



CPD!

I now offer in-practice ultrasound training, tailored to your or your teams' requirements. [See the website for more details.](#)



In the News

I now offer tailored in-practice CPD sessions in various aspects of veterinary ultrasound, medicine and cardiology. The training is tailored to your requirements, is taught using your machine and in your practice so you don't need to travel. Suitable for small groups of up to 6 vets to learn in an interactive way with a mixture of learning methods with some games too. In person and practical heavy so there is no staring at a computer screen or wondering why something is not happening the way it is supposed to. Learning is directed by what you want to learn and flexible so it can fit around the practice's requirements for the day.

[See the website](#) or contact me for more details. I have limited availability for providing CPD so book early if you want to start or build on your ultrasound journey.

My echocardiology journey

I have been building my skills and experience in heart scans. Firstly, I have shadowed the cardiology team at The Ralph to gain insight into how a referral team works and pick up lots of tips and tricks for cardiac cases and scanning. They even use the same machine as I have!

I will be away for the first week of September as I'll be in Portugal for a week long residential course solely on echocardiology! I'll be refining my echo technique and learning some new skills, along with enjoying some sunshine and good food! I'm sure it will also be hard work 😊

Medical cases in which ultrasound exams are particularly useful:

- Unexplained weight loss, inappetence or cachexia
- Suspected neoplasia e.g. an abnormality on abdominal palpation
- Neoplasia staging
- Medical workups e.g. jaundice, hypercalcaemia, pyrexia of unknown origin, immune-mediated disease, PUPD, ascites, Cushing's Syndrome
- Renal disease e.g. azotaemia work-up
- Urinary tract disease e.g. investigation of incontinence or recurrent UTIs
- Gastrointestinal disease e.g. work up of chronic vomiting/diarrhoea, acute obstructions, suspected pancreatitis
- Liver and bile tree disease – acute or chronic
- Reproductive disease
- Ingestion of foreign body, checking for obstruction.
- Searching for retained testicles.



Biopsies – why?

Ultrasound examination is an excellent diagnostic tool for detecting abnormalities of tissues. Many ultrasound findings, however, can be nonspecific. Although masses, nodules, effusions, and other gross abnormalities can be readily identified, tissue samples are often necessary for a definitive diagnosis. Ultrasound-guided fine needle aspiration (FNA) and core biopsy are safe, minimally invasive techniques that can help obtain an aetiologic diagnosis.

Ultrasound-guided FNAs help determine if a lesion represents inflammation, infection, or neoplasia. They are also performed when laboratory abnormalities suggest an underlying disease and when staging is desired for neoplastic disease. Fluid can also be sampled – from the thoracic cavity, pericardial space, peritoneal cavity, the urinary bladder and the gall bladder. Core biopsies are needed when histopathological assessment is important in the diagnosis.

Biopsies of the liver are an important step in the evaluation of the dog and cat with hepatic disease and is required for histopathological diagnosis to direct therapy and to provide an accurate prognosis. Ultrasound-guided percutaneous liver biopsy is a good choice because it is minimally invasive with a low complication rate. I have written a leaflet on the different liver biopsy options to help in the decision making process for liver biopsies. You can [find this leaflet on the website in the Partner Practice section](#).

The Cardiac cough

A cough has been historically reported as a major clinical sign of an enlarged heart pressing on the airways and congestive heart failure due to cardiogenic pulmonary oedema in dogs. However, recent evidence has shown that this is incorrect, and the ‘cardiac cough’ doesn’t really exist! I’m sure that like me, you were taught about the cardiac cough and this dogmatic myth is still being presented as fact by some eminent members of the profession.

Adding to the frustration of trying to distinguish between the causes of a cough (airways, the lungs, or

the heart), the very animals predisposed to myxomatous degenerative mitral valve disease are also predisposed to some of the most common non-cardiogenic causes of cough (e.g., tracheal collapse, chronic bronchitis, bronchomalacia). About half of dogs with mitral valve disease have a cough!

Did you know that pulmonary oedema alone cannot cause a cough! This is because there are no cough receptors in the alveoli. Also, cardiomegaly alone cannot cause a cough – there needs to be the presence of abnormal airways too. The cardinal sign of acute heart failure in dogs is tachypnoea and/or dyspnoea, not a cough. Therefore, the most accurate way of monitoring for the onset of congestive heart failure is for owners to monitor resting respiratory rate. We should think twice before starting treatment for heart failure merely based on whether a dog coughs – this is when a heart scan is important to help distinguish causes of the cough.

Read more about how to deal with chronic cough in a dog with heart disease in a leaflet I have written, [available on the Partner Practice section of the website](#).

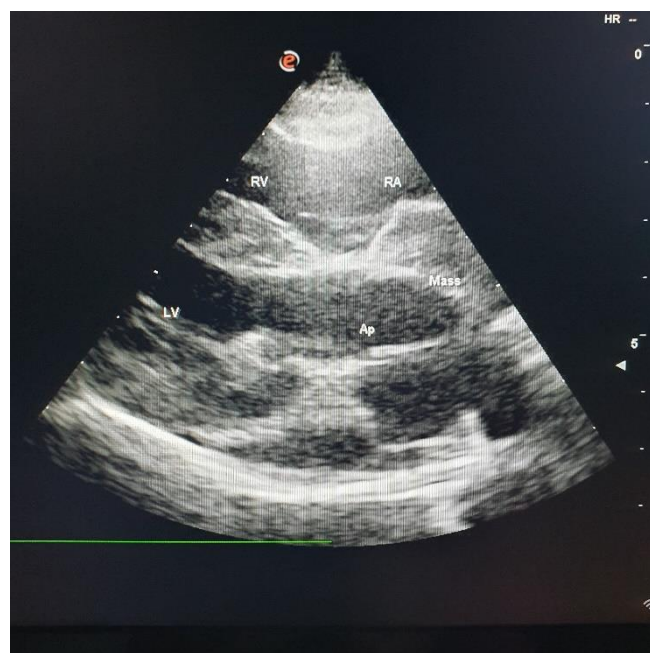


Image – a dog scanned for MVD staging, with an incidental heart base tumour.

Remember, you can watch videos from interesting cases on my [YouTube channel](#) <https://youtube.com/@VetArtisUK>. I also post on my Instagram page [@vetartisuk](#) and [Facebook page](#) <https://www.facebook.com/vetartis>