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REFERRAL NEWS

In this edition:

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Stabilising the Emergency Surgical Patient

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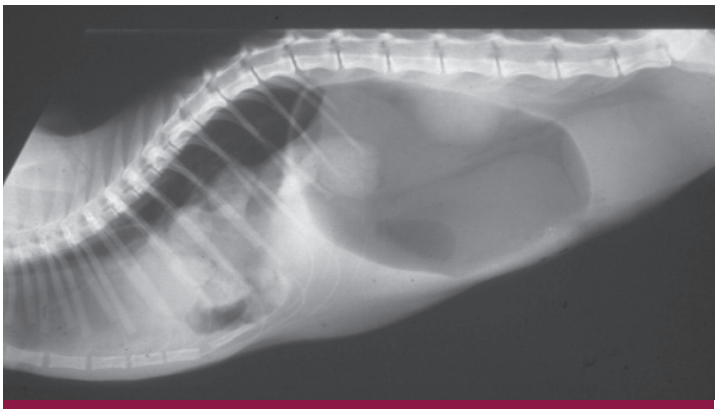
Part and parcel of being in practice is dealing with a huge range of clinical presentations. We've all been there on Friday evening trying to fathom how so many animals' week long illnesses can all become acutely life threatening at the same time. In truth, most 'emergencies' are not immediately life threatening but identifying those patients that cannot wait until the next consult slot is a process that should involve the whole practice team.

Our first contact with the client is often over the phone. Receptionists and other non clinical members of staff that answer the phone should be aware of scenarios that require immediate attention: "My male cat has been straining in the litter tray all day", "My dog has been retching and is now the size of a hot air balloon," "My cat is breathing with her mouth open." Such cases should be instructed to come straight to the practice.



Cat with acute dyspnoea due to ruptured diaphragm

The initial assessment of the patient should be concise but involve all the major body systems (because failure in any one of these systems could result in death). A large proportion of triage is done before hands are put on the animal: Is the animal ambulatory? Is the mentation appropriate? Is there increased respiratory effort and rate?

Spring update from BVR...

Welcome to the first newsletter of 2017. We wish you a happy and successful New Year, and for the skiers amongst us, that you either have a good time, or have avoided injury if you've already been!

We are welcoming two new team members this spring. Samantha Lane is joining as the third referral surgeon. Sam has the Certificate in Small Animal Surgery and has been working in a busy hospital in the south west before joining us. Adding Sam to the team will compliment the service already provided by Alasdair and Jon and allow us to help you with even more cases!

Federica Manna is joining the referral medicine team as an assistant referral medicine clinician. She will be working under the supervision of Alex, Lisa and Andrew to enhance the service we provide. Fed is currently studying for her certificate in small animal medicine and has been one of our first opinion team at Rosemary Lodge for the last two years.

The lead article in this newsletter is from Rhiannon, and reflects the theme of our first CPD day this year, Surgical Emergencies, to take place on March 16th.

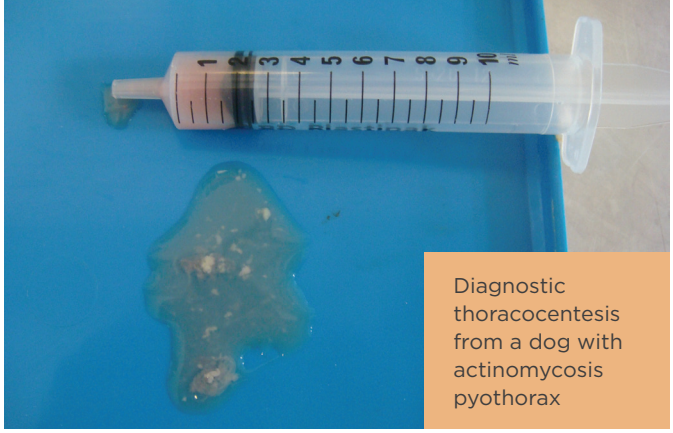
Stabilising the emergency surgical patient continued.

A major body system approach is key in prioritising problems and helps to ensure that important findings are not missed. Methodical and systematic assessment of the respiratory, cardiovascular and neurologic systems can be performed in a quick and efficient manner, with minimal stress to the patient.

The mainstay of the cardiovascular assessment is to assess the pulses, mucous membranes and to auscultate the heart. Pulses should be assessed for rate, quality and synchronicity with the heartbeat. Ideally pulse assessment will be combined with measurement of the blood pressure. In the compensatory stages of shock, pulse forms will be tall and narrow and if steps are not taken to resolve the underlying shock, pulse waves may become thin and weak as the patient is not able to compensate. Mucous membranes will be pinker with a shortened capillary refill time (CRT) in the initial stages of response to hypoperfusion, but as the cardiovascular system decompensates will be paler with a prolonged CRT. Hyperaemic mucous membranes indicate an inability of the peripheral vessels to vasoconstrict and can be indicative of widespread inflammatory response.

Extensive badger bite wounds

Respiratory rate, effort, pattern and noise should be assessed before handling the patient. Animals that are obviously dyspnoeic will typically benefit from flow by oxygen and being left alone for a short time before further examination is performed. Sedatives with minimal cardiovascular affects such as butorphanol, administered intramuscularly, will ease distress caused by the dyspnoea and improve clinical signs. The pattern of respiration can help localise the problem, excess inspiratory effort is consistent with an upper respiratory tract problem while an expiratory pattern may indicate the problem lies in the lower airways.



Diagnostic thoracocentesis from a dog with actinomycosis pyothorax

The thorax should be auscultated over both sides, a normal chest should be broadly symmetrical. Normal noise for the breed concerned should also be considered for example brachycephalic dogs will have referred upper respiratory tract noise.

Characteristic sounds include wheezes which are often associated with narrowing of the small airways whereas crackles indicate fluid in the terminal airways. A reduction in respiratory, or indeed heart sounds, is also significant and should raise the suspicion of pleural space disease.

The aim of the neurological assessment is to detect significant abnormalities in the central nervous system. Mentation should be assessed and if the animal has abnormal mentation this needs to be put into context of the cardiovascular status. If the animal is ambulatory there is no need to test deep pain sensation, however in recumbent animals this is useful and if there is no reaction on finger pressure a truly noxious stimuli should be applied, such as haemostats on a digit. Withdrawal of the limb is facilitated by a local reflex pathway, there needs to be conscious response to pain to indicate integrity of the spinal cord.

It is helpful to have an assistant so when this initial assessment is happening the temperature can be taken and the animal can be prepared for an intravenous cannula. A small amount of blood can be collected from the cannula in order to run an emergency database. If analgesia is indicated this can be prepared and opioids, ideally a full mu receptor agonist such as methadone, are safe and provide good analgesia. Until the perfusion status is assured it is generally best to avoid NSAIDS.

When this initial assessment is done, steps can be taken to correct abnormalities if necessary and a full physical exam can follow. The use of ‘bedside’ imaging with ultrasound can provide very useful information. Radiography can also be performed very readily, especially if you have access to direct digital radiography.

Accurate and efficient triage of emergency patients can help to localise the problem and allow suitable treatments to be started as soon as possible.

CPD by Bath Veterinary Referrals

Our next low cost cpd course is titled:

Surgical Emergencies

Thursday 16th March 2017

9.30am-4.30pm

Coombe Lodge, Blagdon, BS40 7RE

Course Fee - £110 per delegate

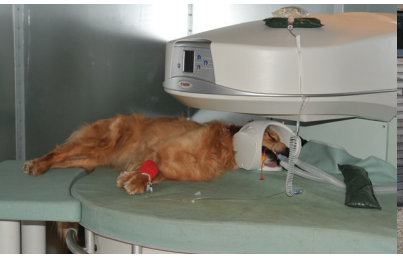
LECTURES WILL INCLUDE:

- Acute disc disease
- Diaphragmatic rupture
- Chest drains
- GDV and patient stabilisation

ZERO Referral Consultation FEES for any UK forces staff

BATH VETERINARY REFERRALS

supporting British Armed Forces





Cases recently seen

Several brain tumours, several portosystemic shunts, sustained supraventricular tachycardia, pug dog encephalitis, third degree heart block secondary to cardiac neoplasia, tracheal collapse, hypercalcaemic dog due to bone lymphoma, metastatic mammary adenocarcinoma affecting brain and lungs in a cat, limb haemangiosarcoma masquerading as haematoma, and greyhound coagulopathy.

Types of referral seen

- Internal medicine
- Soft tissue surgery
- Endoscopy/laparoscopy
- Medical and surgical oncology
- Ophthalmology
- Rabbits, small mammals and exotics
- Neurology
- Cardiology
- Orthopaedic and fracture repair
- Onsite MRI/CT scanning
- Hydro/physiotherapy

Why choose Bath Veterinary Referrals?

- We pride ourselves on giving you the highest level of service
- We strive to enhance your reputation, looking after your clients and their pets in a way you would be proud of
- We offer a caring, friendly and personalised service. We keep clients and referring vets informed at all times
- We have a superb team of night nurses and night vets, a flagship hospital and the very latest equipment

Organising a referral is simple

Just phone Rosemary Lodge Veterinary Hospital on **01225 832521** and book in with one of our receptionists.

One of our clinicians will be very happy to discuss the case details prior to arranging the referral. Once you have made contact we will normally ask to speak directly to the pet's owner to swiftly arrange an appointment that fits in to their timetable. We do ask you email, fax or post us any relevant history with a supporting referral letter.

We will always do our best to fit in any emergency cases immediately and see them on the day you call us.

Now Available: Free Film Reading

Post your X-Rays to Rosemary Lodge or email them to **contact@bathvetreferrals.co.uk** to receive a free verbal report from one of our clinicians

Our clinicians

Alex Gough MA VetMB CertSAM CertVC PGCert (Neuroimaging) MRCVS - Head of Medicine Referrals

Alasdair Hotston Moore MA VetMB CertSAC CertVR CertSAS CertMEd MRCVS - Head of Surgical Referrals

Jon Shippam BVSc CertSAS MRCVS - Orthopedic Surgeon

Jenny Lambert BVM&S CertVOphthal MRCVS - Ophthalmology

Lisa Gardbaum BVetMed CertSAM MRCVS - Internal Medicine

Elisabetta Mancinelli DVM CertZooMed Dipl ECZM (Small Mammals) MRCVS European Veterinary Specialist in Zoological Medicine (Small Mammals)

Rhiannon Strickland BVetMed MRCVS - Assistant Referral Surgeon

Samantha Lane BVSc PGCertSAS MRCVS - Referral Surgeon

Federica Manna DVM MRCVS - Assistant Referral Medic

J. Andrew Jagoe MVB PhD CertSAM MRCVS - Internal Medicine