



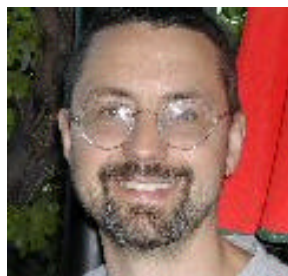
More About CTDS.

Welcome to our second newsletter and our 4th Month of trading. Since we started in April fortunately things have gone from good to better and just as importantly we are still enjoying the challenges.

People sometimes ask what CTDS stands for – the answer is Carmichael Torrance Diagnostic Services (or it could be as suggested Cytology ToDay Service or Costs That Don't Skyrocket) - any other suggestions welcome (polite only please).

Nick Carmichael – Veterinary Director CTDS.

BVM&S, BSc VetSci(Hons), Dip VCS(Syd), Dip RC Path, MRCVS
Nick graduated from Edinburgh in 1980 with an Honours degree in Pathological Sciences and in 1982 as a Bachelor of Veterinary Medicine and Surgery. After a year with the PDSA in London, he completed a Diploma in Veterinary Clinical Studies (Small Animal) at the University of Sydney. For the following seven years he worked in Small Animal Practice undertaking a mixture of



first and second opinion work. Nick joined Idexx (Grange Laboratories as was) in 1992, as Head of Clinical Pathology, with responsibility for the interpretation of haematology, biochemistry and endocrinology results. His clinical interests include

haematology, coagulation, endocrine and neurological disease. As well as reporting on all aspects of Clinical Pathology he also has a special interest in cytology and the laboratory evaluation of CSF. In 2003 Nick became a diplomate of the Royal college of Pathologists in veterinary clinical pathology. Nick is treasurer of the ESVCP and in September he will be sitting the qualification exam for the European College of Veterinary Clinical Pathologists in Poland – we wish him luck with this.

Nick will be away from the Garforth lab on September 13-16th. In his absence pathology support, as always is provided from Andy, Roger and Mark and to help cover Nick's short absence, we are also pleased to have Kathy Tennant (RVC) available providing onsite cytology, interpretative reporting and consultations.

Canine/Feline Intestinal Profile (CIP/FIPR).

These 2 CTDS profiles combine a full haematology, biochemistry panel with folate and cobalamin to provide a comprehensive assessment of animals with GI disease, as an economical package. Cases presenting with unexplained weight loss and anorexia (with or without diarrhoea) may well benefit from these profiles.

TLI is included routinely for dogs and can be added for cats where required. Intestinal profiles require 2 X 1.3ml serum gel/serum tubes (>1ml serum), 1 ml EDTA and

1ml Oxalate. Please contact Nick at the lab for further information.

Case Study.

This month's case is Mattie, a 13year old DSH, who presented with a 2-3 month history of coughing, increased respiratory effort and a large palpable throat mass. Aspiration yielded 80 ml of blood-tinged fluid. T4 was increased (84 nmol/l), consistent with mild hyperthyroidism.

Cytology of the fluid revealed a moderate mixed picture with neutrophils, many macrophages, frequent degenerate crystals and occasional clusters of the atypical epithelial cells shown here. Some of these cells contained very large nuclei (macronuclei) and others contained uneven numbers of nuclei. Occasionally the cytoplasm of these cells contained dark granules and similar granules were present in macrophages.



The diagnostic dilemma here was whether the findings reflected a thyroid cyst associated with adenomatous hyperplasia or a cystic thyroid adenocarcinoma. Both could be associated with increased T4 and a mass in the neck.

The appearance of the cells strongly suggested a malignant epithelial neoplasm and the dark granules are a characteristic feature of thyroid tumours. So Mattie's cytological diagnosis was cyst formation associated with a thyroid adenocarcinoma. Only 1-2% of cases of hyperthyroidism in cats are associated with malignant tumours but where they occur the prognosis is more guarded as these tumours can infiltrate and spread.

Often with cytology a picture is worth a thousand words. If you would like a digital image of any cytology case you send just write it on the request form and make sure we have your email address. The cytology results and image will be sent to you the day we receive the sample (see offer below).

Special offer

Cytology provides a quick, inexpensive and relatively non-invasive way to evaluate the cells in body fluids, skin masses and increasingly internal organs, in conjunction with ultrasonography. Inflammation, infection and neoplasia often can all be identified without the need for biopsy and anaesthesia. Some would say "try before you bi" opsy. For all cytology submissions received in August 2004 we will send you a free image (either digitally or as a photograph). Please include your email address if you require a digital image.