

Paws claws and judder things

May 2020



Webinars in “bubbles”

In order to help support you, our veterinary clients whilst in lockdown, we have collaborated with the Lincoln Institute to run a series six of complimentary continuing education webinars. And what a success they've been!

The webinars have covered a interesting mix of clinical subjects together with some management and practice related issues that everyone in the team will find useful. The feedback received has been absolutely great—we're so very glad you are finding them informative and interesting.

As well as having the interactive live webinar sessions, the recorded versions are also available on our website and will remain there for you to enjoy at your leisure. Here is a summary of the webinars we've had so far:

1. [22 April 2020](#) – Kathryn Jenkins shared some “Cytology Tips on how to maximise a diagnostic sample” with a focus on FNA technique. Lincoln Institute Director Dr Gary Turnbull

addressed “The concerning global trend of veterinarians leaving their profession prematurely” and specifically how this is linked to the potential for some vets to have a level of discomfort making thorough clinical recommendations such as diagnostic investigations.

“WOW, what an awesome presentation last night – your enthusiasm is so infectious. Love the hair dryer tip! DB.”

2. [30 April 2020](#) – Michael Hardcastle covered how to take “Diagnostic skin and mass biopsies from horses”, including endometrial biopsies. Mike's presentation included: indications, planning, collection, sample handling and submission to the laboratory, plus classification and considerations for interpreting results. Lincoln Institute's Dr Gary Turnbull explored the fundamental nature of “Conflict in veterinary practice.... managing angry and emotional clients and colleagues”. This leadership training is a must for all team members.

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Welcome

Welcome to a new edition of our newsletter.

We hope you are adjusting to the 'new normal' of Level 2? Like you, we are enjoying having more freedom but in a slightly new format. We hope you've been able to enjoy our webinars during lockdown, if not, read on . . .

Please just call us on 0800 GRIBBLES if you need our help with anything.

Kind regards,
[Karen Cooper](#)
Marketing Administrator



“Thank you so much for sharing so much excellent information during the webinar last night. There were all sorts of absolute gems in there. SB.”

3. [6 May 2020](#) – Kathryn Jenkins presented “The secret life of blood smears” – sharing some tips on making and examining blood smears, with some case examples demonstrating the value of blood smear examination in companion animals. There was another run of Lincoln Institute’s Dr Gary Turnbull’s presentation on “Conflict in veterinary practice.... managing angry and emotional clients and colleagues”.

“The whole webinar was outstanding! DA.”

4. [13 May 2020](#) – Geoff Orbell covered “Cutting the crap with calf scours”. Geoff’s presentation is all about learning to improve your diagnostic hit rate for infectious causes of calf scours through better understanding of why histology

and sacrificial post-mortems can be critical tools. Back by popular demand, Gary Turnbull’s presentation on Conflict in Veterinary Practice had another airing.

“I found the webinars very enjoyable and relevant. I especially liked the discussions on veterinary staff attrition and the reasons why. Techniques for dealing with conflict are also extremely relevant in clinical practice and it is something we are not formally taught but really need to work out to survive in the industry. JK.”

5. [20 May 2020](#) - Amy Weeden presented "Biochemistry screening in geriatric cats and dogs". Amy covered the clinical tests we commonly use to screen our older pets for disease; discussing next diagnostic step options when we do find abnormalities and answering some commonly asked questions regarding this important topic. Lincoln Institute’s Gary Turnbull explored “Feedback - tell them what you

really think!” Gary explained how mastering the art of feedback, particularly when the conversation may be difficult, is the key to better relationships, excellent team culture and ultimately achieving high performance in veterinary practice.

6. 27 May 2020 - John Gill will be presenting on “An update on trace element testing in dairy cattle”. He will be sharing a collection of observations on trace element testing for both deficiencies and toxicities covering - copper, selenium, cobalt, iodine and vitamin E. Lincoln Institute’s Dr Gary Turnbull will again explore “Feedback—tell them what you really think!”

So no matter you’ve missed out on the whole series or just a couple, you can watch the recorded sessions at anytime— simply [visit the CPD page](#) on our website, get comfortable and line them up.

Don’t miss out on future invitations! [Sign up here](#) to receive info on all our events, news and updates.

Case of the month

KATHRYN JENKINS

We recently had a very rare case of suspected plasma cell leukaemia, with an initial clinical finding of marked hyperglobulinemia.

Clinical history:

After being missing for a week, an 8-year-old cat presented with a jaw mass. In-house biochemistry showed a marked increase in TP (125 g/L; reference interval (RI) 56 – 80 g/L), with a marked hyperglobulinemia (globulin 104 g/L; reference interval 15-57 g/L).

Laboratory results:

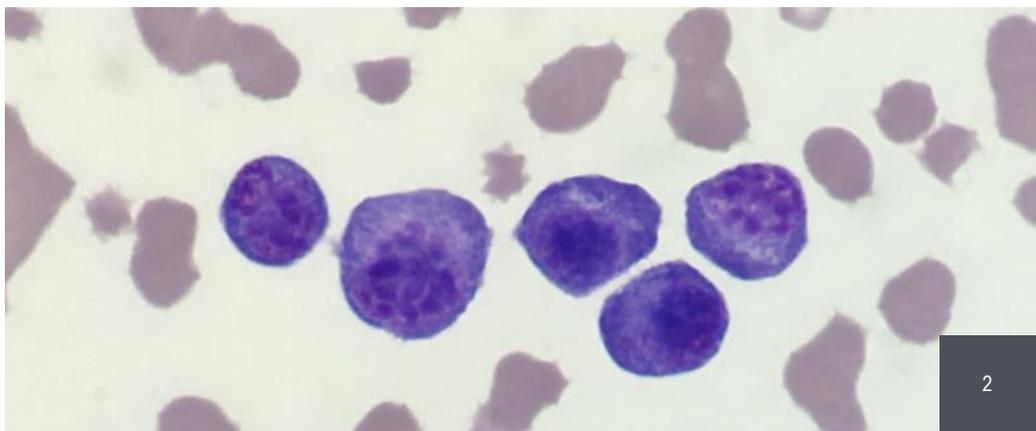
A CBC was sent to the laboratory and our Sysmex haematology analyser indicated an abnormal WBC differential scattergram. The WBC count was however within normal limits (16.5 x10⁹/L; reference interval 5.5 – 19.5 x10⁹/L).

A blood film review demonstrated the presence of many atypical round cells (3.6 x10⁹/L, 22% of all cells). The round cells had features consistent with plasma cells i.e.

deeply basophilic cytoplasm, pale perinuclear golgi area and eccentric nuclei with a coarse chromatin pattern (Figure 1).

A serum protein electrophoresis tracing (Figure 2) demonstrated a classic monoclonal pattern (tall narrow spike of globulins), which together with the blood film results, supported a neoplastic immunoglobulin secreting B-cell tumour. Although immunophenotyping was not performed, the characteristic morphology of the large number of round cells in circulation was most consistent with plasma cell leukaemia, a rare finding associated with feline myeloma-related disorders. Due to deteriorating condition, and a poor prognosis, the cat was euthanased.

Thank you to Dr Magdeline Soo, of Cahill Animal Hospital for this interesting case.



ELECTROPHORESIS REPORT

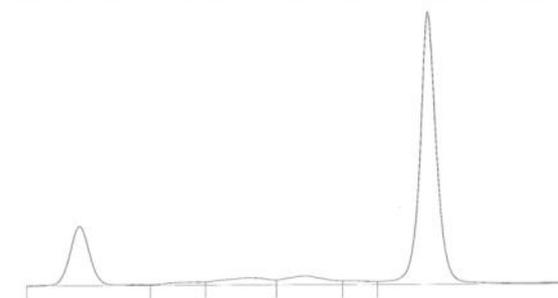


Figure 2. Serum protein electrophoresis—note the tall narrow spike in the gamma-globulin region, indicating a monoclonal gammopathy.

FRACTION	%	g/L
Albumin	17.9	22.4
Alpha 1	1.7	2.1
Alpha 2	5.1	6.4
Beta 1	5.5	6.9
Beta 2	1.5	1.9
Gamma	68.3	85.4
Total Protein		125
Albumin		22.4
A/G Ratio	0.22	

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Figure 1. (below) Atypical round cells in peripheral circulation, with features characteristic of plasma cells.

Welcome Cristina!

We are delighted to introduce you to Dr Cristina Gans who joined our team of pathologists early this month. Cristina is based out of our Palmerston North laboratory.

Cristina is originally from Florida where she completed a BSc. (Biology and Chemistry with honours) at the University of Miami. She moved to New Zealand to study veterinary medicine and completed a BVSc. (with distinction) in 2008 at Massey University.

After university, she enjoyed living in New Zealand so much that she decided to stay permanently and spent the next nine years in companion animal practice. Having harboured a love of a pathology since veterinary school, Cristina returned to Massey University to complete a three-year residency and masters program in anatomic pathology. She is currently studying for the ACVP board examination in anatomic pathology.

Cristina enjoys all aspect of veterinary pathology, particularly cytology and dermatopathology and is looking forward to



working with veterinarians in this context.

Cristina can be reached on 06 06 350 2941 or cristina.gans@gribbles.co.nz.

COVID19 updates

Now that we are in Alert Level 2 most of our services have recently changed back to normal or near normal. Some changes to normal from Level 3 restrictions are as follows:

- Histology samples for our Palmerston

North clients have resumed being processed locally, so samples can be sent directly to our Palmerston North laboratory instead of to Christchurch.

- Equine oestrone sulphate testing is now available again.
- All laboratories will now be offering essential services on Saturdays. Samples received but not tested on Saturday will

be partially processed and tested on Monday as per Level 4 protocol.

- Post-mortem services have resumed per normal protocols. Please note, as per prior to COVID-19, post-mortems are not available in our Hamilton or Christchurch laboratories.

All updates can be found on our website by searching for "COVID" or [following this link](#).

TSE reminder

The Transmissible Spongiform Encephalopathies Surveillance programme administered by MPI is important to maintain our TSE-free status and access to international markets. At Gribbles Veterinary we strongly encourage vets to submit brains and cervical spinal cord from qualifying livestock.

This article is to highlight recent changes in TSE Surveillance. Histopathology of representative brain areas used to be the initial screening test required for surveillance, however under new direction from the OIE (Office International des Epizooties), it is **now mandatory that fresh cervical spinal cord is tested** first (by ELISA and possibly Western Blot). Fixed brain should still be submitted in case histopathology or immunohistochemistry is required.

Unfortunately, from time to time in the past, we have received fixed brains without fresh tissue; if such incomplete submissions are received in the future, our current advice from

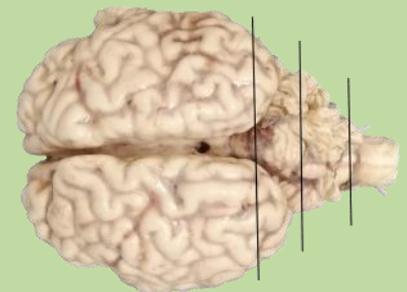
MPI is that they would not compensate veterinarians for those cases.

It remains important that the entire fixed brain is submitted; and care is required in extracting these since the key sites for examination are easily damaged during removal. These are **basically the mid-brain and hind-brain** - see Figures 1 & 2* plus this [MPI guide](#) and the information sheet available [on our website](#). Once again, a complete lack of required sites could jeopardise compensation.

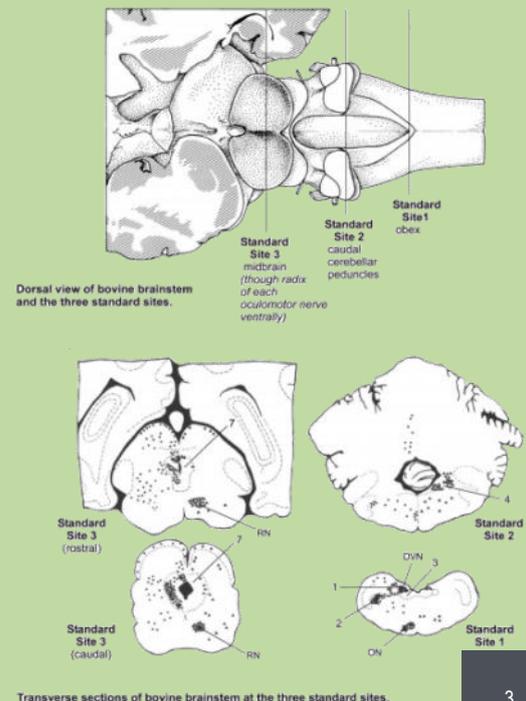
Once the brain is removed, we recommend fixing it whole in the clinic (e.g. in a bucket of formalin) before submission; this allows shipping with minimal or no formalin, and the use of small containers or sealable plastic bags (please triple bag formalin fixed tissue). If the brain must be transected to fit into containers for shipping, please avoid sectioning the mid-brain and hind-brain.

Figure 1. (top) Bovine brain demonstrating the approximate location of the standard sites prior to dissection.

Figure 2. (bottom) Standard sites for TSE exclusion from Appendix 2 of the [Australia and New Zealand standard diagnostic procedure for TSE 2010](#).*



Appendix 2. Standard brain sites for TSE exclusion



Snippets

- **Leaking sample pots**—please remember to ensure all lids are securely fastened and sample pots are not leaking **PRIOR** to submitting to the laboratory. Leaking samples are a biological (and fixed tissue a chemical hazard) and must be avoided at all costs. If you are unsure, please purchase some [parafilm](#) sealer using our online ordering or consumables order form. A little goes a long way and it will give you peace of mind, as well as ensuring the safety of everyone coming into contact with your samples.
- **Free Salmonella serotyping**—MPI have advised us that this free service provided by ESR has recommenced. Nothing changes for you except a nice bit of something for nothing - we will take care of the rest!
- **Facial eczema spore counts** - reporting has now finished for the 2020 season. Thank you to everyone who submits data making this report possible. Reports from throughout the season can be found on our website [here](#).

Case of the month

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Discussion:

Severe hyperglobulinemia (> 90 g/L in cats) may occur with both chronic inflammatory conditions (such as bacterial pneumonia or FIP), or immunoglobulin secreting B-cell neoplasia (e.g. multiple myeloma, lymphoma). Clinical findings and routine laboratory diagnostics can help elucidate the cause, and serum protein electrophoresis can be used to further differentiate between inflammatory and neoplastic causes of hyperglobulinemia.

Myeloma-related disorder (MRD) is an umbrella term, encompassing several diagnostic categories of immunoglobulin secreting B-cell neoplasia. This includes cutaneous plasmacytoma, multiple myeloma and non-cutaneous extramedullary plasma cell neoplasia, as well as various leukaemias, lymphoma and solitary plasmacytoma of bone.

In contrast to both dogs and humans when it comes to infiltrative plasma cell neoplasia, in cats extramedullary involvement of neoplastic plasma cell infiltration is a common finding. There can be a wide spectrum of dissemination - with the spleen, liver and lymph nodes most frequently involved. A non-regenerative anaemia and hypocholesterolemia are common concurrent findings. Variable degrees of bone marrow infiltration with neoplastic plasma cells can be demonstrated in some cases, however true multiple myeloma (with characteristic radiographically detectable bone lesions) appears to be a less common presentation in cats.

Similar to their canine counterparts, cases of feline cutaneous plasmacytoma appear benign in behaviour and can respond well to surgical excision. However unlike dogs, there is a greater potential for underlying multi-organ involvement and paraproteinaemia in cats with cutaneous plasma cell tumours.

In both cats and dogs, circulating neoplastic plasma cells are rarely seen, and only a handful of plasma cell leukaemia cases have been reported in veterinary medicine. Human literature defines plasma cell leukaemia as having an abnormal number of myeloma cells in peripheral circulation (>2 x10⁹/L or > 20% plasmacytosis), with supportive paraproteinaemia and immunophenotyping (e.g. MUM1+, Pax5-). Plasma cell leukaemia has a poor prognosis, with reported cases displaying aggressive behaviour.

References:

- Mellor, P.J. et al. Histopathologic, Immunohistochemical, and Cytologic Analysis of Feline Myeloma-Related Disorders: Further Evidence for Primary Extramedullary Development in the Cat. *Vet. Pathol.* 45:159-173, 2008.
- Takeuchi, Y. et al. Myeloma-related disorder with leukaemic progression in a cat. *J. Feline Med. Surg.* 12:982-7, 2010.



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