



Example Reports **Consulting**



Clinical
Support
Services

CONSULTING REPORT



PATIENT PROFILE

Patient Name Perra

Owner Name Smith

Gender Female Neutered

Species Dog

Breed Crossbreed

Age 2yrs 2 mo

Clinical history:

Rehomed from Spain a year ago. Left-sided intermittent epistaxis throughout the day. Intermittent sneezing for the past few months. Mild shifting lameness for the past few weeks. Physical examination findings: mild generalised lymphadenopathy, temperature 39.6, otherwise NAD.

Clinical questions to be answered:

- How do I stop the epistaxis?
- What are your differentials and further testing do you advise for the lameness and epistaxis?

Attachments/pertinent test results:

- Biochemistry and CBC bloods: marginal thrombocytopenia ($109 \times 10^9/l$), marginal hyperglobulinaemia (59 g/l)
- Ultrasound: AFAST scan – mild splenomegaly, no abdominal free fluid
- Buccal mucosal bleeding, PT and PTT within normal limits
- Angio Detect™ test - negative
- SNAP® 4DX® plus test -negative (Anaplasma, Ehrlichia, Dirofilaria and Borrelia spp.)

WRITTEN SPECIALIST ADVICE

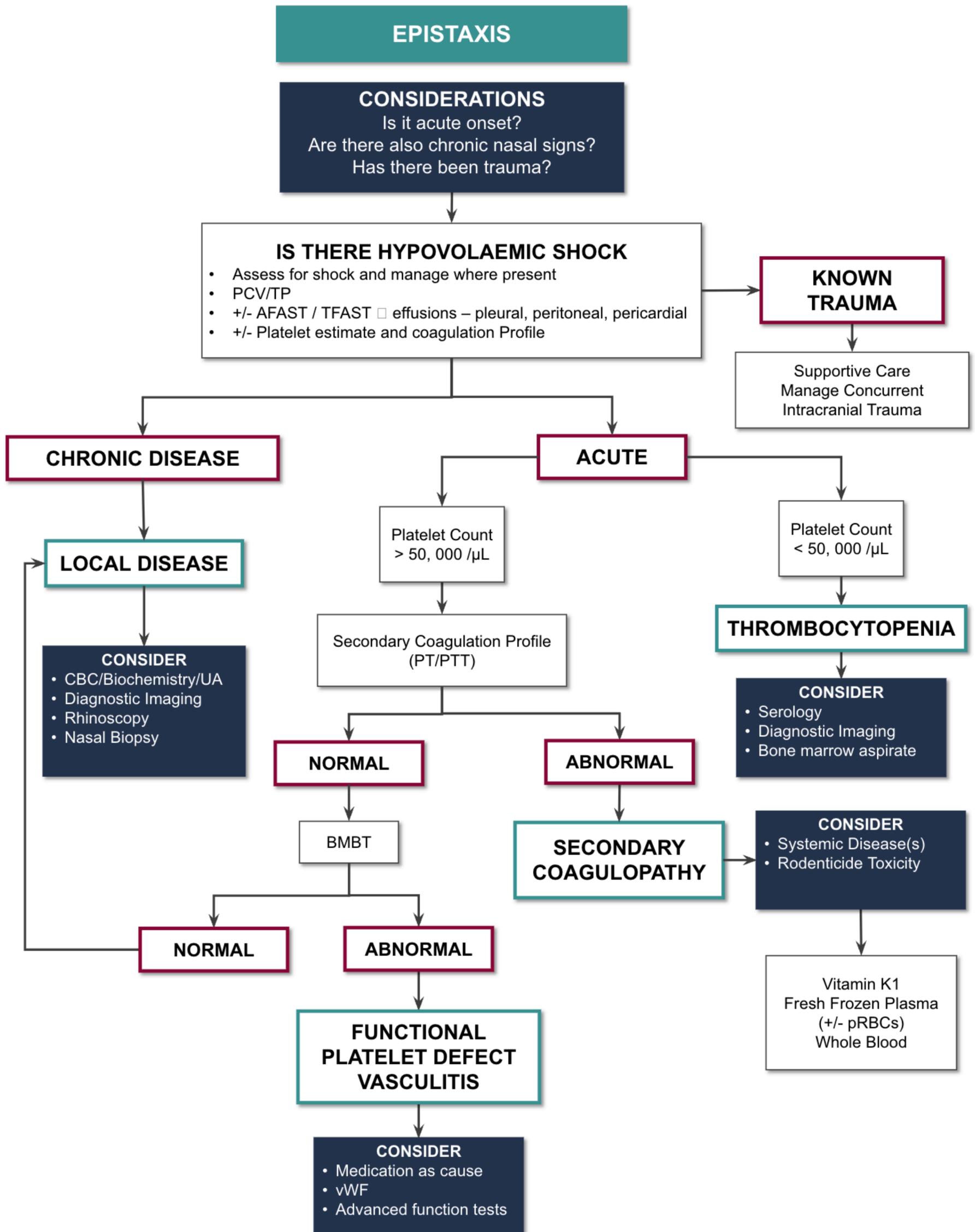


Hi! I'm **Dr Mellora Sharman**, your Internal Medicine Specialist. Thank you for requesting advice from the VET.CT Consulting team about Perra, I hope you find this summary useful.

Stopping the epistaxis

First, here's some information for you on controlling the epistaxis. Having spoken to an anaesthetist, they advised that they would typically use phenylephrine or adrenaline intranasally, using the equivalent of the IV dose in mg/kg but diluting it first, given the highly vascular nature of the nasal mucosa. Their preference was for phenylephrine. I hope this helps you!

Further advice about differentials and testing:



- Differentials include a generalised vasculitis (immune mediated, infectious disease - i.e. Leishmaniasis), or non-specific inflammatory rhinitis, fungal rhinitis. A FB rhinitis or reaction is possible, but seems less likely with the chronicity of sneezing and lack of current overt irritation. More advanced imaging of the head (CT) and rhinoscopy would be helpful to narrow down these differentials. The possible lymphadenopathy / splenomegaly and shifting lameness do make me concerned for something more systemic.
- The lameness could reflect inflammatory disease. Haemorrhage into joints seems less likely and would be more atypical in my mind where there is not an obvious primary or secondary coagulation disorder.
- The travel from Spain might place Leishmaniasis higher on the list of possibilities here - for which serology may indicate prior exposure or current infection. Identification of organisms on cytology samples from the LN or spleen would be more indicative of active / subclinical disease, and PCR could similarly be useful to detect organism DNA.
- The owner may wish to wait for these diagnostics before proceeding with more advanced imaging etc, although I would closely monitor the clinical situation to determine if this is appropriate - ongoing epistaxis that is not able to be controlled, or the need for transfusion would be good indicators for referral sooner rather than later when other diagnostics are returned.
- Other diagnostics / monitoring to consider would include BP assessment for possible hypertension, monitoring of the temperature and PCV ongoing in case of intermittent pyrexia, and worsening PCV.
- As the signs are vague and there is no obvious inflammatory leukogram /stress leukogram a basal cortisol may be a consideration - with stimulation testing recommended if baseline cortisol is < 55 nmol/L.
- A UPC might indicate proteinuria - this could be non-specific at this time, but may be an important consideration if there is borderline azotaemia (IRIS Stage 1 disease) or where Leishmaniasis is confirmed.
- Non-specific management for epistaxis would include intranasal phenylephrine / adrenaline, ice-packs and consideration for sedation (buprenorphine / butorphanol). Medetomidine might also be a consideration as that might help with peripheral vasoconstriction and therefore help reduce the risk of re-bleeding.
- As above - more definitive diagnostics would include advanced imaging of the head and rhinoscopy. Abdominal ultrasound might also be worthwhile performing, in this case for further assessment of cavitory lymphadenopathy, splenomegaly +/- sampling.

We hope you find the summary of our advice helpful to support your management of this case. If you have any further questions or updates, contact us, you can add these via the consult chat on the platform/app.

With kind regards,

Dr Mellora Sharman

BVSc MVM PGradCert (Vet Ed) PhD FANZCVS DECVIM-CA MRCVS Specialist in Veterinary Internal Medicine

VET.CT - Consulting Services

CONSULTING REPORT



PATIENT PROFILE

Patient Name Thumper

Owner Name Jones

Gender Female Entire

Species Rabbit

Breed Dutch

Age 2yo 3 mo

Clinical history:

3 month history of incisor malocclusion now struggling to eat. Physical examination findings: both lower incisors are abnormal with overgrowth of the right lower incisor and the left lower incisor appears necrotic.

Clinical questions to be answered:

- Should I extract the incisors?
- What further step should I take to ensure this rabbit has the best possible outcome?

Attachments:



WRITTEN SPECIALIST ADVICE



Hi! I'm **Dr Copper Aitken-Palmer**, Specialist in Zoo, Wildlife and Exotic Animal Medicine. Let me summarise the issues facing this rabbit, then advise on diagnostics and management.

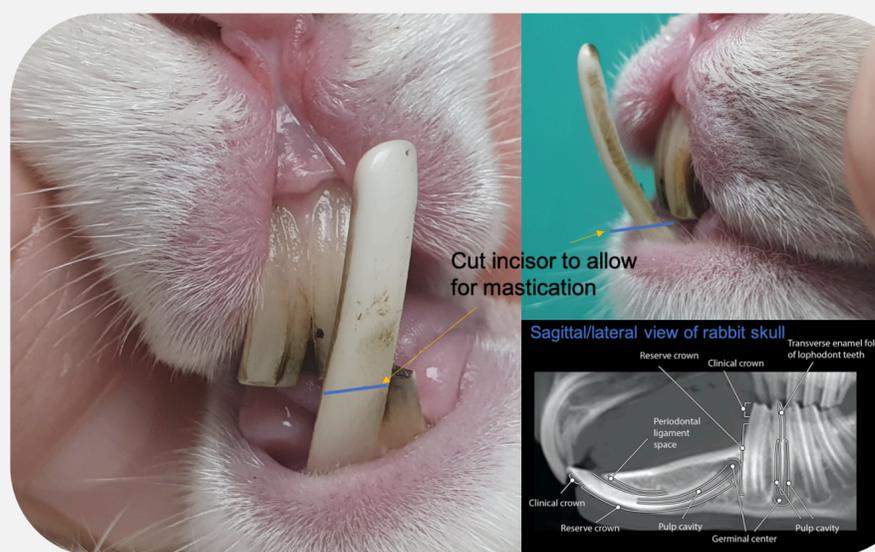
Firstly, it's helpful for you to let the owner know that typically, this type of malocclusion is caused by maxillofacial trauma as a juvenile but can also be congenital in dwarf breeds. Often the incisors are not the only affected teeth. The rabbit will likely require lifelong recurrent dental trimming and veterinary attention.

The right lower incisor is growing abnormally and appears to be affecting the growth of the left lower and both upper incisors. The upper incisors are splayed laterally. When there is malocclusion affecting normal tooth growth from the gumline, the pressure on these continuously growing teeth will result in elongation of the roots (reserve crown). The abnormal roots can then cause abscessation, pain, inflammation of surrounding soft tissues, and trauma to neighbouring teeth.

Incisor extraction is not an easy procedure in rabbits. Lower incisor extraction has fewer complications than upper incisor extraction, but extraction is a last resort. This rabbit could probably be managed with routine periodic dental trimming, but she may have lifelong health challenges related to dental disease. Extensive dental disease impacts an animal's welfare and is a common reason for euthanasia among rabbits.

For this rabbit, it will be important to address the dental abnormalities in stages as below.

1. Ensure adequate nutrition since the rabbit is not eating well - The priority is ensuring this rabbit can consume adequate nutrition. Nutritional support should include a high-fibre slurry daily while she is not able to eat her food normally. This will also make her a better anaesthesia candidate for dental trimming and evaluation.
2. Address incisor malocclusion - Conduct a full dental exam and imaging under general anaesthesia. Ideally any abnormal teeth should be trimmed to allow for improved mastication. Use a dental drill while protecting neighbouring soft tissue structures. I've included annotations to your photos to help guide the trimming of the incisor.
3. Evaluate for and address cheek teeth malocclusion
4. Diagnostic imaging should also be performed to evaluate the severity of the disease and plan for long term management. Skull CT is a more powerful diagnostic tool in rabbits, but skull radiographs provide some essential information.
5. Plan for long term care (e.g. frequent dental trimming/adjustments or extractions).



We hope you find the summary of our advice helpful to support your management of this case. If you have any further questions or updates, contact us, you can add these via the consult chat on the platform/app.

With kind regards,

Dr Copper Aitken-Palmer

DVM, PhD, Dipl. ACZM Specialist in Zoo, Wildlife and Exotic Animal Medicine

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CONSULTING REPORT



PATIENT PROFILE

Patient Name Tommy

Owner Name Black

Gender Male Neutered

Species Cat

Breed Persian

Age 2y 8mo

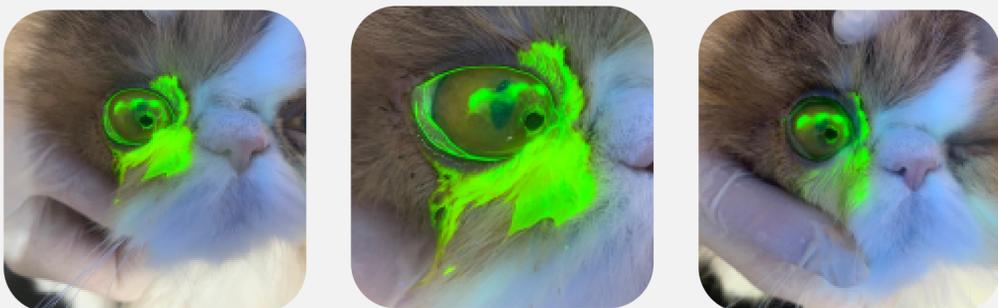
Clinical history:

3 months ago Tommy presented with a 5 x 3 mm corneal ulcer. It has been treated with topical chloramphenicol for a week. At the initial recheck the ulcer and region of fluorescein uptake was reducing in size and almost fully resolved. The patient then re-presented several weeks later, quiet and withdrawn.

Clinical questions to be answered:

- Does this cat have a corneal sequestrum? And if so, what has caused it?
- What is the prognosis for the eye?

Attachments:



WRITTEN SPECIALIST ADVICE



Hi! I'm **Dr. Marian Matas**, a diploma holder in ophthalmology. Let me review the case history and images and send over my recommendations.

Am I right in thinking this cat now has a corneal sequestrum?

Yes, you are absolutely right. This pigmented dark round lesion on the corneal surface is a corneal sequestrum.

Causes of corneal sequestrum

We do not know for certain what causes these. We suspect that any corneal injury in cats can cause the development of a corneal sequestrum, especially if the injury leads to chronic corneal ulceration. Persians are over-represented and this is probably because their shallow orbit, prominent globe and relatively reduced blink predisposes the cornea to ulceration. A sequestrum forms when part of the exposed corneal stroma becomes necrotic and subsequently pigments, leading to the characteristic 'black spot' which is diagnostic for a corneal sequestrum. Corneal sequestra are usually painful and, although in some cases they may slough naturally, this process can take months and may lead to complications including severe keratitis, corneal rupture, and chronic discomfort. Surgical options (keratectomy with or without grafting) are often the treatment of choice and. If this is a possibility for the owner I would suggest that your next step is to recommend a consultation with a veterinary ophthalmologist who can perform these procedures.

Prognosis

The prognosis for corneal sequestrum is good, with published surgical success rates >80%. The referral centre will discuss this with the owner during their appointment. In the uncommon event of sequestrum recurrence then a second surgery might be required. In the longer term, and in predisposed cats, regular use of eye lubricants may be advised in order to lubricate and protect the corneal surface and reduce the risk of recurrence.

We hope you find the summary of our advice helpful to support your management of this case. If you have any further questions or updates, contact us, you can add these via the consult chat on the platform/app.

With kind regards,

Dr. Màrian Matas Riera

DVM FHEA PgCertVetEd DipECVO MRCVS EBVS® and RCVS Specialist in Veterinary Ophthalmology

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