Oral presentations

The importance of measurement of ionised calcium in characterisation of diseases in a referral population of dogs with polyuria and polydipsia

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OBJECTIVES

To examine the utility of measuring the serum total calcium (tCa) and blood ionised calcium (iCa) concentration in a referral population of dogs presenting with polyuria and polydipsia (PUPD).

METHODS

Medical records of dogs presenting with PUPD and measured tCa and iCa were searched retrospectively between 2016 and 2019.

RESULTS

Forty five dogs met the inclusion criteria. The median serum tCa and blood iCa concentrations were 2.55 (range, 1.94–3.74 mmol/l) and 1.4 (range, 0.79–2.08 mmol/l), respectively. Hypercalcaemia was documented in 23/45 dogs. Nine dogs had increased both, tCa and iCa, with median values of 3.42 (range, 3.11–3.74; RI 2.1–3 mmol/l) and 1.88 (range, 1.46–2.08; RI 1.12–1.4 mmol/l), respectively. Discordance between iCa and tCa in classifying calcium status occurred in 14/23 dogs; thirteen dogs had isolated ionised hypercalcaemia (iCa 1.49 (range, 1.42–1.73 mmol/l)); normal iCa with increased tCa was documented in one dog. Reliance on tCa alone would miss 41% of dogs with ionised hypercalcaemia. Diseases associated with increased tCa and iCa were neoplasia (5/9), CKD (1/9) and primary hyperparathyroidism (PHPTH) (3/9); diseases associated with isolated ionised hypercalcaemia were congenital portosystemic shunt (3/13), CKD (3/13), neoplasia (3/13), pyogranulomatous and immune mediated conditions (2/13) and PHPTH (2/13). Measurement of iCa was only paramount to the final diagnosis in two dogs diagnosed with PHPTH.

STATEMENT (CONCLUSIONS)

Isolated ionised hypercalcaemia in this cohort of hypercalcaemic dogs with PUPD was common but predominantly offered additional diagnostic value in accurate assessment of the calcium status in a small number of dogs with PHPTH.

Sterile Pyogranulomatous Lymphadenitis in an 8-month-old Golden Retriever with nictitans conjunctivitis as the leading sign

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OBJECTIVES

Sterile lymphadenitis is a poorly understood disorder in dogs usually characterised by the presence of pyrexia and generalised lymphadenopathy. A variety of other clinical signs have been associated with this condition. However, to the best of our knowledge, bulbar nictitans conjunctivitis has never been reported in the literature as part of this syndrome.

METHODS

An eight-month-old female entire Golden Retriever presented for further investigations of marked bilateral erythematous thickening of the third eyelids and generalised lymphadenopathy. Serology was positive for *Ehrlichia canis* and biopsy of the nictitating membrane revealed nodular granulomatous conjunctivitis. No response to topical cyclosporine or systemic amoxicillin-clavulanate and doxycycline had been noted.

Histopathological evaluation of submandibular lymph nodes was consistent with chronic pyogranulomatous lymphadenitis. Special stains (Gram, PAS and Ziehl-Neelsen) were negative. PCR for Leishmania and Bartonella on the lymph node and serology for Neospora and Toxoplasma were negative. Results pending, the dog developed a mass on the mammary gland and a nodule

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on the vulva both consistent cytologically with pyogranulomatous inflammation that did not improve with anti-inflammatory doses of steroids.

Immunosuppressive doses of prednisone were initiated in conjunction with oral cyclosporine and a complete resolution of clinical signs was observed following 14 days of treatment.

RESULTS

Failure to demonstrate a causative agent, the histiocytic nature of the inflammatory infiltrate and the excellent

response to immunosuppressive drugs supported an immune-mediated aetiology.

STATEMENT (CONCLUSIONS)

This disease should be considered as a differential diagnosis in young dogs with thickening of the nictitating membranes and generalized lymphadenopathy. Response to treatment is excellent.

Comparison of short-term treatment of dogs with non-regenerative immune-mediated anaemia, treated with prednisolone alone or in combination with azathioprine or ciclosporin

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OBJECTIVES

To assess whether the addition of azathioprine or ciclosporin at the onset of treatment improves short-term

response rates and times in dogs with non-regenerative immune-mediated anaemia compared to the use of prednisolone alone.

METHODS

A multi-centre (n = 6) retrospective study. A database search identified dogs undergoing bone marrow aspiration and core biopsy between June 2007 and March 2018. Dogs diagnosed with primary non-regenerative immune-mediated anaemia treated with prednisolone alone or in combination with azathioprine or ciclosporin, started within seven days of diagnosis were included. Treatment response was assessed using the following variables; number of dogs achieving a 5% improvement in haematocrit, time to 5% improvement in haematocrit, number of dogs achieving remission (haematocrit >0.37L/L) and time to remission.

RESULTS

Sixty-eight dogs were included; 26 received prednisolone alone, 22 prednisolone and azathioprine, 20 prednisolone and ciclosporin. There was no significant difference in signalment, haematocrit on presentation or bone marrow findings between treatment groups. Overall treatment response rate was 68% (62%, 64% and 80% respectively) and overall remission rate was 53% (54%, 50% and 55% respectively). Median time to 5% increase in haematocrit was 23 days (range 0–375); 20, 25 and 25 days respectively. Median time to remission was 57 days (range 0–432); 52, 96 and 55 days respectively. There was no significant difference in response time, response rate, remission time or remission rate between treatment groups.

STATEMENT (CONCLUSIONS)

The addition of azathioprine or ciclosporin at the onset of treatment did not significantly improve short-term outcome in this population of dogs with non-regenerative immune-mediated anaemia.