

Certificate in Advanced Veterinary Practice
C-SAM.8 Small Animal Medicine A

Module Outline



Module Leader:

Dr Rebecca Geddes MA VetMB MVetMed PhD DipACVIM FHEA MRCVS
Senior Lecturer in Small Animal Internal Medicine

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Introduction

This module is focused on small animal medicine, in particular on the cardiovascular, respiratory, haematopoietic and endocrine system of dogs and cats.

This module is aimed at candidates interested in enhancing their knowledge and understanding of these topics within small animal medicine and is a compulsory module for candidates wishing to obtain a Certificate in Advanced Veterinary Practice (Small Animal Medicine).

For a designated Certificate in Advanced Veterinary Practice (Small Animal Medicine) you must complete this module, Small Animal Medicine modules 9 and 10, a fourth 10 credit module and an RCVS synoptic assessment.

Aims

To enhance the depth and breadth of your knowledge and understanding of disorders of the cardiovascular, respiratory, haematopoietic and endocrine systems affecting dogs and cats, including pathophysiology, clinical signs, diagnostic approach, rational therapy and case follow-up.

Learning outcomes

At the end of the module, candidates should be able to:

1. Recall the pathophysiology of clinical disease syndromes, and demonstrate a rational approach to diagnostic evaluation and treatment of clinical cases with diseases affecting the cardiovascular, haematopoietic, endocrine and respiratory systems of the dog and cat;
2. Apply clinical reasoning skills and evidence-based medicine in the diagnostic approach and management of diseases relevant to the topics covered;
3. Critically appraise the literature relevant to clinical cases in the topics covered and indicate how the literature has or will be used to inform their clinical practice;
4. Critically reflect on their diagnosis and management of cases and outline the impact this process has had on their clinical practice.

Learning outcomes for this module are consistent with assessment at level 7 in the National Qualification Framework and reflect that this is a 10 credit (100 hour) module.

Module content

1. Cardiovascular disorders

- Clinical evaluation of the cardiovascular system
- Principles and applications of diagnostic aids (ECG, radiology, ultrasonography, cardiac biomarkers)
- Diagnosis of congenital and acquired heart disease
- Management of congenital disease, cardiac failure and the more common arrhythmias

2. Respiratory disorders

- Clinical evaluation of the respiratory system
- Principles and applications of diagnostic aids (radiology, bronchoscopy, rhinoscopy, BAL, advanced imaging such as CT/MRI)
- Diagnosis and management of common respiratory disorders

3. Haematopoietic disorders

- Clinical evaluation of the haematopoietic and immune systems
- Principles and applications of diagnostic aids (bone marrow biopsy, clotting tests, immunological testing)
- Diagnosis and management of the common disorders

4. Endocrine and metabolic disorders

- Clinical evaluation of the endocrine system
- Principles and applications of diagnostic aids (laboratory testing, radiology, ultrasonography, advanced imaging such as CT/MRI) applicable to endocrine disease
- Diagnosis and management of the common disorders of the endocrine system
- Diagnosis and management of metabolic disorders of the skeletal system

Enrolment advice

Before embarking on this module, you should fulfil the following criteria:

- a) You should have completed module B-SAP.1.
- b) If you are only enrolling for the C medicine modules with RVC, it is **highly recommended** that you write the medicine report in module B-SAP.1 and have this reviewed by the assessors prior to assessment of any C module work in order to assist with transition to the CertAVP. If you have completed the B-SAP.1 module at another institution, a B-SAP.1 medicine report may be submitted for feedback.
- c) It is your responsibility to ensure that you have access to sufficient cases to produce adequate material for the module.

Coverage of this module may be integrated with others, particularly other B and C modules. All candidates will normally have completed A-FAVP.1 Foundations of Advanced Veterinary Practice module, and at least one of the practice B modules, before undertaking a C module, although you can choose to work through modules in a different order if you wish. In whichever order modules are tackled, compliance with best practice for all the topics covered by module A-FAVP.1 will be expected whenever these are appropriate in C modules. For example, awareness of, and compliance with, all relevant legislation, welfare and ethical principles will be required throughout.

You are advised to plan a structured programme of continuing professional development to help you achieve your objectives. Involvement in 'learning sets' and networks of other candidates working towards the same or similar modules is encouraged; this could be initiated by the candidates themselves via RVC Learn. The RCVS considers that candidates will need advisers/mentors to support them through the certificate.

Assessment

- Case diary of 50 cases involving problems of the cardiorespiratory, haematopoietic and endocrine systems and metabolic skeletal disorders (if seen) to assess your range of experience and encourage reflection on cases managed. Cases are eligible to be included in the case diary if seen within the 12 months prior to enrolment on the CertAVP (not just the C-SAM module).
- After completion of the case diary you should write a 1,000 word synopsis essay of what you have learned from these cases.
- 3 written case reports of 1,750 words each (on 3 of the topic/body system areas identified in the module contents) that will enable assessment of your problem-solving skills, knowledge and clinical reasoning. These 3 cases can also have been included in the case diary.
- One case report can be submitted for review prior to being marked. This is only permitted once per candidate per discipline. It must be submitted as a fully written report and not a draft version. Feedback will be given on the approach to writing the case report that can be applied to all future medicine reports and modules, rather than specific comments on management of the individual case.
- 1 hour 30 minutes written examination composed to two unseen clinical case scenarios which will be used to assess the breadth and depth of your knowledge base and your problem-solving ability.

Annual assessment timetable

Early September	'Student check in' – online Teams call with the CertAVP team and other students
10th October	Case diary and synopsis to be submitted for marking
15th November	You will be informed of the outcome/marks of your submitted work
10th January	Single case report to be submitted for formative feedback
15th February	Case report formative feedback returned
Early February	'Student check in' – online Teams call with the CertAVP team and other students
10th April	Case reports to be submitted for marking
15th May	You will be informed of the outcome/marks of your submitted work
Early June	'Student check in' – online Teams call with the CertAVP team and other students
Mid July	Written examinations to be held (date to be confirmed)
Early September	You will be notified of your exam result

Assessment weighting

- Case diary with synopsis 30%
- Case reports 40%
- Exam 30%

Learning support

Learning support is provided to aid self-directed learning and to provide easy access to published articles. You will be given a username and password which will allow you to log on to 4 different systems:

1. RVC Learn (<http://learn.rvc.ac.uk/>)

- For each module there are medical cases to work through, with guideline answers and relevant references as well as some cytology and endoscopy images
- Sample case diary, essays and case reports
- Access to discussion forums that are used by all CertAVP candidates and RVC tutors
- A webinar which contains guidance on preparing written work for the medicine C modules.
- Access to the RVC online library. This is invaluable when researching literature for writing up case reports. This means that (with rare exception) all journal articles that you want to view can be downloaded to your PC with a few mouse clicks. This includes original research articles as well as review articles and case reports. IT and Library support is available for this facility (email library@rvc.ac.uk or helpdesk@rvc.ac.uk).
- There are also several CPD courses run each year at the RVC that support some of the learning outcomes for C-SAM modules. CertAVP candidates receive a 20% discount on RVC CPD courses – please contact the CertAVP office for further details.

2. RVC Intranet (<https://intranet.rvc.ac.uk>)

Access to all information available to all RVC students and employees, for example, news, events, policies, committees, services, Library, IT helpdesk, etc.

3. Athens (<http://www.openathens.net/>)

A huge amount of any library's information is now available online, e.g. electronic journals, e-books and databases. 'Athens' is a system used by UK universities for controlling access to these type of online services and with your username and password, you can access many of a library's online databases, electronic journals and e-books seamlessly.

4. Email (<http://mail.rvc.ac.uk>)

You are given an RVC email address, which is **compulsory** to use for CertAVP communication and submission of work.

Case diary guidelines

For this C-SAM.8 module you must prepare a case diary of 50 cases involving problems of the cardiorespiratory, haematopoietic and endocrine systems and metabolic skeletal disorders (if seen) to assess your range of experience and encourage reflection on cases managed.

The aim of the case diary is to demonstrate that you have exposure to an appropriate range of cases. A secondary aim is for you to demonstrate to the examiners that you are investigating and managing cases appropriately. If (for example) an important diagnostic test is missing from a particular case early on in the diary, the examiners would expect to see evidence of you improving your diagnostic skills and including such a test in a similar case later on in the diary. Conversely whilst appropriate and complete investigation is ideal, the examiners are keen to see that indiscriminate testing is not performed.

The examiners appreciate that collating cases in first opinion practice may result in including animals without a confirmed diagnosis and/or that underwent limited work-up for various reasons. We encourage you to include cases that are the best examples of your medical case load, but we will accept a smaller proportion of cases (maximum 8 (15%) cases) that have a presumptive diagnosis and those that had limited work-up. For either you should indicate this by indicating e.g. 'presumptive diagnosis' or 'limited investigation due to'. Where there has been a limitation in investigations, you may consider indicating the diagnostic approach that was recommended even if not ultimately feasible.

The examiners do expect to see a moderate number of common conditions (such as hyperthyroidism or congestive heart failure in C-SAM.8) within the case diary when you work in general practice. Indeed, it is important to include some of these cases to demonstrate your investigation and management of these conditions. However, we advise against including large numbers of animals with common conditions as this suggests that you are not exposed to a varied enough medicine caseload. Including more than five cases with the same or very similar diagnosis is not advised. Conversely, we do not expect you to have seen every type of disorder that might be included within the module content (especially rare disorders).

The following guidelines will help with compiling your case diary:

- Cases (canine and feline medicine only) should be submitted in chronological order.
- The diary must be able to be viewed on one page when reading from left to right (landscape).
- Cases can be collected from up to 12 months prior to the date of enrolment on the CertAVP programme. Please note that the learning involved in studying for a C module should enhance your case management, therefore if all cases are selected from the period prior to enrolment this might adversely affect the quality of the diary.
- We encourage you to ensure that you have a roughly equal breakdown of cases across all of the topics included in the module. To assist you with this process, we strongly recommend that you include a column in your case diary that indicates which 'category' you consider the case falls under. As a rough guide, we expect to see a minimum of 8 cases within each of the 4 module topics. Case diaries that are lacking in cases in one or more topics may not meet the criteria to pass.
- We encourage the use of abbreviations where appropriate (e.g. UA for urinalysis, U/S for ultrasound) but you must include a key to your abbreviations. Please also include a key for exactly which diagnostic tests have been included in each e.g. UA; urinalysis (includes specific gravity, dipstick and sediment examination) or faecal; faecal parasitology (includes egg count, giardia and cryptosporidium unless otherwise stated).
- We strongly advise that you record potential cases directly into a spreadsheet as you go along. This will save you a lot of time nearer to the submission date, and any unwanted cases can easily be removed.
- Try to avoid including cases when the management was predominantly surgical with minimal medical investigation or management.
- Whilst the case diary is meant to be a brief summary of the case, do include detail where needed. If physical examination was normal then state 'normal PE' for example. Bear in mind what minimum information the examiner requires when assessing a case presented in this format.
- The diary should be written using scientific terminology e.g. fluid therapy rather than 'iv drip'. Using this example it would be even better to state 'crystalloid intravenous fluid therapy'.
- The three cases that you choose to write up as case reports are eligible to be included in the case diary.
- Cases that have already been submitted for any other examination or assessment are not eligible to be used in the CertAVP.

Case diary synopsis

A 1,000 word reflective synopsis essay is required to accompany the case diary. This synopsis might include:

- discussion of what might have changed in your approach to a new case
- any new procedures or investigations that are now considered during case investigations
- any unexpected features of a case which might influence decision making or case management in the future
- discuss whether there has been any impact on you and your team for future practice and learning
- any additional reading which was helpful.

This is a good opportunity to explain or clarify any aspects of your case diary to the examiner and to state any plans you have for future study. Wherever appropriate use your further reading and available evidence to support any statements that you make – further examples of this are given in the assessment webinar available on the Learn C module homepage. Referencing is expected in the synoptic essay. Examples of reflective essays are also provided although please note that there is not a specific format that must be followed. You must stay within the word limit given or the work will be returned unmarked.

Case report guidelines

Select your cases from a range of commonly presented conditions which fall within the module contents for the chosen module. Ideally, cases that have been well investigated and followed-up will be chosen, and we do expect these to be your best medicine case examples. Please remember to use canine and/or feline medical cases only; all three cases can be just canine or just feline (the case diary must demonstrate breadth and include both cats and dogs). Although medical cases may be worked up collaboratively you must be the primary clinician and have been actively involved in the diagnostic and therapeutic decision making for the cases you present. Where external centres or visiting specialists have been used for part of the diagnostic investigation (e.g. advanced imaging) then this should be specified within the report.

Ideally, you will choose cases that span 3 of the 4 module topics rather than choosing cases that are similar to one another. We can assess your approach to medical cases, clinical reasoning and knowledge more effectively if the cases chosen represent a range of different disease processes, diagnostic work-up and management.

If you are unsure about case selection please consult your mentor or the CertAVP team for further advice. As a guide the following cases usually represent poor case selections:

- Rare or overly complicated cases.
- Cases that do not enable you to demonstrate your problem-solving ability, clinical reasoning and ability to perform appropriate treatment and case follow-up. This might include cases with an obvious diagnosis on presentation, those with limited clinical pathology or imaging findings and those cases for which treatment and follow-up are very simple or minimal.
- Cases without a diagnosis or lacking appropriate investigation to substantiate a given diagnosis.
- Cases whose diagnosis is substantially made by post-mortem examination.
- Cases that are investigated and managed largely at a referral centre rather than by you.
- Cases that are euthanatized following diagnosis with minimal medical therapy.
- Cases whose definitive treatment is surgical with limited medical involvement. (Surgery may be part of the investigation, for example to collect biopsies.)

Writing the case reports

We expect that you will build on the writing skills already demonstrated in your B module essay writing whilst taking into consideration that for the C modules, a more classic scientific case report is expected. We hope to see evidence of your problem-solving skills and clinical reasoning as well as sound management of medical cases.

We expect case reports to be written in a succinct and logical manner with the use of tables and high-quality images such as radiographs and advanced imaging if these were part of the diagnostic investigation. Ensure that all tables and figures are correctly labelled and appropriate legends are included. Where the results of diagnostic tests are included in the case reports, ensure that reference intervals for each parameter are also included. It is

helpful to include diagnostic test results for the examiners' information (within an appendix if necessary) and details of external laboratories if used (see also comments below).

The case report should be written in the third person in a style suitable for publication in a Journal (for example Journal of Small Animal Practice). You are expected to demonstrate a high standard of literacy and please ensure that any spelling and grammatical errors have been corrected. You may use well-known abbreviations provided these are explained in an appendix.

Case reports should be set out in the following order (where relevant):

- Signalment
- History and clinical signs
- Physical examination findings
 - Ensure that these sections contain all relevant information about the presenting problems as well as physical examination findings. For many medical cases history and physical examination are vital to defining the problem/s and making the correct diagnosis. Imagine what the reader will want to know particularly taking into consideration your final diagnosis.
- Problem list and problem-based assessment of the specific and important problems
 - This will be similar to the style of your B module medicine essays but you are likely to need to write very succinctly to stay within the word limit.
 - It can be useful to list your problems starting with the most specific and finishing with the least specific. Then discuss each problem in turn, defining the problem if necessary and defining the body system which is affected if possible. Some problems are better when considered together e.g. weight loss with increased appetite.
 - Most candidates include a differential list for each problem at this point. Make sure that differential lists are relevant and prioritised for your case rather than a long list that might be simply copied from a textbook. You may choose to use a different font to indicate which differentials are more likely in your opinion, or simply order differentials from most likely to least likely. Do indicate to the reviewer which method you have chosen.
- Initial overall case assessment
 - This should be a brief summary of your initial thoughts including the differentials you think are most likely in light of the information you have given

so far. This information then allows you to justify the diagnostic pathway you have chosen for this particular animal.

- Investigation
 - Within this section there needs to be some rationalisation of why certain diagnostic tests were chosen. Avoid testing for disorders/diseases that were not considered in your problem-based assessment or differential diagnosis.
 - The examiner is looking for a safe and logical approach to investigation.
 - Where emergency management is required for a patient, it is important to ensure a clear timeframe for the safe management of the case is indicated, to demonstrate to the examiner that this was considered.
 - All relevant results should be listed in the main body of the report although full results may be included in an appendix for the examiner's information.
 - Images may be included in this section or in an appendix but your interpretation must be described within the main body of the report. Reproduced images must be of high quality.
- Diagnosis
 - This will be one short sentence. The diagnosis must be logical and unequivocal unless there is some discussion adequately justifying any limitations later in the report.
- Treatment
 - This section should include details of treatment including doses of medications used, route administered, frequency of administration etc. The cascade should be followed whenever possible or justification should be given. If a critical care case is being reported then this section is likely to form a larger part of the report.
- Outcome and follow-up
 - Follow-up is an important aspect of medical case management and this should be appropriate but not excessive. If you have a large amount of follow-up information (e.g. follow-up blood results) you may find it useful to tabulate this in an appendix.
- Reflection on the case
 - The reflective discussion does not need to make the largest part of the report and, in most instances, this is not possible to remain within the word limit.
 - The reflective section should be pertinent and relate to observations relevant to the case. We are not looking for a review of the literature. Instead use your knowledge gained from research to justify and explain your clinical reasoning

or case management or what you have particularly learned from the case. You may also use available evidence to highlight your case was similar or different to reported cases with the same diagnosis.

- Reflection is required even if the case outcome was excellent, there are usually lessons to be learned somewhere. What could have been done differently; were there any limitations of investigation or management; what other treatment options could have been considered? Reflection cannot excuse a serious mistake in case management but can highlight how minor errors would be improved upon next time if they have occurred.
- For C modules we expect you to have read a range of material when researching your case such as relevant textbooks, review articles, case series and research articles from peer reviewed journals.
- References
 - These should be properly cited in the text, in accordance with the style in the Journal of Small Animal Practice (JSAP). Avoided listing references that were not cited in the text or vice versa.
 - We recommend using Harvard referencing style.
 - You will find it very helpful to use a program such as Endnote, Menderley or Zotero to organise your references. RVC library staff can support you with Endnote.
- Appendices
 - You may include appendices to provide laboratory reports or other information that you may wish the examiner to have access to but please note that the examiners are not obliged to read them (so please don't include essential case information only in the appendices).
 - The appendices may not be used to provide additional information that should be within the case report e.g. justification for use of antibiotics. Any such information will not be marked and will not contribute to the overall grade.
 - Images may be included here or in the main body of text. Include any images that you think are relevant as these generally enhance your report and enable examiners to assess your interpretation. Normal ultrasound images need not be included unless you would like to do so but clear abnormal images should be included if possible. Radiographs must be interpreted within the text of the case report and not as part of the figure legends or within the appendices.
 - Laboratory reports may be included here but all abnormalities pertinent to the case assessment need to be written in the main report and reference intervals

must be included. All laboratory results should be interpreted appropriately within the text of the case report and not within the appendices.

- It is acceptable to scan printed reports rather than re-type them if you prefer, but any case details or details of your name or practice must be blanked out.

The word limit is 1,750 words per case report. Tables, figure legends (including description of radiographs), appendices and reference list are NOT included in the word count. The report title and titles within the report ARE included. You should not put important information, such as the physical examination or differential lists into a table to avoid the word count; only numerical data should appear within a table (such as laboratory results). In the interests of fairness to all candidates the word count is strictly adhered to and reports that exceed it will be returned unmarked.

All written work submitted to the Royal Veterinary College is passed through plagiarism detection software. Work submitted for this module should not have been submitted for any other courses at RVC or other institutions.

Written exam guidance

The exam papers for CSAM 8, 9 and 10 include two long-answer questions which are based around a clinical case scenario, specifically assessing candidates' problem-solving abilities and case reasoning. The time available for each exam is 1 hour 30 minutes and each long answer question will be marked on the RVC 17 point marking scheme with equal weighting given to each question.

An example exam paper has been provided for each of the CSAM modules on Learn. Whilst these may not be representative of all topics included in the CSAM 8, 9 and 10 modules, it can be expected that the format of the questions will be very similar to the examples given. You are therefore encouraged to work through the example questions as part of your preparation.

The RVC Study Skills team is available to assist with any revision techniques.

Instructions for submitting work

Each piece of work you submit must be anonymous and please ensure that your work includes this table on the front page:

Student number:	
Module:	C-SAM.8
Piece of work:	<i>case diary synopsis, case report 1, case report 2 etc</i>
Topic of case report:	<i>Cardiovascular disorders / Respiratory disorders / Haematopoietic disorders / Endocrine and metabolic disorders</i>
Word count:	

Contact the CertAVP office if you need a reminder of your student number (found on your Student Records/Rover email when you first enrolled). All work is submitted online via Learn; you will be given further instructions when you enrol.

The case diary should be written in Excel and organised in such a way that it can be easily viewed on one page/screen in landscape view. The synopsis and case reports should be in Word.

The content of case reports must also be anonymous, e.g., removing practice details from discharge notes or laboratory reports.

Mentor

Candidates who study for the CertAVP medicine C modules with the RVC are advised to find a mentor who can guide them. Finding a mentor, and maintaining appropriate and regular contact, are the responsibility of the candidate and mentors operate on a goodwill basis only. Mentors are usually either holders of the RCVS CertSAM or RCVS CertAVP qualifications or holders of American, European or RCVS Diploma qualifications. Ideally mentors will have some experience of teaching and examining at either undergraduate or post-graduate level. Members of the RVC Small Animal Medicine department cannot act as mentors as they are involved in setting and marking the assessed work. We recommend that an individual mentor does not take on more than five CertAVP candidates if possible.

We consider that the role of a mentor should/may include:

- Becoming familiar with the guidance notes that are supplied to candidates (see each of the three C-SAM module outlines).
- Encouraging candidates to undertake continuing professional development and to 'see practice' at a relevant centre/s appropriate to their strengths and weaknesses.
- Encourage candidates to join relevant societies and associations and attend meetings where appropriate.
- Guide candidates on the level and amount of reading that they should be doing during their period of study. There is a reading list for each C-SAM module which can be used as a framework. Most RVC CertAVP candidates also choose to have access to the RVC library and have an Athens password for online journal access.
- Encourage candidates to plan their time carefully for logging cases, writing case reports and essays, reading and exam preparation. A reminder of good examination technique may also be useful for some candidates.
- Encourage candidates to get support from other CertAVP candidates either through the RVC learning support discussion forums or by other means.

We consider that a mentor can give general advice on preparation of a case diary and selection of cases for writing up into full length reports. Unlike the previous RCVS CertSAM we do not recommend that mentors read any of the case reports in detail and/or give detailed written advice. However, one read through of one case report and some general feedback (ideally verbally) is acceptable. Candidates will be asked to confirm which report has been read through at the time of submission. Please notify the CertAVP office when you have a mentor as there is a Mentor Guidance document that is provided to them.

Recommended reading list

The following list is given as a guide as to where to start and for this reason cannot be considered 'complete'. We also don't expect you to read texts from cover to cover or to use all of the texts listed, however we do recommend you make use of the most recent edition of textbooks where available. We apologise if you feel a particular favourite is missing - feel free to use the Learn discussion board to pass on additional suggestions to other candidates.

Essential reading:

- Clinical Reasoning in Small Animal Practice (Maddison, Volk, Church): chapters 1, 8, 9 and 11.
- ACVIM consensus statement guidelines for the classification, diagnosis, and management of cardiomyopathies in cats
- ACVIM consensus guidelines for the diagnosis and treatment of myxomatous mitral valve disease in dogs
- ACVIM consensus statement on the treatment of immune-mediated hemolytic anemia in dogs
- ACVIM consensus statement on the diagnosis of immune-mediated hemolytic anemia in dogs and cats
- ACVIM consensus statement on the diagnosis of immune thrombocytopenia in dogs and cats
- ACVIM consensus statement on the treatment of immune thrombocytopenia in dogs and cats
- Diagnosis of Spontaneous Canine Hyperadrenocorticism: 2012 ACVIM Consensus Statement (Small Animal)

Textbooks:

If you are planning on buying textbooks ensure that you buy the most recent edition and check before purchase that a new edition is not about to be published.

- Ettinger's Textbook of Veterinary Internal Medicine (highly recommended)
Small Animal Internal Medicine (Eds. Nelson and Couto)
- Consultations in Feline Internal Medicine (ed August)
- Small Animal Clinical Pharmacology (Maddison, Page and Church)
- Course notes from relevant RVC courses are available from the CPD Unit
- Kirk's Current Veterinary Therapy, Bonagura and Twedt

Journals:

Interesting articles can be found in these journals and may be useful when writing up case reports.

- Journal of Small Animal Practice
- In Practice
- Veterinary Clinics of North America (Small Animal Practice)
- Compendium on Continuing Education for the Practicing Veterinarian
- Clinical Techniques in Small Animal Practice
- Journal of Veterinary Internal Medicine
- Journal of Feline Medicine and Surgery
- Journal of the American Veterinary Medical Association
- Journal of Veterinary Emergency and Critical Care
- Clinically relevant ACVIM consensus statements: [Journal of Veterinary Internal Medicine Consensus Statements](#)

Additional Reading Material for C-SAM.8:

- BSAVA Manuals in
 - Canine and feline haematology and transfusion medicine (eds Day & Kohn)
 - Canine and feline endocrinology (eds Mooney & Peterson)
 - Canine and feline cardiorespiratory medicine (eds Luis Fuentes, Johnson and Dennis).
- Respiratory Disease in Dogs and Cats (ed King)
- Cardiovascular Disease in Small Animal Medicine (Ware)
- Tilley's Manual of Canine and Feline Cardiology (eds Tilley, Smith, Oyama & Sleeper)
- Project ALIVE terminology definitions: <https://www.esve.org/alive/search.aspx>