



CPD!

I offer in-practice ultrasound training, tailored to your teams' requirements. Also attendance courses locally in ultrasound topics. [See the website for more details.](#)



In The News...

New leaflets are available on the website, some for owners (which are found under the tab 'For Owners') and some the vet team, either for your own information or for you to use with your clients. These include:

- A questionnaire to be filled out prior to scans to investigate collapse.
- Screening for DCM.
- The 'cardiac' cough.
- Liver biopsies – what and when.

I will be writing more of these leaflets over the coming months so keep checking back and please let me know if there is a leaflet that you would find useful, either for your own knowledge or to use with owners.

When are horses zebra?

I've now been scanning full time for over 3 years and so I've got to see some rare and unusual things. Common things are common (if you hear hoofbeats then think horses)

but unless you are on the lookout, you won't spot the occasional zebra! Some of the unusual things I've diagnosed over the past year:

- Short colon syndrome in a cat.
- Severe gastric wall changes secondary to chronic use of omeprazole in a dog.
- Mass in the spleen of a 4month old kitten.
- Emphysematous cystitis in a dog with diabetes mellitus.
- Adrenal tumours invading the caudal vena cava.
- A cat with hyperadrenocorticism and fragile skin syndrome.
- A multitude of cases of pulmonary hypertension.
- An array of various arrhythmias including a cat with third degree AV block (very rare in cats and was completely incidental finding as cats can cope with bradycardia!).

Holiday season is nearly here, and I have a couple of holidays booked. Therefore, there are dates in the coming months when I will be not available for visits and during this time I will be slower to respond to emails and messages as I will have reduced internet access. The best place to check my availability is to look on the booking page on the website

(<https://www.vetartis.co.uk/booking/>).

- **Saturday 10th May to Monday 2nd June inclusive.**
- **12th & 13th June and 23th & 24th and 27th to 29th June.**
- **13th to 28th September**

Remember, I cannot confirm a booking without receiving a booking form and those that are received will take priority.



When should I record an ECG?

It can be difficult to know if an ECG is needed. I record a contiguous basic ECG while performing a heart scan on dogs but a standalone ECG is sometimes recommended for dogs and cats. The contiguous ECG may pick up frequent abnormal beats but its main use is for timing of measurements in the heart scan. Situations when a standalone ECG is recommended:

- Any patient with an arrhythmia auscultated during a consultation, pre-anaesthetic check or during sedation/ general anaesthesia. Making a rhythm diagnosis is key to case management.
- Any animal with a history of weakness or collapse/syncope.
- Dogs with a breed predisposition to dilated cardiomyopathy (DCM) or arrhythmogenic right ventricular cardiomyopathy (ARVC). ECGs are one of the first steps in a regular screening process, before echocardiography or Holter monitoring. Large and giant breeds are prone to DCM (e.g. Doberman, Great Dane, Irish Wolfhound) and Boxers and English Bulldogs are prone to ARVC.
- Pre-anaesthetic checks in cats - cardiomyopathy is common in cats and ECGs can help identify significant disease before it's too late.

If you hear an arrhythmia in any patient, don't ignore it but get it investigated. I offer ECG collection and interpretation services and would normally recommend combining this with a heart scan. If it is a complex arrhythmia I can send the digital ECG recordings to an external Cardiology Specialist for interpretation. For some cases (such as screening dogs for DCM or intermittent collapse), a Holter study is likely to be required and I can recommend companies that hire these and provide the interpretation (complex).

The use of antibiotics in diarrhoea

Acute diarrhoea is a symptom, usually of idiopathic disease and which is usually self-limiting. However, owners get worried when their dogs develop diarrhoea and are concerned about accidents in the house. The problem for us clinicians is the owner has presented us with a dog that they want you to 'fix' and so the temptation is to reach for anything

that works and that includes antimicrobials including metronidazole.

The problem is that while these cases "look" responsive to metronidazole, the dysbiosis underneath gets worse. It's more like a plaster than a treatment. And often as soon as you stop the diarrhoea comes back.

- Acute diarrhoea is NOT an antibiotic responsive disease! A retrospective study on nearly 900 dogs with uncomplicated acute diarrhoea revealed insightful findings. In this study 40% of the dogs initially received antibiotics for diarrhoea, but the analysis showed no significant difference in clinical resolution between dogs treated with antibiotics (88.3%) and those without (87.9%).
- Antibiotics, and in particular metronidazole, have been shown to CAUSE dysbiosis that lasts for many months to years.
- The use of antibiotics increases the selection pressure for antimicrobial resistance among pathogens. This is a concern for not only animal but also human health.
- Antimicrobial stewardship suggests that metronidazole should be reserved for cases where there is a clinical need for an antibiotic with the particular action.
- Acute haemorrhagic diarrhoea syndrome (AHDS) antibiotics are NOT required unless sepsis develops (and just seeing blood passed is not a warning sign that sepsis will occur). There are a multitude of studies that have been published that have shown that the use of antibiotics in AHDS does not improve recovery times or outcomes.
- In chronic diarrhoea, the majority of cases respond to diet change (several diets should be trialled if the first one is not successful) and Faecal Microbiota Transplantation as increasing evidence.

‘Not everything is black and white, and there are more than 50 Shades of Gray!’ Come on an ultrasound course and learn more!