Oral presentations

Factors associated with positive urine cultures in cats with subcutaneous ureteral bypass system (SUB) implantation

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OBJECTIVES

To report the postoperative incidence of SUB infection and associated risk factors.

METHODS

Data was collected from the clinical records of cats with SUBs placed between 16/04/12 and 06/09/19. Cases without follow-up culture were excluded. Binomial linear regression and chi squared testing was performed to assess the relationship between various factors and likelihood of post-operative positive cultures.

RESULTS

118 cases were included. 33.9% had a positive post-operative culture, ten within one month, 15 within three months and 29 within 12 months post-surgery.

The most common organisms isolated within one month post-surgery were *Escherichia coli* (40%) and *Pseudomonas aeruginosa* (30%).

110 cats had a pre-operative culture performed, 12.7% were positive. The most frequent isolates were *E. coli* (42.9%) and *Enterococcus faecalis* (28.6%).

Cats with a positive pre-operative culture were more likely to have a positive post-operative culture within six months post-operatively ($p = 0.03$). This was not statistically significant at one, three or 12 months post-surgery.

Cats with lower end-anaesthetic temperatures were more likely to return a positive culture by one ($p = 0.005$) and three months ($p = 0.003$) post-surgery, but not by six ($p = 0.22$) or twelve months ($p = 0.564$) post-surgery.

Signalment, weight, condition score, perioperative antibiotic, placement reason, implant site, outdoor access, pre-operative urea, creatinine, urine pH and specific gravity, length of hospitalisation, anaesthetic and surgery were not significantly correlated with likelihood of returning a positive culture at any time-point.

STATEMENT (CONCLUSIONS)

Cats with positive pre-operative cultures or lower end-anaesthetic temperature were more likely to return positive cultures post-surgery; these findings may guide management of cats presenting with ureteral obstruction.

Use of the 'Functional Evaluation of Cardiac Health' (FETCH) questionnaire to determine quality of life before and after mitral valve repair surgery in dogs

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OBJECTIVES

To report changes in owner assessed quality of life (QOL) for dogs with myxomatous mitral valve disease (MMVD) pre- and post- mitral valve repair (MVR)

METHODS

Dogs were included in the study if they underwent MVR for MMVD at our institution between October 2017–July 2019, survived to discharge, and their owners completed the FETCH questionnaire prior to surgery and at least one month after surgery. A FETCH score was created by adding question scores to create a possible total of 80, with a higher score equating to a worse QOL.

Data were tested for normality and a Wilcoxon signed rank test was used to assess any change in score for individual questions and the total FETCH score, pre- and post-surgery. Significance was set at $p = <0.05$.

RESULTS

22 dogs met the inclusion criteria. Mean age was 9.3 years (SD 2.04), the most common breeds were Cavalier King Charles Spaniels and Chihuahuas (both 27.3%).

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Median time between initial questionnaire completion and surgery was 5 days (range 1–91). Mean follow-up time was 8.6 months (SD 4.5).

20/22 dogs (90.9%) had a lower FETCH score post-surgery. Total median FETCH score was 22 (range 2–77) pre-surgery and 2.5 (range 0–31) post-surgery, ($p = <0.001$). Mean rank scores were significantly lower post-operatively for 14/17 questions.

STATEMENT (CONCLUSIONS)

QOL is increasingly recognised as an important outcome measure in veterinary medicine. The negative impact of MMVD on QOL was significantly reduced post MVR in this cohort of dogs. The results of this study may help to guide decision making after diagnosis of MMVD.

Curative minimal ostectomy for oral osteoma in 2 dogs: a case series

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OBJECTIVES

To describe a novel surgical treatment for oral osteoma in dogs.

METHODS

Retrospective case review.

RESULTS

A fifteen-month-old neutered male, Rottweiler had a mandibular osteoma excised with narrow margins and developed no recurrence within 24 months postoperatively. An eighteen-month-old spayed female English sheepdog had a previously incompletely debulked maxillary osteoma subsequently excised with a one millimetre margin that did not recur within 12 months postoperatively.

In both cases, curative intent surgery was performed using a surgical burr to shell out the benign tumours minimising functional and cosmetic changes.

STATEMENT (CONCLUSIONS)

Minimal ostectomy should be considered for excision of mandibular and maxillary osteoma as an alternative to wide excision by maxillectomy or mandibulectomy with good medium-long term outcome and minimal associated morbidity.

Surgical adhesiolysis to treat chronic non-specific post-operative gastrointestinal tract signs in a dog

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OBJECTIVES

To report the successful use of surgery to treat intraperitoneal adhesions causing gastrointestinal tract (GIT) signs in a dog after multiple GIT surgeries.

METHODS

A case report of a single dog.

RESULTS

A 4-year-old Flat Coat Retriever presented for investigation of chronic GIT signs including lethargy, vomiting, diarrhoea, hyporexia and weight loss over 20 months. The dog had a prior history of enterotomy, enterectomies, septic peritonitis and gastropexy. Medical investigations included abdominal radiographs and ultrasound, and endoscopic intestinal biopsies. No specific diagnosis was made beyond an iron deficiency anaemia and hypobalaminemia. There was a poor response to all medical management. The owner declined exploratory coeliotomy and intestinal biopsy until, after three months, the dog presented with abdominal discomfort and clinical findings consistent with a partial GIT obstruction.

An exploratory coeliotomy was performed. There were extensive fibrous omental, peritoneal and enterocentric adhesions preventing separation of bowel loops and causing a mechanical obstruction at the site of a previous stapled enterectomy. Surgical adhesiolysis was

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