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AECFV is building a new hospital!
Follow the progress on www.animalemerg.com.
Completion - Fall 2017
My dogs are spoiled, no one would dispute that. They choose where to sit in every room in the house, and it isn’t at all odd to find my husband and me on the floor so our dogs can spread out and truly lounge. We spend weekends coring and freezing apples so the big dogs have special treats to chase in our fully fenced backyard. We strategically place our multiple bird feeders so the flickers, juncos, chickadees, finches, and grosbeaks can entertain my pooches for hours.

And yet, I believe that dogs exist to serve us, their humans. My dogs will drop everything when we call them, and look up at us and make what I am sure is meaningful eye contact, awaiting our next command. And why? For a loving pat on the head, and an enthusiastic good girl.

Checking out the wider community, there are dogs that serve, like the dogs trained to be service or seeing eye dogs for people who need them. And then there are police dogs that tackle bad guys, search out bombs or drugs, or simply look intimidating, all in the name of law enforcement. These dogs risk their own safety, willingly (if you ever watch them train and work, you’ll agree it’s willingly). And they do it for the same reason: a toss of the ball, a hearty pat, and an equally enthusiastic good boy.

I cannot document here the exhaustive list of the qualities I most love about dogs; I only know that my love for them grows continually, and I cannot imagine my life without dogs. I remain in awe of their willingness to serve us in whatever way possible, even—as I learned a few months ago with Olive—to cheerfully accept re-assignment after flunking out of a lengthy and strict training program to be a seeing eye dog. These dogs all deserve the best we have for them. Good dogs.

Email: wcveditor@gmail.com

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

ON THE COVER
Cst. Shanks and his dog during training.

THE CVMA-SBCV CHAPTER’S NEWEST MEMBER SERVICE

HIRING A VETERINARIAN? WANTING WORK AS A LOCUM? SELLING YOUR PRACTICE?

The CVMA-SBCV Chapter Online Classified Ads is your new web link for everything BC-related. Veterinarians, RVTs, clinic staff, practice managers, and more—please visit our new BC-only online solution for classified ads.

CVMA-SBCV Chapter members get a 50% discount on placing an ad, and it’s always free to look at or respond to an ad. The CVMA-SBCV Chapter Online Classified Ads website was created when the College of Veterinarians of BC decided to close its classified ads, came to your CVMA-SBCV Chapter, and asked us to create a solution to serve BC veterinarians. We eagerly accepted that challenge and are proud to share with you our wish to make this website your first choice to visit if you are looking for work, or wanting to hire.

Please take a look and share this BC-only solution with your practice managers today. Simply visit www.canadianveterinarians.net/sbcv/classified-ads.aspx and find your next great opportunity.

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An early diagnosis could save my life.

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Corey Van’t Haff
Editor

FROM THE EDITOR

Member of the CBVA

You can be the difference between “I wish we could have done something” and “I’m so glad we caught this soon enough...”

In-House Diagnostics  Digital Imaging and Telemedicine  Reference Laboratories  Client and Practice Management

Client: IDEXX   |   Contact: Nathalie Fortier (1-819-823-0850)   |   Insertion: May 2017   |   Publication: West Coast Veterinarian

Ad #: ID_80902_Format_Adapt_Cat_PC_ad   |   Heading: Knowing makes all the difference...   |   Trim size: 8.5 in” x 11 in”   |   Profile: CMYK

Status: New (The above approval is for artwork and colour separation only and may not accurately reflect actual production colours.)

ID_80902_Format_Adapt_Cat_PC_West_Coast_Veterinarian_ad.pdf   1   2017-05-05   8:43 AM
LAUREN FRASER, CBChB, is an IAABC-certified horse behaviour consultant. She helps horse owners address behaviour problems, using evidence-based, low-stress techniques. Currently enrolled in an MSc program in Clinical Animal Behaviour through the University of Edinburgh, she is also an educator, offering monthly workshops for horse owners and RACE-certified online courses for equine veterinarians.

MIKE HIGGINS, DVM, MSc, Dipl. ACVIM (Neurology), graduated from the Ross University School of Veterinary Medicine in St. Kitts in 2002. He completed a Small Animal Internship at Auburn University College of Veterinary Medicine in Alabama, in 2003, and did a one-year rotating internship at the WCVVM. In 2013, he became part owner of these clinics, Fairfield Animal Hospital, Westbank Animal Care Hospital, and Central Valley Animal Hospital. He and his wife and two children live on a small hobby farm with horses and chickens.

ROSE TURMAN-BROOKER, RVT, has been interested in shelter medicine and working in low-income/low-access communities ever since she was a kid. She graduated as an RVT in the spring of 2014 from TRU.

MARINA VON KEYSERLINGK, BSc, MSc, PhD, grew up on a cattle ranch in British Columbia. She joined UBC’s Animal Welfare Program in 2002, and was appointed as a NSERC Industrial Research Chair in 2008. She is recognized internationally for her research on care and housing for dairy cows and calves.

KATHRYN WELSMAN, DVM, was born and raised in Kamloops. She received a degree in Animal Biology from TRU in 2015. She now works at the Kamloops Veterinary Clinic. She and her partner live with a Cocker Spaniel, and a rescue cat.

KAI NG, DVM, graduated from AVC in 2008 and then did a one-year rotating internship at the WCVVM. In 2013, he became part owner of these clinics, Fairfield Animal Hospital, Westbank Animal Care Hospital, and Central Valley Animal Hospital. He and his wife and two children live on a small hobby farm with horses and chickens.

TARA MacKAY, DVM, was born and raised in Kamloops. She received a degree in Animal Behaviour from TRU before graduating from the WCVVM in 2015. She now works at the Kamloops Veterinary Clinic. She and her partner live with a Cocker Spaniel, and a rescue cat.

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ummer has flown by, and I didn’t get to do all the things on my long, unattainable list. I do this to myself each summer. I make a long list of 20+ places to see, and activities to do. I consider it a success if I even knock off a few on the list. My goal this summer was to see more of BC where many of our members live and practice. I am proud to say that I achieved a visit to Haida Gwaii, a trip to the Kootenays/Nelson, a trip to Salt Spring Island with my Mum, and a four-day trek along the Juan de Fuca trail.

As always, the CVMA-SBCV Chapter has been busy working for our members. Some of the activities and projects that kept us busy this summer were the CVMA Convention in Charlottetown in PEI, extending our CE to provide local seminars, CVBC correspondence and consultation, the addition of BC online classified ads to our services, a strategic planning session with the CVMA-SBCV Chapter Board of Directors in June, organizing donations to the Canadian Disaster Animal Response Team, and continued planning for our 2017 Fall Conference and Trade Show.

At the CVMA national conference, Dr. Marco Veenis attended the presentations on behalf of the CVMA-SBCV Chapter. At the provincial forum, the topic of counselling services for members in crisis came up as a provincial issue. Most provinces use commercial providers. At the presidents’ meeting, several regulatory topics came up: regulating and licensing of RVTs, regulating telemedicine, regulating alternative and complementary medicine under the scope of practice. Some of the member service topics were combatting antimicrobial resistance and associated dispensing rules, and wellness/counselling practice. Some of the member service topics were combatting antimicrobial resistance and associated dispensing rules, and wellness/counselling practice.

The CVMA-SBCV Chapter Board decided to put some of the Chapter’s earned revenue to good use; the money was sorely needed to deal with animal welfare during this time of natural disaster and at the same time provided our Chapter members with an opportunity to show their hearts and their willingness to help. We made a donation of $10,000 to the Canadian Disaster Animal Response Team (CDART) to support its work with animals at risk due to the BC wildfires. We strongly believe that this was a wise decision and that the money went to a good cause. We are also working with CDART to address some of their non-monetary needs.

As some of you may already know, the CVBC has decided to stop providing classified ads as a service to registrants, mainly because they do not see this as a regulatory service, but as a member service. Thus, once this issue of West Coast Veterinarian has gone to print, it will be the sole responsibility of the CVMA-SBCV Chapter to provide BC online classifieds (see page 4 for further details) rather than the College. We appreciate the College’s request for our assistance with this project.

Lastly, we are busy getting ready for our upcoming yearly Fall Conference and Trade Show, November 3–5, 2017, at the Pinnacle Hotel Harbourfront in Vancouver. As always, the Conference will provide top quality CE for a total of 15 hours CE credit.

We hope you have all enjoyed a wonderful summer with your friends and loved ones. Cheers!

Sarah Armstrong, DVM, graduated from OVC in 2007. Following graduation, she worked full time in general practice and worked part time at a local emergency practice in Southern Ontario before moving to Vancouver, BC, where she currently works as a locum veterinarian.

FROM THE CVMA-SBCV CHAPTER PRESIDENT

THE CANADIAN DISASTER ANIMAL RESPONSE TEAM (CDART)

CVMA-SBCV Chapter Treasurer Dr. Rob Ashburner presenting a cheque for $10,000 to Janette King, Vice-President of CDART SW. The CVMA-SBCV Chapter donated this money to assist CDART in its efforts to help animals at risk due to the BC wildfires. In the months to come, the Chapter hopes to continue its support of CDART in BC and the work it does to assist animals throughout the province at times of disasters large and small.

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In May, the CVMA held a workshop with invited stakeholders to mark the start of a process to develop ready-for-delivery, practical tools to assist veterinarians in the prudent use of antimicrobials for six defined species groups (beef, dairy, poultry, swine, small ruminants, and companion animals). Next steps include establishing five work streams: antimicrobial stewardship principles and practice decision support; guidelines for prudent use of antimicrobials; platform hosting of tools and templates; sustainability; and communications.

The CVMA Transportation of Dogs and Cats position statement was approved in March 2017 and is available under the Policy & Advocacy section of the CVMA website.

The CVMA has produced the following reports to aid practitioners: the 2017 Report on Veterinarians in Government, Industry and Academe (contact admin@cvma-acvm.org for access); the 2016 New Graduate Survey Report (access under News & Events on www.canadianveterinarians.net); and Non-DVM Wages and Trends Across Canada (read more under News & Events on www.canadianveterinarians.net).

Enjoy three new member benefits: the new CVMA Petcard Program—financing options for your clients and exclusive benefits for your practice; the CVMA’s Group Insurance Plan—save on Home and Auto Insurance, and discounted gym memberships, offered to members by GoodLife Fitness. Find out more under News & Events on www.canadianveterinarians.net.

This year’s Animal Health Week, October 1–7, will emphasize the importance of Animal Welfare. The theme, Animal Welfare: Safeguarding the Five Animal Freedoms, highlights the five basic freedoms animals require to survive and thrive: adequate shelter, proper nutrition, appropriate veterinary care, proper socialization, and the ability to exhibit normal behaviours.

2017 World Rabies Day is September 28. A common goal of zero by 30—zero human deaths from canine rabies by 2030—was agreed upon by the World Health Organization, World Organisation for Animal Health, UN Food and Agriculture Organization, and Global Alliance for Rabies Control. Visit rabiesalliance.org/world-rabies-day to find information on how to organize your own World Rabies Day event. #WorldRabiesDay.

The CVMA recognizes the following individuals who were presented with awards during the AGM and Awards Luncheon on July 13, 2017:

- Dr. David Condon – Small Animal Practitioner Award
- Dr. Stephen LeBlanc – Merck Veterinary Award
- Dr. Anne McDonald – CVMA Humane Award
- Mona Campbell Centre for Animal Cancer – CVMA Practice of the Year Award
- Dr. Jeanne Lofstedt – CVMA Life Membership
- Ms. Elizabeth Hartnett – R.V.L. Walker Award
- Dr. Bob Bellamy – CVMA President’s Award

Troye McPherson, DVM, was born in Cape Breton, NS, and graduated from the Ontario Agricultural College in 1984 and the Ontario Veterinary College in 1989. She headed to western Canada where she worked in large animal and small animal veterinary medicine, taught agricultural courses at Lakeland College in Vermilion, AB, and became the Acting Director of the Animal Health Technology Program at the College for two semesters. She returned to Nova Scotia to continue expanding her knowledge in the profession: in mixed practice, small animal, and emergency medicine; and, as a Federal Veterinarian, meat inspector for a year. She also helped develop a Veterinary Assistant Program at a private business college in Halifax. However, her true calling is as a small animal practitioner. Dr. McPherson is a member of the American Association of Feline Practitioners, is currently the CVMA representative for the Federation of Veterinarians of Europe, and has served on the Council of the Nova Scotia Veterinary Medical Association twice. She lives in Dartmouth with her husband, Patrick, five Border Collies, and four cats.

Please join us in welcoming Dr. Troye McPherson as the 69th national president of the Canadian Veterinary Medical Association (CVMA). Dr. McPherson succeeds Dr. Troy Bourque whose term came to an end in July 2017.

YOUR 2017–2018 CVMA EXECUTIVE MEMBERS

Dr. Troy McPherson, President
Dr. Melanie Hicks, Vice-President
Dr. Troy Bourque, Immediate Past-President
Dr. Terri Chotawetz, President-Elect
Dr. Enid Stiles, Executive Member
Dr. Barry Stenstrom, Treasurer

Dr. Troy McPherson

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FROM THE CVMA PRESIDENT
BECAUSE CATS DESERVE UP TO 12 EXTRAORDINARY WEEKS*

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t goes without saying that veterinary students are no strangers to the title of volunteer. For many of us, not only would it have been a component of our high school graduation requirements, it may very well have been our first look at what it is like to be a veterinarian. Of course, we continue to volunteer because it is a fulfilling use of our time. We are dedicated to gaining as much experience as we can and want to demonstrate our commitment to being involved in our communities.

Students at the WCVM spend countless hours volunteering both on and off campus. Whether it is a call for help in organizing student club activities or community engagement events, I am never surprised to see so many of my peers signing up to lend a hand. Before we receive our personalized white coats and engraved stethoscopes, a diverse range of volunteer experiences allows us an insight into the breadth of the veterinary profession. As veterinary student hopefuls, it is important to know what it is like working with all kinds of animals, from small and large to marine and exotics—and all the types of people who come with them. Surely, we all remember being asked to discuss this diversity of career options as part of our veterinary school interviews. For me, this was just over a year ago, and little did I know at the time that in the near future there would be an entire course devoted to this exploration.

The Survey of Veterinary Medicine course consists of a series of unique presentations given by alumni, faculty, and related professionals in the community and is described as a welcome break to our dark winter mornings otherwise filled with lectures on renal physiology, the adaptive immune system, and biochemistry case studies. With as much diversity as the veterinary profession itself, lectures took us through a day in the life of veterinarians working with laboratory animals and wildlife, to veterinary social workers and animal protection officers. As course coordinator Dr. Murray Woodbury put it, “I give the first-year students role models. The lectures are about things I think students entering the profession need to know.” A required course for all first-year DVM students at the WCVM, Survey of Veterinary Medicine gave us a timely introduction to the topics of professionalism, ethics, and work-life balance.

As each speaker shared a unique story, perhaps what struck me most was the common voice of passion with which each of these journeys was shared. Seated in our very familiar lecture hall, a place of endless learning, we were reminded what it is like to be subject to not just knowledge, but also inspiration. I think I can speak for my classmates when I say that inspiration is largely what got us here. Whether we owe that to a childhood dream, an admired mentor, or a certain four-legged friend, it is this shared inspiration is largely what got us here. Whether we owe that to a childhood dream, an admired mentor, or a certain four-legged friend, it is this shared passion for our profession that we are told we must cling to throughout our careers. Student Olivia Bos says, “When school started to get tough, and I found myself asking, ‘is this worth it? Why am I even here?’ It was this class, with its various speakers and interesting topics, that reminded me of why I want to be a veterinarian. For me, veterinary medicine goes far beyond animals and their well-being. This career allows us to touch the lives of people in so many different ways and to give back to our communities. Survey of Veterinary Medicine simply showed us how other veterinarians are putting these ideas into practice.”

One role model is guest lecturer Dr. Michelle Lem, the founder and director of Community Veterinary Outreach. The clinics run by Community Veterinary Outreach offer veterinary services to pets and owners who might not otherwise, for a variety of reasons, have access to such care. Through partnering with community health and social work professionals, these clinics are positively contributing to One Health. Hearing Dr. Lem’s passion for her work inspired me and many of my classmates to want to help, and soon after her presentation she began making connections for us across the country. Dr. Lem put many of us in touch with partners in our home provinces. One such student, Nicole Becker, says of her time with Community Veterinary Outreach, “Participating in the program pilot in Winnipeg this spring further opened my eyes to the role of pets in the lives of those in need. All of the interactions I had with participants (clients) and their pets throughout the day proved that vets can play an important role in making a difference in our communities through their understanding of the human-animal bond.”

Dr. Lem’s dedication to outreach work is a shining example of how doing what we love can manifest itself as fulfillment beyond measure. It is the essence of our profession. We are tomorrow’s veterinarians, and the time for us to start giving back is now; we know that we do not have to go far to be able to make a difference. At this impressionable stage of our careers, we are grateful for this advice from our future colleagues to make time for what drew us to veterinary medicine in the first place.

For more information on Community Veterinary Outreach, please visit https://vetoutreach.ca

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Dr. Lem’s dedication to outreach work is a shining example of how doing what we love can manifest itself as fulfillment beyond measure. It is the essence of our profession. We are tomorrow’s veterinarians, and the time for us to start giving back is now; we know that we do not have to go far to be able to make a difference. At this impressionable stage of our careers, we are grateful for this advice from our future colleagues to make time for what drew us to veterinary medicine in the first place.

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We’ve all been there, holding one end of the leash while at the other end, a dog barks inappropriately. We might laugh it off, shrink in embarrassment, or even enrol in some positive reinforcement dog training.

The stakes were a little higher for Olive, a purebred yellow Labrador Retriever born at the end of October 2015. Olive came from guide dog breeding stock and had been a guide dog hopeful belonging to BC & Alberta Guide Dogs. The registered charity, funded by corporate and private donations and legacies, breeds, raises, and trains dogs intended for careers as seeing eye dogs for the visually impaired or as service dogs for young children with autism.

“For most pet owners, they wouldn’t care about the barking,” says Linda Thornton, Director of Breeding and Puppy Raising at BC & Alberta Guide Dogs, “but we need a dog that can work under pressure and think things out.”

If a dog barks at things that go by on the street, she adds, the visually impaired person at the end of the harness won’t have any idea how to interpret the barking. Since this barking didn’t appear to be just a phase for Olive, her career as a guide dog was over.

“So, we set her free, set her free with love,” says Thornton. There’s usually a very long list for these non-qualifier dogs, with the puppy raisers and others all keen to take such dogs that are excellent family pets, or the 12 remarkable dogs each year that become compassion dogs for veterans with PTSD.

“We had a nice non-qualifier dog, and a potential owner became available the next day, looking for a low-key lovable dog.”

That owner was a grandmother whose work in Victoria was taking her away from her family and her ranch in Merritt for long periods of time. That owner was also Her Honour, the Honourable Judith Guichon, Lieutenant Governor of British Columbia. She had been chatting with the then-Speaker of the House, the Honourable Linda Reid, while meeting for their regular book club.

“Madame Speaker said to me, ‘You need a dog,’ and I said, ‘You’re right,’” says Her Honour. “I have five dogs on the ranch, but I spend a lot of time in Victoria.” Olive, she adds, gets her outside walking after sitting far too long behind a desk.

“She’s a wonderful pooch who didn’t make the grade as a seeing eye dog. She’s far too friendly and can’t resist children.”

Since Government House is a six-hour drive from home, Her Honour often finds herself alone on weekends.

“I may only have one event on a weekend, so it’s wonderful to have company when it’s quiet. Olive fills a big gap,” she says, adding that she gets much more exercise now, which is so much healthier.

Thornton says the decision to rehome Olive with Her Honour at Government House was an easy one. “We skipped the home check,” she said, and instead, she showed up with Olive, only to find the entire staff there to welcome this very special dog. Her Honour kicked off her shoes, and knelt on the floor, providing the warmest of welcomes for Olive. “It was love at first sight; I knew it would work immediately.”

The Lieutenant Governor also is smitten with the dog, which begins each night in her own dog bed but ultimately, says Her Honour, “migrates into mine.” Olive shares a coffee break most days with Her Honour in the fenced garden off Government House’s MacLure Room, and otherwise is meeting guests, playing with visiting children, or just being a dog in the company of another dog brought in by a staff member.

It was all because of some wayward barking that Olive experienced an early career change, relinquishing the high hopes of being a service dog for the visually impaired, and arriving instead at Government House and becoming the unofficial First Dog of British Columbia. For Olive, it is exactly where she belongs.
FARM SIZE AND ANIMAL WELFARE

BY JESSE ROBBINS, BSc, PhD; MARINA VON KEYSERLINGK, BSc, MSc, PhD; DAVID FRASER, CM, PhD; AND DANIEL WEARY, D PHIL

Concerns about farm animal welfare often revolve around increases in farm size, and these concerns fall into three broad categories:

1. TECHNOLOGIES INHERENT TO LARGE FARMS ARE DETRIMENTAL TO THE ANIMALS.

We find no clear relationship between technologies used on larger farms and animal welfare. Indeed, some technologies can have important advantages. Consider a milking parlour in a large, modern farm. In the above photo, you notice the worker and equipment, but you have to look closely to see the cows’ legs peeking out from beneath all the hardware. A legitimate concern is that this technology somehow interferes with the relationship between workers and the cows. In many smaller farms, cows are still milked in tie-stalls. This system requires less technology and more direct contact with the workers, but cows in tie-stall barns are often restrained in their stalls 24 hours a day, sometimes even 365 days a year. In contrast, the milking parlour is part of a loose housing system that provides animals much greater control over their environment, including when to eat, to socialize with other cows, and even deciding which stall they wish to use. Like many other technologies, milking parlours are often not scale-neutral, meaning that larger farms are more likely to use these systems.

“MILKING PARLOURS ARE OFTEN NOT SCALE-NEUTRAL, MEANING THAT LARGER FARMS ARE MORE LIKELY TO USE THESE SYSTEMS.”

2. THE STANDARD OF CARE PROVIDED TO INDIVIDUAL ANIMALS WILL DECLINE BECAUSE WORKER EFFORT IS DILUTED OVER A LARGER NUMBER OF ANIMALS.

Somewhere deep in our conception of what makes for a good life for farm animals and for the people who care for them is the idea that the contact and connection between people and farm animals enrich and improve their lives. If this is true, then large farms will likely be worse off in terms of welfare, as larger farms employ fewer workers per cow.

Despite the importance of this idea, very little work has examined the relationship between farm animals and farm workers, and how this relationship changes with farm size. Austrian researchers measured how willing cows were to allow people to approach, and used this measure to infer how fearful the cows were of people. Approach distances varied widely across farms, from 0 metres (i.e., the cows allowed people to touch them) to more than 2 metres, but distance showed no relation to farm size. The results suggest that there is no simple relationship between farm size and the quality of the cow-caretaker relationship.

Other work has shown some advantages to larger farms. For example, these farms are more likely to use a designated calving area, more likely to systematically evaluate dystocia, more likely to feed colostrum, more likely to systematically evaluate dystocia, more likely to feed colostrum, more likely to systematically evaluate dystocia, more likely to feed colostrum, more likely to systematically evaluate dystocia, more likely to feed colostrum, more likely to systematically evaluate dystocia, more likely to feed colostrum, more likely to systematically evaluate dystocia, more likely to feed colostrum, and even among intermediate-sized farms, some pasture access is common. However, on the largest farms (with more than 500 cows) pasture access is the exception.

In conclusion, increases in farm size can provide opportunities to improve the welfare of farm animals but can also create certain welfare risks. Policy and advocacy efforts are unlikely to reverse increases in farm size and would be better directed toward generalizing the welfare benefits and minimizing the risks we have described.

3. SOME ESPECIALLY BENEFICIAL MANAGEMENT PRACTICES, LIKE ACCESS TO THE OUTDOORS, MAY BECOME IMPRACTICAL ONCE FARMS REACH A CERTAIN SIZE.

Although we did not find evidence of a reduced standard of care on larger dairy farms, it is the case that some especially beneficial practices are less common on these farms. One of the most discussed examples is the availability of pasture, in part because access to pasture is closely linked to good welfare in the minds of both farmers and the public.

Data from the US shows a clear negative relationship between pasture access and farm size (Figure 2). Many smaller farms provide lactating cows with some access to pasture, and even among intermediate-sized farms, some pasture access is common. However, on the largest farms (with more than 500 cows) pasture access is the exception.

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EQUINE MUSCULAR AND NEUROLOGIC DISORDERS

12 hours CE | October 23–24, 2017

Stephanie Vallberg, DVM, PhD, Dipl. ACVIM, Dipl. ACVSMR (Equine), will speak on muscular disorders including diagnostic approaches, exertional and non-exertional rhabdomyolysis, PSSM, shivers, and cases: diagnostic approach and management of rhabdomyolysis.

Carrie J. Finno, DVM, PhD, Dipl. ACVIM, will present on neurologic disorders including examination and localizing diseases, EHV-1, WNV, spinal cord lesions, lower motor neuron diseases, and case: diagnostic approach and management.

Organized by the Equine Committee of the CVMA-SBCV Chapter, the 46th Annual Equine Seminar will be held at the Town and Country Inn, Delta. Registration includes coffee, breakfast, lunch, and a continental buffet on October 23, 2017.

For more information, email deltaequineseminar@gmail.com or call Dr. David Panco at 604.856.3353 or Dr. Walter Bousvar. For registration at 604.888.2323.

www.deltaequineseminar.com
Canadian veterinarians take an oath to relieve suffering and enhance the welfare of animals in their care. But good welfare isn’t just the absence of ill health; instead, it’s both physical and behavioural health playing an integral role in determining welfare states.

Veterinarians have opportunities to enhance the behavioural health of patients, such as by advising clients about behavioural conditions with medical origins. The American Veterinary Society of Animal Behaviour (AVSAB) recently put out a position statement on how veterinarians can further enhance behavioural health, through positive veterinary care. The organization defined positive veterinary care as “…methods of veterinary practice that promote calm emotions for patients of all species and their caregivers by encouraging awareness of the patient’s experience throughout the visit.”

For equine veterinarians, such approaches during veterinary care can not only enhance the horse’s experience, but can also provide numerous benefits to veterinary staff and clients.

**Benefits to Equine Patients**

Veterinarians who are able to recognize and respond appropriately to arousal levels and affective states can offer numerous benefits to equine patients. Calming handling can increase patient compliance with procedures, even those which are mildly aversive. For young or naïve horses, how they are handled during exams or procedures can set the stage for how the horse may begin to display fear as soon as the veterinarian comes in sight, without anything else occurring. Such associations can profoundly affect a horse’s behaviour—as any veterinarian who has dealt with a needle-phobic horse can attest. Fortunately, this process can also work to positive effect, where the sight of the veterinarian predicts pleasant things are about to occur.

Positive veterinary care focuses on ensuring that the experience of being handled and treated is as pleasant as possible for the horse, and that desirable consequences occur for the horse following wanted behaviour. This maximizes the likelihood of the horse behaving in a desired way, at the time of the exam and on future occasions. Working with horses in such a manner encourages lower states of arousal and positive affective states. It also conveys physiological benefits, such as decreased cortisol production and reduced risk of complications during sedation or anesthesia.

**Benefits to the Veterinary Staff and Practice**

Positive veterinary care benefits both veterinary staff and the practice itself. Horses who are less stressed are more compliant, making a veterinarian’s workday more efficient. Calm horses are safer to handle for all staff and are less likely to injure themselves while in a clinician’s care. Clients also appreciate seeing their horses handled in ways that minimize stress and fear; word of mouth about a clinic’s practices is powerful advertising—for better or worse. Equine clinics who commit to practising positive veterinary care could be viewed as industry leaders.

**Examples of Low-Stress Handling in Equine Practice**

All equine veterinary clinics can implement steps to minimize stress and fear, and maximize positive experiences for patients. An important first step is to ensure that clinic staff have current, evidence-based information on equine behaviour, and the perceptual and cognitive abilities of the horse. For example, clinicians should understand that a difficult-to-handle horse is being dominant has about as much relevance in the modern veterinary clinic as the use of bloodletting to cure disease.

A basic understanding of learning principles, particularly positive and negative reinforcement, and systematic desensitization can help staff implement low-stress handling techniques with patients. Other protocols to decrease stress and minimize fear include:

- Having another calm horse in the vicinity during exams and procedures.
- The appropriate use of food, for example, giving a treat immediately after a desired behaviour has been performed, or used as a distraction during mildly unpleasant procedures (e.g., access to ‘Lick’ treats or hay bags). Where possible, in-clinic horses should also be allowed to eat from slow-feeder hay nets to increase time spent foraging.
- Minimizing restraint, e.g., the use of a loose lead rope when the horse is behaving as desired (standing calmly), and good timing when using negative reinforcement (pressure and release).
- Having a quiet clinic environment and calm, confident staff who use reinforcement-based handling techniques that foster low arousal levels.

**Horses May Benefit from a Break to Calm Down Before the Exam Begins, With a Hay Bag, and a Relaxed Horse Visible Nearby.**

In summary, positive veterinary care impacts not only equine patients, but support staff, veterinarians, clients, and the veterinary clinic’s reputation and image. For more information, the full position statement from the AVSAB can be downloaded as a PDF here: www.avsab.org/wp-content/uploads/2017/01/Positive-Veterinary-Care-Position-Statement-downoad.pdf.

- The use of systematic desensitization with young, naïve, or anxious horses to introduce and habituate them to scary stimuli such as clippers, or water from a hose, keeping the horse under threshold so that they do not display escape or avoidance behaviours.
- Allowing the horse extra time for their eyes to adjust to changes of light (e.g., going from daylight outside into a darker barn).
- Assuming that not all clients will have taken the time to teach their horses to load, or leave the property, and thus horses baulking may be at an emotional disadvantage before they are even examined. Such horses may benefit from a break to calm down before the exam begins, with a hay bag, and a relaxed horse nearby.
- Better handling through chemistry—a tranquilizer sedative should be considered whenever possible for procedures which are painful or distressing, before the horse becomes aroused.
- Upon arrival at a barn, dispense treats to equine clients—even those not scheduled for exams that day. Not only will this foster positive associations between the horse and the veterinary staff, clients will appreciate the sentiment.
TREATING THOSE THAT SERVE AND PROTECT

BY KATHRYN WELSMAN, DVM
I saw a meme the other day that said, “Do regular dogs see police dogs and think, Oh shit, it’s the cop?” I showed it to my husband who is an RCMP officer, and we both had a chuckle. It’s a good question though, isn’t it?

In our clinic, we deal with several police dogs, and I’m always amazed at the stores these dogs get from other owners and their dogs. Maybe some people are staring at them because the dogs and handlers make quite a striking pair, or others are thinking, “Oh crap, what did I do?” or perhaps some of the dog patients sense they are in the presence of authority, as I’ve never seen any of my non-police patients venture over to one of the police dogs for a friendly howdy-do. I know when I’m around these police dogs, I’m usually a little bit in awe.

I’ve been lucky enough to be involved with the RCMP dogs for several years, providing veterinary care as well as providing canine first aid training for their handlers and for the RCMP medics who might need to assist the dogs in an emergency, so I’ve become somewhat accustomed to them. However, recently, I had several coworkers comment to me about how they were surprised that the police dogs weren’t easier to handle, given how well-trained they are.

I realized our staff didn’t completely understand exactly what these police dogs actually do when they are working, which likely is the case for many veterinary clinics across BC. I’m hoping that this article might provide a bit of insight as well as help any clinics that provide veterinary care to these dogs, that they love what they are doing, and that when human and dog have to work in tune to perform their duties, a remarkable bond is created. A positive working relationship between the handler and the dog.

Police dogs, much like their human police counterparts, sometimes get a bad rap, which is totally undeserved. They conjure up an image of gnaping teeth, fierce barking, and chasing and holding the bad guy. True, they do display a strong bite and loud bark when they are working, but they do not use their skills indiscriminately. Many of them are quite laid-back dogs when off duty. However, these dogs do all share one common trait: they are highly motivated and driven, which usually means they don’t like to sit still. Police dogs aren’t usually willing to roll over and receive a belly rub either, nor are they prone to giving us a high five on command. As a result of this, a police dog will perform a trained task in a consistent manner to please its handler. This creates a positive working relationship between the handler and the dog.

By understanding the dog’s movements, the handler can read the dog’s behaviour as it relates to the location of a specific scent, as well as factors which may affect how and where the dog is locating the scent,” explained Cst. Shanks. A remarkable bond is created when human and dog have to work in tune to perform their job. It was very apparent to me, when watching these dogs, that they love what they are doing, and that the handlers have immense respect and care for their dogs.

I had a lovely example of this, when I was talking to Cpl. Prior, his police dog, and even before the dog is brought into the clinic, is very focused and listen intently to their handler’s instructions. Working dogs don’t get praised unless they have done something deserving of that praise, which is what keeps the dogs interested and motivated.

So, when we, as veterinarians, are working around these dogs, they don’t usually need, nor do the handlers want, constant praise or an offer of a dog cookie or treats. This is vastly different from what many of our regular owners expect of us when they attend with their pooches in tow. Cpl. Prior, the dog handler who runs the dog program in Kamloops, reminded me that veterinary staff shouldn’t be asking the dogs to do things—those commands must come from the handlers, which again is a different protocol than with Fluffy the Cocker Spaniel.

I also recommend that veterinarians, who may treat police dogs, have a frank discussion with the handler on the dog’s particular behaviour and what can be expected. Cst. Shanks agrees that they are animals, so we give them the respect and care an animal deserves, but they are working dogs, not pets.

Even though the handlers and dogs have a very strong bond, much like many owners and their dogs, these dogs are not pets. This was reiterated to me by all of the handlers I spoke with. Cst. Lewis, another Kamloops RCMP dog handler, explained that “they are animals, so we give them the respect and care an animal deserves, but they are working dogs, not pets.” He elaborated that some of the dogs, when off duty, can behave much like pets living in their handlers’ homes, whereas others can’t. Part of the difference, he explained, between a working dog and a pet is that working dogs don’t get praised unless they have done something deserving of that praise.
"Pretty much every handler I’ve encountered has a genuine interest in learning more about their dog’s medical conditions and is able to help, if directed to."

Before the dog enters the clinic, it might be advisable to empty the reception area of other dogs and their owners, and put the police dog immediately into an exam room, preferably the biggest exam room possible. On one occasion, we unknowingly put a police dog into our smallest exam room (usually used for cats) where even the most relaxed dog may feel a bit threatened with the lack of escape route. This smaller space didn’t appear to sit very well with the dog, so we moved him to a much larger exam room with two doors and a corner of a bathroom. The handler sat him onto the table and distracted the dog, and he was much happier and better behaved, and I was able to complete the required task with minimal fuss.

Doors are an issue. Cpl. Prior recommended that clinic staff alert the handler each time opening the exam room door, either by knocking or speaking through the door. Police dogs are already on high alert in the clinic, and a door suddenly opening can really get them going.

I’ve learned to use the handler to the advantage of both me and the dog, and I would never separate the two. Many of these dogs grow throughout the exam and will bite, but in my experience, the handlers will put themselves in harm’s way. However, without that frank conversation prior to examining the dog, you may not know what you should be alert to, and what you should avoid. Each dog, even a highly trained working dog, is different. I suggest you give the handler direction and explain to them what you are about to do and why. Pretty much every handler I’ve encountered has a genuine interest in learning more about their dog’s medical conditions and is able to help, if directed to.

But don’t assume they know how to restrain a dog like a veterinary professional. Handlers, as you would expect, are usually extremely fit and able to restrain a human, but some of the principles they use for humans don’t work with the dogs, so show the handler what needs to be done, and be firm and consistent. They aren’t afraid of getting their hands dirty. Several months ago, we saw a two-year-old muzzled. Several months ago, we saw a two-year-old dog, male, five-year-old man. He has been muzzled to accept a soft mesh muzzle for times when the dog is meant to stay calm, like in the vet clinic or sitting in a helicopter. However, the dog was also trained to help him learn that if he couldn’t have something, he could still fight with his body and legs. So, if I were to put a cage muzzle on this dog, I would end up escalating his behaviour, which would not be productive in the veterinary setting.

Many of these dogs also will not allow themselves to be fully restrained, like in lateral recumbency, and will often fight. Being police dogs, they will often not give up. This is somewhat different than most of our patients who we can encourage and reassure with calm words and a gentle pressure. Again, it can seem surprising that these dogs won’t just lie down on command. Cpl. Lewis reminded me that these dogs aren’t machines. Although highly trained to listen to their handlers, they have also been trained to think for themselves and assess situations. So, we need to be aware that they might not react in a situation in the same way we would expect from another dog. Cpl. Prior commented on this, by circling back to discussing the plan with the handler before attempting any restraint, and understanding whether struggling with the dog for a few seconds is acceptable to accomplish the needed task, versus giving up and moving on to sedation.

That brings me to my next point—sedation, sedation, sedation. Most of the handlers are receptive to sedating their dogs as they recognize this is often the safest and most efficient way of getting a diagnosis or treatment. That being said, you should always ascertain if the dog is required to be back on duty immediately or whether he can have the time necessary without work duties to recover from the sedation. These dogs are responsible for helping to police vast areas of land, especially outside of the Lower Mainland, so it is important to recognize that even though we as veterinary professionals may expect a dog to be able to take as much recovery time as it needs, sometimes that isn’t logistically or tactically feasible. We need to be flexible in how we approach these dogs.

The handlers are extremely dedicated to their dogs. Cpl. Lewis mentioned that he is always assessing his and the dog’s current situation to determine if the dog is going to be put at undue risk or be exposed to something hazardous. Again, because they aren’t machines, sometimes the handler can have the time necessary without work duties to recover from the sedation. These dogs are responsible for helping to police vast areas of land, especially outside of the Lower Mainland, so it is important to recognize that even though we as veterinary professionals may expect a dog to be able to take as much recovery time as it needs, sometimes that isn’t logistically or tactically feasible. We need to be flexible in how we approach these dogs.

Most of the handlers I work with are extremely well trained and suitably tailored to the unique situations these dogs will experience. There is no standardization as to what each team has available to them; all handlers carry naloxone, others may have dexamethasone, diazepam, meloxicam, amiprophene, activated charcoal, and hypomorphone, and, as the handlers receive the proper training regarding each drug’s use and application. What they specifically carry often comes down to what the handler and veterinarian are comfortable dispensing. We should consider where the dog is working and what might be tolerable in a pet’s mouth might likely not be tolerable for an RCMP dog whose bite is so important.

Police dog being lowered from a building during a training exercise.

“Police dog’s teeth and jaws also need to be in top shape. I know our BC veterinary dentists have helped many working dogs with dental issues over the years. I would highly recommend any RCMP dog with dental problems be referred to a Board-certified veterinary dentist if at all possible. What might be tolerable in a pet’s mouth will likely not be tolerable for an RCMP dog whose bite is so important. In practice, though, the most common injuries you will likely be asked to assess will be environmental- and musculoskeletal-related: heat exhaustion, cut pads, soft tissue injuries, fractures, strain injuries, or torn nails. Some of the dogs are trained as avalanche dogs, so they will be exposed to the cold and hot elements in their careers. On top of that, they might be exposed to more toxins than the average dog, but thankfully they are trained not to eat what they are sniffing out. Suffering from a traumatic injury is another reason why these dogs may show up unexpectedly in your clinic. Such injuries include stab wounds, gunshot wounds, dog bite wounds, and motor vehicle accidents. I was appalled to hear that many of these dogs have been chocked, hit, stabbed, had gasoline poured on them, or had been pepper- or bear-sprayed during the course of their police work. These dogs are extremely valuable in the sense they have an important and challenging job to help keep the public safe, but they are also valuable in the strict sense of the word. They are worth about $80,000 because of the cost of breeding, raising, training, and maintaining them. I think it is imperative to place high priority on these dogs when they are your patients.”

Special thanks to dog handlers Cpl. Steve Prior, Cpl. Bentley Johnson, Cpl. Bob Shanky, and Cpl. Dave Lewis, as well as puppy imprinter Cpl. Kevin Challenger, for showing me the ropes over the years and teaching me about your jobs and your dogs.

"I was appalled to hear that many of these dogs have been chocked, hit, stabbed, had gasoline poured on them, or had been pepper- or bear-sprayed during the course of their police work."

"What might be tolerable in a pet’s mouth likely will not be tolerable for an RCMP dog whose bite is so important."
Meninomas are the most common primary intracranial tumour in dogs and cats. Meninomas are usually histologically benign, though they may have biologically malignant behaviour. Canine and feline meninomas have several differences, and the prognosis and treatment of these tumours differ between species.

**CLASSIFICATION**

Meninomas arise from any of the three meningeal layers and have numerous sub-classifications in dogs and cats, including: psammomatous, fibroblastic, and papillary. Meninomas are further classified into three types: benign (Grade I), atypical (Grade II), and anaplastic (Grade III or malignant). In dogs, the incidence of Grade I tumours is 50–60%, 40–45% for Grade II tumours, and <5% for Grade III tumours. Benign meninomas have features such as rare mitosis and mild nuclear pleomorphism, while malignant meninomas have a high number of cells undergoing mitosis, necrosis, and rarely, metastasis. Immunohistochemical studies used to evaluate hormonal expression have found that canine and feline meninomas have high numbers of cells expressing intranuclear progesterone receptors and a low number of cells that express estrogen receptors. High progesterone receptor expression is more common in benign meninomas, while malignant meninomas tend to have a decreased or absent progesterone receptor expression.

In dogs, intracranial meninomas are the most common central nervous system (CNS) tumour. They most commonly occur in older dogs (older than 7 years of age), and large breeds (e.g., Golden Retrievers, German Shepherds, and Collies) are more frequently affected. A female sex predisposition has been shown with a female:male ratio of 1.6, which is similar to that among humans with meninomas. In cats, these tumours develop mostly in geriatric patients (i.e., older than 10 years of age). Development of meninomas in young cats has also been associated with mucopolysaccharidosis type 1. There is no breed predisposition for development of meninomas among affected cats, but male cats have a slight predominance. Histologically, intracranial meninomas in cats have more similarities to those in humans in that they are often fibrotic and benign, and do not typically infiltrate brain tissue. Multiple meninomas have also been seen in up to 17% of affected cats.

**MENINGIOMAS IN DOGS AND CATS**

**BY MIKE HIGGINS, DVM, MS, DIP. ACVIM (NEUROLOGY)**

**CLINICAL SIGNS**

Typically, meninomas are slow-growing tumours, which accounts for an insidious and progressive onset of neurologic dysfunction. Clinical signs can vary and often depend on the size and location of the tumour. Unilateral forebrain tumours can cause a change in behaviour or mental status, circling (usually toward the side of the lesion), central blindness, contralateral menace deficit with intact pupillary light reflex and palpebral reflex, contralateral decreased conscious proprioception, and contralateral facial sensation deficit. In dogs, seizure activity is the main initial clinical sign associated with forebrain meninomas. In contrast, the most common initial clinical signs seen in cats with forebrain meninomas are lethargy and behavioural changes. Paradoxical vestibular syndrome can be seen when meninomas are located in the cerebellum-pontine angle. Tumours that arise from the brain stem can result in other clinical signs including cranial nerve deficits and hemi- or tetraparesis. Cerebellar meninomas can cause circling, dysmetria, ataxia, and intention tremors.

**DIAGNOSTIC EVALUATION**

The history of CNS signs in middle-aged or older dogs should raise the suspicion of neoplasia especially with seizures and no other clinical signs. A minimum database for a dog or cat with brain dysfunction should include a complete blood count, serum chemistry panel, and urinalysis. Thoracic radiographs and an abdominal ultrasonographic examination can also help rule out a primary tumour or metastatic malignancy. Advanced imaging techniques such as computed tomography (CT) and magnetic resonance imaging (MRI) are recommended for further evaluation of intracranial disease. On CT and MRI, meninomas usually present as a mass effect with distortion of brain symmetry. Meninomas on CT are usually characterized by contrast enhancement throughout the lesion; however, other CNS disorders can have a similar appearance (e.g., inflammatory disease and other neoplasms). Calcification is a common feature on CT scan in cats with intracranial meninomas. Hyperostosis is associated with bone erosion caused by pressure atrophy of the calvaria. Clumps of tumour cells in the mediastinum spaces will also lead to subsequent bone thickening. MRI is superior to CT in detecting other features associated with brain tumours, such as edema, hemorrhage, necrosis, and cyst formation. MRI provides superior soft tissue resolution compared with CT, especially in certain regions including the brain stem (which is often obscured on CT due to bone-hardening artifact). The appearance of intracranial meninomas on MRI in dogs and cats is characterized by contrast enhancement, which results in increased contrast between the tumour and normal brain tissue. The enhancement may be homogeneous or heterogeneous, and often with well-defined margins. Cysts within or associated with meninomas can also be seen. Tumour mass effect and edema can be mild or quite prominent. The size of the tumour as well as location and severity of the associated edema will influence the appearance of the mass effect. The “dural tail” sign is often associated with meninomas. This is a linear enhancement of thickened dura matter adjacent to the extra-axial mass seen on post-contrast T1-weighted images. Although MRI and CT abnormalities can be highly suggestive of meninomas, a definitive diagnosis can be made by CT-guided stereotactic brain biopsy or by collecting a sample during surgery for histopathology. Analysis of cerebrospinal fluid (CSF) can also be a useful aid in the diagnosis of intracranial diseases.


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**MENINGIOMAS ARE SLOW-GROWING TUMOURS, WHICH ACCOUNTS FOR AN INSIDIOUS AND PROGRESSIVE ONSET OF NEUROLOGIC DYSFUNCTION.”**
Diesel is a 15yo MN Maine Coon who had two generalized seizures in September 2015. He was started on phenobarbital and referred for further diagnostic evaluation. Aside from chronic kidney disease, he was otherwise healthy. He underwent an MRI scan of his brain which revealed an extraaxial contrast enhancing mass in the right temporal lobe. He was then taken to surgery and a rostroventral approach was made to excise the mass. Histopathology confirmed a low-grade meningioma. Since surgery, he has been tapered off phenobarbital and remains seizure-free today. He is enjoying living life sailing the Gulf Islands with his owners to this day.

www.katrinaarcher.com/journal/2015/11/22/poster-kitty-for-modern-veterinary-medicine/

However, if the CT or MRI findings suggest features of a meningioma, a CSF tap is generally avoided. Care should be used in collecting CSF due to increased intracranial pressure (ICP), which is often present with a brain tumour. Pressure alteration associated with CSF drainage may lead to brain herniation. Administration of mannitol prior to CSF collection may be helpful in decreasing ICP. In general, increased CSF protein content and a normal to increased CSF leukocyte count are present with intracranial meningiomas. In dogs, more than 50% of the cells can be polymorphonuclear clear leukocytes. Similar alterations have been described in cats as well.

TREATMENT STRATEGIES

Current therapeutic strategies for intracranial meningiomas include palliative and primary therapies. Palliative therapy consists of corticosteroids and anti-convulsant drug therapy, depending on clinical signs. The clinical effects of corticosteroids are directed at decreasing the permeability of tumour capillaries which helps to reduce ICP, decrease brain edema, and reduce clinical signs. Corticosteroids are palliative and provide a median survival time of 2.5 months. Seizures may also be less responsive to anti-convulsant therapy. Primary therapy in dogs includes surgical excision, radiation therapy, or a combination. Median survival time for dogs treated with surgery alone is seven months. Survival time may be improved if regional cerebral resection is used with gross tumour excision.

Radiation therapy has also been used alone, in combination with corticosteroids and as an adjunctive therapy following surgical excision of intracranial meningiomas in dogs. Survival times for dogs treated with surgery and radiation therapy are longer (18–30 months) than survival times for dogs treated with surgery alone. Radiation therapy can cause adverse secondary delayed effects. Early delayed effects can occur two weeks to three months after treatment and may be due to transient demyelination. Animals present with signs similar to those at initial presentation, but often these signs respond to systemic corticosteroids. Late delayed effects can occur six months to years after treatment, with the most serious being brain necrosis. Secondary effects may be difficult to distinguish from tumour recurrence.

Surgical removal is the treatment of choice for operable meningiomas in cats. The medical survival time after surgical excision of meningiomas in cats is 26 months. Recurrence following surgical excision is about 22% within a follow-up range up to four years. Although cats have been successfully treated with surgery and post-operative radiation, a clear advantage of this method over surgery alone has not been demonstrated. Adjuvant radiation could be considered when surgical resection is incomplete or in cases of tumour recurrence. There have been no large controlled studies clearly demonstrating the benefits of systematically administered chemotherapies to animals with meningioma. BCNU (carmustine) and CCNU (lomustine) have been used for their ability to penetrate the blood brain barrier, but have not been shown to increase survival compared to palliatively treated dogs. Oral hydroxyurea has also been given as adjuvant therapy after surgical resection of intracranial meningiomas with variable results. Alternative therapies such as gene therapy and immunotherapy have also been attempted, but are not widely accepted therapeutic options. Anti-progesterone treatment for meningiomas in humans may also provide another target of therapy for canine and feline tumours that are non-resectable or recur after excision.

PROGNOSIS

The prognosis of meningiomas is typically more favourable in cats than in dogs due to their histologic features (not infiltrative), relative ease of surgical removal, and longer survival time with surgery alone. Dogs have a more guarded prognosis because their meningiomas tend to be more infiltrative. Even following surgical removal and adjuvant radiation therapy, meningiomas tend to recur in dogs. Other approaches and alternative treatments are necessary for meningiomas located near more critical structures (e.g., cavernous or sagittal sinuses) or along the cranial base.
EMERGING LEADERS PROGRAM:  
TWO VIEWS

TARA MACKAY, DVM
I would like to start by saying thank you to the CVMA and CVMA-SBCV Chapter for giving me the opportunity to participate in this year’s Emerging Leaders Program (ELP). I had originally heard about this program from a peer and mentor who had participated in the program previously and had highly recommended it to me. I had read some testimonials and through that which the program would be an excellent opportunity to challenge myself and go beyond the medicine to learn how to be a more effective leader in my field.

When I think of leadership, I think about how leaders come in many different forms, and how an excellent leader is able to both challenge and encourage the people around them to be the best that they can be. As fairly recent graduates, it can be hard for us to find our leadership roles as most of us are entering well-established practices with roles already defined, and we ourselves are still learning each day. I want to lead by example for my coworkers and peers, as well as my community.

I found the ELP program to be both highly informational and also extremely empowering. Dr. DeBowes is such an engaging and encouraging speaker that I walked out of each session fully understanding what it means to be a leader. Now, I have realized that leadership means supporting those around you, creating a safe and positive work environment in which members of your team can excel.

I learned the importance of having the team come up with core values, and that each member should be held accountable. Members who do not have the same values should not be part of the team as they would always undermine the progress of the clinic and hamper those who want to drive the clinic forward.

A safe work environment is another discussion topic that I would like to create at my clinic. Team members should not have to fear dealing with other employees or even clients. They should not dread coming to work because of certain other team members. That negativity flows over to negative interactions with other team members and clients. I had previously learned from other management continuing education that terminating these toxic, negative employees is the most productive action by owners and management. The other employees will then feel safer and happier to work, thus becoming more productive.

During the program’s eight hours of lectures, we covered many topics. However, the one I wish to work on pertains to creating a positive work environment. To move my clinic forward, we will come up with core values that the staff all believe in. I will work to provide a positive work environment where team members will be allowed to put forth ideas to move the clinic forward. Hopefully, this will increase job satisfaction, and in return, make the team members more productive.

KAI NG, DVM
I have recently become a clinic owner and have found it quite challenging to create a positive work environment. So, I applied to the Emerging Leaders Program (ELP) to learn more about leadership and creating a cohesive team. Prior to the program, I did not fully understand what it means to be a leader. Now, I have realized that leadership means supporting those around you, creating a safe and positive work environment in which members of your team can excel.

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THE DR. CAROL MORGAN MEMORIAL AWARD

Dr. Carol Morgan, former College Depute Registrar and the CVMA Humane Award recipient in 2012, passed away in late 2015, and in her honour a new grant was created by the Animal Welfare Foundation of Canada and her colleagues.

The Award is to be used for continued education and training-related costs in the areas of ethics and/or animal welfare for veterinarians or veterinary students working to increase the application of these subjects within the profession broadly. The Award is open to any practicing veterinarian in Canada in good standing with their provincial veterinary association.

Applications for the Award are to be received by October 15 for courses to be taken in the following year. Applications are to be submitted by email to Sara Dubois, sdbouis@spca.bc.ca.

For more information about Dr. Morgan and the Award, please visit www.wvc.ca/grants/the-dr-carol-morgan-memorial-award.

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O

n Canada Day Monday, I was late in meeting Deana Lancaster, Communications Officer for the Vancouver Aquarium, due to the volume of traffic coming into Stanley Park and specifically the Aquarium parking lot. The two remaining cetaceans, Chester the false killer whale and Helen the Pacific white-sided dolphin, are the main focus of interest. During my visit, school was out, which is appropriate for a statutory holiday. Helen and Chester are regularly kept busy with training sessions, which have been called displays due to public attendance, but which would be held with or without an audience as they are for the benefit of the animals. These highly intelligent beings need stimulation, interaction with humans to whom they have become accustomed, and variety in their activities. Chester, rescued at a young age and imprinted on humans, is now a three-year-old adolescent and master of his watery domain with a favourite corner and comfort blanket—a buoy to which he huddles. A close-up photo of Chester shows a most impressive set of teeth in the wide-eyed head of a large child. At one point in his childhood, he showed a cheeky side, says Deana, and even now he often teases Helen. Her journey to the Aquarium started in Japan where she was rehabilitated after her pectoral fins were mangled in a fishing net and had to be amputated. She was offered to the Vancouver Aquarium because of its superior ability to look after her, and was not purchased but simply handed over. Watching her relaxed gliding through the water from a distance, I would not have guessed that she has limitations. A close look shows stumps in place of her pectoral fins, something for which she has learned to compensate enough to do fine in an aquarium. An animal’s resilience, adaptability, and will to live are humbling to witness. While no expert on wildlife welfare and the ethics of captivity, I sense with a primal gut feeling that she takes pleasure in her movements and her very life. With the recent passing of the Vancouver Parks Board’s bylaw banning new cetaceans from the Aquarium, animals like Helen and Chester would not get a chance at life. The fact that they have brought delight to countless people, most importantly children learning about animals, is sadly no longer trusted to be something good.

The Parks Board has made it clear that its decisions since 2014 have been motivated by public sentiment, at least that segment of the public that favours banning captivity of cetaceans for any reason. It is not surprising that the Board’s emphasis has been on ending displays as something distasteful and rapidly going out of fashion. Would the situation be different if the cetaceans were trained behind closed doors, with no public attendance? The optics might be, but not the nature and purpose of the exercises that stimulate the animals and keep them busy.

In 1996, the Aquarium became the first facility in the world to undertake to never again capture, or cause to be captured, a wild whale or dolphin, and it is disingenuous to claim that the cetaceans housed there over the years were brought in for the sake of human entertainment. While training sessions attended by the public clearly cause distress to many animal rights activists, it is not certain that the animals
themselves are bothered or humiliated by human enjoyment of their activities. Watching the two of them, I suspected they have a better developed sense of humour and machish as people who believe that life in an aquarium is not worth living.

The Board acknowledges, at least formally, that science is important: When the spring of 2014 saw increased public attention to whales in captivity, this prompted the Board to commis-
sion a study to the Aquarium’s operations by an independent third party. Dr. Joseph Gaydos, a renowned marine biologist and statistician, was engaged. A conscientious specialist, he did not take it on himself to evaluate the moral and ethical issues of keeping cetaceans in captivity, and recommended that such a study be conducted separately. (It was never done.) Seeing that the Board ignored Dr. Gaydos’ findings in its subsequent decisions, it is regrettable that effort and funds went toward what was only a token show of appreciation for science.

The Aquarium’s cetacean stranding and response program has allowed it to develop cetacean emergency care and transport protocols, critical care and neonatal diets and feeding protocols, and techniques for the antemortem diagnosis of diseases such as cryptococcosis using advanced techniques like magnetic resonance imaging. The Aquarium has adopted ultrasound, radiography, and endoscopy for use in cetaceans. The ability to detect pathogens, especially those with zoonotic potential, has advanced.

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The importance of veterinary monitoring if not scientific studies, and the importance of interaction with humans. “We will be conducting the same veterinary care procedures (e.g., taking blood, checking den- sion, assays, etc.).” that are done at the Vancouver Aquarium and other facilities that house cetaceans. We will employ trained veterinarians to ensure that communication between each resi- dent and the care staff.”3 Nor would such a sanctuary be closed to the public. “[People will be able to visit them at regularly scheduled times. Bear in mind, though, that a sanctuary is not for our entertain- ment and that the needs of the whales will always be the priority.”4 As Charles M. Schutz admonishes, “Try not to have a good time … this is supposed to be educational.” Or, perhaps it is time to admit the truth about our species—flawed, curious, meddlesome, and compas- sionate for the weak and injured—to any animal. In our best efforts to speak for animals, we cannot transcend our own humanity, and should not be ashamed of it. The nature of the human-animal bond is evolving to include wild animals we cannot own, but which are affected by our activity, and for which we are therefore responsible in one way or another. In the case of Helen and Chester, this bond is strong on both sides. Chester has his favourite people among his caretakers and trainers, while Helen is content to spend more time on her own, but both animals enjoy interaction with humans. So, I will stop feeling bad about calling them down- right cute. But, oh, those teeth of Chester’s …
Ever since I was a kid, I’ve been interested in shelter medicine and working with low-income/low-access communities. I fostered animals for the SPCA for many years and twice had the opportunity to volunteer in wildlife rescue and rehabilitation in Thailand. Shortly after graduating as an RVT in the spring of 2014, I joined the Canadian Animal Assistance Team (CAAT), and in 2015 I participated in a two-week trip to Fort St. James and Hazelton where we spayed, neutered, and vaccinated 282 dogs and cats. In 2017, I was feeling the itch again, and when CAAT opened applications for a five-week trip to Botswana, I jumped at the opportunity.

Founded in 2005, CAAT works primarily within remote and low-income communities in BC and Ontario, sending veterinary teams to sterilize and vaccinate the animals while educating community members and providing much-needed medical services. In 2011, they partnered with the Maun Animal Welfare Society (MAWS), an NGO in Botswana, and began to send veterinary teams every one to two years to assist with their spay/neuter/vaccinate program. MAWS has been active in Maun since 1998 and has been able to sterilize over 17,000 animals to date. The Society operates a small clinic with the help of volunteer veterinarians and technologists from all over the world and does frequent outreach work up and down the Okavango Delta for communities with no access to veterinary care.

I was the sole technologist for a team of up to four CAAT volunteer veterinarians; two arrived with me and remained for roughly two and a half weeks, and two more arrived two weeks into the project and remained until the end. Prior to our arrival, MAWS had been without a veterinarian for over three months, and we started working literally the day we arrived, flying into Maun around 3 pm and anesthetizing a laceration repair at 4 pm.

As a technologist, I quickly realized that not only was I required to use absolutely all my skills, but that I needed to learn on the fly and be ready to roll with the punches. Most of our surgeries had ehrlichiosis, and profuse bleeding was the norm rather than the exception; gauze swabs needed to be wrung out and reused during surgery, and I often found myself positioning kidney dishes to catch the runoff from a mature spay. Veins were universally superficial and hilariously delicate; catheter placement for the first couple of days was an exercise in frustration before I adjusted to the idea of sneaking just below the skin and accepting that everything was going to bruise. Although MAWS has two amazing assistants who could wrangle any dog and keep a straight face through the craziest days, they were often kept busy with up to 17 hospitalized patients at any given time (plus those in foster sterilization), and I generally prepped animals on my own. One-handed catheters and intubations were common place; when I returned to my own practice after the five weeks, I almost found it uncomfortable to have someone hold off veils and hold open mouths for me.

On the busiest days in Maun, I was responsible for pre-medicating, catheterizing, inducing, intubating, prepping, monitoring, and recovering all 20+ patients, something which took all my energy and occasionally left me scrambling to give meds with one hand while exsanguinating with the other and keeping a foot on a recovering patient trying to stagger away.

During our five weeks, the veterinarians were able to spay and neuter 279 dogs and cats. We also did outreach in three villages—Gumare, Etsha 13, and Motopi—where we were able to make a significant dent in the population of breeding animals. We amputated four limbs (two fore, two hind), one of which was gangrenous from a suspected snakebite, enucleated an eyeball destroyed in a dogfight, sutured more gaping wounds than I’ve ever seen in my life, and still had time to hand-raise a litter of kittens and an ehrlichiosis puppy. On Saturdays, we treated dogs with transmissible venereal tumours, giving IV vincristine as safely as possible without access to any real PPE except for latex gloves.

Our resources were few: most non-anesthetic drugs were donated and out-of-date, or labelled in languages none of us read. Our single pair of clippers had only two 40 blades and frequently threw tantrums about working, leaving us with disposable straight razors. Power outages were frequent enough that the veterinarians wore headlamps. Syringes and needles were expensive and hard to come by, so they were reused whenever possible, with a single syringe/needle assigned to a specific drug per day. On outreach, we would set up our tables under trees for shade, which had the unfortunate side effect of having to try and protect open abdomens from falling leaves, sticks—and on one memorable occasion, bird feces. Whipping wind would send drapes flying unless weighted with towel clamps, and between drawing up drugs, prepping, monitoring, and recovering our patients, I would need to chase down runaway sutures and instruments.

Despite all this, I don’t think I’ve ever been happier at work. Our team worked like a well-oiled machine, slamming through upwards of 20 surgeries per day and still having time to explore Maun and bond over nightly braais. "POWER OUTAGES WERE FREQUENT ENOUGH THAT THE VETERINARIANS WORE HEADLAMPS." We laughed and cried together and kept each other strong through long days and longer nights, good cases and bad. We marvelled at the incredible stoicism and resilience of the Africanis breed, watching as our amputees ate and ambulated willingly within hours of surgery. We shared joyful moments with thankful owners as their pets recovered and returned home, and we shared their pain when there was nothing we could do but allow their pets the peace of euthanasia.

I learned a huge amount, not just about my capabilities as a technologist, but also about who I was as a person. I feel so lucky to have been able to spend those five weeks with MAWS and represent British Columbia’s veterinary technologists, and I can’t wait until the day I can return!

"SLAMMING THROUGH UPWARDS OF 20 SURGERIES PER DAY AND STILL HAVING TIME TO EXPLORE MAUN AND BOND OVER NIGHTLY BRAAIS."
The BC Ferries upgrade to its pet areas is progressing, with credit to its consultation with the CVMA-SBCV Chapter.

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SEPTEMBER

4–8
26th International Conference of the World Association for the Advancement of Veterinary Parasitology (WAAVP 2017)
Kuala Lumpur, Malaysia
www.waavp2017kl.org/

8–10
2017 SVMA Conference, AGM and Trade Show
Regina, SK
www.svma.sk.ca/index.php?p=ce-events

23–24
Veterinary AFAST
Kamloops, BC
www.mieducation.ca/event/veterinary-afast-kamloops-bc/

29–OCT1
WSVMA Pacific Northwest Veterinary Conference
Tacoma, WA
http://svma.org/pacific-northwest-veterinary-conference/

30–OCT1
Basic Ultrasound
Kelowna, BC
www.scilvet.ca/scil-vet-academy/seminar-schedule/event/822/

OCTOBER

31–NOV2
First Annual International Veterinary Point-of-Care Ultrasound Symposium
Austin, TX
www.waavp.org/event/first-annual-international-veterinary-point-care-ultrasound-symposium

3–5
CVMA-SBCV CHAPTER FALL CONFERENCE AND TRADE SHOW
The extended three-day CVMA-SBCV Chapter Fall Conference and Trade Show will be held
Friday, November 3 to Sunday, November 5, 2017 at the Pinnacle Hotel Harbourfront. The Friday evening session will feature Miranda Sadar, DVM, Dipl. ACVM, speaking about Exotics. Saturday is themed around gerontology and aging, and the palliative pet. Shea Cox, DVM, DHPV, CVP; CPPC will speak on gerontology and the geriatric pet, and Kathleen Coney, DVM, MSc, DHPV, Pat Lorusso. Canine Certification Program, will talk about palliative care and euthanasia. Sunday will focus on dogs and cats with orthopedic issues. Marco Cervi, DVM, Dipl. ACVS, will be speaking about Orthopedic Issues and Surgery, and Daniel Lanne, DVM, Dipl. ACVSMR (Canines), will speak about Orthopedic Rehabilitation. The Trade Show takes place on Saturday, November 4, and Sunday, November 5, 2017.
Vancouver, BC
www.canadianveterinarians.net/sbcv/events.aspx

3–5
2017 SAVT Annual Conference
Saskatoon, SK
www.savt.ca/html/savt-conference/index.cfm

18–19
Pears’ GIT/Adrenals
Mill Bay, BC
www.scilvet.ca/scil-vet-academy/seminar-schedule/event/820/

DECEMBER

2
39th South American Dental Congress
São Paulo, Brazil
http://southamerican.dentalconferenceseries.com/

3
FAST Ultrasound
Vancouver, BC
www.scilvet.ca/scil-vet-academy/seminar-schedule/event/818/

7–10
CVC San Diego
San Diego, CA

JANUARY 2018

25–27
Annual OVMA Conference and Trade Show
Toronto, ON
www.ovma.org/veterinarians/continuing-education/ovma-conference-trade-show/

NexGard® is the ONLY isoxazoline1 product that kills fleas and ticks, including Ixodes scapularis, that is approved for puppies 8 weeks of age and older.1

1 isoxazolines class of parasiticides (afoxolaner, fluralaner, sarolaner)

1 NexGard® Canadian product label.

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