

THE RALPHER

August 2020 Edition

HELLO!

It has been heartwarming to see how the veterinary community has pulled together during these past few months. Whilst we have all had to be a little more creative than usual (who knew consults in the car park would be a thing 6 months ago!), it has all been with the shared goal of providing care for our patients. We continue to be very grateful to you for your support, and to our shared clients for their understanding during these times - thank you!

As always, we love hearing from you. So if you have a question or suggestion please drop us a line at heretohelp@theralph.vet.

Take care,

TEAM RALPH

TEAM ANNOUNCEMENTS



Laura elected BVNA Council Member

Many congratulations to Laura, our Senior Emergency + Critical Care Nurse, who was elected as a new full Council Member of the British Veterinary Nursing Association in July.

Laura's campaign focused on creating opportunities for nurses to specialise in different disciplines, and developing advanced nursing qualifications.

As well as a talented nurse, Laura is an active educator. She is very passionate about education and runs her own educational website focused on internal medicine which is freely available for nurses - www.veterinaryinternalmedicinenuersing.com

Heidi elected President of the ECVO

A huge congratulations to our Head of Ophthalmology, Heidi, on becoming the new President of the European College of Veterinary Ophthalmologists (ECVO)!

The ECVO is the only professional body in the field of veterinary ophthalmology that is officially recognised by the European Board of Veterinary Specialisation. Heidi was elected through a voting process within the College and will serve a two-year term.

Becoming President of the ECVO speaks to the stature, contribution and recognition of the person appointed, and we are very proud of Heidi's achievements.



NEW! HEART MURMUR CLINIC | FIND OUT MORE ON PAGE 2

Spotlight on Cardiology

Our specialist-led Cardiology Service provides investigation, management and treatment of all types of congenital and acquired canine and feline heart diseases.

We are one of very few specialist centres in the UK to offer an Interventional Cardiology Service: using minimally invasive surgical techniques for pacemaker implants, and the treatment of congenital heart defects, such as patent ductus arteriosus (PDA), pulmonic stenosis, and other complex cardiac abnormalities.

MEET THE PEOPLE BEHIND THE SERVICE:

Professor Luca Ferasin, DVM PhD CertVC PGCert(HE) DipECVIM-CA (Cardiology) GPCert(B&PS) FRCVS European & RCVS Specialist in Veterinary Cardiology

Heidi Ferasin, BVSc CertVC MRCVS RCVS Advanced Practitioner in Veterinary Cardiology

Amy Lyburn, RVN, Cardiology and Cat Nurse



NEW! HEART MURMUR CLINIC

The Ralph's Heart Murmur Clinic investigates heart murmurs in otherwise asymptomatic cats and dogs under 6 months of age.

If a congenital heart defect is diagnosed, we will provide recommendations for a care plan to improve the patient's long-term wellbeing. This may include suggesting a minimally invasive cardiac procedure.



COST: £195 (INCLUDING VAT)

To make a referral please call 01628 308330 or email heretohelp@theralph.vet

Our Anaesthetists share their top tips on how to safely care for patients requiring sedation, anaesthesia or analgesia...

1

“There are no safe anaesthetic agents; there are no safe anaesthetic procedures; there are only safe anaesthetists.”

– Robert M. Smith, MD.

The safety of patients who undergo an anaesthetic procedure lies not with the drug chosen, but the people administering the anaesthetic agent.

2

Familiarise yourself with local anaesthetic techniques and make use of them.

For example: epidural and nerve blocks.

3

Preparation is key.

If you are attempting to anaesthetise a particularly sick or unusual case, hold a team meeting to discuss the likely problems which may be encountered. Then devise a plan to address the identified problems, so that equipment or drugs can be prepared and ready to go.

4

Use checklists.

There is a lot going on at the start of an anaesthetic so use checklists to ensure everything that needs to be done, has been done.

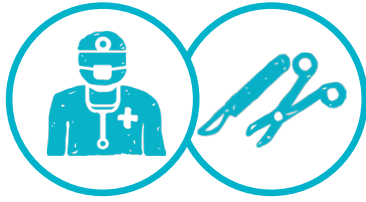
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Ask us!

If you have any questions about anaesthesia or analgesia - get in touch! As with all of our clinical services, we are on hand for advice and guidance. You can get in touch with us at anaesthesia@theralph.vet.



Our Team of Anaesthetists: Matt, Robyn, Eva (left to right)



Bailey, a 4-month old Dachshund, presented to the Emergency and Critical Care Service during a weekend for evaluation of acute onset of respiratory distress for a duration of a few hours before presentation.



4-month-old Dachshund, Bailey

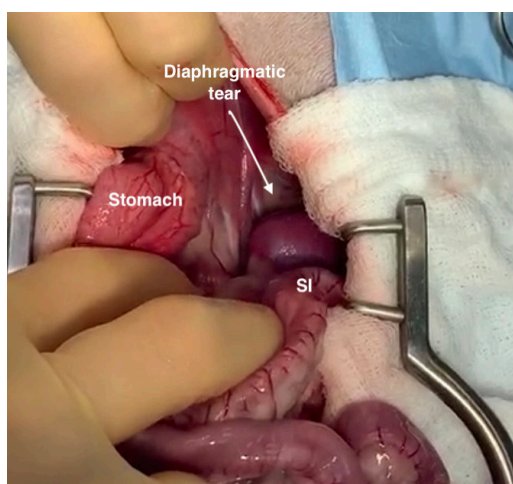
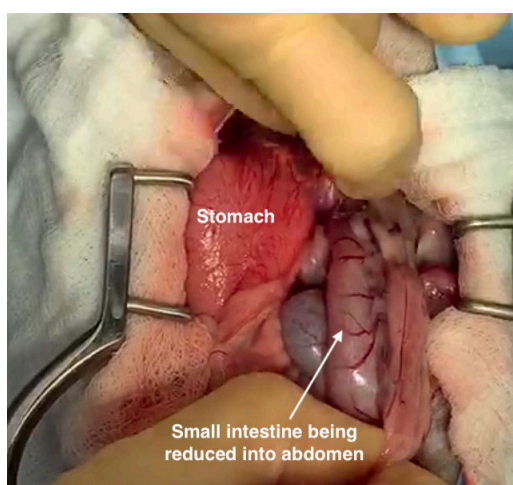
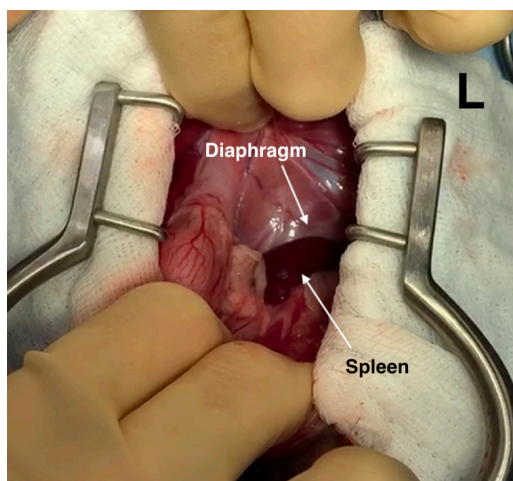
**BAILEY'S
RESPIRATORY
RATE WAS
80BPM WITH
MARKEDLY
INCREASED
EFFORT.**

Bailey had a history of acute onset of respiratory distress. During one evening, he was playing with another puppy, when his carer noticed that he suddenly started to breathe with an increased abdominal effort. Shortly after this episode, his respiratory effort rapidly worsened. Bailey had been otherwise healthy.

On presentation, Bailey was bright alert and responsive with normal mentation. His mucous membranes were cyanotic and moist with a capillary refill time of <2 seconds. On chest auscultation, he had bilateral crackles, loudest caudodorsally on the left and diffusely on the right. He had no increase in upper respiratory tract noise. His heart rate was 200 bpm with matching pulses of good quality. His respiratory rate was 80 bpm with markedly increased effort.

Upon admission to the hospital, Bailey was dyspnoeic despite supplemental oxygen in the oxygen cage. Therefore, he had to be escalated to receive high flow oxygen therapy overnight due to persistent hypoxia and increased work of breathing. Once his respiratory status had improved, further diagnostic tests were able to be carried out safely. Point of care thoracic ultrasound was suggestive of the presence of intestinal loops in the thorax. This was confirmed on thoracic radiographs where Bailey was diagnosed with a diaphragmatic hernia with herniation of intestines into the thoracic cavity.

Tales from the clinical floor



Emergency surgery was performed given the degree of dyspnoea. During surgery, Bailey was confirmed to have a congenital pleuro-peritoneal diaphragmatic hernia. A defect in the left crus of the diaphragm with herniation of abdominal contents was observed. The herniated contents included the small intestines, spleen and omentum! The contents were easily reduced into the abdominal cavity and evaluated. Luckily, all abdominal contents appeared healthy and viable. The diaphragmatic rent was closed and a thoracocentesis was performed.

Congenital pleuro-peritoneal diaphragmatic hernias are rare, especially in dogs, and occur as a result of incomplete development of the diaphragm. Dogs affected by this hernia often die at birth or soon after due to dyspnoea. Due to compression of the lungs by the herniated organs, the airways can be underdeveloped.

Bailey recovered well from the surgery and didn't require oxygen supplementation once his lungs were able to expand fully. During the following days, he gradually became more comfortable, with his breathing returning to normal. A naso-oesophageal feeding tube was placed to provide Bailey with nutrition until he regained his appetite. Bailey became a different puppy with a lot to talk about by the time he was discharged!

Since being at home Bailey's carers reported he is back to his old self again, almost like nothing has happened.



DID YOU KNOW?

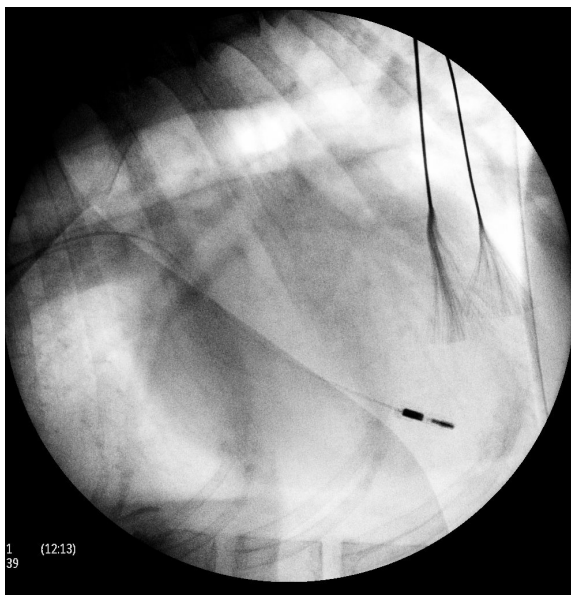
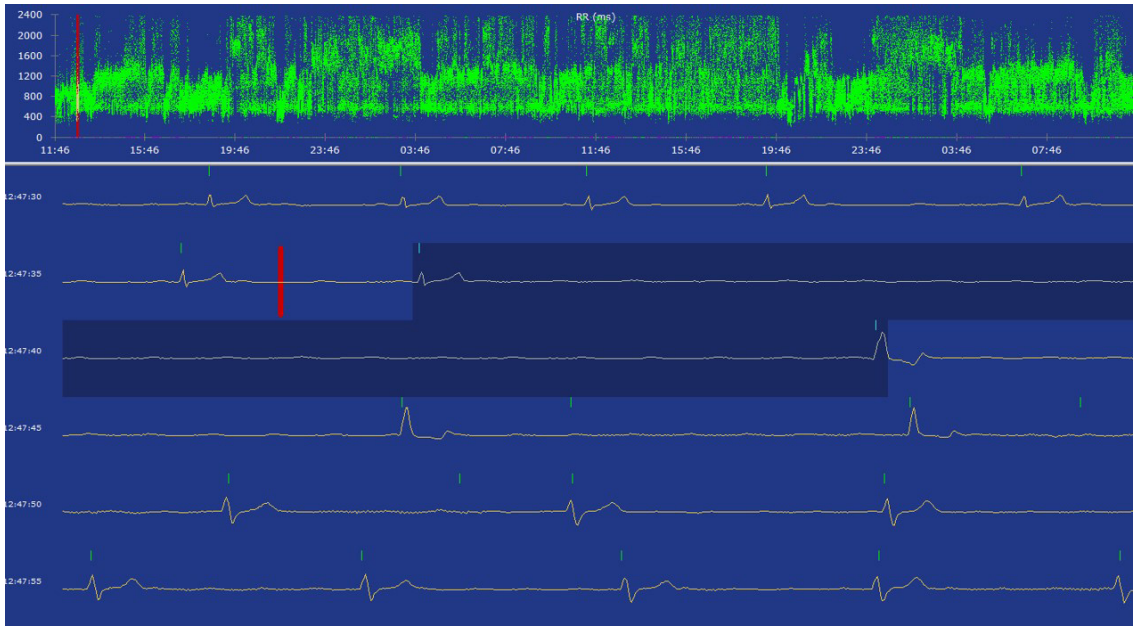
Our Emergency + Critical Care Service operates **24-7-365**.

Tales from the clinical floor



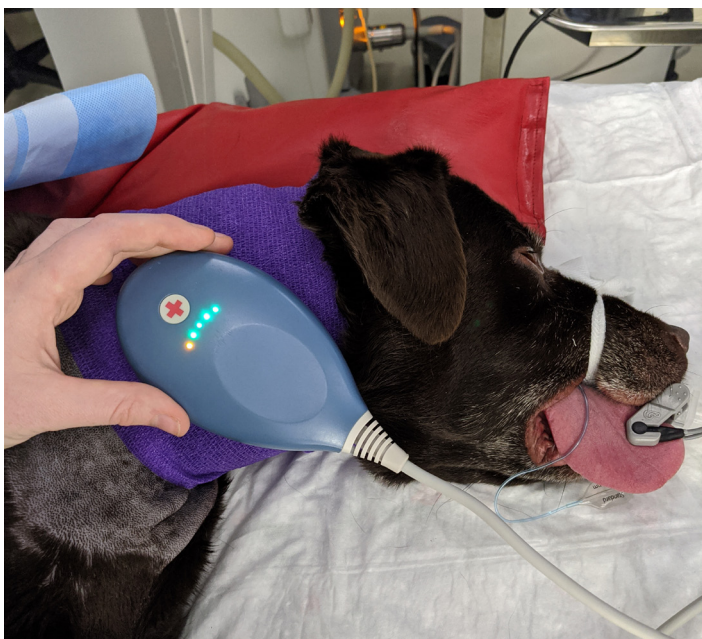
Bella is an 11-year-old female Labrador retriever who was referred to the Neurology Service at The Ralph for investigation and management of recurrent episodes that were described by Bella's carer as "seizures".

These episodes were occurring almost on a daily basis and were reported as sudden, unexpected, and unprovoked "falling over" without loss of consciousness. The neurological examination and MRI-scan of the brain were unremarkable, so Bella was transferred to the Cardiology Service for evaluation of her cardiovascular function. Our Cardiologists performed a 48h ECG recording (Holter) which revealed several episodes of intermittent complete atrio-ventricular (AV) block without ventricular escape beats (namely ventricular standstill) lasting up to eight seconds:



To prevent further episodes of "falling over", Bella underwent a permanent pacemaker implant which was successfully performed by inserting a pacemaker lead in the right ventricle under fluoroscopic guidance.





Bella with the pulse generator implant in place.

The pulse generator was then implanted under the skin at the level of Bella's neck.

Bella was hospitalised after the procedure to prevent dislodgement of the pacemaker lead and was discharged three days later. After two weeks, Bella was readmitted for pacemaker interrogation and fine-tuning of the pulse generator showing an excellent performance of the electronic device. We were also very pleased to learn that Bella's clinical signs have completely disappeared and she can now enjoy normal physical activity again.



Bella with her carer post-discharge.

RESULT!



For case advice and other cardiology-related queries, drop the team a line at: cardiology@theralph.vet

NEW! CPD: IN A NUTSHELL

– a collection of bitesize CPD videos from our team to you.

The first episode is delivered by our lovely Internal Medicine Diplomate, Stefanie Mitze DVM DipECVIM-CA (Internal Medicine) MRCVS, and includes Stef's advice on making diarrhoea work-ups as easy as possible. Check it out via the Library + Learning page on our website.



NURSES: CPD CORNER

Our next virtual CPD event for nurses takes place on 8th September at 19:00. In this session our Senior ECC Nurse, Laura Rosewell, will be covering the blood transfusion process from crossmatching and preparation, to administering and monitoring the transfusion. Check out Our Events page on the website to find out more.

GET IN TOUCH

Call us: 01628 308330

Email us: heretohelp@theralph.vet

Visit us: theralph.vet

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