

**Mark Maltman MRCVS**  
**Josie Cosham MRCVS**  
**Hannah West MRCVS**

**&**

**Lindley Stewart MRCVS**

with nurses:

Emma Akehurst RVN (Practice Manager)  
Rebecca Norman RVN (Deputy Head)  
Cindy Winter RVN  
Kerry Blight RVN  
Mel Knight RVN  
Clare Martindale RVN  
Laura Watson RVN  
Anna Roberts RVN  
Natalie Edwards RVN  
Laura Betchley (Student VN)  
Sian Bolton (Student VN)  
Katie Goddings (Student VN)

and

Claire Martin (Reception)  
Kerrie Hurren (Reception)  
Lucy Cotton (Kennels)

#### **PRACTICE NEWS:**

It has been a busy quarter for the practice and we are very pleased to welcome several new members of staff to the Maltman Cosham team.

Lindley has become the fourth addition to the team of vets. She has settled in brilliantly and I am sure many of you have already seen her with your pets.

Laura, Anna and Natalie all joined the nursing team over the summer and have been very welcome additions during what has been a very busy time. They are all settling in well and I am sure they are already familiar faces to many of you.

Katie has started her veterinary nursing qualification this September and is already studying hard.

Mel has embarked upon a Graduate diploma in advanced veterinary nursing at the Royal Veterinary College, which will be keeping her busy for the next 2 years.

Clare Martindale and Cindy Wedd have both had baby girls and are currently enjoying their maternity leave.

#### **24 hr veterinary care**

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

**01403 791011**



Volume 4 Issue 2

October 2014

## **Leishmaniosis-a risk when rescuing dogs?**



Leishmaniosis, formerly called, leishmaniasis, is a parasitic disease carried by sand flies (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 and from 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 Advo-

cate 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 and many dogs are being rescued and brought over to England to be rehomed. There is a high chance they are carrying this disease and it is most definitely worthwhile discussing further with one of the vets before rescuing a dog from abroad.

## **Stress for pets during firework season...**

The coming 3 months are the ones in which pets and their owners can be tormented by the noise of fireworks. Whilst most of us can enjoy such a display, Bonfire Night and New Year are very stressful for many dogs, cats and other pets.

The traditional advice is to keep your pet in a darkened bedroom, but this does little if they have a severe noise phobia. One trick though is to take them out for a

drive in the car in which they will not be able to hear the noise due to the movement of air around the vehicle, or have other background noises, such as the TV or music, on to distract them. For others, there is a range of natural and pharmaceutical treatments available which one of the vets can prescribe to reduce anxiety.

When more time is available, one can try to desensitise affected

animals with behavioural therapy which aims to "normalise" loud noises.



## Hindlimb heroics...

Whisper is a 1 year old, Male tabby cat who presented to Mark on a Monday morning having been hit by a car on the A24. He was in shock and unable to weight bear on his hindlimbs. Whisper was placed on intravenous fluid therapy and pain relief to treat his shock, as this was the most imme-



diately life threatening issue. He was much more stable in the morning and in a position to be anaesthetised to assess his hind limb injuries. X-rays were taken and showed fractures of the left femoral head (hip) and both tibias (lower limb), this can be seen in the left picture. The limbs were stabilised with dressings, Whisper was woken up and Mark discussed the extensive fracture repair that would be required, with his owners.

They elected to repair the injuries and 48 hours after the accident Whisper was taken to theatre. 6 hours later a tired Mark emerged having successfully completed all 3 fracture repairs. This included repair of

the hip by removing the fractured fragment and repair of the hind limbs using wires and pins. The pins stabilise the fractures and secure externally, hence they are named external skeletal fixators (pictured right). Post operative x-rays showed good fixation of all fractures. Dressings were applied to both hind limbs and Whisper was woken up.

Whisper spent 8 days in the practice so that we could monitor his pain relief, repeatedly dress his limbs and monitor his urination as injuries to the hind limbs can sometimes affect the bladder, although thankfully not in Whisper's case. He went home on antibiotics, pain relief and

cage rest.

After 8 weeks of restricted exercise and multiple x-rays to check the progress of the fixations, the pins and wires were removed and Whisper was signed off.

Whisper is now happy at home and back to his normal routine!



## Pancreatitis in our canine patients...

Pancreatitis is a fairly common condition in dogs affecting the pancreas, a small organ which lies alongside the stomach and duodenum (first part of the small intestine). It stores digestive enzymes, which are released into the intestine and also produces insulin, which controls blood sugar levels. The digestive enzymes are normally stored as inactive forms but in cases of pancreatitis they activate themselves and cause digestion of the pancreas itself rather than food.

In 90% of cases we are unsure of the cause of the pancreatitis but it is often thought to be secondary to fatty meals, which at Christmas time in particular can occur com-

monly as people want to treat their pets over the festive period.

Clinical signs of pancreatitis are often vague but can include vomiting, inappetance, malaise and abdominal pain.

There is a specific test which can be run from a blood sample that confirms pancreatitis. We sometimes also ultrasound scan the abdomen to assess the appearance and size of the pancreas.

Treatment is mainly supportive as with time the inflammation will settle. Supportive therapy includes intravenous fluid therapy and pain killers. Antibiotics are also often used to ensure infection does not develop.

Dogs generally respond very well to therapy,

however the inflammation can leave areas of scar tissue which subsequently serve as trigger points for further bouts of pancreatitis, so some dogs may experience relapsing bouts.

It is important over the Christmas period to not be too excessive with your pets and ensure that the treats being given are not too high in fat as it can cause some unwanted issues such as pancreatitis.



## Kevin's calcium cat-astrophe...

Kevin is a 4 month old Persian kitten, who presented to Josie just 2 days after being picked up by his new owners. Kevin was the runt of the litter and had reportedly never eaten very well. His new owners felt he was quite weak and brought him in after he collapsed whilst getting out of his litter tray. On examination he was struggling to stand and was very painful on his hind limbs. He was admitted for x-rays and bloods to assess his weakness further. On analysis of the x-rays Josie noted that Kevin had very poor bone density known as osteopenia. The bloods showed a dangerously low calcium level,

which was corrected by supplementing with intravenous calcium. Kevin was started on intravenous fluids containing calcium and a calcium rich diet. His calcium level normalised over the next couple of days and soon Kevin was maintaining his calcium level with just diet and no fluids. He was also becoming much



stronger and more comfortable whilst moving around.

Bloods were sent to the lab to measure Kevin's parathyroid level, which is a hormone involved in the control of calcium levels. This came back as elevated and confirmed the working diagnosis of secondary nutritional hyperparathyroidism. This means his parathyroid hormone levels have been elevated due to a lack of calcium from his diet and because of this calcium was resorbed from his bones to try and make up the deficit.

Kevin was hospitalised for 2 weeks so that we could keep a close eye

on his calcium levels and monitor for potential stress fractures. He grew from strength to strength.

The x-rays were repeated and showed an increase in the mineralisation of his bones. Kevin is now home with his delighted owners and we will continue to keep a close eye on him over the next few weeks.

