Internal Medicine Case Study

Exotic Epistaxis

CASE HISTORY ⌄

You have a 2yo FN Crossbreed dog, originally from Spain, presenting for sudden onset unilateral left-sided epistaxis. Your clinical history reveals the dog has been sneezing for some months and mild shifting lameness has been present over several weeks.

FINDINGS ⌄

- Mild generalised lymphadenopathy
- No evidence of gross haemorrhage or petechiation
- Mild lameness with some joint discomfort, but no palpable joint effusions
- Pyrexia 39.6 degrees

DIAGNOSTICS ⌄

• A general health blood profile reveals marginal thrombocytopenia at 109x10 9/L and marginal increase in globulins at 59 g/L.
• AFAST scan reveals splenomegaly.
• Buccal mucosal bleeding time is normal (less than 2 minutes)
• PT and PTT less than normal limits
• Angio Detect™ test is negative
• SNAP® 4DX® plus test is negative (Anaplasma, Ehrlichia, Dirofilaria and Borrelia spp.)

WHAT DO YOU DO NOW? CONTACT VETCT!

Internal Medicine Specialist, Mellora Sharman, is on hand to help! She guides you through the differential diagnoses and next steps. Mellora checks with one of VetCT's anaesthesia specialists to provide a protocol or intranasal medication to manage the epistaxis, using phenylephrine in preference to adrenaline. Mellora identifies the differentials, including generalised vasculitis (immune-mediated, infectious disease, i.e. Leishmaniasis), or non-specific inflammatory rhinitis, fungal rhinitis, or foreign body. Presence of lymphadenopathy, splenomegaly and shifting lameness increased the concern for something systemic rather than localised. Travel from Spain placed Leishmaniasis higher on the list of possibilities and Mellora advises testing prior to further diagnostic work-up.

WORKING WITH YOU STEP BY STEP ⌄

1 **Results**

A high serology result is obtained indicating exposure to Leishmania, and amastigotes are seen on cytology from FNA samples taken from the lymph nodes, indicating active infection.
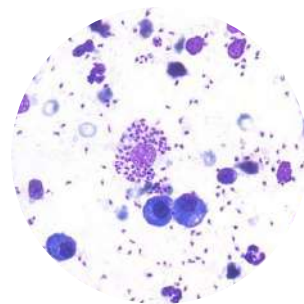
2 **Treatment Plan**

Mellora agrees a treatment protocol with you - combination therapy including allopurinol and meglumine. Ongoing monitoring of renal parameters and proteinuria are recommended, together with repeated serology throughout the treatment plan across the next 6-12 months, as per LeishVet guidelines.

3 **Outcome**

Just over six weeks later a case review shows no further epistaxis and marked improvement in energy and general demeanour! Mellora and the team are on hand to advise on routine vaccination and further treatment in the case of recrudesence.
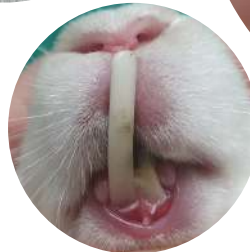
VETCT

Rabbit Dentistry Case Study

Incisor Issues

CASE HISTORY ⌄

A 2yo FE Dutch rabbit with a 3-month history of incisor malocclusion presents struggling to eat. On clinical examination, both lower incisors are abnormal with overgrowth of the right lower incisor and the left lower incisor appears necrotic.

You want to know if you should extract the incisors and what further steps you should take to ensure this rabbit has the best possible outcome.

WHAT DO YOU DO NOW? CONTACT VETCT!

Copper Aitken-Palmer, Specialist in Zoo, Wildlife and Exotic Animal Medicine, is on hand to help! Copper summarises the issues facing this rabbit, then advises on diagnostics and management.

"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."

VETCT

PTO for part 2! →

Rabbit Dentistry Case Study

Incisor Issues

MANAGEMENT

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.
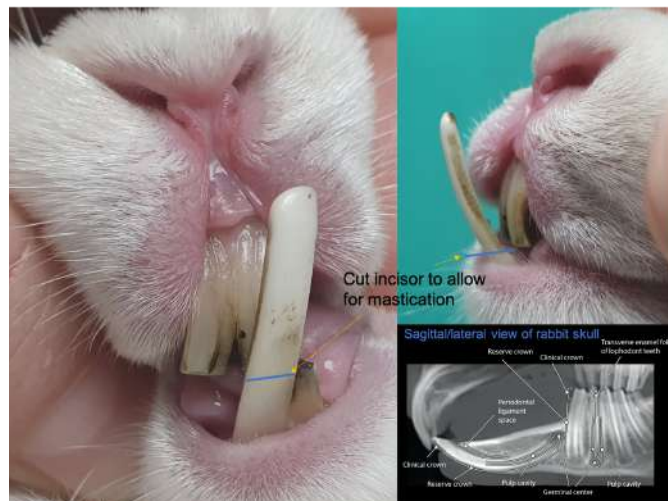
WORKING WITH YOU STEP BY STEP

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

Next, address the incisor malocclusion with 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

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).
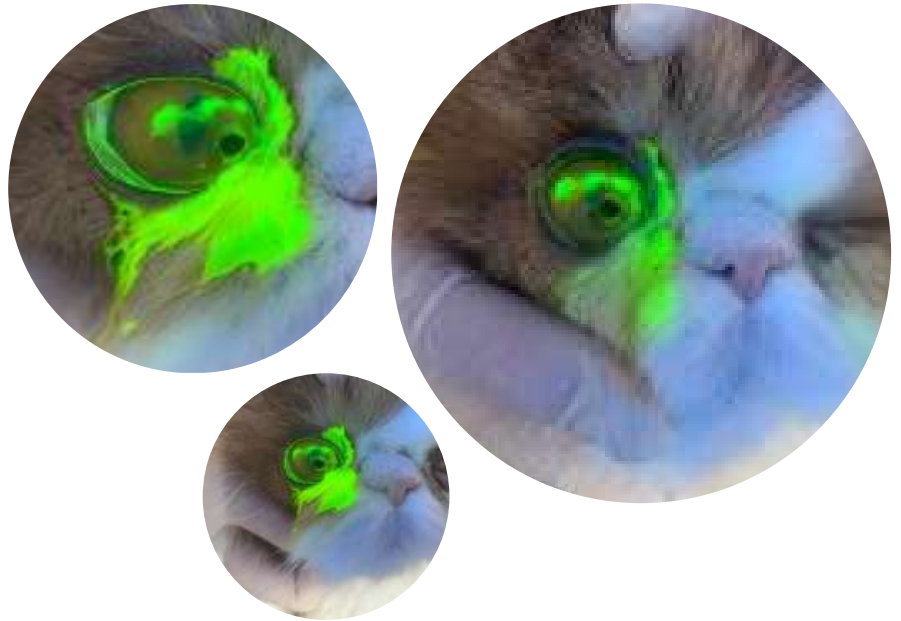
Ophthalmology Case Study

An eye for an eye

CASE HISTORY ∨

A 2y 8m MN Persian cat presents 3 months prior with a 5x3mm corneal ulcer. You treat with one week of topical chloramphenicol.

At 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.

WHAT DO YOU DO NOW? CONTACT VETCT!

After repeating the examination, you take photographs to send to VetCT for an ophthalmologist to review.

The case history and images are reviewed by Dr. Marian Matas, a diploma holder in ophthalmology, who confirms the presence of a corneal sequestrum. These can be commonly missed as a cause of non- healing corneal ulcers.

Following Marian's advice, the patient was referred locally for surgical treatment. VetCT passed the images and case discussion to the referral hospital prior to the appointment.

VETCT

PTO for part 2! →

Ophthalmology
Case Study

An eye for an eye

WORKING WITH YOU STEP BY STEP ⌄

1

Why causes a corneal sequestrum?

"Great question, but unfortunately we do not know for certain! 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 possible, a consultation with a veterinary ophthalmologist is advisable to discuss possible treatment options."

2

The owner wants to know what the prognosis is?

"The prognosis for corneal sequestrum is good, with published surgical success rates >80%. The referral centre will discuss this with you during your 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."

VETCT