



Research Communications of the 27th ECVIM-CA Congress

Intercontinental, Saint Julian's, Malta, 14th to 16th September 2017

ORAL RESEARCH COMMUNICATIONS

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 AngioDetect™)
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

ESVIM – P – 9

RETROSPECTIVE STUDY OF CLINICAL FINDINGS, TREATMENT AND OUTCOME IN DOGS AND CATS DIAGNOSED WITH DYSAUTONOMIA. K.E. Clarke¹, S.M. Lalor¹, C. Breheny², S. Adamantos³, R.E. Jepson⁴, E. Milne², D.A. Gunn-Moore². ¹Willows Veterinary Centre and Referral Service, Shirley, UK, ²Royal Dick School of Veterinary Studies and the Roslin Institute, Roslin, UK, ³Langford Vets, University of Bristol, Bristol, UK, ⁴Royal Veterinary College, London, UK

Dysautonomia is a disease characterized by degeneration of autonomic neurons. Previous retrospective case series have been small, single center and indicate a grave prognosis. The aim of this study was to perform a retrospective, multicenter review of clinical data relating to dogs and cats diagnosed with dysautonomia and to evaluate the outcome in those patients. Cats and dogs with clinical signs consistent with dysautonomia were included in this retrospective study. A total of 34 cats and 19 dogs were included. Reported clinical signs included esophageal, gastric and intestinal dysmotility and distension, urinary retention and dysuria, reduced or absent tear production, third eyelid protrusion and inappropriate mydriasis. Vomiting and regurgitation were commonly reported in both species (cats $n = 29/34$, dogs $n = 17/19$), while signs consistent with urinary retention were primarily reported in dogs ($n = 14/19$) and third eyelid protrusion was more frequently reported in cats ($n = 20/34$). Diagnostic imaging findings included aspiration pneumonia, megaesophagus, gastrointestinal dilation with either fluid or gas and bladder distension. Esophageal dilation was the most often identified diagnostic imaging finding in cats ($n = 20/34$), while in dogs gastrointestinal distension was most commonly identified ($n = 5/19$). Regularly instituted treatments included gastrointestinal prokinetics such as cisapride and metoclopramide, feeding tube placement (esophageal and percutaneous endoscopic gastrostomy tubes) and medications to treat urinary retention such as bethanechol. The overall survival to discharge was 36%. The mortality rate prior to discharge was 71% in cats and 53% in dogs. Longer term survival (greater than two years) was seen in three dogs and six cats. In this retrospective study clinical signs, diagnostic imaging findings, treatment and prognosis were all similar to previous retrospective publications. This paper has illustrated that some individuals are able to survive this disease and can have a good long-term prognosis. Prospective studies are required to identify risk factors that indicate whether a patient is likely to survive and thus if it is worth embarking upon treatment.

Disclosures: No disclosures to report.

ESVIM – P – 10

RETROSPECTIVE STUDY ON 33 CASES OF CANINE PRIMARY IMHA: CLINICO-PATHOLOGICAL FEATURES, FOLLOW-UP AND PROGNOSTIC FACTORS. A. Gavazza, G. de Feo, S.M. Levi, A.A. Medina Valentin, V. Marchetti, G. Lubas. University of Pisa, San Piero A Grado, Pisa, Italy

Primary immune-mediated hemolytic anemia (pIMHA) is the most common immune-hematological disease in dogs, yet it still represents a prognostic and therapeutic challenge for many veterinarians. So far, only a limited number of prognostic indicators and outcome scores are accepted consistently.

Influence of treatments initiated by referring veterinarians on clinico-pathological features, disease severity, follow-up, and survival time were investigated from time of presentation (T0) to our referral center up to 4 months post presentation. CHAOS and Tokyo severity scores were applied to all cases and compared with the disease outcome. Furthermore, several clinico-pathological signs were studied as prognostic factors at time of discharge from the Veterinary Hospital (TD), at 30 days and 120 days after discharge.

Thirty-three cases of pIMHA (according to standard clinical and clinico-pathological criteria) collected between February 2010–2016 were included. Data regarding history, blood and urine laboratory tests, and immunosuppressive treatments was collected. Patients were divided into two groups (16 patients previously treated by the referring vets, group A, and 17 untreated, group B) and statistically compared.

In group A platelet count ($P = 0.002$) and serum concentrations of alkaline phosphatase ($P = 0.010$) were significantly higher than group B at T0. In group B serum concentrations of total protein ($P = 0.025$), globulins ($P = 0.002$), C-reactive protein ($P = 0.003$), and lactate dehydrogenase ($P = 0.028$), and urinary parameters as pigmenturia ($P = 0.0003$) and bilirubinuria ($P = 0.041$) were significantly higher than group A at T0 (Mann-Whitney test). CHAOS severity score was more predictive of outcome than Tokyo severity score at 30 and 120 days (Odd Ratio, OR, respectively 15.1 and 10.7). In addition, a few clinico-pathological signs were statistically related with a worse prognosis (OR): urea concentration (>55 mg/dL) at TD, hyperbilirubinemia (>1.5 mg/dL) and number of nucleated RBCs ($\geq 30/100$ WBC) at T30 and T120, thrombocytopenia ($<150 \times 10^9/L$) at TD, T30 and T120. Group B dogs had higher mortality rate (47%) than group A dogs (13%) after 2 weeks from T0 ($P > 0.05$, Kaplan–Meier curve).

In conclusion, previous immunosuppressive treatments by referring veterinarians may weaken the clinician's ability to properly assess patient's prognosis. This study confirmed some literature information regarding diagnosis, prognosis and survival times of dogs suffering of IMHA and it adds additional prognostic factors such as urea concentration, hyperbilirubinemia, circulating nucleated RBCs and thrombocytopenia.

Disclosures: No disclosures to report.

ESVIM – P – 11

DIAGNOSTIC ACCURACY OF THE MACRO-ENDOSCOPIC BRONCHIAL ASPECT FOR THE DIAGNOSIS OF EOSINOPHILIC BRONCHITIS. E. Bottero¹, E. Benvenuti¹, P. Ruggiero¹, D. Falcioni¹, E. Mavilio¹, N. di Girolamo². ¹Associazione Professionale Endovet, Rome, Italy, ²Centro Veterinario Specialistico, Rome, Italy

Bronchoscopy is commonly used for to evaluate dogs with acute and chronic coughs. Our aim was to evaluate the diagnostic accuracy of the macroscopic endoscopic exam of the bronchial mucosa for the diagnosis of eosinophilic bronchitis. A retrospective multi-institutional diagnostic accuracy study was performed including all the dogs presenting with acute or chronic coughs and that underwent bronchial endoscopy by the Endovet Italian Group between January 2014 and December 2016. The reference standard was the cytological evaluation of the bronchoalveolar lavage. The primary outcome was sensitivity, specificity, positive predictive value, and negative predictive value of endoscopic visualization of nodules for the diagnosis of eosinophilic bronchitis. Of the 845 cases studied, a total of 781 dogs fulfilled the inclusion criteria with cytological evaluation of the bronchoalveolar lavage. The dogs ranged in age from 0.4 to 16 years (8.0 median, 4.0 SD), in body weight from 1.5 to 45 kg (13.0 median, 9.5 SD), and 325 (41.6%) were females. A final diagnosis of eosinophilic bronchitis was given for 113 (15.6%) cases, and 99 (13.6%) presented nodules during macroscopic endoscopy. In the final logistic regression model, detection of nodules during endoscopy, higher age, and lower body weight were associated with a diagnosis of eosinophilic bronchitis. Odds of having eosinophilic bronchitis were 34.4% (18.9–62.6; $P < 0.001$) greater in dogs presenting nodules during endoscopy. The risk of eosinophilic bronchitis increased by 23% (14–32%; $P < 0.001$) for a one-year increase in age, and by 3% (0–5%; $P = 0.048$) for each kilogram decrease in body weight. Visualization of nodules during endoscopy had a sensitivity of 56.6% (47.0–65.9%), specificity of 94.3% (92.3–95.9%), positive predictive value of 62.7% (54.3–70.5%), and negative predictive value of 92.8% (91.2–94.1%). Based on the high specificity and high negative predictive value, visualization of nodules during endoscopy is highly indicative of eosinophilic bronchitis. However, the lack of visualization of nodules during endoscopy does not exclude the presence of eosinophilic bronchitis.

Disclosures: No disclosures to report.