METHODS

Members of the public were prospectively recruited via social media and invited to complete a questionnaire, prior to reading an educational intervention (BOAS information sheet), and then completing another questionnaire.

RESULTS

587 individuals participated, although not all questionnaires were fully completed. 401/573 (69.9%) respondents were familiar with the term brachycephalic, but only 240/578 (41.5%) knew of the term BOAS. Before the educational intervention the majority of respondents considered the following to be normal for brachycephalic dogs: snoring (89.7%), loud breathing (78.0%), labored breathing (65.0%). After the intervention these had decreased to 45.5%, 41.2% and 30.4% respectively. 572/578 (98.9%) participants considered the information sheet useful and 581/583 (99.7%) believed it had improved

their understanding of BOAS. 307/579 (53.0%) respondents had their opinion on brachycephalic dogs altered with 448/578 (77.5%) not wanting to recommend a brachycephalic breed to friends and family. 564/577 (97.7%) of respondents believed that the general public should be more aware of BOAS and 576/579 (99.5%) believed that potential owners of brachycephalic dogs should be aware of BOAS.

STATEMENT (CONCLUSIONS)

Although the study suggests that public understanding of BOAS is limited, with most respondents believing the clinical signs to be normal for brachycephalic dogs, we found that a simple information sheet was beneficial in improving understanding and awareness of BOAS. By educating the public in this manner we may be able to reduce demand for affected breeds and therefore reduce the prevalence of BOAS.

Pyelotomy to remove a large nephrolith in a female Shih Tzu with bilateral nephrolithiasis and immune-mediated haemolytic anaemia with thrombocytopenia (Evans Syndrome)

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OBJECTIVES

Nephrotomy, and more so pyelotomy, are under-reported in the veterinary literature. This report describes successful nephrolith removal by pyelotomy in a female Shih Tzu and management of perioperative complications including immune-mediated haemolytic anaemia and thrombocytopenia.

METHODS

An 8-year old female Shih Tzu presented with haematuria. Abdominal radiographs and ultrasound revealed

bilateral nephroliths. A 38mm diameter nephrolith was causing dilation of the right renal pelvis and proximal ureter. Urine sampled via cystocentesis cultured coagulase positive *Staphylococcus* sp. Mild anaemia (PCV 34.4%) and thrombocytopenia (40 to $100 \times 10^9/l$) were documented. Antibiotic treatment was initiated leading to resolution of the infection and an increase in platelet count (100 to $200 \times 10^9/l$). Pyelotomy was performed to reduce renal compromise and haemorrhage versus nephrotomy.

RESULTS

Pyelotomy to remove the right nephrolith was performed. Whole blood transfusion was administered due to concerns regarding the thrombocytopenia and concurrent surgery, excessive haematoma after blood sampling, and bruising. BMBT, PT and APTT were within normal limits, however thromboelastography detected reduced platelet function. Two days postoperatively, the patient's haematocrit and platelet count decreased rapidly: 16.7% and $12 \times 10^9/l$ respectively. Evans Syndrome was diagnosed and immunosuppressive treatment initiated.

STATEMENT (CONCLUSIONS)

Pyelotomy provided an approach to large nephrolith removal that gave optimal access to the dilated proximal ureter and renal pelvis, limited haemorrhage and spared renal function compared to nephrotomy. Patients with chronic urinary tract infection and nephrolithiasis undergoing pyelotomy may be at risk of Evans Syndrome and this should be considered preoperatively.