Poster presentations

Asymptomatic reticulocytosis in a family of Bedlington Terriers

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OBJECTIVES

This report details reticulocytosis in a three female Bedlington terriers. These dogs were genetically clear for copper toxicosis and were clinically asymptomatic of the disease.

METHODS

Reticulocytosis was found during investigation of pica in one Bedlington terrier, owned by a breeder. This persisted despite pica resolving and no reason found for excessive red blood cell regeneration. Another Bedlington terrier owned by the same breeder, but unrelated to the first, was tested prior to a routine dental procedure and found to have reticulocytosis. A third Bedlington

terrier, owned by the same breeder, a granddaughter of the first dog and daughter of the second dog, was tested prior to a routine dental procedure and found to have reticulocytosis. All three dogs were clear of the gene deletion causing copper toxicosis

RESULTS

	RBC ($5.00-8.5 \times 10^{12} / L$)	Absolute Reticulocyte Count ($<100 \times 10^9 / L$)
Dog 1 (Day 0)	$7.86 \times 10^{12} / L$	$187 \times 10^9 / L$
Dog 1 (Day 13)	$6.99 \times 10^{12} / L$	$158 \times 10^9 / L$
Dog 1 (Day 22)	$8.27 \times 10^{12} / L$	$172 \times 10^9 / L$
Dog 2	$8.07 \times 10^{12} / L$	$145 \times 10^9 / L$
Dog 3	$8.04 \times 10^{12} / L$	$171 \times 10^9 / L$

STATEMENT (CONCLUSIONS)

Reticulocytosis is a clinical feature of copper toxicosis, a genetic disease in Bedlington terriers. These results record its presence in related dogs that were genetically clear and asymptomatic. This may reflect a subclinical form of the disease, an adaptation to copper accumulation or simply idiosyncratic haematology.

Ureterocele causing stranguria and recurrent urinary tract infection in a Siberian Husky treated with ureterocelelectomy

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OBJECTIVES

To describe a case of unilateral orthotopic ureterocele, its diagnosis including characteristic imaging findings, and surgical management.

METHODS

A case report of a single dog presented for investigation of persistent stranguria, nocturia and recurrent urinary tract infection. Diagnostics included urine culture and sensitivity and ultrasound imaging of the urinary tract

and a diagnosis of unilateral orthotopic ureterocele was made. Surgery was performed following diagnostics and follow up obtained to document resolution of the clinical signs.

RESULTS

A 4 year old female neutered Siberian Husky was presented for examination following a history of stranguria, haematuria and nocturia. Empirical antibiotic therapy resulted in improvement of haematuria but persistence of nocturia and stranguria. A sedated ultrasound examination of the urinary tract identified a fluid filled cavity within the trigone of the bladder, a cystocentesis sample at this time documented no growth. Subsequent ultrasound examination identified persistence of the ureterocele and documented hydroureter and hydronephrosis. Surgery consisting of ureterocelelectomy via a midline celiotomy and ventral cystotomy was performed. The dog recovered uneventfully from surgery and clinical signs resolved within 72 hours. She was clinically normal at a 2 week check postoperatively.

STATEMENT (CONCLUSIONS)

Ureteroceles are a relatively uncommon congenital problem but appropriate diagnosis and treatment can be performed readily without specialist equipment and result in a good outcome.