

# friends

Better Together



fitzpatrickreferrals

AUTUMN 2016



PHOTOGRAPHY  
©Richard Dunwoody



## Inside

RESPONSE TO BVA WARNING AGAINST FLAT-FACED DOGS | BY DR LAURENT FINDJI

MEET THE SPECIALISTS | OUR CLINICIANS

CASE STUDY | LIZZIE, OUR LITTLE TROOPER

REGULAR FEATURES | IN THE SPOTLIGHT, CLIENT COLUMN & FITZ & PIECES!

Dr Laurent Findji  
responds to flat  
faced dog warning

BBC NEWS

World-Class Veterinary Medicine, Hope and Healing

[www.fitzpatrickreferrals.co.uk](http://www.fitzpatrickreferrals.co.uk)



# WELCOME

## TO THE AUTUMN EDITION OF THE FRIENDS NEWSLETTER!

Autumn is here. It is time to get to know us, the team behind the name Fitzpatrick Referrals. There are more than 250 members of staff working together as a precision machine. From receptionists, nurses, surgeons, interns, residents, auxiliaries, radiographers, admin, secretaries, IT crew, to maintenance professionals! They work to provide the best care for our animal friends. We are the glue behind this inspiring project led by Noel.

In this newsletter, we introduce our veterinary surgeons to share a little insight into some of our favourite procedures and some things you never knew about us - the things we like to do the one-day-a-year when we have some spare time! We hope this will put a face to our name and help you next time you need advice for a case.

Autumn is also a classic time for introspection. The carpe diem feeling of summer is sadly gone. No more mojitos under 34 degrees for the lucky ones. Instead it is time to look inside, and maybe it is a good occasion to start new projects. Small ones... like going to the gym again. This one is always chasing me. Or big ones such as implementing changes in your practice. It does not matter the scope, but the meaning.

I would like to use this change to encourage you to leave aside our beloved procrastinator "twin". I know we are all very attached to it. And embrace the quieter autumn to claim back the driver seat of your life and have a fruitful journey through this special time of the year. Thus getting to a more glorious than ever Christmas pit stop. Drive safe and enjoy.

*In this profession we are all members of the same team, each with a different role. We share the same goal and, like the rest of our colleagues here at Fitzpatricks, without you we would not be able to succeed.*

*Miguel*

*Dr Miguel Solano*

Dr Miguel Solano with Senior Veterinary Nurse Helen treating feline patient Spanish Dave

PHOTOGRAPHY ©Richard Dunwoody





# BVA WARN PEOPLE AGAINST BUYING 'FLAT-FACED' DOGS



## LEADING SOFT TISSUE SPECIALIST DR. LAURENT FINDJI RESPONDS TO BVA WARNING AGAINST FLAT-FACED DOGS

I love brachycephalic dogs. They have such great personalities and characters. I just feel sorry because, as a human, I feel responsible for their struggling.

By Dr. Laurent Findji

Few dog lovers would not agree that brachycephalic dogs are incredibly cute. This is both their bliss and their curse.

Humans are wired to find animals with a large head, flat face and large eyes cute and attractive. This is what drives our reaction towards babies, puppies, kittens and any other young animal.

This natural, instinctive drive towards large flat faces have made brachycephalic dogs incredibly popular, and for years, the shorter their nose, the more sought after they would be. *This led breeders to drive the genetic selection towards shorter and shorter noses, initially unaware of the health consequences this would have.* Unfortunately, this genetic selection only acted on the skeleton of these dogs which, in addition to creating skeletal malformation and issues, left them with too large a "suit" for their bodies: brachycephalic dogs still have the amount of soft tissues (skin, muscles, etc.) of a non-brachycephalic dog of similar size, and these soft tissues have to fit on their compacted skeleton.

*What cannot be seen from the outside is that similar excesses of soft tissues exist inside their body, causing the disease referred to as Brachycephalic Syndrome.*

What was thought to be a purely respiratory disease is now known to be a much broader condition, which is why I prefer to refer to it simply as "brachycephalic syndrome" rather than the more widely used "brachycephalic airway syndrome" or "brachycephalic obstructive airway syndrome (BOAS)."

*This better understanding has allowed the development of better treatments, including improved surgical techniques, to help affected dogs. We are today treating them better than ever, with better results than ever, but progress can still be made and it is unreasonable to think that we could ever make these dogs completely "normal."* The list of breed-related diseases is indeed long in these dogs, and most are a direct consequence of their compacted skeleton and redundant soft tissues. Many of these conditions and malformations can be markedly improved but rarely entirely cured or corrected. This is what led veterinary professionals to try to reverse the trend towards shorter noses in brachycephalic breeds; an ounce of prevention is worth a pound of cure.

Unfortunately, several studies have shown that what many breeders, owners and even veterinarians consider as "normal" is already clearly abnormal from a physiological point of view. People have been led to believe that a bulldog or pug snoring for England, unable to exercise for more than a few minutes,

struggling in hot weather or even regularly collapsing or regurgitating every few meals is normal. It is unfortunately common, but it does not make it normal. Many of these dogs struggle to stay alive.

*As a surgeon, I have been sensitised early to the issue of brachycephalic dogs. I was trained as a specialist in Paris, where the number of French bulldogs rocketed during my years of training.* We needed to improve fast on their treatment and our hospital then produced a number of the milestone studies which increased our understanding and ability to treat brachycephalic syndrome.

I cannot recollect how many times I have lectured on this syndrome, hoping to help my colleagues get a better grasp of what it is and of the role we have to play, in treating it today, and making it a disease of the past tomorrow.

This better understanding of veterinary professionals would in turn increase the awareness of the general population, which is the prerequisite to increase the number of dogs receiving treatment, but also to drive a reverse in the trend of seeking shorter and shorter noses. Realistically, the better incentive for breeders to produce dogs with less marked brachycephalic features worldwide will be a clear change in the public demand.

As much as I like treating them and see them feel better for that, I would love to never have to operate on another brachycephalic dog. Ever. So I'll keep on sawing hard this branch I am sitting on.



Professor Nick Bacon in consult with a pug patient



Bulldogs are another breed who have a list of breed-related diseases

all photos by Richard Dunwoody

To find out more about Fitzpatrick Referrals Soft Tissue Service, get in touch with our team at the Oncology & Soft Tissue Hospital in Guildford on 01483 668100



# MEET THE SPECIALISTS

Our team of clinicians here at Fitzpatrick Referrals are highly qualified and experienced Specialists. They are dedicated to providing the very best veterinary care for our patients. Let us introduce you to the individual behind the name.



**Professor Noel Fitzpatrick**  
Duniv MVB CertVR DSAO  
ACVSMR MRCVS  
Managing Director

**UNIVERSITY**  
University College Dublin

**YEAR JOINED FR**  
Noel founded Fitzpatrick Referrals in 1997, moved to a stand-alone facility in 2005 and to the hospital in Easing in 2008.

**PROCEDURES**  
I have always been frustrated when people say that operations just cannot be done, when it's scientific fact that most of the procedures referred to have already been done on experimental animals for human benefit and should have come back to help diseased animals but just didn't. Nowadays with the revolution in 3D printing and stem-cell technology, in some areas of clinical veterinary practice we may be ahead of human medical practice. Therefore I think it behoves all veterinary professionals to question what is actually in the best interest of the patient. If a new procedure may in fact be superior to something that is in a book at this time, then I believe we should move forward, because that's the right thing to do. I firmly believe that all families of all animals have a right to all of the options and expect us to hold their hand in making the best decision for their animal friend. Sometimes that's a well-established procedure, sometimes it's amputation or euthanasia sadly, or sometimes it may be a new procedure. In our practice the complication rate for new procedures does not exceed that for routine procedures at this time, so it's no longer valid to say that risk exceeds reward.

As a result over the past 15 years we have developed more than 40 new procedures, some of which are not available at the moment anywhere else in the world. These include artificial limbs with endo-or exo-prostheses for trauma and cancer, custom designed joint replacements, stem-cell augmented scaffolds for re-growing parts of bone and joint, special techniques for osteotomies and growth deformity correction, custom designed spinal disc replacement and fusion systems, 3d mesh skull reconstruction systems, and cartilage transplant devices. I still consult and operate most days and I still enjoy the routine procedures such as arthroscopic joint surgery and fracture repair.

**FAVOURITE PROCEDURE**  
I take particular satisfaction in the fact that we offer more options for the treatment of elbow dysplasia than any other practice on Earth today. To this day, 20 years from when I first conceived the technique, I also love to repair complex pelvic fractures in cats using external skeletal fixation, because the pre-op radiograph looks like a bag of bones and the post-op radiograph instantly speaks of success or failure. It's still the litmus test of acumen for me.

**BEST PART OF JOB**  
There's a wonderful joy in sending home an animal that is scooped up off a roadside with little hope and returning them to full function and a smiling family.



**Professor Nick Bacon**  
MA VetMB CertVR CertSAS  
DipACVS DipECVS FRCVS  
Clinical Director of  
Oncology & Soft Tissue

**UNIVERSITY**  
University of Cambridge

**YEAR JOINED FR**  
2014

**PROCEDURES**  
Skin tumours (often on limbs) with reconstruction, oral masses (mandibulectomy and maxillectomy), musculoskeletal tumours and general oncologic investigations. I also see general soft tissue cases, including wounds, foreign bodies, ear disease, urinary incontinence, nasal discharge, perineal hernias and airway cases, and we have just started the interventional radiology stenting programme for tracheal collapse.

**FAVOURITE PROCEDURE**  
Liver and adrenal surgery

**PROFESSIONAL INTERESTS**  
Head and neck surgery, and endocrine neoplasia. We are also involved in a project with some human cancer researchers to better understand the biology of soft tissue sarcomas in dogs, another tumour we see weekly, sometimes daily.

**BEST PART OF THE JOB**  
Offering people options they didn't know were possible, and seeing the patient's life improve because of it. Also when clients drop off wine as a thank-you!

**WHAT DO YOU DO AFTER WORK**  
Run or swim if I am organised enough, think about decorating my new house but not progressing, barbecuing some part of my dinner every night if at all possible, and creating the next big gin craze.



**Dr Sarah Girling**  
BSc BVSc CertSAS  
DipECVS MRCVS  
Senior Surgeon in  
Orthopaedics

**UNIVERSITY**  
Massey University,  
New Zealand

**YEAR JOINED FR**  
2006

**FAVOURITE PROCEDURE**  
Total hip arthroplasty; perfect execution thereof. Managing intervertebral disc disease with spinal decompression; the reward of complete recovery of patient mobility with the associated delight of the owner. And finally, the deep satisfaction of fracture reconstruction with subsequent healing.

**PROFESSIONAL INTERESTS**  
I have a broad interest in all things orthopaedic with a side line in neurosurgery (disc disease). Specific orthopaedic interests includes arthroscopy as a diagnostic tool and joint arthroplasties (and favourites, of course).



**Dr Clare Rusbridge**  
BVMS PhD DipECVN  
FRCVS  
Chief of Neurology

**UNIVERSITY**  
University of Glasgow

**YEAR JOINED FR**  
2013

**PROCEDURES**  
Routine and complex spinal surgery, surgery for cerebrospinal fluid disorders and brain surgery for tumour and cyst removal.

**FAVOURITE PROCEDURE**  
Spinal arachnoid cyst marsupialisation and brain tumour removal.

**PROFESSIONAL INTERESTS**  
Chiari-like malformation, syringomyelia, feline orofacial pain syndrome, neuropathic pain, compulsive disorders, inherited diseases, epilepsy (including rare syndromes such as Lafora disease), and polymyositis and rehabilitation following spinal injury.

**WHAT MAKES YOU PROUD TO WORK AT FR**  
The ethos of innovation and problem-solving, and that we always do our very best by the animal and never put profit first.

**CATS OR DOGS?**  
Too difficult - my life is enriched by both (and also rabbits!)





**Dr Colin Driver**  
BSc BVetMed (Hons)  
MVetMed PhD DipECVN  
MRCVS  
Senior Surgeon in  
Neurology

**UNIVERSITY**  
Royal Veterinary College

**YEAR JOINED FR**  
2014

**PROCEDURES**  
Spinal surgery, occasional brain surgery, with the odd nerve/muscle biopsy. Spinal surgeries including decompressive procedures for herniated discs, spinal tumours and bleeds, spinal fractures, vertebral instability stabilisations, corrections of vertebral malformations like kyphosis and scoliosis. Brain surgeries including craniotomies to remove tumours, abscesses, haematomas and trauma; shunt surgeries for hydrocephalus and syringomyelia.

**FAVOURITE PROCEDURE**  
Trans-frontal craniotomies are neat.

**PROFESSIONAL INTERESTS**  
Developmental neurosurgical problems like vertebral malformations and hydrocephalus. My PhD was in Chiari-like malformation and syringomyelia. But all neuro stuff really...

**WHAT GETS YOU THROUGH THE DAY**  
Hugging dachshunds

**IF I HAD A SUPER POWER IT WOULD BE**  
Getting home on time!



**Dr Laurent Findji**  
DMV MS DipECVS  
MRCVS  
Senior Surgeon in  
Oncology & Soft Tissue

**UNIVERSITY**  
Ecole Nationale Vétérinaire d'Alfort, Paris

**YEAR JOINED FR**  
2014

**PROCEDURES**  
Any soft tissue surgeries and oncologic surgeries.

**FAVOURITE PROCEDURE**  
It would be quicker to list the surgeries I don't like. If I have to choose, I would list reconstructive surgery (skin flaps, skin grafts, facial and body wall reconstructions), whether it be after trauma or removal of tumours. I quite enjoy upper airway surgeries as well (brachycephalic syndrome, laryngeal paralysis or masses, etc). Any challenging tumour removal will also make my day...

**PROFESSIONAL INTERESTS**  
Oncologic, reconstructive and general soft tissue surgeries.

**BEST PART OF THE JOB**  
Reuniting people with their animal friend after a successful treatment

**QUOTE TO LIVE BY**  
A gentleman is one who puts more into the world than he takes out (George Bernard Shaw).

**Dr Chris Jordan**  
BSc (Hons) BVetMed MRCVS  
Surgical Registrar in Orthopaedics

**UNIVERSITY**  
Royal Veterinary College

**YEAR JOINED FR**  
2015

**FAVOURITE PROCEDURE**  
Tibial plateau levelling osteotomy, arthroscopy, fracture stabilisation.

**PROFESSIONAL INTERESTS**  
Clinical research, translational orthopaedics.

**Dr Stephen Kalff**  
BVSc MANZCVS DSAS(Orth) MRCVS  
Senior Surgeon in Orthopaedics

**UNIVERSITY**  
Melbourne University, Australia

**YEAR JOINED FR**  
2014

**FAVOURITE PROCEDURE**  
Hard to pin down one or two as I enjoy most orthopaedic and spinal surgeries. However, a complex fracture repair is hard to beat.

**PROFESSIONAL INTERESTS**  
Trauma, patellar luxation, joint replacement, spinal surgery.



**UNIVERSITY**  
Louisiana State University School of Veterinary Medicine. Tulane University was my first uni degree.

**YEAR JOINED FR**  
2015

**PROCEDURES**  
Diagnosis, assessment and staging of all forms of cancer including but not limited to haematologic cancers (lymphoma, leukaemia), solid tumours (sarcomas), skin masses, head & neck/oral tumours and radiotherapy consultations. Diagnostic procedures include tumour biopsy, bone marrow aspirates, needle aspirates/cytology and CT scan/diagnostic radiography. Comprehensive management of cancer patients including conventional and targeted chemotherapy, melanoma immunotherapy, cryotherapy, radiotherapy wound management, quality of life assessment, palliative care and pain management.

**FAVOURITE TREATMENT**  
Stereotactic radiotherapy

**PROFESSIONAL INTERESTS**  
Neuro & musculoskeletal oncology, targeted anti-cancer therapies, cancer markers and stereotactic radiosurgery.

**WORST PART OF THE JOB**  
Having to tell some families that we cannot help their animal friend any further.

**WHAT GETS YOU THROUGH THE DAY**  
Chocolate, and the knowledge that we make a difference in our patients and clients lives everyday.



**Dr Kelvin Kow**  
DVM MS DipACVIM  
(Oncology)  
MRCVS  
Senior Consultant in  
Medical Oncology



**Dr Miguel Solano**  
DVM DipECVS MRCVS  
Senior Surgeon in Orthopaedics

**UNIVERSITY**  
University of Barcelona

**YEAR JOINED FR**  
2011

**PROCEDURES**  
Fracture repair, cruciate ligament disease, arthrodesis and arthroscopy/arthroscopic procedures for management of developmental elbow disease.

**FAVOURITE PROCEDURE**  
A complex fracture to a glorious elbow arthroscopy in a very small dog.

**PROFESSIONAL INTERESTS**  
A combination of clinical work and research to continue improving animal care. Teaching

is another passion - training interns, residents and the future veterinary students completes the perfect triad.

**WHAT DO YOU DO AFTER WORK**  
Love to socialise, going to the cinema and going out. Watching lots of videos on personal growth and I do occasional yoga.

**IF I HAD A SUPER POWER IT WOULD BE**  
The one that would allow me to free all human beings from our conditioning... it would make this world so much better.



**Russell Yeadon**  
MA VetMB CertSAS DipECVS  
MRCVS  
Senior Surgeon in Orthopaedics

**UNIVERSITY**  
University of Cambridge

**YEAR JOINED FR**  
2006 as an intern, 2007 as a resident, 2013 as a specialist.

**FAVOURITE PROCEDURE**  
TPLO, fracture stabilisation, pancarpal arthrodesis.

**PROFESSIONAL INTERESTS**  
Cruciate ligament surgery, elbow disease, fracture management.



# CASE STUDY

## LIZZIE, OUR LITTLE TROOPER

Lizzie is a 9 year old rescue Cairn Terrier who has lived with Mr and Mrs Shave for the past 8 years. They took Lizzie to see their primary care vet Alex Davies at Park Vets in Sidcup when she was presented with difficulty in walking on her hindlimbs. Lizzie had a number of side effects associated with the use of NSAIDs and controlling her pain was a challenge. Alex referred Lizzie to see Dr Miguel Solano at Fitzpatrick Referrals Orthopaedics and Neurology hospital after he suspected bilateral cranial cruciate ligament disease.



On clinical examination, Lizzie was diagnosed with unstable bilateral cranial cruciate ligament disease in her stifles. Pain on manipulation of her right hock and subsequent radiographic signs suggested severe degenerative joint disease. Mr and Mrs Shave were keen to explore surgical options in order to reduce her pain and improve her overall function.

The choice of bilateral simultaneous surgery versus staged were reviewed with Mr and Mrs Shave and Miguel explained in detail the potential complications, recovery time, postoperative care and long-term outcome. It was decided that a bilateral simultaneous tibial plateau-leveiling osteotomy (TPLO) surgery was the best option for treatment. As Lizzie's concurrent hock severe degenerative joint disease may hamper the outcome after TPLO surgery, subsequent pantarsal arthrodesis was considered depending on her recovery.

Bilateral single session TPLO was performed and 2.0mm Synthes locking TPLO plates and screws were applied. Post-op radiographs were satisfactory and post-operative analgesia was provided by intra-muscular and transdermal administration of opioids.

*Lizzie recovered well and was discharged from Fitzpatrick Referrals four days later. Fitzpatrick Referrals are continuing as part of the care team with family vet, Alex Davies to manage postoperative pain and monitor Lizzie's progress. A further clinical review assessment has been scheduled imminently.*

*"We are still in the early stages of recovery for Lizzie. It has been challenging as medical options were impossible due to side effects of anti-inflammatory drugs, but Mr and Mrs Shave's incredible dedication and Lizzie's resilience to pain has started Lizzie's long journey to recovery off to an incredible start. Lizzie and the Shave family are certainly a shining example of resilient joy in spite of adversity!"*



Dr Miguel Solano DVM DipECVS MRCVS



Post-op radiographs of Lizzie's stifles following TPLO surgery



*"Lizzie has been a delightful patient. She's always bright and cheeky but with just the right level of attitude to be endearing. Her strongest character trait, which has also been our real challenge, is that she hides immense levels of pain.*

*We first saw Lizzie for physiotherapy to help medically manage her bilateral cruciate injuries. We had been working alongside Fitzpatricks to do what we can for her, but it became clear that medical management wasn't going to work. Her tibial plateau slopes were some of the worst that we've seen in a long time and she had also been hiding a weakness in her hock.*

*So we've got to the stage where this stoic little dog has been in for her surgery. I've been in regular contact with Miguel all the way through, and both I and the owner have found him brilliant.*

*It's early days in her recovery, but so far so good, and we're all crossing our fingers for the delightful little trooper!"*

Alex Davies BVSc MRCVS PGCert SAS AVP

# IN THE SPOTLIGHT

**Taking time to get to know more about the people behind the referral!**

NAME	Andrew Alexander Davies (Alex)
AGE	35
TRAINING	University of Bristol
FIRST JOB	Mixed practice in Isle of Wight
CURRENT JOB	Senior Vet at Park Vets in Sidcup, Kent

## WHY ARE YOU A VET?

My sister wanted to be a "panda vet" and I guess I copied her! After my first week on work experience, I fainted seeing a dog being castrated but still loved it so much that I went back in and I've never looked back.

## BEST PART OF YOUR JOB?

Being able to help, whether that be my patients, reassuring my owners, or just being there to support our junior members.

## THREE WORDS THAT DESCRIBE YOU?

Professional, caring but cheeky.

## WHO IS YOUR HERO?

Veterinary wise I'm going to name check Russell Yeadon just for his passion and how helpful he is! In a non-veterinary sense: Chris Hadfield for bringing the science, wonder and excitement to a new generation in a way not done since Carl Sagan.

## MOST UNUSUAL ANIMAL YOU TREATED?

I'm more of a small animal vet, but I do love a stubborn tortoise!

## YOUR PASSION?

Small animal orthopaedics is my favourite area, but I also love trying to teach a new generation of vets, even if it's just to learn from my mistakes!

## WHAT KEEPS YOU AWAKE AT NIGHT?

Any case that's not gone as well as expected. I hate to let down my clients and patients.

## IF YOU COULD BE GRANTED A WISH, WHAT WOULD IT BE?

Good health for my new baby!

## WHAT WORDS WOULD INSPIRE A CHILD TO BECOME A VET?

If you're a vet, you won't be stuck in an office. You get to play with animals all day, and you can always do your best to help.

## WHAT DOG BREED WOULD YOU BE?

A Boxer - loves everyone and always a bit naughty!

## WHAT WOULD YOU BE IF NOT A VET?

Astronaut or computer engineer!

## WHERE IS YOUR HAPPY PLACE?

Either with my family, or on a boat sailing the channel.

## DO YOU NEED TO LOVE ANIMALS TO BE A GREAT VET?

No because sometimes you have to make some hard decisions, and a degree of separation from the emotion of the situation can help, but on the bad days being able to play with the kittens and puppies really helps when you love animals!

## YOUR DREAM DESTINATION?

Machu Picchu or Mars (sometimes my wife would prefer the latter!)





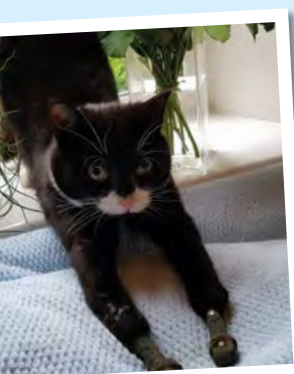


## CLIENT COLUMN

### Our Peanut (aka 'The Pea'nutter')

By Denise Gregor

Peanut was born with a congenital deformity which meant that he walked on his carpi (wrists). Despite his disability Peanut was a very cute and lively four week old kitten, full of energy, spirit and attitude!



I consulted with two local veterinary surgeons; both of which advocated euthanasia, however one asserted that the only hope for Peanut would be a 'miraculous surgical intervention'. Peanut had such a will to live, and to live well. I refused to give up on him.

We spent many hours developing and applying splints and bandages to protect his legs. Unfortunately, Peanut's condition deteriorated and he developed over flexion of both wrists with rotation of the right leg. He was still using his front legs to run around the woods and was enjoying

his life, but abnormal usage of the fore legs caused skin abrasions and life threatening infections. The prognosis was not good, and I knew it. My vet and I decided that our only option was to refer Peanut to Fitzpatrick Referrals. This was Peanut's only chance of life; otherwise he would be put to sleep!

Fortunately Professor Noel Fitzpatrick considered Peanut to be suitable candidate for 'bionic legs', a procedure which has been done before, albeit not without significant risk. The procedure had never been done before on two front legs of a cat but I had no choice; it was 'do or die'!

Noel guided me through the mental preparation over the past year and was there for me every step of the way during the surgical procedure and beyond, caring for both myself and Peanut. When infection took hold post-op, Noel and his team were there again thinking outside the box for a solution. A brave solution. Again a procedure he'd not done before. But it worked and Peanut's legs healed.

Noel never gave up on Peanut... he believed and he achieved, and by goodness did he achieve! Peanut is a true Meccano miracle. He uses his bionic legs as if they are his own. Thanks to an extraordinary man and his amazing team.



## TIME TO CELEBRATE!

Our Orthopaedic team recently attended the European Society of Veterinary Orthopaedics and Traumatology Congress in London on 8th-10th September. Professor Noel Fitzpatrick presented two lectures, and our very own Surgical Resident **James Guthrie** ECVS presented his poster on his research into pelvic fractures.

Congratulations to Chief of Neurology **Dr Clare Rusbridge** on being granted a Fellowship for Meritorious Contributions to Knowledge by the Royal College of Veterinary Surgeons!

Well done to Senior Nurse in Oncology and Soft Tissue, **Jessica Barnes** who graduated last month with distinction in her Masters Nursing Degree from Harper Adams University - only the second person in the UK to do so!

## Fitz & Pieces



James Guthrie



Dr Clare Rusbridge



Jessica Barnes

Also a big congratulations to Professor Nick Bacon who has recently become Chair of the RCVS Fellowship Board and is also a recipient of a Fellowship for Meritorious Contribution to Clinical Practice!



Professor Nick Bacon

### IN AN EMERGENCY

To discuss a case or for any urgent or emergency referrals, please call us

For Orthopaedic and Neurological emergencies  
**TEL 01483 423761**

For Oncological and Soft Tissue emergencies  
**TEL 01483 668100**

For opening times and more information visit  
[www.fitzpatrickreferrals.co.uk](http://www.fitzpatrickreferrals.co.uk)



Fitzpatrick Referrals  
Orthopaedics & Neurology  
Halfway Lane,  
Eashing, Surrey GU7 2QQ  
Tel: 01483 423761 | Fax: 01483 527590  
[enquiries@fitzpatrickreferrals.co.uk](mailto:enquiries@fitzpatrickreferrals.co.uk)



Fitzpatrick Referrals  
Oncology & Soft Tissue  
70 Priestley Road,  
Guildford, Surrey GU2 7AJ  
Tel: 01483 668100 | Fax: 01483 668101  
[guildford@fitzpatrickreferrals.co.uk](mailto:guildford@fitzpatrickreferrals.co.uk)

Our contact details

Company Registration: Fitzpatrick Referrals Limited 5287667 - Fitzpatrick Referrals Oncology and Soft Tissue Limited 08627448

World-Class Veterinary Medicine, Hope and Healing