THE STREET DOGS OF TODOS SANTOS
Yoyo is fast becoming Yoyo again, despite CKD

Feline chronic kidney disease (CKD) has always been a challenging condition for owners and their cats. That’s why Semintra®, the first ever veterinary angiotensin receptor blocker (ARB), is an oral solution.

References:

In the management of excess weight and obesity, the scientific literature is full of data on Royal Canin Satiety Support. It’s the only diet proven to help pets feel full, longer and has numerous benefits for your patients, including:

- Reduced begging to help optimize compliance\(^1\,^2\)
- Successful weight loss with maintained muscle mass\(^2\,^3\)
- Long-term benefits of improved quality of life and stabilized weight\(^4\,^4\)

Full of science on the inside.
The convergence of my work with veterinarians and my life as a dog owner is often fortuitous. I know many veterinarians personally and am aware of many more by reputations of excellence and areas of interest. I was thrilled, therefore, to see Dr. Carol Morgan’s name as a recipient of the BC SPCA’s Lifetime Achievement Award. Carol was on Council of the old BCVMA (I was appointed by government to be the public representative) at the same time I was, and I respected her vast knowledge and interest in animal welfare issues.

I was also very pleased to read the article by Dr. Rebecca Ledger on nutraceuticals. As some of you are aware, when my sister recently died, we inherited her uber high-anxiety German Shepherd dog, Tikka. After involving our veterinarian and hiring a trainer, we turned to Rebecca for additional assistance, which came in many forms, one of which was a two-month course of Zylkene. We have a long road ahead of us with the dog and her treatment plan, and I am happy that a story that was assigned prior to us getting Tikka will undoubtedly provide some food for thought for many of you, and may well help other dog owners and dogs suffering from various forms of anxiety.

And finally, our feature story on street dogs was written by Dr. Tracy Cornish. Tracy was also on BCVMA Council for a time during my tenure. Last year, while I was at the CVMA Conference in Victoria (and missing my dogs who stayed at home during my trip), I was so excited to see a dog come into our meeting room. It was Tracy’s rescued street dog, Pila. I loved her immediately and was curious to learn more about where she came from. During editorial committee discussions about content, the topic of street dogs came up, and Tracy was a natural to write the piece. I hope you enjoy her story and all the stories in this issue. Each was chosen to educate, to explore new ideas, and to entertain.

SUBMISSIONS WANTED

“On Balance,” our new Work/Life Balance column seeks submissions on how you maintain a balance between your professional and personal life. Maybe you have some tips to share, or a cool hobby or pursuit that helps free your mind. Please let us know. We seek 500-word stories about how you achieve this balance. Thank you.
ANTONIO CRUZ, LV, MVM, MSC, DR.MED.VET, Diplomate American College of Veterinary Surgeons, Diplomate European College of Veterinary Surgeons, Diplomate American College of Veterinary Sports Medicine and Rehabilitation, is a past tenured faculty member of the Ontario Veterinary College and Western College of Veterinary Medicine. He is the only Equine Board Certified Surgeon and Sports Medicine and Rehabilitation specialist in BC and one of three in Canada. He is based out of Paton and Martin Veterinary Services in Aldergrove where he runs a referral veterinary team of a busy mixed animal practice in Winnipeg and sports medicine practice.

AMANDA AHOKAS, DVM, graduated in 2006 from Western College of Veterinary Medicine. She is currently working as a small animal veterinarian in Victoria, BC. She has been married for five years and has a two-year-old daughter.

CHRIS ARMSTRONG, DVM, graduated in 1987 from WCV and is a partner at Scottsdale Veterinary Hospital. She works with the Delta and New Westminster police officers and police service dogs, as well as BC guide dogs. She is a member of the American Association of Feline practitioners, a past president of the CVBC, and a Level 3 CIAA certified ski instructor.

STEVEN CHAPMAN was born and raised in Fort St. John, BC, and over the summers has returned home to work at the local small animal practice. He likes to spend his spare time playing guitar, stone carving, and being outdoors, particularly camping, hiking, and fishing. Steven is WCV Magazine’s Student Corner columnist and is a student at WCV.

SARAH ARMSTRONG, DVM, graduated from OVC in 2007. Following graduation, she worked full time in general practice and worked part time at a local emergency practice in Southern Ontario before moving to Vancouver, BC, where she currently works at the Vancouver Animal Emergency Clinic. Sarah is Vice-President of the CVMA-SBCV Chapter.

TRACY CORNISH, DVM, a small animal veterinarian in Victoria, BC, has worked as an emergency and critical care practitioner for the last 26 years. Since 2009, she has travelled yearly to Guatemala with Veterinarians Without Borders. She is also pursuing a Master’s degree in liberal studies at Simon Fraser University.

ANTONIO CRUZ, LV, MVM, MSC, DR.MED.VET, Diplomate American College of Veterinary Surgeons, Diplomate European College of Veterinary Surgeons, Diplomate American College of Veterinary Sports Medicine and Rehabilitation, is a past tenured faculty member of the Ontario Veterinary College and Western College of Veterinary Medicine. He is the only Equine Board Certified Surgeon and Sports Medicine and Rehabilitation specialist in BC and one of three in Canada. He is based out of Paton and Martin Veterinary Services in Aldergrove where he runs a referral surgical service.

JULIE LAMB, DVM, graduated from WCV in 2003 and did a surgical internship at the Animal Surgical and Emergency Center in Los Angeles in 2004. She led the small animal veterinary team of a busy mixed animal practice in Winnipeg until 2010. In 2012, Julie purchased her own practice in Nanaimo, BC, where she enjoys coastal life with her three two-legged children and four four-legged children.

REBECCA LEDGER, PhD, is a companion animal behaviour scientist and clinical ethologist from Vancouver, BC. Originally from the UK, Dr. Ledger was awarded her Bachelor of Science degree in biology from the University of London, her Master’s Degree in Applied Animal Behaviour and Animal Welfare from the University of Edinburgh, and her Doctorate in the assessment and treatment of behavioural disorders in shelter dogs from Brunel University.

FROM THE EDITOR
WCV CONTRIBUTORS
CVMA PRESIDENT’S REPORT
CVMA-SBCV CHAPTER PRESIDENT'S REPORT
STUDENT CORNER PRACTICAL EXPERIENCE
ON BALANCE WORK-LIFE BALANCE
VETERINARY COMMUNITY SERVICE MADE EASY
VETERINARY TECHNOLOGISTS OUR MOST VALUED LEAST EFFECTIVELY USED RESOURCES
REGIONAL SUMMIT FOR URBAN ANIMAL STRATEGIES 2014
BC SPCA VETERINARIAN OF THE YEAR AND LIFETIME ACHIEVEMENT AWARDS
INDUSTRY NEWS
CLASSIFIED ADS
VETERINARY CONTINUING EDUCATION
I was pleased to meet many of you in St. John’s, Newfoundland and Labrador, during the 2014 CVMA Convention. If you weren’t able to join us, to see what you missed, watch for a feature article and photos this fall in The Canadian Veterinary Journal (CVJ).

Members of the CVMA-SBCV Chapter continue to benefit from both local and national exclusive member services. At the national level, here’s an overview of what the CVMA has been working on for you lately:

Antimicrobial stewardship is a strategic priority for CVMA this year. We are highlighting this issue during Animal Health Week from September 28–October 4, 2014 and promoting veterinarians as responsible stewards of the important medications that keep animals and humans healthy. Using the campaign slogan “Our Role, Our Responsibility,” we want to encourage animal owners to keep their pets healthy by trusting in the recommendations of their veterinarian and administering antibiotics as prescribed.

Our National Issues Committee has been collaborating with the Public Health Agency of Canada (PHAC) on the development of changes to the Human Pathogens and Toxins Act (HPTA) and regulations as they may apply to veterinarians performing diagnostic activities in their practice (e.g. bacterial culture). The intent of this consultation was to ensure the regulations are structured in a way that protects the safety of veterinarians and their staff when performing such diagnostic activities, yet does not impinge on the practice of veterinary medicine. PHAC carefully considered CVMA’s feedback during this regulatory process and has structured the HPTA regulations to allow an exemption for diagnostic activities that practitioners perform as part of the routine practice of veterinary medicine.

A Telemedicine position statement was approved in March 2014. Our National Issues Committee did extensive background research into telemedicine positions in other jurisdictions in human and veterinary medicine. CVMA consulted early with provincial regulatory bodies to gain their input. The draft position statement was then sent to CVMA members for feedback to help shape the final position.

CVMA recently voiced support for MP Elizabeth May’s Bill C-442, National Lyme Disease Strategy Act, which addresses the challenges of the recognition and timely diagnosis and treatment of Lyme disease in humans. The proposed action will form a cornerstone of dealing with this potentially very serious disease. As veterinarians, we actively engage in discussions about zoonotic diseases and work to promote public health, including the potential impact of animal health on human health.

CVMA has also voiced concerns on how Schedule F drugs are now being referenced by Health Canada’s Food and Drugs Regulations. Schedule F was repealed and replaced with the Prescription Drug List (PDL). CVMA provided input on this repeal, noting that the PDL would allow for improved efficiency, but without an appendix that clearly references the non-prescription veterinary drugs, a gap exists that does not allow for appropriate regulation, which also has implications for the enforcement of federal drug import regulations. We will continue to monitor this issue and advocate for the necessary regulatory changes.

CVMA released a pet nutrition assessment video, which was developed to aid veterinarians in conducting pet nutrition assessments and discussing pet nutritional guidelines with their clients. CVMA is a member of the Pet Nutrition Alliance, which comprises a number of veterinary organizations that are working together to promote the importance of nutrition in the health of pets worldwide. Visit CVMA’s YouTube Channel to view the video.

I look forward to serving as your national President during the year ahead. We welcome your comments and inquiries at the CVMA office. Please contact us by email admin@cvma-acmv.org, or by telephone 1-800-567-2862. Your feedback is extremely valuable to us.

Dr. Jean Gauvin, DVM, graduated from the Faculty of Veterinary Medicine at the University of Montreal in 1980. He taught in universities and colleges for several years before devoting himself exclusively to private practice. He has more than 20 years of experience in the field of electronic (radio, television) and written media. In 2000, he was the recipient of the CVMA’s Small Animal Practitioner of the Year Award. In both official languages, he is frequently called upon to give lectures across Canada. Dr. Gauvin and his wife Lyne have two sons, Charles and Alexandre. They live with a Wire-haired Terrier named Maya, Gatun, an orange tabby cat, and Caroline, the turtle.
am writing this report flying back from St. John’s where I attended the CVMA’s annual conference and met on your behalf with the presidents of veterinary associations in all the other provinces. This year’s event was held in a beautiful location and offered outstanding CE as well. The CVMA’s annual conference serves as a place where veterinary organizations from across Canada meet to discuss their issues and share solutions. The main topics on the agenda this year were antimicrobial resistance (AMR) and mentoring.

AMR is a growing concern worldwide and is a direct threat to human health. It has pitted the medical community against the veterinary community with both blaming the other for causing the problem through over-prescription and indiscriminate use of antibiotics. Dr. Landalls, the current chair of the CVMA’s AMR committee, believes that both communities need to join forces to collaborate and combat AMR rather than fight each other.

Small animal and equine practitioners need to realize that, while most antibiotics are used in food animal production, any legislation passed to curb the use of these drugs will directly affect food animal production, any legislation passed to realize that, while most antibiotics are used in food animal production, any legislation passed to curb the use of these drugs will directly affect food animal production.

In the United States, the FDA has already ordered the phasing out of the use of antibiotics as growth promoters in animal feed, and Canada will soon follow suit. Unique to Canada are the loopholes regarding the import of “own use” and “active pharmaceutical ingredients” (API). The CFIA and the CVMA are making progress in closing these loopholes.

Tied in to this discussion is the issue of uncoupling our right as veterinarians to prescribe from our right to dispense. Like Italy, show higher drug use than those where veterinarians control drug sales. This shows that, as a profession, we behave responsibly and ethically.

Mentoring was the other hot topic globally. Our profession is stressful, and the high suicide rate among veterinarians serves as sad proof. Young graduates are struggling to cope with increased student debt, declining incomes, demanding clients, and work-life balance. Experienced veterinarians equally face economic challenges, compassion fatigue, and burn out. Mentoring programs aim to solve these issues by providing peer-to-peer support. They allow a veterinarian in need of assistance to talk in confidence to a colleague who understands the unique challenges we face. France and the Netherlands have already had these support systems in place for a number of years while the American and Australian Associations are currently rolling out theirs. We need to study their efforts and mold them in to a true Canadian solution.

I hope you have had a great summer and managed to stay cool during the heatwave.

Your Scotiabank® Senior Manager, Scotia Professional Plan is retiring.

After 21 years of helping the Veterinarians of British Columbia realize their dreams, I am happy to announce effective November 1, 2014, I will be heading off to the land of retirement. It has been a pleasure and an honour to have worked with so many wonderful people in the veterinarian industry.

I would like to take this opportunity to introduce you to my replacement, Shaun East. Shaun comes with 35 years of Scotiabank experience. He is committed to continue to provide the veterinary community with the highest standards of service to ensure your trust and confidence in Scotiabank.

Thank you all for your support over the past years, I wish you all the success and thank you once again for making Scotiabank the most referred bank in Veterinary Medicine.
Introducing the only nutrition clinically tested to reduce the recurrence of FIC signs by 89%, now with ingredients to help manage stress.

**NEW**

**Break the cycle**
with **c/d® Multicare Urinary Stress**

I quickly draw my hand back from what appears to be a miniature leopard bent on revenge. In reality, it is a Bengal cat that I am attempting to take blood from on my first day back to work for the summer. Trying to call upon anatomy lectures in the deep recesses of my brain, I wonder how I can possibly find the jugular vein among the towels, hands, and claws. Just a few weeks ago, I was sitting in class comfortably looking at the diagram in front of me with the jugular vein lying perfectly between the sternocleidomastoid and the brachiocephalic muscles. The professor explained the importance of this for blood samples, and I remember thinking, “This doesn’t look that difficult to me.” How wrong I was.

Acquiring clinical experience early on in the education process helps ease the steep practical learning curve experienced in later school years and in the first few years of practice. Aside from developing technical skills, observing and discussing cases with a veterinarian helps to cement lecture material from previous years. I can read something ten times, but it doesn’t mean anything to me if I haven’t experienced it hands-on. Furthermore, future lecture topics may stick better in my mind if I can relate the lecture material to a specific case or animal. After witnessing day-to-day dealings in a practice, a student can begin to see where to focus attention in class. A loose fact is a lost one, and with all the material veterinarians are expected to know, any opportunity to reinforce it is a good one.

Although gaining practical work experience at a vet clinic is beneficial, it is not always possible. There are about 520 veterinary students in Western Canada looking for a relatively small number of jobs. Students who have completed third year are advised to work in a practice during the summer to gain practical experience. Consequently, upper-year students are preferentially hired, making positions less available to younger students. Another confounding factor is that these four-month work experiences don’t usually pay enough (if they pay at all) to put a student through the next year of school. However, the experience and knowledge that a student can walk away with is invaluable.

At the WCVM, students can find jobs in research, or in clinics, through emailed postings or on the college’s summer employment page. There are also many volunteer opportunities in communities, such as spay and neuter programs, or local events like endurance horse races. These positions have the potential to develop into a mentor relationship or provide access to networks for future employment. If you are looking for some extra hands next summer, students at the WCVM are available and eager to acquire the practical experience that cannot be found in books and can only be learned with time.
Regardless of athletic discipline, the stifle is a significant source of equine lameness and remains a challenging structure to fully investigate. Because of its specific anatomy, injuries to the stifle can be difficult to diagnose and often require several diagnostic modalities.

Traditionally, radiology and arthroscopy, in addition to a lameness exam, have comprised the diagnostic evaluation for equine stifle pathology, although the use of ultrasound has become more prevalent. However, these modalities have limitations in their ability to detect particular stifle injuries and usually must be used in combination. In order to confirm the stifle as the origin of pain, a proper lameness exam must include diagnostic analgesia of all three compartments of the equine stifle.

While survey radiographs provide excellent examination of bony lesions, such as subchondral bone cysts (SBC), they provide minimal information about soft tissue structures. The radiographic findings of soft tissue injury are non-specific, and there is minimal correlation between radiographic findings and arthroscopic findings. However, radiography may provide complementary information that aids in determining prognosis in more chronic cases particularly those that present radiographic signs of osteoarthrosis.

The use of arthroscopy in the diagnosis of equine stifle soft tissue injuries such as meniscal tears has greatly increased the frequency of their diagnosis. Arthroscopy not only provides an opportunity to diagnose meniscal tears, their etiology, and morphology, it also provides the advantage of treatment and assessment of prognosis as the articular surface can also be evaluated. However, arthroscopy has its own inherent limitations to the extent in which it can be used to examine the equine stifle in its entirety.
While arthroscopy provides the most complete information as a single diagnostic modality, there are still injuries that remain inaccessible using this technique. Furthermore, even if an injury or part of it is viewed during an arthroscopic exam, the extent of the damage often cannot be completely ascertained using this modality. Thus, the use of ultrasonography to detect meniscal and other soft tissue lesions inaccessible by arthroscopy is proving to be worthwhile. Consequently, a combination of arthroscopy and ultrasound should be considered to provide a more global image of equine stifle disease.

While ultrasound provides a rapid, less expensive, and less invasive means of soft tissue injury detection, it is evident that diagnosis of these injuries may prove challenging to a less experienced ultrasonographer, and caution is needed when assessing the stifle by this means. With appropriate equipment and skills, ultrasound can detect very small lesions, and the use of 3D ultrasonography further increases the ability to detect specific meniscal injuries. Ultrasound can detect very small lesions, and the use of 3D ultrasonography further increases the ability to detect specific meniscal injuries. Ultrasound can detect a wide variety of meniscal injuries and can be used to evaluate the collateral ligaments, cranial tibial meniscal ligaments, synovial recesses, and small portions of the cruciate ligaments.

Advanced imaging, such as CT and MRI, provides diagnostic information about soft tissue and osseous injuries of the equine stifle that are not possible with other modalities. Contrast CT arthrography has recently been shown to be a highly valuable technique to assess soft tissue lesions. However, these techniques can be challenging to perform, require general anesthesia, and are not widely available.

**Subchondral Bone Cysts: A Challenging Problem to Meet with a New Therapeutic Approach**

The most common anatomic location for equine subchondral bone cysts is the medial femoral condyle (MFC) in the stifle. The most common clinical manifestation of an equine SBC is lameness of different severities without apparent degenerative joint disease and without necessarily large synovial effusion. Diagnosis may remain elusive as often there is no characteristic sign or movement pattern, but most instances often respond to intra-articular anesthetic, unless the joint surface has not been bridged. An important factor associated with equine SBC appears to be inflammation associated with the cyst lining, as the cyst is usually filled with a gelatinous-like material full of inflammatory mediators, responsible for pain and bone resorption.

Historically, many therapies have been used in the past. The long list of possible therapies suggests that uniformly successful results have not been achieved with any one therapy. There are five different type of cysts, and assessment of articular cartilage involvement and communication, shape and size of the cyst, presence of a wide or narrow cloaca, and the presence of additional pathology all play a role in the treatment chosen and the prognosis given. Currently, arthroscopic debridement for MFC cysts is the generally overall accepted surgical treatment; however, a recent report suggests that debridement can contribute to meniscal damage and continued lameness as the edges of the debrided defect can act as a cookie cutter over the meniscus. When to debride and when not, when to fill the cyst with orthobiologics or corticosteroids or not, or even when to operate or not, remain difficult decisions for the surgeon in some cases.

Cyst injection has major benefits to debridement: simplicity, economy, and most importantly, the maintenance of the existing cartilage at the joint surface. MFC SBC are most commonly injected transarticularly under general anesthesia with the affected joint in flexion to expose the SBC opening. The cyst opening can be detected by palpation, radiography, ultrasound, or arthroscopically. The dose of triamcinolone acetonide that has proven effective is 6–20 mg. The average length of time for lameness to resolve is six months, but can take up to eighteen. Triamcinolone injection will eliminate lameness in approximately two-thirds of horses injected. An additional 10% of horses will improve substantially, and can be used as intended. However, a permanent resolution to the lameness can be difficult to achieve, and repeat injections are often necessary.

In my opinion, filling of the cyst defect by bone deposition is an important consideration for lameness resolution simply because of the mechanical support it provides the overlying cartilage. In horses with MFC SBC, conservative therapy results in 57–67% of horses becoming sound, and only slightly improved outcomes (10–15% more) are achieved for most surgical treatments, although results of 90% return to soundness have been quoted. The similarity of success rates for surgical debridement and conservative therapy suggests that surgical treatment of MFC cysts could be improved.

In the last 50 years, orthopedic patients of all kinds have benefited from a greater understanding of the biomechanical forces and the behaviour of normal and abnormal bone. There is very little information known about the biomechanics of equine joints and how forces may change in the presence of a defect in the MFC. However, it is unlikely that load is normally transmitted through the cyst, and the presence of sclerosis around the cyst and in the proximal tibia under the SBC suggests bone is adapting to altered loading.

To promote transfer of stress to the bone cyst, a transcondylar screw across the SBC to encourage bone healing has been developed as a technique at Ohio State University by Dr. Liz Santschi, Dipl. ACVS, and we are currently performing it at our hospital with careful case selection. This technique has been reported in digital SBC, and a technique for the MFC has been developed. Successful treatment of MFC SBC can be challenging. Simple debridement or injection of SBC with corticosteroids can be successful in some cases, but rarely results in SBC healing. The use of a transcondylar bone screw can result in SBC healing and lameness elimination in horses less than four years of age, with partial to complete SBC healing approaching 90%. Screws can be removed if requested, but removal is unnecessary for performance. In older horses and those with other injuries to cartilage, meniscus, and bone, the results are poorer, but may be improved with the addition of techniques such as chondrocyte grafting.

**Orthobiologics in the Stifle Joint**

A reasonable recent development to treat stifle problems has been the use of orthobiologics, namely platelet rich plasma (PRP), stem cells, and Interleukin-1 receptor antagonist protein (IRAP). At our hospital we have been using these modalities for a number of years. There is limited data on the use of any of these modalities although the existing data is encouraging, particularly supporting the use of stem cells in cases of meniscal damage. Optimally, PRP should be obtained with minimal or no white blood cells, and a closed system is preferred. The product is easy to obtain but requires some special equipment; it takes less than 30 minutes usually, and affordable commercial kits are available to facilitate its use. PRP is better used during acute inflammatory reaction, so usually within the first 15 days of injury, although later treatment has also been successful. It has potent anti-inflammatory effects as well as other positive actions regarding recruitment of other cells and potentiating anabolic effects within the joint. Occasionally, a flare may result which responds to treatment with NSAIIDs.

Stem cells are better used once the acute inflammatory reaction post-trauma has subsided. Bone marrow-derived cells remain largely favoured due to present data supporting their use, but fat-derived cells are also used. Stem cells are used in stifles if meniscal damage is suspected. While their use remains controversial, there has been a case series reported with very positive outcome in horses with meniscal injuries of the stifle.

Finally, IRAP is used to successfully treat cases of acute inflammation degenerative joint disease and has proven very effective in doing so. The process of obtaining IRAP is simple but requires a special centrifuge and a 24-hour incubation process. Typically, a course of three injections about 10–14 days apart is the treatment protocol used as it seems to have been used with the best results.
Fast-forward three years. We moved, I became a locum, and became pregnant, all within six months. By the end of my pregnancy, I was so fed up with clients, I could not wait for my “year off.” Then I had my daughter and poured what little compassion and energy I had into her—and didn’t leave any for myself. My mental health began to suffer, and I was diagnosed with postpartum depression and anxiety. My counselor suspects I was already suffering from compassion burnout prior to my daughter’s birth. Then I took on a job that required compassion 24/7.

Through this journey and with some professional assistance, I have restored balance to my life. Most importantly, I have learned the importance of self-care. Taking time for ourselves is not selfish, it is self-nourishing. I am notorious for working through my lunches, but leaving the building for a walk or a coffee is important.

Key to achieving work-life balance is having supportive, capable people who can be your “other half,” both at home and at work. In order for these relationships to be most advantageous, you need to learn to let go. Your partner is quite capable of completing tasks that you usually do at home—perhaps not the same way you would do them yourself, but the tasks will be done. The same goes for work. Relinquish control of your cases to others you trust. Train your clients to expect this. Your clients need to respect that you have a life too and to be confident that when you are away, they and their animals are still in fully capable hands.

Set healthy boundaries with family, friends, co-workers, and clients. Learn to say no. We often get caught up in obligations both socially and professionally. While it is important to be committed and pull our weight, we don’t have to say yes to every shift exchange or social obligation that comes along. It is also important to have reasonable expectations for work hours. If you find you are working more than you would like, talk to your employer, and explain that your hours are affecting your mental health. If your employer can’t respect your needs, it may be time to move on.

Don’t be afraid to ask for what you need. After my maternity leave, I decided I would love it if I could rotate my work schedule to match when my husband was available for childcare. I thought my employer would never go for it, but my husband pointed out that it doesn’t hurt to ask, and it has worked out perfectly for us.

Decide what is truly most important to you in life, and consider ways you can make it happen. Don’t be afraid to seek professional assistance. Counselors are an excellent way for you to discover what you truly desire and can be a great sounding board. Being a veterinarian is a rewarding job, but it can also be just a job. It doesn’t have to define you, and you may find that there are other things you are much more passionate about. We work in such a diverse profession, with so many opportunities; I hope you can find a way to have the profession serve your needs, so you can find balance in your life.
“Pila! Pila!” I could hear my teammates calling for our escapee puppy from further up the mountain. I wandered down the trail looking into the rubble of the harvested maize fields. “Pila! Come here.” A little girl came up the trail towards me from Txe Cruz. “¿Quién está buscando?” Who are you looking for? she asked me. She was dressed in the traditional clothing of the Todosanteras: dark blue cortes (skirt) and intricately embroidered huipiles (blouse) in gem tones—purple, green, deep blue, ruby. I told her I was looking for a little puppy, brindle with white paws, and probably dragging a turquoise leash. She said she had seen a puppy running through the field down the hillside from the little community hall in Los Pablos where we were holding our clinics that week. I peered down the field, looking between the bare stalks of the maize plants. I didn’t see anything moving. I assumed that she was being helpful by telling me what I wanted to hear, and so I carried on walking up the trail looking for our escapee.

She had slipped out at the end of surgery for the day, when in the confusion of leave-taking, the door had been left ajar. We had found her just a few days earlier, and I didn’t know if she would be able to make her way back to where she had been living before we found her. She had been hiding, wet and scared, behind one of the big stone sinks the Guaatemalans use for washing everything: dishes, food, laundry. That’s how she got her name, Pila, the Guatemalan word for these stone sinks.

I was most concerned that the leash she was wearing would become caught on something, and she would become trapped somewhere. I walked to the top of the pathway—no luck—and then wandered back towards the clinic, calling “Pila!” every few feet. Suddenly a little brown shape came running up the hillside towards me, dragging a turquoise leash behind her. I scooped her up, amazed that this little puppy who had only known us for a few days had come to our call. Andres, one of our local interpreters, met me at the clinic and cracked a rare smile, happy to see Pila back, safe and sound.
We were in Todos Santos Cuchumatan, a large Mayan community in the northwestern Guatemalan highlands, just south of Mexico. I was volunteering with Veterinarians Without Borders (VWB/VSF)-Canada. This was my second time in Todos Santos, working on a canine rabies and population control project. The community had contacted VWB/VSF-Canada several years earlier for help with the large number of dogs roaming free, stealing food, getting into fights, and occasionally attacking people. Most dogs here are not vaccinated, and with rabies present, the region has also experienced human fatalities due to rabies. VWB/VSF-Canada began a project of rabies vaccination, as well as chemical sterilization of the males. In 2009, we also started surgically spaying some females. We were seeing some improvements in numbers and health, but the problem was how to make this project locally sustainable. One of VWB/VSF-Canada’s goals is to provide temporary assistance and expertise, but ultimately to allow the community to take over. There are no veterinarians in Todos Santos, and the nearest veterinary services, in Huehuetenango, are not very accessible. Huehuetenango is only about 45 km away, but with the winding mountain roads and the poverty of most Todosanterans, the journey wasn’t an option.

VWB/VSF-Canada began a project of rabies vaccination, as well as chemical sterilization of the males. In 2009, we also started surgically spaying some females. We were seeing some improvements in numbers and health, but the problem was how to make this project locally sustainable. One of VWB/VSF-Canada’s goals is to provide temporary assistance and expertise, but ultimately to allow the community to take over. There are no veterinarians in Todos Santos, and the nearest veterinary services, in Huehuetenango, are not very accessible. Huehuetenango is only about 45 km away, but with the winding mountain roads and the poverty of most Todosanterans, the journey wasn’t an option.

Pila exemplified the problem. We found her, a little female puppy, in circumstances that made us suspect that someone had been attempting to drown her. We were horrified by the thought, but once we got over our first-world reaction, we realized that for a local family, a female puppy was just going to become a female dog, having litter after litter. And with no veterinary services and no access to any humane methods of euthanasia or sterilizing, options were limited. However, understanding these realities and leaving Pila to her fate were two different matters, and I decided to adopt her and bring her home with me.

She was a small dog, with a pot belly we originally thought indicated parasites, but was actually swelled water. She was unusually quiet and timid, hardly moving at first, and silently submitting to a physical exam. While the Todosanterans are attached to their dogs, their relationship with them is very different from what our team was used to back home in Canada—and more a reflection of the harshness of life here in the Mayan highlands. It was interesting to see Andres spending time petting Pila and taking her for a walk on a leash—something unheard of in Todos Santos. Most of our patients arrive, protesting all the way, at the end of a chain or frayed piece of twine. Like most dogs from regions where the dogs run loose and interbreed freely, Pila has a long body and long legs, with a short coat and a Spitz-type tail that curls over her back when she is happy.

Guatemala, like most other poverty-stricken countries, is full of dogs running loose, thin, hungry, wary. When VWB/VSF-Canada initially arrived to assess the problem, packs of dogs were running loose and hanging out with the vultures at the dump and by the slaughterhouse. A survey soon showed that most of these dogs were owned, though ownership in Todos Santos has a different meaning than we were used to. In Todos Santos, it doesn’t mean feeding the dog, taking it to the vet, or getting it licensed and sterilized. Most dogs scrounge for food, getting the odd maize tortilla and whatever scraps of food they can find or steal. Almost all of the dogs are very lean, ribs showing, and some are skeletal.

In my naiveté, I thought that Guatemala would be happy to see one dog leave the country. On the contrary, I found out that taking a dog out of the country requires a vast array of forms and permits. I hadn’t travelled to Guatemala with a plan to adopt a puppy, and so I had no dog crate and no idea how to export a dog from Guatemala, through the USA, and into Canada. It required proof of physical exam, proof of vaccination, and numerous official papers from various government entities. After much running around, and assistance from two colleagues whose Spanish was much better than mine, I was finally set. Because Pila was still so small at the time, I was allowed to bring her in the cabin of the plane, and I stowed her under the seat in front of me. She was an excellent traveller, and after the longest leg of my trip (from Toronto to Vancouver), as we were standing getting ready to debark, my seat mate noticed the dog carrier over my shoulder and Pila’s little nose sticking out and exclaimed, “Oh! You have a little dog there.” In contrast to getting Pila out of Guatemala, her transit through the USA and into Canada required only the payment of a $35 fee.

Pila settled in quickly to life on the coast. Having spent the first few months of her life in the mountains at an elevation of about 8000 feet, her favourite place now is a nearby beach. It’s been interesting to watch her grow up and develop. Like many other dogs rescued from life on the street, she is a very tolerant dog, used to patiently waiting, and she doesn’t whine for attention. Her life on the street has made her a well socialized puppy, used to interacting with many different types and personalities of dogs. Physically, she looks very different, and it’s a rare walk when I don’t get asked whether she is from Mexico. She has that long, lean body type, similar to the long-term pariah morph.

Observing the dogs in Todos Santos has been one of the interesting aspects of my time down there. Because they run loose, they have to work out territorial issues and social structure in a way that we don’t see in North America, with its leash laws and dog parks. One favourite local dog, Nosey, became quite attached to our group, and every time I came back to Todos Santos, the first thing I would do was to look for Nosey’s pointy white ears. Even after an absence of a year, when she would hear our voices call her name, she would come running, jumping up against us like the puppy she used to be.

Nosey was the dominant dog in her territory. One day, as we were walking up the path towards Los Pablos, we ran into her, and I offered her a leftover bun from lunch. She sniffed it, and rejected it, leaving it by the side of the road to follow me up the mountain. As we walked away, a skinny little dog crept out of the bushes towards the bun. Before the dog reached the bun, Nosey noticed and immediately charged back, in full attack mode. She may not have wanted...
Take a giant leap forward...

...with a game-changing breakthrough in flea and tick protection.

Introducing BRAVECTO™ (fluralaner), a new class of parasiticide that delivers 12 weeks of persistent efficacy against fleas and ticks.

- SAFE for dogs, with no risk of product transfer to other pets and members of the household after administration.
- Kills fleas and ticks FAST – in 12 hours or less.
- A single easy-to-administer palatable chew provides efficacy that LASTS for 12 weeks.

Reset the clock on flea and tick protection, with a cutting-edge solution that’s sure to earn you a standing ovation. Bravo, BRAVECTO™!

BRAVECTO™ is a trademark of Intervet International BV and used under licence. Intervet Canada Corp., a subsidiary of Merck & Co., Inc., Whitehouse Station, NJ, USA, operating in Canada as Merck Animal Health. MERCK is a trademark of Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc., Whitehouse Station, NJ, USA. Copyright © 2014 Intervet International BV, a subsidiary of Merck & Co., Inc., Whitehouse Station, NJ, USA. All rights reserved.
Sometimes, failure in one area leads to great success in another. Such was the case with Pacific Assistance Dog drop-out Caber. Caber is a six-year-old Labrador who enjoys the title of the first Trauma K9 in Canada, and is also the first Courthouse Dog.

Delta Police Victim Services program coordinator Kim Gramlich was aware of a similar program that used trained trauma dogs in the United States. She explored the possibility of the Delta Police gaining such a dog, and in 2010, both Kim and Caber had new jobs. Caber has been working with the Delta Police victim services department with Kim as his handler since he was two.

As veterinarians, we are privileged to care for many special patients and assist our communities by varied methods. One special group of patients that I have come to know very well are the police service dogs (PSDs) and their handlers from the Delta and New Westminster police departments. Not surprisingly, this elite squad is composed primarily of athletic German Shepherds.

My involvement originally began over 20 years ago, with the medical treatment of a few police dogs. As a relationship of trust developed, our hospital became the first-line veterinarians for the entire contingent of Delta and New Westminster PSDs. The ability to treat a group of patients whose “owners” require only the best care possible is at times both exciting and demanding. As we know, trauma patients and emergencies don’t tend to book appointments, but thankfully I have never had a complaint when a police dog is seen ahead of a regularly scheduled appointment.

A number of other ancillary veterinary services began to emerge. One area of involvement I have enjoyed is assisting in the final selection of a few of the more recently selected PSD members. Each PSD member is very carefully selected for health, temperament, and drive and, as you would expect, it is of paramount importance to have a working dog with the correct temperament and drive.

I am also involved in the continued training of the handlers in the care of their dogs. In collaboration with the head of the dog squad, we developed a practical first aid kit with a colour-coded set of instructions that the handlers carry. We bring the officers into our hospital for basic first aid training and a session on the use of their kit. Our hospital has each first aid kit on a recall list to return it for inspection and replacement of any required items. This allows our technicians to clean, reorganize, and restock these kits. This service provided by our hospital is greatly appreciated by the handlers and their departments. Thinking outside the box with respect to the scope of a traditional small animal practice has its rewards.

Caber, with his laid-back personality and lack of drive but not intelligence, often crosses my mind when I hear of a tragic event in our community. Although I may not see him as regularly as some of the other PSDs, who are more prone to personal athletic and work-related traumatic accidents, he is a beloved patient at my clinic. It is always a pleasure to see him and assist in maintaining his continued mental and physical well-being.

TRAUMA K9

For those who are not familiar with the work of trauma dogs, the team helps victims of domestic violence, adult and child sexual assault, homicide or sudden death, and suicide; as well as individuals affected by other crimes. Caber’s handler reports that he has helped her clients in a myriad of ways. Caber reduces their blood pressure, calms them down quickly, provides a conduit for effective communication, helps people who struggle to talk, and provides a source for cathartic touch. His handler says nothing breaks down barriers better than the presence of Caber.

Check out a great video about Caber at: http://youtu.be/jDHRqN1F-BU.

Canada’s three other Victim Services Trauma K9s are in Alberta: one with Calgary Police Service, one with Camrose Police Service, and one with Bonnyville RCMP. Other police agencies are actively investigating the idea with a view to starting their own Trauma K9 programs, but they are in the development stage at this point.
Technicians have valuable skill sets, but with so much free continuing education available, you may not know what courses they are working through. Sit down with them, find out what gets them excited, and help them develop that to benefit the practice. List what they want to learn and what skills they already have. Then write down their deficiencies and what they need to learn, but be sure to take that list directly from what they say about themselves. If they feel like you are listing their inadequacies, they will resist. But if they feel they are coming to you with things they want to learn or improve, they will see your intervention as the help you intend it to be. You want your technicians to feel a sense of collaboration; you need them to sign on to developing their skills. You want your technicians to be the source of information for your clients, not the kids in pet stores, the groomers, breeders, or the all-knowing Internet.

Some technicians love to talk about nutrition with clients, or they have a special interest in weight loss, or they have a special cat whisperer personality. You need to develop and hone their skills and to train them to make sure that they are in line with the clinic’s philosophy and with appropriate medical care. Say, for example, a technician has been taking a nutrition course from one of the big food companies. She has a passion for finding the ideal weight for patients, and she’d like to set up a weight loss program in the practice. Let her do it. Let her develop, to a schedule, an appropriate program, complete with dialogues to have with the clients. Then, have her present the program, first to you for review and adjustment, then to the clinic. Your staff will see that you are keen on the new program, they will become excited about it, and you might just trigger the desire to develop other programs.

This program is free to your clients, and some veterinarians might not want to spend time on a free program. That’s why you let your technician do it. She does it with your input on what to say to clients, what diets and supplements you would choose. Then you ensure that these are in stock for clients to collect. You also ensure that the technician is aware of associated health problems—in this case, obesity, weight loss, and weight changes. She should know when pets should be referred for an appointment to get blood work, get a lump looked at, get those ears looked at, or work up PU/PD. Now, it is your clinic that is the source of information for clients, not the kids at the pet store, and it is your technician who will recommend proper medical care, with you as a guiding force.

Remember to orient everyone to the same goals and clinic philosophy. If the clinic’s goals and philosophy exist only in your head, write them down and post them. Another example is the newest diet from a food company. We’ve all seen it happen. The sales representative comes by and sits everyone down to explain the benefits of the newest diet. Suddenly, the diet is flying off the shelves; all your clients want it and want it right now. Then the next week, usually after you’ve stocked your inventory, it sits. No one wants it. What happened? Clients didn’t suddenly decide that it wasn’t worth their while. It was your staff. They were excited about it. They talked to each other, they talked to clients, and they glowingly encouraged them to use the new food. And your clients listened to them. Finally, you need to be aware, as a professional, that you can’t do everything. Veterinarians alone cannot accomplish the many daily tasks that run a clinic. Technicians are there to run the blood work, set up cytology, put in catheters, and take blood. Let them, with appropriate supervision, do their jobs. Then, when they are doing the work they are trained for, motivate them to go one step further and become a real asset to the clinic. A good technician will anticipate what you need to get ready for surgery; a great technician will not only develop programs and structure within your clinic to make it run more smoothly, but also be a source of good information to your clients, and help contribute to the bottom line.
KNOW YOUR BEHAVIOURAL NUTRACEUTICALS

WHAT CAN PEER-REVIEWED STUDIES REVEAL ABOUT THE USES AND LIMITATIONS OF NON-PRESCRIPTION PRODUCTS?

BY REBECCA LEDGER, PhD

WHAT IS A NUTRACEUTICAL?
The term is a combination of the words nutrition and pharmaceutical and means an active ingredient that is derived from something nutritional, such as food or herbs, and which has some positive physiological effect. These active ingredients are isolated, purified, and sold in ingestible forms not usually associated with food, such as capsules, tablets, or liquids. Nutraceuticals, such as Zylkene, Anxitane, and Harmonese aim specifically to help manage behavioural problems in dogs and cats and are currently dispensed through veterinary clinics. The manufacturers claim that these products provide stress and anxiety relief to pets in a plethora of circumstances, in both the short and the long term.

While prescription anxiolytics are also available, some clients may favour the use of nutraceuticals because they are perceived as more natural and typically associated with fewer side effects and tolerance issues. They are also rarely contraindicated with other medications.

There is no legal requirement for non-prescription nutraceuticals to be sold through veterinary clinics only. By dispensing them this way, the manufacturers may intend to ensure that nutraceuticals are administered only in cases where they are clinically indicated. And, of course, being administered by veterinarians also helps to validate the products’ credibility.

TOO GOOD TO BE TRUE?
The underlying cognitive and neurological mechanisms behind behavioural problems are often complex, therefore I was initially skeptical of the broad claims that were made for nutraceuticals. But I have since met many clients whose pets’ behaviour has significantly improved as a result of a nutraceutical being integrated into their management plan.

Nevertheless, these products have their limitations. And there are also many cases where they have had no positive effect on behaviour, delayed the initiation of a more effective treatment plan, and cost the client time and money in the meantime. As a result of seeing successive failures, some veterinarians are now reluctant to recommend some nutraceutical products to their clients.

Rather than throwing the baby out with the bathwater, is there a better way to use nutraceuticals more effectively? If more information was openly available regarding their action and efficacy, perhaps this in turn would increase how effectively they are administered.

REVIEWING THE EVIDENCE
There is some clinical peer-reviewed research to refer to, which reveals the degree to which these products can live up to their claims. However, nutraceuticals are not subject to the same FDA-approval criteria as their prescription counterparts, and thus evidence to support their effectiveness is often incomplete.

Regardless, even the most flawed studies can shed some light on when claims are either supported or perhaps overstated. Looking at the research behind Zylkene, a commonly administered behavioural nutraceutical, illustrates this point well.

NUTRACEUTICAL CASE STUDY: ZYLKENE
Zylkene is the product name for alpha-S1 tryptic casein, an amino acid derived from bovine milk, and marketed as a calming product for many behavioural problems that involve ‘stress’ or ‘anxiety’. Zylkene works because it acts much like GABA, the inhibitory neurotransmitter that calms us down. Specifically, Zylkene has an affinity for benzodiazepine receptors, so it might be expected to help to calm any moderately or highly aroused individual, much like a benzodiazepine or gabapentin. Subsequently, the manufacturers have listed some eleven scenarios where Zylkene could potentially help a stressed animal: a move to a new home, the arrival in the home of a new pet, the arrival in the home of a new baby or other person, being left alone at home, boarding in a cattery or kennel, being taken on vacation, loud noises, fireworks, travel in a car, visit to the veterinary clinic, and celebrations.

That’s quite a list, suggesting that Zylkene might be a helpful treatment for most behavioural problems. But can a single product really be that good? Where’s the evidence? In these cases, it is helpful to look at the data published in peer-reviewed journal articles, so that the uses and limitations of a product can be suitably understood.

EVIDENCE IN DOGS
The first published research study into the effect of Zylkene on dog behaviour was published in 2007 by Claire Beazley et al in the Journal of Veterinary Behavior. In this study, 40 dogs were recruited through veterinary clinics, after being diagnosed with an anxiety issue using the EDED scale (discussed below). In the blind study, the dogs were split into two groups, and given either Zylkene (approximately 15mg/kg p.o. q. 24 hours) or selegiline hydrochloride (approximately 0.5mg/kg p.o. q. 24 hours).

In addition, all dogs also received other forms of behavioural therapy as needed, including systematic desensitization and counter-conditioning training, ‘communication improvement,’ and ‘other interventions.’ Dogs were monitored and assessed throughout the eight-week trial by both the treating veterinarians and the dogs’ owners.

In this study, 40 dogs were recruited through veterinary clinics, after being diagnosed with an anxiety issue using the EDED scale (discussed below). In the blind study, the dogs were split into two groups, and given either Zylkene (approximately 15mg/kg p.o. q. 24 hours) or selegiline hydrochloride (approximately 0.5mg/kg p.o. q. 24 hours).

In addition, all dogs also received other forms of behavioural therapy as needed, including systematic desensitization and counter-conditioning training, ‘communication improvement,’ and ‘other interventions.’ Dogs were monitored and assessed throughout the eight-week trial by both the treating veterinarians and the dogs’ owners.
The researchers concluded that overall the improvement in the behaviour of the dogs over the eight weeks was similar in the two groups: 52.6% (10 out of 19) of the dogs given Zylkene improved, compared with 47.9% (9 out of 19) of the dogs that received selegiline. But there was no other placebo control group against which to compare success. If 50% of dogs treated with a placebo had also improved, how then would we judge the effectiveness of either product? In reality, between 20–30% of dogs usually seem to respond positively to a placebo in comparable studies, but nevertheless, the specific impact of these individual products is unclear. And overall treatment success is only moderate, at best.

This success rate is, of course, very important information to communicate to clients before they commit to using such a product. In my opinion, depending on the case, Zylkene is often worth a try, but expectations should be realistic, as many might consider this too expensive an experiment.

Beata’s paper also highlights issues regarding the specificity with which Zylkene can be indicated for use. A composite measure of ‘emotionality’ (the EDED score) was calculated according to how each dog behaved across nine separate parameters: eating, drinking, grooming, sleeping, exploratory behaviour, aggressive behaviour, ‘social and specific learned behaviours,’ and a physical examination. Because composite EDED scores (rather than individual behavioural changes) were compared over the course of the trial, it is not apparent which individual behaviours improved. We know that, overall, 10 out of 19 dogs improved, but where exactly were these changes observed? Did behaviour improve across all parameters, or were only specific problems resolved? Again, not knowing this affects the clinician’s ability to target Zylkene where it might be most useful. Given this lack of specificity, the view that nutraceuticals cannot be used as an effective adjunct to a behaviour management plan after all, the absence of peer-reviewed evidence is not evidence that these products do not work. And, after seeing the benefits of using a nutraceutical with my own dog, as well as with many clients, I have great faith that nutraceuticals have their place, and can take the edge off mild cases or be used as an adjunct to prescription products in more severe cases. But they are not for every dog, nor for every behaviour problem, and certainly not the panacea that some hope they may be. Consideration should be given when dispensing a nutraceutical regarding the underlying cause for a behavioural problem, and importantly, whether a more reliable prescription product may be a better choice. Evaluation of the clinical data can help veterinarians to make such decisions in a well-informed, evidence-based manner.

EVIDENCE IN CATS
A second study published in 2007 by Beata et al in the Journal of Veterinary Behavior examined the effect of Zylkene on the behaviour of 34 anxious cats. In the double-blind trial, the cats (who were all pets) were monitored over an eight-week trial and split into two groups, one group receiving Zylkene (approximately 15mg/kg p.o. q.24 hours), and one group receiving a placebo. As with the dog trial, all cats also received classical behavioural modification as needed (including stopping physical punishment, increasing positive reinforcement, and providing the cat with an appropriate environment). The cats were rated throughout the eight-week trial by the treating veterinarian and the owner. Based on these assessments, it was concluded that Zylkene was more effective than a placebo in reducing behavioural signs of anxiety in these cats: whereas only 23.5% (4 out of 17) of cats in the placebo group improved, the majority, 58.8% (10 out of 17), of cats improved in the Zylkene group.

Specifically, compared with the placebo group, cats receiving Zylkene displayed improved interactions with their owners and with strangers. However, changes in how generally aggressive the cats became did not differ significantly between the groups, and a described reduction in fearfulness was noted only to be a trend rather than a statistically significant drop. Compared with the previous dog study, this cat study is more conclusive and easier to interpret, because a placebo control was included, and specific behavioural changes were evaluated, not just composite scores.

Conclusions
Close examination of these two research papers illustrates the importance of reviewing the supporting research in order to be appropriately informed regarding the use and limitations of nutraceutical products. This scrutiny of just one nutraceutical highlights many issues for veterinarians and clients to consider where comprehensive tests of efficacy are not always required. Behavioural change is not to say that nutraceuticals cannot always be used as an effective adjunct to a behaviour management plan. After all, the absence of peer-reviewed evidence is not evidence that these products do not work. And, after seeing the benefits of using a nutraceutical with my own dog, as well as with many clients, I have great faith that nutraceuticals have their place, and can take the edge off mild cases or be used as an adjunct to prescription products in more severe cases. But they are not for every dog, nor for every behaviour problem, and certainly not the panacea that some hope they may be. Consideration should be given when dispensing a nutraceutical regarding the underlying cause for a behavioural problem, and importantly, whether a more reliable prescription product may be a better choice. Evaluation of the clinical data can help veterinarians to make such decisions in a well-informed, evidence-based manner.

For those who are unfamiliar with it, the Regional Summit for Urban Animal Strategies (RSUAS) is a travelling regional meeting of thought leaders in the animal industry that tours across Canada once a year. The RSUAS started eight years ago in response to our fragmented animal industry in order to help solve some chronic urban animal problems. In April this year, I met with fellow thought leaders (local breeders, animal welfare activists, shelter medicine coordinators, pet industry leaders, animal hospital managers, and two other veterinarians) at the Fairmont Vancouver Airport Hotel. The all-day meeting devoted the morning session to presentations about local projects that are contributing positively to the pet industry, the afternoon session is dedicated to round table discussions and brainstorming.

This year’s presenters talked about the Drive for Lives—a BC SPCA program run by Dr. Iris Ting. The program aims to transfer animals from pound operations where turnover is low to pound populations in the province that enjoy a higher adoption rate, such as from Prince George and Fort St. John to Vancouver. The program has helped to move 3,500 animals a year.

We also heard about Paws for Hope, a Vancouver-based charity formed by Kathy Powelson. Paws for Hope is committed to building sustainable, long-term companion animal protection for dogs, cats, and small animals in BC. Some examples of projects Paws for Hope has helped are Roxy’s Relief which helps support the homeless and low-income pet guardians by providing two clinics a year, and Guardian Angel which provides thousands of dollars in emergency funds for BC volunteer-run animal rescue associations.

In the afternoon, we discussed various factors that either prohibited or enhanced animal industry collaboration. One of the main topics identified was the lack of a unified message to pet owners. Where does the general public learn about providing for their new pet? Sometimes it’s from a friend, sometimes it’s from a pet store or the Internet, but it’s almost never from a veterinarian. Let’s face it, by the time we see clients, it’s sometimes too late to educate them about how to go about purchasing an animal or finding the right match. If the public is not coming to veterinarians for information on caring for an animal, then we need to try to get a simple and clear message out to them about the importance of healthcare and other facets of care.

One idea that a few of the summit’s participants came up with to help address this problem is a brochure that could be distributed to pet stores, shelters, vet clinics, etc. They called it “Happy Healthy Pet” as it addresses things which are important to maintain a pet. They listed five criteria for ease and simplicity: identification (tag/license/chip/tattoo), veterinary care, food and nutrition, exercise and play training.

It would be great to see something like this become a reality so that we can all support and work with each other rather than against each other. I recommend this regional summit to all BC veterinarians. We are always in need of more participants to add to some of the discussions, and the summit is a great opportunity to network and brainstorm with some amazing people. For more information, visit www.urbananimal.com.
industrial news

Pet medical insurance provider Trupanion has announced updates to its core policy to meet the health needs of pets.

Current and future Trupanion policyholders, subject to regulatory approval, will see the following top four improvements in coverage:
1. Expanded Core Policy
2. Improved Coverage for Intact Pets
3. Pre-existing Conditions Dental Coverage

A new treatment option for cats diagnosed with chronic kidney disease has been launched in Canada by Boehringer Ingelheim (Canada) Ltd. Semintra® is the first ever angiotensin receptor blocker to receive marketing authorization in veterinary medicine, and contains the active ingredient telmisartan. It is licensed for the reduction of proteinuria (the unwanted loss of protein via the urine) associated with chronic kidney disease (CKD) in cats. Semintra® is easy to use. It provides the dosing accuracy advantages of an oral solution and has been shown to be well accepted by more than 91% of cats.

Our team of dedicated and caring animal lovers led by Dr. Richard Goodwin, DVM provides a cremation service everyone can afford.

The grief of losing your loved one & getting their ashes returned should not be compounded by costs. We partner with vet clinics across the lower mainland & feel humbled to be entrusted with this most delicate task. A simple phone call is all it takes & we will be on the next available delivery.

To place a classified ad in West Coast Veterinarian please contact Inga Litumatt at ingle@telus.net. Deadline for ad submission is October 22, 2014 for the Winter issue.

INDUSTRY NEWS

BC SPCA VETERINARIAN OF THE YEAR & LIFETIME ACHIEVEMENT AWARDS

THE CVMA-SBCV CHAPTER CONGRATULATES THESE CHAPTER MEMBERS

LIFETIME ACHIEVEMENT AWARD: DR. CAROL MORGAN
Victoria resident and veterinarian Dr. Carol Morgan is a tireless advocate for animals in British Columbia and across Canada. She has served as deputy registrar of the BC Veterinary Medical Association and is a prolific and respected author of articles on topics ranging from animal cloning to the role of veterinarians in animal protection. Morgan has lent her veterinary and academic expertise to a broad array of animal welfare policy issues, including the use of animals in research (as a board member of the Canadian Council on Animal Care), companion animals (as a contributing author of the Canadian Veterinary Medical Association’s Code of Practice for Kennel Operations and Catteries), and farm animals (through her work on the recent revisions to the federal Codes of Practice for both sheep and pigs).

VETERINARIAN OF THE YEAR: DR. MOSHE OZ AND DR. NOA OZ
Kelowna couple Dr. Moshe Oz and Dr. Noa Oz, both born and raised in Israel, are the owners of Rose Valley Veterinary Hospital, located in West Kelowna. Known for their tireless efforts to help animals, often at no charge or discounted rates, this veterinary pair regularly help out not just one, but several BC SPCA branches: Kelowna, Penticton, and Vernon being the main three, as well as branches as far away as Nelson, Kamloops, and the Shuswap. This dedicated duo is always willing and available to help the province’s most vulnerable animals in any way they can.

CLASSIFIED ADS

PRACTICE FOR SALE
Vancouver Lower Mainland Small Animal Hospital
Well-established 25 year, single veterinarian personal practice, consistent loyal clientele, great potential for expansion in rapidly growing Vancouver suburb. Owner wishing to retire, will help new owner phase into practice. Great opportunity to have your OWN practice.
Contact: dvmpx4sale@gmail.com

QUADRA ISLAND NEEDS A VETERINARY CLINIC
As a qualified veterinarian, you can build a rewarding career and business while escaping the increasing levels of competition and anxiety of city life. Enjoy a lifestyle surrounded by a clean, unspoiled environment, breathtaking scenery, and a mild climate. Islanders overwhelmingly support local businesses, creating a loyal client base and great potential to flourish quickly as shown by our recent market survey. Your expertise along with generous landlord participation to reduce your risk, are the keys to your success on Quadra Island. For more information please visit: www.quadraisland.ca/covecentre/index.html
Contact: Ms. Kim Zapshala, PO Box 130, Heriot Bay, British Columbia V0P 1H0 Phone: (250) 285-3138 Email: Kzandef@gmail.com

To place a classified ad in West Coast Veterinarian please contact Inga Litumatt at ingle@telus.net. Deadline for ad submission is October 22, 2014 for the Winter issue.
THANK YOU TO OUR SPONSORS
FOR THEIR GENEROUS & THOUGHTFUL SPONSORSHIP OF OUR CE SESSIONS

Bayer HealthCare

cat healthy

trupanion

Medical insurance for your pet.

zoetis

CVMA-SBCV CHAPTER FALL CE & TRADE SHOW

ANNUAL DELTA EQUINE SEMINAR

NOVEMBER 3 & 4, 2014
TOWN AND COUNTRY INN, DELTA, BC

Organized by the Equine Committee of the CVMA-SBCV Chapter, the 43rd Annual Equine Seminar at the Town and Country Inn, Delta, BC, will feature Dr. Nicholas Frank, Tufts University, speaking on Endocrine Disorders of the Older Horse, and Dr. Hal Schott, Michigan State University, speaking on Fluid Therapy, Weight Loss, Urinary, and Hepatic Diseases. Flyers will be emailed or mailed and distributed via AVP in June, and registration brochures will be mailed in August.
September 16-19, 2014
39th World Small Animal Veterinary Association Congress (WSAVA 2014)
Cape Town, South Africa
www.wsva2014.com

September 21, 2014
Ultrasound: Pearls of GIT/Adrenals
Kelowna, BC
www.scilvet.com

September 26-28, 2014
Saskatchewan SPCA 10th Annual Animal Welfare Conference
Saskatoon, SK
www.sspca.ca

September 27-29, 2014
Ultrasound Basic Ultrasound
Victoria, BC
www.scilvet.com

September 28, 2014
Ultrasound: Scan Only Afternoon
Victoria, BC
www.scilvet.com

October 24-25, 2014
Cruciate Extracapsular Repair
Kitchener, ON
www.focusandfLOURish.com

October 24-28, 2014
Canwest Veterinary Conference 2014
Fairmont Banff Springs Hotel in the heart of Alberta’s beautiful mountain parks.
www.canwestconference.ca

November 1-2, 2014
Orthopedic Surgery: Intermediate Fractures
Calgary, AB
www.scilvet.com

November 7, 8, & 9, 2014
CVMA-SBCV Chapter Fall Conference & Trade Show
In conjunction with the British Columbia Veterinary Technologists Association
River Rock Casino Resort, Richmond, BC

Friday November 7
CVBC Registrants Meeting
Saturday November 8
Fall Conference and Trade Show (Plus CVMA SBCV AGM and BOVTA AGM)
Sunday November 9
Fall Conference and Trade Show

November 8, 2014
Femoral Head Osteotomy
Calgary, AB
www.focusandfLOURish.com

November 9, 2014
Medial Patella Luxations
Calgary, AB
www.focusandfLOURish.com

November 9, 2014
Dental Radiology
Vancouver, BC
www.scilvet.com

November 14, 2014
Femoral Head Osteotomy
Kitchener, ON
www.focusandfLOURish.com

November 15, 2014
Medial Patella Luxations
Kitchener, ON
www.focusandfLOURish.com

November 15-16, 2014
Orthopedic Surgery: TPLO
Calgary, AB
www.scilvet.com

November 21-22, 2014
Introduction to Rehabilitation
Kitchener, ON
www.focusandfLOURish.com

November 29-30, 2014
Orthopedic Surgery: TTA
Edmonton, AB
www.scilvet.com

2015 Conferences:
January 15-17, 2015
Western Canadian Association of Bovine Practitioners 2015 Annual Conference
Saskatoon, SK

January 29-31, 2015
Ontario Veterinary Medical Association Conference
Toronto, ON

June 2015
CVMA Conference and 50th Anniversary Celebrations
Saskatoon, SK

June 8-10, 2015
Vethetic Global 2015
Charlottetown, PEI
www.vetheticglobal.com

July 16-19, 2015
CVMA 2015 Convention and AGM
Calgary, AB

TBD
2015 Livestock Care Conference
Edmonton, AB
www.altac.ab.ca

SCIL Veterinary Excellence offers new online ultrasound courses (vetnovations.com)

Looking for Veterinary CE events around the world to combine learning and travel?
Check the calendar for events large and small at www.vetagenda.com

Stay tuned for Webinars & Online Courses:
They can be an excellent source of continuing education and you can participate from your home or office at a reasonable cost.

Veterinary Information Network
www.vin.com

International Veterinary Information Service
www.ivis.org/home.asp

University of California, Davis
www.vetmed.ucdavis.edu/ce

Lifekern
www.lifekern.com

If you wish to publicize your Continuing Education event in West Coast Veterinarian, please email the following details to wcveditor@gmail.com with CE Event in the subject: date, location, title of event, website for further details.

West Coast Veterinarian
P.O. Box 11005
Vancouver, B.C. V6W 3K3
www.wcv.ca

Veterinary Continuing Education
A recent case study demonstrated
Our novel protein diet helps remedy what hydrolyzed protein could not!

Iams Veterinary Formula® Skin & Coat Plus KO (Kangaroo & Oats)™
Canine diet is formulated to address atopy, food allergies, and related GI conditions. Our novel protein and carbohydrate Kangaroo and Oats diet contains a targeted fatty acid ratio shown to contribute to overall skin and coat health. Digestive health is supported by our proprietary prebiotic and fibre blend.


Two and one month images provided by Lluis Ferrer, DVM, PhD, DECVD.

Subject’s paw after only 1 month on a multimodal protocol, including a hydrolyzed protein diet.

While on a hydrolyzed protein diet, the owner assessed their dog’s pruritus at a score of 7 on a 0-10 severity scale.

The severity assessment dropped directly to a score of 3 while on a multimodal protocol which included feeding Iams Veterinary Formula® Skin & Coat Plus KO.

Iams Veterinary Formula® Skin & Coat Plus KO: Canine diet is formulated to address atopy, food allergies, and related GI conditions. Our novel protein and carbohydrate Kangaroo and Oats diet contains a targeted fatty acid ratio shown to contribute to overall skin and coat health. Digestive health is supported by our proprietary prebiotic and fibre blend.

© 2014
Separate from our USP 797 sterile facility is our dedicated veterinary lab. Our veterinary assistants will be able to assist you in obtaining veterinary products at a competitive price, with expedited free province-wide delivery.