REPAIR Centre

The Hospital for Small Animal's new hydrotherapy and physiotherapy service, the Royal (Dick) Edinburgh Physiotherapy Assessment & Intensive Rehabilitation Centre (REPAIR), is now open and available for referrals.

This referral service is run by experienced, qualified physiotherapists and uses non-invasive, objective measurements of comfort and function, to assess response to our interventions.

We offer a wide range of dry physiotherapy and hydrotherapy, which are planned around the referring vet's diagnosis. In conjunction with the visit, each patient is given an individualised home exercise plan, augmented with videos and written instructions. Following each appointment a report will be sent to the referring vet.

We are happy to take referrals of any small animals with reduced mobility, be that for rehabilitation after orthopaedic or neurological surgery, non-compressive myelopathy, or support for patients with osteoarthritis or soft tissue musculoskeletal injuries.

Evening appointments are available to facilitate owners who struggle to visit during regular working hours. Appointments can be made using the Online Referral Appointment Request form at **www.ed.ac.uk/vet/services/small-animals/vets/referrals** or by contacting the HfSA Reception on 0131 650 7650.

The Dick Vet - Clinical Club CPD - 2019

We are pleased to continue the Clinical Club into 2019 and have lined up a selection of the school's senior academics to provide high quality CPD.

As always, the club is held at 7:30pm on the first Wednesday of every month. For full information, or to book a free ticket, go to www.ed.ac.uk/vet/BookClinicalClub

1st May	Sue Murphy - Director of Clinical Services	Oncology: How to give a client a more accurate prognosis
5th June	Jenna Richardson - Lecturer and Clinician in Rabbit, Exotic Animal and Wildlife Medicine and Surgery	What's up Doc? An up-to-date review of preventative medicine of the rabbit patient
3rd July	Spela Bavcar & Juan Carlos Serra - Lecturers in Oncology	Canine and Feline Mast Cell Tumours – from diagnosis to treatment
7th August	Magdalena Parys - Lecturer in Oncology	An update on Oncology
4th September	Katia Maroni-Henry - Head of Small Animal Neurology/Neurosurgery Service	Cerebrovascular disease

THE UNIVERSITY of EDINBURGH
The Royal (Dick) School of Veterinary Studies

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The newsletter from the **Edinburgh Veterinary Teaching Hospitals** | Issue 09

In this issue

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Welcome

Welcome to the Dick Vet Spring Newsletter. A lot has happened since our last newsletter, that I would like to tell you about.

Firstly we have extended the hospital for small animals so that we could put in a 1.5 Tesla MRI. This means we can offer state of the art imaging for particularly neurology cases 24/7. We have included an example of a patient who benefited from this service in the rest of the newsletter.

We have also updated our radiotherapy suite with a brand new Linear accelerator, which is currently under commissioning and will be available in early summer. This new machine will allow us to better target the cancer, thus minimise damage to the normal tissues, and extend the type of tumours we can use this modality for.

We know you have a choice where you refer to so we are examining our client and referring vet experience to make sure it is a good as it can be. To help this we have introduced a clients' charter to ensure our mutual clients know what they should expect. We have also put in a new practice management system which should help speed up communication between us all.

We look forward to meeting you at one of our clinical clubs this year!

Sue Murphy
Director of Clinical Services

Central Blindness

Delilah, a 2 year old Labrador retriever, was presented to the Neurology & Neurosurgery service as an emergency, for acute onset bilateral blindness. Six months before, she had had a brain MRI and CSF analysis at another practice for sudden onset of vestibular signs and bilateral facial nerve paresis. The work up at that time was unremarkable and Delilah showed a spontaneous and gradual improvement, but was left with a residual left head tilt.

On presentation to us, Delilah had normal vital signs, but had a 45 degree left head tilt, bilateral mydriasis and poorly responsive pupils. She was bumping into obstacles and carrying her head low with wide swinging movements of her head and neck in response to noise. She showed mild discomfort on palpation of the thoracic spine. From the examination, multifocal disease was suspected with lesions affecting the optic neural pathway, the thoracic area and the left vestibular system, either peripherally or centrally. Differential diagnoses included inflammatory conditions, such as granulomatous meningoencephalomyelitis (GME), Toxoplasma gondii or Neospora caninum protozoal infection and Canine Distemper Virus (CDV) meningoencephalitis and, less likely, a neoplastic, degenerative or vascular condition.

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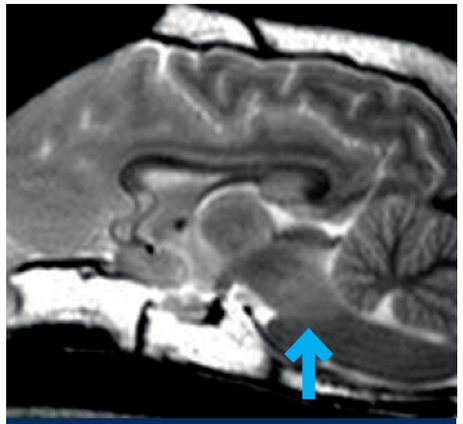
> **Delilah had normal vital signs, but had a 45 degree left head tilt, bilateral mydriasis and poorly responsive pupils.**

Following comprehensive tests, key findings were:

MRI scan of the brain:

- In the left brainstem an ill-defined lesion was visible. Most likely consistent with GME
- thickening of the right-optic nerve was noted



MRI T2W sagittal image of the brain

Cerebrospinal fluid analysis (CSF): a mild elevation in the total nucleated cell count and protein content.

Treatment with immunosuppressive doses of prednisolone and antibiotic therapy with clindamycin was instigated following the MRI scan whilst pending results of infectious disease titres.

Serological tests for infectious diseases were negative, so treatment with an adjunctive immunosuppressive (cytarabine) was instigated, GME being the main differential. Delilah showed complete recovery of vision in the left eye and partial recovery in the right eye, no discomfort on palpation of her spine and an improvement in the left head tilt. Delilah is now receiving her third course of cytarabine and treatment with corticosteroid has been gradually reduced with no deterioration in her clinical signs.

GME is an inflammatory disease of the CNS of dogs of unknown cause, although an autoimmune aetiology is suspected. GME mostly affects young to middle age, female, small breed dogs, but it can affect any dog. Three clinical forms have been described: multifocal, focal or ocular. The clinical signs are variable depending of the lesion localisation. The diagnosis is based on signalment, clinical presentation and the combined findings of MRI, CSF analysis and ruling out CNS infectious diseases. The majority of dogs show an initial improvement with immunosuppressive doses of corticosteroids, but relapses are frequent and other immunomodulating drugs such as cytarabine, lomustine and cyclosporine are recommended to improve the outcome.

Expanded MRI Service at the Dick Vet!

Magnetic resonance imaging (MRI) is a crucial diagnostic tool for small animal patients, particularly for those with neurological conditions, because of the exquisite soft tissue detail seen in MRI images from scanners with a high field strength (over 1 Tesla).

These images allow precise diagnoses and treatment planning for conditions that may otherwise previously remained difficult to treat. For many years, the Hospital for Small Animals used a visiting mobile MRI service, to provide our patients with a complete diagnostic service. However, due to our increasing case load, both routine and emergencies, we are delighted to now have our own onsite MRI facility, hosting a 1.5 Tesla field strength MRI unit. The MRI facility is now in full use and gives greater flexibility to our neurology service.

In cases of spinal cord compression, where an intervertebral disk has protruded into the vertebral canal and compressed the spinal cord, the MRI aids precise diagnosis and allows the neurosurgeon to make informed decisions for the appropriate treatment. MRI is commonly used in animals presenting with seizures to help identify the underlying cause.

MRI can also be used for musculoskeletal and cardiovascular diseases in patients. This new use of the modality allows detection of subtle lesions and may expand our treatment options for our patients.