

NEW PRICE LIST

Please find enclosed with this newsletter a copy of our new price list, effective 8 July 2013. As per the July 2012 price list it includes the addition of a user-friendly test profile table, the expansion of several of our profiles to include more analytes, and the costs and tests for our non-interpreted profiles.

All prices have been reviewed, with some of the tests that are sent to external laboratories, e.g., frozen samples, having had a larger price increase reflective of the costs of transport.

QML Pathology Vetnostics still remains extremely cost competitive compared to other laboratories. As a policy, we try to keep the price of our send away tests as low as possible (compared with our competitors) to allow Veterinarians to investigate their cases as comprehensively as possible.

If you have any further queries or would like a spreadsheet of our price list, please contact Shaun Hickey, Vetnostics Manager on (07) 3121 4013 or shaun.hickey@qml.com.au.

WELCOME DR KAREN DUNN, CONSULTANT VETERINARY OCULAR PATHOLOGIST

QML Pathology Vetnostics welcomes Dr Karen Dunn as our consultant veterinary ocular pathologist. Karen is a University of Queensland Veterinary School graduate with a long-standing interest in ocular pathology, beginning in 1992 with a 4 year anatomic pathology residency at the Animal Health Trust in the UK.

After leaving the Animal Health Trust, Karen worked for five years as a diagnostic histopathologist at Rest Associates in Suffolk, England; however her passion for ocular pathology led her to set up FOCUS-EyePathLab in 2008, a dedicated ocular pathology service for specialist veterinary ophthalmologists and clinicians with a particular interest in ophthalmology. Karen worked with well-known ocular pathologist Professor Richard (Dick) Dubielzig at the eye pathology service (COPLOW) at the University of Wisconsin, Madison, in the summer of 2006.

Karen is a member of the British Association of Veterinary Ophthalmologists (BrAVO), and regularly attends (and occasionally presents at) British and European clinical ophthalmology meetings. Karen is a regular reviewer for papers submitted to *Veterinary Ophthalmology*, and has collaborated on a number of scientific papers published in this field. Karen has also been closely involved in a number of research projects, including successful *Veterinary Ophthalmology* Diploma candidate research dissertations, and is in collaboration with the Molecular Biology Department at the Animal Health Trust exploring the role of genetic markers in prognostication for canine and feline uveal melanomas in-vivo.

Further information on Karen's ocular pathology service is available at <http://www.FocusEyePathLab.com>.

Please indicate on the submission form if you wish for your veterinary ocular histopathology submissions to be specifically evaluated by Karen (fee is as per consultant ocular pathology charge in current price list).



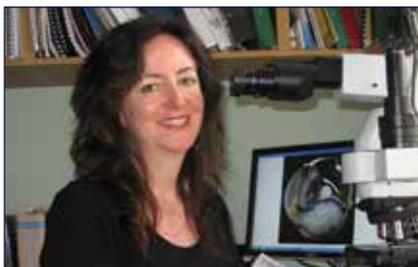
**REMEMBER OUR
CONTACT NUMBER:
1300 VET QML
(1300 838 765)**

Our QML Pathology Vetnostics contact number 1300 838 765 has now been in operation for over four years.

For a fast, efficient service, this number will take you directly to the following options:

- (1) Results enquiries**
- (2) Added tests**
- (3) Speak to a Pathologist**
- (4) Order veterinary vaccines**
- (5) All other enquiries/
Vetnostics Manager.**

Calls will be charged at local rates from landlines. Mobile charges may vary.



Dr Karen Dunn

**Now Available
iPad/iPhone App**



Real-Time Results... Anytime, Anywhere.

Introducing Path-Way, a new web-based application by QML Pathology, providing you with real-time access to our database.

Instant Access

As soon as the result is available at the laboratory, it is available at Path-Way - enabling you to view your clients' results quickly, efficiently and securely over the Internet.

With no paper to handle, instantaneous delivery and secure access, Path-Way ensures your clients' results are available real-time, anywhere, on time, all the time.

New Features

Increased search functionality, including new filters

Unique username and password

Update your account details online

View pending requests

Print off hard copy reports in a familiar format

View interactive charts

View cumulative results

To register, visit www.path-way.com.au



PAYMENT METHODS REMINDER

A friendly reminder that QML Pathology Vetnostics no longer accepts payments from American Express and Diners Club credit cards.

QML Pathology offers a wide range of payment options including Visa, Mastercard, cheque and direct deposit.

Please contact our Accounts Department on 1800 350 046 for electronic funds transfer details and account enquires.

'USG FOR FREE' AND DISCOUNTED COMBINATION TESTING

In an effort to allow for more comprehensive testing with our profiles, Urine Specific Gravity (USG) will be performed free of charge whenever a USG is requested with ANY of the profiles listed within the Pathology Profiles section of the request form.

To receive the 'USG for Free' all you need to do is to ensure that you tick the specific gravity box listed within the Urine Examination section of the request form together with your profile request.

The current complete list of tests offered at a significantly discount price when requested with ANY of the listed profiles is now as follows:

TEST	Normal Price (ex. GST)	Reduced Price (ex. GST)
Total T4	\$41.00	\$17.00
Urinalysis	\$33.50	\$17.00
Urinalysis + Urine Culture	\$67.00	\$36.00
FIV & FeLV	\$74.50	\$44.00
Urine Specific Gravity	\$23.50	FREE

As per current price list (effective July 2013).

These reduced prices will also apply for any of these tests that are subsequently 'added on' to an initial pathology profile already performed.

VET VACCINES AND CONSUMABLES

QML Pathology has expanded its vaccinations catalogue to include vet vaccines and consumables.

- A wide range of vaccines including canine, feline and equine are available for sale at competitive prices.
- Our internationally recognised integrated cold chain network ensures the integrity and quality of our vaccines during transportation.
- Next day delivery is available (excluding weekends and public holidays) for practices located within metropolitan and regional centres throughout Queensland and northern New South Wales.
- Commonly requested veterinary consumables are now also available for purchase, including **MAX-ACT™ Clotting tubes**.
- All vet vaccine purchases are eligible for Win Rewards Points.
- COMING SOON: In-house diagnostic kits. Call (07) 3121 4945 for further information.

To order, please phone 1300 838 765 (1300 VET QML) or email VaccCustServ@qml.com.au.



QML Vetnostics Continuing Professional Development (CPD) Program

NEW!

Earn CPD points by submitting cytology and histopathology specimens to QML Vetnostics

QML Pathology Vetnostics now offers an innovative continuing professional development service, exclusive to its veterinarian clients.

The program enables veterinarians to systematically assess their diagnostic accuracy in the clinical setting, with the ultimate goal of improving both their pathology skills and the quality of patient care.

EARN CPD POINTS

Earn **one** structured CPD point for every **four** specimens submitted, where a clinical workup has been sufficiently documented and clinical diagnoses are accurate.

NO NEED TO REGISTER

Participants simply need to submit samples together with a completed **QML Vetnostics Pathology CPD Program request form** to participate and automatically receive program reports and CPD points.

RECEIVE REPORTS ANNUALLY

A CPD points certificate, and report will be provided to participants annually, detailing:

- total number of examined specimens
- prevalence of lesion types observed
- diagnostic accuracy for each lesion type
- margin clearance (Histo only).

A screenshot of the QML Pathology Vetnostics CPD Program Request form. The form is titled 'QML Pathology Vetnostics CPD Program Request' and includes fields for 'VET DETAILS', 'SPECIMEN', 'ANALYSIS', and 'ANALYST'. It also features a section for 'CYTOLOGICAL DESCRIPTION' and 'HISTOPATHOLOGICAL DESCRIPTION'. The form includes checkboxes for 'I have read and understand the instructions on the back of this form' and 'I have read and understand the instructions on the back of this form'. It also includes a section for 'SPECIMEN DETAILS' and 'ANALYSIS DETAILS'. The form is designed to be filled out by a veterinarian and submitted to QML Pathology Vetnostics for processing.

Australian Veterinary Association
 VetEd
Professional development
for Australia's veterinarians

AVA APPROVED

AVA members automatically accumulate Vet Ed points when they provide their AVA number.

To maximise your CPD points earned via the QML Vetnostics CPD program, ensure that you familiarise yourself with the 'Cytology Sample Collection and Preparation for Veterinary Practitioners' article available on the Vetnostics page of the QML Pathology website.

To order QML Vetnostics Pathology CPD request forms, please call 1300 VET QML (1300 838 765) and select option 5 (All other enquiries).

QML Pathology | Vetnostics

How to Participate in the QML Vetnostics CPD Program

HOW DO I PARTICIPATE IN THE QML VETNOSTICS CPD PROGRAM?

- Perform in-house cytology.
- Complete the QML Vetnostics CPD Program request form ensuring that you provide a detailed gross pathological and in-house cytological description together with a preferred diagnosis +/- a list of differential diagnoses (if appropriate).
- Submit cytology or histology specimen to QML Vetnostics.




Expected detail required for 0.25 CPD points

IMPORTANT POINTS TO ENSURE CPD POINTS ARE APPROPRIATELY ALLOCATED:

- The specific QML Vetnostics CPD Program Request forms **MUST** be used. One form per lesion, even if it is from the same patient.
- Adequate gross pathological and in-house cytological detail is essential.
- Veterinarians are expected to spend at least 15 minutes working through each case, while completing the QML Vetnostics CPD Program request form.
- Preferred +/- differential diagnoses must be sufficiently accurate, and **legible**.
- Veterinarian details **MUST** be provided and AVA members should also provide their AVA number with **EVERY** submission.



No points allocated Insufficient gross & in-house detail provided

ADRENALS: What you won't find in a textbook

Continued from our last Vetnostics newsletter - Part two of a three part series

Vetnostics Small Animal Medical Consultant

Dr Sue Foster BVSc, MVetClinStud, FRCVSc

PART 2: CLINICAL SIGNS

Hyperadrenocorticism (hyperA)

1. Not every dog with hyperA will have polyuria (PU) and polydipsia (PD). PU and PD are common signs in hyperA but lack of PU/PD should not preclude investigation or diagnosis of hyperA. Similarly, and as a logical extrapolation, hyposthenuria and isosthenuria, whilst common in hyperA, are also not necessary for a diagnosis. PU is reportedly due to interference with ADH-mediated water resorption in the renal collecting ducts, however, as it does not occur to any great extent in humans or cats (unless there is concomitant diabetes mellitus), then I suspect it may be due to a glucocorticoid-mediated 'psychogenic' polydipsia in dogs. The fact that many dogs do not exhibit polydipsia when hospitalised and often concentrate their urine quite well in hospital adds further weight to this hypothesis. Psychogenic polydipsia in older dogs is nearly always due to hyperA, and adrenal function testing should be performed prior to water deprivation testing in investigations of polydipsia in all patients other than those in which another cause is identified or congenital diabetes insipidus is suspected.
2. Up to 50% of dogs with hyperA are reported to have urinary tract infections (UTIs). HyperA should be considered in any older dogs with an UTI especially if the UTI is recurrent or relapsing.
3. Polyphagia is more consistent than polydipsia but is not necessarily evident in some dogs due to pre-existing ravenous feeding behaviour (e.g., Labradors, Beagles). Anorexia or inappetence in a dog suspected of having hyperA should prompt investigation of concurrent non-adrenal disease; non-adrenal disease may interfere with adrenal function test results.
4. Abdominal distension (pot-bellied appearance) occurs in >80% of cases though it may be subtle. It is due to redistribution of fat, muscle wasting and hepatomegaly. Urinary bladder over-distension may also contribute and occasionally in dogs, the over-distension results in bladder atony and dysfunction; this is reversible with catheterisation to relieve the bladder distension, and concurrent treatment of hyperA.
5. Intermittent abdominal bloating is a sign of hyperA that is often reported by owners and may even be the major presenting complaint. It is difficult to know whether this is due to polyphagia/over-eating, mild pancreatitis or some other cause. However, when 'bloating' is due to hyperA, it resolves quickly with effective treatment.
6. Dogs with hyperA may have muscle wasting or decreased exercise tolerance. Decreased exercise tolerance and lethargy may not be noted as owners often attribute these to age and arthritis. Muscle wasting, especially temporal and paralumbar, tends to be more obvious in large breed dogs.
7. Skin and hair coat changes are well described but the following points are often not highlighted:
 - bilaterally symmetrical alopecia is rarely present in large breed dogs
 - lightening in coat colour and alteration in coat texture may be the only coat changes



Dr Sue Foster
Veterinary Medical Consultant

Utilise our Veterinary Medical Consultant Service

Dr Sue Foster (Vetnostics Medical Consultant) is available to discuss canine and feline medical cases. Sue can be contacted after 10.00am weekdays by phoning 0423 783 689. If leaving a voicemail message, please also leave the relevant QML Pathology Vetnostics laboratory number so that Sue can review the results before returning your call.

Low Dose Dexamethasone Suppression Test

1. Collect baseline blood sample (1-2 ml blood in plain/gel tube).
2. Inject soluble dexamethasone IV at a dose rate of 0.01 mg/kg (dog) or 0.1mg/kg (cat)
3. Four hours post injection, collect the second sample as above.
4. Eight hours post injection, collect the third sample as above.

The Canine ACTH Stimulation Test

Indications:

- screening test for spontaneous hyperadrenocorticism
- diagnosing iatrogenic hyperadrenocorticism
- monitoring efficacy of treatment with mitotane (Lysodren®) or trilostane
- diagnosing hypoadrenocorticism.

QML Pathology

Vetnostics Protocol:

- take a 0h blood into a serum tube
- inject 5µg/kg Synacthen® IV
- take another blood sample 1hr later into a serum tube
- QML Pathology Vetnostics' post-stimulation reference range and thus interpretation is based on this protocol.

Other protocols:

- another frequently used protocol is to administer 250µg Synacthen® IV or IM with testing 1hr later. This protocol is more expensive for the client. In addition, it may produce higher post-stimulation cortisol concentrations than the 5µg/kg IV protocol so if this protocol is used, you need to indicate both dose and timing on your submission form so that they can be taken into account when interpreting the result
- lower dose protocols with IV or IM Synacthen® (see below).

Older textbooks recommend that this test be performed in the morning. As dogs do not have a circadian rhythm for cortisol secretion, there is no scientific justification for this recommendation. This test can be run at any time. As fasted blood samples are preferable for chemiluminescence assays (radioimmunoassays are unaffected by haemolysis or lipaemia), this means that when performing an ACTH stimulation test in a diabetic dog with hyperadrenocorticism (e.g., usually fed before coming to the clinic), the test can be run late in the day with no problems.

Note: Synacthen ® is only registered for IM use in humans but does not seem to have caused problems in animals when given IV. A rare side effect, regardless of route administration, is acute adrenal necrosis!

- solar bleaching can occur at the ends of the hair shafts because the hairs are not replaced as rapidly as normal
 - pyoderma may be the only sign of hyperadrenocorticism
 - excessive bruising (e.g., the bruising that occurs after careful venipuncture in that well-behaved Maltese with the not-so-pleased owner) is common with hyperA
 - failure to regrow hair after clipping for venipuncture or surgery should prompt investigation of endocrine disease
 - resolution of chronic recurrent seasonal atopy or flea allergy dermatitis as a dog gets older, whilst great for the dog and owner, may be an indication of hyperA
 - calcinosis cutis is uncommon in spontaneous hyperA; the most severe cases of calcinosis cutis are usually iatrogenic.
8. Increased panting is reportedly due to increased fat deposition over the thorax and in the abdomen, wasting and weakness of the muscles involved in respiration and decreased pulmonary compliance. However, I wonder if panting is yet another 'psychogenic' feature of hyperA in dogs as it does not occur in cats or humans and seems to happen very quickly after treatment with exogenous corticosteroids, i.e., before any anatomical changes have had time to occur.
 9. Always consider hyperA as a possible predisposing cause when older, not particularly active dogs present with cruciate ligament rupture (especially if their hair fails to regrow after surgery!).
 10. Testicular atrophy in older male dogs may be due to hyperA. Failure to cycle and clitoral hypertrophy can occur in females – aged, intact, non-cycling females with hyperA are prime candidates for pyometra!
 11. Neuromuscular signs are uncommon in hyperA. Myotonia is rare but if an aged dog presents with a very unusual gait (marked abduction of forelimbs, bizarre stumbling gait) and obvious muscle tone then think of this. Facial paralysis (unilateral or bilateral) is an exceedingly rare presenting sign. Neurologic signs of pituitary macroadenomas are often quoted but are quite rare; altered mentation, disorientation, ataxia and pacing are more common than seizures, coma and blindness.
 12. Last, but not least, 'old age/slowing down' is possibly the most common side effect of hyperA. Most owners note that their dog seems much younger once hyperA is successfully treated and many realise that they have incorrectly attributed 'slowing down' to old age rather than hyperA for a long time (sometimes years).

Hypoadrenocorticism (hypoA)

1. Recurrent signs of gastrointestinal disease and a vague history of lethargy may be the only signs of hypoA, especially in dogs that have glucocorticoid deficiency only.
2. Cardiovascular collapse is not only due to mineralocorticoid deficiency and resultant hypovolaemia. Glucocorticoids are also important for cardiovascular function and cardiovascular collapse can occur in spontaneous and iatrogenic glucocorticoid deficiency.
3. Intermittent, difficult-to-localise abdominal or spinal pain responsive to prednisolone in a younger dog (especially if known breed predisposition, e.g., Poodle or Fox Terrier) should prompt adrenal function testing for hypoA.