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 fore-limbs 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.