Roundhouse REFERRALS

OUTPATIENT CT SCANNING

The CT scanner visits Roundhouse Referrals on a monthly basis enabling us to provide access to CT scanning on an outpatient basis. We are keen to make you aware of how this service has been of benefit to our patients, and how your patients can access CT on an 'outpatient' basis.

Background

Most CT scans can easily be performed under sedation, due to the scan being quick and not producing movement artefacts unlike MRI where GA is often required.

Access to CT is of immediate benefit in expanding the scope and range of services that practices are able to offer – quickly, accurately and non-invasively.

The only cases that definitely require general anaesthesia would be thoracic/metastatic check scans, and this can be provided if necessary.

Which of my patients could benefit?

CT scans may be useful for a number of particular clinical situations, including the following:

- Forelimb pain (eg Elbow Dysplasia assessment)
- Nasal/sinus disease – helps differentiate neoplasia from rhinitis and guides biopsy
- Musculoskeletal soft tissue tumors – accurately shows the tumor margins for surgical and radiation planning
- Pharyngeal/cervical stick injuries
- Middle/inner ear evaluation – determines the need for bulla osteotomy
- Thoracic met checks – more sensitive than radiographs.
- Evaluate mediastinal and lung masses – enhances surgical planning by evaluating the extent of vascular invasion and screens for hilar metastasis
- Ureter Evaluation – diagnosis of ectopic ureters and ureteral stones
- Portosystemic shunts.

Some of these scans will be aided by the infusion of intravenous contrast media to highlight the vascular pattern of the particular area. This can be administered at the time of the scan, on the advice of the experienced radiographer.

Outpatient CT scan

Access to the CT scans is available on an outpatient basis and assumes that patients are medically stable. For medically unstable or complex cases please contact Ross prior to the scan being arranged. These will be possible but involve a bit more planning!

The arrangements for medically stable cases is as follows:

1. Email the clinical history and Outpatient CT Imaging Request Form to info@rhr.vet. This details the specific areas of the patient that you wish scanned.
2. This request should ideally be sent no later than 7 days pre-scan
3. Roundhouse reception staff will confirm nursing admission appointment time with client directly
4. Admitted for CT scan by nurse
5. Sedation and CT scan (vet assessed and supervised throughout process)
6. Nursing discharge appointment
7. The CT scan will then be sent to you within 24hrs upon DVD, or can be supplied to the client if you would prefer. Please indicate this upon the CT Imaging Request Form.

A specialist CT report can be provided by VetCT. We can help you arrange this, or else you can arrange this directly yourself.

How could I arrange a scan?

To arrange a scan please complete and submit the Outpatient CT Imaging Request Form and clinical history to Roundhouse Referrals:

info@rhr.vet

The Roundhouse Referrals team will confirm of the CT request, and the date upon which the patient has their scan arranged.

The time of the admission appointment will be confirmed directly to your client by reception staff.

Costs

- A detailed estimate will be provided for any Outpatient CT Scan upon request. The following prices should serve as a guide only.
- The cost of the CT scan, inclusive of admission/ sedation and day hospitalisation is **£950**.
- There is an additional charge of approx **£70–£100** for intravenous contrast media (soft tissue type injuries, shunts etc) should this be required.
- External specialist VetCT report can be arranged and the cost of this is around **£120–£280** depending on the number of areas scanned (this may take 4 hours to 4 days).

All costs are inclusive of VAT

Further information

If you require further information, please contact: info@rhr.vet

Roundhouse REFERRALS

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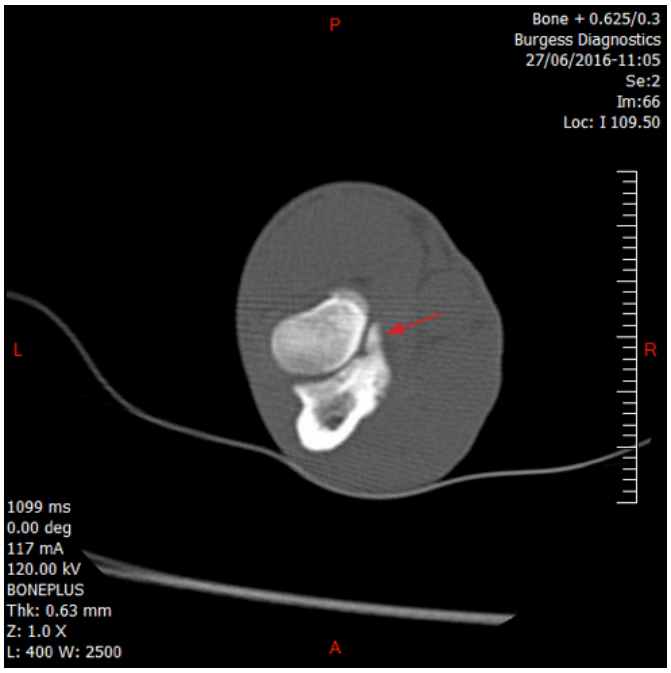
www.rhr.vet

I thought it may be useful to send you a brief report on a few of the cases we have scanned, providing an insight of how outpatient CT scan access could benefit your patients in the months ahead.



Tip fragment of the medial coronoid process

Hyperattenuating material in the right ventral aspect of the neck

Marley

Marley presented with a 3 month history of waxing and waning lameness of the left forelimb. There was medial elbow pain, and while neutral lateral radiographs of the left elbow did suggest moderate left elbow subtrochlear sclerosis, we required more information to help make the best decision on managing suspected medial coronoid disease.

Marley was the first dog we scanned, and it showed the immediate benefit. The CT scan showed there to be a fragmented coronoid process (FCP) which can be seen on the image above.

We proceeded to perform arthroscopy and remove the loose fragment, and the overlying damaged cartilage.

Some may ask: “why not just do arthroscopy?” While this is not wholly inappropriate, there is around a 10–15% chance that there will be no visible abnormality upon arthroscopy despite there being subchondral damage. This therefore will give us the confidence to manage the FCP – even if we cannot see it directly upon arthroscopy.

Images courtesy of

BURGESS DIAGNOSTICS *and* VETCT

Sally

Sally has a habit of foreign bodies: one in the eye, and a few in the pads… back in January she had a right oropharyngeal stick penetration injury. She had a GA the following day, and a large pharyngeal wound was seen in the right oropharynx. This was explored surgically and some wooden fragments were removed. The wound flushed and closed.

4–6 weeks post-op a large 8cm swelling on the RHS of the cervical region appeared. Sally was under the weather, and mildly pyrexic. It was thought that this was more than co-incidental, and therefore ultrasound of the mass was performed. On scan two hyperechoic foreign bodies were seen, and measured. At exploratory surgery, the two foreign bodies were removed.

4–6 weeks later, the swelling had not fully resolved, and we therefore made the decision to proceed to CT. This was to prevent unnecessary surgery, and try to get an idea of where any remaining foreign bodies were located prior to surgery.

CT was performed: plain and with iodine contrast. These outlined a suspected foreign body still remaining within the cervical region.

The VetCT report confirmed a foreign body to still be present, and surgery aided by the CT images successfully removed the remaining wooden fragment.