What's your diagnosis

The rabbit with weight loss

Bronwyn Koterwas

Research suggests that a significant percentage of clinically 'normal' rabbits presenting for routine health examination to the veterinary surgeon may actually have substantial subclinical pathology. Rabbit owners may not appreciate gradual-onset weight loss due to husbandry conditions or in breeds with a thick coat. By the time a rabbit presents for clinical weight loss, multiple disease scenarios may be present.

Primary gastrointestinal disease, such as a foreign body, malabsorption, dysbiosis, sacculitis, appendicitis, megacolon, hepatic coccidiosis or liver lobe torsion, may be present. Other clinical signs are often seen with these conditions: repeated gastrointestinal ileus ('stasis'), changes in faecal quality, abdominal pain on palpation, lethargy or pyrexia.

Chronic disease is a common cause of weight loss in rabbits. Subclinical otitis media can lead to changes in mastication due to pain or facial nerve inflammation with secondary dental disease seen. Osteoarthritis, spondylosis or other orthopaedic changes may make it more difficult for a rabbit to access its food readily. Pulmonary pathology, such as pneumonia, pleural disease or other intrathoracic lesions like thymoma, can also restrict movement to feed as well as result in increased respiratory effort especially whilst eating.

A complete clinical examination must include full abdominal palpation and auscultation as well as otoscopic examination of the oral cavity and ears. Haematology and biochemistry and IgG/IgM titres or polymerase chain reaction testing for *Encephalitozoon cuniculi* are indicated. Faecal parasitology to rule out endoparasitism is also wise. Diagnostic imaging, such as orthogonal view radiography, can be useful in identifying pulmonary pathology, orthopaedic changes, dental disease, severe otitis media with bony changes or uroliths. Performing a gastrointestinal barium radiograph series will more fully characterize primary gastrointestinal pathology, such as motility disorders leading to malabsorption, foreign bodies or megacolon syndrome. Computed tomography, which can often be performed conscious, is an ideal sensitive imaging technique of all internal structures especially in debilitated patients. Ultrasonography is preferred when real-time imaging of abdominal organs

(urinary tract pathology, intestinal motility) is required or diagnostic sampling desired.

While diagnostic results are pending, cachectic rabbits need to be provided with supportive care in the form of quality nutritional support, and proprietary supplemental feeds are readily available. Owners should be trained on the proper administration of these so as to not unduly stress the rabbit or cause an aspiration event. Although good sources of nutrients, these feeds do not provide the coarse fibre needed to wear teeth appropriately. Dental disease is often seen in rabbits that are administered repeated daily syringe feeds, even over the course of a few weeks.

KEY LEARNING OBJECTIVES

- Weight loss in rabbits often involves multiple body systems and therefore requires an appropriate multidagnostic approach
- As disease processes are interlinked, a treatment plan for a cachectic rabbit must be multifactorial
- Be aware of the secondary disease that can be caused by supplementing feeds in the rabbit with weight loss

MULTIPLE CHOICE QUESTIONS

1. What is an acceptable initial treatment for weight loss in rabbits pending diagnostic testing?
(A) Antibiosis
(B) Non-steroidal anti-inflammatory analgesia
(C) Increase high-calorie feeds such as muesli and fruit
(D) Syringe feed with proprietary supplemental diet
2. What is NOT a common disease in rabbits that results in gradual weight loss?
(A) Otitis media
(B) Cystitis
(C) Osteoarthritis
(D) Hyperthyroidism
3. Acute weight loss with no other clinical signs in the rabbit is rarely caused by which of the following?
(A) Picky eating
(B) Neoplasia
(C) Gastrointestinal foreign body
(D) Pancreatitis

Canine skin masses

Spela Bavcar

Tumours of the skin and subcutaneous tissues are common in canine patients and account for about one third of all neoplasms in this species. They can be generally

classified based on the cell of origin into: epithelial, mesenchymal, melanocytic or round cell. Most tumours found in the skin tend to be primary, but metastasis and cutaneous paraneoplastic conditions can be seen. Approximately 20–40% of skin tumours are malignant. Ultraviolet radiation, chemical carcinogens, irradiation, viruses and inflammation have been implicated in tumourigenesis of some (but not all) cutaneous and subcutaneous tumours.