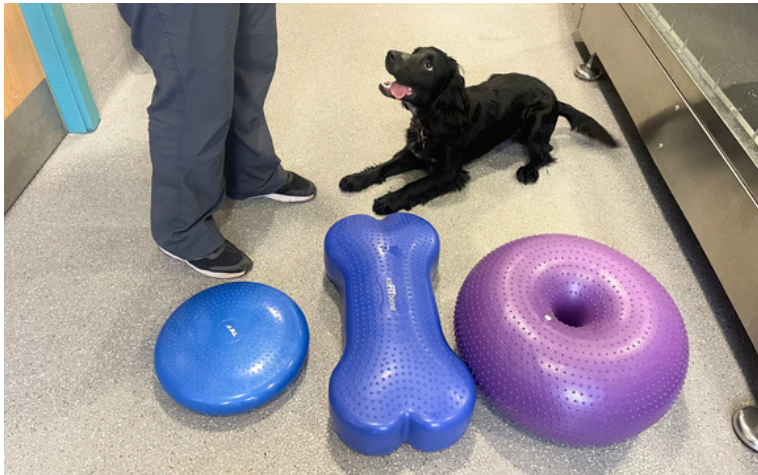


WOODCROFT REFERRALS

NEWSLETTER



A MESSAGE FROM THE PHYSIOTHERAPY TEAM

Woodcroft's Physiotherapy and Hydrotherapy team consists of myself (Emily Worthington) and Tabitha Nye.

We are both fully qualified and certified with several different bodies proving our professionalism, qualification standards, insurance and ongoing dedication to keeping up to date with current practice protocols and research through ongoing continuing professional development (CPD).

As a team we are dedicated to working with vets and providing an excellent service that offers a range of treatments including Physiotherapy, Laser therapy, Pulsed Electromagnetic Field Therapy, Therapeutic Ultrasound therapy, TENS (Transcutaneous nerve stimulation), NMES (neuromuscular electrical stimulation) and Hydrotherapy using an Underwater Treadmill. Veterinary Physiotherapy aims to utilise different hands-on skills with the aim to promote and speed up recovery, maintain and prevent secondary preventable complications developing and restore the patient to a good functional status.

Our treatment plans are tailored to each individual animal and we treat a wide range of pre and post-operation conditions for rehabilitation; general maintenance conditions

and fitness (including weight loss); to improve quality of life. Just a few of the conditions we see regularly are:

<i>Spondylosis</i>	<i>Arthritis/stiffness</i>
<i>Elbow/hip dysplasia</i>	<i>Soft tissue injury</i>
<i>Patella luxation</i>	<i>Pain management</i>
<i>Cruciate ligament injury</i>	<i>Wound healing</i>
<i>Nerve damage/spinal injury</i>	<i>Fractures</i>
<i>Neurological conditions</i>	<i>Muscle loss/weakness</i>
<i>Degenerative joint disease</i>	<i>Lameness issues</i>

We use a combination of tools that we are lucky to have here at Woodcroft and our experience within the role, to provide animals with a better quality of life and in many cases a slightly longer life. Our main aims are to relieve pain, restore mobility, promote muscle strength, alleviate painful muscular tension, and trigger points, enhance balance and gait patterns and increase fitness both pre-surgery and post-surgery. Pre-surgical intervention speeds up the post-surgery rehabilitation process.

If you think there is an animal that may benefit from our services, then please don't hesitate to contact us either directly via email: hydrotherapy@woodcroftvets.com or referrals@woodcroftvets.com.

Best Wishes,

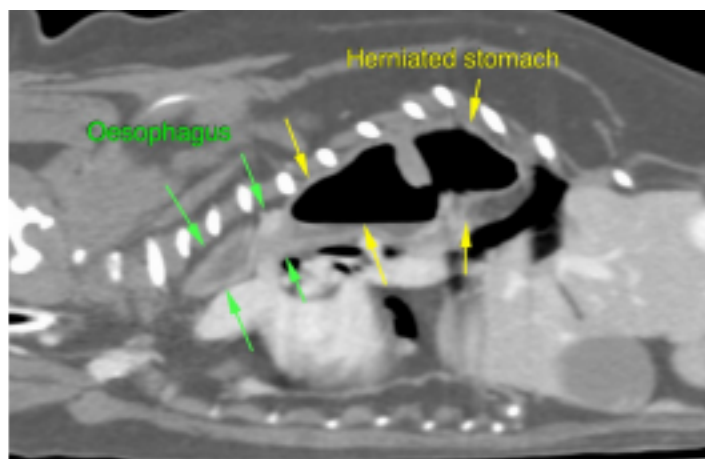
Emily Worthington

AdvCertVetPhys, MIRVAP, MCHA

Case Study - Otis

OUTPATIENT CT SCAN

Case Vet - Georgiana Vasile



Otis an 8.5 year old male/neutered Pug was referred to our Diagnostic Imaging department as a fairly urgent case for an outpatient CT scan following thoracic radiographs taken by the referring vets, which raised suspicion of a diaphragmatic hernia/megaoesophagus.

Otis underwent a CT of the thorax and abdomen which was initially assessed in-house by Georgiana, our diagnostic imaging clinician. Upon assessment, she confirmed the presence of a gas-filled structure within the right of the mid-plane of his thorax. This structure appeared to severely compress the right lung lobes which were atelectatic.

Given the suspicion of a very serious condition and potential need for urgent intervention, Georgiana requested an urgent specialist report which an hour later confirmed the presence of gastric intussusception and displacement of the herniated oesophagus and stomach to the right of the midplane. This was addressed immediately and Otis underwent corrective surgery.

He was discharged 2 days later and is doing well.

The image above shows the CT scan of the thorax post contrast. The yellow arrows illustrate the herniated stomach going into the oesophagus at the level of the base of the heart.

To refer a case for an outpatient scan please visit www.woodcroftreferrals.com/refer-a-case

Auscultation Tips

from Jane Marshall MA VetMB CertVC
MRCVS RCVS

- Buy a decent stethoscope, we use Littman. - A Littman paediatric is suitable for routine examination of most dogs and cats. It's good to have a larger (Littman Classic) and a smaller (Littman Infant) stethoscope available too.
- Poorer quality stethoscopes are usually best reserved for monitoring heart rates.
- Use the bell, placed gently on the chest wall, to check for gallop sounds and diastolic murmurs.
- Do not just check the left apex or some murmurs will be missed: PDA's (high up in the left axilla). VSD's (cranial and ventral on the right) and tricuspid murmurs (right apical) may be quiet and hidden by a louder mitral murmur.
- Feline murmurs are often para-sternal: listen along both sides of the sternum.
- Quiet murmurs may be missed in noisy rooms. If possible take the patient away to a quiet room.
- It is often better to stop a dog panting briefly by distracting their attention, rather than attempt to hold their mouth closed.
- It is possible to create a heart murmur in a cat by pressing too hard with the stethoscope - try reducing the pressure and see if the murmur disappears.



Referrals we offer :

Soft Tissue Surgery
Orthopaedic Surgery
Ophthalmology
Internal Medicine
Cardiology
Dermatology
Diagnostic Imaging - CT & Ultrasound
Dentistry
Veterinary Behavioural Medicine
Physiotherapy/Hydrotherapy

Dental Success

Sweep is an 8 year old Bedlington Terrier who was referred to visiting dental, oral and maxillofacial surgeon, professor Alex Smithson, as he had a non-healing wound on his chin, that was identified to be a dental issue from a CT scan.

Upon further investigation it was found that he had worn teeth, particularly his canines due carrying and chewing tennis balls.



Some teeth had repaired themselves by laying tertiary dentine which formed over time, usually due to wear.

Unfortunately three of the canines have pulp exposure which had gone necrotic (as seen in the photos as dark black dots in the centre of the teeth).

In one of the teeth bacteria had tracked down to the root and formed an abscess which had burst out causing the wound on the chin.

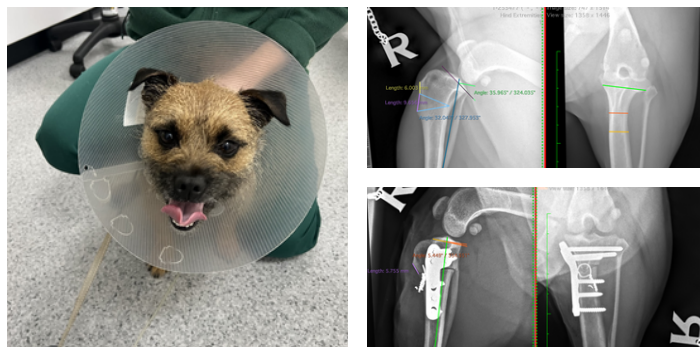
These three canines had to be extracted by Professor Smithson to prevent further issues and to help with the healing of the abscess.

We often see worn teeth in dogs who like chewing tennis balls due to their abrasive surface.

Case Study - Alfie

ORTHOPAEDICS

Case Surgeon - Alex Parker-Nicholls



Alfie is a 10kg, 4.5-year-old Border terrier who suffered Cranial Cruciate Ligament Rupture (CCLR).

Alfie suddenly became lame after running and chasing a ball at home. Although the lameness improved with some pain relief, it did not completely resolve, so was referred to Woodcroft Referrals for further investigation. On examination at the hospital, Alfie's stifle was swollen and painful. Specific tests for the stifle revealed some instability compatible with CCLR.

Radiographs of Alfie's stifle confirmed CCLR and a very steep slope within the knee, contributing to the instability following rupture of the ligament. CCLR is the most common cause of hind limb lameness in the dog. The ligament often fails due to a degenerative process, where it gets progressively weaker before it eventually snaps.

Based on the current available evidence, the tibial plateau levelling osteotomy procedure appears to be superior, where the geometry of the stifle is altered to allow the patient to stabilise their stifle without an intact cruciate ligament. In Alfie's case, he underwent Cranial Closing Wedge Osteotomy stabilised with a locking compression plate.

Alfie is currently several weeks through his recovery and moving around well on his leg again. His post-op radiographs are scheduled for 6-8 weeks after his operation, after which the bone should be healed and he will be able to steadily resume normal exercise.

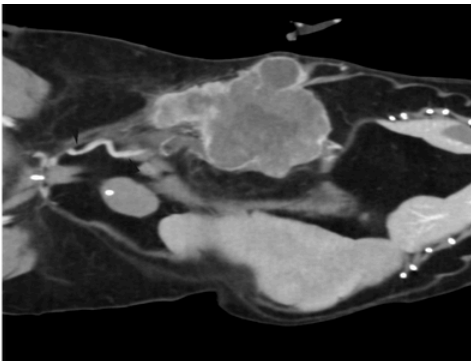
Abdominal Wall Sarcoma

SOFT TISSUE SURGERY

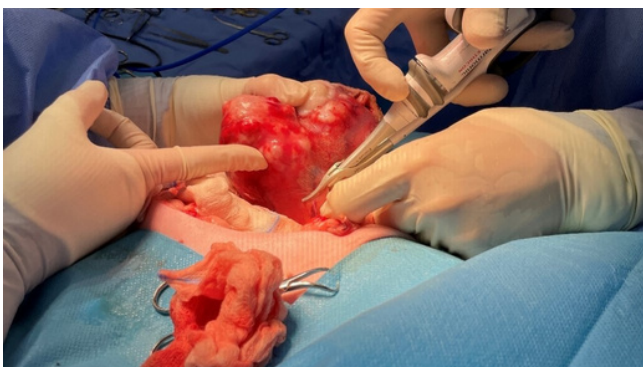
Case Surgeon - Dave Tymms

Percy is an 11-year-old male neutered Maine Coon cat referred for treatment of a large abdominal mass. He presented to his own vets with signs of weight loss and inappetence and the mass was identified on palpation.

We proceeded to a CT scan and biopsy, which revealed the mass to be an 8 cm diameter soft tissue sarcoma originating from the right body wall. There was no evidence of invasion into surrounding structures or distant metastasis.



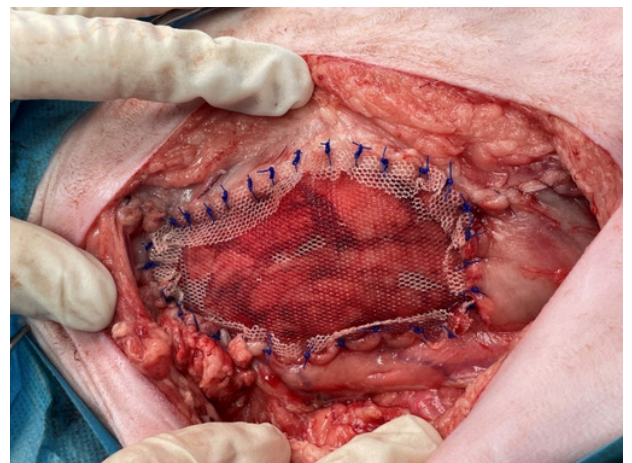
At surgery the mass was removed utilising harmonic shears (this generates ultrasonic vibrations that cut and cauterise tissue) to efficiently cut through the abdominal wall muscle surrounding the mass.



As anticipated, following removal of the mass the abdominal cavity could not be closed without risk of increasing abdominal cavity pressure and compression of the abdominal organs ("abdominal compartment syndrome")



Local muscle flaps would not be large or robust enough to bridge the deficit, so a polypropylene mesh was used to good effect. Omentum was first sutured around the wound circumference (to prevent abrasions of the abdominal viscera and to provide a blood supply to aid healing). The mesh was then cut to size and sutured into place. Potential complications with use of meshes can include dehiscence, herniation, seroma formation and bacterial infection.



Percy is currently doing very well four weeks post-operatively. Longer term there is a moderate risk of the sarcoma regrowing, especially as wider margins of excision were not possible given the location. Hopefully the surgery will have helped extend his quality of life for as long as possible.



**SCAN FOR
REFERRAL
PRICES**