Case Log for the European Master of Small Animal Veterinary Medicine / Dermatology

Case log explanations and instructions:

The case log for the European Master of Small Animal Veterinary Medicine (EMSAVM) / Dermatology shall contain at least **200 cases** mostly compiled in the second half of the program. Among the 200 cases, not less than 60 cases in cats and 60 cases in dogs, and 10 cases in small mammals and unusual species (birds, reptiles, Amphibia, fish) shall be included.

The following cases categories are mandatory (individual cases may include more than one category)**:**

1. 40 cases of surface, superficial and deep microbial infections, including those caused by bacteria, fungi and viruses (code MI).
2. 20 cases of parasitic infestation (code PI).
3. 30 cases of hypersensitivity disorders (code HD).
4. 10 cases of autoimmune and immune-mediated dermatoses (code AI).
5. 10 cases of neoplasia (code N)
6. 10 cases endocrine and metabolic diseases (code EM).
7. 6 cases of congenital and hereditary defects (code CH).
8. 6 cases of keratinising defects (code KD).
9. 10 cases of diseases affecting specialised areas of skin, including those affecting the eyelids, claws and ears (code SS).

For each case in Dermatology, the following information is mandatory (information is provided as an example)

1. **Date :** 10 February 2017.
2. **Name or file number** : Dougal, File 538743.
3. **Signalment :** dog, crossbred, 10y, neutered female'
4. **Major complaint/ Problem :** 4 cm nodular lesion on the left thorax which had recurred following surgery 4 weeks previously. Dougal is otherwise well.
5. **Examinations (Cytology, Microbiology, Blood work, Diagnostic imaging, Other test procedures, …) :** cytology of aspirates from the lesion showed large numbers of Gram-positive branching filaments and coccoid bacteria. Haematology and blood biochemistry were unremarkable. Culture yielded *Nocardia asteroides*. Thoracic radiography showed no lesions.
6. **Final diagnosis :** nocardiosis
7. **Treatment:** further surgery followed by oral therapy with trimethoprim and sulfadiazine (30 mg / kg twice daily) for 4 weeks led to resolution of the lesion.
8. **Complications/Results :** there were no complications.
9. **Follow-up :** the lesion did not recur.
10. **Your comment :** this infection seems to have occurred following a wound on the thorax a few weeks earlier.
11. **Code :** MI

The case log needs to be compiled as an excel file using the template in the appendix

Abbreviations may be used but must be explained at the beginning of the case log table

List the cases in chronological order

Case #	Date	Name or file number	Signalment	Major complaint/Problem	Examinations/Tests (Cytology, Microbiology, Blood work, Diagnostic imaging, ...)	Diagnosis	Treatment	Outcome (Complications/Results)	Follow-up	Your comments	Code
	NOV'19	Penny	Cat/ DSH /outdoor/ 6y/spayed female/ lives with other two cats.	Symmetrical alopecia on the lumbar area and flanks and small papules at close examination. Caregivers do not know is she is licking excessively.	Wood´s lamp: negative. Trichogram: broken ends (as a indicator of pruritus). Deep skin scrape: very few number of *Demodex gatoi* mites. Cytology (papules): eosihophils and neutrophils. FeLV-VIF test: negative.	FELINE DEMODICOSIS	Fluralaner (40-94 mgr/kg) + moxidectin (2-4,7mgr/kg) spot-on product every 90 days. All in contact animals were treated.	No more mites were seen in the following scrapings. They were under fluralaner+moxidectin spot-on as a lifelong treatment because they did not received any antiparasitic treatment on a regular basis.	No reinfestations occured.	It is not a very common disease and it is not easy to find the mites. It can mimic easily allergic feline disease.	PI
	NOV'19	Vinfo	Dog/Akita Inu/7y/ intact male.	Billateral uveitis and depigmentation with ulceration on the lips, nasal planun, eyelids and scrotum.	Hemogram and biochemistry: normal. Serology for *Leishmania spp*: negative. Histopathology: chronic lichenoid dermatitis with prominent follicular atrophy with multifocal, diffuse, moderate pigmentary incontinence. PCR (skin) for Leishmania: negative.	CANINE UVEODERMATOLOGIC SYNDROME	Prednisolone 2 mgr /kg/24h po until resolution. Cyclosporine: 5 mgr/kg q 24h. (Topical subconjunctival esteroids and cyclopegic were prescribed for the uveitis)	Good response, both for the uveitis and the skin lesions. One month after initial treatment prednisolone could be tapered and no relapses occurred.	Actually, the treatment and doses that prevent relapses is cyclosporine every 72h combined with 10 mgr of prednisolone every 48 h. Eye drops with steroids and topical cyclosporine are also used. He is not blind	If uveitis is not treated early and aggressively blindless is likely sequelae. This patient after16 months since the diagnosis preserves his vision. Skin lesions have not relapsed. Lifelong therapy is needed.	AI/CH
	DIC'19	Jackie	Dog/ Bulldog F/ 6y/ intact male.	Atopic dog under oclacitinib for the last 12 months, responding well initially but now partially. Several episodes os superficial pyoderma has have and different antibiotics have been used with bad response. Now alopecia, hypotrichosis , crust, seborrhea and bad odour are present during the last 2 weeks. Pruritus VAS 10/10.	Cytology: many cocci engulfed by degenerated neutrophils. Tricography: negative for fungi and parasites. Most hairs in telogen. Skin scrape: negative. Fungal culture: negative. Culture and sensitivity: *Staph.pseudointermedius* meticilin resistant) and *Streptococcus dysgalactiae* resistance to quinolones and aminoglycosids)	SUPERFICIAL PYODERMA (MRSP)	Trimethropin-sulfa: 15 mgr /kg q 12h/ PO- Clorhexidine shampoo: 3 times-weekly. Strict flea control with sarolaner 2-4 mgr/kg every month.	Good response to the antibiotic, after one month it was discontinued. Pruritus decreased to 5/10 after resolution of the pyoderma.	Lokivetmab had been tried before apoquel with partial response, with oclacitinib several pyoderma episodes occurred and some viral plaques appeared on the abdomen so we decided to change to cyclosporine. Cyclosporine 5 mgr/ kg/ po q24 h, after control of pruritus tapared down to the minimum dose that control itch. Clorhexidine shampoo weekly to prevent relapses.	Although we are dealing with a superficial pyoderma in this case oral antibiotic based on culture results was used because clorhexidine shampoo were being used during the previous weeks an no improvement was seen. One more example that shows how important is the rational use of antibiotics in any patient but specially in atopic dogs that suffer very often os bacterial infections. Topical treatment in superficial pyoderma should be considered as the first option.	MI/HD
	DIC'19	Caty	Cat/ 6y/outdoor/spayed female.	Non pruritic small orange dots around the nipples, Henry´s pocket and some nail beds in the left hind limb.	Skin scrape: *Neotrombicula autumnalis*	TROMBICULIASIS (HARVEST MITES)	Fluralaner spot-on product (40-94 mgr/kg) (250 mgr), one administration.	Orange clusters of mites disappeared.	Because Caty is an outdoot cat regular administration of fluranaler was prescribed every 12 weeks.	Isoxazolines seem to be a promising treatment for this parasite.	PI
	DIC'19	Greta	Cat/ Sphynx/ 11y/ spayed female/indoor cat.	Multiple crusting and ulcerated plaques, 3 cm, 1 cm and 0,5 cm in diameter over the dorsal trunk for the last 12 months. Markedly pruritic. No reponse to different previous treatments (steroids, antibiotics, slightly improvement with itraconazole)	Cytology (impression smear under the crust): lots of yeast (*Malassezia spp*). Epithelial cells with malignancy criteria and asynchronous maduration of squamous cells (carcinoma suspected).	BOWEN´S DISEASE OR CARCINOMA IN SITU	Surgical removal of the three lesions. Histopathology: carcinoma in situ.	There were no complications after surgery. Secondary yeast infections are common and pruritus was probably due to this condition.	Until today no recurrence.	Usually associated with Feline Papillomavirus 2 infection. In this case, no other test were done.	NEO.
	DIC'19	Oslo	Dog/American cocker spaniel/ 11y/neutered male.	Multifocal patches of alopecia with crusts, follicular casts and skin collars all over the trunk, limbs, ventral abdomen and neck. Moderate pruritus. More lethargic and exercise intolerant for the last 2 months.	Hemogram: normal. Serum biochemistry: mild elevation of cholesterol. Ultrasound: normal. Urine: normal. T4: low, TSH: high. Cytology: many neutrophils that phagocytosed many cocci. Trichography: follicular casts, all the hairs in telogen. Negative for parasite and fungi. Skin scrape: negative for parasites. Fungal culture: negative.	HYPOTHYROIDISM AND SECONDARY SUPERFICIAL BACTERIAL FOLLICULITIS	Levothyroxine: 10mcgr/kg PO q12h. Clorhexidine shampoo 3 times a week for 4 weeks.	Pruritus is absent and lesions have improved but seborrhea is still severe. The dog is a little bit more active. T4-TSH: t4 is in the lower normal range. An increased of 25% of the levotiroxine dose is prescribed.	After 2 months of treatment, with the new dose the patient is active, like he used to be and exercise tolerant. No new episodes of pyoderma ecurred but severe seborrheic dermatosis is present. Non-pruritic. EPA-DHA (omega 3) 100mgr/kg PO q 24h and a antiseborrheic shampoo. Two months later the seborrhea got resolved. A lower dose of omega 3 was done but as a longlife treatment with the levothiroxine and bathing.	The seborrhea did not resolved with the hypothyroidism treatment. Maybe, related to this breed could exit a primary seborrhea than has become more apparent with a concurrent disease like hypothyroidism.	KD/EM