Newsletter March 2015

QML Pathology | Vetnostics

Online Results

Real-Time Results... Anytime, Anywhere.

Introducing MedWay, QML Pathology's web-based application, 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 MedWay - enabling you to view your clients' results quickly, efficiently and securely over the Internet.

With no paper to handle, instantaneous delivery and secure access, MedWay 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

Save and print off hard copy PDF reports in a familiar format

Smart Phone APP

View interactive charts

View cumulative results

To register, visit www.medway.com.au

MedWay

RESULT REPORTING OPTIONS

After generating results for the various submissions received, it is obviously imperative to get the results out to you as efficiently as possible. With this in mind, we have multiple options available for reporting of Vetnostics laboratory results.

- Online results with optional email alerts in real time via Medway online results system*. Results viewed on Medway can be saved as a colour PDF or printed. Register online at www.medway.com.au
  *Also available via SmartPhone APP
- Direct downloads via secure download direct to patient management systems including: RXWorks, EzyVet, Vetcare, Vetlink SQL and Vision VPM.
- Other delivery options such as fax or direct email are available on request.

Please contact us at **vetnostics@qml.com.au** if you would like to discuss these options further.

YES, JULY 2014 PRICELIST IS STILL VALID

The prices as per the July 2014 QML Vetnostics pricelist are still current!!

Please contact us (vetnostics@qml.com.au) if you require a copy of our current pricelist.

For any further information, please contact the Vetnostics Department at QML Pathology on **1300 VET QML** (1300 838 765) or visit the QML Pathology Vetnostics website **www.qml.com.au/vetnostics.aspx**

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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.

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.

Urine Dipstick Analysis

Urine dipstick analysis is an important component of the urinalysis and can be easily performed in the veterinary clinic.

The use of urine dipsticks was recently discussed at the annual conference of the American College of Veterinary Pathology. Examples of topics discussed at the lecture include how urine dipsticks are stored, how to use the dipsticks and which pads are useful in veterinary medicine.

Storage of urine dipsticks

Urine dipsticks should be stored in their original, airtight container at room temperature and out of direct sunlight. Take note of the expiration date and try to use the dipsticks before they are expired. Moisture is thought to be the most important interfering factor and therefore it is important to not remove the desiccant package.

Urine samples

Urine for dipstick analysis should ideally be tested within 30 minutes of collection. If there will be a delay in analysis, the sample should be refrigerated and then returned to room temperature at the time of analysis. The temperature of the urine is an important consideration because many of the enzymatic reactions on the dipstick are temperature sensitive.

The sample should be mixed thoroughly and the dipstick should be placed horizontally into the sample. Make sure that you read the results at the appropriate time; this is especially important for the blood pad on the dipstick.

Which pads do we use?

Although purchasing strips with the most pads may seem like a good idea, this practice may be wasting money if you are paying extra for pads that are not diagnostically useful. The only pads needed on urine dipsticks for veterinary patients are pH, protein, glucose, ketones, blood and bilirubin. Worthless reagent pads include specific gravity, urobilinogen, bacteria and leukocytes. The latter two reagents in particular have low sensitivity and specificity in veterinary species and do not replace wet microscopy for diagnosis of inflammation and infection.

Attention to the hints described above will help ensure accurate and repeatable urine testing occurs in your clinic. Please contact the laboratory if you need assistance with use and interpretation of urinary dipsticks.

(Article adapted from Vetpath, W.A.)

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17-OH Progesterone Assay is currently unavailable.

Unfortunately 17-OH progesterone analysis is currently unavailable through our laboratory.

We are currently unaware of other providers that are able to offer veterinary-validated 17-OH progesterone analysis and it is with regret that we can therefore no longer offer this service to our Vetnostics clients.

Updated Pricing:

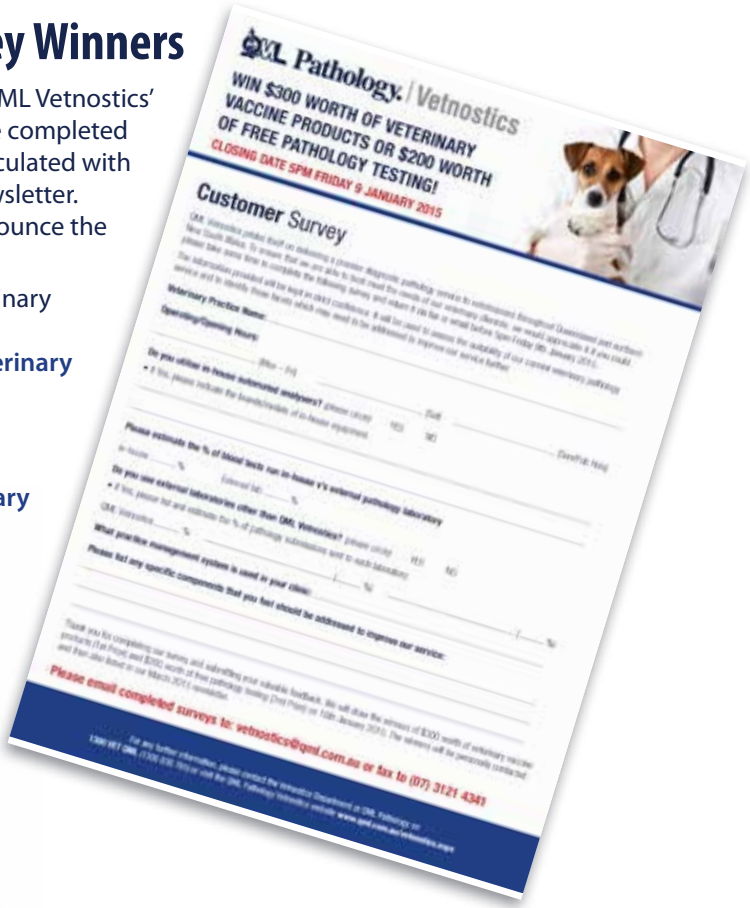
Please note that due to an increase in price from the referral laboratory, please note the new charges for the following tests;

- Canine Masticatory Muscle (2M) Antibody: **$245 ex GST**
- Canine Myaesthenia Gravis Antibody: **$249.5 ex GST**

Customer Survey Winners

Thank you to all those QML Vetnostics' clients who returned the completed survey form that was circulated with the December 2014 Newsletter.
We are delighted to announce the winners were;

- $300 worth of veterinary vaccine products: **Murwillumbah Veterinary Clinic**
- $200 worth of free pathology testing: **Ross Island Veterinary Clinic**


QML Pathology. | Vetnostics
WIN $300 WORTH OF VETERINARY VACCINE PRODUCTS OR $200 WORTH OF FREE PATHOLOGY TESTING!
CLOSING DATE 5PM FRIDAY 9 JANUARY 2015
Customer Survey
Please email completed surveys to: vetnostics@qml.com.au or fax to (07) 3121 4341

REMEMBER: Flow Cytometry is now performed at Vetnostics!

We are very pleased to announce that flow cytometry is now performed at Vetnostics and available for investigation and further work-up of leukaemias.

For those of you that are unfamiliar with flow cytometry, this technology simultaneously measures and then analyses multiple physical characteristics of single particles (cells) as they flow in a fluid stream through a beam of light. The properties measured include a particle's relative size, relative granularity or internal complexity and relative fluorescence intensity. A major medical application of flow cytometry is immunophenotyping leukaemias with a panel of fluorescently labelled antibodies to assess expression of cell markers, specifically to assist with definitive identification of neoplastic WBC populations as well as differentiating between reactive and neoplastic WBC populations.

Current charge is $115 (excl GST), with flow cytometry performed after a FBC. Our turnaround time is about 2-3 working days and we prefer a fresh EDTA blood sample submitted on Monday to Wednesday for processing.

Get the Newsletter by Email!

If you would prefer to receive the newsletter and other updates via email rather than hard copy, please send your details to vetnostics@qml.com.au or phone 1300 838 765 – option 6.

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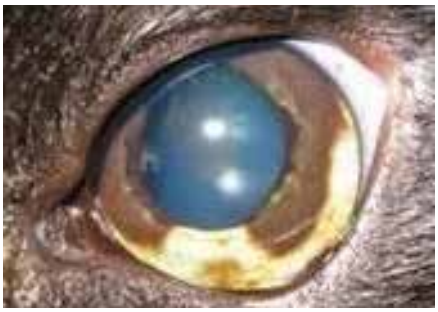

Figure 1

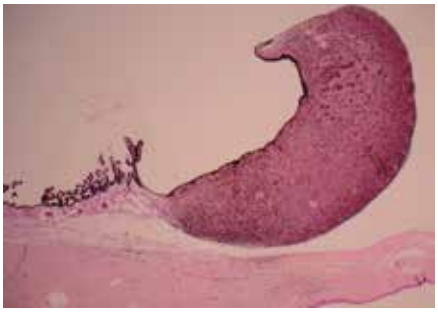

Figure 2

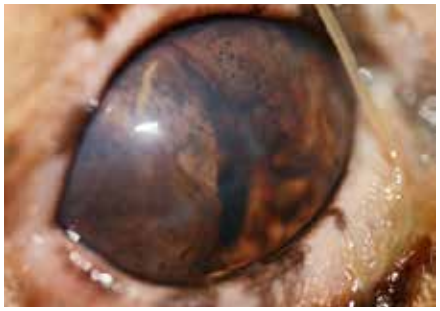

Figure 3

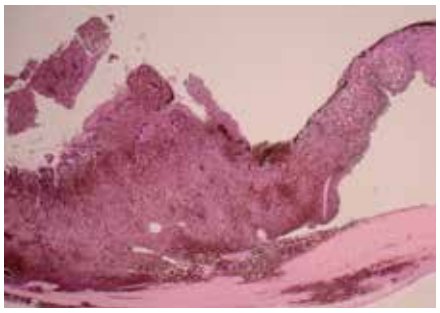

Figure 4

OCULAR PATHOLOGY ROUNDS

Dr Karen Dunn, FOCUS-EyePathLab at QML Vetnostics

Feline Diffuse Iris Melanoma (FDIM) is the most common primary ocular tumour diagnosed in cats, and usually arises from progression of pigmented iris freckles or naevi over a variable, but usually lengthy period—most cats are middle-aged or older at the time of diagnosis.

Cases of FDIM may present with a history of irregular iris pigmentation or hyperpigmentation which has been observed by the owner, and may have progressed over a variable period, in some cases over several years. There is often some distortion of the iris surface associated with bulging of pigmented tissue, and there may be pigment deposition on the anterior lens capsule. Figure 1 (courtesy Dr Ida Gilbert, UK) shows a typical case in a 13 year old DSH with extensive iridal pigmentation involving almost the circumference of the iris. There is no glaucoma at this stage. Histologically, early cases of FDIM show partial to full thickness involvement of the iris, without (or with minimal) involvement of the iridocorneal (drainage) angle, and lack neoplastic infiltration of the ciliary body and sclera (Figure 2: H&E, 10x).

Advanced cases of FDIM will often present with gross thickening and distortion of the iris, often with a 'velvety' texture to the iris surface, and an irregular pupil or dyscoria. Figure 3 (courtesy Dr Georgie Fricker, UK) , demonstrates a typical case of advanced FDIM in a 9year old Persian cat. Cats with advanced FDIM will usually have elevated intraocular pressure or glaucoma, and may show signs of ocular pain, although cats with glaucoma do not always exhibit obvious signs of discomfort. Advanced cases show full thickness involvement of the iris stroma with associated iridal distortion, and there is involvement of the ciliary body and the iridocorneal angle—obstruction of the iridocorneal angle by tumour tissue is responsible for the development of glaucoma. Figure 4 (H&E, 12x) is from a 13year old Australian Mist cat, displaying marked scleral localisation of tumour tissue; within the sclera, intravascular localisation of tumour cells (tumour emboli) was also present in this case.

Prognosis in FDIM cannot be reliably correlated with the degree of pigmentation, pleomorphism, or mitotic activity. However, clinically and histologically advanced cases of FDIM that involve the iridocorneal angle and ciliary body may be associated with a poorer prognosis (measured by reduced survival time following enucleation). Cases with tumoural extension beyond the iris to involve the ciliary body and the iridocorneal angle are often referred to as 'extensive' FDIM by pathologists. Extensive FDIM is more frequently associated with clinical glaucoma, and with scleral localisation of tumour tissue on histopathology. Scleral localisation can, however, be passive, associated with, amongst other things, elevated intraocular pressure, and in rare cases may result in orbital implantation with recurrence after enucleation. Where there is histologically 'extensive' FDIM, and particularly where there is intravascular localisation of tumour tissue (emboli), as seen in the case with extensive FDIM illustrated in Fig 4, distant metastasis to abdominal organs or lungs is possible, and the prognosis should be somewhat guarded. The overall rate of confirmed metastatic disease in FDIM is low, however under-reporting of metastatic complications is very likely.

FOCUS-EyePathLab (run by Dr Karen Dunn), is now available as an ocular pathology consultancy service for Vetnostics in both Queensland and NSW. Samples can be submitted to FOCUS-EyePathLab using the routine courier service for QML Vetnostics; the current cost of the service is $168 + GST. Further information on the ocular pathology service offered by FOCUS-EyePathLab through QML Vetnostics can be found at www.FocusEyePathLab.com, or by contacting QML Vetnostics.