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STRATEGIES TO IMPROVE ANTIMICROBIAL STEWARDSHIP IN VETERINARY PRACTICE
WHICH LIFESTYLE IS BEST FOR CATS?
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2020 FALL CONFERENCE & TRADE SHOW ONLINE
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FROM THE EDITOR

C

OVID-19 presented the Chapter with many challenges. First and foremost was keeping all our members and other veterinarians well informed, which was difficult as we knew little and our understanding was evolving as fast as we could inform you. We were fortunate that our board member and Chapter liaison to the CVMA, Dr. Chris Armstrong, was on the CVMA National Issues Committee and was a member of the COVID-19 working group. We were fully in the loop due to her dedication and uncountable extra volunteer hours as well as the CVMA’s commitment to accuracy and the CVBC’s interest in sharing information with us via Zoom.

Zoom was new to us at the Chapter, and we found we needed to become experts in order to deliver our Chapter’s Spring Sunday CE Sessions, from testing the technology to training the presenters, from working with sponsors to ensuring each of you who attended had a worthwhile experience. We were happy with the results.

One of the unexpected benefits of meeting online was seeing many of you in your homes and getting a peek at your dogs and cats—and in one very fun instance, your children. Annabelle and her brother Oliver joined their mom from Kamloops for our June 7 CE session and emailed us some sketches of the speakers. I was, in turn, able to share some of my backyard baby bear videos to keep the kids entertained.

The Chapter continues to work on delivering a new program to our members who have expressed an interest in helping those who are fleeing domestic violence but whose animals are preventing them from leaving. We have worked with a lawyer on developing waivers to protect the Chapter and any veterinarian who wishes to participate. If you haven’t already, you should hear more about this shortly.

As part of our commitment to animal welfare, our Animal Welfare Committee has asked the Editorial Committee to keep the issue of domestic violence, which presents very real risks to animals and pets, front and centre by publishing articles to help inform our readers. It is an endeavour near and dear to my heart. I conduct my life to try to protect as many animals as possible, mostly dogs, from distress or harm, and I’ve been active in women’s equal access to opportunities and in supporting women to reach their potential since I was a teen.

As I considered the impact Chapter activities may have in helping those fleeing domestic violence, and in helping to keep their animals safe, I happened to see a new work by an artist whose work is on display in our home. Her portrayal of victims of domestic violence, Trophy Wives, was a very visible reminder to me of who we are helping and why. I purchased the piece and hung it in my office overlooking my work so that every day I can remember that there are many people and many animals who need our help, and that I, too, can play a small role in making their lives better.

Once again, the Chapter was fortunate to receive funding for three part-time summer students to assist with developing some promotional whiteboard videos and updating our list of veterinarians. We thank everyone who participated in updating their information. We are very proud of these three students. Zikora (Ziko) Dozie worked with us two years ago and is attending UBC Okanagan studying engineering. His thoroughness, attention to detail, and wonderful professionalism have benefited the Chapter. Gurleen Malhi, who returned again from last summer, and after high school, she is keen to pursue her interest in psychology. Her unending positivity and her genuine interest in the people she speaks to make her a delightful part of our team. And Mahnoor (Noor) Faisal contacted us when she saw an ad about our grant and impressed us with her enthusiasm and interest in business and marketing. She starts at UBC Sauder School of Business in September.

Email: wcveditor@gmail.com
The team at VCA Canada Vancouver Animal Emergency & Referral Centre, which includes board-certified specialists, will work with you to provide the most advanced diagnostic and treatment options available. When emergencies occur, we're here 24/7.

OUR DEPARTMENTS

INTERNAL MEDICINE
Susan Ford DVM, DACVIM
Casey Gaunt DVM, MVetSc, DACVIM

NEUROLOGY
Danielle Zwueste DVM, DACVIM

OPHTHALMOLOGY
Jacqueline Pearce DVM, DACVO

SURGERY
Sherisse Sakals DVM, DACVS

24 HOUR EMERGENCY SERVICE
Jessica Belyk BSc, DVM
Ellen Boyd BScH, DVM
Uschi Craigdallie BSc, DVM
Tim Donihee DVM
Jessica Gu BSc, DVM
Clare Peterson BSc, BVSc, MANZCVS
Catharine Shankel BSc, DVM
Merrill Simpson BSc, DVM
Tara White BSc, DVM

SURGICAL SERVICE UPDATE
Sherisse Sakals DVM, DACVS

We’re excited to announce that Dr. Sakals has joined our Surgery department and is now accepting referrals. To refer to Dr. Sakals, please use our online referral form.

INTERNAL MEDICINE UPDATE
Casey Gaunt DVM, MVetSc, DACVIM

Starting September 2020, Dr. Casey Gaunt will be joining Dr. Ford to grow our Internal Medicine department and expand the services available to you and your patients.
ANGELICA BEBEL, DVM, Dipl. AVDC, grew up on a cattle ranch in British Columbia. She joined UBC’s Animal Welfare Program in 2002 and was appointed as an NSERC Industrial Research Chair in 2006. She is recognized internationally for her research on the care and housing of dairy cows and calves.

ELAINE KLEMMENSEN, DVM, is always up for an adventure, especially if it involves people, pets, and creating connections within the veterinary profession. Her adventures in veterinary medicine have included being an associate veterinarian, partner, practice owner, locum, and international volunteer. Passionate about leadership development and workplace culture, she recently embarked on her latest adventure, founding Evolve Leadership Coaching and Consulting, where she is engaged in executive coaching and helping companies to develop leaders and organizations. Her expertise in team development, leadership coaching, and strategic planning allows her to help veterinary leaders discover the “secret sauce” that will move their team from surviving to thriving.

LOUISE LATHHEY, BSc, completed her Bachelor of Law Enforcement Studies at the Justice Institute of British Columbia and uses her knowledge of the law in her work at the RSPCA. Her passion for animals has led to cross-sector collaboration on helping vulnerable people and pets. Her master’s research in criminal justice at the University of Fraser Valley explores the rationale behind animal cruelty with a focus on how it relates to other types of crime. In her role as the Chapter’s President, she aims to bring the veterinary profession together to address the issues facing animals and people.

KATHELYN MILLS, BSc, began to explore the field of animal welfare science during her undergraduate degree in Applied Animal Biology at the University of British Columbia. She is currently completing a PhD in UBC’s Animal Welfare Program, working with veterinarians and farmers to study management challenges in the dairy industry. Her previous work includes a study of medically unnecessary surgeries, such as tail docking and ear cropping.

NIKI MONTGOMERY is the Hospital Manager at Night Owl Bird Hospital.

MARGIE SCHERK, DVM, Dipl. AVIP (FELINE), graduated from Ontario Veterinary College in 1982. In 1988 she opened Cats Only Veterinary Clinic in Vancouver, practicing there until 2008. Dr. Scherk became board certified in feline practice by the American Board of Veterinary Practitioners in 1995, recertifying in 2004 and 2014. She founded the feline medicine folder on VIN in 1994. As an active international speaker and past-president of the AAFP, Dr. Scherk has authored numerous book chapters and scientific papers and is the co-editor of the Journal of Feline Medicine and Surgery.

KATHRYN WELLSMAN, DVM, has written for West Coast Veterinarian for nearly 10 years and enjoys telling a story. During that time, she’s worked as an emergency veterinarian, general practitioner, and CVBC inspector. She’s volunteered as a board member for the Langley Animal Protection Society and as a veterinarian for the BC Wildlife Park. Recently, she has taken on an advisory role with Neil’s Whal, a non-profit society that assists with medical bills for retired police dogs. Her biggest passion is working dogs.

ENSIGN JAMIE ARMSTRONG, DVM, is a board-certified veterinary dermatologist with the American College of Veterinary Dermatology. He works at the Veterinary Dermatology and Ear Referral Medical Clinic in Surrey, BC. He is also a consultant with the Veterinary Information Network and is a dermatology feature editor for the Canadian Veterinary Journal. His dermatology interests include eczema and its treatment, microbial resistance, canine and feline allergic disease, and continuing education of veterinary professionals and pet owners.

WCV BUSINESS DIRECTORY

WCV SEPTEMBER 2020

SEPTEMBER

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From the CVMA-SBCV Chapter President

Dr. Doug Freeman has been at the helm of WCVM for 10 years but as well as being an innovative forward thinker. During his two terms as dean, he has had the opportunity to get to know people over the years and come to admire his skills as a true leader and excellent administrator. He has always been an open communicator who cared about all of the different facets of WCVM. He was involved with the expansions at the facility as well as being an innovative forward thinker. During his two terms as dean, Doug has also been able to attract excellent staff to work at the college to continue to improve on the education of the undergraduates. He was proud of the clinical simulation lab that he had established during his time as dean.

When Doug would talk about the college, he always showed concern for the students and was proud of their accomplishments. He was equally proud of the research projects that continued to grow within the college or in collaboration with other centers on campus or in other provinces. He had a right to be pleased with how WCVM grew during his tenure. I will also remember him as one of the first people to talk about the One Health initiative of trying to bring together the health professionals on the planet, which we are now seeing happen through this COVID-19 situation.

The last few years have been hard for the college administration due to Alberta dropping out of the interprovincial agreement that funds WCVM. For three years now, we have known about the potential opening of the 20 seats in that Alberta slot. We started this year, and we have looked at this as an opportunity to increase the number of BC students. Doug was very supportive, and he and Associate Dean Dr. Clark provided us with the information we needed to help us raise this issue with our government. Doug and Chris delayed assigning the extras as long as possible to help the remaining provinces take advantage of the openings. Unfortunately no one stepped forward to help with their budgeting, and they offered to 20 to 25 seats at international tuition rates. I admire Doug for his cheerful attitude through difficult times and his willingness to help. His leadership and communication skills are exemplary. The college’s success and growth at our provincial veterinary school have been instrumental in making WCVM a renowned facility for teaching and research. We are grateful for the vision and commitment you showed while you were dean.

Doug’s resignation will also remember him as one of the first people to talk about the One Health initiative of trying to bring together the health professionals on the planet, which we are now seeing happen through this COVID-19 situation.

The CVMA supports diversity and inclusion. The CVMA commits to diversity and inclusion and rejects discrimination or harassment based on grounds such as race, colour, ancestry, ethnic origin, place of origin, age, creed, religion, sex, gender identity, family status, marital status, or disability. We affirm that each human being is valuable and deserves to be treated with respect. Read the full statement on the CVMA website’s Vision, Mission, and Priorities section.

The CVMA is proud to have celebrated Animal Health Week in September. The theme Understanding Zoonotic Diseases: Community Health—Animals and You, showcased how Canada’s veterinary professionals occupy unique positions within the national One Health community to support the fight against these diseases and how protecting animal health protects everyone’s health. The key messages of the 2020 Animal Health Week are:

- Zoonotic diseases may be transmitted from animals to people, but they can be easily prevented
- Regular veterinary wellness checks can help protect you, your family, and your pet from zoonotic diseases
- Always wash your hands after being around animals, even if you did not touch them
- Talk to your veterinary team for information on zoonotic diseases

Visit the CVMA website (canadianveterinarians.net/practice-economics/animal-health-week-current) for prewritten social media posts, additional promotional tools, and more information to help clinics across Canada highlight the importance of understanding zoonotic diseases.

The 2020 campaign ran from September 6 to 12 and featured a one-hour webinar on World Suicide Prevention Day, Thursday, September 10 at 12 PM. For more information at canadianveterinarians.net/mental-health-awareness-week.

From the CVMA President

Dr. Elisabeth Stiles, BSc, MSc, DVM, completed a BSc in biology at the University of Guelph before graduating with her DVM from the Ontario Veterinary College in 2000. Upon graduation and while working as a clinician, she went on to complete a Master of Clinical Sciences (Behaviour Medicine) at the University of Montreal. Dr. Stiles has been fortunate to work with people and animals around the world as a founding member of Veterinarians without Borders Canada. She works closely with Montreal-based cat and dog rescue groups and has been a regular presence in print, television, radio, and social media in recent years, advocating for current national and international animal health issues. Her interest in veterinary behaviour medicine and animal welfare includes ending feline partial digital amputation (declawing) and teaching initiatives to reduce the population size and the impacts of free-roaming owned, abandoned, and feral cats to promote animal welfare, public health, and ecological and environmental health. Read the rest of this position statement and access all CVMA position statements in the Policy and Advocacy section of our website.

The CVMA supports free-roaming owned, abandoned, and feral cat states that the CVMA supports evidence-based, effective, humane initiatives to reduce the population size and the impacts of free-roaming owned, abandoned, and feral cats to promote animal welfare, public health, and ecological and environmental health. Read the rest of this position statement and access all CVMA position statements in the Policy and Advocacy section of our website.
I am thrilled to be joining the British Columbia Ministry of Agriculture as Chief Veterinarian. In this role I am responsible for food animal disease control policy and programs in BC. After gaining early experience in both swine and companion animal practice, my career has been largely public service focused, most recently with the government of Alberta and previously with the CFIA in Saskatchewan and on Vancouver Island. I received my DVM from WCVM and went on to earn a master’s in Large Animal Clinical Sciences at the University of Saskatchewan. I’m looking forward to working with the CVMA-SBCV and its members.

I’m also pleased to continue Dr. Pritchard’s regular articles for West Coast Veterinarian magazine. This quarter, I’d like to remind practitioners of the risk of Rabbit Hemorrhagic Disease Virus in BC and the continued availability of the RHDV2 vaccine from the Ministry of Agriculture.

Rabbit hemorrhagic disease, caused by the calicivirus RHDV2, was first diagnosed in BC in 2018 in feral rabbits near Nanaimo. A reportedly different strain of an RHDV2 has been spreading in the United States. Nevada, Texas, New York, California, New Mexico, Utah, and other states found their first cases in 2020 in both feral domestic and wild lagomorphs. This highly infectious disease can cause a range of symptoms including high fever, anorexia, cyanosis, neurological signs, and dyspnea, with a mortality rate of up to 100 per cent. Sudden death can be the only sign; some dead animals are found in good condition, occasionally with blood around the nose and mouth due to massive internal hemorrhage. Lesions are usually most severe in the liver, lungs, and trachea, and can include necrosis and disseminated intravascular coagulation. There are also chronic and subclinical forms of the disease, and carriers can shed virus for months. RHDV2 affects primarily European rabbits, from which most of our domestic and feral rabbits descend; however, the RHDV2 variant currently circulating in the US has also been shown to affect cottontails and some hares. The virus is hardy and resistant to disinfection. It survives at a wide range of temperatures and can spread via direct contact between live or dead rabbits, or by biting insects and on fomites, making biosecurity an important tool in preventing the disease in domestic rabbits.

The Animal Health Centre continues to perform surveillance and testing for rabbit hemorrhagic disease at no charge. As of this writing (July 2020), there have been no detections in BC this year, but we continue our interest in tracking this disease. Dead wild or feral rabbits in good condition can be submitted through the Wildlife Health Program Lab. Please call 250.751.7246 to arrange for submissions. To submit owned rabbits for testing, please call the Animal Health Centre at 604.556.3003, or toll free at 1.800.661.9903.

To order vaccine, please contact me by email at rayna.gunvaldsen@gov.bc.ca, or by phone at 604.556.3013. Please also submit vaccine certificates to my email address or by fax to 604.556.3015.

Rayna Gunvaldsen, BSA, MSc, DVM, has a love for agriculture forged by her upbringing in rural Saskatchewan. Her career began in the swine industry and spanned the primary chain from farm to fork—stockperson, herd veterinarian, and meat inspector—which sparked her interest in regulatory medicine. After earning her master’s in swine medicine in 2015, Rayna worked for the CFIA and the Government of Alberta in various roles including District Veterinarian for Vancouver Island, Foreign Animal Disease Veterinarian, and Surveillance Veterinarian, before being appointed Chief Veterinarian for BC in 2020. Her areas of interest include transboundary animal disease, disease control, and emergency management.
“Y our flight to Gatwick, London, leaves in 24 hours. I stared at the notification from my laptop’s calendar for a while. It was Monday morning, June 8, 2020, and I was eating breakfast and checking emails before driving to work. I had been working at an equine veterinary practice in the Fraser Valley for over a month, a position I’d found at the last minute at the end of the school year, shortly after the COVID-19 pandemic turned the world upside down. Many, many people, including all of us university students, were suddenly, unceremoniously, unexpectedly sent home—all lectures moved online and future plans cancelled for the foreseeable future.

My classmates of the class of 2021 and I, together with all my other WCVM colleagues, ended up in our respective self-isolation locations with our heads spinning, collectively wondering, “What the heck is happening?” The next month found us all at our desks for as many hours a day as we could muster, listening to the voices of profs we knew well, working desperately to pay attention when we couldn’t see their faces or respond to their questions in real time. No 10-minute breaks between classes when we could visit with our friends, walk laps around the building, play foosball or fill our tea thermoses, and, perhaps most importantly for our degree, no labs to put our learning into clinical practice. Now that team mug that we could top up any time was almost an enemy. Every time it was empty we were tempted to leave our bedroom/home office for a “study break” in which we’d also text or Snapchat a friend, or find a family member that we weren’t sick of yet. Yelling at the calendar, collectively wondering, “What the heck is happening?”

As the days went by, we could sense something changing. “What the heck is happening?” ended up in our respective self-isolation locations with our heads spinning, collectively wondering, “What the heck is happening?” The next month found us all at our desks for as many hours a day as we could muster, listening to the voices of profs we knew well, working desperately to pay attention when we couldn’t see their faces or respond to their questions in real time. No 10-minute breaks between classes when we could visit with our friends, walk laps around the building, play foosball or fill our tea thermoses, and, perhaps most importantly for our degree, no labs to put our learning into clinical practice. Now that team mug that we could top up any time was almost an enemy. Every time it was empty we were tempted to leave our bedroom/home office for a “study break” in which we’d also text or Snapchat a friend, or find a family member that we weren’t sick of yet.

At WestJet notification, an event that was impossible now but that I’d forgotten to cancel on my calendar, all this went rushing through my mind. I had been working on my summer plans following my third year of the veterinary medical program for over a year. I was set up to start fourth year directly following my May exams, starting with six weeks of clinical large animal rotations at the WCVM Veterinary Medical Centre. Then I was to fly to the United Kingdom for a month of travelling and two weeks of an equine externship at a large veterinary hospital in Wales. From there I was going to New Zealand for the rest of the summer to complete another equine externship at a veterinary practice I wanted to intern with after graduation, as well as visit some friends from the last time I was there and explore a bit more. All of that sounds like a bit much for one summer, but it was going to happen. I’d worked hard at scheduling everything, saving money, booking flights, preparing visas, and getting university approval for it all. And in the space of a week, all of those plans were gone. Now, that’s nothing compared to the struggles of people who’ve gotten sick with SARS-CoV-2, or had family members get sick or even die, or who have lost jobs and ended up in severe financial hardship. But every person carries their own burdens compared to the struggles of people who’ve gotten sick with COVID-19.

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The ear pinna may be affected by alopecia, scaling, crusting, erythema, pruritus, ear margin changes such as notching, and hyperkeratosis. Almost any underlying primary condition may cause one or more of these changes, especially in the presence of pruritus-related self-trauma directed at the pinna. When the external ear canal is largely affected, erythema, ceruminous hyperplasia, pain, secondary infection, and pruritus demonstrated by scratching, face rubbing, or head shaking account for clinical signs (with or without presence of the aforementioned clinical signs involving the pinna). Involvement of the tympanic bulla may be present without added symptoms, although increased otic pain and discomfort, head tilt, neurological signs, and hearing loss are considered more likely to be part of the clinical picture.

Information relating to patient pruritus can be quite helpful. Knowledge about the level of pruritus, as well as timing of its appearance in a patient’s clinical picture, can help exclude or include important differential diagnoses. Early-onset pruritus, or lack thereof, is generally a helpful historical point. Late-onset pruritus may also be helpful to know about, or it may be a complicating factor as it can simply be a result of secondary infection development or progressive discomfort relating to a persistent primary condition.

**ABNORMALITIES THAT PRIMARILY AFFECT THE PINNA**

The following conditions can be considered likely in young patients being presented with abnormalities of the pinna, with or without ear canal changes:

1. Keratinization disorders, including canine primary seborrhea, sebaceous adenitis, and facial dermatitis of Pemphigus can all cause bilateral ceruminous otitis. Presence of cutaneous symptoms consistent with the primary keratinization disorder, even if mild, are indicative of the primary condition.

2. Cutaneous vasculitis is associated with a range of causes including underlying infection, food allergy, drug reaction, vaccines, vaccination, or cold agglutinin disease, or it may be idiopathic. Pinna-related clinical signs include alopecia, hyperkeratosis, scaling, and necrosis along ear margin and tips. Other multifocal cutaneous lesions may be present elsewhere, including a focal area of alopecia at the vaccination site in rabies vaccine–induced alopecia.

3. Feline proliferative and necrotizing otitis externa most commonly affects the concave pinna and external ear canal orifice. Dramatic lesions, including tightly adherent hyperkeratotic crusts and erythematous plaques, are usually seen. Previously thought to be a disease of kittens, this condition can affect all age groups and generally occurs in young adult cats.

4. Juvenile onset canine demodicosis is a deep, parasitic folliculitis due to Demodex mites, affecting the haired skin of the pinna in juvenile dogs. Multifocal hair loss is noted in the generalized form, including face and ears.

5. Secondary skin infection and pruritus may be present.

6. Canine sebaceous adenitis is an intensely pruritic condition, most commonly seen in young dogs, although dogs may be affected at any age. The face and pinna are involved in over 70 per cent of the cases. Alopecia, erythema, and crusting of the pinna may be present although some dogs remain lesion free. A positive pinna-pedal itch reflex can be indicative of the condition although it is not diagnostic for the disease.

7. Pemphigus foliaceus causes development of scaling, alopecia, and thick, adherent crusts over the nasal bridge and ear pinna, in addition to other body sites of dogs and cats. Pruritus and secondary infection are uncommon. Presenting signs can often be quite similar to dermatophytosis.

8. Dermatophytosis-related skin lesions can include single or multifocal circular patches with variable scaling, crusting, alopecia, and erythema at facial, pinna, and pedal skin. Pruritus is usually minimal or absent. Diagnostic testing is vital as dermatophytosis has the potential to be greatly underestimated, if diagnosis is based on clinical signs alone.

9. Follicular casts and scale along the ear margin of a dog affected by sebaceous adenitis.

10. Chronic bacterial otitis externa-related inflammatory changes including focal ear tip alopecia on the pinna of an allergic dog.

**ABNORMALITIES THAT PRIMARILY AFFECT THE EXTERNAL EAR CANAL**

In patients presented for ear disease within the first few years of life, wherein the external ear canal is largely affected (with or without pinna changes) the following primary conditions can be considered:

1. Multifocal hair loss are considered more likely to be part of the clinical picture.

2. **Ear conditions** that commonly present in juvenile to adolescent animals can broadly, if simplistically, be divided into those that largely affect the ear pinna, and those that largely affect the ear canal, with or without pinna involvement.

3. **The ear pinna may be affected by alopecia, scaling, crusting, erythema, pruritus, ear margin changes such as notching, and hyperkeratosis. Almost any underlying primary condition may cause one or more of these changes, especially in the presence of pruritus-related self-trauma directed at the pinna. When the external ear canal is largely affected, erythema, ceruminous hyperplasia, pain, secondary infection, and pruritus demonstrated by scratching, face rubbing, or head shaking account for clinical signs (with or without presence of the aforementioned clinical signs involving the pinna). Involvement of the tympanic bulla may be present without added symptoms, although increased otic pain and discomfort, head tilt, neurological signs, and hearing loss are considered more likely to be part of the clinical picture.**

4. **Information relating to patient pruritus can be quite helpful. Knowledge about the level of pruritus, as well as timing of its appearance in a patient’s clinical picture, can help exclude or include important differential diagnoses. Early-onset pruritus, or lack thereof, is generally a helpful historical point. Late-onset pruritus may also be helpful to know about, or it may be a complicating factor as it can simply be a result of secondary infection development or progressive discomfort relating to a persistent primary condition.**

5. **ABNORMALITIES THAT PRIMARILY AFFECT THE PINNA**

6. **The following conditions can be considered likely in young patients being presented with abnormalities of the pinna, with or without ear canal changes:**

7. **1. Keratinization disorders, including canine primary seborrhea, sebaceous adenitis, and facial dermatitis of Pemphigus can all cause bilateral ceruminous otitis. Presence of cutaneous symptoms consistent with the primary keratinization disorder, even if mild, are indicative of the primary condition.**

8. **2. Cutaneous vasculitis is associated with a range of causes including underlying infection, food allergy, drug reaction, vaccines, vaccination, or cold agglutinin disease, or it may be idiopathic. Pinna-related clinical signs include alopecia, hyperkeratosis, scaling, and necrosis along ear margin and tips. Other multifocal cutaneous lesions may be present elsewhere, including a focal area of alopecia at the vaccination site in rabies vaccine–induced alopecia.**

9. **3. Feline proliferative and necrotizing otitis externa most commonly affects the concave pinna and external ear canal orifice. Dramatic lesions, including tightly adherent hyperkeratotic crusts and erythematous plaques, are usually seen. Previously thought to be a disease of kittens, this condition can affect all age groups and generally occurs in young adult cats.**

10. **Juvenile onset canine demodicosis is a deep, parasitic folliculitis due to Demodex mites, affecting the haired skin of the pinna in juvenile dogs. Multifocal hair loss is noted in the generalized form, including face and ears.**

11. **Secondary skin infection and pruritus may be present.**

12. **Canine sebaceous adenitis is an intensely pruritic condition, most commonly seen in young dogs, although dogs may be affected at any age. The face and pinna are involved in over 70 per cent of the cases. Alopecia, erythema, and crusting of the pinna may be present although some dogs remain lesion free. A positive pinna-pedal itch reflex can be indicative of the condition although it is not diagnostic for the disease.**

13. **Dermatophytosis-related skin lesions can include single or multifocal circular patches with variable scaling, crusting, alopecia, and erythema at facial, pinna, and pedal skin. Pruritus is usually minimal or absent. Diagnostic testing is vital as dermatophytosis has the potential to be greatly underestimated, if diagnosis is based on clinical signs alone.**

14. **Pemphigus foliaceus causes development of scaling, alopecia, and thick, adherent crusts over the nasal bridge and ear pinna, in addition to other body sites of dogs and cats. Pruritus and secondary infection are uncommon. Presenting signs can often be quite similar to dermatophytosis.**

15. **ABNORMALITIES THAT PRIMARILY AFFECT THE EXTERNAL EAR CANAL**

16. **In patients presented for ear disease within the first few years of life, wherein the external ear canal is largely affected (with or without pinna changes) the following primary conditions can be considered:**

The first column of this series discussed detailed otic examination, otic findings, and identification of ear canal disease. I now discuss juvenile to adolescent animals at a certain life stage and what veterinarians should know about how to treat it. This year’s focus is dermatology.

**“KNOWLEDGE ABOUT THE LEVEL OF PRURITUS, AS WELL AS TIMING OF ITS APPEARANCE IN A PATIENT’S CLINICAL PICTURE, CAN HELP EXCLUDE OR INCLUDE IMPORTANT DIFFERENTIAL DIAGNOSES.”**

**OTITIS IN THE JUVENILE TO ADOLESCENT PATIENT**

**BY JANGI BAJWA, BVSc & AH, DipEC (ACVD)**

West Coast Veterinarians’s “A Year in the Life” is a four-part column written by one veterinary specialist about one topic that has four distinct life phases. Through the course of the year, each instalment highlights how this topic affects animals at a certain life stage and what veterinarians should know about how to treat it. This year’s focus is dermatology.
1. Canine atopic dermatitis (environmental allergy) usually begins to affect patients within the first three years of life, with otitis externa seen in 50–80 per cent of these dogs. In approximately 4 per cent of atopic dogs, otitis externa may be the only symptom demonstrated. Pruritus is a frequent symptom due to primary as well as secondary factors.

2. Feline atopy also affects patients at a young age. Head and neck scratching as well as ceruminous otitis are two of the commonly noted presenting signs in atopic cats.

3. Feline ceruminous otitis may also be noted secondary to non-allergic conditions such as feline demodicosis and facial dermatitis of Persian cats.

4. Food allergy in dogs and cats usually affects either younger patients or geriatric patients, occurring less commonly through the middle years, although a patient can be affected at any age. Otitis is noted in up to 40 per cent of dogs with food hypersensitivity. In more than 20 per cent of these dogs, otitis externa is the only symptom.

Idiopathic inflammatory hyperplastic otitis is seen primarily in Cocker Spaniels, initially at a relatively young age. Within a year (or sometimes several years), these dogs develop marked proliferative otitis externa, without other signs of skin disease, which may rapidly progress to calcified ear canals. The middle ear can be secondarily affected by most of the conditions that cause otitis, and is rarely the primary site of otitis. One primary inflammatory condition that directly affects the middle ear in young dogs is primary secretory otitis media (PSOM) of Cavalier King Charles Spaniels. The condition has been reported in other dog breeds. Principal symptoms are moderate to severe pain of head or neck, head tilt, and guarding of the neck. Otic pruritus, excessive yawning, acute painful episodes, vestibular disease, hearing loss, and neurological signs may be noted. Presenting signs may be very similar to those of syringomyelia and/or progressive hereditary deafness. In some cases, secondary otitis externa and related symptoms occur.

As demonstrated above, a large range of differential diagnoses may potentially affect young patients presented for ear disease. Based on pruritus as well as otic, cutaneous, and non-cutaneous signs affecting the patient, an individualized diagnostic plan is tailored. For example, skin biopsy testing can confirm feline proliferative and necrotizing otitis externa, deep skin scrapings help diagnose demodicosis; a thorough allergy workup helps confirm and treat atopic dermatitis; and imaging studies (CT or MR) alongside video-otoscopic assessment aid in the workup of primary secretory otitis media of Cavalier King Charles Spaniels. Most primary conditions discussed above have the potential to cause unilateral or bilateral otitis. A cure or long-term control of otitis is predicated on determining and correcting the primary cause, along with resolving secondary and perpetuating factors.

Ear margin dermatitis and hair loss due to ceruminous otitis.

Ear margin dermatitis and hair loss due to ceruminous otitis.

**VETERINARY ADVISING IN THE DAIRY INDUSTRY**

**BY KATELYN MILLS, BSc, AND MARINA A. G. Korynkiewicz, BSc, MSc, PhD**

Given their in-depth knowledge of animal health, veterinarians are important advisors to dairy farmers. Evidence from our research group indicates that veterinarians are trusted advisors to farmers and are frequently consulted on various aspects of dairy farm management outside of their animal health training. For example, when asked about their relationships with their veterinarians, farmers in the Fraser Valley region of British Columbia reported that they involved their veterinarians in many aspects of managing their business, including policy development, new barn design, and preventative health management. However, while some relationships between farmers and veterinarians are quite strong, farmer advising is complex, and our research has also highlighted some aspects of veterinarian-farmer communication that potentially work against the goal of improved animal health outcomes. To understand how advising functions in the development of standard operating procedures on dairy farms, we studied farmers and veterinarians in the Fraser Valley region of British Columbia. We worked in collaboration with farmers and their herd veterinarians to create standard operating procedures for newborn calf care and colostrom management. From the results of this study, we found five main factors that affect farmer adherence to advice.

1. **FEASIBILITY: IS THE ADVICE FEASIBLE FOR THE FARMER?**
A farmer may agree with advice offered by an advisor but find that it is not feasible for their individual farm management or barn design. For example, if advice requires that the farmer move to milking three times a day, but they are struggling to find dependable employees to fill their current milking schedule, following the advice may not be feasible.

2. **RESOURCES: DOES THE FARMER HAVE THE RESOURCES TO ACT ON THE ADVICE?**
Some advice will require additional time, finances, equipment, or other important resources. For example, farmers are advised to test colostrum quality, but they do not have a refractometer, or they are advised to use online veterinary portals, but they are not comfortable using a computer. It may seem simple, but making sure that farmers have the resources that they require can help with advice adherence.

3. **PRIORITY OF THE ADVICE: WHAT IS THE PRIORITY OF THIS ADVICE TO THIS FARMER?**
From the perspective of the veterinarian, the advice offered may be top priority, but the timing may not line up with the farmer's priority list. If these priorities do not align, veterinarians are encouraged to work in collaboration with the farmer to implement practices that fit the farmer's goals.

4. **OTHER ACTORS INVOLVED: WHO ELSE NEEDS TO BE INVOLVED FOR THIS ADVICE TO BE SUCCESSFUL?**
Some changes on a farm will require the support of not only the farmer but also their employees, other advisors such as nutritionists, or the herd veterinarian. If the farmer agrees and wants to make changes in their management, there is evidence that it is also important that the entire team embraces the proposed management changes. One suggestion for accomplishing this is to sit down with the whole farm team or other farm advisors so that everyone can work collaboratively to achieve the common goal.

5. **IMPORTANCE OF DATA: HOW CAN VETERINARIANS USE FARM-SPECIFIC DATA TO OFFER ADVICE TO A FARMER?**
Try not to underestimate the importance of data when advising a farmer. When farmers are able to see the impact of their management choices (for example, benchmarking reports, average daily gain), our research and that of others has shown that this can lead to improved outcomes.

**CONCLUSION**
Advising in the context of the dairy farm is complex. But farmers are not irrational. They will ultimately make decisions that help their business, improve the welfare of their animals, and fit their individual farm management. The goal of advising dairy farmers should be to find advice that achieves each of these outcomes and to work together to achieve common goals. By creating opportunities for open dialogue and providing personalized advice to farmers, you can work together to improve crucial areas of dairy cow health and welfare.

**REFERENCES**
by niki montgomery

you often hear children say they want to be veterinarians when they grow up, likely because children are naturally sensitive, empathetic, and lovers of animals. But as time passes, this career choice is often eclipsed by other careers or considerations. Finally, those who are determined and stick to their childhood dreams now have new considerations: length of study, debt load, admission requirements, perceived opportunities, and more. In the final analysis, a small group remains who have completed this undoubtedly difficult and competitive journey and have become new veterinarians. What will their special interest be? Will they choose companion medical, large bleed, exotic, avian? In my experience, and to my dismay, I've seen avian medicine at or near the bottom of the list.

I am not a veterinarian; I am merely a hospital manager of a strictly avian practice and, more importantly, a bird owner, so I may be biased. But maybe not. For dog owners, it's not difficult to have your pet cared for. But not every bird owner has that option. For a bird owner, this is quite the opposite. It's difficult and complicated to find a veterinarian who can help you with routine examinations let alone with critical or even emergency care. And I've seen that avian medicine is often dismissed as being "too complex and delicate," so veterinarians choose to focus on companion animal practices instead, often specifically excluding avian patients.

My question is not so much why does this happen, but how we can change it? Finding an avian practitioner is hard, but maybe becoming an avian veterinarian or including birds in the scope of practice doesn't need to be that hard.

In 2016 I stood alongside some of the greatest hearts as we rescued and took over the care of nearly 600 parrots from the World Parrot Refuge in Canada's largest rescue. To see the emotion, the resilience, and the overall presence in these birds that were in this dire need was absolutely incredible and humbling. The birds were suffering from self-mutilation, depression, open wounds, broken bones, respiratory issues, liver and heart issues, and on and on, and my thoughts then were, how can we get enough veterinary care for all of them? Which birds will need to be admitted into hospital, and which ones will even receive baseline bloodwork to see how far their illnesses go?

In the intervening years, my question is still as valid: when it comes to birds, how can we get veterinary care for them when so many veterinarians do not practice avian medicine? If the animals in this rescue had been cats and dogs, they would have been received quite differently by the veterinary world. Instead, for the hundreds of birds about to join us in Vancouver, we had the care of only three veterinarians to see them through this catastrophe they were placed in. I had personally reached out to multiple hospitals, urging staff who had an interest to please come and offer a helping hand. I contacted 64 clinics, to be exact, and only two stepped up and helped.

At the Night Owl Bird Hospital, where I am the hospital manager, the eagerness to see a veterinarian qualified to treat birds is long for everyone, even for me as a bird owner. Yes, in an emergency I can wake our practice owner up and ask for help, even when she has just worked a 16-hour day and is completely exhausted. But not every bird owner has that option.

So where do you go to access veterinary care for birds? Our hospital alone has nearly 11,000 clients and many of those clients have multiple birds. And, as disgusting as bird breeding is, it is a reality—there will always be companion birds in need of medical care to the same degree as our fluffy four-legged friends.

That leaves these birds, and the others in care at numerous avian rescues, with a more pronounced consequence of the already apparent shortage of veterinarians in BC. The dearth of avian veterinarians means the few that do handle birds are growing busy, tired, or simply older, and won't stay in the profession forever.

I urge the newly graduated veterinarians coming to BC to work, along with current veterinarians and the BC students who were just accepted into veterinary school, to consider avian medicine as a part—or the focus—of their practices.

Birds have the ability to love, just as cats and dogs do. There is no end in sight for birds being companion animals, so we need to find a way to support their health.
WHAT HAS THIS GOT TO DO WITH CATS OR THEIR WELFARE?
People are just as likely to bring their cats (or dogs or other non-human companion) in to see us probably try to meet the Five Freedoms of Animal Welfare. Yet many of us may not take the inherent nature of the cat into consideration sufficiently when we bring them into our homes. Certainly we are providing food, water, a comfortable resting place, and shelter, but are we in fact providing an appropriate environment, the ability to express species-specific behaviors, and conditions that do not create mental suffering or distress?

HOW DO WE DEFINE STRESS AND DISTRESS?
Stress in and of itself isn’t necessarily bad. Its physical, mental, and emotional components help us respond appropriately to situations. In the short term, it is healthy. But when stress is prolonged or ineffective and exceeds our ability to cope, it becomes distress. Stimuli that result in distress and the degree of distress produced differ between individuals. Additionally, for some, stress such as with the pandemic, may manifest itself in social, physical or emotional distress. Stress hormones (epinephrine, norepinephrine, and cortisol) impair the immune response. Thus, distress can result in disease.

Certainly by keeping cats indoors, we are preventing them from being hit by a car, getting into altercations with unfamiliar cats or other animals, being killed by wildlife, and killing wildlife. They aren’t likely to get lost or be stolen or become pregnant when protected indoors. The risk of exposure to certain infectious diseases (FIV, FeLV, FIP) and parasitic infections (Toxoplasma gondii, Dirofilaria immitis) is reduced but not completely eliminated. Household hazards abound: stovepits, exposure to cleaning chemicals or medications, trauma from falls or falling objects. Additionally, certain illnesses are more prevalent in cats that are restricted from going outside. These include lower urinary tract diseases (uro lithiasis, idiopathic cystitis), hyperthyroidism, dermatologic conditions (atopy and acne lichen dermatitis), obesity, diabetes, and even infectious lice. Boredom and inactivity may result not only in detrimental behaviors (self-directed chewing and problem behaviors (spraying and scratching)), but we don’t even have data that supports a greater longevity of indoor cats compared to owned cats who have outdoor access.

WHAT DOES A CAT NEED TO BE A CAT?
Aristotle used the term “teipse” to refer to the “full potential or inherent purpose of each thing, the ultimate reason for each thing being the way it is, that is whether created by way of being or by nature.” “Thus, cats need certain opportunities (physical, mental, and social) to manifest their “catness.” If these needs are not met, then a chronic state of distress may ensue.

WHAT ARE THE NORMAL BEHAVIORS OF FELIS CATUS?
Species-typical behaviors include play, investigation, observation, hunting, feeding, drinking, grooming, scratching, travelling, scent marking, eliminating, resting, and sleeping. A study observed five queens on a farm in England for 360 hours. During 24 hours, these cats slept 40 per cent of the time (6.6 hours), rested for 22 per cent (5.3 hours), groomed for 15 per cent (3.6 hours), hunted for 14 per cent (3.4 hours), for 2 per cent (30 minutes), travelled or moved unrelated to hunting 3 per cent (48 minutes), and performed other activities for 3 per cent (15 minutes). Cats are crepuscular, that is, their night activity is bimodal, with peaks occurring around dusk and dawn.

We know environment is critical. Merely by making changes in the housing structure at the BCSPCA, Gourkow showed a decrease in the prevalence and incidence of upper respiratory tract infection without changing intake, vaccination, or disinfection protocols. A reduction in reoccurrence and severity of idiopathic cystitis occurs with multimodal environmental modification, and even outdoor access to prey was associated with a lower risk for lower urinary tract signs.

HOW DO WE MEET OUR CATS’ ENVIRONMENTAL NEEDS INSIDE (OR OUT)?
The AAAP/FIFeFeline Environmental Needs Guidelines describe five pillars/key concepts to provide for the physical, mental, and social needs so that “cats can be cats.”

1. A safe place
This allows the cat to rest, relax, and sleep without fear. Because cats also need to observe to avoid and evade danger, they need a raised vantage spot. Not having the ability to contribute to stress and illness. Cats shouldn’t feel trapped by another cat, a dog, a person, or an appliance that makes noise unexpectedly, so having more than one entrance/exit is helpful. Regardless of multiple opportunities to access this and other resources easily.

2. Multiple and varied key environmental resources
A cat’s territory is defined by availability of resources: food, water, and areas for toileting (litter trays), scratching, playing, observing, resting, and sleeping. They defend their territory to maintain access to resources. Cats are socially gregarious, but appear to prefer solo access to a given resource. Cats keep at least one to three matrices of distance between themselves to avoid conflict. Avoiding vertical space for perches, resting spots, space for perching, walls, walkways, and even feeding. They can help achieve these distances. Situating resources in such a way that cats need not see each other may reduce the stress from real or perceived fear of ambush. Cats who belong to the same social group (fellow house mates) share resources; however, physical distance between different resources is still needed (for example, don’t place food beside water).

Even cats who don’t like each other will often make do with a situation, especially when it involves food. However, when it comes to litter boxes, they may be less tolerant. Cats use 1.5 to 2 times their body length when toileting, so large boxes placed in safe, separate rooms are preferred. The salmon scent (of litter) is crucial as well as its cleanliness.

3. Opportunities for playing and hunting
Hunting is crucial for feeding but also for physical and mental stimulation. Cats aren’t ‘killing machines’—they only have to successfully hunt 10 to 15 times, thus their drive to hunt is permanently turned on. With a full bowl and nothing to do, weight gain, poor fitness, and boredom occur. Pseudo-predatory play is important, as indoor feeding puzzles and hunting devices are preferable to bowl feeding. With multiple cats, the three-metre personal space should be maintained, or provide different play sessions. Visual stimulation such as a bird feeder, fish tank, or window perch, is important, as is tactile stimulation (rolling on a textured mat with a catnip toy).

4. A healthy olfactory environment
A cat’s olfactory senses may be their most important sense. Not only do they perceive odors as we do, they also perceive xenoschemicals/pheromones. These are used for marking, making their home territory safe. Our homes may have odors that are overwhelming or even confusing, encouraging them put more effort into marking. Especially for an indoor cat, smells brought in from outside and new items may disrupt the safe olfactory milieu. Respecting a cat’s sense of smell means being aware of these disturbances and leaving their “tage” where they’ve put them. When a cat is marking with urine, encourage them to mark with their claws (visually and pad scent glands on a scratching surface or with their cheeks on a corner, a pheromone plug-in may help.

5. Social predictability
Cats are not antisocial. They flourish with predictability, consistent interactions with humans and others. Unlike dogs, cats have a very short socialization period that occurs between two and seven weeks of age. Thus, their ability to adapt outside that period depends on their other early life experiences and genetics. In general, cats prefer brief periods of low-intensity interactions with people. And they like to be in charge of where and when they interact. When we make requests of our house mates, they may barge into a cat’s space unwelcome. Feline manners pre-scribe head and cheek petting only unless otherwise requested. Fixed eye contact (staring) is very rude and is threatening to cats. Some cats prefer being stroked or groomed, while others prefer their interactions to be oriented around play.

PURSORORITY
Can all cats adjust to living indoors? Clearly not. What can we offer them? How can we reduce the outdoor risks yet provide the outdoor lifestyle? Creating secure yet stimulating enclosures protects the cat and, to some degree, small wildlife. For apartments that have the floor, window boxes are a possibility. When there is access to the ground, catio of various degrees of elaborateness can be bought or built—everything from the catio that were designed by the BCSPCA in 1999 to catios with the top of a fence to a pensive chicken coop.

CONCLUSION
Simply confining cats, while well-intentioned, may not be best for the welfare of all cats. When the environmental and social needs of cats are met, and adequate space and resources are provided, many cats will eventually adapt to indoor housing, especially if they have been exposed to this lifestyle from an early age; however, cats used to having outdoor access may find it difficult to make the adjustment as adults. There is no one-size solution.

RESOURCES
In the interest of saving space, the resources for this article are made available on the chapter’s website at www.canadianveterinarians.net/documents/cvs-references-september-2020.pdf.
A BROWN, GOLD, OR GREY MUZZLES—THEY ALL NEED SPECIAL CARE

BY KATHRYN WELSMAN, DVM

I was a typical Thursday afternoon. I’m finishing up a new puppy vaccination and reviewing the next 120-140 phones and so far dealing with the number of phone calls that need answering. This is the only way I know to manage my day. I have just walked into the exam room and quickly realize it is the end of the day for me. I step into the appointment and quickly realize Stilbestrol isn’t going to be the solution for this family. The receptionist tells me that the 4 PM is still available for a home visit. It is Sadie, a 12-year-old Golden Retriever, with a complaint of being in her bed, I’m thinking maybe if I’m lucky a bit of stillness will be all this old girl needs and I can still dash out the door at 4:30 PM to pick up my kids from daycare.

Sadie is knuckling and stumbling, leaking urine in the exam room, and barking in a disoriented manner, and occasionally she has a bout of profound coughing. She is accompanied by a family of adoring kids and she happily takes all the cookies offered. This is not a euthanasia appointment; the owners want me to see her. I then dash out the door, making those callbacks on my cell phone while I drive like crazy to pick up the kids. I step into the appointment and quickly realize Stilbestrol isn’t going to be the solution for this family. Dr. Gardner reminded me of this, and I wanted to make sure Sadie’s family had resources to pursue those treatments. Dr. Gardner explained that “if the family’s emotional, physical, or financial budgets are being情感, physical, or financial budgets are being..."
THE RESULTS FOUND THAT CAREGIVERS OF TERMINALLY OR CHRONICALLY ILL PETS HAD A GREATER LEVEL OF CAREGIVER BURDEN AND STRESS, GREATER PERCEIVED STRESS, GREATER SYMPTOMS OF DEPRESSION AND ANXIETY, AND A LOWER SCORE ON INDICATORS OF QUALITY OF LIFE AND ENJOYMENT. SO THE LESSON THAT I LEARNED IS THAT WE CAN'T FORGET TO CHECK HOW THE OWNER IS DOING, . . ."

All too often we post the cute puppies only. How about making sure there are specific geriatric policies in place at your clinic? Some of the practical takeaways were things like, don’t tie geriatric animals down under anesthesia as it cripples them, use memory foam on the surgery table or during recovery, recover these patients with a harness to help them stand and balance, and be mindful of their heat loss and drug calculations. Clinic floors are also very slippery, so many of the home care tips also apply to the veterinary hospital. Keeping these in mind while Sadie was visiting our clinic the next day was going to be important. After reviewing these lectures, I now had a list of things I wanted to discuss with Sadie’s family and I felt that I could try to do a better job to make her and her family more comfortable. However, in a busy veterinary practice, as much as we may want to support our clients in all of these ways, sometimes we still can’t do it all. In that end, there are veterinarians in our province who have decided to dedicate their entire practice to this type of medicine or to provide home euthanasia, and finding one of these veterinarians in your corner of the province may be a great resource. Dr. Bryanne Leuenberger has a home euthanasia service on Vancouver Island, and she says she started her practice after seeing the need in her general practice. When asked what her clients think about her service, she said, “My clients have been exceedingly grateful to have this type of service available. For most clients it is a great relief to be able to be at home with their pet and not have to stress them in their last moments by taking them into the vet clinic.”

Another such veterinarian is Dr. Jeff Berkshire who runs Lifting Stars Pet Homecare in Vancouver. Home euthanasia is clearly gaining momentum, as evidenced by a recent article in Modern Pet magazine that highlighted this topic. The article talked about Dr. Berkshire and the services he provides. The article quotes Dr. Berkshire as saying, “More and more people are waking up to the fact that this is a service that we can do . . . it’s a very intimate, personal and emotional time and now we can facilitate this in a home setting where you can select who is there.” I suspect moving forward, many more clients will expect to have these services available.

For veterinarians who are interested in learning more about hospice or palliative care there are many resources available. This list isn’t exhaustive, but these are some of the things that I came across while writing this confidential blog post for Sadie, while researching for Sadie, and also for this article. The International Association for Animal Hospice and Palliative Care has a veterinary certification program as well as an annual conference.

So even though I’m sure I can’t change the way I practice overnight, or carve out as much time as I need for these beautiful old patients, I can try to do better. As Atul Gawande said “better is possible. It does not take genius. It takes diligence. It takes moral clarity. And above all, it takes a willingness to try.”

WAYS TO REMEMBER
• Make a scrapbook
• Plant a tree in your backyard
• Plant flowers yearly in a flower bed and take that time to reminisce and remember the pet
• Make a tribute table
• Have all family members wear something that reminds them of the pet
• Make each family member a small pillow out of the pet’s favourite blanket or bandanna
• Hold a memorial service
• Make a donation in the pet’s name and let your child choose the charity: Morris Animal Foundation or the OVC Pet Trust Fund are options
• Have all family members write a letter to the pet to express their feelings
• Keep a list of all the things your pet did that made you smile or laugh
• Order keepsakes such as jewelry made of ashes
• Make ink paw prints in the clinic
• Create clay paw prints like Pawtree Impressions
• Offering a memorial page on your clinic website

RESOURCES
• International Association for Animal Hospice iahpc.org
• Lap of Love lapsoflove.com
• The Pet Hospice Journal pethospicejournal.com
• Treatment and Care of the Geriatric Veterinary Patient, Edited by Mary Gardner and Dani Melcher
• Hospice and Palliative Care for Companion Animals, Edited by Amir Shani, Tamara Shavers, and Jessica Pierce
• AVMA End of Life Care Guidelines
• Ohio State Veterinary School Pet Loss Library
• Dr. Gardner’s Amazon shopping list: www.amazon.com/shop/
drmarygardner
• Welpel Podcast “Caring for Geriatric Patients”
• Palliative Medicine and Hospice Care, Veterinary Clinics of North America: Small Animal Practice Volume 41, 2011
• Blue Dorsset podcast, “Episode 16,” focus on geriatric anesthesia
• Atul Gawande’s books, such as Being Mortal

SUGGESTIONS FOR RESOURCES TO HAVE FOR CLIENTS
• Disease sheets of common geriatric disease
• Daily diaries to help assess overall quality of life
• Quality of life scales
• Other services you support, such as acupuncture, massage, grooming, in-home pet sitting, etc.
• Pet loss support groups and grief councillors
• In-home hospice and euthanasia services
• Emergency clinics in the local area
• Specific euthanasia information
It is important to recognize the variation in sizes and shapes of heads and jaws that can occur between different dog and cat breeds. What might be considered normal for a French Bulldog may not be normal for a Labrador Retriever. Cats tend to show less variation, but some feline breeds, such as Persians, can exhibit differences in jaw lengths. The Nomenclature Committee of the American Veterinary Dental College provides a thorough review of the various forms of malocclusion to explain and standardize this diverse condition [12].

FIGURE 1: Normal occlusion with deciduous teeth in a 10-week-old puppy. (A) The maxillary incisor teeth sit slightly over the mandibular incisor teeth with the cusps of the mandibular incisors resting on the cingula of the maxillary incisors. (B) The mandibular canine teeth should sit in the diastema between the maxillary third incisor and canine teeth, forming a dental interlock (yellow star). The maxillary and mandibular deciduous and permanent premolar teeth should interdigitate in a “pinking shear” relationship without touching the crown cusps of the mandibular premolar teeth.

The maxillary and mandibular incisors should be in contact, resulting in a level bite. The maxillary and mandibular canines should interlock. In kittens, the rostral teeth will follow a similar relationship, with the maxillary second premolar teeth pointing in a space between the mandibular canine and third premolar teeth. This interdigitation of the teeth and interlock play an important role in maintaining a normal occlusion during the growth of a puppy or kitten. The maxilla and mandible are under separate genetic control and grow at different rates. If the teeth are properly positioned, then a proper maxilla-mandible relationship should be maintained as the patient develops and matures. As the maxilla grows, the maxillary canine teeth can push on the back of the mandibular canine teeth, dragging the mandible along. As the mandible grows rostrally, the incisor teeth should hit the back of the maxillary incisor teeth, pushing the maxilla ahead.

Significant discrepancies in jaw lengths in younger patients can result in abnormal dental interlock, such as when mandibular deciduous canine teeth contact and create defects in the hard palate (Figure 2A). As a result, any attempts of the shorter jaw to catch up is prevented, as the abnormal interlock holds it back.

Any puppy or kitten diagnosed with a malocclusion should be treated with interceptive orthodontics as soon as possible. This may allow the growth pattern to normalize and may recreate dental interlock if the patient has the genetic potential for a normal occlusion before the eruption of the permanent teeth. The more time between deciduous tooth extraction and permanent tooth eruption, the better chance of success (before 10 weeks of age).

In puppies or kittens, interceptive orthodontics involves selective extraction of any deciduous teeth that are interfering with the development of a normal occlusion (Figure 2B). This also immediately relieves the pain from the abnormal tooth-tooth or tooth-soft tissue traumatic contact. While extracting permanent teeth in juvenile patients is generally less traumatic than removing deciduous teeth, it is important to recognize the variation in sizes and shapes of heads and jaws that can occur between different dog and cat breeds. What might be considered normal for a French Bulldog may not be normal for a Labrador Retriever. Cats tend to show less variation, but some feline breeds, such as Persians, can exhibit differences in jaw lengths. The Nomenclature Committee of the American Veterinary Dental College provides a thorough review of the various forms of malocclusion to explain and standardize this diverse condition [12].

The ideal occlusion in a puppy based on a mesocephalic and dolichocephalic skull consists of the maxillary incisor teeth just slightly overlapping the mandibular incisor teeth with the cusps of the mandibular incisors resting on the cingula of the maxillary incisors. The maxillary canine teeth should sit in the diastema between the maxillary third incisor and canine teeth, forming a dental interlock (yellow star). The maxillary and mandibular deciduous and permanent premolar and molar teeth should interdigitate in a “pinking shear” relationship without touching the crown cusps of the mandibular premolar teeth. In puppies or kittens, interceptive orthodontics involves selective extraction of any deciduous teeth that are interfering with the development of a normal occlusion (Figure 2B). This also immediately relieves the pain from the abnormal tooth-tooth or tooth-soft tissue traumatic contact. While extracting permanent teeth in juvenile patients is considered an interceptive orthodontic treatment, other more advanced treatments that save functionality and structurally important teeth or preserve tooth structure to resolve traumatic contacts secondary to a malocclusion should be considered first and discussed with clients. This may include using an acrylic inclined plane, crown extensions, or elastic chains and buttons (corrective orthodontics) to move teeth into a more appropriate space, or performing a crown reduction with endodontic therapy (vital pulpotomy) (Figure 3). All of these procedures are technique sensitive; they require close monitoring, and referral to a veterinary dental specialist is recommended.

The interceptive and corrective orthodontic procedures discussed help patients obtain a more appropriate, functional, and pain-free occlusion, but they do not change the crown cusps of the mandibular premolar teeth positioned lingual to the arch of the maxillary premolar teeth (Figure 1B). As the permanent molars begin to erupt, the maxillary fourth premolar teeth should be buccal to the space between the mandibular fourth premolar and first molar teeth. The caudal teeth in cats follow a similar relationship, with the maxillary second premolar teeth pointing in a space between the mandibular canine and third premolar teeth.
the animal’s genetic makeup. Owners and breeders should be reminded of this and cautioned against breeding patients or the parents of patients who have had malocclusions treated.

**TYPES OF MALOCCLUSIONS**

Both skeletal and dental malocclusions can result in abnormal contact of teeth with other teeth or soft tissue. This can result in periodontal bone loss, pulp necrosis, root resorption, and oronasal fistula formation.

**CLASS 1 MALOCCLUSION (NEUTROCLUSION)**

This dental malocclusion is characterized by a normal rostrocaudal relationship of the maxillary and mandibular arches but has one or more malpositioned teeth. Examples include linguoversion of the mandibular canine teeth (also known as “base narrow”) (Figure 4), mesioverted maxillary canines (also known as “lanced canines”), and rostral cuspwise of one or more of the mandibular incisor teeth.

**CLASS 2 MALOCCLUSION (MANDIBULAR DISTOCLUSION)**

This symmetrical skeletal malocclusion results in an abnormal rostrocaudal relationship between the dental arches, and the mandible resides distal or caudal to its normal location in relation to the maxilla (Figure 5).

**CLASS 3 MALOCCLUSION (MANDIBULAR MESIOCLUSION)**

This asymmetrical skeletal malocclusion results in an abnormal rostrocaudal relationship between the dental arches, and the mandible resides distal or caudal to its normal location in relation to the maxilla (Figure 6).

**CLASS 4 MALOCCLUSION (MAXILLOMANDIBULAR ASYMMETRY)**

There are several variations of this asymmetrical skeletal malocclusion. They include malocclusions that can occur in a rostrocaudal, side-to-side, or dorsoventral direction.

**OTHER DEVELOPMENTAL TOOTH ABNORMALITIES**

Extra or supernumerary teeth are duplicate sets of adult teeth that may or may not cause crowding or abnormal contact between adjacent teeth. Introral radiographs are required to determine if there are two separate teeth or two teeth sharing a common root and pulp system (gemini teeth). Surgical extraction may be necessary to prevent the development of periodontal pockets due to crowding (Figure 7).

Brachycephalic patients and some small breed dogs suffer from rotated and severely crowded teeth. This encourages the accumulation of food and plaque, predisposing the area to early periodontitis. Selective extraction of less significant teeth is recommended to relieve the crowding and protect the periodontal health of neighboring teeth (Figure 8).

Enamel hypoplasia or hypocalcification due to trauma or illness can lead to focal or diffuse enamel defects. Trauma to the developing permanent tooth bud during the extraction of a persistent deciduous tooth (Figure 9), from a bite wound during the first 8 to 10 weeks of life, or from infection from a fractured deciduous tooth can result in focal lesions in teeth. Diffuse lesions involve most of the dentition and are usually the result of systemic diseases or direct infection by microorganisms such as canine distemper virus. Genetic causes for enamel developmental and maturation abnormalities, such as amelogenesis imperfecta, tend to result in generalized enamel defects and are rare.

Treatment for patients with enamel defects should involve full-mouth radiographs to determine if any teeth are non-vital. Significant enamel defects should be treated with restoration or crown therapy to protect underlying sensitive dentin and prevent contamination of dentin tubules leading to the pulp chamber. Extraction of non-vital teeth is recommended. The patients should be monitored closely to ensure their teeth continue to mature normally. Repeat radiographs are recommended six months after the initial visit and then annually. In addition, these patients will need frequent professional cleanings and meticulous home care to prevent the rapid accumulation of plaque and tartar these teeth are more susceptible to.

**CONGENITAL LIP AND PALATE DEFECTS**

Puppies and kittens should be examined as early as possible for congenital defects of the lip and palate (Figure 10). Most breeders recognize these soon after birth. However, during a patient’s initial visit, a thorough oral examination should confirm there are no clefts or defects in the hard or soft palate or in the lips. Common clinical signs associated with these defects include difficulty nursing, nasal discharge, rhinitis, sneezing, coughing, gagging, aspiration pneumonia, and poor weight gain. These patients require extensive nursing care, including tube feeding to avoid aspiration pneumonia. Surgical correction is recommended for these defects, but it should be postponed as long as possible, ideally to three to four months of age. Surgeries performed sooner are unlikely to be successful and decrease the future chance of success.

Although the precise etiology of congenital palatal and lip clefts are unknown, genetic as well as environmental factors have long been known to be involved. Therefore, clients, including breeders, should be counselled and advised against subsequent breedings involving the patient or parents.
I am going to let you in on a little secret. Until recently the word “mindfulness” along with any mention of “sadhana” or “meditation retreats” caused my mind to close with an annoying snap. I view myself as open-minded, inclusive, and caring— a person willing to not only explore but also challenge my personal biases. Really, Elaine? Open-minded? What an epic fail! When I read these words, I not only see the judgment, I feel it. It is a glaring reminder that each of us has blind spots: the inability to notice our own cognitive biases—ways of working, thinking, and reacting that are so deeply ingrained in our worldview that we fail to recognize them in ourselves. Over the past year of studying leadership, culture, and coaching, I found myself plunged into some deep reflection, painfully revealing my blind spots. I was not surprised to learn many of my core values are “doing values.” Courage, mentoring, and caring are values I can learn into by “doing.” I have been thinking about why I struggle to embrace simply “being” and how my ego and self-worth have become so intricately linked with productivity, activity, and action. It is a high time I explored the benefits of incorporating both attention and intention (my definition of mindfulness) into my life as well as my leadership and coaching practice.

As veterinary professionals, we need to develop skills that allow us to navigate our increasingly complex world. The question is how do we find time to fit these skills into an already overloaded schedule? I believe veterinary teams long to serve their clients and patients with wisdom, empathy, and kindness while maintaining a degree of balance and care for their own well-being. The negative consequences of ignoring the effects of cumulative workplace stress, unrelenting client demands, unhealthy boundaries, and toxic work cultures have been well documented. Too often the urgent needs of our patients and the non-stop demands of our clients mean we run from one task to the next with little time to think about our own needs, let alone consider the impact this lack of mindfulness can have on our co-workers and those we lead.

COVID-19 has changed our business landscape and impacted the culture of many organizations. As we adapt to this changing landscape, the demand for our services combined with workforce shortages will stretch our teams and make our work more challenging than ever. Micropractices are intentional moments of mindfulness performed in conjunction with other routines during your day. They offer a simple, sustainable opportunity to introduce microdoses of self-care to a busy schedule. Best of all, anyone can learn these tools and quickly incorporate them into their daily routine. By ing micropractices to an existing activity creates new habits, offering the opportunity to connect with your emotions, center your mind, and consider the kind of presence you want to bring into your next appointment, surgery, or client interaction.

To begin incorporating mindfulness micropractices into your day, start by identifying activities that are regular or recurring events in your schedule. By tying micropractices to an existing activity embeds new habits, offering the sustainable opportunity to introduce microdoses of self-care to a busy schedule. Best of all, anyone can learn these tools and quickly incorporate them into their daily routine. By ing micropractices to an existing activity creates new habits, offering the opportunity to connect with your emotions, center your mind, and consider the kind of presence you want to bring into your next appointment, surgery, or client interaction.

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Dr. Suann Hosie

I will never forget the first time I met Suann Hosie. It was at my first Vancouver Animal Emergency Clinic staff meeting back in 2009. She started the meeting by donning a red leather jacket and doing the moonwalk. While Michael Jackson played in the background. I knew this was going to be fun.

Over the years, I got to know her first as my boss, then as a mentor, and now as a friend. Suann as a veterinarian always had great insight into cases. She would look beyond the obvious and always ask what else could be going on. She had a talent for remembering all the details that I would always forget about.

Suann as a boss was equally wonderful. She taught me through her own actions that valuing staff, treating them with respect, and rewarding their hard work was truly an amazing trait. She was always looking for opportunities for others to contribute to the management of a small animal practice.

Suann was a pioneer in emergency veterinary medicine. I still cannot imagine what she must have been like for her when she began in Vancouver in the 1970s; being in her late twenties, being female, being in a new city, and being the one to establish a 24-hour emergency hospital. This was a very new idea back then, and to get the respect of the neighboring veterinarians and to gain their trust so that they would transfer patients was truly an amazing feat.

Suann’s signature in the emergency room cannot go unmentioned. Along with the Michael Jackson dance moves, she did a wicked impression of a dog with laryngeal paralysis or a collapsing trachea. She would get right up on a treatment table without hesitation and perform these impressions. If you ever meet Suann in person, ask her to show you.

Mostly, what I think is the touchstone of her greatness as a veterinarian and a trailblazer was her commitment to her own philosophy of practice: that the patient came first. It was the greatest impression she left on me and on so many other veterinarians.

Dr. Suann Hosie is the winner of the 2020 CVMA Small Animal Practitioner Award, an award presented to a CVMA member whose work in small animal practice, clinical research, or basic science has significantly contributed to the advancement of small animal medicine, surgery, or the management of a small animal practice.
IN MEMORIAM

LINDA ESTELLA FERNS
1950–2020

Linda (Lyn) Estella Ferns passed away on the morning of Monday, May 11, 2020, at the hospital in Courtenay. She was born in Regina, Saskatchewan, on June 7, 1950. Dr. Linda Ferns was a veterinary pathologist for the province of Nova Scotia and during her 32 years of practice served on the Nova Scotia Animal Care Committee. She also volunteered for many years with the SPCA in Nova Scotia and here in British Columbia as well as with the Boys and Girls Club of Nova Scotia. Earlier in her life, Lyn spent much of her spare time in the wilderness enjoying activities such as canoeing, camping, and hiking. In recent years, Lyn was an avid reader and interested in genealogy. She is predeceased by her father, Philip Ferns, and mother, Elizabeth Ferns. She will be deeply missed by Bill Tower, her husband of 32 years, her brother Leonard Ferns (Angie), daughter Pam Nickerson (Jeff), and stepdaughter Tara Brown (Danny). She is survived by grandchildren Serena, Dakota, Jonah, Cameron, and Jaxson, and great-granddaughters Aurora and Arianna.

Provided by Bill Tower

JOHN G. WALKER
1930–2020

John G. Walker, DVM, passed away August 6, 2020. John was born July 3, 1930. John graduated from the Ontario Veterinary College at Guelph in 1957. After graduation, John started a mixed practice in Duncan. He then worked at the provincial laboratory in Abbotsford for about four years before moving to Nanaimo and starting another mixed practice. John and his wife, Jo, have lived in Penticton since 1976.

Provided by Al Runnells, DVM

IN MEMORIAM

SATURDAY NOVEMBER 7, 2020:
ONCOLOGY WITH DR. CHAMISA HERRERA, DVM, MS, Dipl. ACVIM (ONCOLOGY) (3 HOURS)
SURGERY WITH DR. CHRIS JORDAN, BSc (HONS), BVetMed, MRCVS, Dipl. ECVS (3 HOURS)

SUNDAY NOVEMBER 8, 2020:
IMAGING WITH DR. SALLY SUKUT, BSc, DVM, Dipl. ACVR (3 HOURS)
ENDOCRINOLOGY WITH DR. ANN DELLA MAGGIORE, DVM, Dipl. ACVIM (SAIM) (3 HOURS)

SIGN UP TODAY FOR CVBC-APPROVED CONTINUING EDUCATION.

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A cross Canada, resistant bacterial infections contributed to over 14,000 human deaths in 2018 alone; this is about 1 in 19 deaths in Canada. The threat posed by antimicrobial resistance is compounded by a continuing decline in the development and approval of new antimicrobials. It is now well recognized that antimicrobial resistance is a significant health risk to both people and animals in every part of the world. All sectors that use antimicrobial agents play a role in the development of antimicrobial resistance, including veterinary and human medicine, animal and plant agriculture, and consumer products. All these sectors also have a responsibility to apply antimicrobial stewardship practices to curb the spread of antimicrobial resistance.

In Canadian veterinary medicine, recent policy and regulatory changes have strengthened the oversight of medically important antimicrobials. Between 2016 and 2017, total antimicrobials used in BC animals decreased by 40 per cent. In 2017, antimicrobial use measured in kilograms in BC production animals was 17 times that of BC companion animals. However, the weight of fluoroquinolones used was similar between the two groups, and the weight of cephalosporins used in companion animals was five times as much as in production animals. From its introduction to use of the counter antibiotics in BC, including antibiotics administered in feed, has decreased by 16 per cent. From 2017 to 2018, over-the-counter use declined by 7 per cent.

In BC, significant efforts in public health have led to reduced antimicrobial use and resistance rates in people. Antibiotic prescribing by BC physicians has declined by 27 per cent since 2005. In this same time period, prescriptions for BC children less than one year old have declined by 61 per cent, this reduction has been associated with a decline in early childhood asthma. While there many differences between the practice of human and veterinary medicine, there are also many parallels when it comes to antimicrobial use, including 1) the types of antimicrobials prescribed, 2) factors that influence antimicrobial prescribing patterns, and 3) logistical and financial constraints and opportunities when prescribing antimicrobials.

DEVELOPMENT OF ANTIMICROBIAL RESISTANCE

The two primary mechanisms by which bacteria acquire antimicrobial resistance are through either mutation or horizontal gene transfer. DNA mutations in the bacterial cell occur during replication due to the pressure of antimicrobial agents. Bacteria with resistant genes then replicate and pass on these genes to subsequent generations. Horizontal gene transfer occurs when a gene is passed from an unrelated bacterium through the movement of genetic elements. This process takes place primarily through three mechanisms: conjugation, transduction, and transformation. The transmission of resistance genes elements is particularly concerning because the genes that code for resistance can be exchanged between different species of bacteria. Resistance is acquired by 1) selection pressure exerted on bacteria from antimicrobial treatment, 2) environmental exposure to contaminated surfaces, water, or food, or 3) direct exposure to resistant bacteria or mobile genetic elements (i.e., plasmids) that are carried by humans or animals. However, the most important risk factor for acquiring a resistant bacterial infection is prior antimicrobial treatment.

VETERINARIANS AND ANTIMICROBIAL STEWARDSHIP

Veterinarians can slow the spread of antimicrobial resistance and preserve the effectiveness of antimicrobials by actively and consistently implementing antimicrobial stewardship practices. Antimicrobial stewardship involves a series of activities that lead to the appropriate selection, route, dosing, and duration of antimicrobial therapy. Effective antimicrobial stewardship efforts promote positive animal health outcomes, minimize adverse effects, and reduce antimicrobial resistance.

BC veterinarians can use the following strategies to improve antimicrobial stewardship:

1. Prevent infections and minimize the need for antimicrobials. Work with your staff and clients to raise awareness of the benefits of regular animal health checks. Develop integrated disease control programs including vaccination and parasite control, nutrition and weight control, preventive dental care, isolation of infected animals, and other infectious disease prevention and control measures.

2. Avoid inappropriate use of antimicrobials. Do not treat uncomplicated viral infections. Limit antimicrobial use to ill or at-risk animals. Provide advice and support to clients on the proper administration and handling of antimicrobial products.

3. Select the right drug for the right bug. Use evidenced-based protocols for common infections, such as those developed by the CVMA. Customize these protocols, or develop specific protocols, for your practice. Increase the knowledge base across your practice of antimicrobial mechanisms and drug-specific properties. Identify the likely target organisms and predict their susceptibility. Whenever possible, prescribe narrow-spectrum antimicrobials and use antimicrobials of least importance to human health.

4. Monitor culture and sensitivity. When possible, perform culture and sensitivity testing and adjust treatment plans to prioritize prescribing first-line, narrower-spectrum antimicrobials. Stay informed of antimicrobial sensitivity trends. Potential sources of these trends are currently few and are typically focused on livestock and poultry. They include national data from the Canadian Integrated Program for Antimicrobial Resistance Surveillance and provincial data from the BC Ministry of Agriculture. Private veterinary diagnostic laboratories are future potential sources of antimicrobial resistance trends, especially for companion animals. Clinics can also monitor their practice-specific trends.

5. Minimize use of antimicrobials. Prescribe only when necessary and when there is evidence that antimicrobial therapy will reduce illness. Consider watchful waiting when appropriate. For surgical procedures, apply effective sterile technique and infection prevention practices that minimize the need for antimicrobial therapy. Limit antimicrobial prophylaxis in dental procedures, as systemic antibiotics are not indicated in most procedures. Where possible and appropriate, use symptomatic relief or topical treatments.

6. Document, review, and adapt practices. Record and justify deviations from protocols or guidelines. Regularly review prescribing practices and evaluate how they align with practice protocols and treatment guidelines. Seek to continuously improve prescribing practices.

There is still much work to be done in human and veterinary medicine to reduce antimicrobial resistance and improve antimicrobial prescribing practices. BC veterinarians can do their part to slow the spread of antimicrobial resistance by reducing infection rates in their patient base, reducing antimicrobial use, and prescribing antimicrobials responsibly.

Antimicrobial stewardship in veterinary practice requires commitment, communication, and leadership. There are tangible, measurable measures that each veterinarian and each practice can take toward improving antimicrobial use and preserving the effectiveness of antimicrobial agents.

REFERENCES

In the interest of saving space, the references for this article are made available on the Chapter’s website at www.canadianveterinarians.net/documents/wcv-references-september-2020.pdf.
Galliprant™ (grapiprant tablets) is a first-in-class prostaglandin receptor antagonist (PRA) that treats pain and inflammation while reducing the impact on GI, kidney and liver homeostasis. Instead of inhibiting COX enzymes, Galliprant acts on the EP4 receptor, providing effective relief for canine patients as young as 9 months of age and over 3.6 kg in weight.

And add more games of fetch to the to-do list. New Galliprant™ (grapiprant tablets) is a first-in-class prostaglandin receptor antagonist (PRA) that treats pain and inflammation while reducing the impact on GI, kidney and liver homeostasis. Instead of inhibiting COX enzymes, Galliprant acts on the EP4 receptor, providing effective relief for canine patients as young as 9 months of age and over 3.6 kg in weight.

*Grapiprant is a non-steroidal, non-cyclooxygenase inhibiting anti-inflammatory drug in the piprant class. Grapiprant is a selective antagonist of the EP4 receptor.

**REFERENCES**


**INDICATION FOR USE**

Galliprant is indicated for the treatment and control of pain and inflammation associated with osteoarthritis in dogs. For more fetches, prescribe Galliprant from the first diagnosed stages of canine osteoarthritis.
I am currently working with the SBCV Chapter to develop handout material and participating in their discussions on the possibility of forming a member resiliency committee, which might include peer support to those facing regulatory complaints.

Watch for future announcements from the SBCV Chapter on this topic.

Your response to the College is the beginning of the process, not the end. You have an obligation to cooperate in the Committee’s investigation, in addition to the duty that you also have simply to respond promptly to all communications from the College. If you fail to cooperate with the investigation, you may be disciplined for that infraction in addition to any discipline that may result from the initial complaint. An investigator is typically appointed to collect information from the complainant and from you. That investigator then produces a report to the Investigation Committee. You will likely be asked to provide additional information in the form of records and other information in the course of the investigation.

Your obligation to cooperate with the investigation, however, if not approached with caution can evolve into an exercise in further self-discrimination. This is an important reason for you not to call the College yourself. Do not mistake your obligation to cooperate with an obligation to disclose anything and everything that may come into your mind regarding a particular circumstance. The usual caution in these circumstances is to answer any questions fully and completely and volunteer nothing further. You do not typically assist your situation by disclosing information that you were not asked for. The decision whether to disclose information about a matter that was not requested from you should be taken with extreme care and typically only after seeking legal advice. This may be extremely tite legal advice, but it remains the case that talking too much to anyone conducting an investigation into your practice or conduct is never a prudent strategy, whether you believe you have acted without fault or not. Also, your liability insurance may cover you for some type of legal advice or assistance, so you should ensure you are aware of such coverage.

Having cautioned you regarding your interactions with the College while you are the subject of an investigation by them into your practice and conduct, it is also the case that much of the time your interest may not depart from the College or the public interest. Please do not misinterpret this caution as being advice that you should always be suspicious of the motives or actions of the College. That is not what is intended, and that would be a mistaken and unwarranted approach. The inherent conflict of interest I identified above will not be a subject of concern for you in all interactions with the College. It is upon receipt of a notification of complaint from the College that the conflict of interest arises and you must proceed with the caution I have identified.

Professional organizations are apt to offer advice and assistance to members who may find themselves facing difficult situations related to their practice, including being the subject of an investigation by the College. While these member service organizations are unable to provide you with legal or other advice directly regarding how to proceed in the face of a College complaint, they can assist you in obtaining suitable advice from others, including colleagues and other professionals.
A woman enters a veterinary clinic with her dog. She hadn’t met a vet before, but she was excited that her dog was about to be seen by a professional. The vet, a woman, had a calm demeanor and gently asked the woman if she knew her dog’s name. The woman nodded, and the vet asked to see the dog. The dog was a small breed, and the woman said, “He’s my best friend.”

The vet examined the dog and asked questions about the dog’s behavior and habits. The woman answered truthfully, and the vet said, “It’s understandable that he’s your favorite. Many pets are fundamental to our lives.”

The vet then showed the woman a diagram titled “Recognizing Domestic Violence in Clients and Their Pets.” The diagram explained that domestic violence can manifest in different ways, including emotional, psychological, financial, and physical harm. The vet pointed to a section labeled “Power and Control” and said, “This is a common tactic used by perpetrators to maintain control over their victims.”

The vet then handed the woman a brochure about how to recognize signs of domestic violence in pets. The brochure included a list of symptoms, such as changes in behavior, loss of appetite, and aggression. The vet said, “It’s important to understand that pets can also experience domestic violence, and they may exhibit signs similar to those seen in humans.”

The woman thanked the vet and said, “I’ve never thought about it that way before.” The vet replied, “I always wonder what people likely wonder: why doesn’t she just leave?”

The vet explained that leaving is often complicated, especially if the person has financial constraints or feels trapped by the perpetrator. She said, “It’s not as simple as just packing up and leaving. Many pets are坝enhamately tied to their owners.”

The vet then gave the woman a list of resources, including hotlines and support groups. She said, “If you or your pet are in danger, please reach out for help immediately.”

The woman expressed gratitude for the vet’s help and promised to follow up with the recommended resources. The vet wished her well and said, “Remember, you’re not alone.”
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Scotiabank® can assist you in all stages of your veterinary career.

Ask me how I can help.

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WCV BUSINESS DIRECTORY

NOVEMBER 7 AND 8, 2020
THE SBCV CHAPTER 2020 FALL CONFERENCE & TRADE SHOW
FEATURES THESE 19 AMAZING TRADE SHOW EXHIBITORS AT OUR LIVE, REAL-TIME CONFERENCE, ACCESSIBLE ONLINE FROM THE COMFORT OF YOUR HOME OR OFFICE.

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www.canadianveterinarians.net/sbcv/event/2020-fall-conference-and-trade-show

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