



# SPRING 2020 REFERRAL NEWS

## THIS EDITION

Brachycephalic  
Obstructive Airway  
Syndrome (BOAS)

Physiotherapy at  
Bath Vet Referrals

CPD

MRI

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## Spring Update 2020

Welcome to the Spring Newsletter. We welcome back from maternity leave our soft tissue surgeon Samantha Lane and our referral administrator Harriet Bice, who I'm sure many of you will have spoken to. Our recent CPD event was a success, and we received some nice feedback plus some ideas of how to make it even better next time. We are planning to announce the details of our next event shortly.

In this issue we highlight some of the benefits of having onsite MRI which really simplifies dealing with spinal cases. Diagnosing disc extrusions with confidence prior to surgery is a real advantage. Identifying the location, and in more severe cases evaluating for cord oedema, makes MRI superior to myelogram, plain CT or even CT myelogram. We also introduce our new ACPAT physiotherapist, Sarah Nehammer, who provides an excellent service for rehabilitation of our orthopaedic and spinal cases. Her treatments include use of the water treadmill at our nearby Bath Canine Hydrotherapy Centre.

Jon Shippam  
Head of Surgery



## Case Report - Brachycephalic Obstructive Airway Syndrome (BOAS)

Ted Corfield  
CertAVP MRCVS

*BOAS is a disease complex of primary anatomical deformations and secondary changes including stenotic nares, enlarged alar folds, aberrant turbinates, macroglossia, elongated and thickened soft palate, hypoplastic larynx, everted laryngeal saccules, laryngeal collapse, hypoplastic trachea and tracheal collapse. Obesity also contributes to airway narrowing as fat surrounds the airway.*

### Clinical presentation:

Clinical signs can include respiratory noise (e.g. stertor, stridor, nasal and/or reverse sneezing), stenotic nares, gastrointestinal signs, obstructive sleep apnoea, sleep disordered breathing, heat intolerance, respiratory difficulty, cyanosis and collapse.



Stenotic nares

As BOAS is a dynamic disease the 'Functional Grading Scheme' has been developed by the Cambridge University BOAS Research Group to assess patients at varying degrees of activity. This consists of initial assessment (grading respiratory noise, inspiratory effort and dyspnoea/cyanosis/syncope) prior to an exercise test (3-minute trot at 4-5 miles per hour). The patient is then re-examined after the exercise test. The final grade received aids selection of interventions required. Further diagnostic tests commonly used include head/neck and thoracic radiography/CT and endoscopy (e.g. pharyngoscopy, laryngoscopy, rhinoscopy and/or upper gastrointestinal tract endoscopy if signs of gagging, retching, regurgitation, or vomiting). Great care is taken with patients pre-, peri- and post-anaesthesia.



Positioning for intraoral BOAS surgery

Non-surgical management can include weight loss, overheating prevention, symptomatic medication and treatment for respiratory distress as required. Surgical management options include –

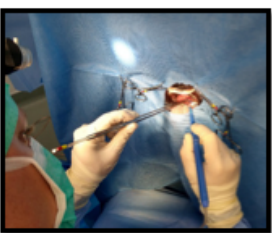
- Stenotic nares - wedge resection or Trader's technique
- Second stenosis in the nasal vestibule - alar fold resection
- Aberrant/hypertrophic nasal conchae - laser-assisted turbinectomy
- Everted/hypertrophic tonsils - partial tonsillectomy
- Elongated soft palate - staphylectomy (shortens palate) or folding flap palatoplasty (shortens and thins the soft palate)
- Everted laryngeal sacculles (grade I laryngeal collapse) - resection of everted tissue
- Grade II and III laryngeal collapse or laryngomalacia - laryngoplasty
- Irreversible grade III collapse – lateralisation (tie-back) or permanent tracheostomy
- Gastrointestinal components - investigation and treatment as necessary

Post-operatively patients are hospitalised overnight to monitor respiration. Food is withheld until the next morning. If no respiratory issues are noted then meatballs of a soft diet are offered for 2 weeks. Following this, usual food can be gradually resumed. Strict rest is advised for 2 weeks apart from exercising on a harness for toileting purposes. Following this, exercise can be gradually increased over the next 4 weeks.



Folding flap palatoplasty

Surgery is generally non-curative but our aim is to alleviate signs of respiratory distress and improve quality of life in most dogs. Without surgery, prognosis is guarded because respiratory signs and laryngeal collapse progress over time. The outcome is dependent on the age at the time of surgery and disease severity preoperatively which is why is ideal to encourage early assessment and/or treatment as indicated. There is a good to excellent long-term



Intraoral BOAS Surgery

outcome in the majority of dogs. Major complications occur in approximately 5% of cases. If advanced laryngeal collapse has developed, the prognosis is generally poor without additional surgery.

References available upon request



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## MRI

Bath Vet Referrals offer MRI referrals for both brain and spinal cases. MRI is an advanced imaging modality which does not use ionising radiation and produces detailed soft tissue images. The major application of MRI in veterinary medicine is in the field of neurology. This is because of the ability of MRI to “see through” bone, and image the soft tissue within. Cases commonly seen for MRI are:

- Seizures
- Brain tumours
- Encephalitis and /or meningitis
- Neck pain
- Vestibular disease including middle ear disease.
- Intervertebral disc disease (slipped disc)

In October 2019 we invested in some more MRI training with Chiara Briola, a very experienced diagnostic imager. This enabled us to further our knowledge and expand the types of MRI cases we are able to see.



## CPD

We are happy to say our CPD event at the beautiful Cadbury House in Congresbury was a success. We ran simultaneous streams for vets and nurses, with eight vet talks and five nurse talks throughout the day. Talks ranged from patella luxation to clotting disorders for the vets and rabbit anaesthesia to cat friendly nursing for the nurses. Spaces filled up fast, with 70 delegates attending and many taking advantage of our early bird discount offer! Delegates received tea and coffee throughout the day, a two-course meal at the Marco Pierre White restaurant as well as taking home goodie bags.

Thank you to everybody who came and all those involved in organising a very informative and fun day. We hope you enjoyed and we are looking to run another CPD event later on this year so please watch this space!

## PHYSIOTHERAPY AT BATH REFERRALS

We are excited to welcome our new physiotherapist, Sarah Nehammer to the team at Bath Veterinary Referrals. Sarah is a chartered physiotherapist (ACPAT) and offers both physiotherapy and hydrotherapy. She began working with us every Friday in November 2019, seeing both regular clients and inpatients. As of January 2020, Sarah added in an extra day to work Thursday as well.



Physiotherapy is used to assess and treat a wide range of pathologies and can be tailored to provide physiotherapy treatment programmes to the individual animal. Animals, like people, respond well to physiotherapy and it could be used following a trauma, injury, or recent surgery.

*If you have a case that you believe would benefit from physiotherapy or hydrotherapy, please call us on 01225 832521, opt 3 or email us at [contact@bathvetreferrals.co.uk](mailto:contact@bathvetreferrals.co.uk).*

## OUTPATIENT CT & MRI

Bath Veterinary Referrals offer both CT and MRI as outpatient scans. Outpatient scans are ideal for the referring vet to continue to manage their own cases. These can be arranged by submitting an outpatient form found on our website. Cases will be admitted and discharged by a referral nurse. Imaging reports will be sent to the clients registered veterinary practice once completed.

Please contact the team initially to discuss the suitability of this service for your case. We can then also recommend any bloods etc to be carried out in advance of the imaging.

*This service is not suitable for emergency or unstable cases*

## OUTPATIENT BRAIN & MRI OFFER

Bath Veterinary Referrals are currently offering outpatient Brain MRI's, including contrast, interpretation with report and the associated hospital costs for £1,000.

This offer is open for brain/head cases and is suitable for the investigation of epilepsy and other intracranial neurological disease and cases where advanced imaging is essential for diagnosis.

This service is not suitable for emergency or unstable cases.

## LUNCH & LEARN

Bath Vet Referrals are happy to announce that we will be once again offering free lunch and learns. We will be visiting practices, offering a range of topics and including lunch. Topics can be requested.

*Please contact us at [contact@bathvetreferrals.co.uk](mailto:contact@bathvetreferrals.co.uk) if you are interested in one of our vets visiting your practice.*



## Organising a referral is simple

To make a non-urgent referral please email [contact@bathvetreferrals.co.uk](mailto: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](mailto: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](mailto: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 GPCert(SAS) PgC(SAS) MRCVS – Soft Tissue Surgeon