ESVIM – European Society of Veterinary Internal Medicine

Thursday 14 September

09.00–09.15  ESVIM-O-1  Cuq  Calibrated automated thrombography to evaluate thrombin generation in dogs with immune-mediated hemolytic anaemia

09.15–09.30  ESVIM-O-2  Dandrieux  Effect of immune-suppressive treatment on cytokine production in healthy dogs

09.30–09.45  ESVIM-O-3  Hansson-Hamlin  Identification of antinuclear antibodies in dogs using immunodiffusion

Friday 15 September

14.40–14.55  ESVIM-O-4  Brown  Short- and long-term morbidity and mortality in dogs and cats following cardiopulmonary arrest

14.55–15.10  ESVIM-O-6  Darcy  Feline primary erythrocytosis: a multicentre retrospective case series (18 cases)

15.10–15.25  ESVIM-O-7  Roels  Investigation of a fungal aetiology in canine idiopathic pulmonary fibrosis

15.25–15.40  ESVIM-O-8  Keegan  Clinical features of 70 cases of canine idiopathic eosinophilic lung disease

15.40–15.55  ESVIM-O-9  Keegan  Therapy and long-term follow-up of 70 cases of canine idiopathic eosinophilic lung disease

16.30–16.45  ESVIM-O-10  Vientos-Plotts  Development of respiratory dysbiosis as cats transition from healthy to asthmatic airways

16.45–17.00  ESVIM-O-11  Grobman  Documenting silent reflux and microaspiration events using nuclear scintigraphy in healthy dogs

17.00–17.15  ESVIM-O-12  Canonne  Diagnosis of pulmonary angiostrongylosis in dogs with negative non-invasive tests (Baermann analysis and AngioDetectTM)

17.15–17.30  ESVIM-O-13  Grobman  Discrimination between cough and non-cough behaviours using acoustic wave recordings

17.30–17.45  ESVIM-O-14  Robin  Tracheal stent in dogs: outcome prediction and owner satisfaction assessment

17.45–18.00  ESVIM-O-15  Stengel  Meticulous debridement as sole management for successful outcome in 6 dogs with sinonasal aspergillosis (SNA)

ESVC – European Society of Veterinary Cardiology

Thursday 14 September

14.25–14.40  ESVC-O-1  Vitt  Utility of VHS to predict echocardiographic EPIC Trial inclusion criteria in dogs with myxomatous mitral valve disease: A retrospective multicentre study

14.40–14.55  ESVC-O-2  Rocchi  Evaluation of continuous positive airway pressure in dogs with cardiogenic pulmonary oedema secondary to severe mitral valve disease

14.55–15.10  ESVC-O-3  Rishniw  Development of a simple algorithm for diagnosis of left-sided congestive heart failure in dogs with mitral valve disease

15.10–15.25  ESVC-O-4  Lee  Effects of treatment with thromboxane A2 synthase inhibitor on pulmonary hypertension: a pilot study
ESVONC_P_5 Clares Moral  Survival of dogs diagnosed with inflammatory mammary cancer treated with a multimodal therapy

ESVONC_P_6 Magalhães  Effect of radiation therapy on the treatment of intracranial tumours in dogs: meningioma and glioma

ESVONC_P_7 Thiemeyer  Ultrasound-guided fine-needle aspiration of the canine prostate - a useful sampling method for molecular biological analysis?

ESVONC_P_8 Elliott  Histiocytic sarcoma is over-represented in Miniature Schnauzers in the United Kingdom

SCH – Society of Comparative Hepatology

SCH_P_1 Menard  Validation of a blood score for non-invasive diagnosis of liver fibrosis in dogs

SCH_P_2 Tabar  Diagnostic value of paired serum bile acids in clinical practice in 484 samples

ESCG – European Society of Comparative Gastroenterology

ESCG_P_1 Hill  Factors affecting gastric mucosal barrier function in dogs

ESCG_P_2 Slovak  Evaluation of the Hemoccult faecal occult blood test kit in cats

ESCG_P_3 Slovak  Fecal occult blood testing in a presumed healthy population of cats

ESCG_P_4 Xenoulis  Specificity of SNAP fPLTM for the diagnosis of pancreatitis in healthy cats and sick cats without clinical suspicion of pancreatitis

ESCG_P_6 Hugonnard  Metabolic and clinical follow-up of seven inappetent cats during enteral refeeding

ESCG_P_7 Hanifeh  S100A12 and myeloperoxidase as possible biomarkers for intestinal inflammation in dogs

ESCG_P_8 Jolivet  Fasting and postprandial variations of plasma TLI, cobalamin and folate concentration in healthy beagle dogs

ESCG_P_9 Ioannidi  Total serum magnesium and cobalamin concentration in 20 cats with inflammatory small bowel disease or small intestinal neoplasia

ESCG_P_10 Fabres  Megaesophagus associated with gastro-esophageal junction neoplasia in dogs: 7 cases (2004-2016)

ESCG_P_11 Heilmann  Feasibility of measuring fecal calprotectin concentrations in dogs and cats by the fCAL® turbo immunoassay

ESCG_P_12 Watson  Clinical features of English Cocker Spaniels with chronic pancreatitis mimic human IgG4RD

ESCG_P_13 Caivano  Contrast-enhanced ultrasonography of the duodenum in dogs with inflammatory bowel disease: preliminary findings

ESCG_P_14 Hill  Utility of capsule endoscopy as a complement to traditional endoscopy

ESCG_P_15 Benvenuti  Serum protein profiling of 100 cats with inflammatory bowel disease and lymphoma

ESVE – European Society of Veterinary Endocrinology

ESVE_P_1 Burchell  Safety and efficacy of dapagliflozin, a novel antidiabetic drug, in healthy cats

ESVE_P_2 Langner  Evidence for regional variation of patient characteristics in dogs with hyperadrenocorticism

ESVE_P_3 Corsini  Symmetric dimethylarginine (SDMA) in hyperthyroid cats

ESVE_P_4 Schmicke  Low thyroxine concentrations after controlled feeding of bovine thyroid gland to dogs

ESVE_P_6 Lyngby  C-reactive protein in dogs diagnosed with hypoadrenocorticism

ESVE_P_7 Garcia San José  Systemic hypertension in diabetic cats: does it really matters?

ESVE_P_8 Pérez Alenza  Systemic hypertension in dogs with diabetes mellitus

ESVE_P_9 Fowlie  Canine electrolyte analysis in dogs with hypoadrenocorticism: a comparison of two in-house analysers with a reference laboratory

ESVE_P_10 van Bokhorst  Concurrent pituitary and adrenocortical tumors in dogs with spontaneous hypercortisolism

ESVE_P_11 González Sanz  Prevalence of neurological signs in hypothyroid dogs at diagnosis

ESVE_P_12 del Baldo  Evaluation of one portable blood glucose meter and one portable glucose-ketones meter in dogs
We sought to evaluate the feasibility of, and describe perfusion patterns of CEUS in the duodenum of dogs affected by IBD. We hypothesized that CEUS would demonstrate changes in the perfusion of inflamed duodenum and provide additional information in the diagnosis of canine IBD.

We prospectively enrolled seventeen dogs with IBD (based on Canine Inflammatory Bowel Disease Activity Index-CIBDAI, endoscopic evaluation and histopathological assessment of duodenal mucosal samples). Each dog was placed in left lateral recumbency and the cranial portion of the duodenum was imaged in a transversal plane. Before the endoscopy, each dog received two boluses (0.03–0.06 ml/kg IV) of contrast agent (SonoVue®, Bracco, Italy): first, while conscious and then after being anesthetized (using the same anesthetic protocol). Duodenal enhancement patterns were first evaluated qualitatively, then quantified using dedicated software (Qontrast®, Bracco, Italy).

In all dogs, the duodenal vascularization pattern was characterized by an initial rapid enhancement of the submucosal layer, followed by a gradual enhancement of the mucosa. Serosa and muscularis propria showed poor enhancement, whereas the submucosal layer that had a non-homogeneous, pointed, or streaked appearance. Dogs had similar perfusion patterns whether conscious or anesthetized. We quantitatively analyzed enhancement only in anesthetized dogs because of improved image quality. Analysis revealed a 50% reduced peak enhancement intensity, reduced regional blood flow and reduced regional blood volume in dogs with CIBDAI scores ≥6 (n = 4). These dogs all showed the non-homogeneous, pointed or streaked pattern. However, we found no relationship between perfusion patterns/parameters and endoscopic or histopathological findings.

Our study demonstrates that CEUS of the duodenum in dogs is feasible, and highlights the presence of different vascular patterns and contrast-enhancement features in dogs with IBD. Our findings showed that CEUS had a high correlation with dogs that had IBD, but did not correlate with histopathological findings. Our study offers a novel, non-invasive imaging modality for the diagnosis of chronic enteropathy.

Disclosures: No disclosures to report.

ESCV – P – 15
SERUM PROTEIN PROFILING OF 100 CATS WITH INFLAMMATORY BOWEL DISEASE AND LYMPHOMA. E. Benvenuti1, E. Bottero2, P. Ruggiero2, A. Perini1, E. Magnanini3, G. Lubis1, Y. Marchetti1. 1University of Pisa, San Piero A Grado, Pisa, Italy, 2Associazione Professionale Endovet, Rome, Italy.

Inflammatory bowel disease (IBD) and lymphoma are common in middle-aged to older cats, associated with chronic vomiting, weight loss, and diarrhea, included in the chronic enteropathy (CE) disorder. In cats, hypoalbuminemia in CE is considered infrequent, but specific investigations about protein profile in these patients have not been published. The aim of this study was to evaluate serum protein profiling in cats with IBD and lymphoma, and to compare it with clinical symptoms, endoscopic assessments and histopathological diagnoses. FCEAI clinical index score, CBC, serum biochemical profile and urinalysis were evaluated in 100 cats affected by IBD and lymphoma. Endoscopy of upper and lower gastrointestinal tract was performed and a severity score from 0 to 3 was assigned. CEUS histopathological diagnosis was based on WSAVA guidelines. Total serum protein, serum protein agarose gel electrophoresis, and albumin-globulin ratio (A/G) were evaluated at time of diagnosis. Cats ranged from 1 to 17 years old (10 median), 46% were females and 93% were European shorthair. The histologic diagnosis was IBD (66%) and lymphoma (34%). The most common symptoms were vomiting (70%), diarrhea (67%), weight loss (67%), and dysphagia (37%). Mean FCEAI score was 9.4 ± 2.9. Mean serum total protein was 6.01 ± 0.99 g/dL. Low total protein (5.04 ± 0.63 g/dL) occurred in 41% of cats with IBD and 10% had hypoalbuminemia (0.9 ± 0.1). Beta globulins were decreased in 70% of cats, and gamma globulins were increased in 75%. A/G ratio was significantly higher in cats with hypoproteinemia (1.1 ± 0.3) compared to non-hypoproteinemic cats (0.9 ± 0.1). No statistical differences between protein profile and symptoms, FCEAI, gastrointestinal tract concerned, endoscopic score, type and severity of histologic pattern were found. Despite the high frequency of hypoproteinemia, there was no correlation between protein profile in this work, a correlation with the clinical variables was not established. In addition, the clinical severity, the endoscopic and histological grading was not related to protein profile. Hypoproteinemia with low beta globulin and high gamma globulin were the most common alterations. In hypoproteinemic cats A/G was higher than in non-hypoproteinemic cats. The decrease of beta globulin could be due to malnutrition but also to iron metabolism modifications occurring in chronic inflammatory disease, with reduction of transferrin and ferritin. Hypergammaglobulinemia is reported in human medicine as a common feature of IBD associated to extraintestinal manifestation. No data so far are available for the prevalence and clinical significance in cats.

Disclosures: No disclosures to report.

ESCV – P – 14
UTILITY OF CAPSULE ENDOSCOPY AS A COMPLEMENT TO TRADITIONAL ENDOSCOPY. T.L. Hill 1, J. Pomrantz2, J. Solomon3. 1University of Georgia, Athens, USA, 2Infinite Medical LLC, Menlo Park, USA

Capsule endoscopy (CE) has a number of advantages over traditional endoscopy (TE): it allows for assessment of mucosal abnormalities of the entire gastrointestinal tract and can be performed in conscious dogs. CE has been described in dogs as a method to evaluate for gastrointestinal mucosal lesions. CE may be a valuable tool in reassessment of dogs that previously were evaluated by TE. This study describes the use of capsule endoscopy (CE) in dogs following traditional endoscopy (TE). Ten dogs were retrospectively identified that received CE within 6 months of TE (range 0–151 days). Seven dogs received CE for assessment of suspected gastrointestinal hemorrhage; CE detected gastrointestinal mucosal lesions in the stomach and jejunum (n = 2), jejunum (n = 1), ileum (n = 1), and colon (n = 1) that were not detected with TE. Three dogs received CE to assess lack of response to therapy in dogs with chronic enteropathy. In these dogs, CE detected persistent gastric erosions and duodenal mucosal changes seen previously with TE. In 2/3 dogs, CE also identified lesions in additional locations not seen with TE. CE detected gastrointestinal mucosal lesions not detected by TE in 9/10 dogs. Though further investigation is needed, CE appears to be a complementary and informative technique in the management of dogs with chronic GI signs that have undergone TE.

Disclosures: Disclosures to report

Jill Pomrantz is an employee of Infinite Medical LLC. Jeff Solomon is an equity holder of Infinite Medical LLC.

ECVIM Abstracts

ESCV – P – 1
RELIABILITY OF VENA CONTRACTA FOR STAGING DEGENERATIVE CHRONIC MITRAL VALVE DISEASE IN DOGS. A. Caro-Vadillo1, E. Pintado-Carretero2, A. Casasola3. 1Complutense Veterinary School, MADRID, Spain, 2Centro Veterinario Asis, Alcazar De San Juan, 3Barajas, Spain, 4Servicio Veterinario de Ecografía de Alejandro Casasola, Madrid, Spain

It is important to obtain an accurate quantification of mitral regurgitation severity. This fact is especially in WSAVA in order to identify B2 patients -ACVIM classification- that can benefit from starting medication or to prevent congestive heart failure. The vena contracta is the narrowest portion of a jet downstream from the regurgitant orifice. The objective of the present study is to prove if the vena contracta could be used as criteria for classification in dogs with DCMDV. One hundred and thirteen dogs suffering from DCMDV in different stages according to ACVIM classification, have been included: B1, n = 54; B2, n = 51 and C, n = 8. The vena contracta was measured from the parasternal left apical four-chamber long axis view. Three measurements were obtained for each dog and the average was obtained. The results showed a statistically significant difference between stages for end-diastolic left ventricular index (EDVI), end-systolic left ventricular index (ESVI) and vena contracta (Kruskal-Wallis for independent