour, reluctance to move, lip licking, yawning, self trauma/excessive licking, urination/defaecation and seeking constant reassurance from their owner. Ideally gentle and gradual exposure to different noises in conjunction with calming products from an early age will hopefully

prevent your pets from developing noise anxiety/phobia. The traditional advice is to keep your pet in a darkened room, but this does little if they are very stressed. Try to avoid over-reassuring them as this will simply lead to reinforcement that there is something to be afraid of. There is a range of natural and pharmaceutical treatments available which one of the vets can prescribe to reduce anxiety. Alternatively, one can try to desensitise affected animals with behavioural therapy which aims to "normalise" loud noises. For more advice, please ask for our free firework guide from reception.



The fractured tibia on day one (left) and once the bone pin had been surgically inserted, immediately post operatively

(below left) and 4 weeks later (below right) showing good healing.



Carrotz—our star rabbit patient and the tale of his fractured leg

Carrotz is a 6 month old Dwarf Lop whose character is far larger than his body! He has become a true character within the practice. Disaster struck when his enthusiasm to get into his run led to him leaping through the door of his hutch one morning rather than waiting to be lifted by his owners. The result a badly fractured tibia, immediately confirmed by examination and x-ray in one of Mark's Saturday morning clinics. The tibia was broken into four fragments at two points along its length and there was a real danger that the limb would have to be amputated if it could not be repaired when he went to sur-

gery. Repair of these fractures is more commonly undertaken in dogs and cats, with a pin which is passed up the centre of the bone and combined with an external framework called an external skeletal fixator. However, due to Carrotz's small size, it was only possible to insert a thin pin into the bone and arrange the fragments of the fracture around it. Any attempt to drill into these fragments would simply have resulted in them splitting. We simply had to hope for a large dose of good luck to prevent the fragments from collapsing away from the pin. Fortunately, Carrotz small size and low body weight now

came to his rescue as he did not put much force across the pin when he bore weight. Carrotz had to be very carefully confined to barracks so he could not race around or jump. Follow up x-rays at 4 weeks showed good healing. The large swelling of bone around the fracture in these x-rays is called callus and is a good sign. By the end of September, Carrotz will be able to resume normal activities.



"Independence and compassion in modern veterinary care"

Has your dog been coughing for more than 3 weeks?

Common causes of coughing include kennel cough, which typically causes a dry, hacking cough often ending with a loud retch and the production of mucus with the appearance of egg whites. Such coughs should not make the dog unwell in him or herself and should resolve, usually without treatment, in 2 weeks.

Any dog which has been coughing for longer than this should be examined to ascertain if there are any other signs of diseases such as bronchitis, heart failure, lungworm, paralysis of the larynx or cancer which need investigation and treatment.

Of course, routine treatment with Advocate each month will control lungworm, known also as *Angiostrongylus*, and we would strongly recommend this, having seen a case in the last quarter in our practice area. Unfortunately, whilst easily prevented, it is much less easily treated and often the damage has been done by the time the diagnosis is made.

Osteoarthritis in dogs

This is the time of year, as the weather becomes colder and wetter, where arthritic dogs start to show increased problems with stiff joints, difficulty getting up from recumbency and lameness. All breeds of dog may be affected, but most commonly it is the larger breeds such as German Shepherds and Labradors which are afflicted. X-rays will show classical changes in the joints. The radiographs (right) show a normal set of hips at the top with a nice smooth appearance to the ball and sockets of the joints, whilst the picture below shows hips with severe osteo-arthrititis where the ball does not fit snugly in the socket and there is consid-



erable extra bone formation around the joints, especially on the left, which forms to try to give stability to the diseased joint. Affected dogs need to have modifications to their exercise, such that they are walked little



and often rather than getting great long walks at the weekend. A variety of "neutraceutical" products and food are available containing glucosamine, chondroitin and omega-3. Traditional pain killing anti-inflammatories are also prescribed and stronger analgesics can be used in the most severe cases. Weight control is also important. It is important to remember that many of the breeds which are commonly affected with arthritis are the tremendously loyal ones which will struggle on to follow their owners and this should not be misinterpreted as them not being in pain—all pain is relative and one does not need to be in agony to benefit from treatment.

Important news for itchy cats!

Skin conditions are a very common cause of presentation in both dogs and cats, with itchy skin being frequently seen. Often animals will be so irritated by inflamed skin that they will scratch until the hair comes out, the skin becomes red and often the skin opens up leaving it susceptible to secondary infection. These cases are usually caused by parasites, such as fleas and mange mites, or allergies to food or environmental agents such as house dust mists and pollens. Parasites can be effectively eliminated by practising good rou-

tine flea and worm control, whilst food issues could be addressed with elimination diets (note that, especially in cats, home cooked diets to achieve this can lead to deficiency in certain vital nutrients and so should not be undertaken without vet support). Environmental allergens are harder to eliminate—internal agents such as dust mites may be controlled with household sprays and preventing the cat or dog from lying in human beds and washing where dust mites concentrate themselves, but external allergens are much

more difficult to control owing to the fact that one cannot simply remove all grasses! Therefore, often these animals end up on medication to control the itching and until recently the only realistic options for this in cats were steroids, which bring with them their battery of potential side effects. However, recently, Novartis have brought out a cat version of their product Atopica which contains ciclosporin giving cats another, possibly better option. Please ask your vet if your cat is receiving regular steroids for its skin.