

January 2023

Hi All,

Please find a selection of useful articles below!

Remember the site at [VetLit.org](https://vetlit.org) is updating continuously so do check for more articles that interest you :-)

If you have any questions or suggestions then please feel free to email Simon at [simon@vetlit.org](mailto:simon@vetlit.org)

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**Clinicopathological findings, treatment, and outcome in 60 cats with gastrointestinal eosinophilic sclerosing fibroplasia JVIM. Open access**  
<https://onlinelibrary.wiley.com/doi/10.1111/jvim.16992>

I always struggle with the name of this condition, which is feline gastrointestinal eosinophilic sclerosing fibroplasia. This is an inflammatory disorder which typically presents as an abdominal mass lesion, gastrointestinal signs and weight loss in middle-aged cats. This multicentre retrospective study describes the clinical signs, diagnostic findings and outcome of 60 cats diagnosed with this condition. The most common mass lesion locations were gastric and small intestinal, and 15% of cases had more than one mass. Intralesional bacteria were seen in 32% of cases via mass histopathology. Almost all cats received corticosteroids, 72% received antibiotics and 37% were fed a selected protein or hydrolysed diet. No specific factor was associated with survival, and only 7/60 cats had died by the time of writing so median survival times could not be described.

**Hepatic abscessation in dogs: A multicenter study of 56 cases (2010–2019).**  
JVECC  
<https://onlinelibrary.wiley.com/doi/10.1111/vec.13340>

Hepatic abscessation is a rare condition, which I've personally seen more in dogs with diabetes than other conditions. This multicentre retrospective study defined hepatic abscesses to be cystic lesions seen on ultrasound, surgery or necropsy which were diagnosed as being septic. The median age of dogs was 11 years, and clinical signs were

generally non-specific such as lethargy and vomiting. Pyrexia was common but inconsistent in these dogs. Abdominal ultrasonography (performed in 48 dogs) identified the abscesses in 37 of these, 18 of which had multifocal abscesses. Of 47 dogs that had histopathology performed, 10 had hepatic neoplasia associated with the hepatic abscess. Various different bacteria were cultured from the hepatic lesions, and culture results of peritoneal fluid (if present) were consistent with that of the abscess in 6/10 cases. Treatment was pursued in 49 dogs; 41 dogs underwent surgical management and 8 dogs were treated medically only. 35/41 dogs survived to discharge following surgery, 32 of which were discharged with an antibiotic prescription. The presence of multiple abscesses was the only factor that was negatively associated with survival using multivariate analysis.

### [Effect of hospitalisation on the rate of surgical site infection in dogs with Penrose drains](#)

JSAP

<https://onlinelibrary.wiley.com/doi/10.1111/jsap.13678>

This study caught my eye because I initially thought those dogs hospitalised with a drain in place would be more likely to develop a surgical site infection than if managed at home; the counter argument being that the care of the drain may be less effective at home. This retrospective study from a single centre included two predominant groups – cases that were discharged within 24 hours after drain placement with the drain in place (group A containing 136 dogs), and those that were discharged only after the drain was removed (group B containing 50 dogs). Most drains were placed to aid the healing of a traumatic wound repair or following mass resection. Nearly 90% of dogs were prescribed antibiotics, with those cases in group B being more likely to receive antibiotics. There were 35 wounds that became infected, 16% of group A and 18% of group B but group B had a greater proportion of dogs with infected / contaminated wounds at the time of surgery. The overall complication rate was 41% with no difference between groups. The data suggests dogs can be effectively managed at home but whatever decisions lead to a Penrose drain being placed, it is worth being mindful these wounds tend to have a high complication rate.

### [The effect of \$\epsilon\$ -aminocaproic acid on blood product requirement, outcome and thromboelastography parameters in severely thrombocytopenic dogs](#)

JVIM. [Open access](#)

<https://onlinelibrary.wiley.com/doi/10.1111/jvim.16977>

Last year a study describing 10 dogs (6 control, 4 case) diagnosed with primary immune mediated thrombocytopenia reported no identified benefit from the administration of 20mg/kg tranexamic acid. Aminocaproic acid is another antifibrinolytic drug used in veterinary medicine. This study included 28 prospectively enrolled dogs with severe thrombocytopenia treated with aminocaproic acid (although 6 did not complete the study) and used a retrospective historical control population. There was no difference in the number of blood transfusions administered between groups, no difference between number of bleeding events, and no difference in time to discharge. Changes on thromboelastography pre- and post-aminocaproic acid suggested increased clot strength following treatment without observable clinical benefit.

**ACVIM consensus statement on diagnosis and management of urinary incontinence in dogs**

**JVIM. Open access**

<https://onlinelibrary.wiley.com/doi/10.1111/jvim.16975>

This consensus statement begins with a review of the anatomy and physiology of the lower urinary tract and urination, followed by classification of urinary incontinence (disorders of storage and disorders of voiding). Within each classification an extensive differential list is provided as well as a diagnostic approach to dogs with urinary incontinence (Figure 4 is good overview). There are numerous flow charts and tables with a practical viewpoint on the diagnosis and treatment of both storage and voiding disorders. This is a very useful reference to refer to and well worth a read.

**C-reactive protein concentration has limited value in the diagnosis of meningoencephalitis of unknown origin in dogs.**

**JAVMA. Open access**

<https://avmajournals.avma.org/view/journals/javma/aop/javma.23.11.0606/javma.23.11.0606.xml>

I am very much applying my own bias with this one. CRP is an acute phase protein which is used as a marker of inflammation and has been reported to be increased in numerous inflammatory conditions, including meningoencephalitis of unknown origin (MUO). This single centre prospective study enrolled dogs for just over 3 years and included dogs with a diagnosis of MUO (group A, 30 dogs) or steroid responsive meningitis arteritis (group B, 15 dogs), and healthy dogs (group C, 15 dogs). CRP was measured in plasma and CSF (CSF was only available for group A and B). Plasma CRP was increased in 30% of group A (range 0.1 – 102 mg/L), 100% of group B (range 42 – 278 mg/L)

and 0% of group C (to convert mg/L to nmol/L, multiple by 9.5). CSF CRP was detectable in 10% of dogs in dogs with MUO (all of which had increased blood CRP) and in 60% of dogs with SRMA. There was a significant difference in the length of clinical signs between dogs with MUO and an increased CRP, and those with CRP within reference interval (median 47.5 versus 8.5 days). The area under the ROC curve to determine the predictive value of CRP for survival at 6 months for group A was 0.6, consistent with poor predictive value. My take home message from this study is CRP appears to be not clinically useful for patients with MUO.

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**All the best!**

**Chris**

**Chris Scudder BVSc MVetMed DACVIM PhD MRCVS  
RCVS recognised specialist in internal medicine**

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