

## Our Dedicated Staff

### IMAGERS

**Virginie Barberet** DVM, Dipl ECVDI  
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**Dr Kate J Bradley** MA VetMB PhD  
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### ANAESTHETISTS

**Gwen Covey-Crump** BVet Med Cert VA  
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**Dr Emma Jane Love** BVMS PhD DVA  
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**Pamela J Murison** BVMS DipECVA  
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**Dr Joanna Murrell**, BVSc PhD CertVA  
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**Kerry Robinson** BVSc CertVA DipACVA  
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### SMALL ANIMAL SURGEONS

**Neil Burton** BVSc CertSAS MRCVS,  
Clinical Surgeon in Small Animal  
Orthopaedics

**Guillaume Chanoit** DVM Msc PhD MRCVS,  
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**Ed Friend** BVetMed CertSAS DipECVS  
MRCVS, Soft Tissue Surgeon

**Kevin Parsons** BVSc, PhD CertSAS,  
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Animal Surgery

**Adrian Wallace** BVSc(Hons)  
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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

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

### SMALL ANIMAL MEDICS

**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

## A case of exercise intolerance and collapse

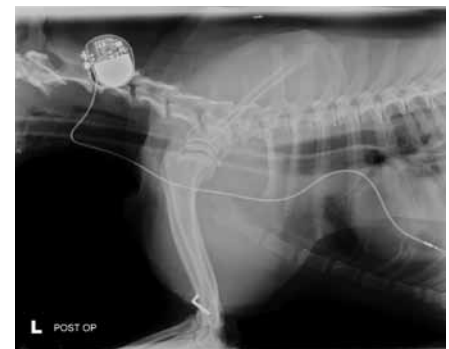
Poppy, a lovely 14y old cross breed dog presented to Langford Veterinary Service with a history of lethargy and collapsing episodes. Pre-syncopal and syncopal events were suspected.



Other than a mild bradycardia (heart rate 55 bpm) physical examination was unremarkable. Investigations included haematology

and biochemistry, blood pressure assessment, blood tests for thyroid and adrenal function evaluation, ECG with an atropine response test, echocardiography, thoracic radiography, abdominal ultrasonography and a 48 hour continuous monitoring ECG (Holter). A diagnosis of hypothyroidism and a severe bradyarrhythmia characterised by an abnormal sinus and AV node function was reached. An inappropriately low sinus rhythm non-responsive to atropine and frequent intermittent first, second and third degree AV block was observed. The arrhythmia was suspected to be caused by a combination of sick sinus/idiopathic-degenerative AV nodal disease and the hypothyroidism. However, as hypothyroidism can markedly affect impulse formation and AV conduction, therapy with levothyroxine was initially started and response to this was monitored. Poppy achieved euthyroid state and this improved the basal heart rate a little, the lethargy resolved however the syncopal episodes persisted. The syncopal episodes became more frequent as Poppy increased her willingness and strength to exercise but could not maintain an adequate heart rate and cardiac output for those demands. Permanent pacemaker therapy was then performed. Pacemaker implantation

was carried out routinely via an endocardial lead implanted into the left ventricle through the jugular vein and attached to a pulse generator positioned subcutaneously at the neck. The pacemaker was left on VVIR mode which pace on demand and at a variable heart rate depending on Poppy's needs. Following pacemaker implantation, Poppy's collapsing episodes fully resolved. We are delighted that Poppy has made a full recovery, she has recovered her energy and she is able to run and exercise as much as she wants now without collapsing. According to her owner she looks like four again rather than fourteen!



### Investigations of collapse at Langford Veterinary Services

These cases include an amalgam of processes which can include systemic/metabolic conditions, cardiorespiratory diseases, CNS or neuromuscular processes and musculoskeletal disease. Some of these cases are simple and can be diagnosed with a consultation and basic tests while many others are complex and require the input from internal medicine, cardiorespiratory, neurology and orthopedics clinicians along with comprehensive and specialised investigations. The possibility of providing a multidisciplinary approach to these cases is invaluable to reach a correct diagnosis and avoid unnecessary testing.

### Evening Bites....

**Our next Evening Bites is on Monday 5<sup>th</sup> September 2011, Cytology of Lumps and Bumps.** At each meeting there will be two talks from a specialist and a resident 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 from 8 - 10pm. *See website for more details and to register – cost £30 per evening, discount for multiple bookings.*

## Our Dedicated Staff

**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 Papasouliotis** 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

## 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

## A Lucky Escape For Minnie!

**History:** Minnie, a 10 mth old female speyed Springer Spaniel, presented to Langford as an emergency in the early hours of sunday morning. Minnie suffered a fall on a late evening walk and was unable to use her hindlimbs following this incident.

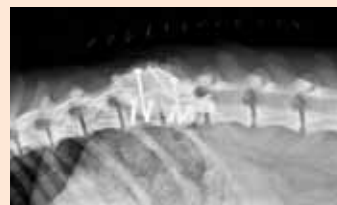
**Clinical examination:** On neurological examination, Minnie had no voluntary movement in her hindlimbs, however deep pain sensation was intact.

**Further investigation:** Radiographs revealed a fracture/luxation at T13-L1.

**Surgery:** Minnie was taken to theatre immediately. A mini-hemilaminectomy was performed at T13-L1. Moderate ventral compression was present from a large haematoma, this was removed with neurosurgical instrumentation in order to achieve decompression. The luxation was reduced and temporarily stabilised with Kirschner wires placed across the articular facets. The vertebrae were stabilised with 2.7mm screws (three per vertebra) and bone cement applied bilaterally.

**Aftercare:** Minnie made an uneventful recovery from surgery and had regained some voluntary movement in the hindlimbs at discharge.

**Follow up:** Minnie returned to Langford at 6 weeks post surgery. She has made excellent progress and is walking unaided with only mild ataxia present in the hindlimbs. She has been having hydrotherapy sessions twice weekly. Her prognosis is excellent, it is likely that she will make a complete recovery.



## Bella's Bad Kidney (5yo FN Domestic Shorthair)



Bella was referred to The Feline Centre with a one-month history of intermittent vomiting, inappetance and right-sided renomegaly. Biochemistry revealed a moderate elevation of creatinine and hyperphosphataemia. Abdominal ultrasound and radiographs revealed a large accumulation of fluid in the subcapsular space of the right kidney, resembling a perinephric pseudocyst, moderate right renal pyelectasia and multiple radiopaque ureteroliths along the length of the right ureter. The left kidney was very small.

90ml of fluid was drained from the right subcapsular space, analysed and found to be urine and therefore not a perinephric pseudocyst.

We suspected that Bella had chronic obstruction of her right ureter due to ureteroliths, which classically are treated medically or, if this is not possible, removed via ureterotomy. There is a risk of ureteral stricture after this surgical procedure. Nephrectomy was not an option for Bella because her left kidney was structurally abnormal and considered unlikely to be properly functional, considering her urine specific gravity was inappropriately concentrated. We attempted instead to salvage Bella's right kidney via placement of a ureteral stent, which bypasses the obstruction.

A 14 mm hard multifenestrated double pig tail ureteral stent was placed in the right ureter from the bladder to the renal pelvis. The stent was placed via a 2 cm ventral cystotomy, with no need to surgically open the ureter. For more details on this procedure please go to [www.langfordvets.co.uk](http://www.langfordvets.co.uk)

After stent placement the ureter dilates around the stent (passive ureteral dilation) and the urine can therefore flow in and around the stent bypassing the obstruction. Bella has recovered well post-operatively. Her azotaemia has resolved but she has a persistent mild hyperphosphataemia. She has some evidence of mechanical cystitis due to irritation from the stent, but we are hopeful that this will reduce over time. Bella's chronic kidney disease will be managed in the longer-term with a restricted protein and phosphate wet diet. Although we cannot guarantee that she will not develop further uroliths, the ureteral stent will help to maintain Bella's renal function for as long as possible. Ureteral stents now offer an alternative means to be able to by pass an ureteric obstruction and salvage the obstructed kidney.