CTDS- Newsletter September 2004

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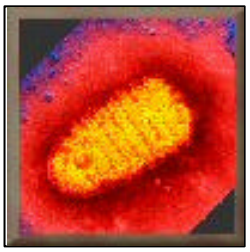
CTDS News

We are very pleased to announce that Nick successfully passed the recent ECVCP Diploma exams held in Poland and is as such is the first and only UK Clinical Pathologist to gain the Diploma through examination. We would also like to pass on our thanks to Kathleen Tennant from the RVC who helped us in Nick's absence.

As well as the "conventional" laboratory services we offer, telemedicine and interpretation still seem to be an area of growth for us. At CTDS we offer second opinions and advice on your in-practice laboratory results, X rays, ECG's and sonographs, with results being available the same day as receipt. Please contact the lab for further information on any of these services.

Rabies Serology Testing

The Pet Travel Scheme (PETS for short) allows pet dogs and cats from certain countries to enter the UK without quarantine as long as they meet certain rules. One of the qualifications for the PETS scheme is that the animal must be vaccinated against rabies and that their subsequent blood test shows that the vaccine has given the animal satisfactory protection against rabies. Samples may be sent to CTDS Laboratories for rabies virus serology blood test**, these will then be submitted to BioBest, an approved rabies virus-testing laboratory. Test results are usually available within **7 days of receipt** and the rabies serology certificates issued is fully accepted by the UK Government for the Pet Travel Scheme.



Rabies virus

Cost £35.00 Plus VAT

Procedure:

- Submit 2 mls whole blood or 1ml separated serum with a completed rabies submission form** to CTDS Laboratories.
- 5-7 days later you will receive a faxed report informing you of your patients rabies serology titre and its acceptability or not (this report cannot be used for the Pet Travel Scheme).
- In order for the veterinary surgeon to sign off the PETS certificate, the rabies neutralising antibody titre must be equal to or greater than 0.5 IU/ml.
- 1-2 days later a copy of the rabies certificate will arrive in the post - it is very important that you keep this original certificate for use with the Pet Travel Scheme.

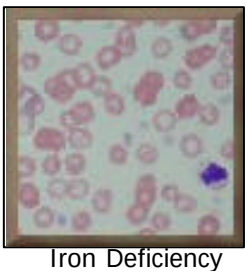
**It is very important for the PETS scheme that the correct submission form is used and that this is completed accurately and in full by the submitting veterinary surgeon.

Rabies submission forms may be ordered from CTDS or downloaded at www.ctdslab.co.uk/rabiesrequest.html

Iron deficiency

We have recently seen a number of cases of iron deficiency anaemia similar to the one pictured below.

In iron deficiency, red cells do not develop the normal complement of iron–containing haemoglobin and the cells that form in the bone marrow are small (microcytic, low MCV) and hypochromic (low MCH and MCHC). The process of red cell maturation becomes prolonged so young red cells no longer contain large amounts of RNA and therefore do not appear polychromatic. As a result the anaemia is non- regenerative, with inappropropriately low reticulocyte counts. There is often a marked increase in variation in red cell shape (poikilocytosis) and red cell fragments (schistocytes) are often seen, as above.



Iron Deficiency

In cats, the red cells are often so small that platelets appear larger than red cells and this overlap in sizing can contribute to apparently very high platelet counts as some automated counters include some small red cells in the platelet count.

Iron deficiency anaemia reflects chronic external blood loss, either through the gut associated with bleeding tumours or ulcers or occasionally with severe flea burdens and parasitic blood loss.

Serum iron, iron panels (including serum iron, total iron binding capacity, transferrin and % saturation) and occasionally staining bone marrow for iron, can all be useful in investigating these cases in addition to a full blood count (which must include smear evaluation since not all cases have a low MCV and MCHC). Occult faecal blood testing, after a minimum of three days off all red meat, is useful to check for blood loss in cases where it is not detectable grossly.

While most non-regenerative anaemia's have a poorer outlook, iron deficiency responds excellently and quickly to treatment that is aimed at stopping the blood loss and providing oral iron supplementation. Our current crop of cases all appear to be doing well now that they are on treatment.

Anaemia Investigation.

For the comprehensive investigation of all anaemias we would recommend our anaemia investigation profile. It provides the essential information to construct an appropriate differential diagnosis for the anaemia and checks for immune mediated haemolytic anaemia, which may appear regenerative or non-regenerative in some cases.

Tests included: Full Blood Count ie. RBC, WBC, PCV, MCV, MC, MCHC, Platelet count, morphology / film assessment, % and absolute reticulocyte count and Coombs test.
Samples: 1ml EDTA and air-dried smear
Reported: Same day as receipt
Cost: £28 + VAT
Request code: H3