

February 2024



Hi All,

Please find a selection of interesting and important articles below.

Also, if you are planning to come along to [EVECC Congress](#) in Sweden this year, early bird runs until 15th April, see you in Gothenburg - VetLit is live again for 2 year-in-review sessions :-)

As always, hope you find these articles interesting and remember the [site](#) itself is always updating with other articles you might enjoy.

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

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**Defining sepsis in small animals**

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

<https://onlinelibrary.wiley.com/doi/10.1111/vec.13359>

To keep track of an impressive veterinary sepsis movement, start here. This article provides a tour of sepsis in people and animals, including the evolution of current definitions. It details plans for veterinary sepsis definitions, evidence-based guidelines and a case registry to bolster future research efforts.

**A retrospective study of hydrocortisone continuous rate infusion compared with administration of dexamethasone boluses in dogs with adrenal crisis**

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

The normal caveats apply for retrospective data, but some reassuring results here, whatever your approach is! There were no differences in any outcome measure between those dogs getting a dose of dexamethasone (median of 0.15mg/kg) and those receiving a hydrocortisone CRI.

**Clinical outcome of idiopathic juvenile ventricular arrhythmias in 25 dogs**

Journal of Veterinary Cardiology.

[https://www.sciencedirect.com/science/article/pii/S176027342300108X?dgcid=rss\\_sd\\_all](https://www.sciencedirect.com/science/article/pii/S176027342300108X?dgcid=rss_sd_all)

This case series describes 25 young dogs (less than 2 years) with no underlying cause identified for ventricular arrhythmias (11 had ventricular tachycardia). The arrhythmias were documented incidentally, with no associated clinical signs. A median survival time of approximately 9 years post diagnosis was reported.

**Control line failure in *Angiostrongylus vasorum* point-of-care serology test in dogs with angiostrongylosis due to suspected hook effect.**

JSAP. **Open access.**

<https://onlinelibrary.wiley.com/doi/10.1111/jsap.13716>

This study describes 6 dogs with angiostrongylosis, in which the *A. vasorum* lateral flow test control line failed to declare in the presence of positive test lines. Seemingly, this might happen when the antigenic load is very high, and dilution of the sample was reported to resolve the issue in these cases, generating a valid control line with positive test line. So where the index of suspicion is high, consider this if the LFT is invalid.

(Also includes a very cool video of convergence-retraction nystagmus, that localises to the dorsal midbrain

<https://onlinelibrary.wiley.com/doi/10.1111/jvim.13966>)

**Retrospective evaluation of 22 dogs with leptospirosis treated with extracorporeal renal replacement therapies (2018-2021)**

JVIM. **Open access.**

<https://onlinelibrary.wiley.com/doi/10.1111/jvim.16998>

There are several findings to report depending on your interests here. The median maximum creatinine was 9.8mg/dL (866umol/L) in these dogs. 16 of 22 dogs survived to discharge, 12 were alive at 6 months, and 8 were still alive after several years. There were a total of 68 treatments; 10

were emergently terminated due to events such as arrhythmias, and there were three incidences of circuit clotting. The majority of dogs were systemically anticoagulated with heparin.

**Evaluation of B-lines with 2 point-of-care lung ultrasound protocols in cats with radiographically normal lungs**

**JVECC**

<https://onlinelibrary.wiley.com/doi/10.1111/vec.13360>

We used to say about 12% of cats (and dogs) had an occasional B-line in either hemithorax, but if you do have a tendency to image more surface area (compared to four classical sites), that number will increase. Maybe even towards 50%...

**Co-existence of a fluid responsive state and venous congestion signals in critically ill patients: a multicenter observational proof-of-concept study.**

**Critical Care. [Open access](#)**

<https://ccforum.biomedcentral.com/articles/10.1186/s13054-024-04834-1>

This study highlights at least one tenet of critical care (in my opinion!) – to use as much as necessary but as little as possible, all wrapped up in the concept of fluid tolerance, not just fluid responsiveness. (Another unfortunate tenet being just how much we don't know, specifically with regards gauging fluid tolerance early, and accurately gauging congestion). Do have a read :-)

All the best!

Simon



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**RCVS recognised specialist in emergency and critical care**

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