

# EDEN VETS REFERRALS

## CASE PRESENTATION SERIES

**FEB '23' 01 MEDICINE SERVICE**

### FEATURED CASES:

#### 01 MEDICINE SERVICE

**PATIENT:**

Macintosh 2-year-old male, neutered Ragdoll.

**CASE:**

A rare case of feline gastrointestinal eosinophilic sclerosing fibroplasia.

#### 02 ORTHOPAEDIC SERVICE

**PATIENT:**

Kabo, 10-month-old, ME, Crossbreed dog.

**CASE:**

Total Hip Replacement in a patient with Perthes Disease.

#### 03 SOFT TISSUE SERVICE

**PATIENT:**

Noah, 6years 4 months, MN, Border collie.

**CASE:**

Bilateral Perineal Hernia with bladder retroversion.

### CPD TRAINING

#### DIARY DATES:

**DATE TBC**

**Medicine:**

Emergency resuscitation (CPR) of the critical patient.

**Speakers:**

Kate Sloan BVetMed (Hons)  
CertAVP(SAM) MRCVS and Eve Dearden BVSc CertAVP(SAM) MRCVS, both Advanced Practitioners in Small Animal Medicine.

To Pre-Register Email  
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Macintosh, was presented by his breeder as a second opinion and for further investigations into his recently diagnosed gastric mass and local lymphadenopathy. Fine needle aspirates had failed to yield a diagnosis as to the cause, but a gastric adenoma and reactive lymphadenopathy were suspected. Further investigations with endoscopy or surgical biopsies had been offered but declined with his owner considering euthanasia if his clinical signs could not be controlled. Palliative care with mirtazipine, maropitant and weekly dexamethasone injections had been instituted.

On presentation to Eden Vets Macintosh was bright, alert and responsive. His body condition was good and physical examination was unremarkable. On abdominal ultrasonography the mass could be clearly identified at the junction between the stomach and duodenum with severe wall thickening and loss of layering. The adjacent lymph node was markedly enlarged at 1.5cms diameter. Fine needle aspirates were taken from the lymph node and upper gastrointestinal endoscopy was performed to visualise and biopsy the mass. The mass was located just behind the cardiac sphincter in the very proximal duodenum and was circumferential and ulcerated with an impacted hair ball in the region. The hair ball was dislodged, and multiple biopsies were taken. The remainder of the stomach appeared grossly normal and the duodenum distal to the mass also appeared normal.

Cytology of the lymph node showed mixed population of inflammatory cells (small lymphocytes, some neutrophils, some eosinophils, and rare mast cells). Histopathological examination of the mass was consistent with a very rare condition called feline gastrointestinal eosinophilic sclerosing fibroplasia (FGESF). This condition is inflammatory in nature with the underlying aetiology unclear. It presents as mass lesions usually near the pylorus or ileocaecocolic junction, with Ragdolls overrepresented in the literature. Optimal treatment is not well established but recommendations have been suggested. Surgical excision with follow-up medical management is recommended, but the location in Macintosh sadly prohibited simple surgical excision as the mass almost certainly involved the biliary and pancreatic ducts. Surgical options do exist in this location, but they are often not recommended as they are very complex and complication rates are high. CT imaging was offered to clarify the exact extent, location, and involvement of the ducts, but was declined by Macintosh's owner.

Without surgical excision, treatment of FGESF is aimed at controlling ongoing inflammation to try and halt any further growth. A reduction in size of the mass is considered unlikely due to the degree of fibrosis. The current recommendation for this is a combination of prednisolone and cyclosporine. Prednisolone is the mainstay of most inflammatory bowel disorders, but cyclosporine is also recommended because in dogs with eosinophilic IBD it is considered the most effective drug. It is hypothesised that as FGESF is also eosinophilic the same may apply; sadly, however, evidence is currently lacking. Antibiotic therapy is also recommended but an underlying bacterial aetiology has not been proven.

Macintosh was started on oral prednisolone 1mg/kg PO SID alongside omeprazole 1mg/kg PO SID due to visible ulceration of the mass. Cyclosporine and antibiotic therapy were discussed with Macintosh's owner but declined. 1 month following diagnosis Macintosh remained well with good control of his clinical signs. 3 months later Macintosh continued to do well however the case was lost to long term follow up thereafter.



Figure 1: Endoscopy image of the mass following hairball removal



Figure 2: Ultrasound image of the mass just caudal to the cardiac sphincter



Figure 3: Ultrasound image of Macintosh's gastric lymphadenopathy

**Reference:**

1. Linton M, Nimmo JS, Norris JM, Churcher R, Haynes S, Zoltowska A, Hughes S, Lessels NS, Wright M, Malik R. Feline gastrointestinal eosinophilic sclerosing fibroplasia: 13 cases and review of an emerging clinical entity. *J Feline Med Surg.* 2015 May;17(5):392-404. doi: 10.1177/1098612X14568170. PMID: 25896239.

## 02 ORTHOPAEDIC SERVICE

Kobe presented at 10 months of age with a 4-week history of progressive left pelvic limb lameness. The owners had noticed an awkward gait with internal rotation of the limb during weight bearing.

Referring vets had localised the pain to the left hip joint. Response to conservative management had been poor and radiographs of the hips were taken which showed a regular outlined femoral head associated with lytic loss of the subchondral bone. There was secondary remodelling of the acetabulum associated with the femoral head pathology

The radiographic findings were consistent with avascular necrosis of the femoral head (Perthes Disease). Perthes disease is a congenital condition that primarily affects small breed dogs (toy breeds and terrier type dogs). It results from disruption of the blood supply that feeds the femoral head. Initially, the overlying cartilage of the femoral head remains unaffected as it derives its nutrition from the synovial fluid. As the subchondral bone is lost, deep clefts or cavities develop and the cartilage starts to collapse into the defects. This results in progressive severe pain and disuse that is poorly responsive to medical management.

Perthes disease is a surgical condition. The two main options for treatment are Femoral Head and Neck Excision (FHNE) and Total Hip Replacement (THR). Whilst FHNE generally results in acceptable function, patients that have this procedure rarely recover normal muscle mass on the operated limb indicating less than optimal function. THR has been shown to be the gold standard for restoring pain free normal function to the canine diseased hip, with canine and feline patients able to return to normal active living with complete recovery of muscle mass. After discussion of the potential complications and the benefits of each surgery, Kobe's owners elected to perform THR on the left hip.

At Eden Vets, we have over 13 years of experience with the Kyon cementless THR system. This provides exceptional biocompatibility and robust osseous integration of the femoral and acetabular implants into the native bone. Kobe's surgery went very well and he recovered rapidly. Limb usage was excellent the day following surgery and he has gone from strength to strength and is now back to normal off lead activities. This case highlights that THR can be used to treat a variety of hip joint pathology and is not just limited to hip dysplasia/OA cases. If you have any cases where pain/pathology is localised to the hip, please give us a call to discuss options for your patient. The Kyon hip can be used in both canine and feline patients.



## OUR VETERINARY REFERRAL TEAM



**Orthopaedic - Tom Gilding**  
BSc (Hons Physiology) BVSc CertSAS MRCVS  
Advanced Practitioner in Small Animal Surgery



**Soft Tissue - Georgina Timms**  
BVSc PGCertSAS MRCVS  
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**Orthopaedic and Soft Tissue - Dr Horatio Marchis**  
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**Internal Medicine - Eve Dearden**  
BVSc CertAVP(SAM) MRCVS  
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**Internal Medicine - Kate Sloan**  
BVetMed (Hons) Cert AVP(SAM) MRCVS  
Advanced Practitioner in Small Animal Medicine

# 03 SOFT TISSUE SERVICE

Patient: Noah, 6years 4 months, MN, Border collie.

Case: Bilateral Perineal Hernia with Urinary Obstruction.

Noah was referred to Eden Vets after being diagnosed with bilateral perineal hernias, complicated by ventral bladder retroflexion into the left hernial sac.



Right lateral and dorsoventral radiographs post contrast cystogram demonstrating bladder sitting within the LHS perineal hernia (PH) with rectal PH on the RHS.

The patient had a prolonged, 18-month history of constipation and tenesmus with a soft reducible perineal swelling first arising from the right side but becoming bilateral over time. He had been managed medically with stool softeners and periodic digital evacuation. Castration was performed after diagnosis of the primary right sided perineal hernia 12 months previously. Preceding referral the patient presented with clinical signs associated with a urinary obstruction; 24-hour history of stranguria and lethargy alongside a firm and turgid left sided perineal swelling. Definitive diagnosis of bladder involvement was accomplished by centesis of urine from the perineal mass at the primary care vets.

Digital rectal examination revealed loss of the normal pelvic diaphragm with the presence of a presence of a fluctuant mass (bladder) in the left perineum and pelvic viscera within the right hernial sac. Haematology and biochemistry panels demonstrated a mild-moderate inflammatory leucogram with no sign of an azotaemia or electrolytes disturbances. Urinalysis revealed haematuria (in absence of infection) presumed consequence of bladder trauma during retroflexion.

Abdominal ultrasonography and retrograde contrast cystogram were performed to identify bladder position and to rule out the presence of a uroperitoneum. Thankfully no urinary tract rupture had occurred. Prostatomegaly (presumed benign prostatic hyperplasia) was the only other significant finding upon ultrasound. An 8F indwelling urinary catheter and sterile collection device was used to allow for supportive care prior to surgical intervention.

Surgical management of perineal hernia typically involves reconstruction of the pelvic diaphragm by anatomic muscle apposition of transposition of regional muscle flaps. In this case an internal obturator (IOM) flap was elevated dorsally from the ischium bilaterally. The defects were closed using several pre-placed, interrupted sutures of 3.5M Prolene beginning dorsally between the external anal sphincter (EAS) and Coccygeus muscles (CM), continuing ventrally to include suturing around the Sacrotuberous ligament to IOM, EAS and CM. Excellent closure of the hernia site was achieved bilaterally. Cystopexy via ventral midline celiotomy was performed as an adjunct to herniorrhaphy to prevent repeated bladder retroflexion and subsequent complications.

Noah remained hospitalised for several days prior to being discharged. Overall, he recovered well from the procedure however did suffer from excessive straining presumably due to postsurgical pain in the immediate post operative period. This settled over the subsequent weeks and since has been reportedly doing well with no tenesmus, reoccurrence of the hernias nor urinary tract signs.



Photo above demonstrating the right hernial sac, dissection forceps placed on the prolapsing rectum. Note the severe atrophy of IAM and CM to leave a large perineal defect.



The Adson forceps highlighting the IOM elevated dorsally off the caudal ischium. Several interrupted sutures have been provisionally placed prior to ligation.

## OUR SERVICES

- Internal Medicine
- Advanced Imaging (CT/MRI)
- Soft Tissue
- Orthopaedics
- Neurosurgery
- Physiotherapy




## HOW TO REFER TO US...

Eden Vets proudly accept both planned investigations and emergency referrals for a wide variety of orthopaedic, soft tissue and medical problems, offering full hospitalised care by our own team for unstable and critical patients. We are happy to discuss ANY case with you that you feel might benefit from our care. We always endeavour to offer an approachable, affordable, and accessible referral service to our patients and referring colleagues alike. If you wish to refer a case, please refer to our website at

<https://eden-veterinaryreferrals.co.uk>

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