Vetpath is a specialist veterinary laboratory dedicated to providing our clients with the finest laboratory diagnostic service. A team of veterinary pathologists and medical scientists with extensive experience in veterinary diagnostic pathology forms the core of the Vetpath team.

VNews

Vetpath Laboratory SERVICES

JANUARY 2021

Happy New Year!

2020 was a challenging year for everyone both personally and professionally.

This year also brings new adventures for us at Vetpath Laboratory Services with relocation to Jandakot in April. The staff at Vetpath have been working hard all year in preparation for the move and our goal is to continue providing you with the pathology service you know and trust with minimal interruption.

The building was completed in December and from now until April the inner workings of the laboratory have to be completed. This includes validation and correlation of new analysers, as well as relocation of our current equipment and revision of our courier runs.

Public entrance of the laboratory

The length of the laboratory is 80m!

Shiny new benches in the vet area!

Recreational drug screening

Accidenal intoxication of pets with recreational drugs is not uncommon and can be diagnostically challenging given the illegality of these drugs.

The urine drug screen available at Vetpath tests for a variety of drugs including amphetamines, benzodiazepines, cannabinoids, cocaine, methadone and opiates. Barbituates are also available but must be specifically requested.

At least 5ml of urine is required and the turn around time is 24 hours.

Vetpath Laboratory Services welcomes feedback on all aspects of our service from couriers to lab results. Please feel free to contact us at 9259 3666 or email enquiries@vetpath.com.au

New pocket pet profile

Vetpath has multiple profiles for different species including dogs (CP2), cats (FP2), ruminants (RP2), horses (EP2) and birds and reptiles (AP2).

A **pocket pet profile (PP2)** is being added to the suite of profiles available, and will include a CBC, CK, AST, ALT, ALP, GGT, GLDH, bilirubin, urea, creatinine, lipase, glucose, cholesterol, electrolytes, proteins, calcium and phosphorus. A PP6 (biochemistry only) is also available.

This profile is suitable for rabbits, ferrets, guinea pigs and small mammals (mice and rats). Note that approximately 0.5ml EDTA and 1ml of serum (2ml of whole blood) is required for the full profile. If a smaller volume of blood is submitted, please remember to write which tests should be prioritised on the submission form.

Hypercoagulability and Cushing's disease

Hyperadrenocorticism (HA) is a common endocrinopathy in dogs and is not generally considered acutely life-threatening.

However, HA has been associated with thromboembolic events such as pulmonary thromboembolism or stroke. These conditions can have devastating, potentially fatal consequences for the patient. Multiple mechanisms are suspected to contribute to thromboembolic disease in Cushingoid dogs. A study published in JVIM in 2013 indicated that 88% of dogs with HA exhibited at least one hypercoagulable tendency.

Renal loss of antithrombin III (AIII) contributes to hypercoagulability in Cushingoid patients. AIII is a small protein that inactivates several enzymes in the coagulation system including thrombin. Hypertension can cause renal protein loss including the small AIII molecule. In addition, Cushingoid dogs have been found to have increased AIII-thrombin complexes, indicating consumption of AIII is also contributing to reduced AIII levels.

Elevated circulating coagulation factor concentrations have been reported in hyperadreno-corticoid patients, which also contribute to a hypercoagulable state. These patients also often have elevated fibrinogen, which can increase blood viscosity, promoting platelet aggregation. Other risk factors in hyperadrenocorticoid patients include obesity and recumbency.

Diagnostic testing for hypercoagulability is not currently routinely available in veterinary practice. However, awareness that thromboembolic disease is a potentially severe sequela to this commonly diagnosed endocrinopathy will assist in clinical management of these cases.

References:

1. Pace SL et al. 2013; JVIM; 27-1120.
2. Kittrell D and Berkwitt L. 2012; Compendium: Continuing Education for Veterinarians; April: E1-E5.

VETERINARY PATHOLOGISTS
Jenny Hill BVSc (Hons) Dip ACVP, **John Jardine** BVSc MMedVet (Path) Dip MRCVS,
Celia Smuts BVSc MVS MSc PhD ACVP, **Jason Stayt** BSc BVSc Dip ACVP, **Leanne Twomey** BSc BVMS (Hons) PhD Dip ACVP,
Audra Walsh BSc BVMS Dip ACVP,
ABN 24 006 909 173 SPECIALIST VETERINARY SERVICES trading as
VETPATH LABORATORY SERVICES NATA Accredited Laboratory Number 14776

NATA
NATA Accredited Laboratory Number 14776