Paws claws and udder things

February 2021

Gribbles VETERINARY

What's inside?

For a bit of a laugh!

Like us on Facebook to ensure you never miss our latest updates and other gems.

My humans are jerks.

Real-time facial eczema reports

Our new facial eczema online portal was rolled out in December and it's been a huge success! This exciting new online tool makes submitting, saving, and tracking your facial eczema spore counts a breeze over the summer months.

Filling out forms and emailing is so last year, simply enter your data directly into our portal and you're done. The lab-portal gives you direct online access to the facial eczema spore count data and reports for your region.

In the lab portal you can:

- Submit spore counts*
- View the current facial eczema status in real-time—including number of counts submitted, maximum and average counts in your region and throughout New Zealand.
- Save your favourite spore count spots and track the changes week-to-week and year-on-year.*

As a result of client feedback, we have already made a significant number of improvements to the portal over the past three weeks. Thank you to everyone using it and for suggesting how we can make it better.

So if you would like to see how fabulous it is, head on over and check it out!

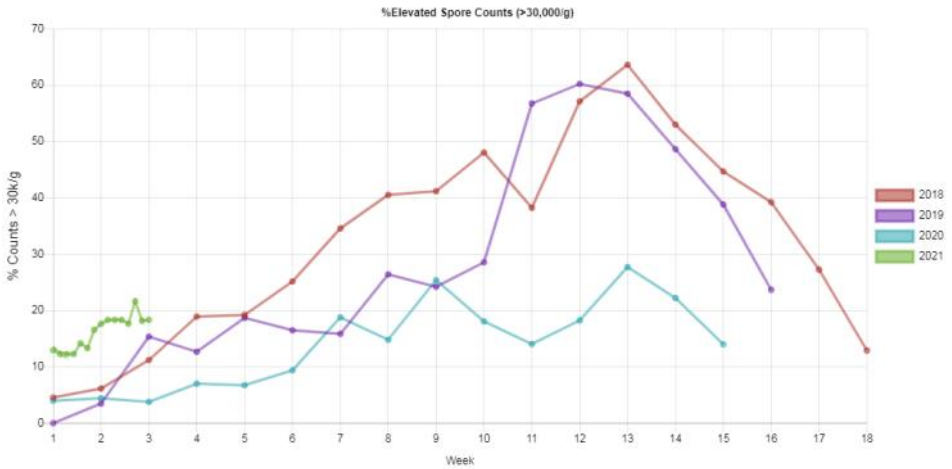
Want to submit spore counts?* You will need to register for a user account to for this, but it is painless and easy. Simply fill out the registration form, wait for it to be confirmed and you're all set.

Need user instructions for the portal? Find easy to follow instructions on our website here.

Only interested in viewing the reports? Easy. No user account is required and you can find the reports here on the public access page. You can give this link to your farming clients so they can view the reports directly.

You'd like to use the graphs in your client newsletter? No problem. You can save/ copy them directly from the portal and paste into your document (but we'd really appreciate you crediting us for providing them).

If you have any questions or have any issues with the portal, please just get in touch. Call us on 0800 GRIBBLES or email at faciale.monitor@gribbles.co.nz and we'll get you sorted.



Sampling tips for large animal vets

ROB FAIRLEY

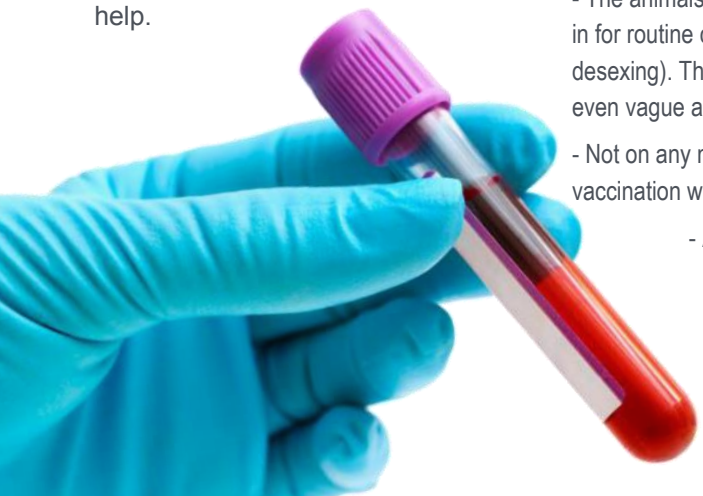
Here are some tips from our pathologists that may be useful during sample collection or out in the field.

1. **For PCR, dry swabs are preferred over transport media swabs**. We have had success with transport media swabs but the material you collect on the swab is diluted by the media and there is a risk of missing what is there. If only transport media swabs are available, use the swab, but put it in a sterile tube instead of back into the media for transport to the laboratory. If cost is an issue, you can pool swabs in some situations e.g. three swabs of conjunctival exudate pooled for IBR PCR.
2. **EDTA blood is the required sample for MCF PCR testing in live animals**. The virus is cell-associated, hence the ideal of whole blood. If you forget to take EDTA, or are caught without EDTA tubes, we can test serum but a negative result could have you wondering whether the result is truly negative. At post-mortem you can take a lymphocyte-rich tissue to test by PCR (lymph node, spleen) as well as a good range of histology samples (brain included).
3. **Diagnostic testing for *Mycoplasma bovis*** —samples for PCR might include milk in cases of mastitis, joint fluid in cases of arthritis, and pneumonic lung. If a sample is positive, we are unable report the result directly to you. We are required to report instead to MPI and they will confirm the result with their own testing and report to you. This is obviously important if MPI need to put controls on a herd or slaughter a herd. The sensitivity of the test for clinical material is good. We are also allowed to test clinically healthy animals (e.g. tonsillar swabs) but the sensitivity of the test for detecting carriers is poor. We do not have an antibody test for *M. bovis*.
4. Summer is typically when we see outbreaks of ***Pasteurella multocida* septicaemia in calves**. The septicaemia is manifested as fibrinous peritonitis, pleuritis, and pericarditis (all three together or a combination of two of these). Pneumonia is uncommon but has been seen in the odd case. Sporadic bovine encephalomyelitis (SBE) may also inflame these serosal surfaces in some calves, but cases to date have largely been clumps of exudate rather than the widespread fibrinous exudate of *Pasteurella*. As soon as you see polyserositis in a calf post-mortem, take a transport media swab of the exudate for bacterial culture. If concerned about SBE, take some exudate for PCR (and the brain for histology). These suspect cases also benefit from correlation of the microbiological findings with the histological findings of the lesions and major organs.

If you are ever unsure about the appropriate sample to take for any test, simply refer to our current price book, search our website or give us a call—0800 GRIBBLES.

We need your blood!

We are updating the feline and canine reference intervals for our new state-of-the-art haematology analysers. In addition, we are working on reference intervals for new assays in development and new methods for existing assays. In order to achieve these goals, we need your help.



What we require:

1x EDTA blood and 1x serum (ideally a full 3mL serum tube) from each healthy individual. EDTA samples must be filled to the correct level in the tube.

What you get in return:

A CBC and biochemistry screen will be provided as a baseline minimum database for your healthy patient.

Criteria for inclusion:

- The animals must be **healthy** (e.g. staff pet, in for routine check-up, vaccination or desexing). There should be no history of even vague abnormal clinical signs.

- Not on any medication and no history of vaccination within the last 2 weeks.

- Animal to be **fasted** prior to taking blood.

- Age range: 12 months to 10 years.

- No pregnant animals.

- Not from an SPCA or pound (full clinical history must be known).

- No prior history of azotaemia or previous renal injury/disease.

- No sighthounds please.

How to participate:

If you're able to provide us with samples for these studies, and can meet all the requirements listed above, please quote the appropriate test code below on your submission form along with a brief reason why the animal presented in clinic. Results will be issued to you in the usual format.

CATS - REFCAT2020

DOGS - REFDOG2020

We thank you in advance for your support. If you have any questions regarding this study, please contact your local laboratory - 0800 GRIBBLES.

Case of the month

KATHRYN JENKINS

Did you know you can submit up to six slides per site, for each cytology case?

Cytology tip:

Increasing the number of sites sampled from each lesion, increases the diagnostic power for a more accurate interpretation. In many cases, increasing the sample number taken, improves the chances of a diagnostic sample (often we find that the last slide looked at, is the diagnostic one!). Taking several aspirates also allows you to review one in-house prior to sending to us. Please also send us the stained slide, as this is also (via Murphy's law) usually the diagnostic one.

Samples received:

An example recently came through the laboratory, where several fine needle aspirates (FNA) were taken from a skin mass on a dog.

Cytology findings:

One slide contained a large number of eosinophils (Figure 1), and the remaining smears (from the same mass), confirmed a mast cell tumour (Figure 2).

The first sample had likely aspirated an area of eosinophilic inflammation within this tumour. Without the additional smears, differentials would have included mast cell tumour, but also, hypersensitivity lesions (such as insect bite), infectious disease (including fungal and bacterial infection), eosinophilic granuloma, or responses to foreign body.

By sampling several areas of one lesion, cytology was able to narrow down this differential list, and ultimately provide the diagnosis for this case.

Value for money:

Up to six smears can be submitted from one organ/site for a standard cytology submission. Cases where more than six slides are submitted from one site will incur an extra cost, as will multiple sites submitted. See our current price list for details.

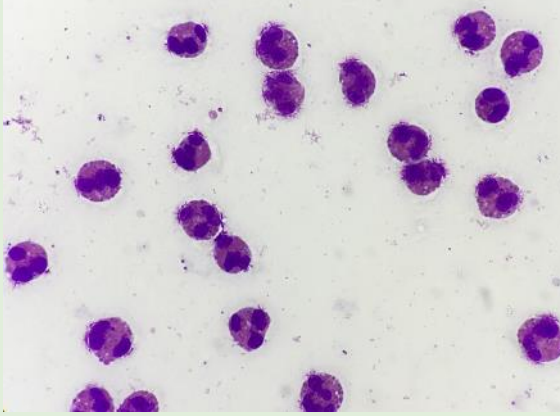
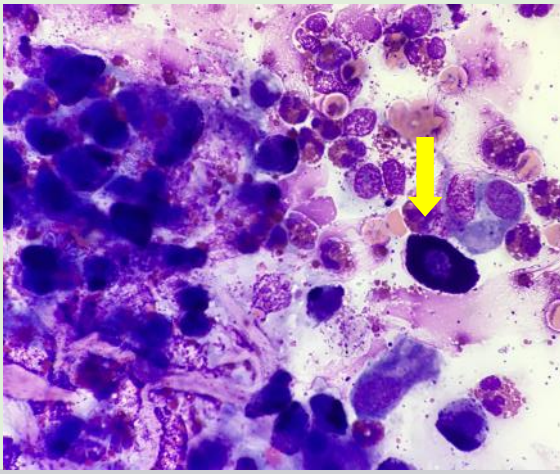


Figure 1. (above) A sea of eosinophils (in dogs these have variably sized bright pink-orange cytoplasmic granules, with pale blue cytoplasm).

Figure 2. (below) Numerous variably granulated mast cells (yellow arrow), with high numbers of intermixed eosinophils, occasional plump spindle cells (fibroblasts) and ribbons of pale pink fibrillar matrix (collagen).



How long do I wait?

MICHAEL HARDCASTLE

It is very common for clinicians to call the laboratory asking how long they should wait before sampling a skin problem that has already been treated empirically with glucocorticoids.

If one consults standard texts on veterinary dermatology, these generally contain recommendations to wait because "anti-inflammatory agents can dramatically affect the histologic appearance of many dermatoses".[1,2] In particular, the pattern of cell infiltration is often important in diagnosing immune-mediated diseases.

The general recommendation is stop oral glucocorticoid treatment 2-3 weeks before biopsy[1,2]; 30 days would be ideal. The wait period after repository glucocorticoids should be 6-8 weeks[1]. Note: There does not seem to be any need to wait with Apoquel and Cytopoint.

It might seem that this is too long to wait in an animal that is very pruritic or has severe skin lesions, compromising its welfare, or pragmatically this may not be convenient for, or understood by the owner who wants an answer now.

Personally, I think that there may be grounds for taking a biopsy sooner than two weeks, especially if the lesions quickly return to their pre-treatment clinical presentation. There are some diseases in which glucocorticoid treatment will not obscure the underlying problem (e.g. actinic furunculosis, epitheliotropic lymphoma) and so waiting might turn out to have been unnecessary. However, there are a number of important factors to consider first.

Is a biopsy even indicated? Could the patient have a sinister problem that needs to be diagnosed by biopsy, or is the presentation more likely to be allergic skin disease, which has non-specific histological features?

The next consideration is that secondary infections of bacteria and yeast should be controlled before biopsy or at least under treatment at the time of biopsy, because those are pruritic and also "may obscure the histopathologic features of concurrent dermatoses."[1] Furthermore, epithelial damage by infection can mimic immune-mediated diseases histologically (e.g. pemphigus foliaceus).

Therefore, overall we do not think a blanket recommendation is possible and recommend a case by case decision on if and when to biopsy, integrating careful consideration of case presentation, signalment, signs and management so far. Veterinarians are welcome to call a pathologist and discuss this as required.

References:

1. Muller and Kirk's Small Animal Dermatology, 7th edn. Elsevier Saunders, 2013.

2. Equine Dermatology, 2nd edn. Elsevier Saunders, 2011.

How to package samples

… correctly!

Imagine several liquid bovine faecal samples in zip-lock bags, sent in another plastic bag via NZ Couriers to one of our laboratories. What is the worst-case scenario you come up with?

Some of you may have seen our Facebook post in January regarding a very inappropriately packaged faecal sample received at one of our laboratories. Judging by the shock and horror expressed in the post comments, we're presuming that a lot of you are indeed aware of how to package samples correctly, but we thought we'd run through it just to be sure.

To make things easy, we have a "HOW TO" guide (available on our website) which is super easy to follow. You can view it online, or download/print as you wish.

***Tip**: Print out a copy of the HOW TO guide and hang it on the wall where you package your samples so everyone can see it!*

New Zealand law requires the shipper (**you**) to be responsible for the safety of specimens sent via courier. Packages must have three layers of containment and be prepared in such a way that they arrive in good condition and present no hazard to anyone during shipment. Shippers (**you**) can be fined up to $10,000 for breaches of these regulations. Diagnostic samples are considered a Category B infectious substance and are assigned to UN 3373.

How to:

1. Place the sample collected into the appropriate leak-proof sample container and close lid tightly.
2. Label the sample container with the animal and owner name, date of collection, and if necessary the sample type.
3. Complete a submission form and include clinic and vet details, owner and animal name, species, breed, sex and age of animal, date of collection, testing required and relevant clinical history.
4. Place the sample container into a biohazard sample bag (absorbent material e.g. tissue paper should also be included in case of leaks) and place the completed submission in the outside pocket of the bag.
5. Samples being collected by laboratory couriers e.g. Labtests, SCL, do not require any further packaging.
6. If using a commercial courier to transport your sample to the laboratory, place the sample bag inside a bio-bottle (see blue lid, right) that contains some absorbent material (in case of spillage) and a small icepack. Ensure the ice-pack is not in direct contact with the samples (especially EDTA blood). Close the lid.
7. Place the bio-bottle into a Gribbles Veterinary courier bag and seal.
8. If a Gribbles Veterinary courier bag is not used, please ensure the package is clearly labelled as "UN 3373 BIOLOGICAL SUBSTANCE, CATEGORY B".
9. Done! Send via courier to your local Gribbles Veterinary laboratory.

A few extra things worth noting:

- Zip-lock bags are **NOT** suitable containers for any sample. They are easily opened or ripped and should never be used.
- Cardboard boxes alone are unsuitable to use instead of bio-bottles. They cannot withstand rough handling and are not leak proof.
- Label your bio-bottles with your clinic name and we will return them to you. It is advisable to have a least 6 containers in circulation so you have at least one available at the clinic at all times.
- Appropriate containers for any sample type, along with biohazard bags and bio-bottles can be purchased via our website at any time. So don't get caught short, check them out today.

If you're ever unsure how to package an awkward, big or strange sample, just give us a call and we'll help you out—0800 GRIBBLES.

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Gribbles VETERINARY

Contact us

Contacting Gribbles Veterinary couldn't be easier.

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