



The Webinar Gazette

TO PROVIDE: THE HIGHEST QUALITY VET-LED CONTENT

TO BE: THE WORLD'S LARGEST ONLINE VETERINARY COMMUNITY

TO HAVE: THE PLANET'S MOST CONFIDENT VETS

APRIL 2020

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Welcome to Spring and Happy Easter!

Life is tough at this time with the Coronavirus crisis but, as always, there is much to be thankful for. I am writing this just before my birthday and when you read this it will probably be two weeks after I wrote it so much will have changed. We have been trying to keep you up to date with what is going on with the developing situation. I know from my own team there is fear and worry but, in a sense, we know that life is inherently fragile and risky. We could get knocked down by a car or develop a serious illness at any age.

All I would say at this time is keep in touch with people during this time of isolation via all the modern means we now possess and be kind and gentle with yourself and others and especially know that as we approach Easter and the burgeoning Spring that life will return and hopefully we will have learnt something during these troubled times.

Take care and know that I am always available if you want to chat. You can contact me at anthony@thewebinarvet.com



Love,
Anthony



The Coronavirus Outbreak

Ben Sweeney

BVSc MSc (VIDC) Cert AVP MRCVS



Some musings from the current covid-19 reality.

There is no getting away from the fact that these are literally uncharted territories. None of us have been through anything like this and it is almost futile to speculate as to how this whole outbreak will leave us as individuals or the profession overall.

I dare say that all of us will remember what we were doing at 20:30 on 23rd March 2020 and talk about it in years ahead to kids, grandkids and great grandkids. For many of our children, this will be the big disease outbreak that they learn about in school and we can give them first-hand accounts of what we did, how we managed and coped, and perhaps most importantly what we learned.

What are the realities of the coronavirus outbreak to you? Whilst it affects us all differently on a psychological and emotional level, those of us in clinical practice have gone from a circumstance where we help people face to face on a day in day out and have a multitude of interactions every hour to being housebound.

Many vets and nurses will be furloughed in the weeks and months ahead in order to keep practices afloat, and as such you will find yourselves with a lot of time on your hands: not something that many of us are used to but something that we have pondered about what we would do with for years leading up to this. My advice is simple, take that opportunity. Yes, you may be house bound, but recharge. Go for your walk and do that thing you have wanted to do but not got round to, reconnect with people who you simply don't have time to talk to normally.

At this stage, the pandemic has brought about so many questions that we don't know the answers to. There are many unknowns, but most of these won't affect us or they certainly don't have to.

People will always have pets and they will always get sick, so we as a professional will always be here, but it has served to open up our eyes to some of our biggest fears on personal and professional level. We may even question that age old assumption of 'it's ok, we are vets and the world will always need us...'. Sure, they still need us, but in what capacity?

The digital revolution of the world has truly come to the fore, with the previously controversial topic of teleconsulting becoming a front and center method

for practices to keep revenue coming in and maintain support of their client base. One thing is for sure, as a client base become more used to having this facility available to them...whether it's a free WhatsApp video or an expensive app that someone pays for somewhere-how will it affect the running of a GP practice we can only speculate during its infancy, but rest assured it will. I hope this impact will be for the better.

How will we work after the outbreak? Will peoples' eyes will be opened to new possibilities and methods of working as a veterinary professional? Will the changes that we as a profession have to include during this period become expected by Joe and Josephine public? Will we be able to go back to how it was? Do we all need to be in the clinic all the time or is a more flexible veterinary future at its dawning? What will happen to salaries? Many businesses may well be on their knees financially after this plays out, so how do they afford to bring people in and support them?

Will locums want to take on permanent roles to offer some level of security in the uncertain times that lie ahead, but yet in such extreme

circumstances as these we can see how there is not even any certainty for those who are employed.

What will happen to the vast swathes of pets whose vaccinations have lapsed and need to restart, will the shift how we vaccinate our patients and lead to an increase in testing for vaccine status pre dosing?

We are already seeing the good (and bad) in people, the benefits to the global environmental circumstances and countless chances to look to how we can be 'better' when this is all over.

One thing is for sure, when this is all over, and it will be over at some point, the world will be a different place. Society will change, I hope for the better. As a profession we will have changed, there will be good and bad change, and we won't all agree with those changes. That is the joy of living in the time and place that we do: we don't all have to agree, but we are all in this together!

I still think everyone in this profession in this profession is a hero. I hope you all stay safe, stay well and manage to put aside any building financial concerns that may be causing us all anguish.





Guest Article

Zero Waste Veterinary

Can going green be good for business?

When you think of becoming environmentally friendly, you may automatically think that it is too expensive or seems unattainable for your practice. At the end of the day, veterinary practices are businesses and need to make a profit in order to function properly. Yes, if you opt for the 'luxury' marketed items or immediately upgrade your boiler to the best eco-friendly model you can find, then the costs will undoubtedly seem unrealistic. But, it certainly doesn't have to be this way. In fact, there are numerous ways we can actually save money in practice by going green.

Reuse and Reduce

Common sense suggests that the easiest way to start saving money is to use what you already have. For instance, do you really need to buy more notepads when you have stacks of scrap paper waiting to be recycled? Leading on from this, you'll want to start reducing what you are using too. A great example of this is to implement double sided printing; this will save your practice up to half of the paper it uses and will ultimately reduce your paper costs too. These options are simple and won't cost you a single penny. They will even save your practice money in the long run, just by changing your mind-set and implementing a few new strategies.

Invest in a water purifier

Sometimes, when you're trying to go green, it's important to think about the bigger picture. Purchasing a water purifier for your practice is one of my top tips for being eco and wallet-friendly! Take a second to work out how many bottles of purified water you go through in a week or a month. A 5 litre bottle will cost you around £4.50 (90p/litre). A decent water purifier can be purchased for under £100 and they will typically produce 4 litres of purified water at a time. So, if you're going through 2 bottles of water a week, within 3 months you've already started saving from your initial investment. Plus even better; just imagine how many water bottles you've eliminated already (and will continue to do)!

Bulk buy

Buying in bulk is a great way to help the planet while also saving money. Suppliers often realise the economic benefits of selling in bulk, so will offer bulk products at a discounted price per unit. Buying in bulk is also great news for the planet as the items will produce far less packaging waste and will generally have lower transport emissions as more can fit in a single vehicle. For example, you can either purchase a 500ml bottle of Hibi scrub for £4.40 or a bulk 5 litre bottle for £32.99. If you bought the same quantity in 500ml bottles (over time), it would cost you £44, which is an eye watering £11.01 more. Additionally, you will be considerably reducing your plastic usage as you will be left with 1 large bottle instead of 10 small ones. This concept will also work for a lot of other consumables such as disinfectant solutions, purified water or surgical spirit. Ask your suppliers to see what they can offer you.

Regular stock takes

Unfortunately, one thing I regularly see as a locum is lots of almost-expired medications and out of date prescription foods. I cannot express enough how important it is to take regular (monthly) stock takes and keep a list of nearby expiration dates. You might find it helpful to have an 'expires this month' basket to keep those medications separate and easy to locate. This way, staff can easily see which medications need to be used up first (when appropriate, of course) and food can be offered at reduced prices before it goes out of date. Not only will this save your practice money by not wasting products, but you will also prevent these products from being sent to landfill or being incinerated.

Be energy efficient

Although it may not be an option for your practice to switch to a renewable energy provider (although it couldn't hurt to get a quote!), there are still plenty of ways you can be more energy efficient in practice. The changes you are able to make will be very individual for each practice. For example, perhaps not all practices will have the facilities or space to hang dry their washing, but we can all make sure we are putting a full load of washing on! When the time comes to replace your light bulbs, make sure you're replacing them with an energy efficient LED alternative. LED bulbs are up to 80% more efficient than traditional bulbs and can last up to 6 times as long, reducing the need for frequent changes (aka waste). Remember to turn off lights when not in use and activate power saving modes on all the practice electronics.

All these small, simple changes are very inexpensive (if not free) and are guaranteed to save your practice money, while also helping the planet at the same time!

You can find the rest of Zero Waste Veterinary's blogs here: <https://vettalk.thewebinarvet.com/author/merryn-wymes/>

NEWS FROM OUR COMMUNITY

This month's news from the community comes from Willows Veterinary Centre, who have won the Best UK Vet Awards!

The award, voted for by more than 11,000 pet owner reviews covering 2,500 veterinary practices around the UK, was awarded to Willows Veterinary Centre and Referral Service by VetsHelpDirect who have been running the awards for the last eight years.

Willows managing director Tracey Morley Jewkes said: "I am so proud of our team here and it's fantastic to have won such a prestigious award based on client reviews."



CPD'er of the month

Congratulations to Sachiv Sood, who is our CPD'er of the Month for April!

I live & work in Northumberland as a small animal vet, with keen interest in internal medicine & exotics.

Webinar Vet has enabled me to reach that next level in my veterinary knowledge and skills.

I struggle to do CPD outside the house with two 2 year old girls, and I often don't take away as much from a standard lecture compared to a webinar where you can pause, rewind and listen at your own pace.

I also find the webinars really useful for when I have an unusual exotic animal coming in the next day. I can listen to lectures specific to that species or remind myself of the general husbandry principles.

If there are any areas of veterinary medicine I feel I could improve in, I look at related lectures, save them to my watchlist, then watch them at random to keep me on my toes. I honestly feel that the knowledge I have gained from the quality lectures from The Webinar Vet, have drastically improved my confidence levels in the last 6-12 months and I am a much better vet for it!



Speaker of the Month

Ian Wright



Our Speaker of the Month is Ian Wright, specialist in Parasitology! We caught up with Ian to find out what's going on in his life:

Get 50% off all of Ian's webinars now! [Click here.](#)

Tell us a bit about yourself.

I am a vet working in a first opinion practice in Fleetwood which I co own with my wonderful Wife Rebecca. I was born in Blackpool just a stones throw from where I now work but have come back here via Somerset (childhood), Kent (first degree), Liverpool (Masters), Glasgow (vet school) and Hull (first job).

What's your favourite holiday destination?

I love Scotland, particularly the highlands and have spent many a happy weekend away or family vacation enjoying the stunning Scottish Whiskey, It's also home to my favorite food (haggis) and its perfect accompaniment, a nice single malt.

What's your favourite thing to do of a weekend?

I like walking and reading. I'm not really a party animal these days, preferring an evening with a good book or tv boxed set, although i do love a good beer garden and a real ale.

What area do you specialise in?

I have a long held fascination with parasites which has led me to become head of ESCCAP in the UK and guideline director across Europe.

Why did you choose this career path?

As part of my attempts to get into vet school, I took a masters in Parasitology at Liverpool and got hooked on the subject. It is so important to understand parasites and control to them, both for human and animal health. They have a certain beauty as well. My heart still leaps when I see a worm egg under the microscope or a lively tapeworm segment.

What do you enjoy most about your job?

Apart from the worm eggs? I love the social engagement with clients, educating them and seeing animal health improve as a result. It's wonderful to be accepted as part of the circle of care for their pets, and of course having an excuse to cuddle lots of puppies!

What are some everyday challenges you face in your profession?

The rise of on line pharmacies and internet misinformation are a huge challenge. Social media has been a wonderful opportunity to raise awareness of pet health challenges and give accurate advice but also allows rumors and claims without evidence to spread very quickly. How best to combat these challenges is still something we're getting to grips with as a profession. Striking a balance between meeting expectations of best preventative healthcare and medicine and what clients can afford is also always difficult. Especially when human healthcare in the UK is perceived by many to be free.

If you weren't doing this career, what do you think you would be doing instead?

I'd be in a University lab, reading journals and examining a nice faecal sample under the microscope... living the dream!

Are you on social media and happy for people to connect with you? If so, what are your contact details?

More than happy although my social media presence is limited! Anyone is welcome to connect with me on LinkedIn, follow ESCCAP UK & Ireland on LinkedIn [here](#), and contact me by email: hammondia@hotmail.com



Miele

Eight out of ten vet practitioners are unaware of critical infection prevention measures

Research by Miele Professional finds that many vet practice workers have not heard of the Water Regulation Advisory Scheme

The professional division of Miele, the world's leading manufacturer of commercial laundry appliances, conducted research among over 100 veterinary professionals, including vets, nurses and assistants, at the 2019 London Vet Show. Research found that more than eight out of 10 respondents had not heard of the Water Regulations Advisory Scheme (WRAS), which ensures any fluid presenting a serious health hazard, such as faecal material, harmful bacteria and pathogens, does not contaminate the main water supply. This is critical information, as vet practices are meant to use commercial washing machines tested and approved to WRAS category five.

Key findings:

- 81% of vet practice workers are unaware of important infection prevention standards they need to comply with to minimise hygiene risks.
- 46% of respondents either suspect or know for definite that their current laundry equipment does not meet the required times and temperatures needed to kill bacteria.
- Lack of awareness comes despite 97% of respondents agreeing that laundry processes are

important for infection prevention within their respective practices.

- 41% of those surveyed claim to throw heavily contaminated items away to reduce infection, whilst 57% wash these soiled items within their practice.

The findings suggest a need for more awareness surrounding laundry processes and its ability to help control infection and reduce waste.

Simon Hart, national account manager at Miele Professional said: "Minimising infection is a high priority for vet practices, but it appears as though many practice workers are unaware of the prevention methods available to them and the standards they need to comply with when it comes to laundry. Making sure the washing machines within their practice are able to reach the required times and temperatures to kill and prevent the spread of harmful bacteria, and ensuring staff are educated on correct laundry procedures will reduce associated risks. Employees should be aware that health guidelines state that to kill bacteria, contaminated laundry should be washed at above 65°C for at least ten minutes, 71°C for at least three minutes or 82°C for at least one minute."

If you would like to learn more about Miele Professional and the steps needed to comply with WRAS, you can visit the website here: <https://www.miele.co.uk/professional/veterinary-insights-1206.htm>



Protect



Using disposable gloves and aprons when handling contaminated linen will **help you to protect yourself and stop the spread of infection.**

Attention



Make sure soiled and clean laundry is **stored in different places** and infected bedding, towels or scrubs are **washed separately to prevent cross contamination.**

Wash



Using a commercial machine rather than a domestic one allows you to **wash at the high temperatures required to kill to infections.**

Safeguard



After washing, dry laundered items in a tumble dryer to **ensure any remaining bacteria is killed.**



About Miele's professional division:

The professional division of Miele is the world's leading manufacturer of commercial laundry and dishwashing appliances, as well as washer-disinfectors and sterilisers for use in medical and laboratory applications.

Designing and building every part of its products, Miele is recognised around the world for the manufacturing of quality appliances, founding its reputation by ensuring quality is delivered across each area of the organisation.

The Miele Company was founded in 1899 and is now in the fourth generation of family ownership. The company has eight production plants across Germany as well as one plant each in Austria, the Czech Republic, China and Romania. For more information, please visit <https://www.miele.co.uk/professional/index.htm>

For media enquiries: Please contact **Rebecca Brown** at Skout PR, rebeca.brown@skoutpr.com
Tel: 01625 869418

Miele



Pippa Talks

Pippa Elliott graduated from the University of Glasgow back in 1987 and appreciates the vital role of CPD, as a compliment to practical skills developed over the years. Pippa works in companion animal practice in Hertfordshire, along with pursuing OV export inspection work and freelance veterinary copywriting. Pippa's motto is "If you want something done, ask a busy person."



Pippa Elliott BVMS MRCVS

In Praise of the Practice Microscope

The first webinar of the festive season is Lizz What would you do next?

Your next patient is pale, very pale. You run in-house bloods that confirm a severe, but regenerative anaemia. Do you then (a) send a fresh blood smear off to the lab to someone-who-knows-more-about-blood-than-you OR (b) pop the sample under the practice microscope and take a peek yourself?

OK, it was a trick question because there's no right or wrong answer, But, in truth, there are occasions when the patient may be dead by the time the report comes back. And yet spotting cells that indicate autoimmune haemolytic anaemia rather

than a bleeding tumour is relatively straightforward and perfectly possible in practice with a bit of... ahem...practice.

A Question of Time

In addition to lack of experience, lack of time is a common reason for swerving the practice microscope. This is a shame. Getting to grips with this equipment can become your new super-power, quickly targeting a new direction of investigation or treatment every bit as useful as having x-ray vision.

And as for the time element, which takes longer: Peeking at a slide to check the sample is a good one or twenty minutes on the phone to an irate/ disappointed/ disgruntled client because they spent £100 on lab fees for a non-diagnostic sample? The simple act of checking there are cells on the slide before sending it off could prevent that uncomfortable phone call.

Why Get to Grips with the Microscope?

There are lots of times when a few minutes here and there getting to know the microscope better will really pay off.

- Ears swabs: Mites to Malassezia, cocci to rods: The microscope point to treatment or if culture is necessary
- Vaginal cytology: Is that bitch booked in to be spayed, coming into heat?
- Urine samples: A fresh urine sample from a cat with recurrent FLUTD shines a light on crystalluria. Plus, it really helps the management of those elderly cats with weak urine, knowing if bacteria or renal casts are present
- Lump FNAs: A FNA from a lump is a quick fat-checker for lipomas. And for other lumps, checking for cells before sending the sample off can reduce the number of non-diagnostic results.
- Tracheal or bronchial washes: There's something very satisfying about spotting in-house a lungworm larva.
- Signpost diagnostic directions: Get tuned in to blood smears and it narrows down avenues to investigate. From overly large RBC to those with jagged edges, or pear-shaped inclusions, it helps sort out the wood from the trees (or AIHA from a tumour or parasites.)

And of course, looking at things under the microscope is relatively inexpensive. Most clinics have a Diff-Quik set in the back of a cupboard (OK, ideally the stains are clean and not too old), which is pretty much all you need to get started. So what is there to lose?

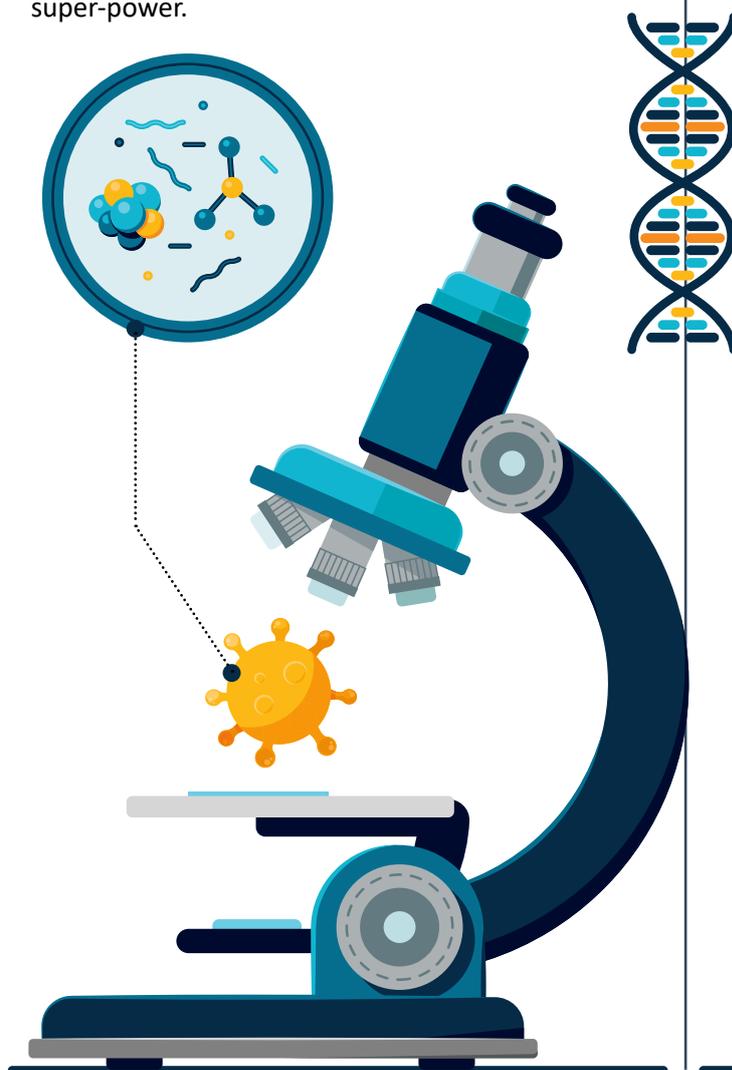
Communication around Cytology

Still feeling shy about cytology and checking samples under the microscope? Don't be. Just be clear when communicating with clients. On the

plus side it could save them money, on the minus – they've not lost anything if the sample has to go off anyway.

It's perfectly fine to admit you aren't certain, and explain there are cells present but it's best to get a specialist's opinion. If you've already had a look, then the pathologist's report is the equivalent of an ultrasound scan with a big arrow pointing to the pathology explaining the problem.

Remember, time spent looking under the microscope is a valuable chance to learn, even if the cells are as strange as the times we live in. And if this has whetted your appetite to dust-off those cytology skills, then join Trevor Whitbread for his webinar on Cytology for the General Practitioner (29th April) to build confidence and hone a new super-power.



I'm not sure how this blog will read once it's published, it goes without saying that we are in uncertain and unusual times. There is confusion and conflict everywhere and so I wanted to say some things to hopefully pull our community together.

In case in a month we're all sitting back and forgetting just how crazy it is now I'll relay a conversation I heard on the bus home last night. To put this into context, it was a rail replacement bus for the last train of the night so a place of disconnect anyway but the conversation I heard was surreal. A gentleman got on (I'm being kind here) and after much swearing started trying to interact with the other passenger. In his late night rant, there were a number of crazy comments that I think sum up where we are right now. His discussion of the current coronavirus situation included his view that:

'Boris is doing everything, he's talking to the NHS'

'Things take a long time to get to England'

As well as my personal favourite:

'Coronavirus is the messiah, it will stop us becoming robots'

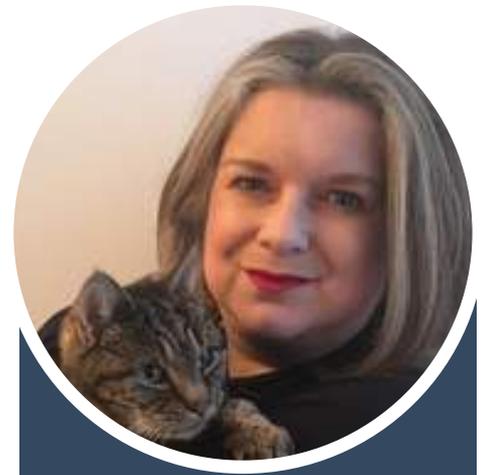
There are several lessons here. Don't miss the last train, don't eavesdrop on others conversations and remember that social distancing is not just for

coronavirus but for all awkward social situations.

Yet this crazy encounter just put into stark contrast what an amazing community we are. Social media is full of support and advice and clinics are taking sensible measures to ensure safety for all. The vet world is genuinely keeping the home fires burning and continuing to provide exemplary service in the oddest of times. There is constant change and adaptation yet as a whole the clinical world is pulling together for pets and humans alike.

After a period where statements have had to be released about being kind on social media it seems as a community we have that nailed right now. Once this is published let's not forget the feeling of being part of this great community and the help we can give each other when not trying to score points or play a game of one-upmanship.

I hope we all get through this as unscathed as possible and I'm gutted to be in the self-imposed self-isolation that is a PhD but maybe if anything good can come from this it's a tighter community that has provided amazing service to the public and each other. If you haven't already, congratulate yourself on being fantastic – and wash your hands!



Jane's Blog



WEBINAR

JOHNE'S DISEASE UPDATE

KAREN BOND BVMS MSc MRCVS

David's Review

Karen graduated from the Glasgow school and has been involved with cattle almost exclusively apart from a spell in mixed practice shortly after qualifying. A three-year residency in farm practice followed with an MSc in livestock health and production. After further periods in practice she left to take up a post as a technical specialist for DairyCo specializing in health and welfare. Karen's PhD project is investigating the impact of calving management on transmission of Johne's disease in UK dairy farms.

If you have watched Michael Portillo's travels round the world in trains you will know that he references his experience to a travel guide published in 1913. I can't quite go back that far but before watching these large animal webinars I enjoy reading my final year notes on whatever the subject is. My notes (from Tommy Thomsett) on Johne's disease were surprisingly detailed—three A4 pages. He was not only a great dermatologist but also a superb large animal teacher. I regret never telling him!

Fast-forward 53 years (!) and we are in the presence of another superb teacher—Karen Bond. Her measured, flawless and calm delivery of this veterinary webinar is as good as it gets. She divides the content into 3 sections: -

- Update on latest Johne's disease research
- Johne's disease around the world; where does the UK fit in?
- National Johne's Management Plan (NJMP) and Action Johne's update

The section on research consists of a comprehensive literature update containing most of the published research of the last year or so. The first article for example, documents the incidence of *Mycobacterium avium* subspecies paratuberculosis (MAP) in

Irish cattle herds using environmental screening (mostly PCR, with on one farm culture.) Only 10.2% of samples were positive compared with 70% in a similar study performed in the USA. There are several articles highlighting the latest information on testing leading to some advice on how new testing regimes can be used to reduce the incidence of MAP on farms.

There is some new information about the impact of the disease, such as reduced lying time, fewer lying bouts around peak lactation, and lameness occurring 3 months earlier and 2.7 times more often in MAP positive cows. Approximately 35% of infections are attributable to MAP positive dams at the time of birth, but calf to calf transmission is possible with one shedding calf able to infect 3 others.

There is a lot of information on hygiene. This is important for all the obvious reasons. I was surprised, though, that inadequate hygiene commonly leads to faecal contamination of bulk milk, with a range of 3mg/l of milk up to a shocking 300mg/L. Some contaminated milk is fed to calves thus facilitating transmission of MAP. Even on farm pasteurisation is not the complete answer. High temperature short time pasteurisation did not eliminate infection completely.

Although in the study cited MAP reduction was achieved, 103 MAP cells/ml remained viable.

There is considerable progress on Johne's control internationally

- There are formal control programmes in 22 countries
- Of these 60% are voluntary
- 75% consider their programme to be successful
- Animal health, market protection and public health are the common drivers
- But sustaining a programme can be difficult.

In the UK 'Action Johne's' is a cross industry group formed 10 years ago to work towards a common national consensus on tackling Johne's Disease in GB. The National Johne's Disease Management Plan (NJDP) sets out the basic themes of knowing your risks and status with a robust management plan based on one of the six strategies*. There is a minimum of an annual review and the plan must be done in conjunction with a BCVA Accredited Veterinary Advisor.

*The six management strategies are: -

1. Biosecurity Protect and Monitor
2. Improved Farm Management
3. Improved Farm Management and Strategic Testing
4. Improved Farm Management and Test and Cull
5. Breed to Terminal Sire

6. Firebreak Vaccination

Continuing the update theme of this webinar Emma informs us that as of February 2020 there are over 1100 accredited Johne's Veterinary Advisors. Encouragingly almost 6000 farms are participating with 24 milk processor members (representing 75% of GB milk). There is more than 80% compliance across farms supplying NJMP member milk buyers and GB has more than 50% of dairy farms that are compliant. There are some graphs illustrating the uptake of particular individual strategy choices and a summary of the Red Tractor scheme.

Karen's last slide summarises what's next at Action Johne's: -

- Continue to work with new and existing members
- Produce further resources for our clients
- And concludes with two useful vet portals on the web.

www.actionjohnesuk.org

And for contact team [@actionjohnes.co.uk](mailto:team@actionjohnes.co.uk)

As mentioned above I particularly liked the way Karen presented her webinar. It is not hurried at all but gets an astonishing amount of information over in the time available. The webinar is a must for anyone interested in cattle medicine and for anyone else due to present a lecture or webinar-this is the way to do it.

<https://www.thewebinarvet.com/webinar/tightening-the-screw-on-johnes-disease-in-dairy-herds-1>

WEBINAR

OPHTHALMOLOGY OF SMALL MAMMALS

RON OFRI DVM PhD DECVO

KORET SCHOOL OF VETERINARY MEDICINE

HEBREW UNIVERSITY OF JERUSALEM, ISRAEL



Those of you who have heard Ron Ofri speak will be, like me, drawn immediately to his newest veterinary webinar because they are guaranteed to be exceptional, both in the knowledge displayed, but also due to the wealth of clinical pictures. This webinar is actually about two species –rabbits and guinea pigs. But Ron volunteers to return to speak about other exotics and I am quite sure he will be taken up on his offer.

Both species in this webinar go from the outer eye to the fundus and dealing the specific problems likely to be seen. Beginning with the rabbit we are introduced to problems with the orbit and an immediate warning. Rabbits have a large retrobulbar venous plexus-we see this in later illustrations. During enucleation stay close to the globe as damage to the plexus will likely result in fatal bleeding. However, a new technique for eye enucleation in rabbits from

the University of Southern California in Davis is cited in which bleeding is minimised by using a bipolar electro-surgical vessel-sealing device.

Orbital diseases discussed in this contribution deals with bilateral exophthalmos and a unilateral form. The latter is usually associated with Pasteurella. Treatment is discussed but it is difficult and recurrence and subsequent euthanasia is common.

Entropion may be secondary to chronic blepharitis or inherited, and investigations are similar to those in a dog. One strange disease, particularly of rabbits, is staphylococcal disease confined to the eyelids. Topical and systemic gentamycin may be curative. Another strange disease is rabbit syphilis caused by *Treponema cuniculi* and a cause of crusting and ulceration of the eyelids. It is a result of transmission from an infected dam to her neonates.

Tear production cannot be satisfactorily measured by the standard Schirmer test and an additional factor is that rabbits only blink once every few minutes! This is possibly explained by rabbits having four orbital tear glands, and a lack of superior nasolacrimal puncta, leading to tear film stability. Nevertheless, dry eye can occur and is usually diagnosed on clinical grounds alone.

Following an anatomical revision of the nasolacrimal system, and the two likely blockage points, we are introduced to dacryocystitis. This important problem is dealt with comprehensively including information on irrigation.

Cherry eye sometimes occurs (brilliant picture) and should be replaced using the pocket technique. We are again warned about the venous plexus, as it is easy to induce fatal haemorrhage if the prolapse is excised.

Bacterial and viral conjunctivitis (*Myxoma virus*) are summarised

before dealing with something I had not come across and it is very well described here. This is conjunctival overgrowth—a unique abnormality in rabbits. It's got lots of names that I won't repeat, because we have a very good example of pictures being better than words. There are five of these, followed by an ingenious surgical treatment recently published by Allgoewer and colleagues.

Next hereditary glaucoma is discussed before another comprehensive summary of an important problem—*Encephalitozoon cuniculi*. The ophthalmological aspects of this infection are emphasised. Vertical transmission from affected dams into embryonic lens during its formation occurs leading to spontaneous lens capsule rupture, uveitis and iris granuloma. This has recently been described in cats.

Cataracts are described with standard phacoemulsification being performed regularly.

An amazing picture of the fundus is shown (this picture of the many in this webinar was commented on by the chair of the webinar Bruce Stevenson). I wonder how many have seen this before? Apparently a comment from Ron at the end is that to see it you need to get on your knees and look up!

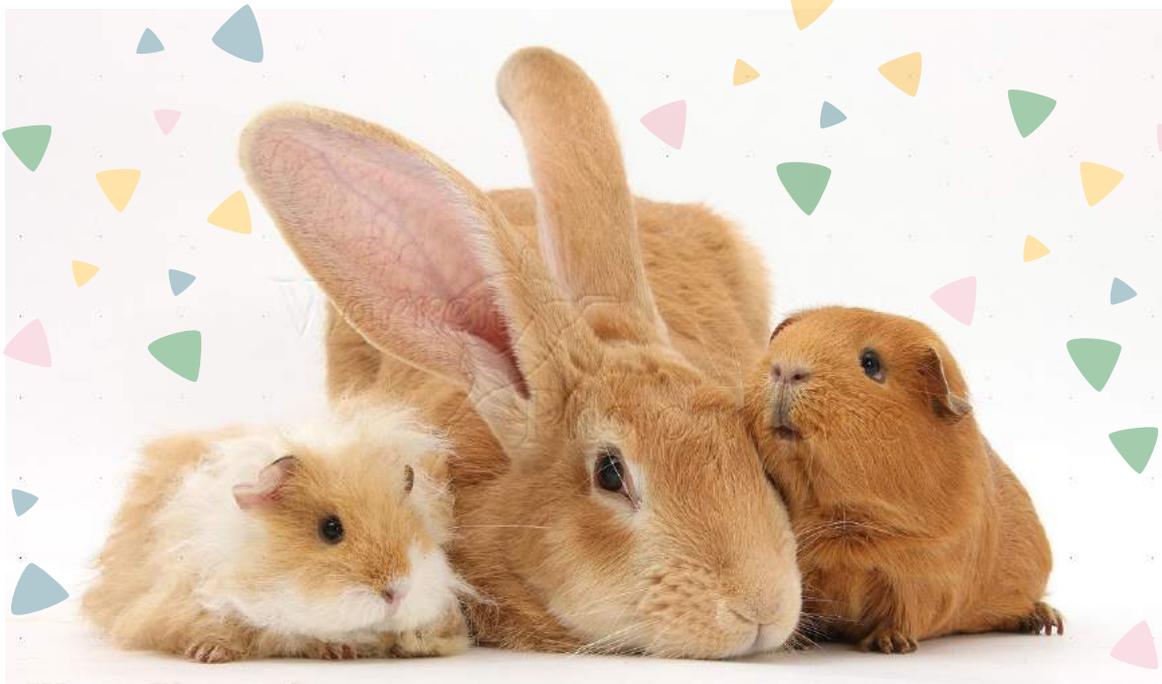
Guinea pigs follow. We start with a consideration of entropion, trichiasis and conjunctivitis. *Chlamydia psittaci*, +/- *caviae* are the commonest

causes—with some illustrations covering signs and diagnosis. In guinea pigs conjunctivitis can also be seen in vitamin C deficiency and conversely in animals on too rich a diet, causing lipid deposition in the eyes.

Guinea pigs don't blink much, as with rabbits, and dry eye does occur, but unlike rabbits can be successfully treated with cyclosporine. Cataracts can occur but reports of successful treatment are sparse.

The final disease described in this webinar is unique. This is heterotopic bone formation. Yes it can form in the eye! It is caused by osseous metaplasia within the ciliary body giving rise to distinct white formations from the limbal area into the anterior chamber. It may be associated with high levels of ascorbate in the ciliary body and anterior chamber +/- renal disease, and diet may be implicated. Nothing can be done except to accurately diagnose it. You will not have problems with that as the pictures again speak for themselves, as does the last picture in this excellent webinar. It is of the guinea pig fundus—it has no tapetum or blood vessels so you will not be able to diagnose retinal atrophy in the usual way.

This is a really good enjoyable webinar and a very good use of your time. <https://www.thewebinarvet.com/webinar/ophthalmology-of-exotic-pets>



WEBINAR

WORKING UP THE PRURITIC HORSE:

ALLERGIES, URTICARIA, ECTOPARASITES

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It really doesn't matter if you are a dermatologist or just peripherally interested in the subject, Stephen White's webinars are simply unbeatable and guaranteed to inspire. He speaks very clearly and ensures that any dermatological term or definition is explained before describing details. There are getting on for 100 clinical illustrations in this veterinary webinar - all of an extremely high quality. I guarantee your attention will not waver throughout. Here I summarise some of the main points from the word slides.

The webinar begins with Atopic Dermatitis (AD) defining it as: -

- Allergic reaction to environmental antigens
- Mediated by IgE antibodies
- With involvement of barrier dysfunction?

Pollens, moulds and dust and storage mites are the main antigens-even house dust mites can be transferred from a house to the stable on blankets. There is a brief discussion on the pathogenesis before outlining the clinical signs. These are pruritus, alopecia, excoriations, lichenification, (defined and illustrated) +/- hyperpigmentation. The face, ears trunk legs tail and ventrum are common sites for lesions. Urticaria either in wheal form or linear is commonly associated as is insect hypersensitivity. The mean age of onset is 9.5 years and in the Davis school Arabians are predisposed, 22% show seasonality, 52% feature urticaria, 15% pruritus and 33% both. The next 11 clinical slides illustrate all of the above.

AD is diagnosed exactly as in the dog by history, clinical signs and rule outs. Intradermal skin testing or serologic testing is performed in those horses whose owners wish to progress to hyposensitisation. At UCD there is no difference between the type of test and

subsequent success of hyposensitisation. There is a list of the common positives obtained in California followed by success rates in hyposensitisation. These are: -

- 84% of owners saw improvement
- 59% of horses managed only with hyposensitisation
- 9% controlled with hyposensitisation

There is a discussion, with two product examples of the use of sub-lingual drops, which appears at least as successful as injections, (albeit requiring twice daily dosing). There is a full discussion of other treatments, including pentoxifylline, oatmeal based shampoos, cortavance, niacinamide/nicotinamide and essential 6 fatty acid spot-on. If you are not a convert to hyposensitisation there are two splendid before and 3 months later pictures of a 16-year-old Quarter Horse gelding, and similarly with the other treatments mentioned.

Just one slide deals with food allergies. They appear to be very rare and Stephen has only seen 5 in more than 40 years of practice.

Contact dermatitis is more common and culprits include medications, home remedies, wood shavings, liquids (look for drip marks) and lesions that progress as the owner continues to apply the offending allergen. As with other animals history is very important. Treatment is by removing contactant, plus prednisolone and /or pentoxifylline. The doses are given for these and I like the fact that Stephen doesn't waste time reading out these doses which can be seen, and therefore avoids the mg per kg that I find irritating! I go back a long way and I was a friend of Stephen's mentor Peter Ihrke. He told me once at a congress that he found it irritating too-not just me being pedantic!

We move on to Urticaria and there is a list of causes: -

- Arthropod envenomation
- AD
- Drug reaction
- Dermatophyte
- Vasculitis/purpura hemorrhagica
- Pemphigus foliaceus
- Idiopathic

12 beautiful clinical slides illustrate these diseases, and there is a comment on each one. Some of them are quite remarkable.

Otitis is rarely reported but the aetiology is very similar to dogs and cats and a very clever innovative treatment devised by one of Stephen's residents is shown.

Hypersensitivity to *Culicoides* sp. is important and given a comprehensive discussion in this webinar along with more superb pictures, demonstrating the diagnosis and treatment. The latter includes permethrin repellants, fans, prednisolone and protective dresses. It is advised to stable horses at sunrise and sunset, remove standing water and use ultra-fine screens (60 squares per square inch).

Other unpleasant insects are described along with typical clinical presentations and their management. These include the stable fly, (lots of pictures), horse fly, upland floodwater mosquito, and black fly. In all, 6 species are described along with their typical habitats.

Moving on to parasites, *Chorioptes* is described with 8 illustrations. Rather like canine scabies multiple skin scrapings may be needed. Stephen uses a micro spatula with a flat-ended blade to perform skin scrapings and a web site is given for this instrument.

The three species of lice found on horses are fully described with some very interesting poses that affected horses often portray. Diagnosis and treatment is straightforward.

The final two parasites described are chiggers and pin worms and at the end of the webinar Stephen usefully lists the differentials for tail rubbing. These are: -

- Pinworms
- *Culicoides*
- AD
- *Malassezia dermatitis*
- Food allergy (rare).

The webinar ends with some thoughts on what the future might contain. The two mentioned are immunisation of horses with insect bite hypersensitivity against their own interleukin-5, and the possible use of oclacitinib at a dose of 0.25 mg every 24 hours?

This webinar is as good as it gets on this subject. One for the whole equine practice team, for final year students, vets in dermatology training, specialists and anyone else interested in comparative dermatology.

<https://www.thewebinarvet.com/webinar/working-up-the-pruritic-horse>

WEBINAR

EXOTIC WORMS: WHAT'S NEW

Ian Wright BVMS MSc MRCVS
Head ESCCAP UK & IRELAND

Ian Wright can always be relied upon to deliver a fact filled webinar based on his considerable experience. This excellent webinar does not disappoint and is crucially important to those colleagues in the frontline dealing with pets entering the UK from abroad, not only for the obvious animal welfare aspects but human welfare also.

<https://www.thewebinarvet.com/webinar/exotic-worms-whats-new>

Ian, in addition to his parasitology expertise, is head of ESCCAP (European Scientific Counsel Companion Animal Parasites) for the UK and Ireland. This is a very useful resource both for vets and owners of pet animals. It is an independent not for profit company that provides clear and constructive information about effective European parasite control. This includes guidelines for professional colleagues and a pet importation service for pet owners. The site can be accessed on www.esccapuk.org.uk

This veterinary webinar provides an excellent summary of the important features of 4 parasites: -

- Echinococcus multilocularis
- Dirofilaria spp
- Thelazia callipaeda
- Linguatula serrata

Echinococcus multilocularis

This is currently not in the UK (not to be confused with *E. granulosus*) and is a highly significant zoonosis with a high morbidity and a reduction in life expectancy in people. Rodents and foxes are the primary reservoir hosts with wolves, raccoon dogs and golden jackals potential hosts. The life cycle is summarised with a line diagram showing how people might be accidentally infected. In people the cysts often locate in the liver, giving rise to a syndrome similar to neoplasia, with liver failure the cause of death in most patients. Although treatments have improved, life expectancy is significantly reduced in these patients. A slide shows the extent of the parasite in Europe (it is alarmingly near to the UK). The risk to the UK is summarised: -

- Large numbers of reservoir hosts
- Risk of introduction of positive dogs
- 10-15 year lag time before human clinical cases appear
- For every 10,000 dogs travelling on a short visit to an endemic country such as Germany, the probability of at least 1 returning with the parasite is approximately 98%

- 5 day window allows opportunity for re-infection before entry into the UK

Some options for prevention are discussed, including screening, avoiding of importation of infected intermediate hosts and chemoprophylaxis, compulsory and additional risk based treatments.

The reintroduction of beavers has proven to be controversial and emotive, as they are known to be infected in endemic countries. They should either be bred in the UK or imported from non-endemic countries.

The standard treatment is with praziquantel in dogs, with cats being less important. Because praziquantel has a short half-life there is an opportunity for reinfection under the current pet travel rules. Therefore it is advised to treat on arrival and monthly thereafter.

Dirofilaria immitis (heartworm)

A parasite that is mosquito-transmitted and clinically significant in dogs, cats and ferrets. The mosquito vectors are present across Europe including the UK. Increasing numbers of infected dogs are being imported. The various means of diagnosing the parasite are outlined- physical examination, blood examinations and antigen serology, followed by a discussion of whether to treat or not, taking into consideration the risk of death following treatment. A typical protocol is given (worth downloading for reference). There is some controversy concerning slow kill. To date it appears that this offers no advantage regarding the risk of complications when compared to adulticide use, although it may have its place in the UK if adulticides are unavailable or unaffordable. This leads to a summary of the important features to be followed in order to control the parasite.

Another species is *Dirofilaria repens*. It is zoonotic, causing nodules in the skin of human patients, (there is an alarming picture of lesions on the upper eyelid of a person). Microfilariae are also to be found in the blood, lymph and less commonly in the eye itself and the mosquito vector is present in the UK with the potential for establishment. Both *D. immitis* and *repens*

are ubiquitous throughout continental Europe as shown on a map.

Thelazia callipaeda

- Also known as the 'Oriental Eyeworm' a parasite of a wide range of mammals including humans
- Transmitted by fruit flies (*Phortica* species present in the UK)
- Cases have been seen in untraveled dogs in Spain, Italy, Switzerland, Romania and France.
- Climate modeling suggests that the parasite is spreading with the fruit fly vector. Two maps show the prevalence in continental Europe and the UK

The parasite causes conjunctivitis, keratitis, epiphora, corneal ulcers and potentially blindness. Larvae and adult worms may be found in the conjunctival sac-seen in a high quality photograph.

Fortunately the treatment appears to be straightforward involving physical removal of the worms via flushing and any of two licensed products.

Linguatula serrata

This is the final parasite to get a mention in this webinar. They are pentastomids 2-3 cm long in the nasal cavities and upper airways. Watch for dogs with rhinitis/upper airway signs in dogs imported from Eastern Europe or the Middle East. Humans can act as definitive and intermediate hosts. A couple of gruesome

pictures are shown of the parasite sneezed out in dogs that had been imported to England.

The final slide is entitled: -

- Imported dogs-the four pillars
- Checking for ticks and subsequent identification
- Treat with praziquantel and for ticks on arrival
- Recognise clinical signs relevant to disease in the country of origin
- Screen for Leishmania, heartworm and exotic tick borne diseases



From the Literature – April '20

An interesting article in the November 2019 edition of the Australian Veterinary Journal looked at the response to immunotherapy in dogs from South Australia following positive intradermal and IgE serological allergy tests. The authors include our own Peter Hill.

Prevalence of positive reactions in intradermal and IgE serology tests in dogs from South Australia, and the subsequent outcome of allergen-specific immunotherapy

Han C, Chan WY and Hill PB

Australian Veterinary Journal
19th November 2019

In this study results from 108 I/D tests and 25 serological tests were retrospectively analysed for the effectiveness of subsequent immunotherapy. This was categorised as excellent, good, modest or failure using a global matrix that incorporated pruritus scores, lesion severity, medication requirements and owner/clinician opinion.

The outcome of allergen-specific immunotherapy was judged to be excellent in 20%, good in 15%, modest in 18%, and a failure in 47%

The authors noted that as reported in other geographical areas, environmental mites and plant pollens frequently gave positive reactions in allergy tests in South Australia. However, the prevalence of individual allergen reactions differed between intradermal and IgE serological tests. In particular *Malassezia pachydermatitis* was commonly positive

in I/D tests but not in IgE serological assays.

Immunotherapy was judged to be a beneficial treatment in 35% of dogs but was largely unsuccessful in 65%. This in itself is a very unusual conclusion –quite different to the frequently stated 60-75% success rate. In this study the authors wanted to allow a realistic impression of this type of treatment to be established. The group of cases referred to as 'modest' responders can likely explain the lower rate of success. The 18% of dogs in this category did appear to gain some degree of benefit from the treatment, according to the owners. The treatment, however, was not sufficient to permit other forms of treatment to be significantly reduced.

Another interesting aspect of the study was to include dogs that did not finish the treatment for one reason or another. The reasons stated were: -

- 3 dogs that started but withdrew after 3 months
- 4 that failed to return
- 1 that discontinued due to an adverse reaction to the injection (swelling at site)

All five cases were classed as treatment failures, in line with 'real world' experience.

You could argue that if these cases had continued for 9 months and shown more favourable results that would have pushed the success rate up to 50%. This article was quite rigorous, though, and also challenged some assumptions from the literature.

First—there is no sound immunological theory as to why an immunological response should take 12 months instead of nine. In fact there is no immunological theory as to why it should take 9 months in the first place!

This is a great article posing quite a few questions, but the conclusion that sticks out is that nearly half did not receive any benefit. It would be great for the authors to revisit those cases that did benefit over the next few years to see if the benefit continued. I am in the good situation of not having an axe to grind on this one.

Another allergy article is in the most recent edition of Journal of Feline medicine and Surgery

Serum allergen-specific IgE reactivity: is there an association with clinical severity and airway eosinophilia in asthmatic cats?

Megan E van Eaden and others

Journal of Feline Medicine and surgery

First published March 13 2020

The authors set out to evaluate the results of serum allergen-specific IgE testing in cats with a clinical diagnosis of asthma and to determine if the number of allergens with positive IgE reactivity and magnitude of positive IgE responses would be associated with the severity of clinical signs or airway eosinophilia

Medical records over a ten-year period were reviewed. This yielded 18 cases that fulfilled the inclusion criteria. These were strict. A diagnosis of asthma was made in each case by: -

- Consistent clinicopathological features and bronchoalveolar lavage
- Cytology with greater than 10% eosinophils
- Positive serum allergy IgE test results

The most common presenting clinical sign was a cough. Most cats lived indoors and the median BAL eosinophil percentage was 47%. Serum allergy testing supported an underlying allergy in 14 cats, with all but one having polysensitisation. A key finding was that the severity of clinical signs and magnitude of airway eosinophilia did not correlate with the degree of positive IgE reactivity.

Nevertheless the study identified a strong association between the identification of allergen-specific IgE and cats with asthma. A knowledge of positive allergen specific IgE could guide allergen avoidance regardless of the magnitude of IgE reactivity

