

WEST COAST VETERINARIAN

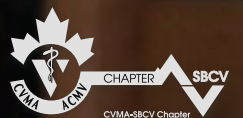
SEPTEMBER 2015 | Nº 20

THE HORSES

OF THE VANCOUVER POLICE
DEPARTMENT MOUNTED UNIT



GLOBAL VETS—WCVI AROUND THE WORLD |
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THEM TO GIVE, TOO | CANINE ATOPIC DERMATITIS



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COREY VAN'T HAAFF
EDITOR

»» TO THE EDITOR

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

»» ON THE COVER

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

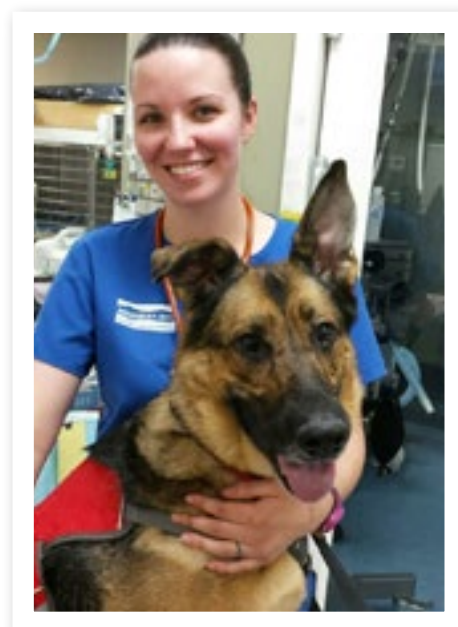
I don't cry often at work. In fact, I can only remember crying once, as I wrote a story on a family who lost their home in a fire. The man I was interviewing described how his family had lost their home and possessions as wildfires burned through our province some years ago (and too similar to what we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

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

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

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

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Tikka, the editor's GSD, on her first blood donation.

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



STEVEN CHAPMAN was born and raised in Fort St. John, BC, and over the summers has returned home to work at the local small animal practice. He likes to spend his spare time playing guitar, stone carving, and being outdoors, particularly camping, hiking, and fishing. Steven is our student liaison and is in his third year at WCVM.



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



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



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



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



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

WCV

SEPTEMBER 2015

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**WEST COAST
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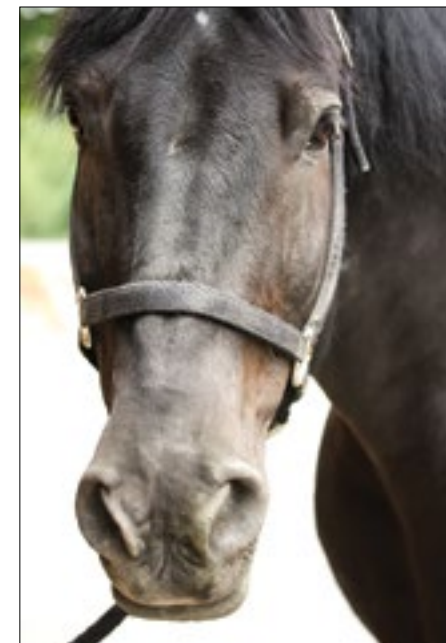


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22

THE HORSES OF THE VANCOUVER POLICE DEPARTMENT MOUNTED UNIT

THE ROLE & CONTRIBUTION
OF ONE VETERINARIAN



- FROM THE EDITOR 04
- WCV CONTRIBUTORS 06
- FROM THE CVMA PRESIDENT 08
- FROM THE CVMA-SBCV CHAPTER PRESIDENT 09
- LETTER TO THE EDITOR 10
- FROM THE CHIEF VETERINARY OFFICER FOR THE PROVINCE OF BC 11
- FROM THE CVMA-SBCV CHAPTER STUDENT LIAISON GLOBAL VETS—WCVM AROUND THE WORLD 12
- CANINE ATOPIC DERMATITIS 18
- ON BALANCE 32
TRANSITIONING FROM PRIVATE PRACTICE TO A NEW PATH IN LIFE
- DOING WELL BY DOING GOOD 35
- INDUSTRY NEWS 38
- CLASSIFIED ADS 40
- VETERINARY CONTINUING EDUCATION 2015 42

14

LIFE, DEATH, AND TRANSCENDENCE



28

IT'S IN THEM TO GIVE, TOO



BY JEAN GAUVIN, DVM

At our annual convention, held in July in Calgary, Alberta, for the first time the CVMA offered Registry of Approved Continuing Education (RACE) continuing education (CE) programs. RACE is one of the four key programs provided by the American Association of Veterinary State Boards, and its purpose is to develop and apply uniform standards related to CE providers and programs in veterinary medicine. Be sure to join us next year for additional CE and much more when we visit Niagara Falls for our 2016 convention.

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

I am pleased to announce the full launch of our newly created mentoring program. Program participation will provide mentees with opportunities to discuss goals, concerns, and challenges with a trusted mentor. All mentors are veterinarians and members of the CVMA. Members who are recent veterinary graduates, early career veterinarians, or students of the CVMA in their last year of study can register as a mentee by completing a Mentee Profile Form and submitting it to the CVMA. More information about the program can be found on our website under the Practice & Economics tab.

In early June, I joined national delegates from 180 member countries of the World Organisation for Animal Health (OIE) and around 40 international, intergovernmental, regional, and national organizations at the 83rd General Session of the World Assembly of OIE. The World Assembly of OIE Delegates establish OIE policies and supervise their implementation. This year, the Assembly’s main work was to adopt new international standards relevant to animal diseases prevention and control, animal welfare, and international exchanges of animals and products of animal origin. Also of note, after 15 years as Director General of the OIE, on January 1, 2016, Dr. Bernard Vallat will pass the baton to Dr. Monique Eloit, for the coming five-year term. She will be the first woman leading the OIE.

The CVMA has produced a pet nutrition assessment video, which was developed to help veterinarians conduct pet nutrition assessments and discuss pet nutritional guidelines with their clients. The CVMA is a member of the Pet Nutrition Alliance, which consists of a number of veterinary organizations that are working together to promote the importance of nutrition in the health of pets worldwide. Visit CVMA’s YouTube Channel to view the video.

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

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

Continued on page 9 ›



Jean Gauvin, DVM, graduated from the Faculty of Veterinary Medicine at the University of Montreal in 1980. He taught in universities and colleges for several years before devoting himself exclusively to private practice. He has more than 20 years of experience in the field of electronic (radio, television) and written media. In 2000, he was the recipient of the CVMA’s Small Animal Practitioner of the Year. Fluent in both official languages, he is frequently called upon to give lectures across Canada. Dr. Gauvin and his wife Lyne have two sons, Charles and Alexandre. They live with a Wire-haired Teckel named Maya; Gaston, an orange tabby cat; and Caroline, the turtle.

BY SARAH ARMSTRONG, DVM

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

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

What do I do to unwind? Today, I enjoyed a wonderful day outdoors with my dog, going for a hike, then heading to the dog beach for a swim. I also try and focus on the good cases, even if they’re not the big saves; like diagnosing a retro bulbar abscess, pulling out a grass awn from the back of a cat’s pharynx, getting a wholehearted thank you from a client for being compassionate. I also enjoy volunteering for the CVMA-SBCV Chapter and trying to give back to the BC veterinary profession. Getting together with our amazing Board of Directors and our Executive Director always invigorates me. It is when we accomplish things and make our veterinary community stronger that I feel there is a reason I’m doing all of this.

In early June, I attended my second meeting of the Western Assembly of Veterinary Associations. It is a meeting of the presidents and registrars from the

Western veterinary provinces (MVMA, ABVMA, SVMA, CVBC, CVMA-SBCV Chapter) to discuss various topics and communicate updates on various regions. It is a great opportunity to network with the other Western provinces, to hear novel ideas that other associations are implementing, and to brainstorm ideas. Some of the topics discussed were antimicrobial resistance, stewardship education and information, mentorship programs, the MVMA’s inclusion of RVTs in its Association, and VCPR definitions in different species. The SVMA has webinars on AMR and tools to prescribe and dispense antimicrobials properly, advocating antimicrobial stewardship. These webinars are mandatory for their members for CE credit. The Association has offered to share its videos and information with other Western VMAs. We discussed the need for increased veterinary oversight of antibiotic prescriptions, and that this message needs to be consistent and to come in multiple forms. The CVBC was in favour of creating mandatory CE on the topic. Also, the MVMA is now including RVTs in its Association as a result of its new Veterinary Act. The ABVMA is doing the same and is in the process of modifying legislation to give RVTs full membership rights.

I hope you have all had a wonderful summer and enjoyed your time off with family and friends. Don’t forget to take time for yourselves, as we are all at risk of burnout from time to time.



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

› Continued from page 8

Saputo, a global dairy processor, reinforced its commitment to bringing industry leaders and dairy farmers together to improve animal care with the implementation of a progressive Animal Welfare Policy. The policy is based on core principles and scientific evidence, and references two of the CVMA’s position statements on pain control for Tail Docking of Cattle and Disbudding and Dehorning of Cattle. The policy also references the Code of Practice for the Care and Handling of Dairy

Cattle of the National Farm Animal Care Council, of which the CVMA is a partner.

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

We welcome your comments and inquiries at the CVMA office. Please contact us by email at admin@cvma-acmv.org or by telephone at 1-800-567-2862. Your feedback is extremely valuable to us.

Dear Editor,

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

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

Having emailed the Minister of Agriculture notifying the Ministry of my concerns, I was recently contacted by Mr. Gavin Last (Assistant Director, Corporate Governance, Policy and Legislation, Ministry of Agriculture). We discussed the need to maintain public safety, and yet address proper delegation of specific duties to veterinary employees with varied experience and formal training.

The section of the current Bylaws which brings the greatest concern is Section 264 (1), which includes the ability to delegate the induction and maintenance of anesthesia to any employee. This specific section, as well as many others, raised concerns for the Ministry, as this delegation could result in a serious lack of protection for our clients—the public—and our patients—their pets. The training and hours of education required in anesthesia for a veterinarian and a RVT are substantial. To suggest that this skill and knowledge can be easily attained and delegated to laypersons is degrading and belittling to our profession and is not in the best interest of the public. No other profession would allow such an important duty to be delegated to a layperson.

“The College Matters” newsletter reports that a subcommittee has been

formed to assist in revising “the pending Bylaws to restore the language related to the role and supervision of the Veterinary Technologists.” This coming amendment will be voted on.

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

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

I humbly disagree with our re-elected CVBC president Dr. Nick Shaw who stated that “our draft Bylaws [were] overwhelmingly approved by the registrants.” With a total of more than 1,300 practicing registrants, having only 195 registrants vote Yes (with 92 voting No), translates to a dismal 14% of BC’s veterinarians approving (and perhaps reading) such a crucial set of Bylaws. We must step up and show we care about our practices, patients, clients, and our profession by voting. — Chris Armstrong, DVM

BY JANE PRITCHARD, DVM, MVetSc

If you are a veterinarian in BC, you are required, under legislation, to report disease. BC’s recently passed Animal Health Act requires veterinarians, and anyone responsible for an animal, to notify the Office of the Chief Veterinarian for BC of any disease on the list of notifiable and reportable diseases. Many of diseases on this list duplicate the CFIA list of diseases.

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

Below are the lists of Reportable and Notifiable Diseases for horses in BC that must be immediately reported to the Office of the Chief Veterinarian.

Reportable horse diseases

- ▶ African horse sickness
- ▶ Contagious equine metritis
- ▶ Eastern, Western, and Venezuelan equine encephalomyelitis
- ▶ Equine infectious anaemia
- ▶ Equine piroplasmiasis caused by *Babesia caballi* or *Theileria equi*

Notifiable horse diseases

- ▶ Equine herpes myeloencephalopathy
- ▶ Equine rhinopneumonitis
- ▶ Equine viral arteritis

The links to the new Animal Health Act and the Notifiable and Reportable Disease Regulation under that Act are: **Act:** www.bclaws.ca/civix/document/id/complete/statreg/14016
Regulation: www.bclaws.ca/civix/document/id/complete/statreg/7_2015#section4

Similar lists are in the regulation for Cattle, Swine, Poultry, Fish, Bees, and for Multiple Species. The Act specifies that reporting be done under circumstances of suspicion as well as confirmation of the disease.

To report a suspicion or confirmation of a disease on the lists in the regulation, email the Chief Veterinarian for the Province (jane.pritchard@gov.bc.ca).

A horse from Vancouver Island was recently found to be positive for Equine infectious anaemia. Before the modernized Animal Health Act, the veterinarian who submitted the test would not have been required to report the positive test result to the Province. As a result of receiving the information, we were able to share the information with other vets and the horse-owning community as a precaution. Often a quick response to the first confirmed cases of a disease is crucial in limiting its spread and reducing the numbers of infected animals.



Jane Pritchard, DVM, MVetSc, graduated from OVC in 1977, and completed a Masters in Anatomic Pathology at WCVM in 2000, continuing as an Associate Professor in the Department of Pathology for two years before embarking on a career with the BC Ministry of Agriculture in 2004. With the exception of a

two-year international development project in China from 2007–2009, she has remained with the BC Government. In 2013, she was appointed to the role of Director of the Plant and Animal Health Branch, and Chief Veterinary Officer for the Province of British Columbia.

ANNUAL DELTA EQUINE SEMINAR

OCTOBER 26–27, 2015
TOWN AND COUNTRY INN, DELTA, BC

Organized by the Equine Committee of the CVMA-SBCV Chapter, the 44th Annual Equine Seminar will feature Equine Imaging—New Approaches to Ultrasound and Radiography, with speakers Dr. Mary Beth Whitcomb and Dr. Sarah Puchalski, UC Davis. Registration brochures have been mailed.

For more information, email deltaequineseminar@gmail.com or horsedoctor@telus.net.



GLOBAL VETS

WCVM AROUND THE WORLD

BY STEVEN CHAPMAN

The students of the WCVM have travelled all over the globe this past summer, volunteering with organizations that help communities through veterinary medicine. These once-in-a-lifetime adventures have allowed the students to help areas that are in need, gain invaluable animal experience, and witness the differences in animal medicine and husbandry around the world. Eight students were part of the Global Vets group at the WCVM, which teams up with different organizations on projects in other countries that are in need of veterinary assistance. Two other students volunteered with Veterinarians Without Borders (VWB). Both groups worked exceptionally hard during the school year to plan their trips, and to host fundraising events that generated finances for their journey and for the areas they visited.

ABOVE The Central America Group (from left to right) Celine Ward, Karinn Carter, Christine Sinclair, and Allison Sprout.

One group of four students volunteered in Central America. Starting at Animal Aware, an animal shelter in Guatemala, the group worked with a veterinarian to care for over 300 dogs and 150 cats. Tasks included grooming, vaccinating, deworming, and spaying and neutering. They also worked with the animals individually to improve their lives both physically and mentally. At another shelter in Guatemala, efforts were focused on training each dog, allowing the students to gain experience in behaviour and clicker training. After this, they moved on to Panama to volunteer at Spay Panama where they spayed and neutered approximately 50 cats and dogs a day for an entire week. On the weekend, they went to a rural area to a blitz clinic and spayed and neutered more than 350 animals. These clinics provided a great opportunity to get hands-on surgery experience, as opposed to the few surgeries students get to do in school. It also allowed them to witness effective programs, which could be applied in other areas. A third-year veterinary student in this group, Karinn Carter, said that their trip “was an amazing example of how effective spaying and neutering of strays and pets helps to control the pet population.” The proof lies in Panama City, which has a very small stray population compared to the other countries in Central America, likely due to the efforts of organizations like Spay Panama.

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

Another group of four students worked with the Worldwide Veterinary Service (WVS) in India. They began their trip in Mumbai touring the SPCA and the Bombay Veterinary College, which was established in 1886. The group was amazed at how massive and well managed the SPCA was considering the large volume of animals that they deal with. From there, they ventured to the WVS’s International Training Centre (ITC) near Ooty where they attended informative lectures on surgery, anesthesia, rabies, and pain and wound management. After two weeks of training at the ITC, each student had hands-on experience with over 20 spay and neuter surgeries, anesthesia, vaccination, and post-operative care. Global Vets fundraising also helped to put Indian veterinarians through the same course to deal with the stray dog population. With an estimated 30 million stray dogs and more than 20,000 people dying from rabies due to dog bites each year, all help possible is needed to combat these issues. The students then travelled on to Coimbatore to help a mobile donkey clinic with vaccination, deworming, wound care, and owner education on good medicine and practices. The people in Coimbatore rely on the donkeys to perform many tasks such as hauling sand. With tetanus still a leading cause of

death in donkeys, vaccinating them is saving lives and enabling their owners to continue to generate income from them. Moving on to the India Project for Animals and Nature (IPAN), a shelter and clinic on the edge of Mudumalai Tiger Reserve, the group assisted with more cat and dog spays and neuters, and assisted with the care of other animals brought in by their owners. After their time at IPAN, they volunteered at a donkey castration clinic near Theni, each student getting to do two castrations. Near the end of their trip, they travelled west to the state of Kerala, to a District Vet Centre and a Dispensary in Thodupuzha, and to the Indo-Swiss Dairy Project near Munnar. Finally, they ended their journey at the Wayanad District at the Kerala Veterinary and Animal Science University. Over their time in India, students noticed how animals were a part of everyday life,

“BEING IMMERSSED IN A CULTURE AND SEEING FIRST-HAND WHAT LIFE IS LIKE IN DIFFERENT AREAS MAKES US ALL MORE UNDERSTANDING, TOLERANT, AND WILLING TO LEND A HELPING HAND”

not removed from the public on farms. They were also impressed by how the government pays for the district veterinary centres and dispensaries all over India to provide veterinary care free of charge. “We got a lot of good exposure and experience to the veterinary profession in India, and got to talk to many citizens, veterinarians, and veterinary students about the differences between Canada and India,” said Steven VanRavenstein, a third-year veterinary student. He went on to say, “Not only is it interesting to compare and contrast animal husbandry and medicine between our two countries, we can also learn a lot from each other, as well as build relationships for future networking. Being immersed in a culture and seeing first-hand what life is like in different areas makes us all more understanding, tolerant, and willing to lend a helping hand.”

The students plan on presenting their experiences to the WCVM in the upcoming school year to recommend and assist the VWB and the Global Vets groups at the school to do similar projects in the future. Their time abroad sounds like an amazing experience for both animal and cultural knowledge, and global awareness. Through the incredibly hard work of the Global Vets and Veterinarians Without Borders, the WCVM is having a lasting impression benefiting the lives of people and animals all over the world. **WCV**



LIFE, DEATH, AND TRANSCENDENCE

BY BRYCE FLEMING, DVM

In veterinary medicine, a solo practitioner in a small town runs a Mom and Pop business. When I purchased Powell River Veterinary Hospital in 2010, it was a family investment for the future. My daughter Calista, my only child, understood from the start that the hospital was as much her responsibility as mine. She was a key member of staff, and the community quickly got used to seeing her in her designer scrubs behind the desk, taking proud ownership of our family business. She was key in the implementation of the new computer system, the complete revamping of the extensive files, the installation of the laboratory, and the birthing of the corporate website. Even the décor of the office flowed from her good taste: the colour scheme and even the many photographs that covered the walls were pure Calista. In truth, while I spent 20 years immersed in my career in that self-absorbed way of the typical veterinarian, my daughter had grown into a wonderful, capable young woman, ready to take on the world.

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

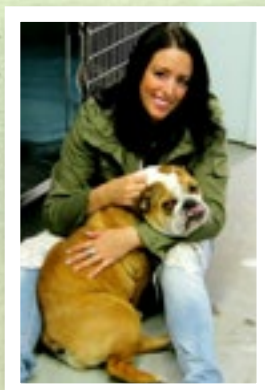
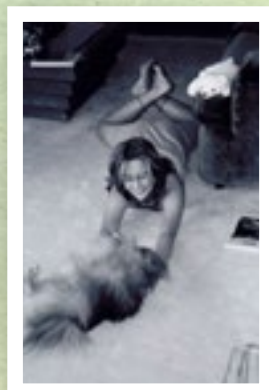
How do you continue when you have lost the only person you cannot live without? You transcend death. You find a cause to fill the void. Quoting Nietzsche, “He who has found a ‘why’ to live, can bear almost any ‘how’.”

I have attempted to transcend my grief in several ways, none of them terribly effective, but all of them combine to keep my mind from wandering. I funded a scholarship at North Island College in Calista’s name. I self-published a book (*Losing Calista; Across the Wide Blue Straits*). I fund a memorial photography contest for high-school students in Regina, Calista’s childhood home. Finally, I try to educate everyone who will listen about a hidden killer of our youth.

Sudden Arrhythmia Death Syndrome (SADS, www.sads.ca) is a blanket term referring to the acute onset of (fatal) severe cardiac arrhythmias, usually in people under 35 years of age. I suspect the majority of people, if they have any opinion at all, believe that SADS is a problem of young athletes, felled while performing at the edge of their physical capability. Even many doctors think SADS is rare, wholly unpredictable, unpreventable, and untreatable. That is incorrect. The entire subject of SADS is ruled by assumptions and ignorance.

The annual incidence of SADS, gleaned from several sources, appears to be between 3 and 4 deaths per 100,000 people. Published numbers tend to vary widely since the topic appears to be a bit of a political football. Government sources, especially in countries with nationalized medical care, downplay the true incidence, while activists (often families of victims) quote higher numbers. Annually, 4 per 100,000 translates to 8 deaths in small cities like Regina. Nationally, that’s about 700 young Canadians dying.

“HOW DO YOU CONTINUE WHEN
YOU HAVE LOST THE ONLY PERSON
YOU CANNOT LIVE WITHOUT?”



LEFT Age 11, playing with SOLR. **RIGHT** Calista, in the kennels with a patient, a few weeks before her death.

To put this in perspective, drunk driving takes about 330 lives annually, slightly less than half the number of SADS. Nearly every Canadian high school has a Students Against Destructive Decisions (formerly Students Against Drunk Driving) chapter, and most towns and cities have Mothers Against Drunk Driving chapters. Yet SADS is practically invisible.

There is a perception that these deaths occur without warning to otherwise healthy kids. In fact, numerous studies have shown that between 50 and 75 per cent of victims had warning signs such as syncope, cardiac palpitations, and acute onset of extreme fatigue, especially associated with exercise. Many reported these symptoms to their doctor, and

simple screening ECG to be under \$150 USD. To put that in context, the immediate expenses when Calista died—including memorial and cremation, but excluding police investigation, autopsy, and ten-month-long coroner's investigation—exceeded \$10,000.

Contrary to popular belief, most of the diseases under the SADS umbrella are quite treatable, providing we recognize the problem before that final trip to the ER. Behavioural modification, the judicious use of beta-blockers, and, lately, the implantation of internal defibrillators all combine to dramatically improve the likelihood of a full life expectancy for these kids. The implantation of internal defibrillators has changed the entire picture for the fatal arrhythmias; many young

people are alive and enjoying productive lives due to this new technology. My daughter might be still be shooting her big camera and laughing at my frequent gaffes if we had known about SADS and had a chance to intervene.

While ante-mortem diagnosis of SADS is possible, post-mortem diagnosis is a challenge. With rare exception, fatal arrhythmias show little anatomical or histological pathology on autopsy. A diagnosis of SADS is a default, settled on by ruling out every other potential cause of death. For Calista, the police and the coroner investigated every conceivable cause of death, but ten months later, they accepted the SADS diagnosis first proposed less than two hours after her death.

As parents who have lost their bridge into the future, as all our children are, the years stretch long ahead of us. My wife and I continue to support the scholarship fund, and I sell my book one copy at a time, using the proceeds for the scholarship. Each year, near the anniversary of Calista's death, I give cameras to Regina high-school students competing in the contest. Finally, I hope that word will finally get out that SADS is not a rare or even uncommon cause of death in our youth. In Nietzsche's words, we have found our 'why' to live until that day we open that final door and see for ourselves if there is another side across the threshold. [WCV](#)

“SIMPLE SCREENING MEASURES SUCH AS RESTING AND STRESSED ECG STUDIES HAVE BEEN PROVEN TO BE HIGHLY SENSITIVE FOR IDENTIFYING CARDIAC DISEASE IN YOUTH”

yet the disease went undiagnosed through a failure to investigate. Simon's Law, enacted in Pennsylvania in 2012, addresses this issue by mandating the education of parents and coaches about the recognition, diagnosis, and treatment of at-risk youth involved in all organized sports. No Canadian province has considered promoting voluntary education of coaches and athletics staff.

Doctors often rail at the difficulty of diagnosis for any of the specific cardiac diseases encompassed by the term SADS. While it is true that pinning down the exact nature of the arrhythmia in a living patient can be a challenge, simple screening measures such as resting and stressed ECG studies have been proven to be highly sensitive for identifying cardiac disease in youth, providing the printouts are reviewed by an experienced cardiologist or electrophysiologist. One multi-decade study done in Italy showed a 90 per cent drop in Sudden Cardiac Deaths through the mass screening of all participants involved in organized sports. The cost of this screening was not published, but a recent Swiss study estimated the cost of a

CVMA-SBCV CHAPTER FALL CONFERENCE & TRADE SHOW

NOVEMBER 6–8, 2015

PINNACLE HOTEL VANCOUVER HARBOURFRONT

FRIDAY, NOVEMBER 6, 2015

Speaker: Dr. Andy Roark 

Dr. Andy Roark's sessions are generously sponsored by IDEXX Laboratories

How to Drive Change in Your Veterinary Practice

Have you ever had a fantastic idea that your team didn't buy into? Have you ever worked so hard just to see the project you cared about slowly disappear under waves of apathy? Learn how to get every member of your team (whether you're a practice owner or not) to buy into your vision and raise the standard of care in your practice.

How to Be an Exam Room Rock Star

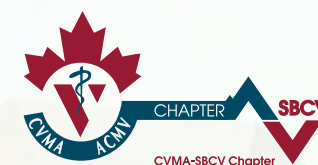
Building trust is building business. Learn how to build trust quickly, providing pet owners with what they really want, and getting them to let you practice the medicine their pet needs. This unique and useful exam room productivity lecture is chockfull of customer service research and tips from behavioral psychology.

Dinner and Keynote Address: The Positive Power of Negativity

(This dinner event requires an additional ticket purchase and does not qualify for CE credit)

This engaging session addresses many of the most pressing struggles facing modern veterinary medicine. Dr. Roark talks about his greatest fears going forward, and how the challenges practices face today can offer solutions for tomorrow.

CVBC REGISTRANTS MEETING



SATURDAY, NOVEMBER 7, 2015

Speaker: Dr. Tony Yu 

Dr. Tony Yu's sessions are generously sponsored by MERCK Animal Health

Dispelling Myths

This session reviews current approaches and treatment options of otitis externa, and why we need to let go of some myths that have been created along the way.

Bald Isn't Always Beautiful

This session offers new insight and options in treating non-inflammatory alopecias.

Thinking Outside the Box

You'll be challenged to bring a new way of thinking to the treatment canine demodicosis. Dr. Yu explores current approaches and treatments, and how you might think outside of the box.

Speaker: Dr. Robin Downing 

Dr. Robin Downing's sessions are generously sponsored by Trupanion

Taming the Acute Pain Beast

Intervening on behalf of patients who are about to be painful due to a surgical procedure with targeted therapy is a new concept, but attacking specific targets in the body with specific "weapons" in the war on pain transforms potential suffering into protection from suffering. This session will focus on creating a truly balanced analgesic experience for animals experiencing acute pain including new medications, new approaches, and simplifying continuous rate infusion.

Chronic Pain: The Gift That Keeps on Giving

Chronic maladaptive pain is "pain as disease." You can create a fountain of youth for patients living with maladaptive pain but it requires looking for that pain and utilizing targeted therapy. This session will focus on pain assessment and identification, and will answer the question "What do I do once I find chronic maladaptive pain?"

CVMA-SBCV CHAPTER AGM

SUNDAY, NOVEMBER 8, 2015

Speaker: Dr. Margie Scherk 

Dr. Margie Scherk's sessions are generously sponsored by Cat Healthy.

Respectful Cat Handling vs. Cat Wrangling: Improving Cat Experiences in Practice

Handling cats in practice can be challenging. The social structure and needs of cats are very different than ours. They are both predators and prey, which affects how they respond to us in a clinic setting. Learn tips and techniques to interact with cats to make your — and their — hospital experience less stressful.

Improving Client Compliance in your Feline Practice

Cats don't like coming to the clinic; clients don't like bringing them. Within the clinic setting, many of us prefer to handle dogs. By addressing these realities, we can increase the number of visits and improve the care our feline patients are offered. Respectful, feline-friendly handling will encourage more client compliance with our professional recommendations.

Cat Healthy: Putting the Simplified Protocols into Practice

The Cat Healthy Protocols have been simplified to make them even easier to use on a day-to-day basis. This interactive session will show you how to implement them and make them work for you.

The Geriatric Cat: Complex Management with Multiple Disorders

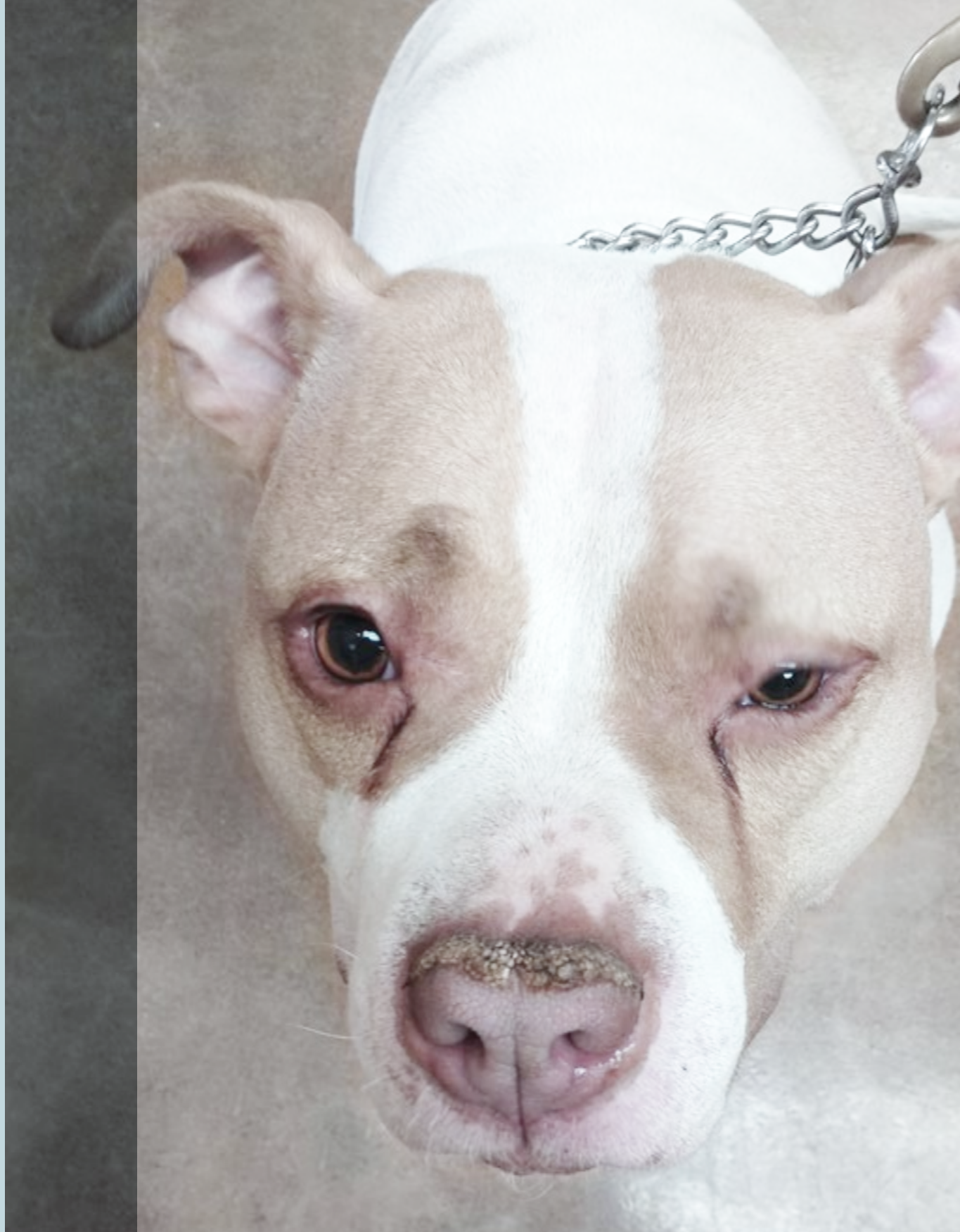
The older cat often presents with concurrent disease conditions that can result in complexities management. We will look at examples of chronic kidney disease combined with arthritis, with hyperthyroidism, and with diabetes, paying particular attention to nutrition, analgesia, and environmental needs.

Cat Healthy is an alliance of pet care organizations including Bayer HealthCare, Merial Canada, Hill's Pet Nutrition, IDEXX Laboratories Canada, and Petsecure Pet Health Insurance, who collectively act in support of the quality of care for cats in Canada.

TICKETS ON SALE NOW. REGISTER HERE >>

www.eventbrite.ca/e/2015-cvma-sbcv-chapter-fall-conference-and-trade-show-tickets-17755812112





CANINE ATOPIC DERMATITIS

BY JANGI BAJWA, BVSc+AH, DIP. ACVD

Canine Atopic Dermatitis (CAD) has no single cause and is a complex multi-component disease that relies on genetic and environmental interactions. The International Task Force on CAD describes the condition as a genetically predisposed inflammatory and pruritic allergic skin disease with characteristic clinical features associated with IgE antibodies, most commonly directed against environmental allergens.

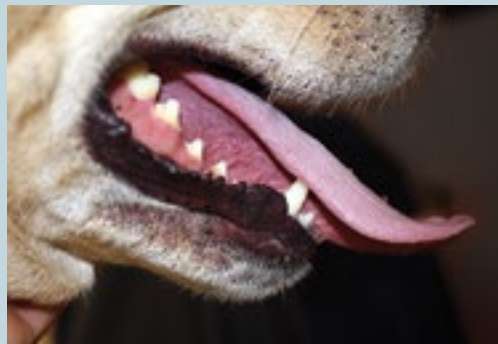
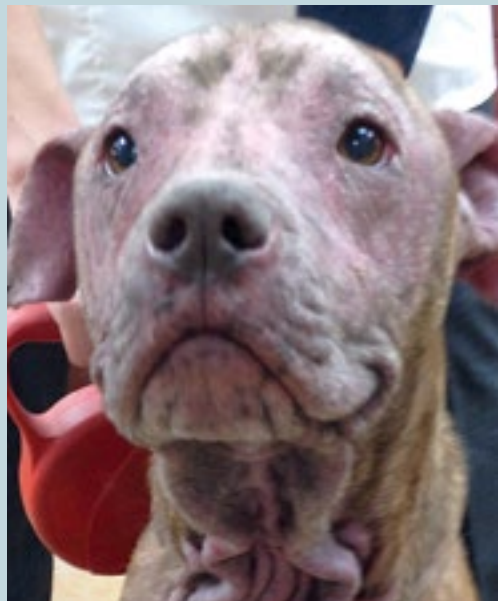
DIAGNOSIS OF CANINE ATOPIC DERMATITIS

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

CUTANEOUS ADVERSE FOOD REACTION

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

While AD can be exacerbated by food allergens, not every dog with AD will have dietary-induced flares. Every dog diagnosed with non-seasonal (i.e., year-round) AD should undergo one or more elimination trials in order to determine and eliminate dietary allergens. It is not wrong to pursue multiple elimination diet trials; rather, multiple trials are encouraged for a dog with non-seasonal or unrelenting allergic disease. You can fix up a dog's diet with some handholding and client reassurance, whereas CAD usually needs more than one treatment intervention.



ABOVE FROM TOP Atopic dog with generalized hair loss, secondary pyoderma, and Malassezia overgrowth; atopic dog with lip margin dermatitis and focal pruritus; atopic dog with severe pruritus, self-trauma, and secondary pyoderma. PAGE 18 A patient with atopic dermatitis exhibiting dermatologic and ophthalmic symptoms.

CAD AND QUALITY OF LIFE

Anecdotally, owners of allergic patients often report dogs to be lethargic, less social, and uncomfortable. In spite of the obvious fact that itch and pain due to dermatological conditions can have an impact on quality of life (QoL) of affected animals, until 2010 only two studies were available to assess the impact of atopic disease on dogs. Neither of these studies evaluated the impact on family members with an allergic dog. Since 2010, two research groups have published more work on QoL assessment in dogs with dermatological conditions. The expression “quality of life” is defined as “the degree to which an individual enjoys his or her life.” In healthcare, QoL is often evaluated in terms of how it is negatively affected by disease.

Supporting the previous suspicions of most veterinary practitioners, these studies showed that the components of atopic dogs’ lives that were most impaired included sleep disturbance, mood changes, playing activities, and the burden of administering treatment. The areas of the owners’ lives that were most impacted were increased expenditure, time loss, and emotional and physical distress. According to a study done by Linek et al, owners scored the negative influences on the QoL of affected dogs (73%) as a bigger concern than the influence on their own QoL (48%). Eighty per cent of owners felt sad when they thought of their dog’s disease, but the disease rarely (<10%) affected the positive feelings associated with the presence of the dog. Interestingly, very few owners (<1%) regretted having

“MANY OTHER DERMATOLOGIC DISEASES CAN MIMIC CAD, OR MAY BE SUPERIMPOSED ON A PATIENT WITH UNDERLYING ATOPY”

the dog or considered euthanasia as an option, according to the study. This small number may be misleading, as over the years, I have encountered more than a few cases of client frustration leading to mention of elective quietus or abandonment of the pet due to undiagnosed or unrelenting skin disease.

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

“OWNERS OF ALLERGIC PATIENTS OFTEN REPORT DOGS TO BE LETHARGIC, LESS SOCIAL, AND UNCOMFORTABLE”

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

According to Linek et al, while the treatment of CAD was considered a major burden by 32% of owners, and 41% had to limit other expenses, most owners (70%) had understood and accepted that AD would require a life-long treatment. Client education goes a long way in alleviating concerns for treatment burden, flare-ups, and costs concerns. It is essential to give hope to clients with dogs suffering from chronic (or potentially chronic) skin problems without understating the impact of allergic disease on a patient.

During dermatologic evaluations, I am often asked, “Is he the worst allergic patient you have seen?” or something to that effect. While some owners benefit from hearing that their pet is not the worst I have seen, others benefit from knowing they are dealing with a complicated allergic disease that is likely worse than it was for their friends’ pet which was cured on a simple diet trial. In human dermatology, the caregiver’s perception of clinical severity of the skin disease is the most important predictor of impact of eczema (atopy) on the family. This is likely true for animals too. Everyone the pet owner has access to beyond the veterinarian (pet stores, blogs, groomers, the Internet, friends with allergic dogs, etc.), has an opinion on allergic skin disease, as well as on the effects on the pet’s QoL. Veterinarians should strive towards providing owners with not just our medical opinion but also empathy and kindness. Being considerate with a pet owner dealing with an allergic dog and associated flare-ups encourages better compliance and nourishes confidence in treatment. As the pet parent feels understood, we are better able to put their expectations in perspective.

TREATMENT OPTIONS FOR CAD

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

PAPERS OF INTEREST

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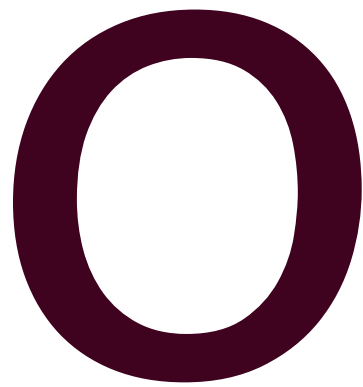
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THE HORSES

OF THE VANCOUVER POLICE DEPARTMENT MOUNTED UNIT

THE ROLE & CONTRIBUTION OF ONE VETERINARIAN | BY MICHAEL PERRON, DVM



On the night of June 15, 2011, I was horrified as I watched news coverage of the Stanley Cup Riot unfolding in downtown Vancouver. I felt disgusted

and ashamed. Remarkably, in the next few days, these emotions turned into feelings of pride and respect for the Vancouver Police Department (VPD) and in particular for the officers and horses of the VPD Mounted Unit, whom I have had the privilege of working with for over 20 years.

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

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

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

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

There was a tremendous outpouring of support for the VPD, the Vancouver Fire Department, and the Mounted Unit and the horses which acted so bravely that night, culminating in the employees of London Drugs starting a fundraising campaign in appreciation of their efforts. The funds were donated to the VPD Mounted Unit and were used to purchase two new horses, Percheron-cross brothers. After going through the standard

sixty-day trial period for suitability, London—renamed by the Mounted Unit in recognition of the source of the donation—and Turbo were approved as full members and given their VPD badge numbers.

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

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

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

Police horses work on hard surfaces, so hoof care is critical. After potential VPD candidate horses complete their trial period, they are thoroughly vetted by my practice. None are considered acceptable unless they are deemed to have excellent quality, substantial, well-conformed feet, and are not showing any degree of foot pain. I was a farrier prior to my veterinary career, and I appreciate the critical role of the farrier in maintaining hoof health. All the Unit’s horses are shod with hard surfacing material on the ground surface of their shoes. This prevents excessive wear, but



PHOTOS BY PAULA GRASDAL

CLOCKWISE FROM LEFT Duke happily poses for a portrait; a sign outside the stables; Dr. Perron giving Gunner a check up; saddles at the ready. **PAGE 22** Cst. Conrad Van Dyke and Gunner getting ready for work. **PAGE 26** Cst. Rich Horner with Turbo. **PAGE 27** Tex chewing the post on his stable.





PHOTOS BY PAULA GRASDAL

just as importantly helps prevent slippage on hard smooth surfaces. Pads and cushioning are sometimes recommended to further protect the feet. As in all horse populations, lameness problems are predominantly associated with the foot. We do not see a higher rate of hoof problems with the police horses, I believe, because of the preventative measures taken.

When I started working as the Mounted Unit's veterinarian, the Unit had historically been involved in crowd control, mostly patrolling Stanley Park and performing ceremonial duties. From my past experiences, I realized that this was going to be a unique working environment. I found a group of horse people, both staff and officers, very dedicated to their horses and their care. I quickly realized that I was working with professional horse people who were not just interested in me caring for their horses, but also keen to become involved in that care as much as possible themselves. This educa-

tional role was right up my alley.

This role continues today as new officers and staff come into the Unit. The members and staff have always been keen to do whatever they can in the service of the horses in their care. We take a lot of time to provide education on the care and treatment of the horses, and all members and staff take a keen interest in educating themselves in this regard.

This educational role even extended to a two-day training session for members of the BC Ambulance Tactical Unit in first aid procedures for horses. The Tactical Unit was set up to support the VPD during crowd control procedures, in order to assist the members of the Mounted Unit with first aid for the horses. My associate Dr. Robyn Kopala and I donated two days of our time to working with these dedicated professionals, which we found very satisfying. The low incidence of emergencies we see in the Unit is, I think, a testament to the excellent care these horses receive.

At the time I became the Unit's veterinarian, the horses were donated horses, often retired from the racetrack or the show ring. These horses were doing a unique job which did, not on the surface, appear to be difficult but which could be somewhat demanding. For one thing, they were often out on patrols for long hours at a time, sometimes as long as five hours with some breaks. They were working in a unique urban environment; working, even at slow gaits, on a lot of hard surfaces, dealing with the noise and confusion of traffic and crowds of people.

They also had fairly heavy loads to carry. This is not to imply that past or present members are heavy, but the nature of police work requires officers to carry a lot of equipment, which today can bring the load each horse is required to carry to 200 lbs or more. It became evident that some of the smaller and flatter-footed horses could develop hoof problems, but for the most part these horses did their jobs well.

Around the beginning of the millennium, the VPD Mounted Unit started to go through a significant transition. At that time, there was a move afoot by the members to develop their Unit into a more versatile and effective part of policing in Vancouver. As a result of the perceived need to develop and train in new skills, Sgt. Craig Carnes visited England to witness how the very experienced London Metropolitan Mounted Unit operated and trained. After training with them, he persuaded the head of



“THIS IS IMPORTANT TO THE MOUNTED UNIT IN BREAKING DOWN BARRIERS BETWEEN THE POLICE AND THE PUBLIC”

London's unit to visit Vancouver for training sessions with the VPD. This tradition continues to this day, with annual training clinics now involving other police mounted units from around the Pacific Northwest.

As training and expertise of horse and riders progressed, another transition came about. It was recognized that, as horses retired from the Unit, more suitable horses were needed to replace them. The heavier-set draught-cross gelding was the best choice. These horses usually have the quiet disposition of their draught parent and the size and strong backs to carry weight. They also have substantial feet and thick soles which withstand the rigours of hard surfaces. They generally work at the slower gaits, walking and trotting mostly, which they are well adapted to. This type of horse has proven to be the most useful for police work, and VPD policy has changed to permit these acquisitions. The quiet nature and friendliness of these larger horses is perfect for the commotion of the city as well as the chaos of crowd control. Their friendliness is also an asset to the Unit as it facilitates interaction with the public. This is important to the Mounted Unit in breaking down barriers between the police and the public.

Today, most horses enter the Unit around the age of five or six years and stay until their late teens. At

18, Harley is the oldest horse currently in service. The older horses are carefully evaluated for soundness and general health prior to making decisions about retirement. All retired horses are placed in homes which make a commitment to keep them for the rest of their lives and to ensure that any type of riding will be appropriate to their condition. Most go to homes where they will be ridden lightly. The majority of the horses retired in recent years have been adopted by current or former members—a testament to the dedication of the members of the Unit.

Along with this dedication and the Unit's increasing skill came increasing recognition of the value of its work, such as when the Unit was patrolling the fireworks display in English Bay one summer evening. Two bicycle officers on the beach were being surrounded and threatened by a drunken crowd of men. The Mounted Unit immediately rode to their rescue and extricated them without incident. I think this was a key turning point in a general recognition of the Unit's abilities and usefulness. Further recognition of the Unit's value to policing in Vancouver became apparent in 2008 when, two years before the 2010 Winter Olympics in Vancouver, the decision was made to double the size of the Unit to 12 horses and members. The Unit spent two years training new members and horses and thus was able to mount two shifts patrolling downtown Vancouver for each day of the Olympics.

The performance of the horses and riders of the VPD Mounted Unit during events such as the 2010 Olympics and the Stanley Cup Riot are not only a testament to the hard work and dedication of the members of the Unit—human and equine—but also demonstrate the Unit's value and its ability to make a unique contribution to the policing of the City of Vancouver. [WCV](#)

GOOD TO KNOW

- ▶ The Mounted Unit has 9 horses of different breeds, with draught horse crosses the most successful.
- ▶ Ages range from 4 to 18.
- ▶ Stables are in the service yards of Stanley Park, near the Rose Gardens.
- ▶ Candidate horses are geldings, at least 5 years of age, 16 hands or higher, and of quiet disposition.
- ▶ Horses undergo a 60-day trial, being subjected to nuisance training in the paddock, such as balloons, firecrackers, and obstacles. If the horse passes the tests, he is slowly introduced to the trails of Stanley Park, eventually moving to the more crowded areas, such as the Aquarium and the beaches.
- ▶ If accepted, the horse is purchased and issued a badge number. A police officer is then assigned to complete the training of the new recruit.



BY ANDREA DYCK, RVT

IT'S IN THEM TO GIVE, TOO

DOGS AND CATS CAN DONATE BLOOD TO HELP SAVE LIVES



This is a new feature, written by AHTs/RVTs. The CVMA-SBCV Chapter recognizes the valuable contribution that technologists bring to veterinary medicine. Often, technologists are leading new programs or initiatives, and this column allows them to share their special and exciting work. If you wish to write for *West Coast Veterinarian* magazine, please submit your story idea to wcveditor@gmail.com. Our editorial team will work with you to develop your story. Thank you.

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

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

Volunteer donors are the backbone of any blood program. There wouldn't be a program without them. To that end, any blood donor program begins with finding the right dogs and cats. Potential donors must be altered adults between the ages of 1 year and 8 years, at least 50 lbs for dogs (8 lbs for cats), and healthy enough to tolerate the collection of a large amount of blood at each donation. They must be fully vaccinated and free of parasites. They must have the right kind of personality; an animal that is outgoing, affectionate, and willing to work for food is an excellent candidate. In addition, they must be easy to handle so that a donation is not a

wrestling match—that's not fair to either party. Potential donors must have never received a blood product before, because this increases the antigenic quality of their blood, and they must be fed a high quality dry or canned food to reduce the potential of bacterial contamination seen with raw diets. Once an animal is found that fits these basic criteria, the program can dig a little deeper.

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

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

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

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

Once you have typed your potential donors, they must be screened to ensure they are free of anything which could compromise them or your potential



Photos of Rupert by Leslie Baldarelli; photo of Wesley (at left) and Gunmar (page 7) by Andrea Dyck; photo of Wesley and Heff (page 28) by Alicia Gulbrandsen.

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

recipients. Cats must be FeLV/FIV and Hemobartonella negative. Dogs will be screened for Brucella, Ehrlichia, Lyme disease, and anything else that could potentially be passed on. A full CBC and chemistry, along with fecal exam and urinalysis, will ensure your donor is healthy enough to donate blood.

I don't know anyone who's had success asking a cat to sit still with a butterfly catheter in its jugular vein for 5-15 minutes, but if you have, tell me your secret. Please. That being said, cats who donate blood are generally fully sedated or even anesthetized for collection. They give between 45-60ml at a time, col-

physical exam. Then they are lifted onto the hydraulic table and placed in lateral recumbency, alternating jugular veins with every donation. They are aseptically prepared, then they doze off for a short nap—drug free because Wes and Heff are just that mellow—while we collect between 450-500 ml of blood.

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

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

“DOGS GENERALLY WILL NOT REACT TO THEIR FIRST TRANSFUSION”

lected either into a syringe system preloaded with an appropriate anticoagulant with an expiry of only 24 hours, or into a closed system which is generally spun down into component parts and sealed to provide an expiry of 35 days for packed red cells and one year for fresh frozen plasma.

The Greyhounds Wes and Heff have their donations down to an art. After the full-body flying tackle-hug fest is over, the boys rush off to the back, where they weigh themselves and patiently wait through their

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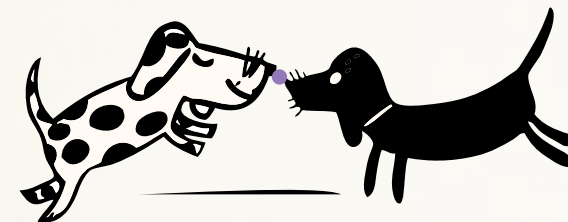
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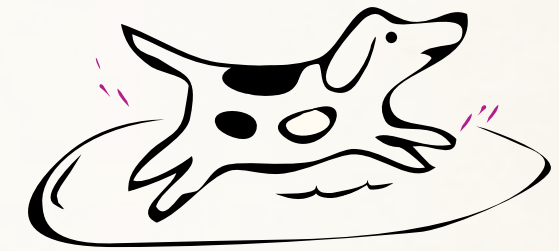
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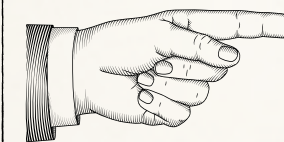
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TRANSITIONING FROM PRIVATE PRACTICE TO A NEW PATH IN LIFE

BY BRENDA PHIPPS, DVM

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

Sound familiar?

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

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

RETIREMENT DOES NOT GUARANTEE HAPPINESS

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

SCALING DOWN EQUALS FREEDOM

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

WE ALL HAVE AN INVENTORY OF TALENTS AND SKILLS TO DRAW UPON

Let's step back and take a broader view of what we have learned from experience over the years. Private practice requires many more skills than just medicine and surgery, and these skills can be applied to nearly anything we choose. Resourcefulness, problem-solving, and business experience alone are enormously beneficial. We can include any other interests or hobbies.

BEING UNWILLING TO RISK IS THE BIGGEST RISK OF ALL

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

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DOING WELL BY DOING GOOD

BY AMY MORRIS

Veterinarians have been my heroes since I was five. I even dressed up as one for Halloween, so great was my love for the profession. Veterinarians have to be extremely intelligent, good with people, good with animals, and possess some business intelligence.

They are also uniquely placed to address some animal welfare issues that no one else can. Mandatory provincial medical insurance means that people can access, at minimum, the basic services that will help them get better or ease the end of their lives. As a result, doctors do not hear, as veterinarians regularly do, “I can’t afford that,” and “Is there a cheaper option?” Animal owners without insurance end up making decisions based on money, rather than the welfare of their animals, and veterinarians, though compassionate and empathetic, know they can’t help every guardian and every animal.

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

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

SCHEDULE YOUR TIME

Veterinarians can schedule themselves and their staff in a way that provides space and time for volunteering. You can provide clinic space for a special veterinary event, such as spaying and neutering and microchipping. Or, reach out to local rescue groups and shelters and see what can be done off-site in your free time. Finally, veterinarians can assist with M.A.S.H.-style clinics (check out www.caat-canada.org for more information).

PHOTO BY GRAPHIC COMPRESSOR, SHUTTERSTOCK

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

DISCOUNT SPECIFIC SERVICES FOR LOW-INCOME CLIENTS

Another way to incorporate compassion while being profitable is by offering discounted spay/neuter rates for people who qualify as low-income. A common model is cost sharing: a non-profit pays one third, the vet discounts one third, and the guardian pays one third. The veterinarian then has the ability to work with the client over the lifetime of their pet. They then have the opportunity to talk wellness, and the importance of vaccinations and dental exams. Over time, a person who is low-income may have a change in their financial situation, and when they've built trust with a veterinary practice, they will remember the veterinarian as the person who gave them a discount and was kind and helpful in a stressful situation.

DISCOUNT SERVICES FOR SHELTERS

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

BE ACTIVE & PROMOTE YOUR LOCAL SHELTER ON SOCIAL MEDIA

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

SPONSOR AN EVENT

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

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INDUSTRY NEWS

» The Canadian Veterinary Medical Association (CVMA) is pleased to announce a four-year agreement with Virox Animal Health to exclusively sponsor the CVMA's Emerging Leaders Program, which is geared towards veterinary graduates and experienced professionals alike to develop leadership and communication skills. For more information, please visit www.canadianveterinarians.net.

» The World Small Animal Veterinary Association and the Global Alliance for Rabies Control have joined forces to collaborate in the fight against canine rabies. The two organizations will work together to promote a humane response to rabies prevention and to help improve health education in rabies-endemic countries. For more information, please visit www.rabiesalliance.org.

» The 2015 Animal Health Week, October 4 to 10, will mark the 30th year the CVMA has run the campaign. This year's slogan, "The Perfect Pair: Partners in preventive veterinary care," provides an opportunity to remind animal owners of the importance of preventive health care and encourage a close relationship between the client and veterinarian, as well as the veterinary team. For more information, please visit www.canadianveterinarians.net.

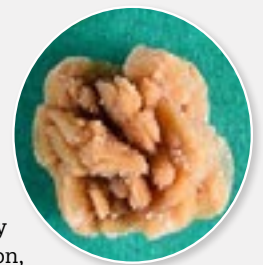
» Royal Canin has partnered with Cat Healthy to work together to help furever homes last forever. The Feline Specialists at Cat Healthy, in partnership with Royal Canin, have created an **Adoption Checklist** (available in

both French and English) to be used by shelters during every new cat adoption. For more information, visit www.cathealthy.ca.

» Modern Veterinary Therapeutics has announced the approval in Canada of Hymatil for the treatment of bovine respiratory disease. For more information, please visit www.modernveterinarytherapeutics.com.

» Merial has announced the introduction of PUREVAX feline rabies 3 year vaccine. For more information, please visit www.merial.com.

» The Minnesota Urolith Center is celebrating the analysis of the millionth urinary stone (urolith) since it set out to reduce the worldwide incidence of urinary disease in companion animals and to enhance the veterinary and nutritional care of pets with urinary tract disorders. For more information, please visit www.urolithcenter.org.



» Trupanion has announced the release of data on signature dogs for a number of Canadian cities and the common health concerns associated with them. (For Vancouver, it's the Bernese Mountain Dog; for Victoria, the Standard Poodle.) For more information, please visit www.trupanion.ca. **WCV**

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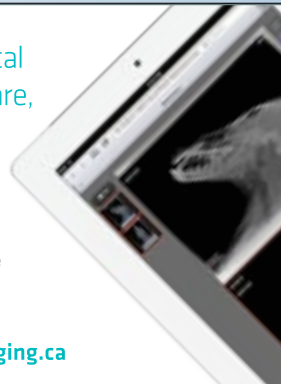
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To place a classified ad in West Coast Veterinarian please contact Inga Liimatta at ingal@telus.net. Deadline for ad submission is October 19, 2015 for the Winter issue.

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Construction is well under way at 2303 Alberta Street, the future new home of Vancouver Animal Emergency & Referral Centre.

This new location will provide over 12000 sq ft to our emergency and referral centre - a significant change over the current, 3800 sq ft hospital on West 4th.

Updates on the construction of the facility and expansion of referral services will be posted on our website www.animaler.com



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NOVEMBER

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

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

DECEMBER

- 3 **Periodontal Surgery**
Edmonton, AB
Royal Canin • TD Bank
www.edmontonvetinfo.com
- 5 **Dental Radiography & Positioning**
Learn positioning and interpretation for Vets and Vet Techs alike—bring your Vet Tech(s) along and save 40% off their registration fee.
Vancouver, BC • scil vet Academy
www.scilvet.com
- 6 **Euthanasia, Palliative Care & Communication**
Calgary, AB • CDMV
www.cavm.ab.ca
- 15-16 **First Annual International Conference on Veterinary & Animal Sciences 2015: Livestock for Sustainable Livelihood Improvement**
Colombo, Sri Lanka • ICVAS
www.veterinaryconference.co

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