The Dick Vet - Clinical Club CPD - 2018

We are pleased to continue the Clinical Club into 2018 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

10th January* *Note - 2nd Wednesday of the month	Emily Thomas, Lecturer in Emergency and Critical Care	Taking the stress out of respiratory distress.
7th February	Tobias Schwarz, Head of Diagnostic Imaging	Imaging of the canine shoulder joint.
7th March	Annelies Willems, Lecturer in Small Animal Internal Medicine	An update on diagnosis and treatment of feline hyperthyroidism.
4th April	Spela Bavcar and Magdalena Parys, Lecturers in Oncology	Canine and feline lymphomas: are they all the same?
2nd May	Tim Nuttall, Head of the Dermatology Service	Dermatology & Diet – what's new?
6th June	Katia Marioni-Henry, Senior Lecturer in Veterinary Neurology	Recognising and managing cognitive dysfunction in dogs.
4th July	Danielle Gunn-Moore, Personal Chair in Feline Medicine	A practical approach to lower respiratory disease in cats.
1st August	Brendan Corcoran, Chair of Veterinary Cardiopulmonary Medicine	Radiography in respiratory disease diagnosis.
5th September	Dylan Clements, Senior Lecturer Small Animal Orthopaedics	What's new for treating osteoarthritis?
3rd October	Kevin Eatwell, Senior Lecturer and Manager of the Dick Vet Rabbit and Exotic Practice	Prevention and treatment of otitis in rabbits.
7th November	Silke Salavati, Senior Lecturer in Small Animal Internal Medicine	The role of dietary fibre and prebiotics in canine chronic enteropathies.
5th December	Nick Bommer, Senior Lecturer in Small Animal Medicine	Leaking and straining: how to deal with lower urinary tract disorders.

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

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The newsletter from the **Edinburgh Veterinary Teaching Hospitals** | Issue 08

In this issue

The Hospital for Small Animals
The Royal (Dick) School of Veterinary Studies
The University of Edinburgh
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Welcome

Welcome to our latest newsletter to highlight some of our services and update you on our activities.

Over recent years, our Emergency and Critical Care service, led by Dr Emily Thomas, has quickly grown and provides rapid evaluation, advanced diagnostics and ongoing intensive care for any patients that are severely injured or ill, whatever the cause.

The recruitment of Dr Efa Llewellyn from the University of Illinois means that there is a team of three boarded ECC specialists at the Dick Vet, supported by ECC dedicated interns and specialist nurses. Our ICU facility operates 24 hours a day, 365 days a year, treating a wide range of cases, from those that are rushed to us directly from the scene of an accident, to those we see indirectly from a referring practice.

Our Interventional Radiology service has continued to develop and increase the scope of procedures we can offer. The nature of these minimally invasive treatments has clear benefits for our patients, in terms of recovery times and reduction in morbidity. These treatments have transformed the care we can offer and, of course, result in huge welfare benefits for the animals concerned.

Focusing on your continuing professional development needs, our Clinical Club programme for 2018 is on the back page. We are delighted to welcome referring practitioners at these monthly meetings and hope you find them insightful and useful.

May we take this opportunity to wish you and your families a very Merry Christmas and Happy New Year.

Professor Rich Mellanby
Head of Companion Animal Sciences

Emergency and Critical Care

Emergency and Critical Care [ECC] is one of the fastest developing fields in veterinary medicine.

When an emergency patient arrives at the Hospital for Small Animals, they are triaged immediately, intravenous catheter placed, blood work run and, where indicated, bedside imaging carried out. This means that appropriate stabilisation can typically be started within less than five minutes after arrival, often before the patient is formally admitted. As in human medicine, this rapid approach can save minutes and, therefore, lives, in the most critical patients.

In our Intensive Care Unit, the most ill patients are nursed in a paediatric hospital cot. Constant monitoring may include invasive blood pressure, ECG, temperature, pulse oximetry, frequent bedside imaging, urine output, and, if intubated, end tidal CO2. Patients with prolonged anorexia can be supported with parenteral or enteral nutrition (or both).

Placement of central lines facilitates the administration of numerous continuous rate infusions, enabling us to maintain tight control over analgesia, fluid balance and blood pressure. More advanced interventions may include mechanical ventilation. As in human medicine, our goal in these patients is to provide support for every body system to keep the patient alive until the primary disease process has resolved.

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In the coming year we will continue to expand our team and the advanced modalities we can offer.

Interventional Radiology Service

The Interventional Radiology service at the Dick Vet has continued to grow and expand the range of procedures it can offer to referring vets and their clients.

Interventional radiology is the discipline where treatment procedures are guided using imaging (typically fluoroscopy and endoscopy) to perform minimally invasive operations.

This removes the need for certain traditional major surgeries meaning animals recover more quickly, are more comfortable and have fewer complications. We use interventional radiology to treat many cardiac, respiratory, hepatic, gastrointestinal and urological disorders, ranging from cardiac pacemaker implantation to laser ablation of ectopic ureters.

One of the latest advances that we now offer is sclerotherapy for the treatment of idiopathic renal haematuria. Dogs affected by this condition often suffer from iron-deficiency anaemia due to chronic blood loss and renal pain as clots are passed down the ureters. Previously, the only treatment option was nephrectomy; clearly, removal of a kidney is a sub-optimal therapeutic approach as this requires major surgery, the kidney is normally still functional and, in up to 20% of cases, the condition is bilateral.

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Renal sclerotherapy involves passing a guidewire into the affected ureter via a cystoscope in the bladder, to enable the passing of a catheter up to the kidney. Then, a combination of povidone iodine and silver nitrate are instilled into the renal pelvis to stop the bleeding. There is no surgery so recovery times are very quick and the dog does not have to undergo a nephrectomy. Interventional radiology has truly revolutionised how we treat these patients.