

### Our Dedicated Staff

#### IMAGERS

**Virginie Barberet** DVM, Dipl ECVDI MRCVS, Teaching Fellow in Diagnostic Imaging

**Dr Kate J Bradley** MA VetMB PhD DVR DipECVDI MRCVS, Clinical Fellow in Diagnostic Imaging

**Chris Warren Smith** BVetMed CertVDI MRCVS, Clinician in Diagnostic Imaging

#### ANAESTHETISTS

**Gwen Covey-Crump** BVet Med Cert VA MRCVS, Clinical Anaesthetist

**Dr Emma Jane Love** BVMS PhD DVA DipECVAA MRCVS FHEA. Clinical Fellow in Veterinary Anaesthesia

**Pamela J Murison** BVMS DipECVA DVA MRCVS, Senior Lecturer in Veterinary Anaesthesia

**Dr Joanna Murrell**, BVSc PhD CertVA DipECVA MRCVS, Senior Lecturer in Veterinary Anaesthesia

#### SMALL ANIMAL SURGEONS

**Neil Burton** BVSc DSAS (Orth) CertSAS MRCVS, Clinical Surgeon in Small Animal Orthopaedics

**Guillaume Chanoit** DVM Msc PhD MRCVS DipECVS, Senior Lecturer in Small Animal Surgery

**Ivan Doran** BVSc Cert SAS DSAS (Soft Tissue) MRCVS, Soft Tissue Surgeon

**Ed Friend** BVetMed CertSAS DipECVS MRCVS, Teaching Associate in Small Animal Surgery

**Kevin Parsons** BVSc, PhD CertSAS, DipECVS MRCVS, Senior Lecturer in Small Animal Surgery

**Adrian Wallace** BVSc(Hons) MACVSc(SAS) Dip ECVS MRCVS, Orthopaedic Surgeon

#### SPECIALIST DISCIPLINES

**Domingo Casamian Sorrosal** DVM CertSAM CertVC MRCVS, Clinician in Cardiorespiratory Medicine

**Tom Harcourt-Brown** MA VetMB CertVDI DipECVN MRCVS, Head of Neurology

**Dan Lewis**, VetMB MA CertVA MRCVS, Emergency and Critical Care Clinician

**Natalie Perrins** BVetMed CertVD DipECVD MRCVS, Veterinary Dermatologist

### Extension of our Commitment to Provide the Best Care—24/7



**Dan Lewis** has joined us as an Emergency and Critical Care Clinician to lead in our new State of the Art ICU facility with a dedicated Feline ICU. Dan is interested in most aspects of Emergency and Critical Care work, but particularly in the treatment of septic patients and the stabilisation of acute cardio-pulmonary disorders. His role will be key to the running of the newest ICU facility in the south west and our dedicated Feline ICU. Joanna Potter is also due to start a Senior Clinical Training Scholarship in Veterinary Anaesthesia.

### Expanding Imaging Team and Facilities

**Chris Warren Smith** has joined the team to work as a Clinician in Diagnostic Imaging as the team move into the new facility with the CT Scanner and Imaging Suite. This will give the full range of facilities:

- 16 –Slice CT Scanner
- Conventional digital radiography
- High resolution fluoroscopy
- Diagnostic ultrasound
- Scintigraphy (or bone scans) and
- Twice weekly visiting high resolution MRI.



The addition of the CT scanner gives us a greater range of imaging for thoracic and abdominal disease, especially for lungs, as well as nasal or vascular disease. Sally Birch is also due to start a Senior Clinical Training Scholarship in Veterinary Diagnostic Imaging.

### Enhancement of the Surgical Team



We are also expanding our surgical services as **Ivan Doran** joins the team as a Soft Tissue Surgeon. Ivan became an RCVS Recognised Specialist in Small Animal Soft Tissue Surgery in 2010 whilst working in Cheshire and France. He joins us this month and takes pleasure in all elements of soft tissue surgery.

**Katie Hamilton** has also joined the team as a Senior Clinical Training Scholar in Surgery. She enjoys all aspects of her role but has a special interest in wound management and stifle disease.

### Exam Success

We are pleased to say that **Neil Burton** has passed the RCVS Diploma in Small Animal Surgery (Orthopaedics). His clinical interests include complex fracture repair, hip, elbow & knee replacement and limb deformity correction with Ilizarov fixation.

### Staff Appointments

**Tom Harcourt-Brown** joined LVS to establish our Neurology service 12 months ago and has already been joined by a Senior Clinical Training Scholar in Neurology **Jeremy Rose**.

Our Internal Medicine team has also been strengthened as **Natalie Finch** joined in May as a Senior Clinical Training Scholar in Feline Medicine. Natalie comes to us following a PhD at the RVC and is a Liverpool Graduate from 2005. Natalie's interests include geriatric feline medicine and in particular chronic kidney disease.

## Our Dedicated Staff

### SMALL ANIMAL MEDICINE

**Lucie Goodwin** BVetMed DipACVIM  
MRCVS, American Specialist in Small  
Animal Internal Medicine

**Prof Edward J Hall** MA VetMB PhD  
DipECVIM-CA MRCVS, Professor of Small  
Animal Internal Medicine – European  
Specialist in Small Animal Internal Medicine

**Angie Hibbert** BVSc CertSAM DipECVIM-  
CA MRCVS, Clinical Fellow in Small Animal  
Medicine – European Specialist in Small  
Animal Internal Medicine, RCVS Specialist  
in Feline Medicine

**Dr Séverine Tasker** BSc BVSc(Hons) PhD  
DSAM DipECVIM-CA PGCert(HE) MRCVS,  
Senior Lecturer in Small Animal Medicine  
– RCVS Specialist in Feline Medicine &  
European Specialist in Small Animal  
Internal Medicine

**Sheena M Warman** BSc BVMS DSAM  
DipECVIM-CA PGCert(HE) MRCVS,  
Clinical Fellow in Small Animal Medicine –  
European Specialist in Small Animal  
Internal Medicine

### CLINICAL PATHOLOGISTS

**Dr Kostas Pappasoulitis** DVM PhD  
DipRCPath DipECVCP MRCVS,  
Senior Lecturer in Veterinary Clinical  
Pathology/Academic in charge of  
Diagnostic Labs

**Kathleen Tennant** BVetMed CertSAM  
CertVC FRCPath MRCVS, Clinical Fellow in  
Veterinary Clinical Pathology

## Evening Bites...

**Our Next Evening Bites is on  
Monday 5th December 2011:**

**New developments in veterinary  
anaesthesia, sponsored by Dechra  
Veterinary Products.**

At each meeting there will be two  
talks from a Specialist and a Senior  
Clinical Training Scholar covering  
a broad range of new and relevant  
topics to keep the General Practitioner  
informed and up-to-date.

Buffet is from 7.30pm, talks 8-10pm.

**See website for more details and  
to register – cost £30 per evening,  
discount for multiple bookings**



## 'DAZZLE' SHINES AFTER THERAPY at Hydrotherapy Unit

Dazzle was involved in a road traffic accident where she ruptured her left calcanean, or achilles tendon. She also had a history of bilateral cruciate ligament disease prior to the accident. Following surgery at the referring practice to stabilise her hock she was on strict rest and so was initially presented with muscle wastage of her left hind. This was assessed prior to her first session along with a swollen hock and a reduced range of movement on all joints of the left hind and her right stifle joint. Once dogs have had this assessment we then establish a list of goals and for Dazzle these were:

- To rebuild the muscle that had been lost.
- Improve the range of movement of her joints.
- Provide continual protection for the surgery and both stifles.

### Pool or Underwater Treadmill?

In the four and a half years that we have been providing this service we have seen many dogs with a range of different conditions. Deciding between these two therapies needs knowledge and experience. The underwater treadmill is useful for dogs recovering from surgery and many types of injury. It can also help with arthritis, obesity and general fitness training. So for Dazzle we chose the underwater treadmill with a high water level, to give the impaired limbs as much support as possible. Her initial treatment programme involved two sessions per week.

Dazzle was quite anxious for the first few sessions but settled down well. At each session, we either increased the speed of the treadmill or the duration of the therapy, depending on how she coped after the last



### Hydrotherapy can help with many conditions, including:

- Arthritis
- Hip dysplasia (surgically/conservatively managed)
- Obesity
- Pre & post surgery (cruciate ligament repair, hip replacement etc)
- Neurological conditions that affect mobility
- Spinal injuries
- Muscle spasms, wastage & weakness
- Injuries in working & sporting dogs
- General fitness & fun sessions

visit. She did not have any problems as a result of her treatment and so after session 13, we decided to drop her sessions down to once a week because her mobility was much improved. At the same time she was having regular visits to her practice and was being advised to gradually increase her lead walks by 5 minutes each week. She has finished her hydrotherapy treatment after reaching all the goals we set and is allowed back to normal exercise.

## New Scheme for our Hydrotherapy Clients - and their Pets!

We have recently introduced a **Loyalty Scheme** for clients to help them provide the best for their pets who need the care and expertise of the hydrotherapy service.

**Clients who buy 9 sessions in the unit will get the 10th FREE.**

## New Pain Clinic Service

The hydrotherapy unit can also be used as part of our approach to chronic pain conditions and if you would like more information on our new Pain Clinic then follow this link to the website: <http://www.langfordvets.co.uk/anaesthesia.htm>

There is more case information there for you to read.

*We are members of the Canine Hydrotherapy Association* which represents the majority of hydrotherapy centres in the UK. Every member centre must have at least one operative holding (or working towards) a minimum Level 3 Certificate in Hydrotherapy for Small Animals Qualification on the National Framework (QoNF) and we are pleased to announce that Sadie May Phelan has now completed that qualification.

## Too much to swallow...



**History:** Jasmine is a 10 year old female spayed Springer Spaniel, presented to Langford as an emergency following just over a week of lethargy, inappetance and retching after eating. She had also had signs of watery diarrhoea.

**Clinical examination:** Jasmine was pyrexia (39.9 °C), tachypnoeic and was standing with a very low head carriage. She had pain on deep abdominal palpation.

**Further investigation:** Biochemistry showed a low blood albumin and slightly raised ALKP. Whilst abdominal radiography was unremarkable, thoracic radiography showed a mineral opacity in the oesophagus, consistent with a foreign body. There was no evidence

of aspiration. Endoscopy revealed a large bony foreign body lodged within the oesophagus which was able to be retrieved using the endoscope, without the need for surgery. However, significant damage to the oesophagus was noted and there was a concern about the risk of perforation and stricture formation.

**Aftercare:** Gastro protectants, antibiotics and metoclopramide were all prescribed post-endoscopic removal to aid in the closure of the cardiac sphincter and protect against oesophageal reflux. Endoscopy was repeated 48 hrs after foreign body removal and this revealed a marked improvement in the oesophageal mucosa, with no evidence of perforation or stricture formation. We advised that Jasmine was fed on a wet diet for a few weeks.

# Langford The Feline Centre

VETERINARY SERVICES



2 year old FN DSH with diffuse bronchointerstitial pattern on lateral chest radiography that presented with coughing; had *Mycoplasma felis* found on BAL samples

## New QPCR assay to detect *Mycoplasma felis* in cats

*Mycoplasma felis* is an important pathogenic and commensal organism. Although it can be isolated from the upper respiratory tract and conjunctivae of normal cats, it can also be associated with disease in these areas in cats with respiratory signs and conjunctivitis. The presence of *M.felis* in the lower respiratory tract is always regarded as abnormal and has been associated with feline bronchial disease. Additionally, *M.felis* has been described as causing arthritis, and

meningoencephalitis in a recent case report. Thus, *M.felis* infection should be considered as a differential diagnosis in cats presenting with respiratory signs, conjunctivitis, arthritis and maybe neurological disease. Interpretation of results of *M.felis* testing should be done in light of the clinical signs being shown and the detection of any other potential pathogenic agents.

Diagnosis of *M.felis* infection has traditionally been by bacterial culture, but it can be difficult to grow. The Molecular Diagnostic Unit has recently developed a sensitive quantitative (Q) PCR assay to detect *M.felis* in cats. The assay includes an **internal amplification control** to ensure that a valid diagnostic result is produced for every submitted sample.

*M.felis* usually responds well to systemic doxycycline treatment (10mg/kg once daily for three weeks, ensuring tablets are completely swallowed by following with water or food to avoid possible oesophageal inflammation due to incomplete swallowing; a longer course may be required for lower respiratory cases); clinical response and follow up QPCR analysis can help monitor effective treatment.

### Sample submission

The *M.felis* QPCR can be performed on the following:

Transtracheal wash • Bronchoalveolar lavage • Ocular swab • Throat swab.

## Infectious disease QPCR Promotional Packages:

Normal cost £27 each but we can do:

- 2 tests at £38
- 3 tests at £48
- 4 tests at £58
- 5 tests at £68

Includes:

- *Bordetella bronchiseptica* (Canine/Feline)
- *Chlamydia felis*
- *Feline calicivirus* (FCV)
- *Feline herpesvirus* (FHV)
- *Mycoplasma felis*



Tubes in a real-time PCR machine

## The mystery of Bailey's collapsing episodes (9 year old FN DSH)

Bailey was referred to The Feline Centre with a 3 month history of weight loss and 3 collapse episodes characterised by vocalisation and hindlimb paresis. Physical examination was unremarkable but did reveal that Bailey was underweight. Differentials for the collapse episodes included cardiogenic collapse or partial seizures. Initial investigations performed (to identify causes of weight loss or possible cardiogenic collapse) included haematology, biochemistry, thyroxine level, abdominal ultrasound, thoracic radiographs, echocardiography and electrocardiography which were unremarkable.



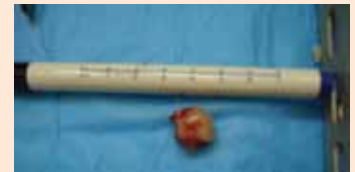
Bailey

Due to suspicions that Bailey may have partial seizures, a brain MRI was performed. This revealed a large (1.5cm diameter) mass in the dorsal aspect of the right frontal lobe in close contact with the dorsal meninges surrounded by a large amount of cerebral oedema. Based on the MRI appearance of the mass and Bailey's chronic clinical presentation a meningioma was suspected and a craniotomy was performed to remove the mass. Bailey was treated peri-operatively with anti-inflammatory doses of prednisolone and the anticonvulsant levetiracetam. Histopathology confirmed a meningioma. Bailey recovered very well from the surgery without complications.

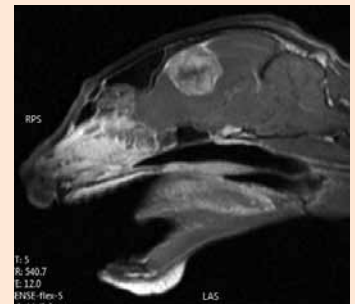
Meningiomas account for approximately 60% of feline intracranial neoplasms and they usually occur in older cats. Approximately 15% of cats will have multiple meningiomas. Clinical signs are variable, usually have a prolonged clinical course and may include altered mentation, visual impairment, paresis and seizures. Survival times for surgically treated cats are favourable with approximately 80% surviving the immediate peri-operative period and 50% survival at 2 years follow-up. Approximately 20% of cats will have tumour recurrence following resection.



Surgical Removal of the Meningioma



The Meningioma after removal



MRI Scan of Bailey

### Clinical trial: Evaluation of the efficacy of a dietary supplement in feline idiopathic cystitis

#### Free CPD for vets for each cat with suspected idiopathic cystitis referred!

The Feline Centre at Langford Veterinary Services (University of Bristol) is now starting a clinical trial to evaluate the clinical efficacy of a dietary supplement in conjunction to standard management (medical and behavioural) in cases of feline idiopathic cystitis.

The Feline team welcomes suitable cases for enrolment in this study. We would be very happy to assess any cat having had a minimum of two episodes of lower urinary tract disease over a six-month period. Initial investigation to confirm the diagnosis of idiopathic cystitis will be performed at a reduced cost.

#### CPD reward:

For each case of suspected feline idiopathic cystitis that you refer for assessment for the trial, you will receive a free CPD evening at Langford, worth 2 hours of CPD!

If you refer three cases for assessment over a one year period, you will receive a free CPD day at Langford, worth 8 hours of CPD!

For further information or queries about the suitability of a case, please see <http://www.langfordvets.co.uk> or do not hesitate to contact us:

#### Contact details

**Catherine Bovens** DVM CertSAM MRCVS  
Senior Clinical Training Scholar in Small Animal Medicine

**Angie Hibbert** BVSc CertSAM DipECVIM-CA MRCVS  
European Veterinary Specialist in Internal Medicine and RCVS Recognised Specialist in Feline Medicine

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### ORGANISING A REFERRAL?

Simply phone the Small Animal Hospital on: 0117 928 9420/9447. One of our receptionists will take your owners details and contact the client direct to book the appointment. We will then fax/e-mail you to confirm their appointment time. If you would like to speak to a clinician for advice, they will be very happy to chat to you. We do not have waiting lists and are happy to accept emergency referrals immediately. For Small Animal Hospital, please fax: 0117 9289628 or e-mail: [sah@langfordvets.co.uk](mailto:sah@langfordvets.co.uk)

### DID YOU KNOW?

- We have Board Certified clinicians in all of our disciplines.
- We are able to make direct Insurance claims.
- For uninsured clients we may provide Interest Free Payment Plans

### Should Loyalty be Rewarded?

We believe it should! We provide 10% of case value back to you as flexible CPD rewards. For more information or to register, visit our website: [www.langfordvets.co.uk](http://www.langfordvets.co.uk) or call Clare Main: 07810 505861