

Our Clinicians



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RCVS Recognised & European Specialist in Veterinary Dentistry



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Pantarsal Arthrodesis

Pantarsal arthrodesis using a dorsal plate for the treatment of a highly comminuted fracture of the medial talar ridge. *By Duncan Barnes*

A 5-year-old female Greyhound was presented with a non-weight bearing lameness following a fall at high speed. The leg was markedly swollen with severe bruising and gross instability of the hock joint. Radiographs revealed a comminuted non-reducible fracture of the medial talar ridge and a displaced fracture of the distal fibula. A craniomedial approach to the hock joint was made and upon inspection of the fracture site it was evident that it would not be possible to reconstruct and repair the talar fracture. A decision was therefore made to perform a pantarsal arthrodesis using a specifically designed dorsal pantarsal arthrodesis plate. The plate features 3.5mm screws in the proximal part of the plate and 2.7mm screws distally in the metatarsal. This provides an extremely rigid stable fixation.

Cartilage was removed using a high speed burr from the articular

surfaces. The fractured parts of the talus were morselised, mixed with further cancellous bone graft taken from the proximal tibia and demineralised bone matrix and used to fill the joints spaces. The plate was applied and the skin closed routinely. She made a good recovery from the anaesthetic and no further problems were seen during recuperation. The excellent biomechanical stability of the repair meant that a cast was not needed post-operatively, avoiding cast associated complications.

Six-weeks following surgery radiographs revealed excellent progression of arthrodesis and no evidence of implant associated problems. Normal exercise was gradually re-introduced at this point. Pantarsal arthrodesis was successful for salvaging a pain-free hindlimb after a potentially catastrophic fracture of the articular surface of the talus of a greyhound.



Fig 1: Comminuted talar and distal fibular fractures lateral view.



Fig 2: Comminuted talar and distal fibular fractures craniocaudal view.



Fig 3: Six-weeks post-operative lateral view.



Fig 4: Six-week post-operative craniocaudal view.

Eastcott Referrals

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Opening Hours

Monday to Friday 7am - 8pm
Saturday and Sunday 8.30am - 8pm





Gingivitis Stomatitis Complex

Gingivitis stomatitis complex (GSC) is believed to be an inappropriate response to normal plaque and viral antigens found in the oral cavity.

By Andrew Perry

The complete pathogenesis is not fully understood, however there is an inflammatory response which is cellular in nature with plasmacytic-lymphocytic infiltration of the mucosal and gingival tissues. The trigger for the development of GSC has not been identified but the vast majority (in some publications 100%) of individuals are infected with calici virus. Retro-viral infection has also been linked to GSC but this is not a commonly identified co-infection in this clinic.



Fig 1: Photograph of cat with Gingivitis-Stomatitis Complex showing severe inflammation of gingival and non gingival oral tissue with proliferation of the mucosa in the caudal oral cavity.

All of the oral mucosal surfaces may be affected with severe hyperaemia, ulceration and proliferation. There is commonly secondary periodontitis and tooth resorption but for a diagnosis of GSC there must be extension of pathology beyond the muco-gingival junction. The inflammatory changes are usually widespread, although focal lesions are less commonly identified. The inflammation is often more severe toward the caudal oral cavity, especially immediately adjacent to the maxillary and mandibular molar teeth and the caudal oral mucosa (often incorrectly referred to as the fauces).

There have been studies suggesting a greater prevalence in pedigree cats although the majority seen at this clinic are domestic short hair cats which is likely to reflect the population that we serve. No sex

predilection has been identified and a widespread age range is reported, we commonly see patients as young as 12 months at time of initial presentation.

Diagnosis

Tentative diagnosis can be proposed on clinical appearance and duration but routine biochemistry, haematology, urine analysis and Calici PCR are appropriate screening tests with definitive diagnosis based on biopsy, which is especially important for asymmetric or focal lesions. The lack of response to simple periodontal treatment or the mismatch between the severity of inflammation and the levels of plaque and calculus are also important.

Patients may present with a highly variable clinical picture, from apparently asymptomatic through to grossly debilitated with foul halitosis, anorexia and continuous ptyalism. It can be challenging to highlight the potential severity of the disease to owners when cats are not exhibiting extensive symptoms but the disease is commonly progressive and early intervention is apparently associated with an improved prognosis.

Treatment and Management

Plaque control is at the heart of effective management of these cases. Chronic ulcerative paradontal stomatitis, seen in dogs, is believed to have a similar pathogenesis and these patients can often be effectively managed with rigorous home care and regular periodontal prophylactic therapies. For the majority of cat owners this is not a viable option. Plaque is a highly stable biofilm and the bacteria within it live in a highly privileged environment effectively secluded from parenteral antibiotics and therefore any improvement of the pathology with antibiotic therapy is likely to be short lived

and may be counter productive with the development of resistant populations. Anti-inflammatory medication, steroidal or non-steroidal, may be of benefit if welfare is grossly affected but will not effect plaque levels and will not prevent progression of periodontitis. To date, elective extraction has been the management technique of choice with the highest rate of success in clinical trials.

Elective Extractions

Elective extractions have been defined as complete and confirmed extraction of all teeth that are encircled by the inflamed mucosa or are affected by another existing pathology. In practice this can mean extraction of all of the teeth or more commonly the pre-molar and molar teeth only. There has not been a statistical difference between full and partial mouth extractions identified. Understandably clients are concerned by the prospect of such surgery and how it may affect the patient and we are always careful to provide appropriate counseling. Cats are extraordinarily adaptable and more reliant on their tongue toprehend prepared cat diets than their teeth. Although it is likely cats may not be able to chew dry foods effectively this commonly does not prevent them from trying.

Approximately half of the patients managed by elective extraction show a complete response with resolution of all symptoms and clinical signs. A further third of patients improve dramatically but may need long term medical management to augment the benefits of surgery. Adjunctive medical management usually comprises non-steroidal anti-inflammatories and recombinant interferon omega given orally. All of the adjunctive therapies have proven less efficacious if used without elective extraction. Some have

suggested that the use of essential fatty acids, anti-oxidants and stress management may be beneficial but as yet evidence is not available. Use of cyclosporine for refractory cases may be effective and adjunctive pain management, especially targeted toward chronic or neuropathic pain, can be employed in the short or long term.

Incomplete extraction of teeth has been a cause of poor response to treatment and so pre and post extraction dental radiographs are exceedingly important. Extraction technique, with focus on minimizing surgical trauma, has a significant role in achieving short term comfort and post operative patient recovery.



Fig 2: Photograph of the right mandible of a cat with Gingivitis-Stomatitis Complex showing full thickness mucosal ulceration at the site of the incomplete extraction of the distal root of the mandibular fourth pre-molar.



Fig 3: Intra-oral radiograph of the left mandible of a cat with a retained mesial root of the molar tooth.



Fig 4: Photograph of the oral cavity of a cat with complete resolution of the signs of GSC following extraction of all premolar and molar teeth.



Navigating the Ophthalmic Drug Jungle

FREE Ophthalmology CPD 17th September 2015

With Ida Gilbert

7.30pm – 9pm with refreshments from 7pm

This talk will aim to give a refresher of the main ophthalmic drugs and tips to help avoid some of the common pitfalls in ophthalmic pharmacology, with the aid of some real case examples.

How would you treat these cases?



Superficial ulcer, anterior lens luxation and secondary glaucoma in a YT



Melting ulcer in a 14-year old Pekingese



Glaucoma in a Beagle



Ruptured ulcer in Pug



Aggressive keratomalacia in a Boxer



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REFERRALS

Upcoming CPD Courses

2 Day Dental Radiology & Extraction CPD for Vets

24th – 25th June 2015

Radiography is the key to practicing good dentistry and tooth extraction is one of the most common surgical procedures that many vets will perform. Yet both are common causes of frustration! This 2 day intensive practical course will teach you to master these essential techniques.

£725 Course fees are exclusive of VAT and include course notes, lunch, tea and refreshments.

2 Day Feline Dentistry CPD Course for Vets

15th – 16th October 2015

This is a two day practical course for vets who want to further their knowledge and practical skills in the field of feline dentistry.

£830 Course fees are exclusive of VAT and include course notes, lunch, tea and refreshments.

Small Animal Laparoscopic Surgery 2 Day Practical Course

14th – 15th May 2015

This is a two day practical course aimed at vets who are interested in laparoscopic ("Keyhole") surgery in companion animals. The course will consist of lectures and wet-lab practical sessions. This is a very popular course and places book quickly. Please contact us via our website to register your interest in this course and we will contact you when the dates are released.

£860 Course fees are exclusive of VAT and include course notes, lunch, tea and refreshments.

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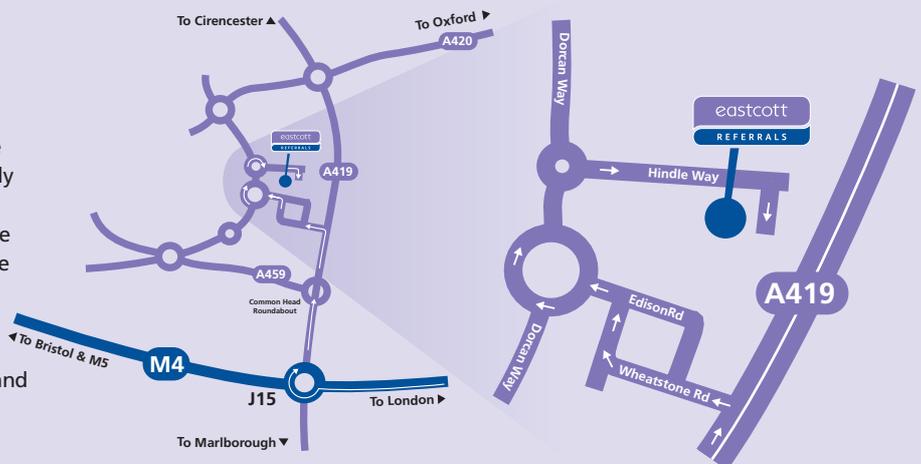
For more information or to book a place on one of our courses, please visit our website. Alternatively courses can be booked via email or phone. If there is a course that you would like to see run or a topic that you would like covered, please contact us and we will see if we can help.

If you have in interest in a course that is fully booked, you can register your interest in future courses by submitting a form via our website which can be found on the course page.

How to find us

From M4 westbound exit at junction 15 and take the 3rd exit onto the A419 signposted Swindon. Take the second turning from the A419 signposted Dorcan (B4006 - Wheatstone Road). At the end of Wheatstone Road keep right onto Liden Drive and then immediately left onto Edison Road. At the roundabout take the 3rd exit onto Dorcan Way. At the next roundabout take the 2nd exit. Arrive at Edison Park, Hindle Way take the first road on the right to arrive at Eastcott Veterinary Hospital. Wheatstone Road can only be accessed from the A419 Northbound, if travelling Southbound on the A419, proceed to Common Head Roundabout and then rejoin the A419 Northbound.

For satnav follow: SN3 3RB



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