Fantastic news! Virtual Congress 2019 is officially launching this month! The congress will start on 18th January with our associations day and finishes on Sunday 20th with symposia on cattle and horses. In between we have our mammoth 24-hour congress-athon covering all aspects of small animal medicine and surgery.

Once again, we are running our One4One initiative to help improve veterinary knowledge in developing countries. For every ticket we sell, we’ll give one to a vet who otherwise would struggle to do their yearly CPD quota. You’re helping animal welfare in other countries too and all without paying any extra money.

We are aiming for our 7th Virtual Congress to be our biggest ever. Will you help us? Can you recommend us to friends and spread the love? We are aiming to have over 8000 vets and nurses registered for the congress to make it the largest UK congress, but we need your help. Please feel free to forward this to friends and quote unlimited25 to give them 25% off our early bird price.

I’m particularly excited about our keynote topic this year which is all about the danger of plastic. We’ve got some great speakers to help us learn how we can make a bigger difference to limit plastic’s deleterious effects on our life.

As well as the launch of VC2019, we are also making closer links with WikiVet. WikiVet is a brilliant website for undergraduates and young vets. We are working together to get our education content out to students in the UK and beyond.

I do hope you enjoy September. It’s always a fun month. My son is off to Liverpool University to study marketing. It always reminds me of the start of the academic year and new challenges. I’m looking forward to seeing what the new academic year brings and I’m sure you are too.

To your CPD success

Anthony

P.S. We are having a welcome drink at our office on 17th September between 5-7pm. If you are around, feel free to come. Just let dawn@thewebinarvet.com know for catering purposes.
The proposal to ban puppy and kitten sales by third parties took a major step forward last week after environment secretary Michael Gove announced his intentions to support the legislation. The proposals have now gone out to consultation and are hoping to “introduce a ban on commercial third-party sales of puppies and kittens in England, as well as running an information campaign to raise awareness of best practice when it comes to purchasing a puppy or kitten.”

The rationale for the ban is laid out by the government:

There are concerns that commercial third-party sales lead to poorer welfare conditions for the animals compared to when people buy directly from the breeder. For example, this might include the early separation of puppies and kittens from their mothers, the introduction to new and unfamiliar environments, and the increased likelihood of multiple journeys the puppies or kittens have to undertake. All of these can contribute to an increased risk of disease and a lack of socialisation and habituation for the puppies and kittens.

If this sounds vaguely familiar, we reported on this back in February, when the idea was first laid out. The legislation has been informally called Lucy’s Law, named after a Cavalier King Charles Spaniel who was rescued from a cruel puppy farm, and whose new owner launched a campaign to ban the entire system, which amassed over 150,000 signatures of support. When we last heard about it, the government had requested advice on the issue. We now know what the
response to that was:

In response to the Call for Evidence, the RSPCA, Cats Protection, International Fund for Animal Welfare, Canine Action UK, C.A.R.I.A.D, the BVA/BSAVA, Dogs Trust, Kennel Club, PDSA, and Battersea Dogs and Cats Home all suggested that animals have a higher risk of serious health and behaviour problems associated with the additional travel from the place of birth to sale, change in environment and surroundings, and often premature separation from the animal’s mother than animals sold by the breeders. These animals also lack proper socialisation and habituation.

In addition, there are concerns that commercial third party sales may be associated to a greater degree with impulse purchases. These may have consequences not only for the animal but for owners, including unexpected vet bills, issues with socialisation, and increased numbers being given up or having to be rehomed. Mortality rates pre-sale for animals bred for third party sale are unknown.

Now, nearly eight months later, the slow wheels of bureaucracy have turned slightly, and we are now entering the penultimate phase of one of the most significant changes to animal welfare law in the UK in recent history.

The report also addressed some of the issues that campaigners had with the proposals, for example a concern that people could circumvent the law by claiming to be an animal rehousing charity, which would be exempt under the legislation, and that animals could be effectively laundered through this, with their origins obfuscated and buyers misled. The report states that “a commercial rehoming centre which is licensed as a pet seller would be subject to the ban on commercial third-party sales and would be unable to sell puppies and kittens under 6 months of age that they had not bred themselves.” Therefore, only charities which rehouse animals at no profit would be allowed to deal with dogs and cats which they have not bred themselves.

As part of its new report, DEFRA has released an impact assessment of the proposal, which it has summed up in the following:

It is estimated that this would generate a direct cost of around £4.9 million per year to commercial third party sellers, as they would lose the future profits they would have continued to make from third party sales in the absence of a ban.

The ban would also have an impact on breeders that currently sell via third party sellers. We have assumed that a proportion of these breeders would no longer be able to operate as a result of a ban on third party sales; if so they would incur an annual direct cost of around £0.2 million from the loss of future profits.

Breeders that stay in the market would have to sell directly to consumers rather than selling via third party sellers. We anticipate that they would see an increase in profits as they would be able to sell their puppies and kittens for higher prices than now. We estimate an annual direct benefit to breeders of around £3.5 million.

In addition the market share of breeders who drop out of the market might be picked up by other domestic breeders, and domestic breeders might also pick up the market share previously associated with imported puppies and kittens which were sold by third party sellers. These impacts have been classed as indirect benefits and have not been monetised at this stage.

Overall, the direct net cost to business would be approximately £1.7 million per year.

This means that the impact assessment is rated “low”, as cost to business is less than £5 million. As such, there will likely not be a powerful lobby backlash against the proposal, as it is not enough money to risk developing a PR nightmare by opposing the legislation and risking being seen as not caring about animal cruelty. However, only time will tell whether the legislation is implemented. The report does add that “there is currently significant uncertainty around these impacts and we hope to gather more evidence as part of the consultation process.”

In his announcement, Michael Gove declared that “people who have a complete disregard for pet welfare will no longer be able to profit from this miserable trade”. Now we have to wait to see if the idea becomes reality.
Our “Five Minutes With” segment is designed to give you some insights into the business side of the veterinary industry, by talking with leaders in their professions. This month, we spoke to Justin Powlesland, founder and Director of JHP Recruitment. Having been named ‘Best Veterinary Recruitment Specialists UK 2018’ at the LUX Pet Product and Services awards, and ‘Best Start Up Business’ at the Express & Echo Business Awards, JHP is rapidly becoming the most trusted place for locum vets and nurses to find work. If you’re thinking of locuming, either as a permanent role or in a part-time capacity, JHP is the place to be.

The Webinar Vet: What’s the story behind JHP Recruitment?

Justin Powlesland: After recruiting in the Veterinary Industry since 2008, I decided to set up JHP Recruitment as I wanted a company that could be trusted by clients and candidates to do the best job possible.

TWV: What’s happened since then?

JP: We started the company with just 2 of us and it was based in my converted garage! We now have a team of 14 and this year moved into our 4th office since we started the company. We are now in a 2200sq ft office with plenty of room to grow.

TWV: Have you faced any challenges along the way?

JP: Initially it was very difficult to find staff for the business that had the same vision and

“The Webinar Vet” What’s the story behind JHP Recruitment?

Justin Powlesland
Founder and Director of JHP Recruitment.

“ I think the main challenge seems to be encouraging people to train as Vets and Vet Nurses. It is well documented that there is a lack of qualified Vets and Nurses in the UK and I don’t think that the long days that they work helps to encourage people into the industry. I think it’s very important that there is a focus on making the job more rewarding.”
determination as myself. After the first 3 or 4 consultants were brought into the company, things got easier.

**TWV:** It’s clearly not slowed you down. Tell us about some of your accolades.
**JP:** We have won 2 awards which are; ‘Best Veterinary Recruitment specialists UK’ at the LUX Pet Product & Services Awards 2018 and we have also won a ‘Best Start up Business’ award at the Express & Echo Business Awards. We have also been nominated as ‘Best Small Business’ at the Western Morning News Awards with the winner being announced on 22nd November 2018.

**TWV:** What do you enjoy most about your job?
**JP:** The people that I get to speak with every day. Everyone is always so friendly and welcoming, and I love to hear about the work they are doing to help animals.

**TWV:** Do you think there are challenges facing the veterinary world?
**JP:** Personally, I think the main challenge seems to be encouraging people to train as Vets and Vet Nurses. It is well documented that there is a lack of qualified Vets and Nurses in the UK and I don’t think that the long days that they work helps to encourage people into the industry. I have been speaking with many clinics over the last year or so and I know that many are starting to reduce the hours that Vets tend to work. It is such a rewarding industry to work in, so I really hope that we see the numbers increasing on the intakes into universities.

**TWV:** Do you have any other exciting news for us?
**JP:** We have 2 new Consultants due to join the team very soon and we are also starting to work with clients on ‘non-clinical’ roles which we hope will help diversify the company. On a personal level, I have been selected to play for the England Golf Captain’s team on 13th September which I am very excited about!!!!

**Interesting stuff!**

We’d like to thank Justin for talking to us, and if you would like any further information about working as a locum, you can call the JHP team on 01392 444115 or visit www.jhprecruitment.com

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**NEWS FROM OUR COMMUNITY**

“Last month South Shields vet Rebecca travelled to Ukraine with the Clean Futures Fund to provide veterinary services at a spay and neuter clinic. The fund works to help the victims of manmade disasters with this programme focusing on controlling the population of stray dogs and cats in and around Chernobyl nuclear power plant, as well as offering neutering to animals owned by people rehoused following the disaster. Well done Rebecca!”

I was never particularly keen on surgery, and dermatology has the following advantages: not needing expensive/fancy bits of equipment, being able to see the lesions yourself, not generally dealing with very ill animals, being an outpatient service and being able to see animals regularly and over a long period of time, following their progress and building a relationship with them and their owners.

Tell us a bit about yourself… I graduated from Cambridge vet school in 2007, and spent time working in general practice, at the PDSA and RSPCA before undertaking a rotating internship at the RVC. This was followed by a residency at the RVC in dermatology. I now work at Willows Referrals in Solihull in the West Midlands.

What’s your favourite holiday destination? Cornwall

What’s your favourite thing to do of a weekend? Walk the dog with my wife in the Worcestershire countryside

What area do you specialise in? Dermatology

Why did you choose this career path? I was never particularly keen on surgery, and dermatology has the following advantages: not needing expensive/fancy bits of equipment, being able to see the lesions yourself, not generally dealing with very ill animals, being an outpatient service and being able to see animals regularly and over a long period of time, following their progress and building a relationship with them and their owners.

Tell us a funny animal story! Umm, not sure!

Do you have any animal related jokes to share?! I can’t take credit for this dermatology joke, but ‘I had an albino fruit salad earlier. It didn’t have any melon in.’

What do you enjoy most about your job? Seeing patients for consultations and working up their problems. I also enjoy seeing cases of chronic otitis and performing ear flushes.

What are some everyday challenges you face in your profession? Trying to combine seeing patients and responding to referring vet’s queries with the non-clinical aspects of being a specialist such as journal reading and writing articles/lectures.

If you weren’t doing this career, what do you think you would be doing instead? Maybe a pilot?

Are you on social media and happy for people to connect with you? If so, what are your contact details? I’d prefer not to give out FB details, but happy for people to contact me at jon.hardy@willows.uk.net

“
Sarah begins this excellent veterinary webinar with mention of the ISFM consensus guidelines on the diagnosis and management of feline chronic kidney disease, which form a basis for the webinar. Traditionally in the diagnosis of CKD a clinical suspicion is followed up with the history, clinical signs, examination and laboratory tests leading to confirmation of the diagnosis. Recent improvements in diagnostic testing has led to an increased use of screening, facilitating an earlier diagnosis than that which was previously possible.

There is useful information, gleaned from Sarah’s own survey of 859 cats with CKD giving data on the main clinical signs with percentages. From these statistics we learn that many cats with CKD, approximately 50% in this survey, have the disease without clinical signs. From this, recommendations for routine screening ranging from cats aged up to 7 years and ‘super seniors’ at the top of the scale are suggested. This table, along with many others in the presentation could usefully be downloaded and form part of a practice protocol for vets and vet nurses.

Similar recommendations are suggested for blood pressure measurement, and weight loss (particularly as a percentage). Some interesting comparisons are made here between 3.5 kilo cats and 63.4 kg people-it will make you think. An academic study that Sarah cites and published in the Journal of Veterinary Internal medicine (free access) adds to this, with data based on 569 cats with CKD.

Further diagnostic investigations continue emphasising the value of urinalysis in older cats.

Another useful table gives a suggested checklist for the assessment of CKD cats with the aims of staging the severity, identifying underlying causes, concurrent disease and identifying complications of CKD.

Laboratory assessment of renal function via laboratory testing is comprehensively dealt with notes on the limitations of BUN and creatinine and those extra renal factors that influence their levels.

A table summarising the International Renal Interest Society (IRIS) gives specific details on the four stages of renal failure with a description and associated creatinine results that would be expected. Again, this is very useful as part of a practice protocol.

There are some newer tests for renal function and the potentially most important and useful of these is Symmetric Dimethylarginine -SDMA (Idexx laboratories). Its use and interpretation are clearly explained and although it’s early days, signs are good that this test will prove to be a more reliable indicator of early renal disease. Some studies have indicated that renal disease was detected on average 17 months earlier than with creatine measurement.

Management of CKD follows general basic principles. For example, determining an underlying cause, maintaining hydration, feeding a renal diet, and diagnosing complications,
all aimed at slowing the progression of the disease.

In this section there are guidelines on the various ways hydration can be improved. There are tactics suggested to achieve this including useful advice on training owners to give subcutaneous fluids at home.

The single most effective treatment for cats with CKD is protein and phosphate restriction, a therapy recommended for all cats in IRIS stages 2, 3 and 4. It has been shown to prolong life in cats with CKD by 2-3 times. Tips on how to transition cats to a renal diet are suggested and the use of phosphate binders is extensively reviewed, with more tables from IRIS.

There are also tips on how vets can help deal with inappetance, nausea and vomiting and for owners on how to nurse affected cats. This is all excellent practical information.

One complication, not infrequently seen, is hypokalaemia, occurring in between 20-25% of patients. Some quite dramatic pictures of the typical head flexed down are shown and, in another cat, the marked improvement just 48 hours later following potassium supplementation. Advice is given on suitable indications for supplementation and how to avoid this complication in the first place.

It is thought that between 20-40% of patients are hypertensive and monitoring of blood pressure is recommended with information on the licensed drugs that treat this complication.

Proteinuria has a negative effect on survival as shown by the results of a study summarised by Sarah. There are some new drugs that are recommended to help reduce proteinuria. The newest of these is telmisartan (semintra), which suppresses the Renal Angiotensin Aldosterone System (RAAS). Studies suggest that RAAS suppression improves the quality of life, reduces proteinuria, may possibly stabilise the IRIS stage and slow progression. The drug seems to have most benefit in those cats with significant proteinuria with a UPC greater than 1. Some possible adverse effects of RAAS suppressors are summarised.

The last slide outlines the ideal standard of long-term care of cats with CKD by:

- History examination support and advice from the vet or vet nurse every 1-3 months
- Education of owners. When to be concerned, anorexia for more than one day, for example, or signs of visual defects
- Blood pressure checks at least twice yearly and finally
- Blood and urinalysis checks as needed every 6-12 months

This is a superb webinar, very clear throughout and a thoroughly up to date account. There was a healthy 15 minutes of questions afterwards and Sarah has generously offered to give a copy of the slides and to answer any further questions you might have. She can be contacted at sarah@vetprofessionals.com.

For the slides you just have to register on the website first.
This is the last in a four-part series on radiological interpretation. The series is quite outstanding, and these webinars will stand the test of time, best viewed frequently. I cannot imagine that the radiological and ultrasound images will ever go out of date. The format, as with the other three webinars, is to take you into the clinic and present you with various cases to work up and then see for yourself how each case received its diagnosis and also what was done. The quality of the radiographs is world class and could not be bettered. There is also extensive use of ultrasound and in some cases CT scanning. There was a good attendance on the night including a colleague from New Zealand (and everyone present in opposition to some random football match!)

This recording differs very slightly from the live broadcast in that the poll questions are not put on the screen, although you hear them from the speaker. This does not detract from the educational value of the webinar because, of course, there is a very full explanation of each image. The cases are in some cases quite complex, often unusual and represent a variety of dyspnoeic scenarios. Accordingly, those colleagues who regularly attend emergency cases will find lots here to challenge and inspire them, but anyone involved in clinics will benefit too. There were seven cases presented in all and I will just summarise how they were introduced in the hope that this will wet your appetite!

Case 1. A stray cat found collapsed and unable to stand. There was severe dyspnoea and a pneumothorax had been diagnosed by the referring vet with the placement of a chest drain. In spite of this leakage occurred and the cat was referred to the Queens Veterinary Hospital in Cambridge. Radiographs were taken, and you are asked which radiological signs are most clinically relevant.

- Pneumothorax?
- Pneumomediastinum?
- Pulmonary haemorrhage and contusion?
- Ruptured diaphragm?
- Fractured spine?

Apart from the high-quality radiographs equally impressive CT images are depicted followed by the answers and follow up.

Case 2. A 7-year-old Shih Tzu, with a sudden onset of dyspnoea. Radiographs and CT scans were shown with the resultant diagnosis, A difficult case and challenging.

Case 3. This was a Maine Coon 2 years of age called ‘Butch Cassidy’ (I idly wondered of the owners have another one called the “Sundance Kid”?) This cat had been operated on for a right femoral head excision 2 weeks before trouble started. This was a swelling round the neck and chest, spreading down the back and legs. Clinical examination revealed a dull, depressed cat with massive subcutaneous emphysema over the neck back and kegs. Four radiographs follow before we get the diagnosis. I’ve never seen anything like this and full marks if you got the correct answer and hats off to those colleagues that were able to resolve the problem.
Case 4. A ten-week-old pug called ‘Charcky’. This pup had a history of severe dyspnoea rapidly progressing with cyanosis and a rapidly falling SPO2 in spite of oxygen. Wisely the first opinion vets referred this as an emergency with oxygen supplied along the way. Four radiographs suggest the diagnosis, which I confess is a condition I have never heard of and the diagnosis and treatment is truly outstanding.

Case 5. This is a 10-month-old Weimaraner presented after an episode of collapse. There is a history of coughing, lethargy and exercise intolerance and the dog was dyspnoeic when examined. A combination of radiographs and ultrasound enables the diagnosis.

Case 6. We are back with a cat. A 13-year-old DLH, with a history of dyspnoea, weight loss and lethargy, especially over the last few months. The clinical signs are detailed leading to radiographs and ultrasound. These are very striking, and you may well pick out the main features. But what to do? An extremely thorough workup follows with before and after treatment images. Impressive!

Case 7. The final case in the series is an 8-month-old Boxer dog with a history of coughing for several weeks, off food, losing weight and with occasional vomiting. There are all sorts of clinical abnormalities noted but as before the diagnosis is arrived at by a combination of ultrasound and radiographs. These are as before of the best possible standard and it is the ultrasound images that prove to be the most important, although both the radiographic signs and ultrasound images are very well explained and taken together will get you there. The result is surprising too. The follow up to all these cases (in fact in all four webinars) is very welcome. Finding yourself being involved in the investigations, which almost feel like real time, you naturally want to find out what happened.

All four webinars in this series are very well worth keeping and viewing regularly. A huge number of conditions is covered, and many tips dropped in by Mike Herrtage who is at the very top of his field. These case-based webinars make for very educational and entertaining watching and I cannot recommend them highly enough.
characteristics and there is an atypical form of the disease first described in Norway in 1998.

There is a long incubation period-months to years and the susceptibility, incubation period and transmission is dependent on the prion protein genotype. Differences in epidemiology occur between classical scrapie and atypical scrapie. The essential differences in transmission, age of onset, and whether individuals or a group within a flock are affected, are clearly set out in a table.

A great deal is now known about susceptible genotypes, which form the basis for breeding and culling programmes in sheep using the prion protein gene. For an absolute beginner (like me) the detail on genotypes is quite complicated but they are listed in colour table form with comments about whether sheep with a particular genotype are most resistant or highly susceptible to the disease. Similar information in tabulated form is shown for goats.

Transmission can be:

**Vertical**
- In utero
- Via placenta and in its fluids
- Viacolostrum/milk

**Horizontal**
- Urine
- Faeces
- Saliva

**Risk of infection through environmental contamination**
- Shared pasture/barn
- Shared water/food trough
- Fences/posts

**Age-dependent susceptibility**
- Younger animals more susceptible

There is information on disease monitoring throughout Europe together with a very interesting table showing the sheep and goat population in Europe (24 countries listed), with only Turkey having more sheep than the UK. Following this there are some interesting comments on active surveillance (most cases detected by this method) and passive surveillance. In the EU classical cases in sheep still outnumber atypical cases by a ratio of 4.5-1. In 2016 Greece, Spain, Italy and Romania accounted for 95% of all classical cases in sheep. Cyprus accounted for 90% of all goat cases.

Detail on the pathogenesis is given with the dissemination of the agent being dependent on the genotype and the strain. Although much is known about the pathogenesis of scrapie, that is not the case with atypical scrapie, where knowledge is limited.

For diagnosis all tests are based on antibody detection, which detect host as well as disease-specific PrP (PrPsc)

Test types include
- ELISA-based tests (usually screening test) –less sensitive in goats
- Western blotting (screening and confirmation)
- Immunohistochemistry (confirmation).

Two very good slides follow describing how to perform a physical examination, specifically looking for the disease, and the most important clinical presentations that can be expected. In the examination testing of cranial nerve function is important, including tests such as menace response, pupillary light reflex and evaluation of the vestibular system before and after blindfolding.

Important clinical signs discussed are:

- Abnormal behaviour and status-nervousness, separation from the flock
- Abnormal sensation – ‘nibble reflex’
- Abnormal movement and posture –ataxia, hypermetria, wide based stance, crouching and head tremor
- Other neurological signs-absent menace response, collapsing episodes, drooling
- Physical Changes-loss of body weight, fleece changes, wool loss

Not all signs will necessarily be present, and the protein genotype/strain may affect the clinical presentation.

Next, we are treated to some superb videos of affected sheep. For me this was the best part of this exceptional webinar because it was so effective in cementing the newly acquired knowledge of the preceding slides and so much easier to retain in my memory.

The same format is used for the clinical signs of atypical scrapie-first the list succinctly summarised by one slide and then long videos demonstrating every possible clinical scenario. This has to be the best possible way to teach clinical veterinary medicine short of being on the farm! There is a brief mention of BSE in sheep and goats before presenting a summary slide of differing aspects in clinical diagnosis of classical scrapie and atypical scrapie.

A full differential diagnostic list is given:

- Neurological diseases-spinal cord, listeriosis, space occupying lesions and pregnancy toxoaemia
- Diseases affecting skin/wool –mange, liver disease
- Any chronic disease resulting in ill-thrift –dental disease, paratuberculosis

More videos follow illustrating the main differentials and the final slide outlines current control and surveillance methods.

In summary:

- Two scrapie types occur naturally in sheep and goats-classical and atypical, with the atypical form likely to occur world-wide
- Both types produce different disease phenotypes
- Scrapie eradication more relevant since the discovery of BSE
- Little is known about atypical scrapie pathogenesis
- Consider scrapie in the differential diagnosis of neurological diseases, particularly if they are slowly progressive and suggestive of a diffuse brain disease and if not responding to treatment
- Report suspect cases to the relevant government authority.
The paradox of canine conspecific coprophagy
Hart BL, Hart LA and others
Veterinary Medicine and Science Open Access Volume 4 Issue 2 pages 106-114

Dogs eating their own faeces or those of other dogs, (conspecific coprophagy), seems paradoxical because dogs typically show an aversion to faeces. This article sets out to resolve the paradox and also to evaluate the efficacy of 11 products marketed for the treatment of coprophagy, as well as behaviour modification procedures. Web based surveys were used to investigate the problem. One compared non-coprophagic dogs with coprophagic dogs with an impressive 1552 returns. An additional study involving 1475 dogs looked at the characteristics of the habit and treatment success.

16% of dogs indulge (defined as eating stools at least 6 times) and was not age related. It seems that ‘greedy’ dogs are more likely contenders and fresh faeces is preferred. Of interest, for those of us attempting to advise owners, is that the success rate of curing the habit, whatever measure was used, was ‘close to zero’. A well-designed muzzle then?

In the same edition is an article, you could say related to the previous one, looking at the bacterial colonisation of the intestines and the myriad possibilities for therapy that new discoveries will bring.

From the Literature – September 18

This month I have been looking at articles with open access. These are often excellent and avoid having to be a member of an organisation or academic body in order to profit from them.

I really like the journal Veterinary Medicine and Science Open access and there are some interesting recent articles. Who would have thought of researching coprophagy in dogs? Yet requests on how to deal with this particular unpleasant problem are not uncommon in clinical practice.

From the Literature – September 18

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Understanding the canine intestinal microbiota and its modification by pro-, pre-, and synbiotics—what is the evidence?

Schmitz S and Suchodolski J
Veterinary Medicine and Science Open Access Volume 2 issue 2 May 2016 pages 71-94

This is a very detailed account of current knowledge in this field and well worth reading. From the abstract is a useful summary of where this explosion of interest has arisen. In fact, interest in the composition of intestinal microbiota and possibilities of its therapeutic modification has been gathering pace over the last 10 years, with ever more information on the canine microbiota at different mucosal sites (including the gut) being available. Probiotics, prebiotics or their combination (synbiotics) are a way of modifying the intestinal microbiota to exert effects on the host immune response. It is thought that probiotics exert their beneficial effect via various pathways. Examples are production of antimicrobial peptides, enhancing growth of favourable endogenous microorganisms, and competition for epithelial colonisation sites and immune-modulatory functions.

In spite of this there are large gaps in current knowledge and scientific evidence for the use of pro, pre and symbiotics is scarce. Specific effects of strains, their combination, dosage and possible side effects have not been evaluated sufficiently.

This review summarises current knowledge of the intestinal microbiome in the dog and evaluates the use of probiotics in canine gastro-intestinal diseases. It aims to provide veterinarians with evidence-based information on when and why these products could be useful in preventing or treating canine gastro-intestinal conditions. It also outlines knowledge about safety and approval of commercial probiotic products, and the potential use of faecal microbial transplantation, as they are related to the topic of probiotic usage.

On a completely different topic but very relevant to clinical practice is the association between neutering of dogs and urinary incontinence, various joint disorders and cancer. The study was performed in German Shepherds only.

Neutering of German Shepherd Dogs: associated joint disorders, cancers and urinary incontinence

For this study veterinary hospital records were examined over 14.5 years on 1170 intact and neutered German shepherd dogs for joint disorders and cancers previously associated with neutering. All diseases were followed up to 8 years of age with the exception of mammary cancers, which were followed to 11 years. Joint disorders evaluated included cranial ligament tear, hip dysplasia and elbow dysplasia. The cancers followed, apart from mammary cancer, were osteosarcoma, lymphoma, haemangiosarcoma, and mast cell tumour.

The results are food for thought and should help guide the timing of neutering in this breed.

In intact males 7% were diagnosed with one or more joint disorders, while in males neutered prior to a year of age a significantly higher 21% were diagnosed with one or more joint disorders. In intact females 5% were diagnosed with one or more joint disorders, while in females neutered before one year of age a significantly higher 16% was recorded. The increased joint disorder incidence most associated with neutering was cranial cruciate rupture.

The only cancer influenced by neutering was mammary cancer. This was diagnosed in 4% of intact females compared with less than 1% in females neutered before 1 year.

Urinary incontinence, not diagnosed in intact females, was diagnosed in 7% of females neutered before 1 year, a significant difference.

Another article to do with food caught my attention. For years successive dermatology texts have declared that the ‘gold standard’ for diagnosing food intolerance is the home cooked diet. In older texts a 3-week trial was deemed to be adequate until Ed Rosser blew that out of the water by noting that some cases required 12 weeks of diet before remission of pruritic symptoms. Subsequently successive texts have brought this down to 6-8 weeks. Commercial diets have received less favour, although in my opinion it is a lot easier to feed these for 6-8 weeks than any home cooked diet. Some authorities then looked at these diets using PCR analysis and found most to have traces of animal protein not declared on the label. Refreshing therefore to see in the article mentioned below that one diet looks very promising.
Cutaneous food reaction (CAFR) is diagnosed by performing an elimination diet trial utilising prescription or home cooked diets followed by provocative challenge. The objective of this article was to report findings of a prescription vegetarian diet (RCV) for undeclared proteins of animal origin as well as to describe its utilization for the diagnosis and management of dogs suspected of CAFR.

All three dogs had a history of pruritus and recurrent pyoderma that resolved with infection control and an elimination diet trial. The prescription diet was used to diagnose and manage cases 1 and 2. Case 3 had previously been diagnosed with CAFR and the prescription diet was used successfully to manage the problem. PCR testing of the diet RCV was negative for 11 mammalian species and poultry.

If these results are replicated on a larger scale and found to be correct it is going to make the diagnosis of cutaneous food reactions a lot easier and enable an accurate true incidence of CAFR to be established in first opinion practice.

Finally, something quite rare and completely different.

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A case report of Dermanyssus gallinae infestation in three cats

Di Palma A Leone F and others

Unless you live in a rural area with nearby poultry farms you may not be aware of this parasite, also known as the red mite of poultry, (so called because of its colour when engorged with blood.) As seen in this article cats can also become infested with Dermanyssus gallinae from contact with wild birds nesting in the roofs of houses.

Two 40-day-old kittens, living in a rural area and one 7-year-old female indoor cat were presented with a pruritic skin condition.

A diagnosis was made by identification of the mites on skin sampling.

Electron microscopy and histological examination was also performed. The two kittens showed chronic blood loss, whereas the adult cat had eosinophilic dermatitis. This cat lived on a fourth-floor apartment with a large balcony and it was presumed that birds that were regularly apparent on the balcony carried mites.

The cats responded quickly to anti-parasitic treatment. There are some good pictures of the parasite and the cutaneous lesions in the adult cat. The mite exists in wild birds in the UK, so this article is a useful reminder to put it on the differential list for pruritus in cats.
WEBINAR
ANGIOSTRONGYLUS VASORUM; WHAT DO I NEED TO KNOW?
SIMON TAPPIN MA VetMB Cert SAM DipECVIM-CA MRCVS

This is what you will find in this excellent veterinary webinar:

- Where is it found?
- How is it spread?
- Why is this a problem in 2018?
- What signs does it cause?
- How can I diagnose infection?
- What’s the best treatment strategy?
- Can we prevent infection?

In short everything that a practicing vet needs to know in dealing with this increasingly important parasite.

The parasitic worm is widespread throughout Europe, Asia and Africa. Until the last 15-20 years it was not considered a problem in the UK outside the original endemic area in the West Country. Now it is ubiquitous throughout the country including as far north as Scotland.

There is a good concise description of the life cycle involving intermediate hosts, slugs and snails and paratenic hosts, frogs and important data such as the pre-patent period varying from 28-108 days. The worms live in the pulmonary arteries and right side of the heart and are small-only 14-20 mm in length.

Throughout the webinar we are brought up to date with various publications including geographic spread and incidence of the parasite in slugs and snails. There is compelling evidence too that the spread of the parasite is closely linked with the fox population.

The clinical signs are quite wide ranging but predominantly are respiratory and/or bleeding disorders. Coughing, pulmonary hypertension leading to right side failure are prominent features. CNS signs associated with CNS haemorrhage may occur as may unexplained bleeding following routine surgery. Also, quite alarmingly sudden death is possible.

Some interesting retina pictures, with CT scans, radiographs and MRI images illustrate this wide variety of signs.

The cause of the bleeding disorders is not well understood, but likely has many factors. There is an interesting section on some of the possible reasons why bleeding could occur.

For the diagnosis routine haematology can be suggestive with signs of blood loss plus eosinophilia, and globulin levels and calcium may be elevated. There is a description of Baermann flotation, previously the most reliable way of diagnosing the presence of the parasite. A simple direct faecal smear has a sensitivity of about 50% but is diagnostic when the typical coiled parasite with a hooked end is found microscopically.

The in-house ELISA test -Angio Detect has made
In conclusion: -

- The prevalence of the parasite is increasing northwards and there are local geographic hot spots
- Respiratory and coagulation signs are common and sudden death can occur
- The two licensed products that are available are moxidectin/imidacloprid, two doses being given a month apart and milbemycin products, (e.g. Milbemax) which are given at weekly intervals times four.

Prevention with these products must be monthly (considering the pre-patent period)

- Moxidectin/imidacloprid prevents disease and patent infection
- Milbemycin prevents disease by reducing level of infection.

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Simon is clearly on top of his subject and gets through a phenomenal amount of information without and pauses or hesitations. There is a lively question and answer session at the end – always a good sign of an excellent presentation. You will not find a better up to date account of this important parasite

#backtoschool

Yes, the summer holidays are coming to an end and at various points over the next few weeks the roads will be back to their usual busy and traffic clogged states at 8am and 3pm. The school rush hour is A Thing and in London there is a helpful Top Ten worst school run list – always a good read for places to avoid driving.

Puppy Run

The other “run” that happens at this time of year is the Back to School Puppy Run. Rather like house sales and rentals buying a puppy is often based around the academic year as the main summer holidays are over, there’s time for the puppy to settle in before Christmas comes and the weather hasn’t got so bad you don’t want to be out walking your dog. Surely a happy time for all even with the joy of toilet training?

The beginning of the end?

Sadly we know this isn’t always the case and with the success of Lucy’s Law still being reported I personally hope that this September is the beginning of the end of some of the awful situations we see new puppy owners in. I know I’m preaching to the converted here about the underage and unwell puppies that grace our practices and I hope in the future it will not be so easy to breed indiscriminately and sell on through multiple third parties making welfare a low priority and the origins of the puppy hard to determine.

There is still work to be done on finalising what Lucy’s Law will cover so do keep your eyes peeled for further press releases and make sure clients don’t think this is an active law now and they have another level of safety when buying a puppy.

In the mean time

It will be sometime before we see the effects of Lucy’s Law in our consult rooms so until then what can we do to help clients and ourselves by getting puppies that are healthy and happy? Pupaid is still a great resource and #wheresmum a great way to remind people not to buy puppies where they cannot see the mother and puppies together.

To coincide with the Puppy Run the Kennel Club hold their Puppy Awareness Week at the start of September with advice on avoiding puppy farm dogs and where to find KC breeders.

You could always take things into your own hands and hold your own pre-pet parties. I think I first wrote about this idea 3-4 years ago and while nurse consults can be a great place for people to come and get advice we know only a very small number of people contact a vet before buying a pet, so perhaps share the idea that people can come and ask questions BEFORE they get a pet.

Create an evening/afternoon where you can work with local rehoming charities to give a few short presentations on how to find a puppy, what to look for and how to care for your new puppy. It starts the client bonding process before they get the puppy and hopefully increases their chances of finding the right puppy and a happy and healthy one too. If current clients could share their stories of finding a new puppy then even better.

I don’t see the September timed Puppy Run changing in the near future but maybe with Lucy’s Law and by sharing what we know we can find a way to show people how to safely buy a puppy.
The Open College of Equine Studies (TOCES):

- is the leading training provider in the equine nursing field;
- is an RCVS approved Training Provider, successfully training Equine Veterinary Nurses since 2009;
- offers the City and Guilds level 3 Diploma in Veterinary Nursing (Equine Pathway) via a 3-year blended learning programme: tutor-supported online study and attendance at practical study weeks (held in Suffolk, England);
- can arrange Training Practice approval for UK and overseas veterinary practices;
- has an extremely high first-time pass rate for all examinations and 100% final success rate;
- has trained, or is currently training, nurses from 60+ practices from both the UK and overseas, including the Household Cavalry and Royal Army Veterinary Corp;
- specialises in equine nursing and, whilst teaching covers the necessary small animal content, the focus is on equine nursing from Day 1;
- has developed extensive online course material and study resources;
- provides a high level of support to students, clinical coaches and practice managers throughout the programme.

This delivery mode is ideal for busy practices; with intakes in September and March practices can ‘stagger’ their student veterinary nurses’ training to ensure year-round cover. For UK students, attendance at three four-day study weeks per annum saves travel time and reduces disruption to practice work routines. For overseas students, attendance at study weeks in three four-week blocks, saves travel time and expense.

Contact: Tel: +44 (0) 1284 811 401
Email: info@equinestudies.co.uk
Website: www.equinestudies.co.uk
With the recent government announcement that all equines must be microchipped by October 2020, Pet-ID Microchips has seen a flurry of activity from equine vets as they gear up for the changes.

Since 2009 it has been a legal requirement for equines to be microchipped in order to obtain a horse passport, but it wasn’t retrospective and there are still many unchipped equines. Under the new legislation, owners could face sanctions from their local authority, including a compliance notice and a fine of up to £200.

Pet-ID offers a range of microchip formats to suit implanter preference and a selection of scanners for use in the equine market, from models with replaceable batteries, handy for vets who are out and about, to USB-rechargeable scanners.

Pet-ID’s high specification microchips are specifically identified by ICAR manufacturer code 958, conform to ISO standard 11784/11785 and carry a lifetime guarantee. Pet-ID microchips are encased in non-permeable, bio-compatible glass and coated with anti-migratory Parylene-C. All our needles are precision engineered to ensure strength and sharpness, offering effortless implantation.

Our bespoke 12mm needle assemblies have the smallest gauge cannula on the market. Our Chipworks database helps provide our customers with a one-stop shop for microchipping, registration and reunification and is an associate member of EuroPetNet, beneficial for equines travelling abroad.

We are also lobbying Defra to ensure that the new Central Equine Database integrates with UK microchip registration databases rather than being a stand-alone resource.

For more information and offers, please contact us at sales@pet-idmicrochips.com or 01273 837676 and say you saw us on Webinar Vet!
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MSD - YOUNG STOCK STREAM

Burgess is an independent family run business based in Thornton-le-Dale. We are one of the UK’s leading pet food manufacturers, catering for the country’s top nine most popular pets including dogs, cats, rabbits, guinea pigs, chinchillas, hamsters, gerbils, rats and ferrets.

For generations, Burgess has produced the finest quality foods for people, pets and animals.

Burgess

Having been named ‘Best Veterinary Recruitment Specialists UK 2018’ at the LUX Pet Product and Services awards, and ‘Best Start Up Business’ at the Express & Echo Business Awards, JHP is rapidly becoming the most trusted place for locum vets and nurses to find work. If you’re thinking of locuming, either as a permanent role or in a part-time capacity, JHP is the place to be.

JHP

JHP – Nurse stream
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MSD – Young Stock stream

MSD Animal Health is the leading animal health company in the United Kingdom. We offer one of the industry’s most innovative portfolios to prevent, treat and control diseases across all major farm and companion animal species. Our mission – The Science of Healthier Animals – guides all of our work. Healthier animals mean a sustainable food supply, protection for humans against diseases passed from animals, and longer, healthier lives for pets.

Our robust research and development pipeline spans key therapeutic areas, providing a solid platform for further advances in veterinary medicine. Our customers expect more from us than just medicines, and we continue to deliver the information, technologies and veterinary services to meet their needs around the world. As a multi-species global company operating in more than 150 markets, we respond readily to the demands of our dynamic industry.

MSD Animal Health’s commitment to cattle farming starts at the youngstock phase. Bovine Respiratory Disease (BRD) and Scour are two prominent diseases which can be hugely detrimental to calf development and farm productivity. We provide preventative solutions through products and guidance to support farmers in keeping their youngstock healthy.

For more information, connect with us @ NotOnMyFarm on Twitter.
Register for PATS Telford taking place on Sunday 23rd & Monday 24th September at the Telford International Centre

More than 200 exhibitors – with over 60 exhibiting for the first time at PATS Telford.

PATS Telford – where the pet trade meet to do business.

If you are interested in seeing all that’s new in the pet trade for the autumn/winter season – then a visit to PATS Telford is essential.

Learn from the experts – come along to the diverse programme of PATS Seminars. Headlining this year’s seminar programme are:

Roger Mugford, Company of Animals - Physiological Basis of the human - animal bond: the driver to our pet industry.

Paul Manktelow, PDSA - How to drive sales of pet products using expertise, engagement and ethics.

Here are just a few exhibitors we think you will want to visit: Burgess, Burns, Company of Animals, Danish Design, Hills, KONG, Royal Canin, Scruffs, Sharples, TastyBone, Trixie and Zyklene.

We’ve made it easy for you to get your PATS tickets – simply click below to register.

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