Poster presentations

were significantly associated with a change in peri-operative regurgitation risk.

STATEMENT (CONCLUSIONS)

Multiple patient repositioning during anaesthesia is a significant risk factor for peri-operative regurgitation,

therefore unnecessary repositioning should be avoided. Prophylactic measures to manage the consequences of regurgitation are particularly important for canine patients expected to undergo multiple repositioning during anaesthesia, and should be considered at the pre-operative stage.

Clinical and endoscopic findings and outcomes in two cats treated conservatively for feline gastrointestinal eosinophilic sclerosing fibroplasia

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OBJECTIVES

To describe clinical, imaging findings and outcome in two cats diagnosed with feline gastrointestinal eosinophilic sclerosing fibroplasia (FGESF) and conservatively treated.

METHODS

Review of medical records of two cats diagnosed with FGESF.

RESULTS

Cat 1 was a 5-year-old female spayed Maine Coon with chronic diarrhoea and vomiting; cat 2 was a 7-year-old female spayed DSH with chronic haematochezia and constipation.

Ultrasonographically, mural thickening with layering loss was identified in the stomach in cat 1 and in the descending colon in cat 2.

Endoscopically, a sessile polypoid-like ulcerated lesion was disclosed close to the duodenal papilla in cat 1 and in the distal descending colon in cat 2.

Histopathology was consistent with FGESF in both cats. Intra-lesional bacteria and concurrent IBD were observed in cat 1.

Both cats were treated with immunosuppressive therapy and antimicrobial agents.

At the time of writing both cats are still alive and subsequent abdominal ultrasound showed regression of the disease.

Mean follow-up was 18 months.

STATEMENT (CONCLUSIONS)

FGESF is an inflammatory gastrointestinal disease characterized by the presence of single to multiple eosinophilic masses along the gastrointestinal tract and the tributary lymph-nodes. The majority of cases reported have been treated surgically.

To the best author's knowledge, these are the first two cases of FGESF treated conservatively with regression of both clinical and ultrasonographic changes. It is likely that the small dimension of the lesions allowed a non-invasive diagnostic approach by endoscopic examination and resulted in a good response to medical treatment.

Survival time of extradural primary hemangiosarcoma in a dog

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OBJECTIVES

Primary extradural hemangiosarcoma is a rare condition in dogs. The aim of our report is to describe presentation, treatment, survival time and quality of life after treatment.

METHODS

An 8-year-old, neutered male, Staffordshire Bull Terrier presented with a 5 day acute onset of paraplegia and spinal hyperesthesia after jumping. Neurological examination revealed absence of postural reactions and normal to increased patellar reflexes. Neurological findings were

consistent with a T3–L3 myelopathy. MRI and CT scans were performed.

RESULTS

Sagittal MRI sequences revealed a focal, well-demarcated, compressive extradural lesion that was hyperintense on T2-weighted and isointense on T1-weighted sequences, at the level of T11–12. There was heterogeneous contrast enhancement post-gadolinium administration. The main differentials were haemorrhage with origin in the ventral venous sinus or extradural mass.

Hemilaminectomy was performed and a large heterogeneous mass was removed. Histopathology revealed a hemangiosarcoma, which is typically an invasive, metastatic neoplasm in dogs. Full body

CT with contrast did not identify a primary hemangiosarcoma.

A single agent chemotherapy protocol with 5 cycles of doxorubicin at 30mg/m² was administered. Side-effects included diarrhoea and nausea, but the patient remained comfortable. Ambulatory recovery with residual ataxia was verified. Control MRI and x-rays confirmed remission 27 months postoperatively.

STATEMENT (CONCLUSIONS)

In the literature, only two cases of primary extradural hemangiosarcoma treatment and prognosis are described, with a survival time of 11 and 15 months. For this patient, a 27 month survival time was successfully achieved with surgery and doxorubicin.

Effect of a dog's age on stem cell culture times and efficacy outcomes in dogs with osteoarthritis treated with intra-articular injections of autologous mesenchymal stem cells

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OBJECTIVES

To evaluate whether a dog's age influences either the growth rate of autologous adipose-derived mesenchymal stem cells (adMSCs) during culture-expansion, or clinical efficacy outcomes following treatment with intra-articular (IA) adMSC injections.

METHODS

Dogs of various ages, each with a documented history of moderate-severe OA inadequately controlled on conventional therapy, underwent adipose tissue harvest for stem cell extraction and culture-expansion. Cell-cultures were photographed daily using the same optical field, cells counted and population doubling-time calculated.

Dogs were monitored for up to 6 months following IA adMSC injections into all affected joints. A Global Score, based on clinical examinations and owners' feedback on pain and mobility, was used to evaluate treatment response.

RESULTS

Fifty-two dogs were included in this analysis. No significant affect of dog's age was seen on population doubling time of low passage (P0 & P1) cultures of canine adMSCs.

The majority of dogs (98%) demonstrated a clinical improvement (51/52 cases) following adMSC injections, with 60% evaluated as demonstrating an excellent response (31/52 cases). In the oldest dogs (10–15 years) 94% showed a clinical improvement, with 6/18 (33%) demonstrating an excellent response. In younger dogs (<10 years) a greater number showed an excellent response (25/34; 74%).

STATEMENT (CONCLUSIONS)

Age of the donor does not adversely affect the ability of adMSCs to grow normally in culture.

Following intra-articular injections of adMSCs, 98% of dogs with moderate to severe OA showed a clinical improvement. Even in older dogs (10–15 years) 94% showed clinical improvements, with dogs <10 years most likely to demonstrate an excellent response.