100 Top Consultations in Small Animal General Practice

PETER HILL, SHEENA WARMAN, GEOFF SHAWCROSS

WILEY-BLACKWELL
100 Top Consultations in Small Animal General Practice
100 Top Consultations in Small Animal General Practice

Peter Hill
BVSc, PhD, DVD, DipACVD, DipECVD, MRCVS, MACVSc
Senior Lecturer in Veterinary Dermatology and Immunology, The University of Adelaide, South Australia, Australia

Sheena Warman
BSc, BVMS, DSAM, DipECVIM-CA, PGCert(HE), MRCVS
Clinical Fellow in Small Animal Medicine, University of Bristol, Bristol, UK

Geoff Shawcross
BVSc, Cert SAO, MRCVS
General Practitioner (retired), Liss, Hampshire, UK
# Contents

**List of contributors**  ix
**Acknowledgements**  x
**About this book**  xi

## Introduction
Diagnostic and therapeutic approaches in small animal general practice
Peter Hill

## Section 1  Health checks and vaccinations

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The new puppy or kitten</td>
<td>13</td>
</tr>
<tr>
<td>2</td>
<td>The annual health check</td>
<td>18</td>
</tr>
<tr>
<td>3</td>
<td>Advising on spaying and castration</td>
<td>20</td>
</tr>
</tbody>
</table>

**Section 2  General signs and illnesses**

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Inappetence and anorexia</td>
<td>25</td>
</tr>
<tr>
<td>5</td>
<td>Weight loss</td>
<td>27</td>
</tr>
<tr>
<td>6</td>
<td>Polydipsia and polyuria</td>
<td>29</td>
</tr>
<tr>
<td>7</td>
<td>Pyrexia</td>
<td>32</td>
</tr>
<tr>
<td>8</td>
<td>Anaemia</td>
<td>35</td>
</tr>
<tr>
<td>9</td>
<td>Jaundice</td>
<td>39</td>
</tr>
<tr>
<td>10</td>
<td>Collapse</td>
<td>42</td>
</tr>
<tr>
<td>11</td>
<td>Abdominal distension</td>
<td>45</td>
</tr>
</tbody>
</table>

## Section 3  Skin problems

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>The itchy dog</td>
<td>59</td>
</tr>
<tr>
<td>16</td>
<td>The itchy cat</td>
<td>62</td>
</tr>
<tr>
<td>17</td>
<td>Diagnosing and treating skin diseases caused by ectoparasites</td>
<td>66</td>
</tr>
<tr>
<td>18</td>
<td>The dog with demodicosis</td>
<td>74</td>
</tr>
<tr>
<td>19</td>
<td>The dog with pyoderma or Malassezia dermatitis</td>
<td>78</td>
</tr>
<tr>
<td>20</td>
<td>The atopic dog</td>
<td>82</td>
</tr>
<tr>
<td>21</td>
<td>The dog with a hot spot</td>
<td>86</td>
</tr>
<tr>
<td>22</td>
<td>The dog with acral lick dermatitis (lick granuloma)</td>
<td>88</td>
</tr>
<tr>
<td>23</td>
<td>Anal sac problems</td>
<td>91</td>
</tr>
<tr>
<td>24</td>
<td>Ear infections</td>
<td>94</td>
</tr>
<tr>
<td>25</td>
<td>Pododermatitis</td>
<td>99</td>
</tr>
</tbody>
</table>

---

**Chapter 12** The FeLV-positive cat  47
Andrea Harvey

**Chapter 13** The FIV-positive cat  51
Andrea Harvey

**Chapter 14** The cat with FIP  54
Andrea Harvey
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>The dog or cat with a cutaneous lump or swelling</td>
<td>104</td>
</tr>
<tr>
<td>27</td>
<td>The dog with urticaria or angioedema</td>
<td>107</td>
</tr>
<tr>
<td>28</td>
<td>The cat-bite abscess</td>
<td>109</td>
</tr>
<tr>
<td>29</td>
<td>Lipomas</td>
<td>111</td>
</tr>
<tr>
<td>30</td>
<td>The dog with a histiocytoma</td>
<td>113</td>
</tr>
<tr>
<td>31</td>
<td>Mast cell tumours</td>
<td>115</td>
</tr>
<tr>
<td>32</td>
<td>Sebaceous adenomas and follicular cysts</td>
<td>118</td>
</tr>
<tr>
<td>33</td>
<td>The dog that is losing hair</td>
<td>120</td>
</tr>
<tr>
<td>34</td>
<td>Dermatophytosis</td>
<td>123</td>
</tr>
<tr>
<td>35</td>
<td>Skin problems in non dog/cat species</td>
<td>126</td>
</tr>
<tr>
<td>36</td>
<td>Dental disease</td>
<td>133</td>
</tr>
<tr>
<td>37</td>
<td>Retching and gagging</td>
<td>138</td>
</tr>
<tr>
<td>38</td>
<td>Vomiting</td>
<td>140</td>
</tr>
<tr>
<td>39</td>
<td>Diarrhoea</td>
<td>143</td>
</tr>
<tr>
<td>40</td>
<td>The dog with haemorrhagic gastroenteritis</td>
<td>146</td>
</tr>
<tr>
<td>41</td>
<td>Colitis</td>
<td>148</td>
</tr>
<tr>
<td>42</td>
<td>Liver disease</td>
<td>151</td>
</tr>
<tr>
<td>43</td>
<td>The dog or cat with pancreatitis</td>
<td>155</td>
</tr>
<tr>
<td>44</td>
<td>The dog with gastric dilatation and volvulus</td>
<td>158</td>
</tr>
<tr>
<td>45</td>
<td>Obstruction and megacolon</td>
<td>162</td>
</tr>
<tr>
<td>46</td>
<td>Orthopaedic problems in young and growing dogs</td>
<td>169</td>
</tr>
<tr>
<td>47</td>
<td>Forelimb lameness</td>
<td>177</td>
</tr>
<tr>
<td>48</td>
<td>Hindlimb lameness</td>
<td>180</td>
</tr>
<tr>
<td>49</td>
<td>Cranial cruciate ligament insufficiency</td>
<td>183</td>
</tr>
<tr>
<td>50</td>
<td>Advising on osteoarthritis</td>
<td>187</td>
</tr>
<tr>
<td>51</td>
<td>Initial fracture diagnosis and management</td>
<td>190</td>
</tr>
<tr>
<td>52</td>
<td>Spinal pain and disk herniation</td>
<td>194</td>
</tr>
<tr>
<td>53</td>
<td>Coughing</td>
<td>201</td>
</tr>
<tr>
<td>54</td>
<td>The dog with kennel cough</td>
<td>205</td>
</tr>
<tr>
<td>55</td>
<td>Sneezing and nasal discharge</td>
<td>207</td>
</tr>
<tr>
<td>56</td>
<td>The puppy or kitten with a heart murmur</td>
<td>210</td>
</tr>
<tr>
<td>Chapter 57</td>
<td>The dog with heart failure</td>
<td>214</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Paul Smith</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Chapter 58 The dyspnoeic cat 218
Paul Smith

Section 7 Eye problems

Chapter 59 Eyelid problems 223
Jim Carter and Peter Hill

Chapter 60 Conjunctivitis 227
Jim Carter

Chapter 61 Corneal ulcers 230
Jim Carter

Chapter 62 Cataracts 234
Jim Carter

Chapter 63 Blindness 237
Jim Carter

Section 8 Urinary tract problems

Chapter 64 The dog with signs of cystitis or haematuria 241
Sheena Warman

Chapter 65 The cat with signs of cystitis or haematuria 245
Sheena Warman

Chapter 66 The blocked cat 247
Sheena Warman

Chapter 67 The dog with urinary incontinence 250
Peter Holt

Chapter 68 Chronic renal failure 252
Sheena Warman

Chapter 69 The dog with prostatic disease 256
Peter Holt

Section 9 Reproductive tract problems

Chapter 70 The bitch with pyometra 261
Geoff Shawcross

Chapter 71 Pregnancy and whelping 263
Geoff Shawcross

Chapter 72 Oestrus control, misalliance and false pregnancies 266
Geoff Shawcross

Section 10 Endocrine problems

Chapter 73 The dog with hypothyroidism 271
Sheena Warman

Chapter 74 The dog with hyperadrenocorticism 274
Sheena Warman

Chapter 75 Diabetes mellitus 278
Sheena Warman

Chapter 76 The cat with hyperthyroidism 282
Andrea Harvey

Section 11 Emergencies and trauma

Chapter 77 The road traffic accident 287
Geoff Shawcross

Chapter 78 The pharyngeal foreign body 291
Geoff Shawcross

Chapter 79 Problems associated with grass seeds 294
Geoff Shawcross

Chapter 80 Burns 297
Peter Hill

Section 12 Cancer

Chapter 81 The dog or cat with cancer 303
Mark Goodfellow

Chapter 82 The dog with a mammary tumour 307
Mark Goodfellow

Chapter 83 The dog with multicentric lymphoma 310
Mark Goodfellow
Section 13 Neurological problems

Chapter 84 The dog having seizures 315
Sheena Warman

Chapter 85 Hindlimb ataxia and weakness 319
Martin Owen

Chapter 86 Vestibular disease 322
Sheena Warman

Section 14 Behavioural problems

Chapter 87 The aggressive dog 327
Jon Bowen

Chapter 88 The frightened dog 330
Jon Bowen

Chapter 89 Separation problems in the dog 333
Jon Bowen

Chapter 90 House-soiling and elimination problems 335
Jon Bowen

Section 15 Poisonings

Chapter 91 Dealing with suspected poisoning 341
Geoff Shawcross

Chapter 92 Anticoagulant rodenticide toxicity 347
Sheena Warman

Section 16 Problems in non dog/cat species

Chapter 93 The sick rabbit 353
Sharon Redrobe

Chapter 94 The sick hamster 359
Sharon Redrobe

Section 17 Miscellaneous

Chapter 95 The sick Guinea pig 363
Sharon Redrobe

Chapter 96 The sick bird 368
Sharon Redrobe

Chapter 97 The sick tortoise 374
Sharon Redrobe

Section 18 Appendices

Appendix 1 Rational use of antibiotics 397
Sheena Warman

Appendix 2 Rational use of glucocorticoids 402
Peter Hill

Appendix 3 General principles of non-steroidal anti-inflammatory drug (NSAID) use for the treatment of musculoskeletal pain 404
Martin Owen

Appendix 4 Weight loss and obesity control 406
Sheena Warman

Appendix 5 Interpretation of haematology and biochemistry profiles 409
Peter Hill and Sheena Warman

Abbreviations 415

Index 417
List of contributors

Editors
Peter Hill
BVSc, PhD, DVD, DipACVD, DipECVD, MRCVS, MACVSc
Senior Lecturer in Veterinary Dermatology and Immunology, The University of Adelaide, School of Animal and Veterinary Sciences, Roseworthy Campus, Roseworthy, SA 5371, Australia

Sheena Warman
BSc, BVMS, DSAM, DipECVIM-CA, PGCert(HE), MRCVS
Clinical Fellow in Small Animal Medicine, Division of Companion Animal Studies, Department of Clinical Veterinary Science, University of Bristol, Langford House, Langford, Bristol BS40 5DU, UK

Geoff Shawcross
BVSc, Cert SAO, MRCVS
General Practitioner (retired), Shrublands, St Patrick’s Lane, Rake, Liss, Hampshire GU33 7HQ, UK

Additional authors
Jon Bowen, BVetMed, MRCVS, DipAS(CABC)
Behavioural Medicine Referral Service, Queen Mother Hospital for Small Animals, Royal Veterinary College, Hawkshead Lane, Potters Bar, North Mymms, Hatfield, Herts AL9 7TA, UK

Jim Carter, BVetMed, DVOphthal, MRCVS
RCVS Recognised Specialist in Veterinary Ophthalmology, South Devon Referrals, The Old Cider Works, Old Cider Works Lane, Abbotskerswell, Devon TQ12 5GH, UK

Mark Goodfellow, MA, VetMB, CertVR, DSAM, DipECVIM-CA, MRCVS
European Recognised Specialist in Veterinary Internal Medicine, Molecular Oncology Laboratories, Weatherall Institute of Molecular Medicine, John Radcliffe Hospital, University of Oxford, Oxford, UK

Andrea Harvey, BVSc, DSAM(Feline), DipECVIM-CA, MRCVS
RCVS Recognised Specialist in Feline Medicine, Feline Advisory Bureau, Tæaselbury, High Street, Tisbury, Wiltshire SP3 6LD, UK

Peter Holt, BVMS, PhD, DipECVS, CBiol, FSBiol, FHEA, FRCVS
Emeritus Professor of Veterinary Surgery, Division of Companion Animal Studies, Department of Clinical Veterinary Science, University of Bristol, Langford House, Langford, Bristol BS40 5DU, UK

Norman Johnston, BVM&S, FAVD, DiplAVDC, DiplEVDC, MRCVS
RCVS American and European Recognised Specialist in Veterinary Dentistry, DentalVets, 31 Station Hill, North Berwick, Lothian EH39 4AS, UK

Martin Owen, BVSc, BSc, PhD, DSAS (Orth), DipECVS, MRCVS
ECVS Recognised Specialist in Small Animal Surgery, RCVS Recognised Specialist in Small Animal Surgery (Orthopaedics), Dick White Referrals, Six Mile Bottom Veterinary Specialist Centre, Station Farm, London Road, Six Mile Bottom, Suffolk CB8 0UH, UK

Sharon Redrobe, BSc(Hons), BVetMed, CertLAS, DZooMed, MRCVS
RCVS Recognised Specialist in Zoo and Wildlife Medicine, Clinical Associate Professor in Zoo, Wild and Exotic Animal Medicine, Director of Life Sciences, Twycross Zoo, School of Veterinary Medicine and Science, University of Nottingham, College Road, Sutton Bonington, Leicestershire LE12 5RD, UK

Sue Shaw, BVSc (Hons), MSc, Dip ACVIM, Dip ECVIM, FACVSc, MRCVS
Senior Lecturer in Dermatology and Applied Immunology, Division of Companion Animal Studies, Department of Clinical Veterinary Science, University of Bristol, Langford House, Langford, Bristol BS40 5DU, UK

Paul Smith, BVetMed, DVC, MRCVS
RCVS Recognised Specialist in Veterinary Cardiology, East Anglia Cardiology Ltd, The Bakers Cottage, Church Street, Buntingford, Hertfordshire SG9 9AS, UK
Peter Hill would like to thank Sarah, his wife, for her constant support during the writing of this book.

Sheen Warman would like to thank her husband Adrian for his patience and support whilst this book has been written. She would also like to thank colleagues and students, past and present, who have provided inspiration and helpful suggestions.

Geoff Shawcross would like to take this opportunity to thank all the professional colleagues with whom he has had the pleasure to work during his career for their unstinting support and advice, without which his contribution to this book would not have been possible.

**Dedication**

This book is dedicated to all the animals we have treated over the course of our careers. Without them, we would have known nothing.
This multidisciplinary text begins with a comprehensive guide to the consultation process in small animal practice. Within this section, clinicians will find highly practical, invaluable tips about history taking, physical examination and diagnostic approaches.

The book then covers 100 of the most common scenarios that a small animal practitioner will have to deal with in the consulting room. These chapters are of three main types:

1) **Presenting-sign-based chapters** – These chapters, coloured blue, cover an important symptom, listing the common differential diagnoses, outlining the diagnostic approach for its investigation and indicating how the case should be treated. These chapters inform clinicians about what to tell clients before a diagnosis has been made.

2) **Diagnosis-based chapters** – These chapters, coloured purple, cover important diseases and describe how clinicians should diagnose and treat them. These chapters inform clinicians about what to tell clients after a diagnosis has been made.

3) **Miscellaneous chapters** – These chapters, coloured red, cover various topics that are rarely found in veterinary texts, such as annual health checks, neutering, oestrus control and euthanasia.

Within the first two types of chapter, there are three unique ‘boxed’ sections covering ‘What if it doesn’t get better?’, ‘The low-cost option’ and ‘When should I refer?’, which can be quickly identified by their colour (red, orange and purple, respectively). This type of information is rarely taught at veterinary school and practitioners usually have to learn it the hard way, by trial and error.

There are then five appendices covering the use of antibiotics, glucocorticoids and non-steroidal anti-inflammatory drugs, as well as information on obesity control and the interpretation of laboratory tests.

Never before has such practical information been put together in a single text. When grouped together, these chapters provide a comprehensive guide to the vast majority of consultations undertaken in small animal general practice. It’s like having an experienced or specialist clinician standing by your side in the consulting room.

This book will be invaluable to:

- Undergraduate veterinary students
- Newly graduated veterinarians
- Experienced veterinarians who are looking for an up-to-date refresher on small animal practice
- Veterinarians who are returning to the profession after a leave of absence
- Veterinarians who are converting from large animal to small animal practice, or for whom small animal consulting constitutes only a small part of their duties.
In order to treat diseases of small animals, clinicians must adopt a systematic approach that leads to a diagnosis and specific treatment. This process typically involves the following steps:

1. Obtaining a history.
2. Performing a physical examination.
3. Making a diagnosis or generating a list of differential diagnoses.
4. If necessary, performing tests to rule in or out differential diagnoses.
5. Determining a prognosis.

In general practice, this whole process has to be orchestrated around a consultation that typically lasts around ten to fifteen minutes. In order to achieve this, clinicians have to develop and hone their skills so that they can deliver competent medicine without compromising patient care, as well as appearing unhurried in front of the client. The basic structure of a typical consultation is illustrated in Figure 0.1.

Prior to seeing a case, the clinician should know the signalment of the animal (age, breed and sex) and be aware of its vaccination and worming history. This information should be in the animal’s medical records, but if it is a new client, it can be obtained by the reception staff. Other information that should be in the animal’s records includes dietary, foreign travel and previous medical history.

**History taking**

Taking a history is a process in which a veterinarian listens to, and questions the owner of a pet, in order to determine what abnormalities or signs have been observed. Typically, the owner is first asked what the problem is, and then allowed to describe the problem in more detail. The clinician can supplement the information obtained by asking specific questions.

To be good at history-taking, clinicians must learn to get the right balance between listening and questioning. This is an important aspect of the veterinarian’s ‘bedside manner’ and is essential if the appropriate information is to be gathered. Too much listening can lead to incomplete or confusing histories; too much questioning can come across as an interrogation. Mastering this important skill requires practice and students should observe a number of experienced practitioners to determine the optimal balance.

When asking questions, it is important that clinicians do not speak to clients using technical terminology that is not widely understood. Veterinarians must become ‘bilingual’, using plain language for clients, and veterinary terminology for professional colleagues and medical records. As an example, ‘is he pruritic on his ventral abdomen?’ should become ‘is his tummy itchy?’ Clinicians should also

---

**Introduction: Diagnostic and therapeutic approaches in small animal general practice**

Peter Hill

---

Peter Hill, Sheena Warman and Geoff Shawcross

© 2011 Blackwell Publishing Ltd

Figure 0.1  An overview of the consultation process, modified from a system known as the Calgary–Cambridge Model Framework. This approach is commonly taught in medical and veterinary schools. In general veterinary practice, some of the ‘information gathering’ may take place during, or after, the physical examination.