transfusion reaction. 25/30 adverse events occurred after a pRBCs transfusion; 5/30 after WB transfusion. The portion of adverse reactions was (37/129) with pRBCs and (7/36) after WB. 23/44 (52%) reactions occurred in dogs receiving single transfusions; 17/44 (38%) occurred after multiple transfusions. Of the 43 dogs receiving multiple transfusions, 10 (23%) had repeated reactions.

STATEMENT (CONCLUSIONS)

Immune-mediated disease was the commonest cause of transfusion-dependent anaemia. Treatment with corticosteroids did not decrease the incidence of transfusion reactions. Performance of more than one transfusion was not associated with an increased risk of adverse reactions.

The influence of prior corticosteroid administration on diagnostic imaging findings in dogs with Immune-Mediated Haemolytic Anaemia

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OBJECTIVES

To evaluate whether prior corticosteroid administration influences imaging findings in dogs with immune-mediated haemolytic anaemia (IMHA).

METHODS

Retrospective review of case records of a referral population of dogs with IMHA, for whom medical histories and thoracic and/or abdominal imaging studies were available.

Cases were classified based upon presence (S+) or absence (S-) of corticosteroid administration prior to

referral. Thoracic and abdominal imaging findings were categorized into (a) clinically significant findings altering case management or follow-up, including potential triggers; (b) incidental, clinically insignificant; (c) attributable to IMHA; (d) normal. For statistical analysis, significant imaging findings (a) versus non-significant imaging findings (b, c and d) were compared in S+ and S- dogs, using χ^2 test to determine whether prior corticosteroids significantly influenced imaging findings.

RESULTS

55 dogs met the inclusion criteria, comprising 23 S+ and 32 S-. 46 had thoracic and abdominal imaging. 2 and 7 dogs had only thoracic or abdominal imaging, respectively. The 48 thoracic studies comprised 25 computed-tomographic and 23 plain radiographic. The 53 abdominal studies comprised 24 computed-tomographic and 29 ultrasonographic.

Thoracic imaging findings were clinically significant in 6/19 S+ dogs and 6/29 S- dogs. Abdominal imaging findings were clinically significant in 13/22 S+ dogs and 19/31 S- dogs. Incidence of clinically significant thoracic or abdominal imaging findings did not differ between S+ and S- dogs ($p < 0.05$).

STATEMENT (CONCLUSIONS)

In this population, prior corticosteroid administration did not significantly influence imaging findings. Imaging for underlying disease in IMHA is therefore considered worthwhile, even if corticosteroids have been administered.

Presenting signs and clinical outcome in dogs with metaphyseal osteopathy, 32 cases (2009–2018)

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OBJECTIVES

To describe presentation, treatment, and clinical outcome of dogs with metaphyseal osteopathy.

METHODS

Multi-centre retrospective review of medical records from January 2009 to September 2018 at three referral

Oral presentations

centres to identify dogs with radiographical evidence of metaphyseal osteopathy.

RESULTS

Thirty-two dogs were identified. Median age at onset was 13 weeks old (range 8–32 weeks old), males were over-represented (75% male entire, 22% female entire, 3% female neutered). The most commonly recorded clinical signs were pain (32/32), pyrexia (29/32), lethargy (28/32), and being non-ambulatory (17/32). Sixteen of thirty-two dogs were affected in all four limbs, thirteen had forelimbs affected, three were affected in three limbs. Where information was available, 18/27 dogs were vaccinated within 30 days of presentation. Twenty-nine dogs required hospitalisation for analgesia and supportive care, 16/32 were discharged on corticosteroids (dose

range 0.9–2.6 mg/kg/day), 14/32 were discharged on non-steroidal anti-inflammatories, 2/32 were discharged on analgesia only. Dogs were discharged when ambulatory, with a median duration of hospitalisation of 5 days (range 2–21 days). Relapse occurred in 10/32 cases before reaching skeletal maturity. Seven cases went on to develop other immune-mediated conditions.

STATEMENT (CONCLUSIONS)

Metaphyseal osteopathy should be considered in non-ambulatory painful young dogs. Recent vaccination was common, however causation cannot be established given age at onset of signs. Some dogs went on to develop other immune mediated conditions, further studies with a larger cohort are required to determine the clinical significance of this.

Characterisation and outcome of idiopathic sterile steroid-responsive lymphadenitis in English Springer Spaniels: a multicentre study of 64 cases

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OBJECTIVES

To describe the history, clinicopathological abnormalities, diagnostic imaging findings, lymph node cytological/

histological appearance, treatment and outcome of English Springer Spaniels (ESS) diagnosed with idiopathic sterile steroid-responsive lymphadenitis (SSRL).

METHODS

In this retrospective UK-based multicentre study, 64 cases were recruited from ten referral centres, twenty-two first-opinion practices and three histopathology/clinical pathology laboratories, between 2010 and 2016.

RESULTS

The median age at presentation was 6 years (range: 0.17–11.75 years). Neutered females were over-represented. Pyrexia (83.8%), peripheral lymphadenopathy (78.4%), dermatological lesions (72.9%), lethargy (67.6%), hyporexia (54%), epistaxis, sneezing or nasal discharge (21.6%), diarrhoea (29.7%), coughing (24.3%), ocular signs (21.6%) and vomiting (16.2%) were reported in dogs for which the history and physical examination records were available. Popliteal (50%), prescapular (42.9%), and submandibular (41.1%) lymphadenopathy was frequently reported. Haematology and biochemistry revealed non-specific changes. When performed, testing for infectious diseases was negative in all cases. Lymph node cytology and/or histology demonstrated mainly mixed inflammatory (27%), pyogranulomatous (24%), neutrophilic/suppurative (20%), or granulomatous (11%) lymphadenitis. Treatment details were available for 38 dogs, with 34 receiving prednisolone (mean starting dose: 2 mg/kg/day). A variety of other supportive treatments were used. Mean duration of prednisolone therapy was 15 weeks (range: 1–28 weeks). A good to excellent clinical response was reported in all dogs receiving prednisolone but one. Ten cases relapsed after discontinuing prednisolone.

STATEMENT (CONCLUSIONS)

Idiopathic SSRL should be considered as a differential diagnosis for lymphadenopathy and pyrexia in ESS. The disease characteristics, lack of an identifiable underlying cause, and response to corticosteroids may suggest an immune-mediated aetiology.