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STATIC OR DYNAMIC REPAIR?

WHEN MAN’S BEST FRIEND ATTACKS

MY JOURNEY SO FAR
TERRY LAKE

WHEN THE VETERINARIAN BECOMES THE CLIENT

VETAVISION

STUDENT CORNER
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THP
Dog bite. These two words strike fear in me. Not because I don’t want to get bitten, but because, as the owner of three dogs, I don’t ever want my dogs to bite someone else. I wish I could say that I cannot imagine how it would feel to own a dog that had to be euthanized due to biting. But I can’t say that. I am all too familiar with that feeling.

Reading Dr. Ledger’s article on the veterinarian’s role in finding answers when dog bite cases go to court re-opened old wounds. I agree with her completely that family pets enrich the fabric of our lives. Some years ago, one of my dogs, a gorgeous 18-month old German wirehaired pointer named Matilda, turned on another of my dogs and caused her death. Five weeks later, the same thing happened, though that dog survived. My Matilda was euthanized that weekend.

Dr. Ledger accurately portrays the horror and shock when things go terribly wrong, as is always the case with dog bites. Dr. Welsman captures the same reaction on a different level, when she describes dealing with a case of ringworm in her own household. It doesn’t matter how many times one has seen or testified or even diagnosed a particular issue, it is always different when it hits home.
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SERVING THE NEEDS OF BC VETERINARIANS

BY LLOYD KEDDIE, DVM

his affiliation between the Canadian Veterinary Medical Association and the Society of British Columbia Veterinarians to create the CVMA-SBCV Chapter has allowed for the delivery of the best possible value to veterinarians in the province of British Columbia. With 440 members this year, the CVMA-SBCV Chapter enhances the provision of both national and provincial services in the most cost-effective way, increases the group purchasing power of our members in BC, and eliminates overlaps and redundancy in the offer of services.

At the national level, here are just a few initiatives the CVMA has been working on for you lately:

CVMA CONDUCTS NATIONAL SURVEY ON VETERINARIAN WELLNESS

In April, the CVMA conducted an anonymous survey among its members to obtain national data on the current situation of Canadian veterinarians regarding the risks of burnout and suicide in our profession. The general findings of the study will be presented at the 2012 Summit of Veterinary Leaders under the theme Member Wellness—The Art of Maintaining Your Sanity. The Summit will be held on Wednesday, July 11, 2012 during the CVMA 64th Annual Convention in Montréal, Québec, and is open to all convention attendees. A subsequent summary report will be published in The Canadian Veterinary Journal.

BRITISH COLUMBIA CVMA COMPENSATION AND BENEFITS REPORT NOW AVAILABLE

The 2011 British Columbia CVMA Report on Compensation and Benefits for Associate Veterinarians is now available in the National Veterinary Economic Hub of the CVMA website. Members can access these and other economic reports by logging in to the CVMA homepage (www.canadianveterinarians.net) and clicking on the Business Management Quick Link. If you do not know your password, or have forgotten it, you can access it by either making a request to the automated system or contacting the CVMA.

VIDEO SEMINAR ON ALTERNATIVE STRATEGIES TO DRUG SHORTAGE NOW AVAILABLE

The Sandoz Canada drug shortage announced earlier this year has resulted in a number of key veterinary drugs currently being in short supply. A seminar called Alternative Strategies to Address the Current Sandoz Canada Drug Shortage was videotaped and is now available to CVMA members, thanks to the University of Calgary, Faculty of Veterinary Medicine. To view the 54-minute video, members should log in to the CVMA website and follow the link from the homepage News & Events article.

RECENTLY REVISED ANIMAL WELFARE AND GENERAL POSITION STATEMENTS

The CVMA recently revised the Animal Welfare Position Statement, Trapping of Fur-Bearing Animals, and the General Position Statement, Vaccination Protocols for Dogs and Cats. The CVMA National Issues and Animal Welfare Committees first develop position statements where there is adequate scientific basis and ethical concern to support the statements, and then present them to the CVMA Council for approval and adoption. These positions are meant to guide the profession, educate the public on the veterinary viewpoint on select issues, and provide a forward-thinking viewpoint on issues based on what is happening, not just in Canadian society and the veterinary profession, but internationally. All CVMA position statements can be viewed on the CVMA website, under Publications.

SOIRÉE QUÉBÉCOISE AT THE 2012 CVMA ANNUAL CONVENTION

After attending one of the many continuing education sessions offered during the 64th CVMA Annual Convention (July 11–14) or participating in the Summit of Veterinary Leaders, why not enjoy a true Québécois Evening held on Friday, July 13, 2012. Costumed folkloric musicians with accordion, guitar, violin, and bass will interpret the fabled traditional Québécois repertoire of great music, wonderful dancers and singers! The Johnny More! Troop will create an atmosphere that allows for participation, as well as laughter. There will be an assorted buffet menu that will include authentic French-Canadian fare, plus a variety of other enticing dishes. Tickets for this special event may be purchased with your Convention Registration. Visit the Convention section of the CVMA website to register online today! Questions? Please contact Sarah Cunningham at scunningham@cvma-acvmv.org or 1.800.567.2862, ext. 121.

FREE ONE-ON-ONE BUSINESS CONSULTATIONS AT CVMA CONVENTION

Free one-on-one business consultations will be offered to CVMA members during the 2012 CVMA Convention in Montréal on Thursday, July 12, 2012. A limited number of spaces are available. These personalized and private one-hour consultations with Darren Osborne can help you make positive changes in your practice.

Your feedback is extremely valuable to us. If you have an inquiry or a comment to share, please contact the CVMA office at admin@cvma-acvmv.org or 1.800.567.2862. Our Member Services Department will gladly assist you.
BY MARCO VEEK, DVM

This is the second edition of West Coast Veterinarian from our new editorial staff, and I would like to thank Corey and her staff as well as our Magazine Chair, Dr. Sarah Armstrong, for a job well done.

The CVMA-SBCV Chapter is doing well, membership is up, and our newly formed committees are hard at work on your behalf. A few examples: the Continuing Education Committee is busy organizing our Fall CE conference, and the Government Liaison Committee recently met with Hon. Don McRae, the BC Minister of Agriculture, to discuss funding for the Western College of Veterinary Medicine. Dr. Sarah Armstrong has started our Student Liaison Committee, reaching out to BC students at WCVM. Each year we started our Student Liaison Committee, reach out to BC students at WCVM. Each year we -

The last newsletter from the CVBC promises lots of fabulous prizes. Informa -

Dr. Heather Fraser of Kamloops will participate in the Emerging Leaders Program and attend the CVMA Conference in Montreal.

By ballot, there is no longer a need for regular meetings with the Registrants. This hampers an open exchange of ideas and can lead to further dissent among veterinarians due to mis- and non-communication. I believe that open communication with our membership is vital to our success. The West Coast Veterinarian is one way we keep you informed on what is happening in veterinary BC. I also invite you to join our new online forum on our website, http://canadianveterinarians.net/sbcv-forum.aspx, and let your voice be heard.

Marco Veenis, DVM, graduated with distinction from Utrecht University in the Netherlands and practiced in Holland for nine years before moving to Canada in 1998. For the past 10 years he has raised his family and run a successful small animal clinic in Kelowna. Marco enjoys the daily challenges that practice presents him with and is proud to be a member of BC’s veterinary community. As an immigrant and newly minted Canadian, he is grateful for the opportunities Canada has offered him and likes to give back to his community by volunteering his time for organizations like the CVMA-SBCV Chapter.

October 24–28, 2012
7th WORLD CONGRESS OF VETERINARY DERMATOLOGY
Vancouver, BC
www.vetdermcanvancouver.com

July 26–29, 2012
INTERNATIONAL SYMPOSIUM ON CANINE & FELINE REPRODUCTION
Whistler, BC
www.iivs.org/schr/2012

September 20–22, 2012
SASKATCHEWAN VMA CONFERENCE
Saskatoon, SK
www.svma.sk.ca

September 20–22, 2012
AMERICAN ASSOCIATION OF BOVINE PRACTITIONERS CONFERENCE
Montreal, QC
www.aabp.org

October 10–13, 2013
CVMA CONFERENCE
Victoria, BC
www.canadianveterinarians.net
Join veterinarians from across Canada as they meet in our home province in 2013!

Stay tuned for webinars. They can be an excellent source of continuing education and you can obtain them from home at a reasonable cost. www.iivs.org/home.asp

www.vetmed.ucdavis.edu/ce

We welcome submissions of other CE opportunities for future issues of West Coast Veterinarian Magazine.
The Government Relations Committee was formed by the CVMA-SBCV Chapter in order to have an ongoing dialogue with the BC Government ministries that affect veterinary practice in BC. Members of the Committee are Rob Ashburner (Board Liaison), John Cruickshank (Chair), and Dave Kirby.

As the Ministry of Agriculture is responsible for the veterinary profession in BC, we decided to meet with the Minister to introduce the Chapter and discuss areas of concern and opportunities. We met Minister Don McRae on March 6, and the meeting was very positive and productive. The Minister expressed his appreciation of the help his department had received from veterinarians in BC during the transition from the old BCVMA to the new College of Veterinarians of BC (CVBC). We discussed many veterinarians in BC, and we decided to meet with the Minister to introduce the Chapter and express our concerns and reasons for increased quotas and consistent sustainable funding for the WCVM. She explained that this year in BC there are no additional funds for advanced education and no BC universities are being given increases in funding over last year.

We explained that the WCVM already has the lowest per-student funding of the Canadian veterinary schools and allowing for no increases this year will put it further behind and could ultimately adversely affect the quality of training that can be offered at the WCVM. In addition, the relatively small quota of students from BC could result in a decrease in the quality of veterinary services delivered, especially in rural British Columbia. We left the meeting with the understanding that we would keep the discussions going in the hopes that we could arrive at a mutually satisfactory solution to the funding issues at the WCVM.

Rob Ashburner (Board Liaison) ashburner@telus.net
Dave Kirby (Chair) john.cruickshank

Our next task was to meet with the Minister of Advanced Education specifically to discuss funding for the WCVM. The WCVM is funded by all four Western Provinces, and each has a quota of students: the quota for BC is 20, for Alberta 20, Saskatchewan 20, and Manitoba 15. We feel that it is inherently unfair to BC students to have the same quota of only 20, in a province with five million residents, as Saskatchewan which has a total population of only one million. Under the Interprovincial Agreement, the funding per student is increased based on the needs of universities in each province. Under the Interprovincial Agreement, the funding per student is increased based on the needs of universities in each province. Under the Interprovincial Agreement, the funding per student is increased based on the needs of universities in each province. Under the Interprovincial Agreement, the funding per student is increased based on the needs of universities in each province. Under the Interprovincial Agreement, the funding per student is increased based on the needs of universities in each province.

We met with Naomi Yamamoto, the Minister of Advanced Education, on May 11. Dr. Don Freeman, Dean of the WCVM, accompanied us. The Minister listened to our concerns and reasons for increased quotas and consistent sustainable funding for the WCVM. She explained that this year in BC there are no additional funds for advanced education and no BC universities are being given increases in funding over last year.

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Rob Ashburner (Board Liaison) ashburner@telus.net
Dave Kirby (Chair) john.cruickshank

Continuing Education Committee
Currently working on getting member input for continuing education preferences and conference locations. John Basterfield, DVM, Chair; Barrie Hume, DVM; Tatjana Mirkovic, DVM; Michael Hannigan, DVM, Board Liaison.

Economic Survey Committee
Works with the CVMA Economic Survey staff to provide input and feedback on the annual British Columbia Economic Survey. Dan Thompson, DVM, Chair; Rob Ashburner, DVM, Board Liaison.

Finance Committee
Provides input on the budget and oversees financial planning for the Chapter. Rob Ashburner, DVM, Chair.

Government Relations Committee
Monitors and responds to provincial government issues that may affect veterinarians and veterinary practice in the province. Dave Kirby, DVM, Chair; John Cruickshank, DVM; Rob Ashburner, DVM, Board Liaison.

Magazine Editorial Committee
Provides input, story ideas, content, and general direction for West Coast Veterinarian, the Chapter’s quarterly publication. Sarah Armstrong, DVM, Chair and Board Liaison; Kathryn Welsman, DVM.

Membership Committee
Works on plans and initiatives to promote membership in the Chapter. Sue McGaffaght, DVM, Chair; Rick Stanley, DVM, Board Liaison.
VETAVISION

BY KAILEE PRICE

For the vet students of the Western College of Veterinary Medicine, this September will bring not only the return of classes and studying, but also Vetavision! For those not familiar with Vetavision, it’s an open house, run by the students of the WCVM, that happens once every three years. It has been a long-time tradition of the college since 1967, just two years after the school opened its doors to the first class of students.

This year Vetavision spans the four days from September 20th to September 23rd. An estimated 12,000 to 17,000 visitors can expect to watch a variety of demonstrations, such as agility, flyball, and the Saskatoon Police Service dogs, in addition to an array of guest speakers, and various interactive booths set up throughout the college. Tours will be given to schools, 4-H, and Pony Clubs, and various other groups.

Saturday, September 22nd is “Pre-Vet Night” where students interested in pursuing a career in veterinary medicine can tour the Veterinary Medical Centre, speak with current students, and attend talks by Dr. Chris Clark—on the various career options with a DVM degree—and by Associate Dean Dr. Bruce Grahn—on the requirements for applying to attend the college. Other speakers include Dr. Todd Shury telling of his experiences as a wildlife veterinarian, Dr. Jerry Haigh performing readings from his book Of Moose and Men, and Other Creatures, and Dr. Tawni Silver presenting a talk on “The Wild and Wonderful World of Veterinary Radiology.”

The majority of the booths will be created and run by students, covering 30 different topics such as radiology, oncology, small and large animal surgery, clinical pathology, anatomy, and aquaculture. These student booths will allow people to try out some suture patterns, pull a model calf using obstetric chains, visit a fistulated cow, view plants and common household items that are toxic to pets, test their handwashing skills using powder that is visible under a black light, and meet Jasmine, the college’s Swainson hawk. Of course there will also be many live animals that visitors can meet. And two new booths covering the topics of nutrition and public health have been added to this year’s Vetavision.

As students at the WCVM, we have been planning our booths for months with many luncheon meetings, brainstorming, and plenty of emails. The booth I have been helping to plan is the Bird and Exotic Animal booth. At every booth we will have roughly three students from each of the incoming first-year class, the second-year class, and the third-year class. It has been fun so far learning about different exotic animals, working with students from other years, and using a bit of creativity to develop an interesting and interactive booth. I have heard from other vet students that they have really enjoyed helping out with the previous Vetavision—I know I am looking forward to it, and I hope that a lot of visitors will soon be looking forward to it too.

I am grateful to Angela Le, WCVM class of 2013, who is in charge of the Vetavision team and who supplied me with much of the information provided above.

Kailee Price is a first-year WCVM student from Surrey, BC. She is also the CVMA-SBCV Chapter’s first student liaison. Her role will be to communicate the Chapter’s vision and current news/events to our BC veterinary students at WCVM, and she will also be distributing our magazine to these students.

IMITATION ALERT

When it comes to Digital Radiography, the Xmaru series from Samsung and Rayence use true DR technology to provide, a safer, more economic and efficient DR solution; don’t accept cheaper CCD based alternatives. Available in Canada exclusively from NUON, the Xmaru series is installed with our integral Acquisition Software providing an equine or companion solution that’s perfect for any clinic.

To learn more about the Xmaru series and the NUON difference, call us and talk to an experienced professional.
The clinical practicum is a valuable educational component of the two-year Animal Health Technology (AHT) campus program at Thompson Rivers University (TRU) in Kamloops. Over the past months, there have been some questions about radiation exposure and provision of dosimeters for TRU AHT students while on a practicum. While this information is written with the TRU AHT student in mind, you may also find it helpful for other students who are completing a practicum or an internship at your clinic. We encourage you to contact the program/practicum coordinator of the student’s host institution if you have questions about non-TRU students.

**DOSIMETERS & THE THOMPSON RIVERS UNIVERSITY AHT PRACTICUM STUDENT**

By Cathy Hall-Patch, RAHT

The clinical practicum is a valuable educational component of the two-year Animal Health Technology (AHT) campus program at Thompson Rivers University (TRU) in Kamloops. Over the past months, there have been some questions about radiation exposure and provision of dosimeters for TRU AHT students while on a practicum. While this information is written with the TRU AHT student in mind, you may also find it helpful for other students who are completing a practicum or an internship at your clinic. We encourage you to contact the program/practicum coordinator of the student’s host institution if you have questions about non-TRU students.
AN INDIVIDUAL WHO WORKS AT MORE THAN ONE VETERINARY FACILITY (WORKSITE) WOULD HAVE AN ASSIGNED DOSIMETER AT EACH WORKSITE.
The tragic death of a newborn baby in Airdrie earlier this year had pet owners, animal experts, and the RCMP searching for explanations as to why the family’s pet Husky, which is also a recreational sled dog, bit the owners’ infant boy, resulting in the baby’s death.

The RCMP describes the attack as unprovoked since it involved a newborn infant. Therefore, the breed and the temperament of the dog, together with the circumstances in which the child and dog interacted, are instantly drawn into question.

Was the dog predisposed to attack? According to newspaper reports, it had no history of aggression. Furthermore, dog bite statistics indicate that only three people have died as a result of attacks from Huskies and their crosses in Canada over an 18-year period (Canadian Veterinary Journal, 2008), suggesting that the Husky is not a dangerous breed.

Were the parents at fault for being negligent in some way? Apparently the dog had been confined in the basement but escaped from a crate to get to the child. So, why else did this tragedy occur? In these situations, collaboration between the behavioural and veterinary professions is often key in providing the Courts with the insights needed to draw the correct conclusions and thus make appropriate decisions for public safety.
THE REPORTING PROCESS
I have provided expert opinion in many dog bite cases in BC and also Alberta, both for the Prosecution, typically the City Law Enforcement, and the Defence, typically owners who have had their dogs seized by Animal Control. In some instances, if both parties agree, the expert might also be asked to be an impartial witness for both sides.

A case file is usually started as soon as a complaint is made to Animal Control or the police that a dog has bitten a person or another animal. An attending officer is often the first to assess the dog and the circumstances in which the dog has allegedly caused harm, and to then propose the fate of the dog.

There are various possible outcomes for dogs that have been involved in bite incidents. At its least impactful, the Court may require that the dog be returned to its owner with no restrictions, or at its most severe, the Court may order that the dog be euthanized. In most of the cases I have worked on, the dog is eventually returned to the owner but with a range of restrictions imposed. These may include that the dog be neutered, muzzled, and kept on-leash when in public places, only walked by specified people, and that it receive or attain a particular level of obedience training or behavioural therapy. Contrary to what many people believe, there is no ‘one bite rule’ in BC which applies to aggressive dogs, meaning that a dog may be subject to any of these recommendations even after just one aggressive incident, or even if the Animal Control Officer has reason to believe that the dog is dangerous even if it has not actually inflicted serious injury. The proposed sentence is typically set by the court, and the Defence may seek the expert opinion of an animal professional.

BEING RETAINED AS AN EXPERT WITNESS
The role of the expert witness is to provide the Court with an independent and objective opinion in the area in which they are professionally qualified and proficient. The impartiality of this opinion is paramount, and overrides any responsibility to the party who is retaining the witness—they are there to inform the Court. Having said this, before they are retained, there is often an informal discussion with the prospective party to ascertain whether or not the perspective of the expert witness is favourable to their case. Based on this, the party may or may not decide to retain them. What is not appropriate is for the expert to adjust their opinion to suit their party.

THE ROLE OF THE EXPERT WITNESS
Once retained, the extent of the expert witness’s input can vary considerably. They may be asked to simply write a report or to testify in court. The Court typically asks for opinion on a range of issues. Was the dog provoked? Did the dog’s reaction justify its response? Is the accused dog dangerous? Are the owners responsible enough to manage a dog like this? And, will this dog bite again? The opinions of both the behaviourist and the veterinarian are both extremely helpful in gaining answers to these questions.

WAS THE DOG PROVOKED?
Dogs bite for many reasons, and it is this motivation behind an attack on which the Courts seek expert opinion. To assist with this, the expert needs to understand the behaviour of the dog at the time of the attack, as well as the circumstances leading up to it. This evidence is interpreted based on witness statements of the event. Where was the dog when the attack happened? Might the dog have felt threatened—was it fearful? Did the dog attempt to get away before it attacked? Did the dog give any warning signals first?

If the answer to these questions is yes, then it is likely that the attack was motivated out of fear, that the dog was displaying defensive aggression and he was in some way provoked. In fact, most dog bites are inflicted as a result of this type of defensive aggression.

If the answer to these questions is no, if the dog was the instigator of the bite, then other explanations may be sought. Was the dog confident in its attack? Did it pursue the victim with no attempts to avoid the conflict? Or was the bite actually the result of a predatory attack?

Predatory behaviour can sometimes be directed at non-prey targets if they show even a single underlying salient feature common to typical prey—such as being small, squealing, or moving quickly. A dog’s aggressiveness does not necessarily correspond to its predatory behaviour, which is why dogs with no history of aggression may still bite nonetheless.

THE VETERINARIAN’S ROLE
Dogs rarely bite for no apparent reason, so, once the source of the provocation has been identified, the discussion usually turns to whether or not the bite was ‘justified.’ Subjective terms, such as ‘reasonable’ and ‘fair,’ are used, to determine whether the dog’s response was ‘acceptable.’

It is in these instances that the veterinarian’s expertise can be especially enlightening, by helping to elucidate whether the dog’s aggression was attributable to a diagnosed and treatable medical condition. Or, was the dog’s threshold for aggression affected by the presence of a medical issue?

“COLLABORATION BETWEEN THE BEHAVIOURAL AND VETERINARY PROFESSIONS IS OFTEN KEY”
This not only helps to identify any mitigating circumstances to the attack, but also the chances that the dog could be successfully rehabilitated and managed in the future.

Veterinarians and owners frequently rely on behavioural changes in pets to help identify underlying injury or disease. Aggression is an important cue that underlies a range of health issues, such as various metabolic diseases (e.g., kidney, liver, and thyroid disorders), tumours, hormonal and neurological imbalances (e.g., related to GABA, serotonin, and dopamine), toxicity (e.g., food, lead), nutritional deficiencies (e.g., thiamine), and pain resulting from injury or disease.

As any veterinarian knows who has attended to an animal in distress, pain can drastically alter a dog’s tolerance to being approached, touched and handled. A dog that is experiencing pain may attempt to bite in order to protect itself from further discomfort, or a dog with elevated anxiety may perceive benign situations as potentially threatening, even when they are not, making the dog more likely to respond with defensive aggression.

Despite its significance in a case, this medical perspective is often omitted from evidence, in part because ‘behaviour’ has historically been considered as a ‘training’ issue rather than something with a strong physiological basis.

The veterinarian’s ability to diagnose or rule out underlying medical conditions, although often critical to the outcome of a case, is not always straightforward. Seized dogs are not usually permitted to leave the holding facility, and thus the range of tests that the veterinarian can administer are limited to those that can be undertaken within a kennel. And, if the dog is highly territorial in its kennel, gaining access to the dog may simply be too dangerous to attempt.

But, if diagnostic tests can be done, and successful treatment demonstrated, then this bodes well for the release of the dog to the owner. At this point, the Court then has more questions for the veterinarian...

**OWNER COMPLIANCE**

It is often argued by the Defence that an owner who makes the emotional, temporal, and financial investment necessary to have their seized dog returned to them has already demonstrated a high level of commitment to their dog. In addition, however, the Courts often want to hear from experts regarding the degree to which they feel that the owner has complied with advice in the past and the likelihood that they would comply with a management plan should the dog be released to them in the future.

In these instances, the veterinarian may be asked how compliant the owners have been previously with medical and behavioural recommendations. Can the owner afford to implement the changes that are required? And, based on the veterinarian’s personal interactions with the clients, do they believe that the owner will comply with recommendations related to behavioural management?

The case of the Husky in Airdrie is a sobering reminder that even when owners do act responsibly, things can still go tragically wrong. Sometimes the most obvious conclusion to draw is that it was an accident.

Our family pets enrich the fabric of our lives and our family interactions. When something does go so tragically wrong, we are all horrified and shocked and want immediate answers. It is critical that the RCMP and Animal Control undertake the due diligence to understand what happened, and that they seek medical information from veterinarians about the dogs involved, so that we are all able to gain an accurate perspective into these events, and prevent similar incidents from happening again.
MY JOURNEY SO FAR  ...

BY TERRY LAKE, DVM, MINISTER OF ENVIRONMENT FOR BRITISH COLUMBIA

One of the most common questions people ask me is “Why would you go from being a veterinarian to being a politician?” It’s true that I went from being a member of a respected profession to a member of one of society’s most respected professions to a member of one of the least respected, but it was not in one fell swoop. In one of society’s most respected professions to a member of one of the profession serving at the national, provincial, and local levels—without you we would not be “one of the most respected professions” in the country.

The placing of a vet in one of the most common questions people ask me is “Why would you go from being a veterinarian to being a politician?” It’s true that I went from being a member of one of society’s most respected professions to a member of one of the least respected, but it was not in one fell swoop. In one of society’s most respected professions to a member of one of the profession serving at the national, provincial, and local levels—without you we would not be “one of the most respected professions” in the country.

One of the most common questions people ask me is “Why would you go from being a veterinarian to being a politician?” It’s true that I went from being a member of one of society’s most respected professions to a member of one of the least respected, but it was not in one fell swoop. In one of society’s most respected professions to a member of one of the profession serving at the national, provincial, and local levels—without you we would not be “one of the most respected professions” in the country.

While improving the lives of animals is an inextricable part of our veterinary profession, I continue to look for ways to advocate for both companion and domestic animals. In local government I had the opportunity to bring in bylaws banning the use of exotic animals in circus performances and craft dog owner responsibility bylaws. While working provincially I have served on the Ranching Task Force, Sled Dog Task Force, played a role in a private members bill advocating responsible breeder legislation and assisted with the new Veterinarians Act. I guess you could say you can take the boy out of veterinary medicine but not the veterinary medicine out of the boy. It has been and still is a great honour to be part of the profession, and I want to recognize all of my colleagues who have supported my efforts along the way and also those who contribute to the “politics” of the profession serving at the national, provincial, and local levels—with you we would not be “one of the most respected professions” in the country.

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IT’S “JUST” RINGWORM LESSONS LEARNED

BY KATHRYN WELSMAN, DVM
For most veterinarians, ringworm brings to mind a fairly innocuous but sometimes annoying zoonotic fungal disease. That was my impression too until I recently had to deal with its effects on my own household, which included treating two cats, one dog, and two humans. In most healthy animals, ringworm is a self-curing disease, but proper treatment accelerates the process, which is what I was hoping for. According to much of the literature, the best treatment is a three-pronged approach including topical, systemic, and environmental treatment simultaneously. Here is the treatment plan I chose for my household:

1. Lime sulfur baths twice weekly (all pets)
2. Itraconazole 5-10mg/kg daily dose given for two weeks, then on alternating weeks until negative culture (all pets)
3. Treat dog’s secondary pyoderma with cephalaxin
4. Use e-collar on dog to reduce self-trauma to face and prevent the spread from the face to elsewhere on the body
5. Topical miconazole on lesions
6. Isolate the cats to one room and the dog to another
7. Vacuum animal rooms daily to remove hair
8. Change and bleach animal bedding daily
9. Bleach litter boxes, food and water bowls weekly
10. Bleach the entire house once weekly after initial “top to bottom” thorough cleaning
11. Change furnace filter every two weeks
12. Change vacuum filter after every use
13. Throw out carpets, brooms, dog and cat beds, toys, leashes, bowls, etc., that can’t be bleached or dry cleaned
14. Dry clean cushion covers, carpets, etc.
15. Bleach all family bedding, clothes, and towels daily
16. Clean vehicle upholstery
17. Shave cats

After nearly three months of this agonizing routine and finally getting everyone ringworm free, I realized I had learned three important lessons about the veterinary profession.

LESSON 1: POOR OWNER COMPLIANCE
When I drew up my plan I didn’t really take into consideration the amount of effort it would require and what kind of compliance I would have with my own instructions. It turned out to be poor because the lime sulfur stunk, the cats hated the baths, the dog resented the baths and destroyed about five e-collars, the cats detested their medication, and the dog complained about being cooped up by himself. I also didn’t shave my cats, as I just couldn’t imagine them with no hair. On top of this, during the isolation, my guilt got the best of me and my own very strict rule of which toys my Lab could have went out the window due to his boredom. Unfortunately, throwing caution to the wind was a bad idea as he ended up eating a Frisbee and required foreign body surgery in the middle of his ringworm treatment. Despite the fact that I understood all the medical reasons for following my protocol, I still fell short of my own recommendations. It really put into perspective the concept of poor owner compliance and highlighted some of the reasons that cause this compliance to be so low. It has re-inforced my need to understand my clients better and to collaborate with them to formulate plans that are achievable for them instead of dictating what needs to be done.

LESSON 2: EMOTIONAL TOLL
Now, think of the emotional toll all of this might have on a client. Once the client leaves the veterinary clinic, we probably don’t think about what is truly going on at home. In my case not only was I isolated from my pets, I felt bad about their sanity and felt horrible for bringing ringworm into the house. I felt like a bad owner every time I medicated my cats, and matters escalated until they would cringe whenever I came into the room, or I would force my husband to be the “bad guy.” The dog had little socialization for fear we would spread the fungus, and I worried about transmitting it to my clients, family, and friends. This was a lot of emotional burden to carry considering it was “just” ringworm, and not a life-threatening or debilitating disease. It made me think whether or not I really understand what my clients are facing when we give them a diagnosis and treatment plan. Until now, I usually spent a lot of time counselling clients when delivering news about big diseases like diabetes, IMHA or lymphoma, but after this experience I’d like to think that I’ll be more sensitive when discussing any kind of diagnosis no matter how insignificant I think it is, as the person hearing the news might think otherwise.

LESSON 3: FINANCIAL TOLL ON THE CLIENT
When all of this was over, I finally sat down and started to add up the costs; it would have been better if I hadn’t! I figured out what I was out of pocket for all the veterinary care, cleaning supplies, increased electrical/heating bills from all the laundry, dry cleaning, furnace filters and replacing all the bedding and animal supplies that had to be thrown out, and it amounted to around $3,000.00. Now imagine what a client would have paid. A bit shocking for “just” ringworm. This in itself was certainly an important lesson—to realize that many of our clients aren’t expecting these big costs, and that this can be extremely stressful and even unattainable for some. I also had never stopped to think about all the “other” non-medical costs that a client might incur while treating their pets, and what further burden these put on a client.

So after all is said and done, even though I don’t wish a ringworm outbreak on anyone, likely it is valuable for veterinary team members to be “the client” more often and see things from their perspective in order to make us better care givers and remind us of these important lessons.
Cranial cruciate ligament rupture is one of the most common orthopedic conditions seen in dogs. However, despite a huge amount of research, we still do not understand what the underlying cause of canine cruciate insufficiency is.

With the plethora of surgical techniques described over the past 50 years, it is also clear that the “perfect” method of treatment has probably not been determined yet. We are getting closer though.
PATHOGENESIS OF CRUCIATE INJURY

When first definitively described in 1952, cranial cruciate ligament rupture was thought of as a parallel to the similar condition seen in people, where there is trauma to the knee: abnormal forces exerted on a normal ligament. As has become clear more recently, rupture in canine patients is due to primary degeneration of the ligament itself over time, which subsequently tears (Figure 1) with typical physical activity: normal forces acting on an abnormal ligament.

The reason for this degeneration is unknown, though a variety of causes have been proposed including stifle conformation, immune-mediated processes, age, and synovial inflammation. There does appear to be a genetic component, with Labradors, Boxers, Rottweilers, and many other breeds predisposed, which helps explain the frequently bilateral nature of this condition.

In contrast, canine cranial cruciate rupture is relatively underrepresented in Greyhounds (and sighthounds generally), despite their extreme athletic performance. Genetic markers have been identified in Newfoundlands, and research is continuing to try and determine similar markers in other breeds.

TREATMENT

Traditionally techniques have been based on trying to prevent cranial drawer—the instability that is present and detectable on examination of most dogs with cranial cruciate rupture. However, as the condition is almost invariably degenerative, “repairing” the ruptured ligament itself is not possible. A variety of “static repair” methods have been tried, using a host of different natural and synthetic materials, all placed to counteract cranial drawer.

STATIC REPAIR

The goal with static techniques is to mimic the cranial cruciate ligament; the techniques are divided into intracapsular and extracapsular methods, depending on the location of the stabilizing material used.

Portions of ligament or fascia, and even skin, have been described as replacements for the cruciate in intracapsular repair. They are passed laterally across the stifle, secured in place to roughly approximate the ligament’s normal location. Unfortunately, it is impossible for any such structure to accurately replace the cranial cruciate, as the undamaged ligament has a uniquely extrasynovial location, encased in synovial membrane, despite its positioning within the centre of the stifle joint. This results in persistent inflammation within the joint following intracapsular repair.

Extracapsular techniques avoid this issue by placing stabilizing material away from the synovium. The most common of these methods is the lateral fabellar suture, where non-absorbable suture material is placed around the lateral fabella, and secured to the cranial aspect of the proximal tibial tuberosity. While this prevents cranial drawer (at least initially), other planes of motion (particularly normal internal tibial rotation and stifle extension) are artificially restricted.

A more recent adaption of this is the Tightrope technique. Very high tensile strength Fibrewire suture material is placed at isometric points laterally across the stifle, secured through bone tunnels drilled into the femur and tibia.

There is no question that at least some of these techniques improve the comfort and activity level of affected dogs, but there are some caveats:

1. All the stifles operated on (irrelevant of how stable they seem immediately post-operatively) have cranial drawer return within a matter of weeks. Though it may not bother the dogs quite as much, these knees are unstable once again, at least to some degree. The Tightrope technique is designed to lessen this, though some instability is still seen over time post-operatively.

2. Though there is improvement, dogs treated in this way generally do not return to normal athletic activity—specially larger breeds.

3. Arthritic changes already present within the stifle continue to worsen with time despite surgical attempts to stabilize.

DYNAMIC REPAIR

Rather than attempting to prevent cranial drawer, the TPLO (Figures 2a and b) alters the mechanics of the stifle, by rotating the tibial plateau (green line) so that it is perpendicular (yellow arrow) to the weight-bearing force through the tibia (blue arrow). This eliminates the cranial tibial thrust force that occurs (red arrow) due to the angle slope of the unoperated stifle. Outcomes have been very pleasing, and the majority of small animal specialist surgeons adopted this or similar techniques rapidly as their method of choice.

These perceived shortcomings have resulted in a rethink over the past 15 years about how best to treat craniate deficiency, and they provided the impetus for Dr. Barclay Slocum to develop the Tibial Plateau Leveling Osteotomy (TPLO). Instead of a “static” repair, a “dynamic” approach is taken.

“TPLO AND TTA HAVE QUICKLY BECOME THE TWO PRE-EMINENT METHODS FOR TREATMENT OF CANINE CRANIAL CRUCIATE LIGAMENT RUPTURE AMONGST SPECIALIST VETERINARY SURGEONS WORLDWIDE”
More recently a group of orthopedists and biomechanical engineers from Zurich developed the Tibial Tuberosity Advancement procedure (TTA) (Figure 3). This builds on Slocum’s original idea, but rather than looking at the bones of the stifle in isolation, it also considers the contribution from muscular forces. The theory proposed by TTA (Figure 4a) is that in the weight-bearing leg the quadriceps mechanism represents the most powerful force acting on the stifle. Due to the direction of the patella ligament (cranio-proximal to caudo-distal orientation), upon muscle contraction (blue arrow), the quadriceps not only provides a proximal pull on the tibia (yellow arrow), but also a cranially-directed force, directed perpendicular to the plateau (Figure 4b). Upon weight-bearing, the direction of the patella ligament becomes 90 degrees to the tibial plateau, but is achieved by rotating the plateau itself, rather than advancing the tibial tuberosity (as in the TTA). This suggests that the Zurich model is perhaps a more accurate representation of what actually happens to the cranial cruciate-deficient stifle with weight-bearing. It turns out that performing a TPLO also results in the patella ligament becoming 90 degrees to the tibial plateau, but is achieved by rotating the plateau itself, rather than advancing the tibial tuberosity (as in the TTA). This suggests that the TPLO and TTA have quickly become the two pre-eminent methods for treatment of canine cranial cruciate ligament rupture amongst specialist veterinary surgeons worldwide, and we are pleased to offer both techniques at Canada West Veterinary Specialists.

The only study that I am aware of that compared the clinical efficacy of TTA and TPLO is an unpublished investigation by surgeons at Virginia Tech, undertaken during my Surgical Residency there. In that randomized, prospective study we determined that there was no difference in outcome over the six months of the study period between dogs that received a TPLO and those that underwent TTA.

How can two techniques with different theories both work so similarly and effectively? Just as with the TPLO, patients are usually weight-bearing on the operated leg within 48 hours after a TTA procedure, and generally show weight-bearing on the operated leg within 48 hours after a TTA procedure, and generally show a rapid return to normal athletic activity. The only study that I am aware of that compares the clinical efficacy of TTA and TPLO

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