



AUTUMN 2019 REFERRAL NEWS

THIS EDITION

Large cell high grade intestinal lymphoma in a cat

Case report - Rare case of clitoral lymphoma in a female Alaskan Malamute

Bath Veterinary Referrals CPD events

MRI Offer 24th-26th October

Bath Veterinary Referrals
Rosemary Lodge
Veterinary Hospital
Wellsway
Bath
BA2 5RL



TEL 01225 832521
FAX 01225 835265

contact@
bathvetreferrals.co.uk

www.
bathvetreferrals.co.uk



Autumn update 2019

Welcome to the Autumn 2019 newsletter from Bath Vet Referrals. This month's articles have a theme of lymphoma, with a few examples of its different guises. We are pleased to announce, for 3 days only, special pricing for head and spinal MRI on the 24th-26th October 2019. On these dates we will have a very experienced visiting diagnostic imager to provide staff training. This is with the aim to improve our MRI service going forward. Places are limited so be quick! Back by popular demand we are announcing our next CPD event which will take place on the 23rd January 2020. This time we have simultaneous streams for vets and nurses, so please let your team know. We have an early bird pricing at only £50 for nurses and £75 for vets for a day of excellent CPD – book by October 31st 2019. For a list of topics we will be covering see later in the newsletter.

Jon Shippam
Head of Surgery



Case Report - Rare case of clitoral lymphoma in a female Alaskan Malamute

Barbara Karolczak
MSc GPCertSAS MRCVS

Knowledge of primary clitoral tumours in veterinary medicine is limited to a few studies only, where most of the tumours were identified as carcinomas and only two reported studies being lymphomas. Vaginal and vulvar tumours are generally uncommon in dogs, accounting for 3% of all neoplastic diseases in dogs, where 73% to 84% are benign, with leiomyomas being the most common. The typical complaint is a mass protruding from the vulvar commissure.



Clinical presentation:

A 5 year old female, neutered Alaskan Malamute presented to one of our first opinion clinicians with a suspected vaginal prolapse. The mass was noticed by the owners the previous night and the patient had been straining to urinate. A full haematology and biochemistry profile was taken, which revealed a mild azotaemia – (CREA 170 (44-159mmol/L), SDMA 15 (0-14mg/dL)) and a mild hypercalcaemia (iCa 1.47 (1.12-1.4)). The remaining results were unremarkable, hence a general anaesthetic was induced, where a mass originating from the clitoris was visualised. Biopsies were taken to further identify the lesion and facilitate surgical planning. A urine sample was also taken via cystocentesis for full sediment analysis and culture. The patient responded well to meloxicam and paracetamol, and was able to empty her bladder fully, so was discharged home the next day.

Diagnostic investigations and results:

The histology results were consistent with a large cell, high grade lymphoma and further

immunohistochemistry was recommended to determine the phenotype of the tumour. The patient was referred for a surgical consultation, by which point the mass had grown visibly and had ulcerated within a week. The patient was anaesthetised and a CT scan was performed, which revealed bilateral kidney enlargement with multiple parenchymal masses distorting renal architecture, an approximately 25mm mass in the left gastro-esophageal junction, mild cranial mediastinal lymphadenopathy, two small subpleural nodules in the lungs and normal liver, spleen, and medial iliac lymph nodes. The owners were keen to pursue surgery to alleviate the most clinically relevant problem and to regain the patient's ability to urinate comfortably.

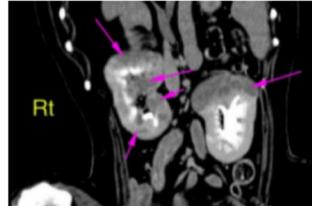
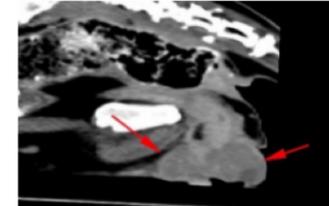


Fig 1 (top left) – Sagittal plane MPR, clitoral mass
 Fig 2 (top right) – Dorsal plane MPR, multifocal renal masses
 Fig 3 (bottom) – Dorsal plane MPR, gastroesophageal junction mass

Treatment:

The patient was prepared and positioned for surgery and the mass was exposed via an episiotomy. A urinary catheter was placed to prevent iatrogenic injury to the urethra, the mass was fully excised and haemostasis was achieved by using a monopolar electrocautery device. The defect was closed with polydioxanone (PDS) 3/0 and poliglecaprone 25 (Monocryl) 4/0 and her recovery was uneventful. She was managed with meloxicam SID, paracetamol BID, clavaseptin BID, had a transdermal Fentanyl patch attached and cold packs were applied to the surgical site 4 times daily. She made a very good recovery and was discharged home two days later.



Follow-up:

The histology report confirmed a B-cell origin of the neoplastic cells, consistent with a high grade, large cell B-cell lymphoma, which is expected to be progressive.

The patient re-presented for a follow-up appointment 2 weeks following surgery. The wound healed very well and the owners reported the patient has significantly improved, urinating very comfortably and back to "her normal self".

To best control the systemic disease and local recurrence a localised radiotherapy and adjunctive chemotherapy protocol was proposed (modified Wisconsin CHOP protocol).

Discussion and conclusion:

Although very limited data exists on the treatment and median survival time of primary clitoral lymphoma patients, other lymphoma studies confirm that by reducing the tumour bulk and commencing an adequate radiotherapy and chemotherapy protocol we can give our patients an acceptable quality of life and extended disease free period.

We are yet to hear back from the owners regarding their decision and hope to follow up with her story and an oncology update in our next newsletter.



Barbara Karolczak
 MSc GPCertSAS MRCVS

SPECIAL OFFER – OUTPATIENT SPINAL AND BRAIN MRI FOR £800 - 24-26TH OCTOBER.

Bath Vet Referrals are offering MRI scans for spines and brains at a special price of £800, including VetCT interpretation on 24th, 25th and 26th October.

This is not suitable for urgent cases, or cases that require surgery on the same day.

Scans will be performed by or under the supervision of Chiara Briola, a very experienced diagnostic imager.

Spaces are limited - so once we are full the offer will no longer be available.

To book call Bath Vet Referrals on 01225 832521, or email a contact referral form to contact@bathvetreferrals.co.uk.

Large cell high grade intestinal lymphoma in a cat

Lisa Gardbaum
 BVet Med CertSAM MRCVS

A 12 year old male neutered DSH cat was presented with a history of gradual weight loss of one kilogram over a two month period and lethargy and inappetence of a few days duration. There had been a few episodes of vomiting but no diarrhoea had been noted although the cat only toileted outdoors. Clinical examination had shown poor body condition, dehydration, slightly pale mucous membranes and a non-painful, large, palpable mid-abdominal mass.

Blood tests showed evidence of marked red cell regeneration, microcytosis and hypochromasia despite a normal haematocrit of 32% suggesting mild blood loss. There was also some evidence of agglutination suggesting possible immune mediated haemolysis and a mild lymphopaenia. Biochemistry showed a mild hypoalbuminaemia of 22g/l (25-45) and mild elevation in urea and SDMA considered likely to be pre-renal in origin.

He was admitted for treatment with intravenous fluids, after which his demeanour significantly improved and mirtazapine (2mg every third day orally) for appetite stimulation.

An abdominal ultrasound scan showed the presence of a large irregular heterogenous 6cm mass of the small intestine affecting all layers of the intestine and enlargement of two mesenteric lymph nodes.



Figure 1 - Ultrasound image of intestinal mass.

Differential diagnoses considered for the intestinal mass were adenocarcinoma, lymphoma or mast cell tumour and less likely considerations were feline infectious peritonitis or feline gastrointestinal eosinophilic sclerosing fibroplasia (FGESF)

Ultrasound guided fine needle aspiration was discussed with the owner but given the possibility of being non-diagnostic and the likelihood that excision of the mass would still be recommended regardless of the diagnosis, the owners elected to go straight to exploratory surgery for excision of the mass.

At exploratory surgery, a large mass affecting the distal ileum and involving the ileocaecal junction and proximal colon was found with adhesions to the surrounding mesentery bringing the mass into close proximity to the spleen and pancreas. Euthanasia was discussed with the owners at this stage but it was elected to continue and carry out excision of the mass. The mass and biopsies of the enlarged mesenteric lymph nodes were submitted for histopathology. He was treated with fentanyl/ketamine constant rate infusion post surgery which was titrated down over the following three days during which he had profuse watery diarrhoea and he was then discharged.

Histopathology showed the presence of a densely cellular, nonencapsulated, poorly demarcated mass extending from the ulcerated submucosal surface through all layers of the intestinal wall and into the adjacent mesentery. High grade diffuse large-cell lymphoma was diagnosed with scattered areas of confluent necrosis present amongst the neoplastic cells. The mesenteric lymph nodes showed reactive hyperplasia and no neoplasia was seen.

A week post surgery he was referred to me to discuss chemotherapy options and prognosis. The owners reported that he had been very well with a good appetite since being discharged from surgery. Clinical examination revealed evidence of general thickening of the intestines with fluid filled contents and a slight thickening palpable mid-abdomen. An ultrasound scan showed the presence of a small hypochoic mesenteric lymph node and diffuse thickening of the muscularis propria of the small intestines. I suspected that he had concurrent diffuse intestinal disease due to inflammatory bowel disease or diffuse small cell lymphoma. There is speculation that inflammatory bowel disease can progress to lymphoma and this may have been the case here. Levels of B12 and folate were measured and B12 levels were found to be low at 231ng/l (270-1000). Supplementation with weekly B12 injections was started and the owner instructed to feed a prescription single protein source only. Cobalamin deficiency can result in inflammatory infiltration of gastrointestinal mucosa and villous atrophy and response to chemotherapy may be suboptimal in cats with untreated hypcobalaminaemia.

Chemotherapy was discussed and a poor prognosis was given with median survival rates of 4-9 months with COP or CHOP protocols with 32-38% achieving complete remission. It was decided to start chemotherapy with the COP protocol given the higher likelihood of side effects with doxorubicin in the CHOP protocol and no definite evidence in some recent studies of significantly longer survivals with this protocol in cats (although possibly slightly higher

remission rates are achieved in some studies). Also doxorubicin, if not used initially can be used as a rescue treatment on relapse. Repeat hematology showed a regenerative anaemia of 22%, a low MCV and MCH with mild slide agglutination.

He was started on weekly injections of vincristine at 0.5mg/m² intravenously weekly, cyclophosphamide 10mg orally every other day (instead of 50mg every 10 days both of which equate to 50mg/m² every other day) and prednisolone 40mg/m² daily. I also added omeprazole as there was a concern that gastrointestinal blood loss was contributing to the anaemia.

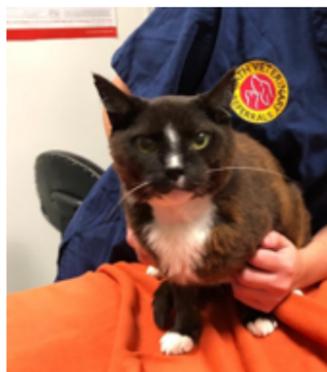


Figure 2 Some whiskers have been lost due to chemotherapy

He started to gain weight and faeces started to improve and weekly chemotherapy was continued until week 8 at which stage I changed to the maintenance phase of every other week vincristine and cyclophosphamide. Although prednisolone is usually reduced to 20mg/m² every other day after week 1 of chemotherapy, I decided to keep him on 20mg/m² (approximately 1mg/kg) daily as there was a concern that some immune-mediated haemolysis was occurring secondary to the lymphoma and was contributing to the regenerative anaemia.

After a further 10 weeks he was still considered to be in remission and vincristine and cyclophosphamide was reduced to every 3 weeks. He had gained further weight, abdominal ultrasound had been unremarkable and his haematocrit had increased to 28% having been between 22-24% up until that point. He is currently on this regime 6 months post diagnosis and the prednisolone has been reduced to 1mg/kg every other day and the omeprazole stopped. He is having B12 injections at the time of vincristine administration and he is still on a single protein diet exclusively. The owner is happy that he currently has a very good quality of life.

There has been a recent study on cats which investigated chemotherapy only for gastrointestinal masses due to intermediate/large cell lymphoma (JVMS 2018, 20(8) 696-703). Gastrointestinal perforation occurred in 4/23 (17%) cats following treatment with chemotherapy with a median time to perforation of 57.5 days. In people perforation is a well documented complication with chemotherapy for gastrointestinal lymphoma likely due to apoptosis and cell death after chemotherapy induction. It is thought

that larger tumours with evidence of necrosis and higher grade tumours are associated with a higher chance of perforation following chemotherapy and hypoalbuminaemia and tumour associated suppurative inflammation may be other predisposing factors. Therefore, although excisional surgery prior to chemotherapy is normally only thought indicated if the mass is causing obstruction or is perforated, resection prior to chemotherapy may improve outcome in cats with large masses caused by large cell lymphoma by reducing tumour burden and reducing the risk of chemotherapy induced perforation. High grade, large tumour size, the presence of necrosis and hypoalbuminaemia may have led to a higher chance of perforation in this case with chemotherapy alone.



Lisa Gardbaum
BVet Med CertSAM MRCVS

Why choose Bath Veterinary Referrals?

- We pride ourselves on giving you the highest level of service.
- We strive to enhance your reputation, looking after your clients and their pets in a way you would be proud of.
- We offer a caring, friendly and personalized service. We keep clients and referring vets informed at all times.
- We have a superb team of night nurses and night vets, a flagship hospital and the very latest equipment.

Types of referral seen

- Internal medicine
- Soft tissue surgery
- Endoscopy/laparoscopy
- Medical and surgical oncology
- Ophthalmology
- Neurology
- Cardiology
- Orthopaedic and fracture repair
- Onsite MRI/CT scanning
- Hydro/physiotherapy

Bath Veterinary Referrals Vet CPD day

Thursday 23rd January 2020
9.30am - 5.00pm

Topics include

► Patellar luxation

Jon Shippam BVSc CertSAS MRCVS
Clinical Director
Advanced Practitioner in Small Animal Surgery

► Mycobacteria in cats

Lisa Gardbaum BVet Med CertSAM MRCVS
Advanced Practitioner in Small Animal Medicine

► Ocular emergencies

Jenny Lambert BVM&S CertVOphthal MRCVS
Advanced Practitioner in Veterinary Ophthalmology

► Clotting disorders

Andrew Jagoe MVB PhD CertSAM MRCVS
Advanced Practitioner in Small Animal Medicine

► Surgical ear disease

Samantha Lane BVSc BSAVAPGCertSAS MRCVS
Advanced Practitioner in Small Animal Surgery

► Oral neoplasia

Barbara Karolczak MSc GPCertSAS MRCVS

► Case presentation: Feline mycobacteria

Federica Manna DVM CertAVP MRCVS

► Brachycephalic obstructive airway syndrome

Ted Corfield BVSc CertAVP MRCVS

Price

£100*

including lunch and coffee breaks

**Early bird offer: £75 for bookings before 31st October 2019*

Bath Veterinary Referrals Nurse CPD day

Thursday 23rd January 2020
9.30am - 4.00pm

Topics include

► Capnography, ventilators and IPPV - Breathing for our patients

Cathy Woodlands BSc(Hons) VNPA VPAC
GradDip VN RVN
Senior Referral Nurse

► Anaesthesia: What are the machines telling me? Focusing on blood pressure and ECG's

Vanessa West BSc(Hons) RVN

► Rabbit anaesthesia - keep calm

Laura Knox RVN C&GCertVNES

► Geriatric felines/cat friendly nursing

Laura Coles BSc(Hons) RVN Head Referral Nurse

► Brachycephalic Obstructive Airway Syndrome (BOAS)

Sally McNeill RVN

Price

£75*

including lunch and coffee breaks

**Early bird offer: £50 for bookings before 31st October 2019*

Venue: Doubletree by Hilton, Cadbury House Congresbury, North Somerset BS49 5AD

To book call Bath Vet Referrals on **01225 832521**, or email your name, address and phone number to **contact@bathvetreferrals.co.uk** for a call back or a proforma invoice.



BATH REFERRALS CPD

**Thursday
23rd January 2020**

TIME

9.30am Start
Finish approx
5.00pm for vets
4.30pm for nurses

VENUE

Doubletree by Hilton
Cadbury House
Congresbury
BS49 5AD

COURSE FEE

£75 early bird offer
OR
£100 for Vets

£50 early bird offer
OR
£75 for nurses

*Payable at the time of
booking please: to include
course notes, a two course
meal and tea/coffee*

To reserve a place please complete and return this booking form along with payment via BACS or over the phone by contacting Bath Veterinary Referrals, FAO Victoria McGarva at: Bath Veterinary Referrals, Rosemary Lodge Veterinary Hospital, Bath BA2 5RL.
Tel: 01225 832521 option 3 Fax: 01225 835265
Email: contact@bathvetreferrals.co.uk

Delegate Details

Vet

Nurse

Name: _____

Position in practice: _____

Practice Details: _____

Contact Number: _____

Email Address: _____

Dietary Requirements: _____

Preferred Note Format (please tick your preference)

PDF

Hardcopy

Total payment enclosed: _____

Payment details:

Please contact a member of staff at Bath Veterinary Referrals to pay over the phone by debit or credit card (Switch, Solo, Mastercard, Visa, Delta) or email your name, address and phone number to contact@bathvetreferrals.co.uk for a call back or a proforma invoice.



Organising a referral is simple

To make a non-urgent referral please email contact@bathvetreferrals.co.uk or call the team on **01225 832521, option 3.**

To make an urgent referral please call one of our Referral Administrators who will be happy to take down the case details and speak to the team regarding an appointment. Where possible we will see emergency cases on the same day they are referred to us. **Tel: 01225 832521 option 3.**

To request advice on a case from one of our clinicians, please email or call the team using the details above.

Once you have requested a referral we will speak to the client directly and book a convenient appointment. We will confirm with you when an appointment has been made, and ask that you forward the client history including lab results and radiographs (in DICOM format where possible) to contact@bathvetreferrals.co.uk.

Free radiograph reading

To receive free radiograph interpretation please email your images (in DICOM format where possible) to contact@bathvetreferrals.co.uk. One of our experienced clinicians will respond by email at their earliest convenience.



OUR CLINICIANS

Jon Shippam BVSc CertSAS MRCVS RCVS Advanced Practitioner in Small Animal Surgery, Clinical Director, Head of Surgery - Orthopaedic Surgeon

Lisa Gardbaum BVetMed CertSAM MRCVS RCVS Advanced Practitioner in Small Animal Medicine – Internal Medicine

Jenny Lambert BVM&S CertVOphthal MRCVS, RCVS Advanced Practitioner in Veterinary Ophthalmology – Ophthalmology

Samantha Lane BVSc BSAVAPGCertSAS MRCVS RCVS Advanced Practitioner in Small Animal Surgery – Soft Tissue Surgeon

Federica Manna DVM CertAVP MRCVS – Assistant in Internal Medicine

Edward Corfield BVSc CertAVP MRCVS – Assistant Referral Surgeon

Barbara Karolczak MSc GPCertSAS MRCVS – Soft Tissue Surgeon