



MELBOURNE ANIMAL SPECIALIST HOSPITAL

SUMMER NEWSLETTER

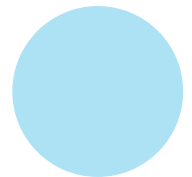
2025-2026



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# A MESSAGE FROM MASH

As we approach the end of another busy and rewarding year, we'd like to extend our sincere thanks to all our referring veterinarians and their teams for your continued trust, collaboration, and support.

2025 has been a year of meaningful growth for MASH, as we've focused on strengthening our partnerships with referring clinics, enhancing the client experience, and continuing to deliver gold-standard patient care.

In this edition, we're pleased to introduce **Dr Merianna Foo**, who is joining the MASH surgery team in early 2026; share our **Christmas operating hours**; and outline **upcoming changes** to how we'll deliver specialist surgical services from **2026 onwards**.

While we hope your patients and clients enjoy a safe and uneventful festive season, please

know that our **Emergency and Critical Care team** remains open throughout the holiday period and ready to assist whenever needed.

On behalf of the entire MASH team, thank you once again for your ongoing partnership. We wish you, your colleagues, and your families a safe, happy, and restorative Christmas and New Year.

**Dr Ralph Webster & the MASH team**



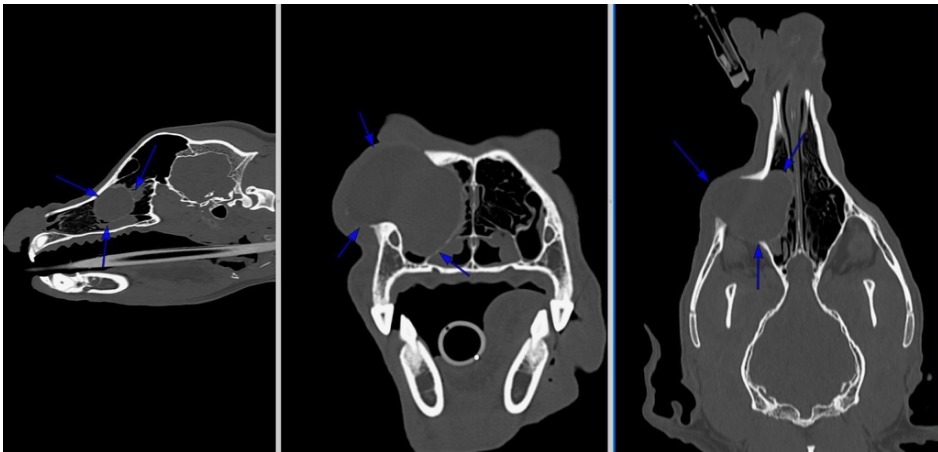
What's in the edition?



# OUTPATIENT CT

## FAST AND ACCESSIBLE SPECIALIST IMAGING

This service is ideal for when a primary care vet would like to incorporate gold-standard imaging into their diagnostic toolbox for stable cases they are managing themselves.



*8 year old MC Cross-Breed presented for soft tissue swelling of the right face. Outpatient CT revealed a right nasal cavity mass (blue arrows) causing right maxillary osteolysis and extending into the soft tissues of the right maxilla as a palpable soft tissue mass.*

The service works exactly like human outpatient imaging. Primary care veterinarians simply submit an outpatient CT request through our online form.

On the day of the appointment, the patient will be admitted, and under a brief general anaesthetic, the requested CT study will be performed. The patient will be discharged once recovered and the specialist CT report will be

sent directly to the primary care veterinarian within two business days.

With this service it is like you have a CT in your own clinic! You retain control of the case and all communication with the owner.

**Note:**

With outpatient CT there is no input from MASH clinicians beyond a physical exam for anaesthetic safety. No diagnostic information

will be available on the day of the study. The primary care veterinarian will communicate with the owner and make recommendations once the CT report is available.

If you would like clinical assessment by a MASH clinician, or on-the-spot CT assessment, we would be happy to accept referral through our normal referral process. This gives the opportunity to communicate



with the owner and potentially combine additional procedures such as myelogram, FNA/biopsy, or a surgical procedure under the same GA.

Examples of stable cases recently referred to MASH for outpatient imaging have included, but are not limited to:

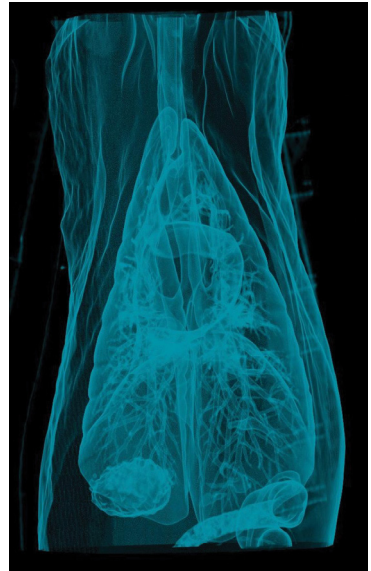
- > Evaluation of a suspected early osteosarcoma lesion, combined with whole body metastasis staging.
- > Follow up CT staging of the chest and abdomen as monitoring for a previously treated neoplasm.
- > Further evaluation and staging for a splenic mass prior to surgery at GP practice.



**CT request form:**

A completed outpatient CT request form is required prior to making an appointment for outpatient CT

[mashvet.com.au/outpatient-ct-request](http://mashvet.com.au/outpatient-ct-request)



*3D volume rendered image of the airways showing no evidence of pulmonary abnormalities*



# SPINAL REHABILITATION

**Our Spinal Rehabilitation Program continues to grow, providing clear and comprehensive care for patients recovering from spinal surgery or injury to optimize outcomes.**

**The program includes:**

- > Individualised in-hospital physiotherapy performed by our trained nursing team.
- > Multimodal pain management, bladder care and strength conditioning.
- > Owner-led exercises

that can be performed daily after discharge, without requiring any specific equipment.

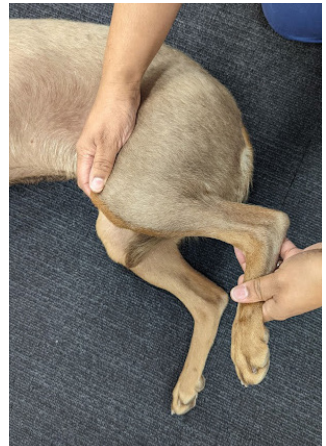
- > Collaboration with appropriately qualified physiotherapy services for underwater treadmill therapy and advanced rehabilitation plans.

The recent ACVIM consensus statement on diagnosis and management of acute canine thoracolumbar intervertebral disc extrusion highlights the importance of physical therapy

(Olby et al, 2022). Although limited randomised, controlled studies exist, the guidelines support the inclusion of basic exercises as a part of the postoperative care of dogs.

**A basic rehabilitation protocol which can be performed with no specialised equipment may include**

- > Passive Range of Motion (PRM) Exercises
- > Massage of the neck and limbs
- > Assisted standing and 'weight-shifting'



*Passive Range of Motion (PRM) Exercises*



- > Assisted walking
- > Toe pinches to stimulate withdrawal

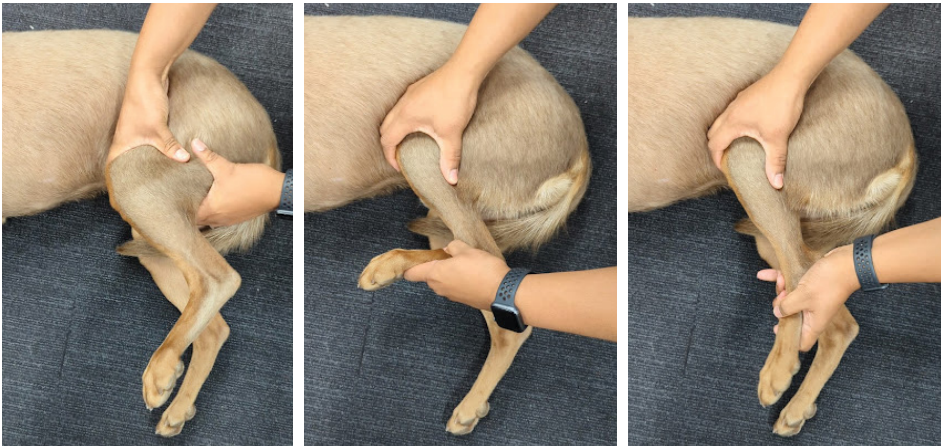
Although more data are needed, a stepwise approach with increasing intensity and incorporation of additional exercises can be tailored to the individual patient, with exercises performed 1-3 times per day as a general rule.

The goal of physical therapy is to enhance mobility, minimise recurrence, and support long-term recovery. Patients treated through our spinal rehab program are already showing excellent functional outcomes. We have also found that our clients enjoy the connection with their pet through assisting with physiotherapy both in hospital then following on at home.



For those interested in further reading, the ACVIM consensus statement was published in JVIM in 2022, and can be found via open access online:

<https://onlinelibrary.wiley.com/doi/10.1111/jvim.16480>



*Massage of the limbs*





# MASH HOLIDAY OPERATING HOURS

MASH will remain open 24/7 for emergencies throughout the holiday season.

However, elective and specialist services will run on a reduced schedule:

- > **Christmas Eve (24<sup>th</sup> Dec):** Normal hours for urgent cases
- > **Christmas Day (25<sup>th</sup> Dec):** Emergency & limited specialist cover
- > **Boxing Day (26<sup>th</sup> Dec):** Emergency & limited specialist cover
  - > **December 27<sup>th</sup> – December 31<sup>st</sup>:** Normal services
- > **New Year's Day (1<sup>st</sup> Jan):** Emergency & limited specialist cover

Please book elective procedures early, pre-holiday appointments fill quickly.

## NEW SURGEON JOINING MASH IN 2026



We're excited to welcome **Dr Merianna Foo**, who is joining the MASH surgery team in early 2026

This expansion will enhance our capacity for complex soft tissue and orthopaedic procedures, and reduce wait times for referred cases.

Merianna graduated from Murdoch University with distinction in 2020 where she was awarded the Marilyn Alder Award for Clinical Proficiency.

She completed rotating and surgical internships before undertaking an ECVS residency at Southpaws.

Merianna is interested in all aspects of small animal surgery including soft tissue, orthopedics and neurosurgery.





# SERVICE UPDATE

**Mobile Surgery Program will be replaced by our *Patient Transfer* service in 2026:**

After careful consideration, MASH will be phasing out its Mobile Surgery Service by the end of this year. While our mobile program has allowed us to assist many general practices over the years, we have made this decision to:

- > **Enhance patient safety** through full access to our advanced imaging, specialist anaesthesia, and critical care resources on-site.
- > **Improve surgical efficiency and outcomes** through consistent hospital-based care.
- > **Refocus resources** on expanding our inpatient surgery capacity, reducing wait-times and improving service at our main facility.

## WHAT THIS MEANS FOR REFERRING VETS?

From January 2026, we will no longer be scheduling mobile surgical visits. Instead, we encourage use of our Patient Transfer Service for routine cases of cranial cruciate ligament rupture or medial patellar luxation.

Key Points for our Patient Transfer Service:

- > **Smooth patient transfer** from your clinic to MASH in our custom built patient transfer ambulance
- > **Clearly communicated process** to enable collaborative and consistent case management

- > **Fully insured** service – we take full liability for the care and safety of the patient from the moment they are collected to the moment they are returned to your practice the following day
- > **Stifle arthroscopy** included as standard on all TPOs over 10kg
- > **Overnight care and analgesia** included as standard
- > **Communication with the pet owner** at every step of their pets journey whilst in our care.
- > **Prompt discharge summaries** and communication to referring vets
- > Primary care vet retains ongoing care of the case including admission, discharge and follow up care
- > Primary care vet invoices the pet owner
- > **Reduces disruption to primary vet practice workflow** associated with mobile surgery

We truly appreciate the trust referring clinics have placed in our mobile team over the years. Our goal is to make this transition seamless, ensuring your patients continue to receive the highest standard of care within our hospital environment.



# CASE STUDY SPOTLIGHT

An 8-year-old MN golden retriever presented to MASH for assessment of a subcutaneous mass located to the left side of the tail-base. FNA had been attempted but was unfortunately non-diagnostic due to low cell yield.



*Patient CT scan of the thorax assessing for possible metastatic disease. No primary or metastatic lesions were identified in the lung*

The mass was palpably firm and well demarcated and appeared mobile relative to the underlying musculature. The mass was approximately 5cm in diameter.

**Dr Ralph Webster DACVSA** discussed a diagnostic plan with the owners, and we subsequently proceeded with a thoracic and abdominal CT both pre and post IV contrast.

The CT study was reported by our in-house imaging specialist, **Dr Natalie Webster Dip ECVDI**, and provided information on both the mass itself and an assessment of the rest of the body for potential metastatic disease. Fortunately, the mass was found to be relatively non-invasive and there was no evidence of metastatic disease detected.

We were able to call the owner while the dog was under the anaesthetic and discuss the next steps.

Options discussed included an incisional biopsy or an excisional biopsy with reconstruction.

We elected to proceed with a small incisional biopsy for two reasons:

1. We did not know the tumour type or grade at this stage, and it would have been difficult to select

appropriate surgical margins without this information, especially given the proximity of the anus.

2. An excisional biopsy would have been far more invasive than an incisional biopsy and if the mass turned out to be aggressive it would have been very challenging to revise.

The small incisional biopsy was performed under the same general anaesthetic and the patient was discharged the same day.

The histopathology from the biopsy revealed the mass was a grade 1 soft tissue sarcoma and definitive, curative intent surgery was scheduled 2 days later.

The mass was resected with 2cm lateral margins and a deep margin of 1 fascial plane. The resection site was then reconstructed with an axial pattern flap based



on the dorsal branch of the deep circumflex artery. The resected tissue was submitted to the lab and histopathology confirmed the diagnosis of grade 1

soft tissue sarcoma and most importantly clean surgical margins.

The patient's recovery was closely monitored over the

following 2 weeks and the surgical site went on to heal without any complications, giving us a great outcome for both the happy dog and happy owners.



8yo MC Golden Retriever Peri- and intra-operative photographs. (a) Subcutaneous mass left side of tail base. (b, c) The mass was resected with 2cm lateral margins and a deep margin of 1 fascial plane. (d) The resection site was then reconstructed with an axial pattern flap based on the dorsal branch of the deep circumflex artery. (e) Axial pattern flap healing well.

## DID YOU KNOW?

We have resources available on our website to help our referring vets when dealing with neoplasia presentations. Check out our **Neoplasia Assessment** and **Mass Mind Map** resources on the **Vet Resources** section of our website: [mashvet.com.au/vet-resources/vet-information-sheets](http://mashvet.com.au/vet-resources/vet-information-sheets)

These two resources go hand-in-hand to help GP vets provide a confident, consistent and high-quality approach when dealing with these cases.



# 5 QUESTIONS IN 5 MINUTES

Recently, our ECC specialist consultant **Dr Merrin Hicks** interviewed our inspiring head nurse, **Kat Stoddart** about her career so far.



**KAT STODDART**  
HEAD NURSE

**Q:** So Kat, what inspired you to pursue a career in vet nursing?

**A:** As a child, I always dreamed of becoming a veterinarian because of my deep love for animals. At that age, I didn't yet realise that veterinary nursing was a career path in its own right. As I got older and learned more about the role, I discovered that nursing offered the kind of hands-on, compassionate care that truly resonated with me.

I loved the idea of being directly involved in the day-to-day wellbeing and recovery of animals — making a tangible difference in their lives through empathy, skill, and teamwork.

**Q:** What has been the most memorable or most challenging moment in your career so far?

**A:** Sadly, my most memorable and most challenging experiences are one and the same. It involved a dog that had fallen into a pool and was in a very poor state by the time the owners found him. The clinic was incredibly busy that day, and a vet and I worked tirelessly to stabilise him. Ultimately, the owners made the heartbreaking decision to elect euthanasia due to his poor prognosis.

When they came to say goodbye, their young child thanked the dog for being such a good boy, and it absolutely broke my heart. That moment encapsulated the profound and pure bond between humans and animals. As hard as those moments are emotionally, they also remind us why we do what we do.

Not every case ends in loss — we do get dogs and cats home to their families to continue enriching each other's lives and that makes it all worth it.

**Q:** Who do you consider to be your favourite mentors, and who or what has inspired you in your career?

**A:** I was incredibly fortunate to begin my ECC career under the guidance of some outstanding mentors — Nicole St Denis, Sara Ho Le, and Laura Bennington. They're nurses who have achieved their VTS, lecture both nationally and internationally, and truly believe in lifting others up. When I started in ECC, I knew very little, but they took the time to teach, encourage, and empower me. Their generosity with their knowledge and their commitment to elevating those around them has had a lasting impact on me — and it inspires me to do the same for others coming up in the field.

**Q:** What have you done in terms of further study to get to where you are today, and what were some of the challenges you faced along the way?

**A:** I've completed the Certificate of Veterinary Nursing (Emergency and Critical Care), which was a rewarding but challenging journey. Balancing study with shift work, particularly in the post-COVID landscape, was tough at times. I was very fortunate to have such a supportive network of vets and nurses around me — colleagues who were always willing to discuss cases or unpack complex topics when my brain had turned to mush! Those shared learning moments not only helped me through the course but also reinforced how collaborative and intellectually rich this profession can be.

**Q:** How do you maintain work-life balance, and what advice do you have for junior vet nurses in GP, emergency, or specialist practice?

**A:** For me, maintaining balance means making deliberate time for my friends and ensuring that the boundaries between work and home remain clear. I make a point of appreciating my own animals every day — their health and happiness remind me why I do what I do, and they help keep me grounded.

As for advice: never stop learning. No one knows everything — and the most knowledgeable people are often the first to say, "I don't know." Ask questions, attend conferences and webinars, and share what you learn with your peers. Ours is a fascinating, ever-evolving field, and staying curious not only strengthens our practice but also keeps us inspired and engaged.



# 'LUNCH AND LEARN'

## VISITS TO YOUR CLINIC – LET'S CHAT IN PERSON

Referring to emergency or specialist care can sometimes feel daunting – especially when you're balancing a busy caseload and want to ensure the best outcomes for your patients

At MASH, we want to make that process easier and more collaborative. Our Lunch & Learn sessions are a relaxed, practical way for your team to connect with our clinicians, ask questions, and chat through how we can support you with both emergency and specialist surgical cases.

Over lunch, we'll explore:

- > **Surgical Support:**  
What types of cases our specialist surgical team can help with, and how to make the referral process smooth and transparent for you and your clients.
- > **When to Call:**  
How to recognise when a case might benefit from a quick chat with an ECC clinician – no referral required.
- > **How We Can Help:**  
What happens once you call or refer, how we communicate updates and outcomes to your team, and how we can support you in ongoing case management.

- > **Open Discussion:**  
Time for questions – bring the tricky cases, the "should I refer this?" scenarios, or anything you've been curious about.

We'll bring lunch, insights, and friendly faces who genuinely want to make collaboration easy. You just bring your team and your appetite.

If you'd like to book a session, simply let us know a date and time that suits you for us to drop in for a quick chat – one of our friendly client services team members will make all the arrangements.

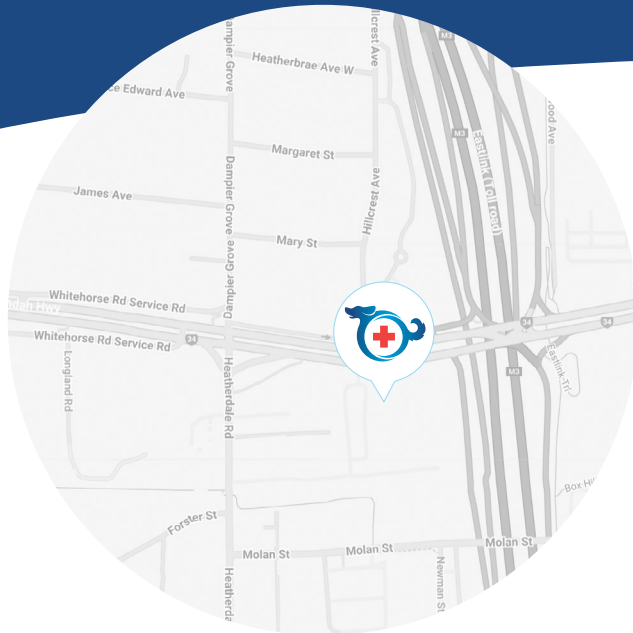
Looking forward to catching up soon!





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