THE HORSES OF THE VANCOUVER POLICE DEPARTMENT MOUNTED UNIT
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Early-stage CKD can be hard to detect, but early treatment is now easier! Semintra® is the first-ever ARB licensed for use in cats with signs consistent with CKD. Semintra® targets the cause of CKD, not just the symptoms.

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I don’t cry often at work. In fact, I can only remember crying once, as I wrote a story on a family who lost their home in a fire. The man I was interviewing described how his family had lost their home and possessions as wildfires burned through our province some years ago (and too similar to what we are experiencing this summer). What made me cry was that he was the fire department dispatcher, and it was his home about to burn down. He had only enough time to make one quick call telling his wife to get out.

I cried again as we were pulling this issue together. An unsolicited story came in by email, and as I began to read, the tears flowed. Dr. Bryce Fleming talks about a most personal and devastating loss—the unexpected death of his 20-year-old daughter from a relatively unknown but insidious disease.

Veterinarians in BC are professionals, and often competitors, but they are also a community. As one veterinarian is built up, so are all veterinarians. It’s why we are devoting time to ensuring a national veterinary mentorship program adequately meets the needs of new and experienced veterinarians in this province. It’s why we created two scholarships at the WCVM, and why we select two newer veterinarians to attend the CVMA Conference Emerging Leaders Program (and why we ask them to write for West Coast Veterinarian about that experience). It’s why we devote resources to creating a strong continuing education offering in November, partnering with industry leaders to bring in leading speakers on topics our members want to learn more about.

And it’s why we make room in this magazine for one veterinarian to share his personal story of how he transcends death, in life, now.

Email: wcveditor@gmail.com

TO THE EDITOR
Letters from members are welcome. They may be edited for length and clarity. Email us at wcveditor@gmail.com.

ON THE COVER
Gunner, a VPD Mounted Unit patrol horse, at the Stanley Park stables.

A new **breakthrough**
in kidney disease diagnosis

**Now available:**
SDMA (symmetric dimethylarginine)

- SDMA is a new kidney test that enables earlier detection of kidney disease in cats and dogs.
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THE HORSES OF THE VANCOUVER POLICE DEPARTMENT MOUNTED UNIT
THE ROLE & CONTRIBUTION OF ONE VETERINARIAN

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LIFE, DEATH, AND TRANSCENDENCE

IT’S IN THEM TO GIVE, TOO

SEPTEMBER 2015

22

JANGI BAJWA, BVSc+AH, Dip. ACVD, graduated from College of Veterinary Sciences, PAU (India), in 2003. He has practiced in BC since 2005, becoming a Diplomate of the ACVD in 2014, and now practices small animal dermatology in Vancouver and Burnaby. He currently travels to Vancouver Island providing referral-only dermatology services.

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 our student liaison and is in his third year at WCVM.

ANDREA DYCK, RVT, has worked at the Animal Emergency Clinic of the Fraser Valley since her graduation from the Animal Health Technology Program at Thompson Rivers University in 2007. She has a passion for both emergency medicine and transfusion medicine and dedicates as much time as possible to the blood bank she is building at her facility.

RYECE FLEMING, DVM, WCVM class of 1987, is a solo companion animal practitioner in Powell River, BC. He currently divides his time between his practice, the Powell River Veterinary Hospital, and volunteer administrative duties with the Veterinary Information Network. Bryce and his wife Veronica have been together for nearly three decades; their daughter Calista was their only child.

AMY MORRIS is the Policy and Outreach Officer for the BCSPCA. With a Master’s degree in Public Policy from Simon Fraser University, Amy works on community projects that promote animal welfare, such as spay/neuter and microchip clinics. She also researches and promotes balanced animal welfare policy in partnership with municipal and provincial governments in British Columbia.

MICHAEL PERRON, DVM, started riding horses at the age of seven. He worked as afarrier during his studies at UBC (from which he graduated with an honours BSc (Agric) in 1981) and at WCVM from which he graduated in 1985. Following graduation, he spent a year doing Large Animal work in a mixed practice, and then moved to eastern Ontario, working predominantly with horses, until his return to BC in 1989. In 1991, he started his own practice.

BRENDA PHIPPS, DVM, graduated from AVC in 1990. Now retired from private practice, she enjoys life near the ocean in the White Rock area. Certified by the Life Mastery Institute, Brenda provides structured coaching for clients who are seeking to create a more fulfilling life by their own design.

FROM THE CHIEF VETERINARY OFFICER FOR THE PROVINCE OF BC
FROM THE CVMA-SBCV CHAPTER STUDENT LIAISON
GLOBAL VETS—WCVM AROUND THE WORLD
CANINE ATOPIC DERMATITIS
ON BALANCE
TRANSITIONING FROM PRIVATE PRACTICE TO A NEW PATH IN LIFE
DOING WELL BY DOING GOOD
INDUSTRY NEWS
CLASSIFIED ADS
VETERINARY CONTINUING EDUCATION 2015
A t our annual convention, held in July in Calgary, Alberta, for the first time the CVMA offered Registry of Approved Continuing Education (RACE) continuing education (CE) programs. RACE is one of the four key programs provided by the American Association of Veterinary State Boards, and its purpose is to develop and apply uniform standards related to CE providers and programs in veterinary medicine. Be sure to join us next year for additional CE and much more when we visit Niagara Falls for our 2016 convention.

Now that the ordering period for Animal Health Week merchandise has wrapped up, we will be busy preparing your orders so you can celebrate across the country from October 4 to 10. This year, as we mark 30 years of Animal Health Week, we want to emphasize that while medical technology and veterinary care have advanced, the connection between the veterinary team and the client remains one of the most important facets of veterinary care. This is why we are celebrating “The Perfect Pair: Partners in Preventive Care.” We’re reminding animal owners that they and their entire veterinary team are important partners in ensuring optimal health for their animal. We invite you to share your celebrations on Facebook or tweet using the hashtag #celebrateAHW.

Visit our website under the Practice & Economics section to learn more about this event.

We support Health Canada’s announcement to strengthen regulations that encourage prudent use of antimicrobial drugs used in food-producing animals, particularly ones considered medically important. The CVMA supports the progress Health Canada has made in working with the pharmaceutical industry to phase out all growth promotion claims of medically important antimicrobial drugs. We also support Health Canada’s plan to make amendments to Food and Drug Regulations that will address personal use importation of veterinary drugs, and strengthen the control over the importation of veterinary active pharmaceutical ingredients. We look forward to viewing the details of the plans with other stakeholders to ensure implementation by the December 2016 deadline.

The World Veterinary Organization, of which the CVMA is a member, has joined the World Medical Association, among others, in urging the United Nations Commission on Narcotic Drugs not to restrict the availability of ketamine. China proposed placing ketamine under Schedule I of the international Convention on Psychotropic Substances, the most restrictive category. After pushback, China proposed placing it under Schedule II, the least restrictive category. The World Health Organization has concluded that ketamine is an essential medicine widely used as an anaesthetic and does not pose a substantial enough risk to place it under international controls.

Continued on page 9

We welcome your comments and inquiries at the CVMA office.

BY SARAH ARMSTRONG, DVM

I t has been a typically busy summer this year in the ER clinic. I think we’ve seen at least four animals with gastric dilation-volvulus, two immuno-mediated hemolytic anemia, a dozen feline lower urinary tract disease cats, several hemoglobinopathies, and many high-risk syndrome cats. I’ve been at this for eight years now—definitely not a beginner, but experienced enough to see a few things.

And I have to admit compassion fatigue gets to me at times. At the point when I feel I have a tough shell that’s impenetrable, I am faced head-on with challenging emotional cases. I am also at risk for the elusive shift-worker syndrome which affects anyone who works shifts. I’ve just come off a string of overnight, and this makes for one grumpy and tired vet.

What do I do to unwind? Today, I enjoyed a wonderful day outdoors with my dog, going for a hike, then heading to the dog beach for a swim. I also try and focus on the good cases, even if they’re not the big savings; like diagnosing a retro bulb abscess, pulling out a grassawn from the back of a cat’s pharynx, getting a wholehearted thank you from a client for being compassionate. I also enjoy volunteering for the CVMA-SBCV Chapter and trying to give back to the community.

I feel there is a reason I’m doing all of this. I am driven by a desire to make a difference, to make our veterinary community stronger that I feel and Dehorning of Cattle. The policy also references the use of sedative drugs to control pain during Tail Docking of Cattle and Disbudding of Cattle. The policy also references the use of sedative drugs to control pain during Tail Docking of Cattle and Disbudding of Cattle.

And finally, we have updated our Microchip Animal Identification Position Statement, previously called Microchip Implants, to expand on its recommendations. Visit our website under the Policy & Advocacy > Position Statements section to view this updated position statement and others.

We welcome your comments and inquiries at the CVMA office.

Please contact us by email at admin@cvma-acmv.org or by telephone at 1-800-567-2862. Your feedback is extremely valuable to us.

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Continued on page 9

BY JEAN GAUVIN, DVM

We have developed a pet nutrition assessment video, which was taught in universities and colleges for many years before being offered 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. Fluent in both official languages, he is frequently called upon to give lectures across Canada. Gauvin and his wife Cyne have two sons, Charles and Alexandre. They live with a Wire-haired Teckel named Maya; Gaston, an orange tabby cat; and Canoe, the turtle.

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 deciding himself to work in 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. Fluent in both official languages, he is frequently called upon to give lectures across Canada. Gauvin and his wife Cyne have two sons, Charles and Alexandre. They live with a Wire-haired Teckel named Maya; Gaston, an orange tabby cat; and Canoe, the turtle.

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Dear Editor,

Life rarely gives us a second chance or a do-over for matters of any substance. However, BC veterinarians have been offered a second chance to make things right.

Registrant approval of our new set of Bylaws has created a slippery slope of significantly reduced practice standards, with an outcome of reduced safety for the public and our patients. The new Bylaws also diminished the scope of practice granted to all veterinarians, as the induction and maintenance of anesthetics can now be delegated to any employee deemed competent by the veterinarian. When the CVBC notified the BC Ministry of Agriculture, as required, about the proposed Bylaw changes, there was apparently concern regarding the delegation of duties section of these Bylaws. This was not simply a lack of addressing the role of registered veterinary technologists (RVTs), but a rudimentary problem with the extreme flexibility granted in the delegation of veterinary duties.

Having emailed the Minister of Agriculture notifying the Ministry of my concerns, I was recently contacted by Mr. Gavin Last (Assistant Director, Corporate Governance, Policy and Legislation, Ministry of Agriculture). We discussed the concerns, I was recently contacted by Mr. Gavin Last (Assistant Director, Corporate Governance, Policy and Legislation, Ministry of Agriculture). We discussed the

I would encourage every veterinarian to take the time to read and understand the College Bylaws. Better yet, voice your concerns to your College to help mold these crucial standards of practice Bylaws prior to their development. Once we receive these new amendments on the delegation of duties, every veterinarian must take the time to read, understand, and vote with your moral conscience at the forefront.

I humbly disagree with our re-elected CVBC president Dr. Nick Shaw who stated that “our draft Bylaws [were] overwhelmingly approved by the registrants.” With a total of more than 1,300 practicing registrants, having only 195 approved (and perhaps many who were not even asked), it is a dismal 14% of BC’s veterinarians approving (and perhaps many who were not even asked), it is a dismal 14% of BC's veterinarians approving. This coming amendment will be read, understood, and voted on.

My personal hope are that some of the issues and concerns listed above will be addressed. We have an opportunity to raise the standards of practice in BC to a level we can all be proud of, one which reflects the time, knowledge, and technological advances that have occurred in veterinary medicine in Canada. Apathy and our busy schedules should not stop BC veterinarians from becoming involved and caring about the Bylaws that shape our profession and practices.

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The benefits of the modern legislation are clear. It is important for the Province to be aware of these things because we are in touch with multiple veterinarians in multiple regions of the province and can increase awareness of these diseases, and any needed response or surveillance measures. The BC Government can also play a direct role in testing to support monitoring and controlling a disease as we recently did with Salmonella Enteritidis in Alberta-sourced hatchery chicks. Below are the lists of Reportable and Notifiable Diseases for horses in BC that must be immediately reported to the Office of the Chief Veterinarian.

Reportable horse diseases
• African horse sickness
• Contagious equine metritis
• Eastern, Western, and Venezuelan equine encephalomyelitis
• Equine infectious anaemia
• Equine piroplasmosis caused by Babesia caballi or Theileria equi

Notifiable horse diseases
• Equine herpes myeloencephalopathy
• Equine rhinopneumonitis
• Equine viral arteritis

The links to the new Animal Health Act and the Notifiable and Reportable Disease Regulation under that Act are: Act: www.bclaws.ca/civix/document/id/complete/statreg/14016

Regulation: www.bclaws.ca/civix/document/id/complete/statreg/7_2015#section4

Jane Pritchard, DVM, MVetSc, graduated from OVC in 1977, and completed a Masters in Anatomic Pathology at WCV in 2000, continuing as an Associate Professor in the Department of Pathology for two years before embarking on a career with the BC Ministry of Agriculture in 2004. With the exception of a two-year international development project in China from 2007-2009, she has remained with the BC Government. In 2013, she was appointed to the role of Director of the Plant and Animal Health Branch, and Chief Veterinary Officer for the Province of British Columbia.

BY JANE PRITCHARD, DVM, MVetSc

If you are a veterinarian in BC, you are required, under legislation, to report disease. BC’s recently passed Animal Health Act requires veterinarians, and anyone responsible for an animal, to notify the Office of the Chief Veterinarian for BC of any disease on the list of notifiable and reportable diseases. Many of diseases on this list duplicate the CFIA list of diseases. The benefits of the modern legislation are clear. It is important for the Province to be aware of these things because we are in touch with multiple veterinarians in multiple regions of the province and can increase awareness of these diseases, and any needed response or surveillance measures. The BC Government can also play a direct role in testing to support monitoring and controlling a disease as we recently did with Salmonella Enteritidis in Alberta-sourced hatchery chicks. Below are the lists of Reportable and Notifiable Diseases for horses in BC that must be immediately reported to the Office of the Chief Veterinarian.

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BY JANE PRITCHARD, DVM, MVetSc
One group of four students volunteered in Central America. Starting at Animal Aware, an animal shelter in Guatemala, the group worked with a veterinarian to care for over 300 dogs and 150 cats. Tasks included grooming, vaccinating, deworming, and spaying and neutering. They also worked with the animals individually to improve their lives both physically and mentally. At another shelter in Guatemala, efforts were focused on training each dog, allowing the students to gain experience in behaviour and clicker training. After this, they moved on to Panama to volunteer at Spay Panama where they spayed and neutered approximately 50 cats and dogs a day for an entire week. On the weekend, they went to a rural area to a blitz clinic and spayed and neutered more than 350 animals. These clinics provided a great opportunity to get hands-on surgery experience, as opposed to the few surgeries students get to do in school. It also allowed them to witness effective programs, which could be applied in other areas.

A third-year veterinary student in this group, Karinn Carter, said that their trip “was an amazing example of how effective spaying and neutering of stray cats and dogs helps to control the pet population.” The proof lies in Panama City, which has a very small stray population compared to the other countries in Central America, likely due to the efforts of organizations like Spay Panama.

Two students went to Mbarara, Uganda, for three months to work with VWB on the Goat Pass-On Project. The project started in 2006 with the goal of empowering women by helping them to achieve financial sustainability through successful livestock production. The focus is on widows and orphans in rural communities as they are some of the most impoverished and vulnerable people in the country. The group teaches the citizens how to raise and care for goats in the hope that they can use them to start up a small business. The idea is that, as the goats reproduce, the goat kids can either be slaughtered for meat or sold to earn money that can be used to send children to school or to cover medical expenses. Each summer, the group also hosts para-veterinarian training days to teach a few select locals basic veterinary care. The project ends in a goat pass-out, where the money that the VWB volunteers fundraised is used to give goats to community members who have met certain requirements and have demonstrated dedication to caring for the goats.

Another group of four students worked with the Worldwide Veterinary Service (WVS) in India. They began their trip in Mumbai touring the SPCA and the Bombay Veterinary College, which was established in 1886. The group was amazed at how massive and well managed the SPCA was considering the large volume of animals that they deal with. From there, they ventured to the WVS’s International Training Centre (ITC) near Ooty where they attended informative lectures on surgery, anesthesia, rabies, and pain and wound management. After two weeks of training at the ITC, each student had hands-on experience with over 20 spay and neuter surgeries, anesthesia, vaccination, and post-operative care. Global Vets fundraising also helped to put Indian veterinarians through the same course to deal with the stray dog population. With an estimated 30 million stray dogs and more than 20,000 people dying from rabies due to dog bites each year, all help possible is needed to combat these issues. The students then traveled to the India Project for Animals (IPAN), a shelter and clinic on the edge of Mudumalai/Tiger Reserve, the group assisted with more cat and dog spays and neuters, and assisted with the care of other animals brought in by their owners. After their time at IPAN, they volunteered at a donkey castration clinic near Theni, each student getting to do two castrations. Near the end of their trip, they travelled west to the state of Kerala, to a District Vet Centre and a Dispensary in Thodupuzha, and to the Indo-Swiss Dairy Project near Munnar. Finally, they ended their journey at the Wayanad District at the Kerala Veterinary and Animal Science University. Over their time in India, students noticed how animals were a part of everyday life, not removed from the public on farms. They were also impressed by how the government pays for the district veterinary centres and dispensaries all over India to provide veterinary care free of charge. “We got a lot of good exposure and experience to the veterinary profession in India, and got to talk to many citizens, veterinarians, and veterinary students about the differences between Canada and India,” said Steven Van Ravenstein, a third-year veterinary student. He went on to say, “Not only is it interesting to compare and contrast animal husbandry and medicine between our two countries, we can also learn a lot from each other, as well as build relationships for future networking. Being immersed in a culture and seeing first-hand what life is like in different areas makes us all more understanding, tolerant, and willing to lend a helping hand.”

The students plan on presenting their experiences to the WCVM in the upcoming school year to recommend and assist the VWB and the Global Vets groups at the school to do similar projects in the future. Their time abroad sounds like an amazing experience for both animal and cultural knowledge, and global awareness. Through the incredibly hard work of the Global Vets and Veterinarians Without Borders, the WCVM is having a lasting impression benefiting the lives of people and animals all over the world. EII
In veterinary medicine, a solo practitioner in a small town runs a Mom and Pop business. When I purchased Powell River Veterinary Hospital in 2010, it was a family investment for the future. My daughter Calista, my only child, understood from the start that the hospital was as much her responsibility as mine. She was a key member of staff, and the community quickly got used to seeing her in her designer scrubs behind the desk, taking proud ownership of our family business. She was key in the implementation of the new computer system, the complete revamping of the extensive files, the installation of the laboratory, and the birthing of the corporate website. Even the décor of the office flowed from her good taste: the colour scheme and even the many photographs that covered the walls were pure Calista. In truth, while I spent 20 years immersed in my career in that self-absorbed way of the typical veterinarian, my daughter had grown into a wonderful, capable young woman, ready to take on the world.

In the fall of 2011, she left for college in Courtenay, ten miles across the Georgia Strait. While she returned each weekend for a laundry run and to work a few hours at the clinic, she never came home to live again. Calista died on a May morning in 2012, gasping out her last breaths as friends desperately applied CPR while praying for the ambulance to arrive. My wife and I were notified by a sympathetic RCMP officer, two hours and yet a lifetime later.

How do you continue when you have lost the only person you cannot live without? You transcend death. You find a cause to fill the void. Quoting Nietzsche, “He who has found a ‘why’ to live, can bear almost any ‘how’.”

I have attempted to transcend my grief in several ways, none of them terribly effective, but all of them combine to keep my mind from wandering. I funded a scholarship at North Island College in Calista’s name. I self-published a book (Losing Calista; Across the Wide Blue Straits). I fund a memorial photography contest for high-school students in Regina, Calista’s childhood home. Finally, I try to educate everyone who will listen about a hidden killer of our youth. Sudden Arrhythmia Death Syndrome (SADS, www.sads.ca) is a blanket term referring to the acute onset of (fatal) severe cardiac arrhythmias, usually in people under 35 years of age. I suspect the majority of people, if they have any opinion at all, believe that SADS is a problem of young athletes, felled while performing at the edge of their physical capability. Even many doctors think SADS is rare, wholly unpredictable, unpreventable, and untreatable. That is incorrect. The entire subject of SADS is ruled by assumptions and ignorance.

The annual incidence of SADS, gleaned from several sources, appears to be between 3 and 4 deaths per 100,000 people. Published numbers tend to vary widely since the topic appears to be a bit of a political football. Government sources, especially in countries with nationalized medical care, downplay the true incidence, while activists (often families of victims) quote higher numbers. Annually, 4 per 100,000 translates to 8 deaths in small cities like Regina. Nationally, that’s about 700 young Canadians dying.
“SIMPLE SCREENING MEASURES SUCH AS RESTING AND STRESSED ECG STUDIES HAVE BEEN PROVEN TO BE HIGHLY SENSITIVE FOR IDENTIFYING CARDIAC DISEASE IN YOUTH”

Yet the disease went undiagnosed through a failure to investigate. Simon’s Law, enacted in Pennsylvania in 2012, addresses this issue by mandating the education of coaches and parents about the recognition, diagnosis, and treatment of all-cause sudden cardiac death. No Canadian province has considered promoting voluntary education of coaches and athletic staff.

Doctors often fall at the difficulty of diagnosis for any of the specific cardiac diseases encompassed by the term SADS. While it is true that pinpointing down the exact nature of the arrhythmia in a living patient can be a challenge, simple screening measures such as resting and stressed ECG studies have been proven to be highly sensitive for identifying cardiac disease in youth, providing the printouts are reviewed by an expert. Many report these symptoms to their doctor, and a simple screening ECG to be under $150 USD. To put that in context, the immediate expenses when Calista died—including memorial and cremation, but excluding police investigation, autopsy, and ten-month-long coroner’s investigation—exceeded $10,000.

Contrary to popular belief, most of the diseases under the SADS umbrella are quite treatable, providing we recognize the problem before that final trip to the ER. Behavioural modification, the judicious use of beta-blockers, and, ultimately, the implantation of internal defibrillators all combine to dramatically improve the likelihood of a full life expectancy for these kids. The implantation of internal defibrillators has changed the entire picture for the fatal arrhythmias. Many young people are alive and enjoying productive lives due to this new technology. My daughter might be still shooting her big camera and laughing at my frequent gaffes if we had known about SADS and had not had a chance to intervene.

While ante-mortem diagnosis of SADS is possible, post-mortem diagnosis is a challenge. With rare exceptions, fatal arrhythmias show little anatomical or histological pathology on autopsy. A diagnosis of SADS is a default, settled on by ruling out every other potential cause of death. For Calista, the police and the coroner investigated every conceivable cause of death, but ten months later, they accepted the SADS diagnosis first proposed less than two hours after her death. As parents who have lost their bridge into the future, as all our children are, the years stretch long ahead of us. My wife and I continue to support the scholarship fund, and I sell my book one copy at a time, using the proceeds for the scholarship. Each year, near the anniversary of Calista’s death, I give cameras to Regina high-school students competing in the contest. Finally, I hope that word will finally get out that SADS is not a rare or even uncommon cause of death in our youth. In Nietzsche’s words, we have found our “why” to live until that day we open that final door and see for ourselves if there is another side beyond the threshold.
Canine Atopic Dermatitis (CAD) has no single cause and is a complex multi-component disease that relies on genetic and environmental interactions. The International Task Force on CAD describes the condition as a genetically predisposed inflammatory and pruritic allergic skin disease with characteristic clinical features associated with IgE antibodies, most commonly directed against environmental allergens.

**DIAGNOSIS OF CANINE ATOPIC DERMATITIS**

Many other dermatologic diseases can mimic CAD, or may be superimposed on a patient with underlying atopy, such as ectoparasites, staphylococcal pyoderma, Malassezia dermatitis, and pseudomonas otitis. These diseases must be ruled out or controlled before the diagnosis of CAD is clinically achieved and can be a test of a veterinarian’s skill and patience. Most atopic dogs usually begin manifesting signs between six months and three years of age, generally having a history of pruritus with or without recurrent skin or ear infections, or ocular and respiratory signs. There is consensus that allergen-specific IgE serological or intradermal tests cannot be used for obtaining a diagnosis. Many normal dogs may exhibit positive reactions with either test. Thus, any allergy test as a primary criterion for diagnosing atopic dermatitis (AD) can lead to a misdiagnosis.

**CUTANEOUS ADVERSE FOOD REACTION**

While AD in dogs and humans is a clinical diagnosis, cutaneous adverse food reaction (CAFR, or food allergy) is an etiological diagnosis. The International Task Force on CAD supports the concept that CAFR might manifest as AD in some canine patients, with food allergens triggering flares.

While AD can be exacerbated by food allergens, not every dog with AD will have dietary-induced flares. Every dog diagnosed with non-seasonal (i.e., year-round) AD should undergo one or more elimination trials in order to determine and eliminate dietary allergens. It is not wrong to pursue multiple elimination diet trials; rather, multiple trials are encouraged for a dog with non-seasonal or unrelenting allergic disease. You can fix up a dog’s diet with some handholding and client reassurance, whereas CAD usually needs more than one treatment intervention.
Anecdotally, owners of allergic patients often report dogs to be lethargic, less social, and uncomfortable. In spite of the obvious fact that itch and pain due to dermatological conditions can have an impact on quality of life (QoL) of affected animals, until 2010 only two studies were available to assess the impact of atopic disease on dogs. Neither of these studies evaluated the impact on family members with an allergic dog. Since 2010, two research groups have published more work on QoL assessment in dogs with dermatological conditions. The expression “quality of life” is defined as “the degree to which an individual enjoys his or her life.” In healthcare, QoL is often evaluated in terms of how it is negatively affected by disease. Supporting the previous suspicions of most veterinary practitioners, these studies showed that the components of atopic dogs’ lives that were most impaired included sleep disturbance, mood changes, playing activities, and the burden of administering treatment. The areas of the owners’ lives that were most impacted were increased expenditure, time loss, and emotional and physical distress. According to a study done by Linke et al., owners scored the negative influences on the QoL of affected dogs (73%) as a bigger concern than the influence on their own QoL (48%). Eighty per cent of owners felt sad when they thought of their dog’s disease, but the disease rarely (<10%) affected the positive feelings associated with the presence of the dog. Interestingly, very few owners (<1%) regretted having the dog or considered euthanasia as an option, according to the study. This small number may be misleading, as over the years, I have encountered more than a few cases of client frustration leading to mention of elective quietus or abandonment of the pet due to undiagnosed or unrelenting skin disease.

Recently, the very committed owner of Mini, a two-year-old English Bulldog, brought up euthanasia even though clinically Mini had improved since being diagnosed for CAD and staphylococcal hypersensitivity. This is an excellent, if surprising, example of the impact of pruritus and allergic disease. After resolution of the Malassezia flare-up on Mini’s skin, and upon further much more positive feedback from the owner, it became clear that the thought of euthanasia had come about due to the constant flare-ups and the client’s assessment of Mini’s poor QoL. For such patients, it is important not just to evaluate how they appear clinically, but also to regularly monitor their pruritus scores at home, and the impact on routine activities as observed by the owner. The veterinarian’s perception of the severity of a disease can be very different from that of the owner, who may feel frustration and embarrassment of parenting a suffering pet. With dermatological patients, client frustration can sneak up on you.

In human medicine, the US Food and Drug Administration (FDA) regulations allow access to investigational drugs to treat patients with a serious QoL concern or immediately life-threatening condition. The FDA allowed such “compassionate use” of oclacitinib (Apoquel—a novel Janus kinase inhibitor used for control and treatment of canine allergic pruritus) after clinical trials on chronic pruritic and allergic patients, for dogs that had benefited from its use. This clearly supported the need to improve QoL in these patients.

According to Linke et al., while the treatment of CAD was considered a major burden by 32% of owners, and 41% had to limit other expenses, most owners (70%) had understood and accepted that AD would require a lifelong treatment. Client education goes a long way in alleviating concerns for treatment burden, flare-ups, and costs concerns. It is essential to give hope to clients with dogs suffering from chronic (or potentially chronic) skin problems without understating the impact of allergic disease on a patient. During dermatologic evaluations, I am often asked, “Is he the worst allergic patient you have seen?” or something to that effect. While some owners benefit from hearing that their pet is not the worst I have seen, others benefit from knowing they are dealing with a complicated allergic disease that is likely worse than it was for their friends’ pet which was cured on a simple diet trial. In human dermatology, the caregiver’s perception of clinical severity of the skin disease is the most important predictor of impact of eczema (atopy) on the family. This is likely true for animals too. Everyone the pet owner has access to beyond the veterinarian (pet stores, dogs, groomers, the Internet, friends with allergic dogs, etc.), has an opinion on allergic skin disease, as well as on the effects on the pet’s QoL. Veterinarians should strive towards providing owners with not just our medical opinion but also empathy and kindness. Being considerate with a pet owner dealing with an allergic dog and associated flare-ups encourages better compliance and nourishes confidence in treatment. As the pet parent feels understood, we are better able to put their expectations in perspective.

Pet owners must be educated thoroughly about the chronic, unremitting nature of AD. This is not a disease that can be cured or treated with a cookie-cutter approach. Every patient demands individualized care, with routine follow-up evaluations and client-veterinarian communication. It is important to pursue multimodal therapy as no single intervention will help the pet adequately. The general options for multimodal therapy include immunotherapy, antipruritic therapy, allergen avoidance, improved skin barrier function, and avoidance of known flare factors.

“Aowners of allergic patients often report dogs to be lethargic, less social, and uncomfortable.”

“Many other dermatologic diseases can mimic CAD, or may be superimposed on a patient with underlying atopy.”

“Above from top: Atopic dog with generalized hair loss, secondary pyoderma, and Malassezia overgrowth; atopic dog with lip margin dermatitis and focal pruritus; atopic secondary pyoderma, and Malassezia overgrowth; atopic secondary pyoderma, and Malassezia overgrowth.”

“Owners of allergic patients often report dogs to be lethargic, less social, and uncomfortable.”


PAPERS OF INTEREST

“Owners of allergic patients often report dogs to be lethargic, less social, and uncomfortable.”


THE HORSES OF THE VANCOUVER POLICE DEPARTMENT MOUNTED UNIT

THE ROLE & CONTRIBUTION OF ONE VETERINARIAN

BY MICHAEL PERRON, DVM
On the night of June 15, 2011, I was horrified as I watched news coverage of the Stanley Cup Riot unfolding in downtown Vancouver. I felt disgusted and ashamed. Remarkably, in the next few days, these emotions turned into feelings of pride and respect for the Vancouver Police Department (VPD) and in particular for the officers and horses of the VPD Mounted Unit, whom I have had the privilege of working with for over 20 years.

Const. Darcy Henkel, one of the six members of the Unit facing those crowds on horseback that night, remembers turning a corner with the five other officers to see an ocean of people filling the streets. The Mounted Unit, along with officers on foot, were tasked with clearing the crowd in front of the downtown London Drugs, a crowd that appeared intent on torching the building, possibly injuring or killing the employees who were trapped inside.

“SHE COULD SEE THAT, BLOCKS AWAY FROM THE ADVANCING HORSES, PEOPLE WERE STARTING TO MELT INTO THE SIDE STREETS”

Const. Henkel remembers feeling somewhat overwhelmed by the sight of the crowd and wondering if the six of them could actually move that many people. But as they started to move towards the crowd, she could see that, blocks away from the advancing horses, people were starting to melt into the side streets. Six riders and horses, in full riot gear, moving abreast towards them as the officers vocally encouraged people to disperse must have been a very impressive sight, even to that unruly crowd.

Once the Unit saw the crowd start to disperse, the mounted officers and those on foot realized that they were gaining control of the situation. Subsequently, firefighters moved safely into the areas where they were needed. The Unit spent the next few hours clearing unruly crowds—all without injury to officers, horses, or the public. A remarkable achievement.

There was a tremendous outpouring of support for the VPD, the Vancouver Fire Department, and the Mounted Unit and the horses which acted so bravely that night, culminating in the employees of London Drugs starting a fundraising campaign in appreciation of their efforts. The funds were donated to the VPD Mounted Unit and were used to purchase two new horses, Percheron-cross brothers. After going through the standard sixty-day trial period for suitability, London—renamed by the Mounted Unit in recognition of the source of the donation—and Turbo were approved as full members and given their VPD badge numbers.

The veterinary care I provide to the VPD Mounted Unit is predominantly preventative. My clinic also provides on-call 24-hour emergency care, but emergency calls are not frequent, thankfully, and consist typically of the occasional mild colic and minor lacerations. I am amazed that we have not seen injuries which I would attribute specifically to the type of work the horses do.

For the horses in the Mounted Unit, preventative care includes an annual set of vaccines and maintenance-type dentals. Vaccines used are to prevent West Nile Virus, Western and Eastern Equine Encephalomyelitis, Tetanus, Equine Influenza, Equine Rhinopneumonitis, and rabies.

My impression is that many horses in BC are not vaccinated for rabies, although I feel it is important protection. Rabies, as all veterinarians know only too well, is incurable once its signs are present, and is fatal. The only treatment is prevention, and although the disease has a very low incidence its fatal nature warrants vaccination. My feelings about rabies were strongly informed by my experience working in eastern Ontario for three years in the late 1980s which, at that time, had one of the highest incidences of rabies in North America. I also had a wake-up call in 2004 when rabid Striped Skunks were discovered in Stanley Park where the Unit’s horses are stabled.

Police horses work on hard surfaces, so hoof care is critical. After potential VPD candidate horses complete their trial period, they are thoroughly vetted by my practice. None are considered acceptable unless they are deemed to have excellent quality, substantial, well-conformed feet, and are not showing any degree of foot pain. I was a farrier prior to my veterinary career, and I appreciate the critical role of the farrier in maintaining hoof health. All the Unit’s horses are shod with hard surface material on the ground surface of their shoes. This prevents excessive wear, but...
The Mounted Unit has 9 horses of different breeds, with draught horse crossing the most successful. Ages range from 4 to 18. If accepted, the horse is purchased and issued a badge number. A police officer is then assigned to complete all the tests, he is slowly introduced to the paddock, such as balloons, firecrackers, and obstacles. If the horse passes the tests, he is slowly introduced to the traits of Stanley Park, eventually moving to the more crowded areas, such as the Aquarium and the beaches.

After accepted, the horse is purchased and issued a badge number. A police officer is then assigned to complete the training of the new recruit.

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As soon as the door chimes at the Animal Emergency Clinic, we all know who’s here. We’ve been waiting for them all day. I head up front to find two Greyhounds—boys so similar in appearance, it took me months to figure out which was which. Now, I find it easy: Wes has a crooked little ear and a gentlemanly manner, while Heff has a dropped carpus and a goofy grin. As soon as the boys see me, they haul their owner off the bench and bolt across the waiting area towards me. We have a few moments of crazy before I’m able to greet their owner (if I greet her first, I will get tackled), at which point she and I discuss the plan for the boys.

Wonderful Wesley and The Heffinator are veteran canine blood donors. They have been coming in for years; always on call, always available. Their owner is a blessing to any donor program, but even more impressive are the dogs. People are often surprised at how excited they are to see me, considering I poke them with a needle every time they visit me. I will unabashedly admit I keep treats in my pocket, and the boys know I will happily buy their affection. Truthfully though, like all my seasoned donors, these two know exactly what they are doing. They know where the scale is, they know where the table is, and most importantly, they know where the food is when they are finished.

Volunteer donors are the backbone of any blood program. There wouldn’t be a program without them. To that end, any blood donor program begins with finding the right dogs and cats. Potential donors must be altered adults between the ages of 1 year and 8 years, at least 50 lbs for dogs (8 lbs for cats), and healthy enough to tolerate the collection of a large amount of blood at each donation. They must be fully vaccinated and free of parasites. They must have the right kind of personality; an animal that is outgoing, affectionate, and willing to work for food is an excellent candidate. In addition, they must be easy to handle so that a donation is not a wrestling match—that’s not fair to either party. Potential donors must have never received a blood product before, because this increases the antigenic quality of their blood, and they must be fed a high quality dry or canned food to reduce the potential of bacterial contamination seen with raw diets. Once an animal is found that fits these basic criteria, the program can dig a little deeper.

A dog that is considered a universal donor is one that is negative for all Dog Erythrocyte Antigens (DEA) except 4, with DEA 1.1 being the most antigenic. Easy-to-use, quick, in-house testing cards can be used to detect the presence of DEA 1.1, but test results should always be confirmed by a veterinary laboratory.

Interestingly, there are breed predominances. Breeds such as Labrador Retrievers and Greyhounds are predominantly universal, whereas Golden Retrievers are generally non-universal. There are fewer feline blood types, but cats must be matched, so blood typing is essential. Even if you type the donors and recipients, it is always safest to crossmatch before beginning any blood product transfusion.

Dogs generally will not react to their first transfusion, as they do not develop the antibodies necessary for a reaction until they actually receive foreign red blood cells. This is where universal donors come in so handy. In an emergency, such as a dog that is rapidly bleeding out, you can grab a unit of universal blood and bolus it into your patient without a crossmatch. If a second unit is needed, however, you must crossmatch before proceeding.

Cats, on the other hand, can quickly experience life-threatening transfusion reactions if given the wrong type of blood, so always, at the very least, type both the donor and recipient. Preferably, crossmatch them.

Once you have typed your potential donors, they must be screened to ensure they are free of anything which could compromise them or your potential donors.
recipients. Cats must be FeLV/FIV and Hemobartonella negative. Dogs will be screened for Brucella, Erlichia, Lyme disease, and anything else that could potentially be passed on. A full CBC and chemistry, along with fecal exam and urinalysis, will ensure your donor is healthy enough to donate blood.

I don’t know anyone who’s had success asking a cat to sit still with a butterfly catheter in its jugular vein for 5–15 minutes, but if you have, tell me your secret. Please. That being said, cats who donate blood are generally fully sedated or even anesthetized for collection. They give between 45–60ml at a time, collected either into a syringe system preloaded with an appropriate anticoagulant with an expiry of only 24 hours, or into a closed system which is generally spun down into component parts and sealed to provide an expiry of 35 days for packed red cells and one year for fresh frozen plasma.

The Greyhounds Wes and Heff have their donations down to an art. After the full-body flying tackle-hug fest is over, the boys rush off to the back, where they weigh themselves and patiently wait through their physical exam. Then they are lifted onto the hydraulic table and placed in lateral recumbency, alternating jugular veins with every donation. They are aseptically prepared, then they doze off for a short nap—drug free because Wes and Heff are just that mellow—while we collect between 450-500 ml of blood.

Most donors do not receive any sedatives at all, but a few of our dogs do. Mateor is sedated because of dog aggression issues (can’t have him jumping with a 14g needle in his jugular if something walks by), as is Bender who is way too happy to be at the clinic and will not sit still. When blood collection is done for Wes and Heff, they are given padded neck bandages (always matching or their feelings will be hurt), and a can of food. After downsing their food in record time and checking each other’s dishes to make sure neither one missed anything, they prance around the clinic. All of our donors are sent home with special treats, and the owners receive gift cards for their time. Although the animals can safely donate every five to six weeks, all of our donors are on a three-month rotational schedule to avoid overuse.

These animals become really special to the whole clinic. The dogs and cats help us do our jobs better and show us how to have a great attitude. They help us save lives. We wouldn’t have a donor program without the participation and dedication of these incredible animals and their owners. So, here’s to them. Wes and Heff show us how it’s done; Ember will have donated 20 times before retiring in November; Bender still thinks the clinic is some sort of amusement park after all these years; Ebony and Tikka rocked out their first donations like they’re old pros; cats Rupert and Grizzly who walk in like they own the place and help out their fellow felines without batting an eye (or a paw). Thanks for making me look good.

ABOVE LEFT Rupert donating blood; RIGHT Wesley, with a bandage, after donating; PAGE 28 Wesley and Heff outside the clinic; PAGE 29 Rupert waiting to donate.

“DOGS GENERALLY WILL NOT REACT TO THEIR FIRST TRANSFUSION”
SCALING DOWN EQUALS FREEDOM
Experiences enhance our growth and broaden our perspective on life, expanding what we initially thought was even possible for ourselves. Are the mortgage and the added expense of a bigger house, or that new car loan—to say nothing of the rest of the stuff gathering dust in the garage—really worth it? Living on less and not being shackled by debt is a huge de-stressor, not to mention the freedom of investing the unused equity in a home in a meaningful way.

WE ALL HAVE AN INVENTORY OF TALENTS AND SKILLS TO DRAW UPON
Let’s step back and take a broader view of what we have learned from experience over the years. Private practice requires many more skills than just medicine and surgery, and these skills can be applied to nearly anything we choose. Resourcefulness, problem-solving, and business experience alone are enormously beneficial. We can include any other interests or hobbies.

BEING UNWILLING TO RISK IS THE BIGGEST RISK OF ALL
Making a big life change is scary. So what? So were the first dog spay, board exams, and that 50-page commercial lease we signed when we opened our practice. So what if everyone else thinks we’re nuts? The truth is, we don’t get time back. At some point, we will all lay our head down on the pillow for the last time. Perhaps the scariest thing of all is the thought of wondering “what if”? What if I just went for it and it all worked out? Even if it didn’t all go exactly the way I’d hoped, at least I’d know I tried. Look at how much I grew and who I became in the process of it all. Either way, it is so worth it.

The more I speak with veterinarians in my 50-plus age group, the more I realize there is a recurring theme in our conversations. Many are seriously questioning their desire to stay in practice, or in the profession at all, for that matter. It’s an awkward stage of life for some, including me. I felt like I was entering an adult version of puberty, feeling unsure of what I wanted to do with the rest of my life. Not a comfortable place to be after devoting so many years to my profession and now feeling like I wanted to leave it behind.

Sound familiar? Contrary to a popular bank slogan, I’m guessing most of us, at this stage of life, aren’t feeling richer than we think. Emotionally speaking, we may feel ready for a major change, but our concerns about finances might be making us sing a different tune altogether. Clearly, a much desired life change requires some pretty creative thinking. Yet, if we are motivated and willing, it is absolutely possible.

The following four points became the cornerstones of my decision to transition to a new life path:

RETIREMENT DOES NOT GUARANTEE HAPPINESS
People who really love what they do don’t generally talk about retiring, because they don’t feel like they’re actually working. The retired people I have met who are really happy, vibrant, and healthy seem to fall into one of two categories. Either they were already happy people before retirement, or they have pursued a new interest and are even busier, having fun doing something they love, often with a stream of income from it. In essence, the latter are what I like to call the happily unretired—they left a career or position they felt they had contributed well to and were ready to explore more of what life has to offer.

What’s missing from your line of non-adjuvanted feline vaccines?

Introducing PUREVAX Feline Rabies 3 YR
The FIRST and ONLY non-adjuvanted 3-year feline rabies vaccine.
Veterinarians have been my heroes since I was five. I even dressed up as one for Halloween, so great was my love for the profession. Veterinarians have to be extremely intelligent, good with people, good with animals, and possess some business intelligence. They are also uniquely placed to address some animal welfare issues that no one else can. Mandatory provincial medical insurance means that people can access, at minimum, the basic services that will help them get better or ease the end of their lives. As a result, doctors do not hear, as veterinarians regularly do, “I can’t afford that,” and “Is there a cheaper option?” Animal owners without insurance end up making decisions based on money, rather than the welfare of their animals, and veterinarians, though compassionate and empathetic, know they can’t help every guardian and every animal.

So what can veterinarians do to help animals without sacrificing their own (very crucial) well-being?

The BCSPCA recently reached out to veterinarians across Canada to learn how they incorporate charitable work while still maintaining profitability (including paying off debts and paying their employees). Here are five ways suggested by Canadian veterinarians to help you do well for your business and help disenfranchised animals.

**SCHEDULE YOUR TIME**

Veterinarians can schedule themselves and their staff in a way that provides space and time for volunteering. You can provide clinic space for a special veterinary event, such as spaying and neutering and microchipping. Or, reach out to local rescue groups and shelters and see what can be done off-site in your free time. Finally, veterinarians can assist with M.A.S.H.-style clinics (check out www.caat-canada.org for more information).
DISCOUNT SPECIFIC SERVICES FOR LOW-INCOME CLIENTS
Another way to incorporate compassion while being profitable is by offering discounted spay/neuter rates for people who qualify as low-income. A common model is cost sharing: a non-profit pays one third, the vet discounts one third, and the guardian pays one third. The veterinarian then has the ability to work with the client over the lifetime of their pet. They then have the opportunity to talk wellness, and the importance of vaccinations and dental exams. Over time, a person who is low-income may have a change in their financial situation, and when they've built trust with a veterinary practice, they will remember the veterinarian as the person who gave them a discount and was kind and helpful in a stressful situation.

DISCOUNT SERVICES FOR SHELTERS
Giving discounts to animal shelters can also help animals while increasing business. Foster families grow to trust the veterinarian they use through a shelter and may even move their entire family of animals to the clinic. People who adopt animals may wish to continue their care with someone who already knows the medical history and can build on it.

BE ACTIVE & PROMOTE YOUR LOCAL SHELTER ON SOCIAL MEDIA
Another easy way to both generate business and help animals is to post adoptable animals and other honest displays about your practice on social media. Great examples are clinics and practitioners who post videos, share stories, and always ask for support for the local SPCA branch. This is a great way to advertise charitable work and demonstrate to potential clients that you’re passionate and compassionate.

SPONSOR AN EVENT
If your practice is busy and there is no time available to volunteer, another great way to get your name out there is to sponsor an animal-related event for a charity. Again—potential clients are often looking for a business to support that is driven by animal well-being rather than by what they perceive as profit. The veterinary clinics that make the biggest impression on clients are those that combine business and heart.

WHAT CAN VETERINARIANS DO TO HELP ANIMALS WITHOUT SACRIFICING THEIR OWN (VERY CRUCIAL) WELL-BEING?

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

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VETERINARY TECHNICIAN/ASSISTANT WANTED
Veterinary Technician/Assistant required at the Fleetwood Veterinary Clinic in Surrey. F/T or P/T. Requirements: at least one year clinic work experience, excellent technical skills. Very competitive salary and benefits, depending on experience and skill level.
If your goal is to add your skills to a small veterinary health care team that values the optimal care of patients and clients, please send your resume and a brief summary of your motivation for doing so to Dr. Dunlap at fvc.hr1@gmail.com.

WILDLIFE RESCUE VETERINARIAN WANTED
The Wildlife Rescue Association in Burnaby, BC is looking for a Wildlife Veterinarian to provide medical services in person (6 hours bi-weekly) and consulting on cases by phone or email. Contact Linda Bakker at linda@wildliferescue.ca for more information.

FULL TIME RAHT NEEDED
Full time RAHT needed for progressive small animal practice in Port Alberni. We are a 3 veterinarian practice with an emphasis on providing excellent quality care to our patients and our clients. Our AHT’s duties include anesthetic monitoring, radiographic and laboratory procedures, assisting with dental procedures, and involvement in all aspects of nursing care. Computer skills an asset, we are fully computerized (Avimark). We offer digital radiography, digital dental radiography and therapeutic laser. Competitive wages and benefits.
Port Alberni is a family oriented city, with hospital, college, recreation centre, pool, and a new high school, located in a mecca of recreational and outdoor activities. If you enjoy working as part of a close knit team in a friendly open atmosphere, this job opportunity is for you! New graduates welcome to apply.
Please send cover letter and resume to Dr Patty Radcliffe, Pacific Rim Veterinary Hospital, 250 723-9902 (fax) or pacificrimvfh@gmail.com.

To place a classified ad in West Coast Veterinarian please contact Inga Limatza at legal@ntius.net. Deadline for ad submission is October 19, 2015 for the Winter issue.
VETERINARY CONTINUING EDUCATION 2015

OCTOBER

1–4  5th Annual International Association of Hospice and Palliative Care Conference San Diego, CA www iaahpc.org
3–4  Cruciates in Calgary Calgary, AB  •  Focus and Flourish www.focusandflourish.com
3–4  Basic Ultrasound Edmonton, AB  •  scil vet Academy www.scilvet.com
4  Dental Radiography & Positioning Learn positioning and interpretation for Vets and Vet Techs alike—bring your Vet Tech(s) along and save 40% off their registration fee Calgary, AB  •  scil vet Academy www.scilvet.com
4  Ultrasound: ½-day Scan Only Edmonton, AB  •  scil vet Academy www.scilvet.com
4  Veterinary Radiography Made Easier: Simple tips and tricks to see more than black & white Edmonton, AB  •  IDEXX Laboratories www.edmontonsvetinfo.com
17–20  Canwest Veterinary Conference Banff, AB  •  ABVMA www.canwestconference.ca
25  Ultrasound: ½-day Scan Only Vancouver, BC  •  scil vet Academy www.scilvet.com
26–27  Annual Delta Equine Seminar The 44th Annual Equine Seminar will feature Equine Imaging—New Approaches to Ultrasound and Radiography, with speakers Dr. Mary Beth Witcombe and Dr. Sarah Puchalski, UC Davis. Registration brochures have been mailed Town and Country Inn, Delta, BC Equine Committee of the CVMA-SBCV Chapter For more information, email: deltaeqseminar@gmail.com or horsesdoctor@telus.net
31–1  Orthopedic: Conditions of the Hind Limb Calgary, AB  •  scil vet Academy www.scilvet.com

NOVEMBER

6–8  The CVMA-SBCV Chapter Fall Conference and Trade Show •  Practice Management by Dr. Andy Roark •  Dermatology by Dr. Tony Yu •  Pain Management by Dr. Robin Downing •  Cat Health by Dr. Margie Schirvis Vancouver, BC  •  CVMA-SBCV Chapter www.canadianveterinarians.net/sbcv www.canadianveterinarians.net

6–8  31st Annual SAVT Conference, AGM  & Tradeshow Saskatoon, SK  •  Saskatchewan Association of Veterinary Technologists www.savt.ca
8  Ultrasound: FAST Ultrasound Victoria, BC  •  scil vet Academy www.scilvet.com
15  Veterinary Endocrinology Edmonton, AB  •  Scotiabank www.edmontonsvetinfo.com
16–17  Practical Ophthalmology for Equine Practitioners Calgary, AB  •  www.wtedp.com MLA International  •  Universal Imaging
18  Thracic Radiology Calgary, AB  •  WVSC www.cavm.ab.ca
20  John Waters Zoonotic Diseases Workshop Edmonton, AB abema.ca/continuing-education.asp?month=11
21–22  Orthopedic: Intro to TPLO Calgary, AB  •  scil vet Academy www.scilvet.com
26  Periodontal Surgery Edmonton, AB www.edmontonsvetinfo.com
28–29  Orthopedic: Intro to TPLO Calgary, AB  •  scil vet Academy www.scilvet.com
29  Dental Radiography & Positioning Learn positioning and interpretation for Vets and Vet Techs alike—bring your Vet Tech(s) along and save 40% off their registration fee Winnipeg, MB  •  scil vet Academy www.scilvet.com

DECEMBER

3  Periodontal Surgery Edmonton, AB Royal Canin  •  TD Bank www.edmontonsvetinfo.com
5  Dental Radiography & Positioning Learn positioning and interpretation for Vets and Vet Techs alike—bring your Vet Tech(s) along and save 40% off their registration fee Vancouver, BC  •  scil vet Academy www.scilvet.com
6  Euthanasia, Palliative Care & Communication Calgary, AB  •  CDIV www.cavm.ab.ca
15–16  First Annual International Conference on Veterinary & Animal Sciences 2015: Livestock for Sustainable Livelihood Improvement Columbia, Sri Lanka  •  ICVAS www.veterinaryconference.co To publicize your continuing education event in West Coast Veterinarian, please email the following details to westedvet@gmail.com with CE Event in the subject: date, title of event, location, sponsor, website.

CANINE ATOPY HAS MANY CAUSES.

Dogs with environmental allergies need diets designed for environmental allergies.
Royal Canin Skin Care, Skin Care Small Dog and Skin Support have been clinically proven to reduce signs of itchiness and inflammation associated with non-specific and atopic dermatitis: www.canwestvet.com

Join the conversation #ItchyPetSeeYourVet

© Royal Canin SAS 2014. All Rights Reserved. 1 Data on File; 2012 Clinical Trial. 2 Markwell PJ, Svoboda M, and Fray TR. Dietary Intervention Can reduce signs of itchiness and inflammation associated with non-specific and atopic dermatitis. Royal Canin Skin Care, Skin Care Small Dog and Skin Support have been clinically proven to improve Clinical Signs In Dogs With Atopy. In: Proceedings of the WALTHAM International Science Symposium; 2003; Bangkok, Thailand: p. 21.
VETERINARY COMPOUNDING

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.