



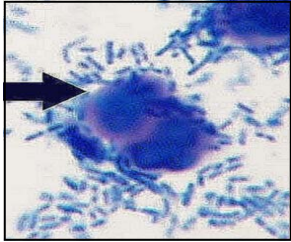
FLYER



URINE CULTURES When are they Indicated?

By Lisa Dzyban, DVM, DACVIM

Does this sound familiar?



Bacteria and neutrophils

“I don’t run many cultures, because the clients don’t like to pay for them, and the cultures always come back negative.”

Urine culture is obviously indicated with an active sediment, concern for a urinary tract infection (UTI) due to a resistant organism, or possible pyelonephritis, prostatitis or metritis.

As an internist, I say a culture is indicated whenever two UTI’s have occurred within six months. Is this a relapse infection (same microorganism as previously) or is this a re-infection (different organism)? The primary causes and possible therapies will differ. I believe a urine culture is indicated in **every new polydipsia/polyuria (PU/PD) patient**, even with inactive sediment. Why? Over 85% of new diabetics have a concurrent UTI; their sediment can appear inactive because urine is so dilute. Remember, the 1.035 SG of the diabetic urine is measuring the glucose concentration of the urine...it is not a concentrated sample! Also, over 80% of Cushing’s patients have a concurrent UTI and will not show clinical signs or pyuria because of associated immunosuppression. Finally, septic interstitial nephritis is also a cause of PU/PD; BUN and creatinine may be normal. Similarly, a chronic diabetic or Cushing’s patient should get a urine culture if response to medication is suboptimal. Many clinicians will routinely monitor urine cultures on such patients 2x/yr.

Or does this sound familiar?.....

“Why are bacteria seen in the urine sediment, but the urine culture result is negative?”

Either a false positive microscopic evaluation or a false negative urine culture has occurred.

False (+) Sediment:

- Lipid droplets, debris or stain artifact interpreted as bacteria (usually cocci)
- Stain bacterial contamination (occurs commonly)
- Technician or veterinarian inexperience in sediment evaluation

False (-) Culture:

- Delay in culture set-up (ideally done within 6 hrs of urine collection)
- Exposure of sample to heat or cold
- Patient already on antibiotics or not discontinued for at least 48 hours
- Fastidious, microaerophilic or even anaerobic organism

If the veterinary staff guards against the above problems and strongly recommends urine cultures for repeat urinary tract infections and polydipsic patients, culture results and antimicrobial therapy will be optimized. Hopefully, this means happier patients, clients, and veterinarians!

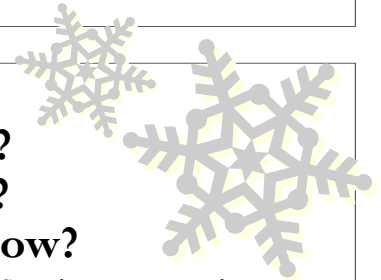
GOING PAPERLESS?

Thinking “Green” in 2009

Whether your goal is saving paper, saving time, saving the planet, or all the above, many clinic managers are exploring the option of paperless data management.

Phoenix Laboratory is pleased to announce our first paperless reporting option as we near the completion of the ImproMed® connectivity project. If you are using ImproMed®, electronic laboratory reporting is available soon for you. Call the Phoenix Laboratory Marketing department or email labnews@pclv.net for more information.

Watch for future announcements of available connectivity for IntraVet, AVImark, DVMAX®, and VIA™. If you use other veterinary management systems than those mentioned here, please let us know.



Cold? Ice? Snow?

Tips for Specimen Protection:

Whenever possible, refrigerate your specimens until your Phoenix Courier arrives at your office.

Keep your specimen boxes out of the direct weather whenever possible.

Prevent freezing of lavender top tubes for CBC, and always prepare smears in your office from the fresh sample.

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EDUCATION CORNER



BTC Announces: New Vet Tech Program for 2009

Bellingham Technical College (BTC) is pleased to announce, "There is a new Veterinary Technician Program in Washington State!" The new two-year program grants an Associates Degree in Applied Science. Enrollment for the January start date is occurring now.

BTC gives sincere thanks to Phoenix Central Laboratory for sponsoring clinical laboratory courses by donating teaching slide sets and specimens!

If your hospital would like to make a tax-deductible donation of large or small animal items (books, equipment, models or specimens), contact Lisa Dzyban, DVM at ldzyban@btc.ctc.edu. If you would like more information regarding the program, please go to www.btc.ctc.edu.

FEATURED SERVICE

Necropsy

Pet owners are increasingly requesting necropsies, particularly in cases of unexpected or unexplained death. A thorough post-mortem evaluation also allows clinicians to learn as much as possible from difficult cases. In spite of advances in medical diagnostic technology, studies in both human and veterinary medicine continue to show significant discrepancies between antemortem diagnosis and postmortem findings in approximately 50% of cases.

In order to maximize client access to this important service, Phoenix offers both a complete in-house necropsy and a **"necropsy in a bottle."** The complete necropsy includes body pickup, comprehensive gross and microscopic evaluation, any indicated special stains, cultures, or other in-house ancillary diagnostics (additional charges apply for sendout testing, i.e. toxicology), and disposition of the body as directed.

For bodies to be submitted to Phoenix, or when postmortem examination in your clinic will be delayed, cooling of the body is essential to delay tissue autolysis. While freezing does not always preclude definitive postmortem diagnosis, it can obscure or destroy subtle lesions, and should be avoided whenever possible.

Whichever service you elect, always submit a complete history including results of any antemortem diagnostic tests, as this information allows the pathologist to perform the most thorough and meaningful assessment of your case. If submitting a "necropsy in a bottle", a description of gross findings should also be submitted. A checklist of suggested tissues to collect/submit is available through our Customer Service Department.

Please contact the Laboratory for specific submission instructions and pricing information.