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WOODCROFT REFERRALS

NEWSLETTER

REFERRAL TRENDS IN 2025:

What We're Seeing – and What It Means for You

As we move out of 2025 and into the new year, we've taken a moment to reflect on the pattern of referrals coming through our doors. We thought we'd share some of the standouts we're seeing, straight from your consult room to ours.

Top of the list? Cruciate disease. Our orthopaedic team has been seeing a rise in referrals for suspected cruciate rupture, often earlier in the disease process, and more bilateral presentations too. To help support clients considering surgery, we're currently still running an offer on TPLO procedures. If you'd like to know more (or pass on the info), just drop us an email.

We've also seen an increase in outpatient CT scans, especially for lameness workups and thoracic investigations. Our outpatient service means patients can have advanced imaging without a full referral, keeping you in the driving seat. It's been fantastic to support first opinion teams with quicker answers and more confident next steps.

An unexpected trend? Lungworm, which is presenting in a few unusual ways. Most cases have come through our A&E service, often with vague or severe clinical signs, and have then been accepted by our referral team. One case even landed in our ophthalmology service, highlighting just how diverse and tricky lungworm can be in its presentation. This case has been documented in a study on page 6 onwards.

We're also seeing plenty of foreign bodies, from classic corn on the cobs, kebab sticks and bits of plastic to grass in the nasopharynx. Quick access to diagnostic imaging has been key here, helping us avoid unnecessary surgery and tailor treatment fast.

Beyond that, we have continued to receive referrals across cardiology, dentistry, behavioural medicine, and physiotherapy, with many cases being co-managed across multiple disciplines.
Whether it's a full referral, an outpatient scan, or just a case you want to talk through, we're here. Think of us as an extra layer of support when you need it. If you're ever on the fence about a case, just give us a ring. Sometimes all it takes is a conversation.

Case Study - Aaron

NASAL FOREIGN BODY

Case Surgeon - Dave Tymms BSc BVSc RCVS BVSc PGCertSAS MRCVS Certificate holder in Small Animal Surgery

Aaron, a feline patient, was referred to our soft tissue surgeon, Dave, for investigation of persistent sneezing that had failed to resolve with initial management. A nasal foreign body was suspected based on the clinical history and presenting signs.

Under general anaesthesia, flexible endoscopy was performed to examine the nasal cavity and nasopharynx. Endoscopic exploration revealed a grass awn lodged deep within the right nasopharynx—an uncommon but recognised cause of chronic upper respiratory symptoms in cats.

Using minimally invasive techniques, the foreign body was successfully retrieved in one piece, avoiding fragmentation which can complicate removal and prolong recovery. Aaron recovered uneventfully from the procedure and was discharged the same day, showing marked clinical improvement and resolution of clinical signs.

Case Advice

Do you offer advice on cases?

Yes we do!

If you would like advice on a case that you are currently working on, we are happy to help. Just email referrals@woodcroftvets.com and our referral coordinator will ensure the relevant discipline vet gets back to you. For specialist dentistry advice from Orosurgeon's Alex Smithson and Associates, please reach out to them directly.

SCAN FOR REFERRAL PRICES

Referrals we offer :

Soft Tissue Surgery
Orthopaedic Surgery
Ophthalmology
Internal Medicine
Cardiology
Dermatology (currently on hold)
Diagnostic Imaging - CT & Ultrasound
Dentistry
Veterinary Behavioural Medicine
Physiotherapy/Hydrotherapy
Laparoscopic Spays & Castrates

Join us on Facebook!

Our dedicated Woodcroft Veterinary Referrals Facebook page is your go-to hub for vet-specific updates, case highlights, and referral service news. Whether you're a vet, nurse, or practice manager, you'll find content tailored to you, helping you stay informed and connected.
Follow us to keep up with the latest developments, interesting cases, and opportunities to collaborate.

Asymptomatic Heart Murmur Pricing

£950

Case Suitability:

Newly diagnosed heart murmur in dogs and cats with no other signs of heart disease.

What is included?

- Consultation with a cardiologist
- Detailed echocardiogram
- Blood pressure measurement.

Why?

Early heart disease diagnosis helps to formulate the best monitoring plan for your client and their pet. Investigation of murmurs provides more accurate staging of feline myocardial disease and canine mitral valve disease, with management potentially slowing the progression of disease. Murmur investigation can address any concerns around anaesthesia.

So, the next time one of your client's pets reveals an unexpected murmur on examination, please get in contact with our friendly team, and we would be happy to assess the murmur and reassure your client

A Day in the Life of a Soft Tissue Nurse

by Heather Monk RVN CertAVN TCM

I'm Heather, and I've worked at Woodcroft for 25 years – my first and only job since leaving high school. I began as an auxiliary nurse, qualified in 2006, and became a head nurse in 2017. In mid-2024, I returned to my real passion: the surgical suite, anaesthetics, and patient care. I gained my Surgical Nursing Certificate in 2015 and have always enjoyed soft tissue surgery.

My day starts at 7:30 am, preparing the sedate and recovery area, finishing any leftover laundry, and putting away sterilised equipment. I set up anaesthetic charts, IV catheter trays, and prepare the pre-op room and theatre, checking machines, calibrating monitors, setting warming devices, and selecting surgical packs.
When the vet and team arrive, we review the day's cases, discuss protocols, and share plans with the wider nursing team in the morning huddle.
After the vet admits a patient, we take vital signs, place IV lines, run blood tests, and prepare medications, including emergency drugs.
Once the vet is ready, we premedicate and complete the pre-anaesthetic checklist. The patient is anaesthetised, prepped for theatre, and given a final skin prep while the vet scrubs in. I open sterile equipment, assist with powered instruments, pass equipment, collect samples, and coordinate with the anaesthetist, who monitors and administers any necessary treatments.

After surgery, we clean and monitor the patient during recovery, feed them, and prepare them for discharge with the necessary paperwork.
The day ends with a full clean-down of the theatre, pre-op, sedate, and recovery areas, including kennels. We re-pack and sterilise kits, sweep and mop floors, and finish around 6 pm – ready to do it all again the next day.

Case Study - Moon

BILATERAL CORNEAL ULCERATION

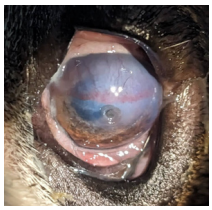
Case Surgeon - Marta Lopez Garcia LDA Vet PGCertSAOphthal MRCVS
RCVS Advanced Practitioner in Veterinary Ophthalmology

Moon, a 1 year and 9-month-old British Bulldog, was referred to our ophthalmology team by his primary care vets for bilateral corneal ulceration.
On presentation, he had a descemetocele in the right eye and a very deep stromal corneal ulcer in the left eye, with greater than 95% stromal thickness loss.

(See Photo 1: Left eye ulcer; Photo 2: Right eye ulcer)

Photo 1

Photo 2



Additionally, Moon was diagnosed with bilateral upper and lower eyelid entropion. There was no evidence of distichiasis or ectopic cilia. Bilateral keratitis was present, accompanied by thick mucoid discharge. Due to the fragility of the globes, Schirmer tear tests were not performed at the initial consultation, but keratoconjunctivitis sicca (KCS) was strongly suspected.

Given the severity of the ulcers and the imminent risk of corneal rupture and vision loss, Moon underwent emergency bilateral corneo-conjunctival transposition (CCT) grafts under general anaesthesia. This procedure involves dissection and advancement of the adjacent peripheral cornea along with the attached bulbar conjunctiva into the central corneal defect. The primary objective is to provide tectonic support while preserving corneal transparency and postoperative vision.
CCT grafts are frequently performed by our ophthalmology team to treat deep corneal ulcers or to manage defects following deep keratectomy, such as after sequestrum removal. Moon recovered well from surgery, and the grafts healed successfully.

(See Photo 3: Left eye post-CCT healed; Photo 4: Right eye post-CCT healed)

Photo 3

Photo 4

Following corneal healing, Moon was confirmed to have KCS and was started on topical cyclosporine 2 mg/mL (Optimmune®) along with preservative-free lubricants. Based on morphological changes to the third eyelids, we suspect the third eyelid glands may have been removed when he was a puppy. Due to an insufficient response to cyclosporine, treatment was escalated to topical tacrolimus (used off-licence).

Subsequently, Moon was admitted for corrective entropion surgery. He underwent a combination of upper eyelid Stades procedure, lower eyelid Hotz-Celsus surgery, and upper and lower eyelid shortening to address the excessive eyelid length. The Stades procedure is particularly indicated in breeds with significant redundant forehead skin, where Hotz-Celsus alone may be insufficient. In this technique, a portion of the upper eyelid wound is intentionally left to heal by secondary intention, resulting in fibrosis that everts the eyelid margin and produces a hairless, functional upper eyelid. Importantly, the dog retains its characteristic facial folds and appearance.

The entropion surgery was successful, resulting in significant improvement in Moon's eyelid conformation and resolution of the entropion. His KCS continues to be managed medically with topical immunomodulatory and lubricating therapy.

(See Photo 5&6: Moon fully healed post-surgery – comfortable, happy, and enjoying life again)

Photo 5

Photo 6

Case Study - Bronson

ABERRANT OCULAR ANGIOSTRONGYLOSIS

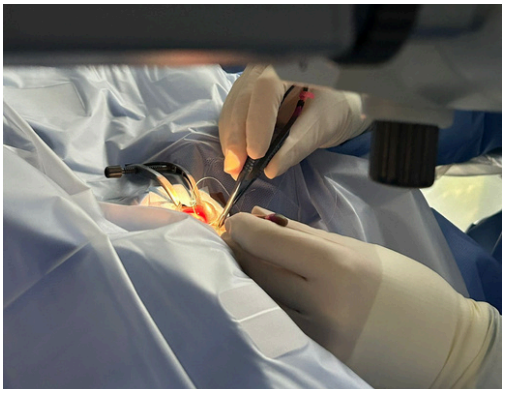
Case Surgeon - Kate Brooks BSc BVMS CertVOphthal MRCVS RCVS Advanced Practitioner in Veterinary Ophthalmology

We have recently seen a case of a live nematode moving around in the anterior chamber of the eye in a dog. The worm had caused uveitis and intra ocular haemorrhage (hyphema).

In addition, both eyes had also shown abnormal dark pigmented spots in the tapetal fundi.
The patient was a 3 year old miniature wire haired dachshund and lived in the Manchester area of the UK.

The worm was visibly active in the aqueous humor and removed from the eye by aspiration under anaesthesia. It was suspected to be Angiostrongylus vasorum (A vasorum).

Baermann testing and microscopic examination of a faecal sample both showed that lungworm larvae were present, also likely to be A vasorum.



Following surgery, the uveitis and hyphema resolved and the eye remained visual.

A vasorum is also known as the “French Heartworm” and is a parasitic nematode that primarily affects dogs and also wild canids such as foxes. With concern that it is spreading, the prevalence is being monitored (Brereton 2025, Taylor et al 2015). It has also been reported in a UK red panda (Patterson-Kane 2009) and in weasels and stoats (Simpson et al 2016).

An online document by Elanco reports cases, with a map of postcodes which can be viewed online. New cases can be added to the counts. Click here - Elanco

For further reading (worth 30 minutes of CPD) please see the next page for an extension to the article with further references.

Angiostrongylus vasorum

In the Manchester area!

Lifecycle and Transmission

Adult worms reside in the right side of the heart and pulmonary arteries, and migrate to other areas of the body, where they can cause a spectrum of serious health issues.
Dogs become infected by ingesting L3 larvae in slugs, snails, or potentially chickens. Sometimes even frogs can act as intermediate or paratenic (transport) hosts (Mozzer and Lima 2015).

Once inside the dog, larvae migrate through the gut wall to abdominal lymph nodes and to the portal circulation, through liver tissue to the right ventricle and pulmonary arteries. This is where they mature and reproduce. Eggs hatch and new larvae move to the lung capillaries where they penetrate alveolar and bronchial walls. They migrate or are coughed up to the oropharynx, swallowed, and are then passed in faeces, continuing the cycle when molluscs ingest them.

Females are slightly larger than males at 18-25 mm in length, and have a gross appearance similar to the “barber’s pole” appearance of Haemonchus sp. (Elsheikha 2014).
Aberrant migration of L3 larvae can lead to ocular penetration, and larvae may be found in the anterior chamber or vitreous. This can lead to a variety of ocular abnormalities. A paper by Yamakawa et al in 2009 described many other general findings, in five cases:

1) A one year old Labrador from Manchester suffered epistaxis and collapse, after profuse bleeding at neutering two months earlier. The dog had right sided Horner’s syndrome and an alveolar pattern on thoracic radiographs. There was a subdural haemorrhage noted on magnetic resonance imaging scan with compression of the cerebrum and brainstem with cerebellar herniation.

2) An eleven month old spayed female greyhound (bred in Northern Ireland and lived since four months of age in Oldham), died suddenly after being lame on an acutely swollen left hind limb ten days earlier. Post mortem exam showed a semitendinosis muscle rupture and haemorrhage in the surrounding muscles. Worms were found in the lung vessels, and larvae and eggs in the alveoli.

3) After prolonged seizures and sudden death, post mortem showed a two year old crossbred dog had multifocal pulmonary alveolar haemorrhage with nematode larvae, and nasal haemorrhage. The brain had subleptomeningeal haemorrhage and diffuse encephalitis. Twenty two days before dying, the dog had shown bleeding from the mouth and dyspnoea. The dog had never been outside Manchester.

4) After dying suddenly, a one year old Staffordshire bull terrier from Birmingham underwent post mortem and worms consistent with A vasorum were found in the right ventricle. There were haemorrhages of the consolidated lungs with nematodes in alveoli. Granulomatous infiltrates were also found in the spleen, kidneys and pancreas as well as lymph nodes.

5) A two year old miniature schnauzer that had resided in Liverpool died suddenly. At post mortem, the pulmonary arteries contained nematodes consistent with A vasorum. Nematode eggs and larvae were found with granulomatous and interstitial pneumonia.

Eye Disease

Colella et al (2016) reported ocular disease in three cases, one from the UK:

1) A pug from Manchester (twenty one months old) with a one day history of trauma to the right eye showed panuveitis, hyphema and fibrin deposition. The intra ocular pressure was 30mmHg and there was no evidence of systemic disease. Under sedation, a free floating worm was aspirated via anterior chamber paracentesis. After two weeks, there was complete resolution of the anterior uveitis and hyphema.

2) A two year old Cavalier King Charles spaniel that lived in the city of Paris showed prolapse of the nictitating membrane, photophobia, iris hyperemia and corneal oedema. A motile worm was found in the anterior chamber of the left eye, which was removed by anterior chamber paracentesis. No signs of respiratory infection were noted.

3) A five month old mixed breed dog was referred to a clinic in Rome for sudden vision loss. Anterior uveitis of the right eye was noted with corneal oedema, diffuse hyphema and episcleral congestion. The hyphema had resolved by fifteen days under treatment, when a nematode was noted in the anterior chamber. It was surgically removed under anaesthesia.

Ocular signs caused by the nematode A vasorum can be variable, and relatively mild, such as from a single larva in the anterior chamber, to irreversible changes with panuveitis, lens subluxation and retinal detachment. A dramatic case was reported with severe dyspnoea and sudden vision loss. The diagnosis was confirmed by antigen test (AngioDetect™) and high faecal larval counts (324 L1/g) (Ciuca et al, 2019)

Examination of the eyes can be helpful in diagnosing canine parasitic disease. Juvenile worms have been found in the anterior vitreous of one or both eyes in multiple dogs (Manning, 2007).
Coagulopathies can manifest as nasal bleeding, haematomas, internal or postoperative hemorrhages, and ocular bleeds, subconjunctival haemorrhage or haematuria.
The mechanism of the coagulopathy is poorly understood, but anaemia, thrombocytopenia, antiplatelet antibodies, increased clotting times, hyperglobulinemia, reduced activity of clotting factors VIII and V, and von Willebrand factor deficiency have all been documented, suggesting a consumptive coagulopathy (Cury et al, 2002; Gould & McInnes, 1999; Whitley et al, 2005).

Bleeding disorders with no known trauma, haematomas, internal haemorrhage and prolonged bleeding from wounds or after surgery can occur (Glaus et al 2016, Brennan et al 2004).

Cardiorespiratory signs include: cough, dyspnea, collapse and haemorrhagic diseases (Chapman et al, 2004). Cardiac murmurs, particularly in younger dogs or during seasons of high gastropod activity. Sometimes progressing to right-sided heart failure and pulmonary hypertension (Nicole et al 2016) or cor pulmonale.

Diagnostic Tests

- Baermann's test (faecal): the traditional "gold standard" for detecting larvae, though sensitivity varies
- Point-of-care antigen testing: AngioDetect™ offers rapid results with good specificity (Schnyder et al 2014)

- Other tests: include ELISA including where Baermann and AngioDetect tests have been negative (Cannone et al 2018) PCR, radiography, Examination of Tracheobronchial secretions from bronchoalveolar lavage for L1 larvae and blood work highlighting coagulation abnormalities (Barçante et al 2008) faecal smear (Humm & Adamantos, 2010).

Treatment & Management:

- Licensed options include imidacloprid/moxidectin spot-on, and milbemycin oxime
- Fenbendazole off licence (Willesen, 2007)
- Supportive Care: Manage respiratory distress or heart failure, or address coagulopathies
- For ocular cases, removal of the parasite from the eye, along with appropriate topical and systemic therapy, is important to manage both the ocular disease and systemic infection. Consider early ophthalmic referral.

Prevention & Public Health

- Minimize exposure: Remove outdoor toys overnight, avoid walking in damp areas during slug/snail activity, clean up yards including feeding and drinking bowls, and reduce wildlife (fox) contact
- Routine prophylaxis: Monthly treatments with licensed products (eg, moxidectin/imidacloprid or milbemycin oxime) are recommended in endemic zones
- Practice-Level Surveillance: Encourage reporting of all cases (including subclinical positives) to contribute to regional mapping initiatives (eg, Elanco lungworm map)

Conclusion

Fortunately, our patient made a good recovery and vision was maintained following removal of the parasite worm from his anterior chamber.
Angiostrongylus vasorum poses a growing challenge for UK small-animal practitioners. It causes a wide range of clinical presentations, from asymptomatic carriers to dogs with sight-threatening ocular disease.

Ophthalmic signs, especially uveitis, hyphema or visible motile worms, could raise the suspicion to consider angiostrongylosis, even without respiratory or cardiac signs. Given the variety of presentations, A. vasorum should be considered in many differential diagnoses, especially in endemic areas.

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