

## Dr Adam Gordon - Maroubra Veterinary Hospital

Adam Gordon graduated from the University of Sydney in 1990. He completed a Masters degree in Veterinary Studies at Murdoch University in 2002. Adam has been in companion animal practice since 1990 and is Principal of Maroubra Veterinary Hospital.

88 Bunnerong Road, Pagewood NSW 2035

Phone: (02) 9344 8722

Website: [www.maroubravet.com.au](http://www.maroubravet.com.au)



## CANCER AND CHEMOTHERAPY

**When pet owners are confronted with a diagnosis of cancer in their pets there is almost invariably a feeling of pessimism and impending doom. This definitely need not be the case. Many of the cancers we see in our patients are curable or manageable with surgery, chemotherapy, radiation or a combination of these treatments.**

It is important to realise that cancer is not a single disease entity. There are many different types of cancer and we know what the best treatment options are for most of the cancers we see in our patients.

Chemotherapy is a treatment modality that is becoming more frequently used in recent times. There are a number of reasons for this. Firstly, one of the most common cancers we see in pets is a disease called Malignant Lymphoma. Chemotherapy is the best treatment option for dealing with this disease.

When first confronted with chemotherapy as a treatment option for their pet most owners are very reticent about subjecting their pet to it. This is understandable, as most of us know someone who has been through chemotherapy or watched the process on one of the medical reality shows that we see on television.

When discussing chemotherapy with our pet owners the first thing we emphasise is that the approach to chemotherapy in pets is very different to the approach in people.

In humans, the aim of chemotherapy in patients with lymphoma is to cure them of their disease. So when confronted with say a 20 year old person, it is considered quite reasonable to put them through a process that will almost certainly making them feel very ill for one or two years if the out come is cure and a normal life expectancy (ie. 50 or more years, the chance to get married, have children, watch them grow up and have children).

Clearly, this approach is untenable in our patients. As a result, chemotherapy protocols have been developed that do not make the patient very sick, yet can still provide very good survival times and sometimes cure them of their lymphoma.

The vast majority of our dogs that we treat for lymphoma do not get sick at all. We give them anti-nausea drugs to prevent nausea and vomiting. Their hair does not fall out, and they lead normal lives apart from regular trips to the vet to have their treatment.

The average survival time for a dog diagnosed with lymphoma and treated with chemotherapy is about 12 months. Remember that this represents a significant portion of a dog's life. During this period the dog will have a good quality of life. Importantly, it also gives pet owners the chance to really cherish and enjoy their beloved pets whilst they are still healthy, and mentally prepare for the fact that their disease will probably return at some point in the future (on average in about a year).

Having said that, some dogs (up to 15%) can be cured with the treatments we use. I have seen dogs that lived normal healthy lives for 4 to 5 years after treatment finished before their disease returned. This represents about one third of a dog's life, a great result (or to equate in human terms, the same as a person living disease free for 25 years).

My experience with these dog owners is overwhelmingly positive, and they are really glad that they chose to treat (sometimes after initial misgivings). We sometimes organise for these clients who have had great experiences following chemotherapy to speak with owners of a newly diagnosed case to help in their decision making.

I chose to write about chemotherapy and cancer in the hope that I could dispel some of the misconceptions pet owners may have about it. Malignant Lymphoma and chemotherapy has also been on my mind as we I have just started treating a new case that has been quite intriguing.

This little 6 year old dog (we'll go with the nom de plume "Peppi") presented with a rare form of lymphoma that was just affecting his lungs. There were no discrete lumps

as such in his lungs on x-rays. There was just a diffuse "whiteness" all through the lungs, whereas normal lungs full of air look black on an x-ray.

Peppi was an extremely sick dog. He had hardly any remaining lung capacity and every breath was a struggle. He was going to die unless we did something for him quickly. We collected some cells from his lung tissue and airways that a pathologist could look at. This confirmed the diagnosis of lymphoma.

In Peppi's case it was more difficult to give an accurate prognosis, firstly because of the rare type of lymphoma he had (there is very little information in the veterinary literature about this form of the disease), and secondly because he was already so very unwell. From the appearance of his lungs on the x-ray and the extreme difficulty he was having breathing I do not believe he had more than a week or two before his disease took his life.

Peppi's owners were very keen to do everything possible for him. His diagnosis was made on a Wednesday afternoon and we organised an urgent courier so that we would have the required drugs for his first week of chemotherapy on the following morning. As I write this that was 10 days ago. Three days ago Peppi returned for week 2 of his treatment.

The transformation in this little dog was absolutely astonishing. He had gained weight, his appetite and energy levels were back to normal, as was his breathing. I had to know what his lungs were looking like so I took some follow up x-rays. I expected there to be improvement just based on how well he was doing.

I could not believe what I saw on the x-rays. His lungs were back to normal after one dose of chemotherapy. In 20 years of practice I have never seen such a dramatic change as this.

What the future holds for Peppi we do not know at this stage. His disease is so rare that there is little information we can provide on what to expect. What we do know is that Peppi's owners are overjoyed to have their normal 6 year old canine friend back to normal. They know how close to death he was, and treat every day with him as a bonus. As far as I'm concerned, from a purely professional point of view, this has been an extremely satisfying and heart-warming experience. 🐾

### Meet Geoffrey



Geoffrey is one of the many dogs that end up in shelters and foster care all over Australia. Geoffrey didn't do anything wrong. His only fault was that he was a bit rambunctious and his original family didn't have the time to train him.

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# [ CAT VET ]



Melissa Catt BVSc MACVSc (feline)

Paddington Cat Hospital

Melissa graduated from the University of Sydney in 1990. She worked in a private small animal practice in Adelaide for two years and then in England for a further two years. Melissa continued in private practice on her return to Sydney before starting Paddington Cat Hospital with her husband, Randolph Baral, in 1997. Melissa is interested in all aspects of feline medicine and has a particular liking for soft tissue surgery. Of course, Melissa was nominatively destined for feline medicine.

210 Oxford Street, Paddington NSW 2021

Phone: (02) 9380 6111

Email: paddington@catvet.com.au



## ALLERGIC SKIN DISEASE

One of the most common reasons for a visit to the vet is skin issues, possibly because it is a problem that is easy to see, and can cause obvious distress. The vast majority of skin diseases are due to allergies and by far the most common allergen is fleas! I would estimate that at least 95% of skin disease that we see is due to flea allergic dermatitis (FAD); in fact, it is reported that FAD is the most frequent disease of any organ system seen by vets around the world! Other possible causes of allergic skin disease include inhaled allergens, or even food allergy, but these definitely occur much less commonly than FAD.

Cat with allergic skin disease will show a range of signs, from mild increase in grooming to generalised hair loss, sores and changes in behaviour due to being constantly irritated. It is usually fairly easy for the vet to make a diagnosis of allergy from the clinical behaviour and appearance, but sometimes further testing needs to be done to get a definitive diagnosis. Examples include skin scrapes to rule out mites, skin biopsies to send to the pathology lab, and occasionally intradermal skin testing. This last test is best done by a veterinary dermatologist, and is usually reserved for the more difficult cases where the owner is willing and able to commit to a series of desensitisation treatments.

Flea allergy usually causes partial or complete hair loss and small scabby sores (this is called military dermatitis) around the back and tail base, hind-legs, and/or neck area. Sometimes a thick tough change to the skin can occur, often in a line down the back of the thighs, and occasionally we see ulcerated lumps on the lips or tongue. Other allergies tend to affect other areas of the body, for example the feet or head/ears, but there can certainly be overlap, and it is possible for a cat to have allergies to multiple substances.

In Sydney we have the perfect conditions for fleas to live and breed, particularly during the warmer months, but we still see fleas around in the middle of winter (they like heaters as much as cats do!). Fleas require warmth and humidity to breed, but the flea eggs can survive for months in adverse conditions, waiting for the right conditions to hatch. They can apparently even sense vibrations, and can lie dormant while the family is away on holiday and only hatch when everyone arrives home! A flea can lay many, many eggs daily, and the lifecycle is as short as 3 weeks, so it is possible to get a real problem in a short time period. It is a common misconception that cats that live entirely inside cannot get fleas- fleas like to hitchhike on us (or visitors) and we then pass them onto the cat, and dog and cat fleas are not fussy- they are happy to live on whatever hairy beast happens to be available. Fleas will bite humans if there are not enough cats and dogs to go around, but we are a poor second in their opinion, so once it gets to the point that humans are getting flea bites, it means that there is a huge environmental flea burden.

It is important to treat fleas when there is any evidence of skin allergy, because it is by far the most common cause of skin disease. It also happens to be more straightforward to deal with than inhaled or food allergens. Unfortunately the allergic response is to the saliva of the flea, and once a true allergy has developed, it only takes a few fleas to set the reaction going. We tend to recommend use of an effective spot on, for example Revolution® or Advocate® (often used two weekly instead of monthly) as well as Capstar® tablets every 2nd day- these two product types work very well together. If the skin is very bad, then you may need to delay applying the spot-on until some healing has occurred, as it can be very irritant if applied to broken skin. Thorough and frequent vacuuming (discarding the vacuum bag immediately after use) is vital to reduce the numbers of immature forms of fleas that are in the environment. Sometimes we also recommend using a flea bomb, but this requires pets to be out of the way for the day (and care must be taken if there are fish in the household, as they are often toxic for fish).

If food allergy is suspected, then a food trial needs to be undertaken. I usually try not to start this at the same time as a flea treatment trial, because if the skin disease resolves, it is difficult to pinpoint what helped, and how much. A food trial quite a big commitment- usually only one type of food (and usually a sole protein source, for example rabbit meat) and water and NOTHING else- no dry food, no small treats, no dental chews, no cat milk. This has to be given exclusively for a period of 6-8 weeks, and at that time the cat is reassessed. If there has been great improvement, then it is still important to put the cat back onto its former diet (ie re-challenge) and see if the allergy flares up again. Only when that happens can we be sure that it is truly the food that is the problem.

Inhaled allergens are much trickier to diagnose. Unfortunately the available blood tests have been shown to be unreliable, and the best way to get a diagnosis is to have intradermal skin testing done (by an expert, as it takes a lot of experience to interpret the results). Preventing access to inhaled allergens (like dust mites or pollens) is much harder again than fleas or food allergy, and a series of desensitisation treatments is probably the most successful option we currently have available.

Once an allergy has started, the itch/scratch cycle continues even when the allergen has been eliminated. Often this needs to be addressed separately. The usual medications that are used include prednisolone, anti-histamines and sometimes antibiotics for secondary infection. Each case will require individual assessment and a treatment regimen tailored to that specific case.

As with people, once an allergy has developed the animal will always have a reaction when it comes into contact with the substance. So even once the allergy clears, keep up the vigilance with flea control throughout the year to help minimise flare-ups in the future. 🐾



Bronwyn with her pet budgie, Hudson, both residents at the Youngcare Apartments, Brisbane.

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# ( BIRDS & EXOTICS )

**Dr Alex Rosenwax - BVSC MACVSc  
(Avian Health)**

**Bird & Exotics Veterinarian, Green Square.**

Alex graduated from the University of Sydney in 1991. He achieved Membership of the Avian Health Chapter of the Australian College of Veterinary Scientists in 1996. In November 1996 he opened the first and only Sydney all bird and exotic pet practice. The Clinic moved to 1 Hunter St, Waterloo in 2003 and sees approximately 80% birds, and 20% fish, reptiles and other exotic pets. Alex is the current President of the Australian Veterinary Association Avian Group.

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## FEEDING NATIVE PLANTS ("BUSH TUCKER") TO YOUR PET PARROT

We are very lucky to live in Australia with our many native birds living both with us as pets and around us as wild animals. Birds have been foraging for food for millions of years here without eating farmed seed or human foods. In the Australian bush our birds such as budgies, cockatiels and cockatoos eat foods found there. They are healthy and happy and do not get obese, do not have dry skin or other diet-related problems that occur in pet birds on poor diets. Birds not only enjoy eating these native bush foods, they also love exploring the texture of the plants and then shredding them.

These natural foods are available seasonally only. They include insects (including grubs and woodboring larvae), tree leaves and blossoms, nectar, pollen, wild fruits in season, grass roots, wild grasses and their seeds. Birds eat a wide variety of substances in the wild – some species of birds eat clay on river beds for minerals or for use as a natural purgative. We don't know the complete wild diet of birds but with the available native foods we can at least enrich their lives.

These foods are readily available in the city. There are many Australian plants and blossoms growing in suburban gardens and used by local councils in the streets. Local councils often have tree lopping days when they cut branches from trees and shrubs that are encroaching on powerlines and cables. This is the time to refresh branches in your bird's cage and to get those hard to get at blossoms on the tops of the trees. Make sure that the trees are Australian and be careful not to harvest trees and blossoms near a main road as they may be contaminated with oils and minerals from petrol and diesel fumes. Always rinse or wash the plants to remove any possible contaminants prior to giving them to your bird.

You can also grow Australian plants in your garden and harvest the blossoms at any time of the year. Acacias (wattles) grow flowers in the winter and grevilleas grow flowers the whole year round.




One of the main problems you will find will be in converting your seed eating birds to a broad diet. This is not always easy. Birds raised by people don't recognise natural wild foods as food. It may take days, weeks or months to modify your bird's diet. Treat your bird like a small child – offer a large variety of bush tucker items and never stop trying. It is best to lightly wet the plants as the droplets of water are attractive to birds. You can also pretend to eat the foods with your bird to encourage them. Some birds are simply scared of anything new and so you may have to first place the plants outside the cage until your bird becomes used to the shape and colour of these new items.



Most native Australian plants are safe. Banksia, eucalyptus, acacia, bottle brush, grevilleas, mallees, casuarina, malaleuca and hakea are all groups of plants your bird will enjoy. In fact, you can give your bird a huge variety of Australian plants and blossoms. Most parrots and especially the Cockatoo species such as Sulfur-crested cockatoos and galahs love to graze grass particularly young fresh grass roots. Pull up some fresh grass each day for them to enjoy. You can then enjoy hours of fun watching your birds be busy working on the native plants, knowing these bush foods are relatively safe and are also good for their general health. 🇺🇦

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