

# WEST COAST VETERINARIAN

MARCH 2013 | Nº 10

HOW THE  
CVMA-SBCV CHAPTER  
**BEGAN**

**ANTICHOLINERGIC  
PREMEDICATION**

**VETERINARY CHIROPRACTIC**

**+** THE REGULATORY PROCESS  
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# from the editor



COREY VAN'T HAAFF  
EDITOR

**I** have always been a bit skeptical about the numerous alternate medical therapies available to humans. After a car accident last March, I found myself in the position of not finding sufficient relief from the efforts of both my registered massage therapist and physiotherapist for an injured hip. My physician referred me to a chiropractor.

It was the first time in my life I had seen a chiropractor, and I think my profound sense of doubt was probably visible on my face that first treatment. I couldn't have been more wrong. Over time, I found significant relief from pain, and continue treatment today in an effort to escape pain and return to pre-accident mobility. I am thrilled to learn that animals can experience the same sense of relief and mobility improvement from chiropractic care as we humans can.

It was also exciting for me to read about one veterinarian's almost daily experiences with wildlife and, in particular, one injured bear that was deliberately left to heal on its own. I marvel at the options available to help our bodies recover.

This issue of *West Coast Veterinarian* is not only filled with the experiences and knowledge of working veterinarians, but also incredible photographs of their work. Enjoy this issue, and please keep in touch with us. It is with your suggestions and comments that we continue to be relevant.

## » ON THE COVER

Our cover features Knute, one of the BC Wildlife Park's two young grizzly bear siblings. Photo by Doug Sage.

## TO THE EDITOR

Your letters are welcome. They may be edited for length and clarity. Email us at [wceditor@gmail.com](mailto:wceditor@gmail.com).

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## WCV CONTRIBUTORS



**NANCY BROCK, DVM**, is a Diplomate of the American College of Veterinary Anesthesia and Analgesia. As part of her Vancouver anesthesia referral practice, Dr. Brock provides veterinarians and their nursing staff with anesthesia assistance and expertise. A regular contributor and consultant for the Veterinary Anesthesia Network, she is also the author of *Veterinary Anesthesia Update*, a quick reference anesthesia publication for small animal practitioners.



**GEORGE GUERNSEY, DVM**, has been a practicing veterinarian in BC for 43 years. He is a past president of the BCVMA and of the CVMA. He was a founding director of the CVMA-Society of BC Veterinarians Chapter member services organization and has recently stepped down from the Chapter Board to make way for the younger generation of veterinarians. Dr. Guernsey is a recently retired member of the CVBC and serves on the disciplinary committee of the College.



PHOTO BY JONATHAN KIRBY

**DAVID LANE, DVM**, is a 1992 OVC graduate and operates Points East West Veterinary Services, a locum referral practice focused exclusively on orthopaedic and lameness issues in pets. He graduated from an American Veterinary Chiropractic Association recognized program. For more information, email [dlane@pointseastwest.com](mailto:dlane@pointseastwest.com), or visit [www.pointseastwest.com](http://www.pointseastwest.com).

**JEFF LOGAN** practices law in Vancouver. He was called to the Bar in 1977 after studying engineering, science, and commerce at UBC, the University of Guelph, and SFU respectively, prior to returning to UBC to take his law degree. He sits on the Board of Governors of the Trial Lawyers Association of British Columbia, and has chaired a number of that organization's committees.



**DAVE SEDGMAN, DVM**, is a 1973 WCVMA graduate and has been a member of the CVBC (BCVMA) since 1976. In former lives, he practiced dairy cattle medicine in Taranaki, New Zealand, was co-owner of the Shuswap Veterinary Clinic in Salmon Arm, and was chairperson of the Thompson Rivers University Animal Health Technology program. He currently lives in Kamloops with his wife Elaine.

# WCV

MARCH 2013

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### WEST COAST VETERINARIAN ISSUE 10

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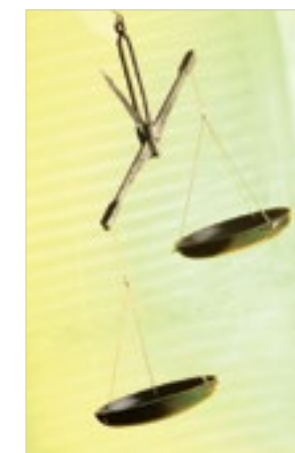
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# march

# SERVING THE NEEDS OF BC VETERINARIANS

BY JIM FAIRLES, DVM

**T**his affiliation between the Canadian Veterinary Medical Association (CVMA) 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:

### CANADIAN VETERINARY RESERVE (CVR) ENTERS THREE-YEAR AGREEMENT

On October 11, 2012, the CVMA entered into a three-year CVR funding agreement with the Canadian Food Inspection Agency (CFIA). The government contribution to this CVMA program is exclusively for foreign animal disease emergency preparedness. Given the absence of funding for civil emergency preparedness, the CVMA is looking at alternatives for maintaining the civil emergency preparedness of Reservists, such as existing online courses versus in-person training and participation in national and provincial exercises. The CVR currently consists of 474 members, of whom 245 have been trained.

### FALL 2012 CVMA COUNCIL MEETING IN OTTAWA

The CVMA Council met in Ottawa on November 24 and 25, 2012, to make policy decisions with a focus on the CVMA's 2013 Program Plan and Budget. Council welcomed the following

new members on board, Ms. Emily Vellekoop (representing all student veterinarians of Canada), Dr. Berney Pukay (representing all CVMA members in Ontario), and Ms. Michele Moroz (representing CAAHTT in an ex-officio, non-voting capacity). The CVMA would like to thank Ms. Crystal Riczu, past SCVMA President, for her active involvement at the Council table.

### NEW AND REVISED POSITION STATEMENTS APPROVED BY COUNCIL

**REVISED** *Castration of Horses, Donkeys, and Mules Position Statement Approved by Council:*

"The Canadian Veterinary Medical Association (CVMA) regards castration of horses, donkeys, and mules as a veterinary medical procedure which should only be performed by a veterinarian, using appropriate surgical, anesthetic and analgesic techniques. Castration of horses, donkeys and mules is an elective procedure involving significant risk to the animal. The CVMA encourages provincial regulatory authorities to regard castration of horses, donkeys and mules as an act of veterinary practice and regulate accordingly. Furthermore, the failure to provide surgical anesthesia during equine castration would cause avoidable animal suffering."

**NEW** *Capture of Wild Animals for the Pet Trade Position Statement Approved by Council:*

"The Canadian Veterinary Medical Association (CVMA) is opposed to the capture of wild animals to be kept or sold as pets."

For further information on all CVMA position statements, please visit the website [www.canadianveterinarians.net](http://www.canadianveterinarians.net).

### UNDER DEVELOPMENT

*Companion Animal Prudent Use Guidelines*

The *Companion Animal Prudent Use Guidelines* are under development. The CVMA Working Group has completed the general principles and the UTI section. Work has begun on the canine pyoderma section. Adaptation of the guidelines into a mobile application for tablets and smartphones is being planned.

### JUST AROUND THE CORNER! THE 2013 CVMA CONVENTION IN VICTORIA, BC

The CVMA, in partnership with its provincial host the CVMA-SBCV Chapter, invites you to join us in Victoria, BC, from July 10 to 13, 2013, for the CVMA Convention. Take part in a unique four-day convention and experience Canada's ONLY national multi-species event. Go to the CVMA website, under Convention, to view the preliminary Scientific Program.

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-acmv.org](mailto:admin@cvma-acmv.org) or 1-800-567-2862. Our Member Services Department will gladly assist you. [WCV](#)



A graduate of the Ontario Veterinary College and the University of Guelph, MBA, Jim Fairles, DVM, is retired from a mixed practice in Ontario and currently works at the University of Guelph's animal health laboratory as the client services veterinarian. Not only is he engaged in organized veterinary medicine as a member of CVMA's governing body, his interest in dairy, beef, and swine health management and expertise in diagnostics are put to good use as the CVMA representative on the Canadian Animal Health Coalition.

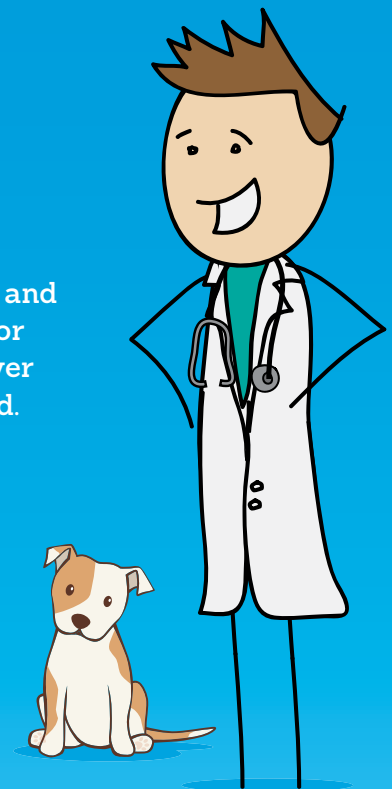
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# cvma-sbcv chapter president's report

BY MARCO VEENIS, DVM

I hope you have all had a good start to your year. As I am writing this in early January, it seems like a good time to reflect on the past year and to look forward to the future. 2012 marked the second full year of operations for the Chapter, and it was a good year in many respects: we are a financially stable organization, and we are encouraged by the growing number of veterinarians who recognize the need for a provincial member services organization and are choosing to join the CVMA and CVMA-SBCV Chapter. The magazine and Fall conference have been very well received and are two of the highest profile programs we offer, and our partnership with the CVMA provides access to many additional programs and benefits, including economic reports, suggested fee guides, insurance programs, national representation, and savings on business banking products and services.

The Chapter is becoming more engaged with other stakeholders in our industry, and we welcome the opportunities to provide input on issues of interest to veterinarians in BC. For example, we have recently been asked to help develop guidelines for the pet cremation industry in the wake of a CBC investigation, and we are also currently providing input for legislation aimed at curbing puppy mills. In December, we responded to a pet news columnist regarding the importance of annual wellness exams. In January, I was a guest on the CBC radio show *BC Almanac* to discuss pet prescription costs and dispensing of animal medications by pharmacists.

In 2013, we will launch the CVMA-SBCV Chapter Veterinary Support and Mentor Program. The goal of the program is to establish a province-wide network of veterinarians willing to assist colleagues with moral support and mentoring when they face difficulties in their professional lives. More information on the program and how you can volunteer can be

found in the Chapter News section of this issue, on page 37. We will continue to work with the Equine Group and our own CE committee to provide affordable, quality CE. We are liaising with the AHTA of BC and are exploring offering combined CE for DVMs and AHTs.

On page 32 of this issue you can read an article on the birth and early days of the CVMA-SBCV Chapter prepared by our own Dr. George Guernsey. George worked for many years behind the scenes and has been instrumental in getting the Chapter off the ground. He has recently resigned as a Director of the Chapter and, on behalf of all our members, I would like to thank him for his foresight, his enthusiasm, and his help to get our new member services organization launched so successfully.

I look forward to seeing many of you in Victoria in July for the combined CVMA and CVMA-SBCV Chapter Conference. I believe 2013 is going to be a year filled with opportunities for our profession. Together, we can improve the lives of our patients, staff, families, as well as our own. [WCV](#)



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 give back to his community by volunteering his time for organizations like the CVMA-SBCV Chapter.



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# ONE HEALTH AT THE WCVM

BY KAILEE PRICE



As the only university in Western Canada that has all of its health science faculties on one campus, the University of Saskatchewan is unique in terms of inter-professional collaboration and learning. This lends itself well to a multitude of projects and opportunities operating on the One Health concept of viewing human health, animal health, and environmental health as inextricably linked. It's an interdisciplinary approach to tackling complex problems, where professionals work collaboratively to find solutions.

This year, first-year veterinary students were introduced to One Health even before classes started through the One Health Leadership Experience—a three-day workshop for health science students in August 2012.

“I hadn't heard about One Health before attending the workshop,” commented Liza Pottinger, a first-year veterinary student from Vancouver. “I especially appreciated the opportunities to network with various professionals working in different areas related to One Health.”



After attending the workshop, students keen to continue their One Health involvement started volunteering with Student Wellness Initiative Toward Community Health (SWITCH). SWITCH operates out of Saskatoon's West Side Community Clinic three days a week. At SWITCH, students in various health science programs volunteer alongside doctors, nutritionists, cultural support workers, social workers, and other professionals to provide services to the underserved core neighbourhoods of Saskatoon. Veterinary students volunteer as part of the general outreach team to learn more about the community and how the clinic is run. In future, students hope to contribute animal and veterinary programs to SWITCH, such as presenting educational talks, and are working with St. John Ambulance to bring animal-assisted therapy to the West Side neighbourhoods. Dr. Claire Card, a WCVM professor and SWITCH faculty advisor, is also organizing a SWITCH animal health clinic.

In October, Dr. Card gave a presentation on One Health at the Global Health Conference, run by the College of Medicine. Nicole Macdonald, a second-year veterinary student from Kelowna, gave a talk on her summer trip to Uganda. This was through a summer internship called Leadership and Community Placement where students worked in interdisciplinary teams composed of medicine, pharmacy, and veterinary students from both the University of Saskatchewan and from Mbarara University of Science and Technology in Uganda. They attended classes together for one week, worked in a rural hospital, and, through a community health project, helped with reduction of HIV prevalence by giving educational presentations.

In the curriculum at the Western College of Veterinary Medicine, all veterinary students have the opportunity to learn about One Health in the

second-year Public Health class. In third year, an elective called Sustainable Development focuses on a One Health approach to problems. The Western College of Veterinary Medicine is also working towards offering a certificate similar to the Global Health Certificate offered through the Making The Links program in Medicine and the One Health Certificate in Arts and Science.

This summer, the WCVM will select one student out of those working on summer research projects at the college to send to a two-week One Health summer program in Berlin, Germany, in June 2013. The objective of this program is to train students in the integrated area of infectious disease, food safety, and public policy. It is a collaboration between the University of Saskatchewan, the Free University of Berlin, and the Guru Angad Dev Veterinary and Animal Sciences University in India.

While the concept of One Health is not new, it is exciting to see so many One Health initiatives and opportunities involving veterinarians and veterinary students. There have been quite a few developments in the area in the last year at the WCVM and University of Saskatchewan. Whether it is working on a project or attending a conference, these opportunities can provide students with the opportunity to see a different viewpoint outside the detailed veterinary curriculum. [WCV](#)



*Kailee Price is a WCVM student from Surrey, BC, and the CVMA-SBCV Chapter's first student liaison. Kailee communicates the Chapter's vision and current news/events to our BC veterinary students at WCVM, and she also distributes our magazine to the students.*

**“STUDENTS WORKED IN INTERDISCIPLINARY TEAMS COMPOSED OF MEDICINE, PHARMACY, AND VETERINARY STUDENTS”**



# ANTICHOLINERGIC PREMEDICATION AND THE BEAT GOES ON ...

BY NANCY BROCK, DVM



One afternoon I received an urgent phone call from a distressed veterinarian who had encountered a problem during a neuter procedure on a young healthy Beagle: the dog's heart rate had dropped precipitously and unexpectedly during surgery. The doctor was wondering why this had happened and what to do about it as this event had caused quite a scare. He had administered intramuscular (I.M.) butorphanol and acepromazine at fairly routine premedication doses followed by intravenous (I.V.) propofol induction, intubation, and isoflurane maintenance. The scary bradycardia had occurred without warning during manipulation of the spermatic cord of the first testicle.

I asked him why he had not included an anticholinergic in his premedication, and he said that he had recently attended a CE event at which the lecturing anesthesiologist had suggested that routine anticholinergic use wasn't necessary and might even cause harm. I then asked him if he had administered some atropine I.V. to address this bradycardia, and he said that yes he had, but because he did not have an I.V. catheter in place, the injection had been a bit delayed so that by the time the atropine was given, the bradycardia had already begun to resolve. He also commented that as the patient's heart rate came up, his own gradually came down. The dog went on to recover without problems.

Besides being reminded of why an I.V. catheter is such an important component of anesthesia safety (even in young healthy patients), I came away from this phone consultation a bit puzzled: why and how had anticholinergic premedication developed such a bad rap? Clearly, some confusion exists over the whole issue of whether or not to administer anticholinergic agents prior to anesthesia of dogs and cats.

There are four vital points to consider when making the decision.

## 1 IS THERE A RISK OF VAGAL STIMULATION DURING THE PLANNED PROCEDURE?

Expect vagal stimulation to occur whenever a procedure is performed on head or neck structures including the eyes, teeth, or throat. Also expect vagal reflex bradycardia whenever

traction is exerted on abdominal viscera including ovarian pedicles, spermatic cords, spleens, or loops of bowel. I am not suggesting that vagal reflexes occur every time these structures are handled. You know that that is not the case. But for patients undergoing planned manipulations of these body parts, anticholinergic protection makes sense. Remember, however, that if the vagal stimulation is pronounced enough, it can override the effect of the anticholinergic agent. Also, remember that atropine probably only lasts about 45 minutes after I.M. administration. So, if you are in the habit of allowing a long period of time to go by between premedication and general anesthesia, the atropine may have already worn off. Glycopyrrolate lasts longer than atropine—about 90 minutes.

## 2 DOES MY PATIENT HAVE A MEDICAL CONDITION THAT WOULD BENEFIT FROM ANTICHOLINERGIC USE DURING ANESTHESIA?

There are indeed some conditions that benefit from the maintenance of a high-normal or slightly above-normal heart rate. Mitral valve dysfunction is an example of such a condition: when the heart rate is lower than normal, a greater portion of the cardiac output goes backwards through the leaky mitral valve rather than forward. So, using an anticholinergic to prevent bradycardia in such a circumstance may benefit the patient.

## 3 HOW DO I AND MY STAFF FEEL ABOUT PATIENTS WITH LOW HEART RATES DURING ANESTHESIA?

This is where clinicians and nurse anesthetists vary: their comfort zone with low heart rates and the hidden (or not so hidden) fear that the slowly beating heart will stop completely. This frightening scenario is unlikely unless a) there is severe hemodynamic instability which is detectable by monitoring of heart rate, blood pressure, and mucous membrane colour, or b) a vagal reflex bradycardia occurs (as with our Beagle patient above) and goes undetected.

Bradycardia during anesthesia does not always need to be treated. If there is concurrent hypotension, then correcting the bradycardia may assist with improving blood pressure. But I would carefully evaluate depth of anesthesia in my



patient before simply reaching for atropine. A patient that is concurrently hypotensive and bradycardic is likely too profoundly anesthetized in my opinion.

There are other reasons why bradycardia occurs during anesthesia besides a deep plane of anesthesia:

- Absence of sympathetic stimulation from painful manipulation
- Depression of the sino-atrial node by inhalant anesthetic agents
- Administration of opioids
- Administration of alpha 2 agonists
- Hypothermia

The only cause of bradycardia on that list that I try to correct is hypothermia which is easier to prevent than treat after it has occurred.

administered for induction of anesthesia—this is to reduce the amount of salivary secretions associated with ketamine administration.

- whenever I administer intramuscular alfaxalone to cats—I have witnessed many of these cats developing large amounts of upper airway secretions with slight but observable respiratory embarrassment.

I administer atropine peri-operatively:

- if I encounter bradycardia that I perceive to be contributing to hypotension
- if I detect vagal reflex bradycardia—this reflex is fairly easy to identify: it occurs suddenly with a sometimes dramatic reduction in the heart rate and is usually associated with some form of manipulation by the surgeon such as digging for a tooth root, pulling on an abdominal organ, traction on a spermatic cord, manipulating an eye.

When dealing with reflex bradycardia, ask the surgeon to cease the manipulation until the anticholinergic protection is on board. This is one instance where the atropine is administered intravenously (0.01 mg/kg). Usually, the heart rate will begin to rise within 30 to 60 seconds.

How do I decide between atropine or glycopyrrolate? Well, these days I use whatever I have in my tool box since glycopyrrolate has been hard to come by as a result of the Sandoz drug shortage. The shortage will be coming to an end soon, likely in February or March. When I have access to both anticholinergic drugs, I opt for glycopyrrolate if my main goal is reduction in secretions and/or pre-emptively preventing bradycardia. I reach for atropine when my goal is to elevate the heart rate.

My dose for glycopyrrolate is 0.01 mg/kg usually I.M. with a maximum dose of 0.2 mg (1 ml) regardless of patient size. I have watched some of the larger dogs develop very dry mouths with their tongues uncomfortably stuck to their hard palates with higher doses.

My dose for atropine is 0.02 mg/kg I.M. for premedication, 0.01 mg/kg I.V. if attempting to correct bradycardia or vagal reflex.

If you have been administering anticholinergic premedication routinely, perhaps even premixed with other premedication drugs, and have not encountered adverse events, I don't think you need to change what you are doing, especially if the majority of your patients are young healthy dogs and cats undergoing elective procedures. But make sure you are not using the anticholinergic as a replacement for proper patient monitoring because eventually, even with an anticholinergic drug on board, your patients may experience vagal reflex bradycardia and the worst situation would be one in which this reflex is not detected. Cardiac arrest, although rare, is not impossible in such a scenario. <sup>WCV</sup>

If you would like to download a bradycardia troubleshooting flow chart for use during anesthesia delivery, visit [www.nancybrockvet.com](http://www.nancybrockvet.com).



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# HURRY UP AND WAIT

BY DAVE SEDGMAN, DVM

## ON BEING THE VETERINARIAN AT THE BC WILDLIFE PARK

**I**t is early morning, enough time to do a procedure before the Wildlife Park opens for the day. However, Mahala is not cooperating. A bighorn sheep, Mahala requires some hands-on medical treatment. He always comes into the corral for his early morning meal, so I'm thinking he will be easy to manage.

And I'm well prepared for the procedure. I have sedation on hand and an AHT and a zookeeper to help. Mahala stares down at me from a 60-foot bluff, his favourite observation point, and it is clear—he is not coming down. Food does not move him this morning. Apparently, nothing will.

So we wait. Then, we try another day with another plan. As a veterinarian used to a high-volume practice where cases are presented in a timely manner, I'm feeling a bit anxious at these delays. So today, in addition to waiting, I continue to learn how to be patient.

My workplace for Mahala, and the many other animals I treat, is the BC Wildlife Park (BCWP). Located in Kamloops, the park covers 100 acres and houses 65 species of animals. We concentrate on animals from the Pacific Northwest and other northern climes. There is a large raptor component, and we offer raptor shows in the summer.

The BCWP's mission statement is "to encourage the appreciation and respect for BC's wildlife, and to assist in preserving biodiversity through education, research, captive breeding, and rehabilitation services." We do put those words into action. We have a strong emphasis on education. In my opinion, that is the main reason why a wildlife park should exist. Last year we made presentations to 170 school classes and held summer camps for 250 students.



PHOTOGRAPHY BY DOUG SAGE





“  
FOOD DOES  
NOT MOVE HIM  
THIS MORNING.  
APPARENTLY,  
NOTHING WILL.  
SO WE WAIT.



One of our major projects is a captive-breeding program for burrowing owls. Since 1991, we have released 840 owls back into the Nicola Valley, the northern end of their natural range.

The BCWP also works closely with Thompson Rivers University on wildlife research projects. We have used the veterinary facilities at the park to implant radio transmitters in more than 60 rattlesnakes, in badgers, and in perch. Our own park animals have been used in non-invasive animal behaviour studies. One interesting project directed by Dr. John Church, the Research Chair in Cattle Sustainability, and Jillian Rutherford, his fourth-year directed studies student, involved a low-stress means of collecting medical data from individual large ungulates. An infrared thermographic camera was used to take infraorbital body temperature readings from moose, elk, camels, and bighorn sheep. These same animals were also ‘trained’ with food treats to come up to

their enclosure fence and allow a long-handled swab to be placed in their mouth to obtain a saliva sample. Now, with the increasing ability to analyze saliva for many of the same components found in blood serum, zoo veterinarians can obtain meaningful information with minimal restraint and stress.

We also have six bears at the BCWP: three adult black bears, two young grizzlies (siblings, one-and-a-half-years old), and our newest addition, Clover, a one-year-old male Spirit (Kermode) bear. At the time of writing this article, the three adult black bears have stopped eating and have settled down into hibernation. The young ones are not as cooperative. Knute, the male grizzly, and his sister Dawson have been described by one park board member as having the potential of mimicking a Caterpillar D9 bulldozer. They get into everything, they dig, they test the fences, they destroy trees, and they generally have a

great time looking for the food the keepers hide as an enrichment exercise—a plan that is working only too well.

Knute is a bit accident-prone. At six months, he was observed running across his pen, suddenly stopping and stumbling and coming up three-legged lame. On sedation, examination, and X-ray, it was determined that he had sustained a transverse fracture of the right tibia and fibula just above mid shaft. In my experience with dogs, this type of twisting activity usually results in torn cruciate ligaments and meniscal damage. However, on palpation of Knute’s massive stifle and hock joints, I could only surmise that the fracture site was the most susceptible area for the twisting motion that occurred. Fortunately the fracture was not over-ridden. The fractured surfaces of the tibia were flat enough and wide enough that the bone ends were minimally displaced, which allowed the associated muscles and tendons to remain in proper extension. The dilemma now was that the park is not equipped to do orthopedic surgery on a 70kg bear. I had a generous offer from one of the local clinics and from a veterinary surgeon who does exceptional orthopedic work. But the thought of a half-sedated juvenile bear suddenly becoming aroused and thrashing around in a fully equipped small animal hospital was not a scenario that I wished to see play out. Drs. Black and Whiteside of the Calgary Zoo also offered their services if we could transport the bear to them.

My final decision was to wait it out. Knute was a model patient who very carefully looked after his injured leg. Within ten days, the fracture could not be moved on palpation and was still aligned. In two weeks, Knute was putting some weight on the leg, and by six weeks he was walking with a slight limp. A subsequent X-ray six months later showed some bowing of the tibia on a lateral view. We were both lucky on that one.

Our Kermode bear Clover is another story. As you probably have already heard, he has stirred up quite a controversy over whether he would be better off released back into the wild or living in a facility such as ours. I will leave you to your own opinions, but I can categorically state that he is not a good candidate for survival on his own. When he was sent to us in the fall of 2012, it was obvious that he was very used to humans. His name actually suits him—Clover is a passive, slightly underweight little bear who has done nothing but eat since he has been here. Currently,

he is in a quarantine area which is a suitable area in which to den, and he is getting more sleepy by the day. We will be building a new enclosure for him and will most probably provide a companion black bear this spring. Our last bear enclosure cost in excess of \$400,000, so it is a significant undertaking for us. A large area must be fenced (going underground down to six feet), and proper dens, handling facilities, a pool, and viewing areas must be provided. The expenses add up quickly.

Running a park of this scale is a difficult task. We have an operating budget of more than \$1.5 M. The BCWP is owned by the City of Kamloops which funds 25% of the operation. Everything else we generate ourselves. The park is operated by a not-for-profit society which employs our staff. I am always amazed at the work ethic and passion for the park exhibited by everyone involved. It seems that taking proper care of animals brings out the best in people. Our animal care staff uses positive reinforcement techniques to persuade their charges to accept things like topical medication applications, skin scrapings, and physical exams. Our elderly grizzly bears of 34 years plus (now deceased), would put their paws up on the chain link fence and allow their nails to be trimmed with a Dremel tool in return for grapes.

Anyone who has ever participated in wildlife rehabilitation knows that it is very rewarding, frustrating, emotional, time-consuming, financially disastrous, and very humbling. We provide wildlife rehabilitation services for most species of wildlife. The BC Ministry of Environment oversees our activities, and it dictates which species can or cannot be accepted into our facility. We do not accept small song birds as we do not have the staff numbers to adequately care for them. We do not go out into the field on animal rescue missions, again due to funding. All the animals, from north of Williams Lake to the US border, are brought to us.

In the spring of 2013, we will be starting construction of a 3,000-square-foot wildlife hospital which meets the standards of our accrediting organization—Canada’s Accredited Zoos and Aquariums. This is a very exciting endeavour, and we hope that, along with its original purpose, the building will be used as a base to provide another source of training opportunities for the BC veterinary and AHT community. Please think of us if you are travelling in the BC Interior. With some advanced notice, I am sure that we can arrange a tour! [WCV](#)

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PHOTO BY ANDREW BRADLEY

# VETERINARY CHIROPRACTIC MEDICINE

BY DAVID LANE, DVM

**W**e've all seen those cases—the dog that suddenly can't walk without screaming, or that has obvious back pain but no collapsed disc space, or that can't jump into the car even though its hips look good on X-ray. Maybe it's the horse that started refusing jumps, or won't flex at the poll, or resists upward transitions. For many, these can be frustrating cases but, to a veterinary chiropractor, these are typical patient presentations.

## WHAT IS VETERINARY CHIROPRACTIC MEDICINE?

Veterinary chiropractic medicine is a therapeutic technique that focuses on restoring normal movement to the vertebral column. It is an extremely useful tool for addressing back pain.

Veterinary chiropractors examine the spine in detail, assessing each vertebra for range of movement and end feel, and looking for places where the surrounding paraspinal muscles have spasmed. Such spasms can result in a number of adverse effects including pain, reduced mobility, and even neural dysfunction.

Pain usually arises from the strain that the spasming muscles have placed on the vertebral facet joints, or on the nerve roots themselves. Muscle spasms can cause narrowing of the intervertebral foramen, resulting in compression of the segmental nerves as they leave the spinal cord. This compression can give rise to

symptoms such as low grade ataxia and paresis, as well as pain.

Once a chiropractor identifies a region with abnormal muscle tone, he or she performs an adjustment, a short rapid thrust that triggers muscle relaxation through the Golgi Tendon Spinal Reflex—the same reflex that causes your whole leg to buckle when you roll over on your ankle. Chiropractors are merely tapping into this inherent protective mechanism in order to return normal mobility to the spine.

Chiropractic exams and adjustments are painless, and are well-received by almost all patients, even cats. They are particularly effective when administered concurrently with other modalities such as acupuncture and rehabilitation therapy. Acupuncture helps because it is an excellent tool for normalizing muscle tone, and rehabilitation therapy offers a way to address postural imbalances. It is usually these underlying muscle imbalances and weaknesses that gave rise to the chiropractic issues in the first place.

With veterinary chiropractic treatment alone, I expect two-thirds of patients to show improved comfort and mobility within 48 hours of their first appointment. If I'm not seeing clinical improvement within two days of the third appointment, then I start re-evaluating my diagnosis and/or looking at other therapeutic options. When I combine veterinary chiropractic medicine with acupuncture and rehabilitation therapy, I expect 90% of my patients to show



improvement before the end of the first appointment, and certainly within 24 hours of the second.

Some of these changes are easy to measure, such as watching a dog jump into the car for the first time in months, or having a horse once again clearing jumps that it had been refusing before. Other changes are more subjective; owners may report that their dog seems to have an easier time getting up and walking around, or that the horse seems more accepting of the bit.

The number of appointments needed to resolve a given condition varies. Young, healthy animals with an acute issue will likely respond to just one appointment, whereas polyarthritic geriatrics often require ongoing periodic treatment. By combining veterinary chiropractic medicine with acupuncture and rehabilitation therapy, most practitioners find that they do not need to treat as frequently as they would with chiropractic medicine alone.

### WHAT IS A SUBLUXATION?

Like many modalities, chiropractic medicine has its own vernacular, and 'subluxation' is an unfortunate term that is commonly used. It's unfortunate because it does not mean the same thing to chiropractors that it does to the rest of the medical world, which can lead to confusion and misperception.

To a chiropractor, the term subluxation merely refers to a kinetic lesion, an area where the vertebrae are no longer moving as they should in relation to surrounding structures. For example, consider a case where the multifidus muscle has spasmed near the ninth thoracic vertebra, causing it to rotate to one side. If the patient is facing forward and the spine is straight, this rotated vertebra is abnormally positioned relative to its neighbours and is probably a source of pain. However, if the patient arcs its back into a curve, now all of the adjacent vertebrae are rotated, and the subluxed vertebrae is in a relative normal position. In the same way that a stopped clock is accurate twice a day, these vertebral restrictions are also context dependent.

Another common example is when a 'rib is out.' Spasm of the paraspinal muscles can result in a rib being elevated into the normal

inspiratory position. This might be fine when the patient is breathing in, but once the patient exhales and the affected rib does not drop along with its neighbours, stretching of the adjacent intercostal muscles and strain on the costal joints result. This hurts. If you've ever had a rib out, you'll know what I'm talking about.

### HOW DO CHIROPRACTIC PATIENTS PRESENT?

There are myriad ways that chiropractic lesions can manifest. For referring veterinarians, the easiest way to diagnose potential lesions is by recognizing clues in the patient's history, and by palpating the back during routine examinations.

Typical exam findings include pain and fasciculation on palpation of the back musculature, reduced hip and/or shoulder extension, dropping away from or avoiding pressure on the back, and/or an aggression or fear response during palpation.

Although most chiropractic cases don't present with single limb lameness, it can happen if narrowing of the intervertebral foramen gives rise to unilateral root signature or referred pain. Typical chiropractic cases present with more vague or regional signs such as hind end weakness, generalized stiffness, reluctance to move, or sporadic sharp pain. It is not uncommon for these signs to settle in overnight, with no history of trauma the day before.

The prevalence of chiropractic lesions is quite high in the general population, extremely high among patients with a history of prior or current limb lameness, or in horses with a history of poor saddle fit.

### WHO DETERMINES THE STANDARDS FOR VETERINARY CHIROPRACTORS?

Veterinary chiropractic medicine is still unregulated in Canada, which opens the door for unqualified lay practitioners to claim undeserved expertise. This is particularly problematic in the equine world where rubber mallet-wielding charlatans abound.

In the U.S., the profession is far better regulated. State professional bodies rely on the standards set by the American Veterinary Chiropractic Association, which are the strictest in the world. The AVCA recognizes five schools globally, and only one in Canada. Programs are run at a post-doctoral level and are only open to graduate veterinarians or chiropractors. Patients should only be referred to graduates of an AVCA-recognized program. [WCV](#)

EQUINE PHOTO BY LAUREN FRASER

# VETERINARY CHIROPRACTIC MEDICINE CASE STUDIES

## CASE STUDY 1

RIVER, 3 months, female Border collie

River presented at 12 weeks of age with persistent unilateral hind leg lameness. She had been purchased specifically for her potential as an agility dog and had seen three veterinarians already, all of whom agreed that the problem originated from the stifle, but that there was no evidence of stifle injury.

Orthopaedic examination of the affected limb confirmed medial stifle pain, but no discernible stifle lesion. Chiropractic examination found caudal lumbar and sacro-iliac joint kinetic lesions on the affected side. A single chiropractic treatment resulted in an immediate resolution of the issue, but it recurred two months later. A follow-up treatment combined with a rehabilitation stretching program permanently resolved the issue. Presumably, River was experiencing a sensation of referred stifle pain secondary to nerve root compression.



## CASE STUDY 2

JACKIE, 12 years, male DMH

Jackie presented with a 10-day history of severe hind-end paresis following an exertional trauma (he had been wrapped in a towel for an anesthetic induction, and had kicked out aggressively). When he awoke from his dental prophylaxis, he could no longer walk, even to avoid his own urine or faeces.

On examination, Jackie had purposeful movement in both hind limbs, but was too paretic to stand. Immediately after chiropractic adjustment, he walked a distance of 20 feet before collapsing from exhaustion. Further chiropractic and acupuncture treatments returned him to a level of athletic performance that he had not been capable of for years.

Although Jackie presented very much like an IVDD case, the key difference was the amount of primary musculoskeletal pain he was experiencing. There are chiropractic techniques that can be safely employed in the face of known or suspected IVDD, and in this case, because the primary issue was muscular pain and not a protruding disc, they resolved the issue.



Palpating for pain and/or reduced mobility of the lumbar spine.

Page 24: Testing scapular mobility.





[ THE REGULATORY PROCESS PART 2 ]

# PROCESS & PROCEDURE RESPECTING COMPLAINTS

BY JEFF LOGAN

**U**nder the *Veterinarians Act* (SBC 2010 c.15), this process consists of enquiring into complaints about professional behaviour and, where thought appropriate, sanctioning that behaviour. Enquiries are made into competence and conduct in questioning whether an animal received proper care. It does not sanction business behaviour. It is not meant to involve questions of billing, attitude, or manners.

Ironically, one would suspect, however, that the large proportion of public complaints arise from what the owner perceives to be a poor attitude and/or bad manners, and a significant account, all combined with an unfortunate outcome. Much, although not all of the foregoing is under your power and control. Once the complaint is made, it escapes your control, and relatively inconsequential events can develop lives of their own.

Members can become the subject of an investigation in either of two ways:

- The first is through complaint from the public (Section 50 allows “a person” to make a written complaint). The complaint is made to the Registrar who forwards the complaint to the Investigation Committee. As a first step, the Committee goes through a winnowing or selection process. The Act (S.51) allows the Committee to dismiss a complaint without investigation if, essentially, the complaint does not involve the fitness of a member to practice or does not involve a particular failure of a member. The language of Section 51 is more technical but this is its effect. Of note is that if the complaint is not initially dismissed without investigation, it must be pursued to a conclusion *even if the complainant wishes to withdraw the complaint.*



# “ONCE THE COMPLAINT IS MADE, IT ESCAPES YOUR CONTROL”

- The second does not involve a formal complaint. The Investigation Committee may, on its own initiative, investigate other matters that have come to their attention where there may be:
  - contraventions of the Act or of other laws of a criminal or animal welfare nature, or
  - issues of professional competence and professional conduct.

The Act gives the investigators wide powers under Sections 52 to 56. Members must comply with a list of investigative requests or demands set out in the Act. These include the provision of information or records, inspection of premises, observation of a member's work, search and seizure, making photographs or videos, use of the member's

computer, and others (sometimes but not always requiring a Court Order). A member must not obstruct a search authorized under the Act.

The next step is a crucial one. The Investigation Committee will generally solicit input from the member before acting further on the investigation (Section 57). Again, professionals (including lawyers) often become defensive when made the subject of an investigation. The initial response can often be unwise. It is important to obtain advice from someone. If you do not choose counsel, at least choose someone well-versed in veterinary medicine, whose judgment is clear and careful, and who, in turn, will recognize when to involve counsel. Psychologically, an innocent member can prepare a reply that sounds defensive or dismissive or unclear in a manner that might be seen as accepting guilt, and still be innocent of any misconduct. The Committee sees only the inadequate response.

Pursuant to Section 57, in considering the material it has gathered, the Investigation Committee may either, subject to the guidelines of the section: dismiss the complaint, negotiate a reprimand or remedial action with the member, or direct the Registrar to issue a citation for a discipline hearing.

The outcome of a discipline hearing can range from dismissal of the complaint through dismissal of the citation, to imposition of a reprimand, or to conditions on the practice of a member, all the way to suspension or cancellation of the right to practice. Fines can also be imposed and costs relating to the investigation and hearing granted against the College or the member as the case may be (Sections 61 and 63).

An appeal can be made by way of Petition to the Supreme Court of British Columbia so long as commenced within 30 days of service of the Order of the Discipline Committee on the unfortunate member.

Again, and in conclusion, the only thing that a member has control over is the content and the tone of his or her replies and submissions during the process outlined above. If you have the misfortune to face a complaint, treat it with gravity, take advice early, and do not let the problem grow of its own momentum. **WCV**



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# The BIRTH OF THE CVMA-SOCIETY OF BC VETERINARIANS CHAPTER

BY GEORGE GUERNSEY, DVM



*Professionally, it is important that veterinarians have a strong, active, and vibrant veterinary community. This can best be served through a member services organization dedicated exclusively to the needs and interests of the veterinary professional.*

**M**ember service and advocacy had been an integral part of the operational structure of the British Columbia Veterinary Medical Association (BCVMA) since its founding in 1907. In June 2007, fully 100 years later, in the midst of ongoing and debilitating litigation, Councillor Dr. Diane McKelvey suggested it would be appropriate to research the idea of founding a separate member advocacy association for BC veterinarians. Subsequently, in early 2008, a task force was formed—the Task Force on Member Services (TFMS)—with Councillors Dr. Diane McKelvey and Dr. George Guernsey appointed as co-chairs. In all, we assembled 30 members to form an advisory group representing a wide cross-section of the profession. In its report delivered to the membership at Sun Peaks in January 2009, the Task Force strongly recommended significant change from the way member services had been delivered in the past. Two different models were to be considered. One was to modify the organizational structure within the BCVMA, so that the member service aspect

had an opportunity to reach its full potential. The other was to create a totally separate organization. The membership voted overwhelmingly to continue investigating the two options.

Council then established a second task force—the Member Services Task Force (MSTF)—to focus on the logistics of implementing the two options. It comprised Councillors Dr. Ken Gummesson (Chair) and Dr. Diane McKelvey, with Dr. Rob Ashburner and Registrar Val Osborne. At the October 3 2009 BCVMA AGM, the recommendation of this task force was that the veterinary profession in British Columbia should move towards the model of a totally separate member services organization.

In October 2009, at the time of the MSTF Report, the government of British Columbia

formally announced plans to revise the Veterinarians Act. The resulting statutory change would mean the formation of a purely regulatory College of Veterinarians with the complete loss of member services. A self-appointed group, comprising Dr. Diane McKelvey as Chair, and Drs. George Guernsey, Rob Ashburner, Marco Veenis, and Mark Lang, went into high gear, establishing a second advisory group. In all, we totaled 17 veterinarians. Several months later, we set up an informational table at the Sun Peaks Winter Meeting in January. By the end of January 2010, we had chosen a name, created a mission statement with objectives and priorities, were developing bylaws, establishing a basic committee structure, and had meetings to inform the Provincial Ministry, the CVMA, and the BCVMA of our intentions.

At this point, we were told there would be no assistance from the BCVMA. There needed to be an orderly transition of member services: CE, conferences, magazine, economic fee guide, insurance, government lobbying, directory, and others. The financial viability of membership in an independent organization within an environment of high fees, litigation, and additional levies was of concern to us. Our ultimate success would depend upon enough members, which would financially allow us to open and staff an office, accomplish some of our initiatives, acquire Directors Insurance,

**“THIS UNIQUE ORGANIZATIONAL STRUCTURE MAY SERVE AS A FUTURE TEMPLATE FOR OTHER SMALLER PROVINCES”**

and pay some out of pocket expenses—all for a reasonable membership fee. Exploratory discussions began with the CVMA whereby we envisioned a unique relationship with no need to duplicate member services and also take advantage of their massive office/communication/online capabilities and Directors Insurance package.

In May 2010, the BCVMA advised it would cease to provide any member services or advocacy for veterinarians after October 2010. Consequently the Society of British Columbia Veterinarians (SBCV) incorporated as a society in the province of British Columbia on July 22nd, 2010. A drive for a \$400 charter membership was initiated to provide funding for an office person and other expenses. After several months we had attracted 180 charter members, which allowed us to hire Ilona Rule, an experienced veterinary member services director with home office facilities. This cost-effective decision removed a significant amount of pressure from the Directors.

In September 2010, Dr. McKelvey, our Chair, signed a non-binding memo of understanding with the president of the CVMA to explore the feasibility of becoming a provincial chapter of our national organization. This unique concept gave both organizations some advantages should membership become voluntary in BC. The most important issue for the SBCV was to maintain our independence in provincial decisions and to be able to be the best we could be for our members while allowing us to utilize the CVMA's many resources—thus delivering member services more effectively for the lowest membership fee possible.

In December 2010, the inaugural edition of our quarterly magazine, *West Coast Veterinarian*, was published and mailed to all veterinarians in the province. It was an exciting event for Directors Rob Ashburner, Mark Lang, Marco Veenis, Diane McKelvey, and myself. Upon reviewing the pros and cons of an alliance with the CVMA, the SBCV membership voted overwhelmingly for an alliance whereby members of the SBCV would automatically be members of CVMA. At this time, Dr. Marco Veenis assumed the position of Chair from Dr. McKelvey who continued to serve on the Board. Dr. Sarah Armstrong of the magazine committee joined the Board shortly afterwards. The Society officially became a chapter of the CVMA (CVMA-SBCV Chapter) after signing the Chapter Affiliation Agreement in April 2011.

Our ultimate financial hope was for the BCVMA membership to vote positively on an upcoming bylaw to make Chapter membership mandatory as part of the new College mandate. That vote failed to pass in early 2011, therefore CVMA-SBCV Chapter membership would be a member-driven initiative. Since then the Chapter has put on several successful CE conferences, formed working committees, has continued to publish *West Coast Veterinarian* quarterly, has a website, an online chat forum, and has held elections (Dr. Marco Veenis [Chair], Drs. Rob Ashburner, Sarah Armstrong, Michael Hannigan, Al Longair, Paul Kennedy, and Rick Stanley as Directors). As of 2012, membership has risen to 454 veterinarians, about one third of our potential.

The alliance with CVMA appears to be the only practical way in which our fledgling member services organization in BC could have established itself financially. This unique organizational structure may serve as a future template for other smaller provinces if they are faced with the division of their member service and regulatory bodies.

This historical account would be incomplete without recognizing Dr. Diane McKelvey for her wisdom, her boundless energy, and her friendship over the years. I would be remiss without thanking the CVMA for having the courage to think and act outside of the box. Thank you also to my fellow directors, our charter members, members of the advisory groups and committees, as well as those who fell along the way. It was not easy, and it took its toll. Without them we could never have accomplished such a daunting initiative under very complex circumstances. **WCV**



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www.ivseminars.com

JULY 5–12, 2013

## DRUGS IN PRACTICE

Alaska Cruise – Seattle/Return  
www.ivseminars.com

JULY 10–13, 2013

## CVMA CONFERENCE

Join veterinarians from across Canada as they meet in our home province in 2013!  
Victoria, BC  
www.canadianveterinarians.net

SEPTEMBER 4–7, 2013

## SASKATCHEWAN VETERINARY MEDICAL ASSOCIATION

Annual Conference  
Regina, SK www.svma.sk.ca

SEPTEMBER 17–20, 2013

## WORLD VETERINARY ASSOCIATION

31st World Veterinary Congress  
Prague, Czech Republic  
www.wvc2013.com

OCTOBER 19–22, 2013

## CANWEST VETERINARY CONFERENCE

Banff, AB  
www.canwestconference.ca



OCTOBER 28–29, 2013

## ANNUAL DELTA EQUINE SEMINAR

Delta, BC

Organized by the Equine Committee of the CVMA-SBCV Chapter, the 42nd Annual Equine Seminar at the Town and Country Inn, Delta, BC, will feature Dr. Lisa Fortin from Cornell University speaking on Regenerative Therapies (stem cells, etc..) and Dr. Stephen White from UC Davis speaking on Equine Dermatology. Registration brochure available in August.

SEPTEMBER 16–19, 2014

## WORLD SMALL ANIMAL VETERINARY ASSOCIATION

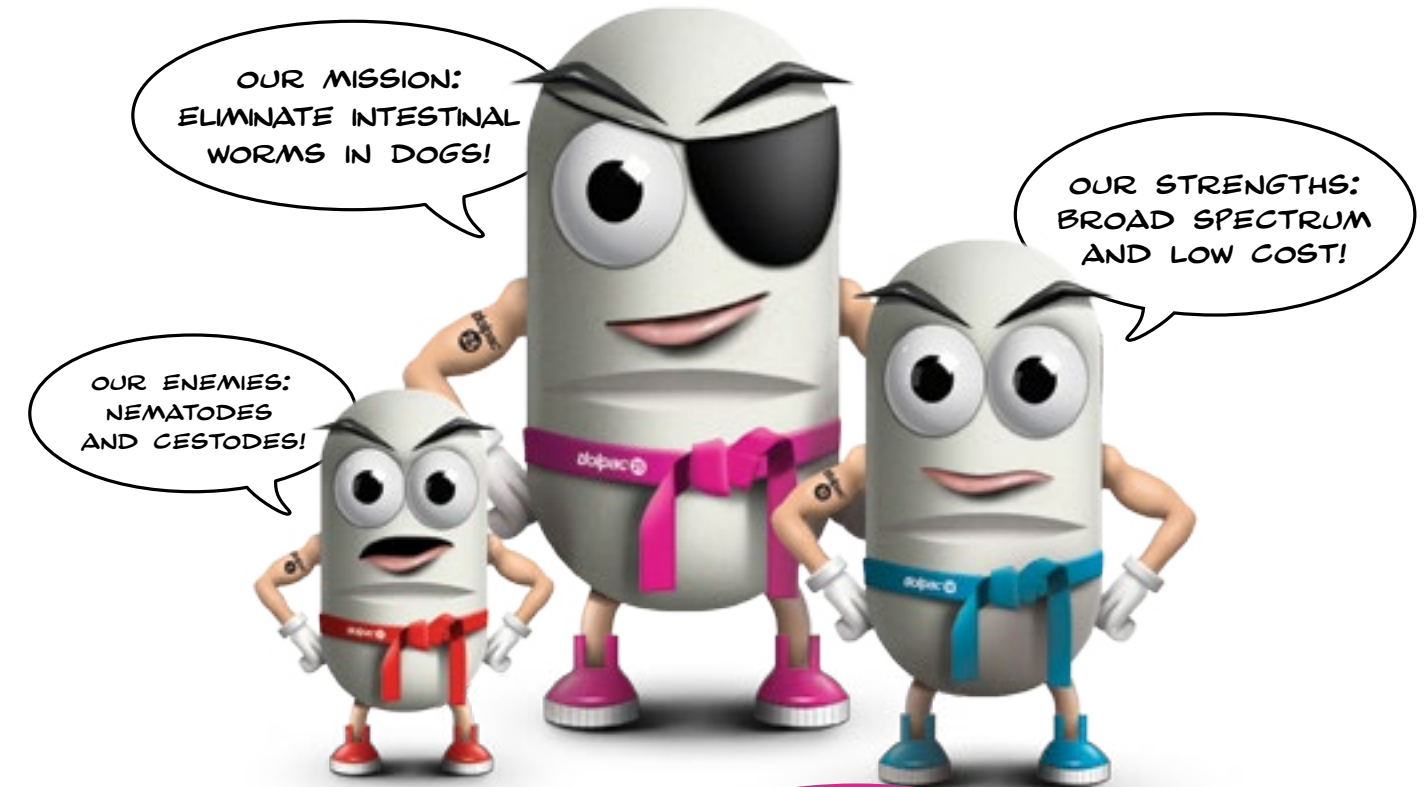
39th Annual Congress  
Capetown, South Africa  
www.wsava2014.com

## STAY TUNED FOR WEBINARS AND ONLINE COURSES

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www.ivis.org/home.asp  
www.vetmed.ucdavis.edu/ce

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WE WELCOME SUBMISSIONS OF OTHER OPPORTUNITIES IN FUTURE ISSUES OF WEST COAST VETERINARIAN MAGAZINE.



## CHAPTER NEWS

### CVMA-SBCV CHAPTER MENTORSHIP PROGRAM

Call for volunteers for our Veterinary Support and Mentor Program

#### GOAL

To establish a province-wide network of veterinarians willing to assist colleagues with moral support and mentoring when they face difficulties in their professional lives. Sometimes it helps to discuss your troubles in strict confidence with another veterinarian. Spouses, friends, doctors, and other professionals do not always fully understand the impact of our careers on our lives.

#### EXAMPLES

- Supplying moral support for those facing disciplinary complaints
- Mentoring young veterinarians about career choices
- Mediating in disputes between partners or neighbouring practices
- Assisting those suffering burnout or compassion fatigue

#### LIMITATIONS

The network veterinarians cannot provide legal, financial, or medical advice. That is the domain of lawyers, accountants, and health care providers for humans.

#### REQUIREMENTS

- DVM degree in good standing
- BC resident
- Willing to volunteer time
- Prepared to partake in training events
- Member of the CVMA-SBCV Chapter

We would like to see veterinarians from all aspects of our profession join—not just those in private practice, but also those in industry, government, and academia. At this moment these are unpaid volunteer positions. The only reward is the knowledge that you have helped a colleague when they needed it. The time commitment will vary depending on the complexity of the situation.

#### CONTACTS

Please contact Drs. Sarah Armstrong or Marco Veenis if you want to volunteer your time, or have questions and suggestions.

Sarah Armstrong [vetdoctor01@gmail.com](mailto:vetdoctor01@gmail.com)

Tel: 1-604-347-5218

Marco Veenis [drdogca@gmail.com](mailto:drdogca@gmail.com)

Tel: 1-250-765-5132



## CHAPTER NEWS

### PET MEDICATION PRICES

Recently the CBC ran an article on the cost of pet medications (<http://www.cbc.ca/news/canada/british-columbia/story/2013/01/14/bc-veterinary-costs.html>).

The article tries to show that pet medication is much cheaper at box-store pharmacies than at veterinary clinics. The CVMA-SBCV Chapter feels this article was biased and failed to take several factors into account. We have responded to this article, both in writing and in a radio interview with Dr. Marco Veenis.

While we respect the right of our clients to ask for a written prescription, we feel that buying from a trusted veterinarian offers significant benefits that outweigh a modest price difference. We are the only professionals with the knowledge to ensure these products are used properly. Unlike a pharmacist, we offer follow-up and advice during the course of the treatment, can spot adverse reactions, and can avoid drug

interactions. These costs are incorporated in the fees veterinarians charge, but are not included in the bare medication price at a pharmacy.

## INDUSTRY NEWS

### TRUPANION ANNOUNCES INDUSTRY-CHANGING INNOVATION AT NAVC 2013

On January 22, Trupanion launched Trupanion Express, a new no-cost software solution that is compatible with all practice management software. It enables Trupanion to pay claims at the time of invoicing, paying veterinarians directly, so that clients do not have to pay up front. Trupanion says its new product will grow veterinary practices by providing the highest level of care for patients, and increasing revenue and profitability for the veterinarian. <sup>WCV</sup>

If you have any industry news, please send it to [wcveditor@gmail.com](mailto:wcveditor@gmail.com) for consideration. Thank you.

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<sup>1</sup>D.N. Carlotti, D.E. Jacobs, 2000. Therapy, control and prevention of flea allergy dermatitis in dogs and cats. Vet. Derm. 11, 83-98  
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CLASSIFIED ADS

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To place a classified ad in West Coast Veterinarian please contact Inga Liimatta at [ingal@telus.net](mailto:ingal@telus.net). Deadline for ad submission is May 3, 2013 for the Summer issue.



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\* Silybin complexed with phosphatidylcholine, which has been shown to significantly increase bioavailability<sup>2</sup>  
 1. Vétoquinol study number 208NP2F2  
 2. Filburn CR, Kettner R, and Griffin DW. Bioavailability of a silybin-phosphatidylcholine complex in dogs. J. Vet. Pharmacol. Therap., 2007; 30: 132-138.  
 \* Zentonil is a registered trademark of Vétoquinol S.-A.



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