



January 2024



Excitingly, this e-mail also launches a new mailing list – a Neurology mailing list – provided by a brilliant neurologist, Abbe Crawford. She has a wealth of enthusiasm, knowledge and research experience to share via her updates on recent neurology literature. Sign up is on the [home page](#) – do let interested colleagues/parties know.

Please find a selection of interesting and important articles below. As always, hope you find these articles interesting and remember the [site](#) itself is always updating with other articles you may enjoy.

Simon ([simon@vetlit.org](mailto:simon@vetlit.org))

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**[A prospective cohort study to identify clinical diagnostic and prognostic markers of primary immune thrombocytopenia in dogs.](#)**

**JVIM. [Open access](#)**

**<https://onlinelibrary.wiley.com/doi/10.1111/jvim.16985>**

This prospective study looked for markers to suggest primary over secondary ITP, and also for markers associated with outcome and transfusion. Primary ITP cases tended to have lower platelet counts, lower d-dimer concentrations and less or less-detectable platelet membrane antigens CD61 and CD9. A low haematocrit and high BUN were associated with non-survival in primary ITP.

Early administration of canine parvovirus monoclonal antibody prevented mortality after experimental challenge

JAVMA. **Open access**

<https://avmajournals.avma.org/view/journals/javma/aop/javma.23.09.0541/javma.23.09.0541.xml>

This is very good journal club material. This may well be a useful intervention, and be proved so in future studies, but it's important to recognise what these data actually support. In this study 28 dogs were inoculated with parvovirus, 21 were then treated with the monoclonal antibody as soon as they began shedding the virus (4 days later, when 17 of 28 had abnormal faeces and 11 of 28 were vomiting), and the other 7 were simply monitored without any interventions.

How this performs against or in conjunction with standard treatment, or how it performs in animals presenting later in the disease course, has not been interrogated in this study.

Comparison of timing of relapse in dogs with nonassociative immune-mediated hemolytic anemia, thrombocytopenia or polyarthritis.

JVIM. **Open access**

<https://onlinelibrary.wiley.com/doi/10.1111/jvim.17004>

This retrospective study in UK populations documented relapse rates of 41%, 18% and 23% for IMPA, IMHA and ITP, respectively. IMPA tended to relapse earlier (within the first year) than in IMHA and ITP cases. Median durations of prednisolone treatment were 5, 5 and 6 months for dogs with IMPA, IMHA and ITP, respectively.

2024 Focused update: Guidelines on use of corticosteroids in sepsis, acute respiratory distress syndrome and community acquired pneumonia

Critical Care Medicine. **Free to access.**

[https://journals.lww.com/ccmjournals/fulltext/9900/2024\\_focused\\_update\\_guidelines\\_on\\_use\\_of.275.aspx](https://journals.lww.com/ccmjournals/fulltext/9900/2024_focused_update_guidelines_on_use_of.275.aspx)

I can imagine a situation in which veterinary medicine goes full circle in our relationship with steroids, and settles somewhere near these guidelines too! They do find their way into treatment of, for example, pneumonia, sepsis and ARDS in dogs, but often just based on clinician preference.

Arterial thromboembolism in a cat with transient myocardial thickening

Journal of Veterinary Cardiology. **Open access**

[https://www.sciencedirect.com/science/article/pii/S1760273424000031?dgcid=rss\\_sd\\_all](https://www.sciencedirect.com/science/article/pii/S1760273424000031?dgcid=rss_sd_all)

Good to know - I definitely haven't noted this situation before, and reminds us of a study on TMT that we covered recently.

**Scientific writing and editorial policies and procedures of the Journal of Veterinary Internal Medicine**

**JVIM. Open access.**

<https://onlinelibrary.wiley.com/doi/10.1111/jvim.16987>

Like it or loath being told it, most of this is both true and reasonable. Most importantly, it might help improve our scientific writing and comes from authors that have the authority to say it. It is possible for a published study to be worth very little due to a lack of clarity or focus. Somebody clever once wrote that rather than being simply 'possible to understand' we should strive to be 'impossible to misunderstand'. I don't write perfectly by any stretch, and you can attest to this, but remembering that helps to improve with every draft.

**Difficult catheterization and previous urethral obstruction are associated with lower urinary tract tears in cats with urethral obstruction**

**JAVMA**

<https://avmajournals.avma.org/view/journals/javma/262/2/javma.a.23.07.0419.xml>

A small but hypothesis generating study, which I like because it touches upon a topic that is essentially unexplored – that catheterisation technique and urethral 'handling' may be important variables in the quest to limit complications and re-obstruction.

**Assessment of the likelihood of hypothyroidism in dogs diagnosed with and treated for hypothyroidism at primary care practices: 102 cases (2016-2021).**

**JVIM. Open access**

<https://onlinelibrary.wiley.com/doi/10.1111/jvim.16993>

Less ECC, but I liked the questions being asked in this study - an interesting idea, a novel format, and clinically useful output.

**All the best!**

**Simon**

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