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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 wcveditor@gmail.com.

ON THE COVER

Dr. Megan Atwood performing an ultrasound.
PHOTO BY CHRIS SELVIG.

Our feature story this issue is *On The Road, Again*, something I have never hoped to be. The writer took a chance on practising veterinary medicine in a different way, one that involved being mobile and travelling to new workplaces daily.

It's not our only travel story in this issue. In *No Narwhals? No Problem*, the author shares with us the captivating beauty and exhilaration of providing veterinary care in Nunavut and the Northwest Territories, but also of the necessary self-reflection because without a doubt, you cannot spend time in the North without considering how you live at home.

I'm a homebody, happily so. My husband's mom used to say, "to stay home is best." Maybe that's why Dan and I get along so well. We are both comfortable on the couch, with our dogs and cat very close by, watching what goes on in the world on our 75-inch smart TV. To travel, I think, is to show courage; to be willing to step outside one's comfort zone; and to engage directly with others in this world as both these writers have done, though in different ways.

When I think about the veterinary profession and veterinarians themselves, which I do daily, I'm always struck by their courage to face challenges where there may be no roadmap to show them when to keep going straight or when to turn. The profession has changed drastically in terms of the medicine itself. I still recall in the late 1980s having a dog that developed bone cancer and needed their leg amputated. I was not sent home with painkillers as the then-thinking was that animals don't feel pain the way we do. It's an absurd thought today, but it's indicative of the pace of change. In 40 short years, we've gone from that way of thinking to, thankfully, ideas like seeking an animal's consent before providing care.

None of this would have happened without veterinarians. Their curious minds are always seeking new ideas or ways of looking at old situations. I see this also daily, watching veterinarians add other tasks to their professional resumes, like coaching or writing. I'm also seeing, unfortunately, a bit of tension creeping in and I fear—always—the divide and conquer mentality. I see some become agitated or angry at new ways of delivering veterinary medicine, or new players entering the sector. I can imagine it's scary to watch your own profession move from private ownership to corporate ownership, or from hands-on medicine to medicine delivered from a thousand miles away or over an internet connection or mobile phone, as two examples among many.

Change is hard. I know this personally. I also know I cannot stop it. Change is constant. I challenge myself to remain curious. I don't have to like the change, but I know I am happier if I look for something good in the change, something challenging or fun, or even just funny. If not for the curiosity and courage of the veterinarian mind, and if not for their remarkable ability to embrace change, animal care would not have advanced as it has.

As we head toward the end of another difficult and challenging year, I urge you to reflect on the happy outcomes of change, to find strength in the collegiality of your profession, to seek opportunity, and to not look at your owner anger and fear. You are all in this together, and my animals are far better off because of it, and for that I am eternally grateful. [WCV](https://www.wcv.com)

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WEST COAST VETERINARIAN ISSUE 57

West Coast Veterinarian is the quarterly magazine of the Society of British Columbia Veterinarians (SBCV)



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MEGAN ATWOOD, BSc, DVM, grew up in the Lower Mainland and completed a Bachelor of Science degree in Animal Science from the University of British Columbia. She worked at a veterinary clinic in Galway, Ireland, before graduating from the Western College of Veterinary Medicine. She practised general and emergency medicine in the Lower Mainland and Interior of BC for 10 years before pursuing a career in diagnostic imaging. Dr. Atwood completed two Diagnostic Imaging Internships and then worked at Boundary Bay Veterinary Specialty Hospital as a sonographer before opening a mobile ultrasound practice, Ravenwood Veterinary Imaging. In her spare time, she can be found exploring the local mountains on foot, mountain bike, or skis, gardening, and spending time with her two young daughters.



MARISSA DuBOIS, RVT, CCRP, CSCC, a born and raised Prince George local, has been working in veterinary medicine for over a decade in various roles, including receptionist, veterinary assistant, and registered veterinary technologist. After realizing her passion for patient care, quality of life, and fitness, she became a Certified Canine Rehabilitation Practitioner and Canine Strength and Conditioning Coach. Not long after expanding her knowledge, she opened Stretch & Fetch Animal Rehabilitation Centre, Northern BC's first accredited veterinary practice focusing solely on canine rehabilitation.



SARAH DYCK, DVM, graduated from the Ontario Veterinary College in 2020. Upon completing her degree, Dr. Dyck worked as a mixed-animal veterinarian in the Comox Valley. During this time, she developed an interest in small-animal critical care and emergency medicine. She joined the Central Island Veterinary Emergency Hospital team in 2022. Outside the hospital, Dr. Dyck enjoys spoiling her cat, Scotch, and dogs, Zoey, Win, and Ellie. She is also an enthusiastic endurance and back-country rider. You will often find Dr. Dyck with her horses, Scooby and Zee, out and about on trails.



MARNIE FORD, PhD, DVM, DACVO, is an adjunct professor in the ophthalmology department at the Ontario Veterinary College, where she enjoys teaching clinical practice to third- and fourth-year veterinary students. Marnie graduated from the Ontario Veterinary College in 2000, following a bachelor's degree in Zoology from UBC and a PhD in Physiology from Monash University in Australia. After completing a rotating small-animal internship at the University of Minnesota in 2001, she became a diplomate of the American College of Veterinary Ophthalmologists in 2006, following an ophthalmology residency at the University of Missouri-Columbia. In 2005, Dr. Ford co-founded West Coast Veterinary Eye Specialists, then in 2013 moved on to dedicate her time to providing mobile medical and surgical ophthalmologic care across Vancouver, Vancouver Island, and the Interior. From 2019 to 2023, she worked at a busy ophthalmology specialty hospital in Australia. Alongside her role at the Ontario Veterinary College, Dr. Ford is also co-founder and developer of pethealthharbour.com, a platform dedicated to empowering pet owners with the knowledge required to promote their pets' wellness.



MARINA JOHN, BSc, RVT, has been an RVT for over 10 years. She received her Specialized Honours Bachelor of Science degree from York University and her RVT diploma from the University of Guelph. Currently, Marina serves as the Vice-President of the British Columbia Veterinary Technologist Association and is an instructor at Vancouver Island University. Recently, Marina launched her own locum RVT business, embracing a fulfilling career as a traveling veterinary technologist.



KATHERINE KORALESKY, PhD, is currently a Postdoctoral Research Fellow in the Animal Welfare Program at the University of British Columbia (UBC). Before coming to UBC, she worked as an agricultural extension agent in the United States Peace Corps and in the community service sector. She uses diverse research methodologies to explore the role of policy in animal care practices, on-farm interventions to improve animal health and welfare, links between animal and human welfare, and views on biotechnology in animal agriculture. Dr. Koralesky's broad aim is to improve animal welfare through relationship building and collaboration with people who care for or about animals.



TYLER STITT, BSc, MPH&TM, DVM, graduated from the Western College of Veterinary Medicine in 2008; that same year, he moved to Nanaimo, BC, to pursue an interest in veterinary public health at the Centre for Coastal Health (CCH). In 2011, Dr. Stitt opened a mobile mixed-animal clinic, where he continues to attend to horses, companion animals, small hobby farms and small-holding aquaculture in rural and remote communities on Vancouver Island. While at the CCH, Dr. Stitt managed the Animal Determinants of Emerging Disease teleconference rounds, participated in the BC Centre for Disease Control's Rabies and Zoonosis Hotline, and collaborated with pathologists and epidemiologists on provincial, national, and international projects and initiatives. When not working, Dr. Stitt spends time with his family exploring the beautiful BC coastline, riding horses, and developing stop-motion films for client education.



MARY von der PORTEN, DVM, is a veterinarian living and practising in the beautiful West Kootenays. Her background is in wildlife biology, extensively exploring the natural world before becoming a veterinarian. She has a BSc from University of Victoria, a Master's in Environmental and Resource Management from Simon Fraser University, and a DVM from Western College of Veterinary Medicine. Dr. von der Porten juggles her time between private practice, two young children, skiing powder, riding horses, and trips to far off places. She is passionate about sustainability and equality in veterinary medicine and is proud to be a volunteer veterinarian with Veterinarians Without Borders.



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1. Rufener L, Danelli V, Bertrand D, Sager H. The novel isoxazoline ectoparasiticide lotilaner (CredelioTM): a non-competitive antagonist specific to invertebrates γ-aminobutyric acid-gated chloride channels (GABA_ACl₂). Parasites & Vectors. 2017 Dec;10(1):1-5.

2. Reif, Kathryn E., et al. "Comparative speed of kill provided by lotilaner (Credelio™), sarolaner (Simparica Trio™), and afoxolaner (NexGard™) to control *Amblyomma americanum* infestations on dogs." Parasites & Vectors 17.1 (2024): 313.

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Dear esteemed colleagues,

I hope this message finds you well, and you have all enjoyed the last part of summer, fall, and start of winter. It is always a big transition point in our household with the start and end of our clinic's fiscal year, and kids going back to school. It is a great time to reflect on the past year and its wins and losses and to decide what to focus on improving, achieving, and avoiding in the coming year.

I was very excited to travel to Saskatoon to meet with our first-year BC veterinary students at the WCVM and to congratulate them and welcome them to our amazing profession. Not only did I have the chance to meet our future colleagues, but it was also my first time ever visiting Saskatchewan.

I feel a great honour and privilege that I am able to address you as the president of our distinguished veterinary community. Our profession stands at the intersection of science, compassion, and service, and it is your daily dedication that ensures the health and welfare of animals and the well-being of society. As we continue to navigate the challenges of a rapidly evolving world, the role of veterinary professionals has never been more crucial. From the increasing concerns around zoonotic diseases and animal welfare to the advancements in veterinary technology and medicine, our field is at the forefront of addressing global health and safety. In the coming year, our focus will be on advancing the well-being of our members, promoting mental health and work-life balance within the profession, and fostering an inclusive and diverse community. The sustainability of our profession depends not only on our scientific expertise, but also on the care we extend to ourselves and our colleagues. We are hopeful that our collective voice receives more attention given that this is an election year, as we continue to work with the government to try and resolve our workforce shortage.

I encourage you all to engage with SBCV's initiatives, contribute your insights, and share your experiences. Together, we can continue to shape the future of veterinary medicine and make a lasting impact on the lives of both animals and people.

Thank you once again for your dedication, passion, and commitment to the veterinary profession. I am proud to serve alongside you and look forward to the continued progress we will make together. [WCV](#)

As your CVMA President, it's my pleasure to update you on some of the CVMA's recent initiatives.

2025 CVMA AWARDS—NOMINATE A DESERVING COLLEAGUE

Each year, through its awards program, the CVMA proudly recognizes individuals who have demonstrated significant accomplishments, exemplary leadership, and tireless commitment to Canada's veterinary community. Award nominations are accepted from November 1, 2024, until January 31, 2025. Award recipients receive complimentary registration to the 2025 CVMA Convention in Victoria, British Columbia, along with other prizes specific to each award. Nominees (excluding those nominated for Honourary Membership) must be current CVMA members; however, they can be nominated by non-members. Find more information and the online nomination form under the CVMA Awards page of the About CVMA section of [canadianveterinarians.net](#).

2024 CVMA MEMBERS GOVERNMENT RELATIONS TOOLKIT

The CVMA has prepared a Government Relations Toolkit for our members which includes key messages and relevant statistics, in addition to the three recommendations the CVMA submitted to the government prior to the 2024 and 2025 Federal budgets. The kit is designed to support members in advocating for the veterinary profession, emphasizing its significance to community when meeting with their local Members of Parliament. Access the toolkit under the Government Relations section of [canadianveterinarians.net](#).

PRE-BUDGET CONSULTATIONS

The CVMA submitted an updated written submission for the Pre-Budget Consultations to the House of Commons Standing Committee on Finance in advance of the 2025 Federal Budget. Read the full document under the Government Relations section of [canadianveterinarians.net](#).

THE CVMA HAS RELEASED THE FOLLOWING NEW AND REVISED POSITION STATEMENTS

- Vaccination of Animals
- Electroejaculation of Cattle, Sheep, and Goats
- Responsibility of Veterinary Professionals in Addressing Animal Abuse and Neglect
- Capture and Sourcing of Wild Animals for the Pet Trade

View all position statements under the Policy and Outreach page of [canadianveterinarians.net](#).

CVMA RELEASES UPDATED DEI STATEMENT

The CVMA is committed to, and seeks to advance, a diverse, equitable, inclusive (DEI), and accessible profession. It seeks to foster a profession that supports access and the success of all students, faculty, staff, and members of the broader public who access our services. The CVMA promotes a culture of human rights and opposes discrimination based on the protected grounds of age, race, ethnicity, religion, gender identity, sexual orientation, disability, or family status. We affirm that each human being is valuable and deserves to be treated with dignity and respect. Read the full statement under the About CVMA section of [canadianveterinarians.net](#). [WCV](#)



Dr. Fraser Davidson, student Abigail Cunningham, and Dr. Gillian Muir.

Dr. Fraser Davidson, student Netanya Karmel, and Dr. Gillian Muir.

PHOTOS SUPPLIED BY WCVM



Fraser Davidson, BVSc, grew up in Vancouver and spent most of his childhood adventuring around the West Coast (mainly the Gulf Islands and Whistler). He is a dual citizen of both Canada and New Zealand, where he trained to become a veterinarian. He graduated in 2005 and spent five years working and travelling around Europe before moving back to Canada in 2010. He and his family moved to Squamish in 2017 and opened Sea to Sky Veterinary Clinic late in 2021. Dr. Davidson has two wonderful children, 11 animals, and an amazing, loving, and supportive wife.



Timothy Arthur, DVM, is a companion animal veterinarian with a special interest in ophthalmology and wildlife medicine. He is a 1982 Ontario Veterinary College graduate who completed externships at Angel Memorial Animal Hospital in Boston and the University of Pennsylvania in Philadelphia, and after two years in practice, he established the Coxwell Animal Clinic in Toronto. Dr. Arthur has volunteered with the Toronto Academy of Veterinary Medicine, organized Toronto's Annual Rabies clinics, sat on the College of Veterinarians of Ontario (CVO) Complaints Committee, was part of the Ontario Veterinary Medical Association working group that established a voluntary fee guide for the profession, was a council member and president of the CVO, and was a board member and president of the Toronto Wildlife Centre. He lives in a bilingual family with son Jake, partner Jennifer, and multiple four-legged friends.

WCVM STUDENTS FACE INCREASED CLINICAL PLACEMENT WEEKS

BY SHAWNA WILLIAMS, BSA

In their fourth and final year of study, veterinary students at the Western College of Veterinary Medicine (WCVM) complete a series of two-week and four-week rotations in a clinical setting. At least 50% of these rotations take place within the WCVM Veterinary Medical Centre Teaching Hospital, but there are also opportunities for students to travel to other locations outside of the WCVM. Rotations allow students to take what they have learned in the classroom and laboratory settings from their first three years of study in the veterinary medicine program and apply it to a clinical setting under the supervision of faculty and licensed veterinarians. Students currently complete a total of 32 weeks of rotations. Eighteen of those weeks are required core rotations at the WCVM, and then students have the opportunity to choose 14 weeks of elective rotations in a variety of different disciplines based on the students' own individual interests, which can be completed at the WCVM or elsewhere.

At the beginning of this school year, Dr. Stephen Manning, Associate Dean of Clinical Programs and Amanda Doherty, Manager of Curriculum, informed students that the American Veterinary Medical Association (AVMA) has made the decision to standardize the number of clinical rotation weeks across all schools accredited by the AVMA. The AVMA is implementing a requirement of 40 weeks of clinical rotations for students in fourth year. This change must go into effect in 2026 with the class of 2027. For WCVM students, this means that an additional eight weeks of clinical rotations will now be added and required for successful completion of the veterinary medicine program. Traditionally, the clinical year at the WCVM is thought to begin in August; however, many students already choose to begin taking rotations in the summer immediately following completion of third year. With the additional eight weeks, the number of students starting rotations prior to August will certainly increase.

As to be expected with any major change, a variety of questions and opinions have come to the forefront from current veterinary students. Many students are excited for the opportunity to receive more hands-on training and education and are in full support of this change. "This change will put us in line with the top schools in North America. Although adding weeks is taxing, I believe it will benefit us in the long run," shared a student from Saskatchewan in the class of 2027. Daneya Wiebe (BC, class of 2027) agrees with this view by believing that the additional time will provide extra experience and learning opportunities, which will be invaluable to their overall learning.

Other students don't view this change in such a favourable light. A common theme of criticism among students stems from the fact that the change is being implemented so quickly. Many concerns were raised about the loss of a summer break after third year, taking away the ability to work and make money to support the cost of veterinary education. "It's unfortunate that they could not have provided us with more notice of the change. Had I known that I only had two summers to work to make money and gain experience from working in a clinic, I likely would have chosen to spend my most recent summer differently," lamented a student in the class of 2027 from BC. Kelsey Drinkall, (BC, class of 2027) shares her classmate's opinion; she feels that the change should be implemented for the class of 2029 so that students can plan their studies and finances accordingly. Kelsey's position on the situation is a common theme felt among many students in the class of 2027.


Other students are not necessarily unsupportive of the change but have concerns. A Saskatchewan student in the

class of 2027 raised a question, "Will the additional eight weeks be more beneficial than eight weeks spent in one clinic with whom we have a relationship with?" To that same effect, a Saskatchewan student from the class of 2028 was happy to have more time in clinical study before being released into practice but was unsure if the additional rotations were more beneficial than working in a practice over the summer.

A host of students have also raised questions about how this will affect student performance on the North American Veterinary Licensing Examination (NAVLE). It is common for students to begin studying for the NAVLE during summer break between third and fourth year. One student (MB, class of 2027) expressed concern about the potential of reduced study time, depending on the time demands of the additional clinical rotations.

Further details and logistics of how the WCVM will be carrying out this change are still being carefully examined by a committee of the WCVM faculty and rotation coordinators. A subcommittee has formed to work on an official proposal that will be put forward through the school's approval process, and the goal is to share components with the classes of 2027 and 2028 in the fall of 2024. Dr. Manning shared with Shawna Williams, SBCV Student Liaison, that thorough consideration is being given to what is heard from former graduates, employers, and other stakeholders of what the WCVM graduates need more of, as well as what is realistic to deliver in the timeframe given to put elements in place.

"...AN ADDITIONAL EIGHT WEEKS OF CLINICAL ROTATIONS WILL NOW BE ADDED AND REQUIRED FOR SUCCESSFUL COMPLETION OF THE VETERINARY MEDICINE PROGRAM."

To save space, the references for this article are made available on the Chapter's website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. 



Shawna Williams, BSA, WCVM class of 2027, is originally from Fraser Lake, BC. Before beginning her journey at WCVM, she completed a Bachelor of Science in Agriculture with a major in Animal Science at the University of Saskatchewan College of Agriculture and Bioresources. She looks forward to exploring her interest in mixed-animal general practice, with a focus on large-animal medicine and surgery.

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MANAGING LEAD TOXICITY CASES

BY THERESA BURNS, MSc, DVM, PhD

Two cases of lead toxicity were reported in beef cattle herds in BC in 2024, reminding us of the risks posed by lead exposure in food animals. In both reported cases, the cattle exhibited a range of clinical signs associated with lead toxicity, which can vary depending on the dose and duration of exposure. Common symptoms include blindness, anorexia, weight loss, lethargy, and watery diarrhea. In one of the cases, pieces of lead from a car battery were found in the cow's reticulum during a post-mortem examination. Old car batteries are one of the most common sources of lead exposure in cattle, often discarded in pastures where they can be accidentally ingested. Lead poisoning in livestock is not only a concern for animal health but also poses public health concerns. If animals with elevated blood lead levels entered the food chain, it would pose a risk to human health. In BC, animals with a blood lead level above 0.1 ppm must not be sold or slaughtered until their blood lead levels are confirmed to be below this threshold.

REPORTING AND CASE MANAGEMENT PROTOCOLS

In the event of suspected or confirmed lead toxicity in livestock, owners and herd veterinarians should follow the steps below to report the case and manage the affected animals:

1. Reporting to the Chief Veterinarian: Lead toxicity in food animals must be reported to the Office of the Chief Veterinarian via email chief.veterinarian@gov.bc.ca. When reporting, provide details of the affected animals including identification numbers, age, breed, and any clinical signs observed. Additionally, include the intended use of the animal (e.g., breeding, sale, or slaughter) to help determine the appropriate response. For instance, a calf destined for a feedlot may need different management than a heifer kept for future breeding.
2. Submitting Blood Samples: Animals from the pasture where lead exposure occurred must be tested for lead levels before they are sold or slaughtered. Blood samples can be submitted to Prairie Diagnostic Services Inc. in Saskatoon for lead testing. Results must then be forwarded to the Office of the Chief Veterinarian.
3. Restricting Animal Movement: Until blood tests confirm that lead levels are below 0.1ppm, animals exposed to lead must not be sold, slaughtered, or moved. This restriction ensures that no contaminated animals enter the food supply.
4. Pasture Decontamination: The source of lead exposure must be removed from the pasture. Owners should ensure that animals do not have further access to these sources to prevent recurrence.
5. Reimbursement: The Ministry of Agriculture and Food may cover the costs associated with blood sampling and testing for lead levels up to certain limits. However, the ministry does not compensate for the loss of affected animals, or of other costs such as those associated with holding exposed animals until testing confirms it is safe to ship.

“LEAD TOXICITY IS NOT JUST A THREAT TO INDIVIDUAL ANIMALS BUT TO ENTIRE HERDS AND THE PUBLIC.”

Lead toxicity is not just a threat to individual animals but to entire herds and the public. The recent cases reported serve as a critical reminder of the importance of vigilance and proper management of hazardous materials in pastures. Veterinarians must report suspected or confirmed cases of animal exposure to lead and other environmental toxins (asbestos, creosote, dioxins, some fuels, and PCBs) to the Chief Veterinarian within 24 hours. Veterinarians that provide services to producers who maintain food animals on pasture should remind them of the importance of maintaining pastures to avoid exposure to toxins such as lead. [WCV](#)



Theresa Burns, MSc, DVM, PhD, is the Chief Veterinarian of BC and is the former director of Canadian Animal Health Surveillance System. She is a veterinary epidemiologist and has experience working as a practising veterinarian in mixed, equine, and small animal practices. She received MSc and DVM degrees from the Western College of Veterinary Medicine and a PhD in epidemiology from the University of Guelph. Over her career, Dr. Burns has had the opportunity to use methods from multiple disciplines to collaborate on complex issues at the interface of human, animal, and environmental health in Canada and in other countries. She is interested in understanding systems and stakeholder perspectives to develop real-world solutions to complex problems.

CANINE REHABILITATION: RESTORING QUALITY OF LIFE

BY MARISSA DuBOIS, RVT, CCRP, CSCC



Marissa DuBois works with a patient on a Fitpaws balance disc.

Picture this: you're at the gym for the third time this week, but you've had a nagging pain in your shoulder for a couple of days that you've been trying to push through. You start getting a sharp pain with every shoulder press you perform, so you decide to end your workout early. At home, you apply ice to your shoulder, take an ibuprofen, and improvement is made.

The next day you go to work and try to lift a heavy box, but the pain returns to your shoulder again. It comes and goes with specific movements, but it's uncomfortable enough that you book an appointment to see your family doctor, who tells you that you likely have a soft tissue strain in your shoulder, probably a tendon or ligament. They prescribe two weeks of rest, anti-inflammatories, and then a slow introduction back into regular activity.

After your two weeks of rest, you're trying to lift a bag of dog food, and that nagging pain comes back again. Frustrated, you book another doctor appointment, where the rest cycle is started all over again. Your doctor says, "It just needs more time," and encourages you to be patient.

After the third or fourth round of rest and recovery, the pain is still there, and you return for yet another appointment. This time your doctor sighs and tells you that you likely need to make some lifestyle adjustments to compensate for the shoulder pain, which will require you to stop going to the gym and stop playing your favourite sports, like baseball. How would you take this life altering news?

Now imagine that after the initial recommended rest period, you visited a physiotherapist after the shoulder pain returned. That person starts you on a treatment plan to promote

"... I BECAME INCREASINGLY FRUSTRATED BY THE LACK OF OPTIONS FOR PAIN CONTROL, INJURY PREVENTION, AND RESOLUTION BEING OFFERED TO OUR CANINE COMPANIONS."

healing, followed by a therapeutic exercise regimen to strengthen the damaged tissue, with the target goal of getting you back to your normal life and activities. Physiotherapy is a lengthy process that can be time consuming but effective.

After working in general practice for almost a decade, I became increasingly frustrated by the lack of options for pain control, injury prevention, and resolution being offered to our canine companions. Not only were dogs with acute injuries often not making a full recovery, but there was a plethora of senior dogs who were unable to maintain quality of life due to osteoarthritis or other degenerative conditions that had slowed them down. Pet guardians were constantly being told that reduced mobility is "just part of the aging process" and is considered a normal aspect of geriatric pet care. I knew there had to be a better way to provide these patients with more effective pain control and management to keep them mobile well into their senior years, so I started to look into the world of canine rehabilitation.

Much like human physiotherapy, canine rehabilitation recognizes that dogs can benefit from a specific exercise program and other therapeutic modalities that decrease pain, improve fitness, and restore function. This gap in the industry is one that can readily be filled by an RVT, like myself, to reduce the already pressing load from the shoulders of our veterinarians. It's common for RVTs to be vastly underutilized in veterinary medicine, and I'm advocating for this to change. Increased usage of RVTs would decrease the load on veterinarians around the country and allow the industry to provide a higher quality of care to our patients.

Stretch & Fetch Animal Rehabilitation Centre is an RVT-founded, accredited veterinary practice in Northern BC that focuses solely on canine rehabilitation. We have one rehabilitation certified veterinarian, Dr. Marina Mann, who consults with all of our patients and creates their general rehabilitation plans. From there, our RVTs, who have received additional rehabilitation training, take over and implement the follow-up treatments, client education, and home exercise programs. This allows the patient to be seen as often as needed without putting extra strain on our veterinarian, and follow-up treatments are more affordable and feasible for almost all pet guardians.

Orthopedic conditions can be immensely daunting to pet guardians, and it's often challenging for them to watch their beloved pets start to struggle with mobility and discomfort. Orthopedic cases are often extremely time consuming, filled with client questions and education. Allowing a rehabilitation practitioner to assist in these cases can drastically improve client knowledge and understanding, as we can make the time that often doesn't exist in private practice to have extensive conversations with owners. The more our clients understand about their pet's condition, the better compliance and commitment we see from them, which ultimately yields a more positive outcome for the patient.

The field of canine rehabilitation is constantly growing and changing and encompasses a large variety of treatment options and modalities. At our clinic, we utilize a combination of laser therapy, pulsed electromagnetic therapy, shockwave, transcutaneous electrical nerve stimulation (TENS), electrical muscle stimulation, massage, stretching, joint mobilizations, hydrotherapy, and therapeutic land exercises. Each patient receives a home management program, including exercises for

the dog to perform daily with their owner. These exercises aid in improving the dog's stability, strength, and overall fitness.

Rehabilitation is not simply limited to our senior patients, nor just for patients dealing with orthopedic injuries or surgical recovery. Rehabilitation benefits all kinds of dogs, such as Maisy, your typical spunky, 4-year-old French Bulldog.

Maisy was less than two years old when she suffered hind end paralysis from suspected intervertebral disc disease. This was her third, and worst, flare-up within a year. During previous events of back pain, she had some mild deficits but never became paralyzed. Her regular veterinarian recommended referral to a specialty hospital, but unfortunately, her family was unable to accommodate the trip and opted instead for a referral to rehabilitation.

When Maisy came in for her consultation, she was dragging both of her hind limbs consistently. She had an absent placing reflex in both of her hind limbs and absent withdrawal and absent pain response in her right hind. She was experiencing back pain around thoracic vertebra 11-13 and had severe compensatory muscle tension in her front end.

While the prognosis of conservative management was guarded, we started aggressive rehabilitation immediately. Maisy came in for treatments with our RVTs twice per week, where she received laser therapy, pulsed electromagnetic therapy, and TENS, and she performed therapeutic exercises to reduce her back pain and promote nerve stimulation.

Within ten sessions, we started to see improvements, and after two months, Maisy was able to perform an ataxic walk. We maintained her program and four months after her initial paralysis, Maisy was able to walk with very little ataxia without any evidence of residual back pain. At that point, Maisy was transitioned to a rehabilitation schedule that focused on building strength to prevent further flare-ups and paralysis.

Fast forward to today, two years later, and Maisy is strong, with very little mobility impairments. She attends hydrotherapy every 1-2 weeks and has a home exercise program to practise her proprioception. What could have turned into a frustrating and time-consuming case for Maisy's regular veterinarian had a happy ending because they appreciated the value in rehabilitation and were confident in our ability to provide Maisy with the thorough patient care her situation required.

Not only do we work with the general practitioners in our area, but we also work with specialists from all over the province. One of our most recent patients was a two-year-old Goldendoodle, who had a complicated and extensive history with Dr. Jitender Bhandal (DACVS Small Animal) at Bridgeway Veterinary Specialists of Vancouver.

On June 21, 2024, Molly had a corrective osteotomy of her right radius and ulna, aligned using an external fixator with distractor motors for limb lengthening purposes. At the recheck with Dr. Bhandal on July 31, Molly was still non-weight bearing on the limb, her carpus was held flexed, and her digital flexor tendons were extremely tight; these findings were unexpected. He contacted us to recommend aggressive rehabilitation for her, with the aim to extend the carpus and promote weight bearing.

Molly started rehabilitation sessions four times per week, and at each session, we were able to appreciate progression with both carpal extension and weight bearing. While Molly has only just begun her long recovery journey, we are eager to have the opportunity to work with Dr. Bhandal and Molly's owner, with the mutual goal of getting Molly back to all of her favourite activities.

Working as an RVT in canine rehabilitation has allowed me to rediscover my passion for the veterinary medicine industry, and I am enthusiastic about the cases I work with daily. It's incredibly rewarding to work with veterinarians around the province to improve mobility and quality of life in our patients and provide a service that is critical in ensuring that our patients have the best quality of life for as long as possible. **WCV**

A NIGHT IN EMERG

THE ROLE OF THE EMERGENCY VETERINARIAN

BY SARAH DYCK, DVM

My night begins at 4:30 pm. I jingle my keys in my scrub pocket as I get in my car and run through my mental checklist, hoping I remembered to pack my extra energy drink. I sip my coffee as I start my commute, a 1.5-hour drive to the hospital from home. I've worked at the Central Island Veterinary Emergency Hospital (CIVEH) for almost three years now. It is the only 24-hour veterinary emergency hospital north of Langford on Vancouver Island, and many of our staff have long drives to work. As I drive, I often catch myself glancing up through my car window, hoping it is not a full moon. Although I practise evidence-based medicine, working in the ER makes me a little superstitious.

CIVEH operates on a triage basis. This means the most critical patients are seen first. Priority one refers to the most severe cases that may survive if life-saving measures are implemented immediately. These include urethral obstructions, major trauma, respiratory distress, gastric dilation and volvulus (GDV), dystocia, actively seizing animals, life-threatening bleeding, open fractures, heat stroke, and paralysis. Priority two cases are those that are likely to survive if medical attention is received within several hours. These include closed fractures, vomiting with blood, toxicities, major or complicated wounds, ocular issues, and severe allergic reactions. Finally, priority three includes non-life-threatening conditions that require treatment such as chronic illnesses, diarrhea, lameness, and simple wounds. Although we never want any pet owner to have to come to the ER, a "good night" is a steady combination of all three categories and seeing on average 8–12 patients. A busy shift involves multiple priority one cases, often at the same time, in addition to normal expected caseload. The greatest number of cases I have seen on a night shift was 21. As an emergency veterinarian, I am not a specialist or a criticalist; I am a humble veterinarian with a moderate cortisol addiction. I have taken some additional surgical, cardiopulmonary resuscitation, and endoscopy courses. I enjoy the challenging cases that come with emergency medicine and the fast-paced environment. Common surgeries performed by emergency veterinarians include gastrotomy, enterotomy, intestinal resection and anastomosis, cystotomy, GDV derotation and gastropexy, Caesarean section, splenectomy, and limb amputation. Common procedures include endoscopic foreign body retrieval, urethral catheterization, thoracentesis, chest tube placement, and the list goes on.

I arrive at work a little before 6 pm. As I come onto the treatment floor, our RVTs and swing veterinarian are working

together to take temperatures, pulses, and respiration rates, triage, and treat incoming patients. I round with the day veterinarian whose shift is ending, wish them a good sleep, and turn my attention to my current hospitalized patients. I read their medical records, perform my physical exams, update patient orders, and call owners to discuss how their pet is doing, diagnostics, and next treatment steps. After 10 pm our swing veterinarian's shift ends, and the hospital goes down to skeleton staff after 12 am—one veterinarian, one RVT, one assistant, and one receptionist. The rest of my night is divided between working up outpatients and balancing ongoing care for those admitted. I gather histories from owners and discuss recommended diagnostics. My first outpatient is a recheck dog presenting for worsening lethargy, vomiting, and diarrhea with blood. The patient did not improve at home with medical management. The dog was initially bright when walking into the hospital but after an hour, appears very flat. I pull their clipboard from the stack of triaged patients waiting to be seen. I do my physical exam, and vitals are stable with no obvious abdominal pain on palpation. On rectal exam, I note frank blood and diarrhea. Abdominal focused assessment with sonography for trauma (AFAST) revealed no free fluid in the abdomen. I ask my technician to obtain a blood glucose reading with our glucometer. The patient is hypoglycemic. We assess other parameters. Blood pressure is okay, and saturation of peripheral oxygen is 100% on room air. I am not seeing any abnormalities on electrocardiogram. My RVT places an intravenous (IV) catheter, and they pull blood. Complete blood count and biochemistry reveal no stress leukogram, an eosinophilia, hyperkalemia, and hyponatremia. The sodium to potassium ratio is less than 27. Addison's disease is now on my radar and confirmed with an adrenocorticotropic hormone stimulation test. After discussing findings with the owner, they elect to admit the patient to hospital. I start IV fluid therapy, dexamethasone, florinef, and a dextrose constant rate infusion (CRI).

After this, my RVT draws my attention back to one of my hospitalized patients. A cat in diabetic ketoacidosis (DKA). They are currently on a regular insulin and dextrose CRI. We have been monitoring their blood glucose, and it is time to titrate the CRIs down. I give my RVT the go ahead after reviewing trends.

Next, a walk-in patient arrives. It is a male neutered domestic shorthair presenting for straining in the litter box. His bladder is large, firm, and painful on palpation, and I am unable to express it with gentle pressure. His heart rate and rhythm are normal, and the cat is bright. After obtaining consent for pain management and administering methadone, I discuss the case with the owner. They elect to go ahead with diagnostics, place a urinary catheter, and hospitalization. The cat's bloodwork thankfully reveals no elevated renal values, and potassium is within normal limits. My RVT places an IV catheter, fluids are started, and we administer sedation and flow by oxygen. I pass a urinary catheter, and urinalysis reveals struvite crystals. No obvious radiopaque



uroliths are noted on radiographs, and the urinary catheter is situated well within the bladder. I give my RVT the rest of my patient orders and move onto the next case. And so, the night continues.

CIVEH is not a referral centre, and unfortunately, we do not have any in-house specialists. You never know what will walk through the door, and many shifts, I am on the phone consulting with criticalists, who have completed an internship and residency in emergency and critical care, as well as other specialists. I am incredibly lucky to work with a phenomenal group of knowledgeable and skilled veterinarians whom I discuss complicated cases with and seek their opinions when we are together on shift. Two brains are always better than one. At night, when I am the only veterinarian in the hospital, Veterinary Information Network is always open on my browser tab. I love emergency medicine because due to the diverse nature of patient problems, I am always learning and being challenged to grow as a veterinarian.

However, as much as I love working in the ER, it is a high-stress job that can have a significant impact on my mental health. Although the cases are interesting, the other side of the coin is that it can be incredibly sad. When I treat the worst of the worst, I cannot save them all, despite my best efforts. Sometimes, I can help my patients, but finances are a limiting factor. I perform many euthanasias and witness owner grief on a regular basis. It is rare that I have a shift without one euthanasia.

CIVEH works very closely with the BC SPCA, and we often see cruelty cases in need of emergency care. These are the hardest cases for me. On November 9, 2022, I had one of my most memorable patients present to the hospital. A BC SPCA cruelty officer brought in a very, very sick puppy. She was found tied up outside with no food, water, or shelter. She had outgrown her collar, and scissors were required to remove it. She was emaciated and so hungry she would try to eat gum pressed into the parking lot pavement on short walks outside. She weighed 6.73 kg. She was suffering from a very severe case of demodicosis and secondary pyoderma from prolonged neglect. IV catheter care was tricky as her skin was so delicate that it was tearing from the bandage tape. Her rectal temperature was 32.7°C on presentation. It was 4°C outside that night and raining. We estimated her age to be approximately 5–6 months. Despite everything she'd endured, her tail was wagging. We were not sure if she would survive overnight, but we had to try. We decided to call her Win. After several days in hospital, Win was stable enough to come home with me, and she is now thriving. What I take away from her case is that there are always silver linings. The hardest cases sometimes end up being our biggest wins.

Not every night shift is busy. When there are not too many outpatients and my hospitalized cases are stable, I have quiet moments to reflect on the highs and the lows that come with this job. Mental resilience is essential for making a career in emergency veterinary medicine sustainable. For me, having a healthy work-life balance is key. At our hospital, our doctors work three 12-hour shifts per week with four days off. I spend my time outside of work doing things I enjoy that charge my battery. This usually involves spending time with my own animals, family, and friends. I do things that counterbalance the trauma I see at work and find that having a support network is essential.

I glance at the clock, and it's 6:00 am. My Addison's dog is stable and eating. I switch them to oral prednisone and discontinue the dextrose and dexamethasone. My DKA cat is brighter. The blocked cat is sleeping comfortably, and his urinary catheter is flowing well. I round to the day veterinarian and stay a bit late to finish medical records. Logging out of Cornerstone, I spend several minutes looking for my car keys, only to remember they've been in my scrub pocket the entire night. I head out the door and warm up my car. As every veterinarian knows, even when I leave work, I do not stop being a veterinarian. If I can prevent an accident from happening or help in any way, I do. There have been several times on my drive home from work when I have stopped to assist an owner whose dog had been hit by a car. A couple weeks ago, I stopped to catch two very scared senior Labradors lost and loose on the inland highway, with the help of a very kind animal control officer that responded before their shift started. The night shift may be over, but I never stop being an emergency veterinarian. **WCV**

“IT IS RARE THAT I HAVE A SHIFT WITHOUT ONE EUTHANASIA.”

PHOTO BY JAKE ESPERIDIO@UNSPASH.COM

NO NARWHALS? NO PROBLEM: SMALL TOWN BC VETERINARIAN VISITS THE GREAT WHITE NORTH

BY MARY von der PORTEN, DVM

“THIS TRIP WAS A TWO-WEEK VETERINARY MEDICINE ADVENTURE THAT WOULD TEACH ME MORE THAN I EVER COULD HAVE IMAGINED ABOUT MYSELF, OUR PROFESSION AS VETERINARIANS, AND OUR COUNTRY.”

Veterinarians Without Borders (VWB) is a small but mighty organization with a major impact around the world, focusing on One Health improvements as its primary goal. Their projects range from on-the-ground disaster relief in Ukraine and food security in South Sudan, to zoonosis prevention in Rwanda, and companion animal health in Northern Canada. The reality that any community in Canada should need help as compared to these other worldly challenges should make any Canadian wonder about the equality of our nation. The lack of services to remote Northern communities is marked, with all of housing, health care, education, and veterinary care being in short supply. Central to this, First Nations and Inuit communities are trying to recover from centuries of discrimination, violence, attempts at cultural destruction, and the taking of Indigenous lands that underpinned the goal of colonization. Present challenges specific to veterinary health include animal overpopulation, nutrition, communicable disease, and parasites. And while many places across BC and Canada are underserved by veterinarians, many communities in the North simply have no access to vet care whatsoever.

I was curious to see how veterinarians from “the South” could step into Arctic communities for just one week per year to help in any meaningful way. VWB NAHI takes the right approach by asking communities directly, rather than assuming, how the veterinary profession can help. They put together multiple trips to provide veterinary services in a manner that Northern, underserved, Indigenous, remote communities want. They forge lasting relationships with community leaders through respect, understanding, and sound veterinary care so visits may be welcomed in the future, thus becoming annual. At the helm of VWB NAHI is dedicated veterinarian Dr. Michelle Tuma, who lives and breathes to provide care to underserved communities. This vision of community-led care is a means in which the greater veterinary community may improve animal health as well as contribute to the process of reconciliation with Indigenous nations and peoples.

When I applied to the VWB NAHI, I was keen for an adventure and excited to see Arctic environments that are so often used to define Canada itself. And to be honest, I also wanted to see a narwhal (who doesn't?). My application included how quickly I can make testicles fly, but equally, my support for Indigenous inherent rights, my understanding of the impacts of colonization, and my personal commitment to reconciliation with Indigenous nations. Prior to becoming a veterinarian, I was lucky to spend time in Haida Gwaii making friends and learning from the Haida people. Alongside many Canadians, I have been following their monumental journey of land and title acknowledgement. But my day-to-day life as a veterinarian has left me remiss to contribute to a reconciliation in a way that I felt was meaningful. I was unprepared to face the realities of Northern colonization and was certainly in for a wake-up call on this trip. Before going, I was asked in my interview, “What did I do on Truth and Reconciliation Day?” If I could answer that question again after my trip, it would be, “Not enough.”

My journey from Interior BC began with two days and five flights on progressively smaller planes. Flying over a frozen ocean somehow turns out to be much more terrifying than flying over an open one (illogical, I know). There was a surprising amount of survival gear on the plane in addition to standard lifejackets; I was told this was “in case we need to help someone,” and I was pretty sure that someone was us. Our plane was loaded with a massive amount of cargo consisting of anesthetic machines, medications, kennels, dewormers, many pill pockets, three veterinarians, and three veterinary technicians. The itinerary included one week in Kugluktuk, Nunavut—a community of approximately 1,400 people on the coast of the Arctic Ocean—and a second week in Lutselk'e, a 300 person Dene community on the shores of the mighty Tucho or Tu Nedhe (also known as Great Slave Lake). Our team was led by Dr. Tuma and Gevenieve Douyon, RVT, who worked tirelessly to make things run smoothly. Two technicians, Kate (PEI) and Wendy (AB), were absolutely amazing, and the other volunteer veterinarian, Dr. Anne (ON), was super keen, and we happily shared a surgical table and traded wellness appointments.

In Kugluktuk, we set up in the community centre's gymnasium, alongside the shores of a completely frozen Arctic Ocean (I quickly realized no narwhals in May). The community centre is a central gathering place which hosts a world of purposes from basketball games and feasts to meetings and our annual veterinary clinic. To set up our clinic, we assembled two anesthetic machines, multiple tables for preparation and surgery, a reception area stocked with intake forms, free leashes, kids' games, and a wellness and vaccination table. Kennels for recovery were lined along the back wall near the heater. Delightfully, we were the talk of the town for the kids of Kugluktuk. A gaggle of kids was there daily to watch surgery, chat, help hold dogs, and even sweep up. Our on-foot commute to the clinic involved a walk in various temperatures through the community, passing homes, the school, the Northern, and the Co-op. Community members were very welcoming and could be found outside socializing at all hours or heading out on the land on their four-wheelers. There was even an alarm at 9:30 pm to tell the kids to go to bed as there were no hints from the 24-hour sunlight. I could often hear kids still playing as I donned my eye mask for some much-needed sleep each night.

“My mom is flying around the North Pole in a private jet helping animals,” my 5-year-old daughter proudly boasted about my time away last May with the Veterinarians Without Borders Northern Animal Health Initiative (VWB NAHI). While her imagined superhero narrative was exaggerated, she wasn't too far off the itinerary. I did indeed go to Nunavut and the Northwest Territories (but no North Pole or Santa), there were a couple of chartered flights (no jets, more like loud propellers), and yes, our goal was to help animals and their humans. This trip was a two-week veterinary medicine adventure that would teach me more than I ever could have imagined about myself, our profession as veterinarians, and our country.

PHOTOS BY MARY VON DER PORTEN AND K. MAEACHERN



The team heads out on a twin propeller plane.



The team intubates a local dog.

To get to Lutselk'e for our second week, we took a "private jet" (small twin propeller plane full of veterinary gear) from Yellowknife, over a seemingly endless number of lakes, to get to the east arm of Tucho/Tu Nedhe. Over the week, we witnessed spring breakup as the lake went from full ice to revealing crystal clear waters underneath of unspeakable beauty, enchanting us with candling sounds (candling is a Northern word of the sound of ice crystals chattering in the wind). We set up in a science classroom at the local school, gently shifting books off the counters to make room for equipment, such as our tag-making machine. We had a basic but very usable clinic setup and provided quality care as well as a few strategic boxes of goods. As a byproduct of our work, we again provided daily entertainment to the kids that passed our classroom, and in the spirit of full transparency, any community member could come watch.


Over the course of the two weeks, we saw an array of pets, featuring most predominantly and perhaps not surprisingly, the husky—so many lovely personalities, colours, and shapes of huskies thriving in their natural environment. These dogs are integral to the communities and families of the North, even where snowmobiles have now commonly replaced dog teams.

Each clinic was supported by local community members who worked tirelessly to advertise and schedule our work. In total, we did 50 spay and neuter surgeries and 168 appointments, with vaccines, and all services were at no cost to individuals. Anyone who wanted care was able to see us. We did our best to diagnose and treat with limited means; for example, we encouraged using fish oil for arthritis and advising on suitable Tylenol rescue doses as we were restricted in supplies and could only leave a small amount of veterinary medications. Some community members were able to access ongoing remote care from the hardworking clinics in Yellowknife or if needed, pet food from the SPCA. At the end of each week, we watched the community dogs with their cones on happily making their way to their usual haunts—an adorable sight.

It was fascinating to experience these two different communities of the North, one Inuit north of the Arctic Circle and the other Dene in the core of the Canadian Shield. The Arctic was captivating with its raw landscape and icy shores with rich Inuit art and heritage while Lutselk'e demonstrated how with just a short flight from Yellowknife, you can be transported into a world where people live and breathe the land and regularly share their fish catch with friends, neighbours, and a travelling veterinary team. Each place had its challenges of isolation, but family connection, Indigenous traditions, knowledge, and ways of living continue to give the communities strength.

My favourite part of the journey was getting to know the people, especially the kids curious about our presence. These are children growing up in the heart of their homelands with the challenges and advantages that come with that. Their love of going to seasonal hunting and trapping spots and being out on the land was apparent in their stories. The value of family was strong and the connection to the land deep. These kids were also very good with the huskies; one keen teenager was on a personal journey to be a veterinarian for which VWB was providing tangible support, and she was there to assist us every day. The joys of their childhoods will also need to meet challenges placed on them by colonization, including substance abuse, poor housing, violence, and suicide. Meeting these children and then having to say goodbye was very emotional for me, and I wish they live strong, prosperous lives in their homelands, retaining valuable cultures. I hope I can meet them again one day soon.

My time with VWB was a punctuation in my career, making me push myself out of my comfort zone, and re-evaluate what I define as important in both my career and home life. VWB is an amazing organization that is leading the way for veterinarians to be a part of reconciliation with First Nations, Inuit, and Métis. While the days were long and the nights bright, it was an honour to be part of it. We provided veterinary care to those who receive it maybe once a year, and in exchange, we experienced friendship and connection. While being a veterinarian comes with many challenges, it also has immense privileges. This trip was like having my privileged eyes wedged open with toothpicks. It was an honour to provide my veterinary skills to those who need it, and now, I would like to find a way to contribute more here in BC, where many of the same challenges are felt. On this recent Truth and Reconciliation Day, and with all I learned in the North, I can't help wondering how else veterinarians can contribute to making Canada stronger and more equitable for people and their animals.

Consider a generous donation as a great step—www.vwb.org/site/donate/. 



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A full-size steak stuck in the esophagus of a Doberman Pinscher for a couple of days.

PHOTOS SUPPLIED BY EUGENE CORODETSKY

ON THE ROAD, AGAIN

BY MEGAN ATWOOD, BSc, DVM

When I graduated veterinary school in 2006, I never imagined that one day I would have a mobile ultrasound practice. My understanding of a veterinary practice was bricks and mortar, yet in reality, mobile veterinary practices can benefit clients, their pets, and primary care veterinarians. Reduced travel times and familiar environments reduce stress for both owners and pets; for those owners without access to vehicles, it can be the difference between getting care and not getting care. Mobile practices can also go one step further. By introducing mobile practice into the specialist community, animal owners can access specialist care via their family veterinarian, and these general practice veterinarians enhance their ability to deliver a fuller range of care to patients, sometimes even at a lower cost as compared to specialty practices which may or may not be available in some communities. Plus, general practitioners don't need to invest in costly equipment, or the extensive education and experience needed to master these advanced skills.

Becoming a mobile consulting veterinarian also gave me the work-life balance I was looking for. Upon graduation, I was set to become an equine veterinarian. However, there were few horse veterinary jobs available in BC, so I ended up working as a small-animal veterinarian. In my first few years out, I was fortunate to work at a practice that utilized the mobile services of a talented and lovely veterinary radiologist, Dr. Janet Nieckarz. Dr. Nieckarz was always so helpful with my cases and integral to finding the cause of the patient's clinical signs, leading to improved patient outcomes. In subsequent years, I had the pleasure of meeting and working with Dr. Laurie Head, another wonderful and skilled veterinary radiologist who also has a mobile ultrasound practice. Dr. Head helped me with many cases, significantly improving patient welfare. Both veterinarians provided invaluable assistance with radiographic interpretation, which not only benefited the patients in each case we discussed but also improved my ability to help future patients through the knowledge I gained from those discussions. It was ultimately these experiences that inspired me to pursue a career in diagnostic imaging and eventually with their encouragement and support, start my own mobile ultrasound practice.

During my transition from general practice, I completed two Diagnostic Imaging Internships; however, I was reluctant to move my young family internationally again to finish a residency. With my newly acquired skill set, I chose to focus solely on the ultrasound imaging modality and accepted a position as a sonographer at Boundary Bay Veterinary Specialty Hospital (BBVSH), where I worked for over three years. This incredible experience, however, took its toll on my family due to the hours, and I realized that starting a mobile ultrasound practice would offer me the flexibility I needed, while providing me the relationships I craved working with general practitioners.

Starting a mobile consulting practice was more involved than I anticipated. First, I needed to purchase all the necessary equipment and then apply for accreditation with the CVBC before seeing any cases. Like any veterinary practice in BC, I carry liability insurance, pass a practice inspection, and pay the same fees as a full-service veterinary hospital, even though the equipment needed for a mobile practice is substantially less. My scope of practice is limited to the consulting services I offer.

Of course, for all the benefits of providing a mobile service, there are limitations to what I can perform in a general practice setting. I rarely perform any thoracic sampling due to the small risk of pneumothorax or hemothorax. These procedures ideally should be performed in a specialty hospital setting, with a critical care specialist close by to intervene if things go sideways, such as a pneumothorax developing after a lung aspirate. As

“...BEING MOBILE AND ATTENDING AT DIFFERENT LOCATIONS ADDS EXTRA VALUE TO THE CLINIC BECAUSE OWNERS AND PETS DON'T HAVE TO TRAVEL...”

“... IS THE ABILITY TO SOLVE A PROBLEM ON THE SPOT...”

an added precaution, I now recommend a coagulation panel prior to sampling the liver, spleen, or any highly vascular structure. Most general practices do not have the resources to perform an in-house coagulation screen, and subsequently, I perform fewer ultrasound-guided aspirates in a general practice setting. Additionally, critical patients should be transferred to a specialist hospital for further care and procedures including a diagnostic workup, if owners have the resources.

Though I miss the variety of unique cases and collaboration at a specialty practice, I still come across interesting cases in my mobile ultrasound practice. One case that stands out involved a seven-year-old, supposedly neutered, male Labrador Retriever recently rescued from Texas. A mid-abdominal mass had been found, and an abdominal ultrasound was recommended to identify its origin. I observed the dog had prominently visible nipples, a very unusual finding for a reportedly neutered male dog. The scan revealed a hyperechoic and mildly enlarged prostate with symmetric lobes, a typical appearance for an intact male dog. I then located the large, complex, irregularly marginated, heterogeneously hypoechoic, moderately vascular, and mildly cavitated mass in the left caudal abdomen. The vascular supply of this mass led to the left inguinal region, and I noted that the vasculature displayed a whirl sign, consistent with a torsion, and the regional mesenteric fat was moderately hyperechoic, indicating secondary steatitis. The left testicle had developed

neoplasia, likely functional and hormone-producing, resulting in gynecomastia. I concluded this dog was a bilateral cryptorchid and found the other undescended testicle in the right inguinal region. The dog underwent surgery to have both testicles removed and recovered without complications. Histopathology of the left testicular mass revealed a mix of seminoma and Sertoli cell tumour.

Endoscopy is another veterinary service that can be offered by a mobile veterinarian. This is what Dr. Eugene Gorodetsky (WCVM 1999) is doing with his practice BC Mobile Animal Endoscopy. He worked at VCA Canada Vancouver Animal Emergency & Referral Centre that, at the time, did not have endoscopy services, which would have benefitted procedures like foreign body removal. Recognizing the need for more readily available endoscopy services, Dr. Gorodetsky purchased a couple of endoscopes and completed endoscopy courses, and soon, veterinarians were inviting him to do endoscopic procedures at their own practices.

I worked with Dr. Gorodetsky many times and recall one memorable occasion when a dog had come in for a routine wellness exam, was given a treat, and accidentally inhaled it. The dog was showing signs of respiratory distress, and the veterinarian felt the patient was too unstable to transport. I suggested she call in Dr. Gorodetsky—he came into her hospital, worked his magic, and the dog lived to see another day.

Dr. Gorodetsky chose a mobile endoscopy business over bricks and mortar as he likes traveling, and the lifestyle suits him well. He works mostly in the Lower Mainland and Fraser Valley; however, he still spends a fair amount of time on Vancouver Island. Less frequently, he travels to Whistler, Pemberton, 100 Mile House, Merritt, Kelowna, Kamloops, and Salt Spring Island.

The most rewarding part of his endoscopy practice, he says, is the ability to solve a problem on the spot. This mainly applies to removal of foreign objects (gastrointestinal, respiratory, and occasionally from the ear) but also extends to treating oropharyngeal, nasal, and rectal polyps. He feels being mobile and attending at different locations adds extra value to the clinic because owners and pets don't have to travel long distances for diagnostic or therapeutic procedures.

Foreign body removals are by far the most satisfying procedure he performs. The most common endoscopic procedures Dr. Gorodetsky performs are on patients with chronic gastrointestinal complaints as well as those with chronic nasal symptoms. The majority of patients are cats and dogs, though he has scoped ferrets, rabbits, a lynx, a leopard, a lion, snakes, lizards, tortoises, various bird species, pigs, and horses. Dr. Gorodetsky frequently sees unique cases, such as the 14-year-old Boston Terrier with a 6 cm carabiner in her stomach.

Dr. Gorodetsky says mobile practice has its challenges including unpredictability and instability but over the years, he's grown accustomed to this. And like most veterinary practices, some weeks are crazy busy, and some are slow.

Specialists can also find reward in mobile practice, like Dr. Jonathan Lichtenberger (DACVIM Cardiology) who provides mobile cardiology services through Pacific Coast Veterinary Cardiology and sees patients at veterinary practices on Vancouver Island. Originally from France, he studied veterinary medicine at the Ecole Nationale Vétérinaire d'Alfort, near Paris, then pursued a rotating internship at Oregon State University, followed by a 4-year residency in cardiology and an MSc program in electrophysiology at the Atlantic Veterinary College in Prince Edward Island under the supervision of Dr. Etienne Côté.

He says that not all pet owners can afford a full cardiac workup at a specialty hospital, and Island travel limitations can be challenging. Mobile cardiology services, including outpatient echocardiograms, support local veterinarians in managing their cardiac patients.



Left testicular mass.

PHOTO BY CHRIS SELVIG

With his mobile practice, less travel time means less stress, which is especially important for cardiac patients. Importantly, collaborative care between board-certified cardiologists and family veterinarians improves patient outcomes. This was demonstrated in a study involving dogs with congestive heart failure secondary to degenerative mitral valve disease (Lefbom BK, Peckens NL. JAVMA. 2016;249:72-76).

Like I found in my own mobile practice, Dr. Lichtenberger also finds some limitations like the inability to perform interventional cardiac procedures such as patent ductus arteriosus closure, balloon dilation valvuloplasty for pulmonic stenosis, or pacemaker implantation. He found interventional procedures rewarding and enjoyable, but they represent a small proportion of a veterinary cardiologist's daily work, so he doesn't mind sending them to a colleague, like Dr. Mark Harmon at BBVSH, who has been performing procedures for patients from Vancouver Island.

Dr. Lichtenberger works mostly with dogs and cats and occasionally, horses and exotic animals. He used to volunteer at the Toronto Zoo and performed echocardiograms on many species, including clouded leopards, Amur tigers, red pandas, hyenas, beavers, river otters, and even Vancouver Island marmots, an endangered species, also prone to dilated cardiomyopathy.

Dr. Lichtenberger finds that running a mobile practice definitely requires organizational skills to minimize travel time, arrive at clinics on time, and see cases that need attention as soon as possible, and adds that there's a lot of administrative work. He credits his partner for being exceptional at that part of the family business.

He loves the flexibility his practice offers, with every day presenting different clients, patients, and referring veterinarians and their staff. He says mobile practice means he can share his expertise, through evaluations and questions after procedures, with more people than if at a specialty hospital. Telemedicine, he says, wouldn't be a good fit for him as he finds cardiology benefits from seeing patients directly.

He credits general practitioners with providing him with the ability to offer specialized cardiology services directly from their practices, including echocardiography, multi-lead electrocardiogram, and Holter monitoring, without having to send patients to a different location. He can also meet with owners directly, which is especially valuable for complex cases. For the practices themselves, they have quick and easy access to specialty services, and the long-term relationships built over time improve the management of cardiac patients. He also thinks that the consistency in his recommendations (as opposed to using telemedicine services with specialists located all over the world, for example) is something the veterinarians he works with appreciate.

Other mobile veterinary consulting practices in BC include mobile surgery, internal medicine, palliative and euthanasia, dentistry, and ophthalmology services. Mobile oncology services, while not currently offered in BC, are available in some regions of the US. Mobile veterinary consulting practices are transforming the delivery of specialized care, providing services such as endoscopy, cardiology, ultrasound, and surgery, directly at the clinics that need them. By bridging the gap between specialists and general practitioners, mobile practices ensure that pets receive timely, high-quality care tailored to their individual needs. Mobile practices, for many of us who own them, bridge a different gap, offering us the work-life balance we seek, or the variety we crave, or the satisfaction of delivering services to where they are needed. Far from competing with the general practitioners of the patients we see, we enhance their ability to care for their patients while also, hopefully, enhancing knowledge and sharing experience. WCV



Dr. Lichtenberger performing an echocardiogram on a Boston Terrier.



One very long sock coming right up.

SEEING EYE CARE CLEARLY

BY MARNIE FORD, PhD, DVM, DACVO

The eyes are a vital part of a pet's overall health, playing a crucial role in their ability to navigate and interact with their environment. Pets rely on their vision to recognize familiar faces, explore new surroundings, and avoid danger. For many animals, sharp eyesight is essential for hunting, finding food, and communicating with their owners or other animals. Healthy eyes allow pets to live an active and engaging life, enhancing their quality of life. However, without proper care, pets can suffer from discomfort, decreased vision, and even blindness, which can significantly affect their mobility and independence.

Eye health is also closely connected to a pet's overall well-being. Many systemic diseases, such as diabetes, high blood pressure, high cholesterol/fatty acids, and even some cancers, can first manifest through changes in the eyes. Routine eye checkups help veterinarians catch these underlying conditions early, improving the chances for successful treatment. Additionally, conditions like cataracts, glaucoma, or infections can develop in the eyes, causing pain and vision loss. Early detection and treatment are key to preventing long-term damage, emphasizing the importance of regular eye care and awareness of any changes in a pet's vision or eye appearance.

Maintaining an animal's eye health is not only about protecting their sight but also about ensuring their comfort and overall health. Simple practices like keeping their eyes clean, protecting them from environmental irritants, and seeking veterinary care for any abnormalities safeguard their vision and prevent more serious health issues down the line. A common statement I hear from owners is "I didn't know what to look for." I believe it is our duty as veterinarians to educate owners as to what changes constitute abnormal signs, both in the eyes and as general indicators of illness or pain.

PROACTIVE CARE

When introducing the concept of eye examinations for pets, it is important for veterinarians to emphasize the importance of proactive care in maintaining a pet's overall health. The veterinarian might explain to the pet owner that pets, like humans, can experience a variety of eye-related issues, including infections, injuries, cataracts, or glaucoma. By performing a thorough eye exam at every wellness check,



Corneal degeneration that requires application of compounded cyclosporine for clarity.

veterinarians can detect early signs of these conditions, allowing for timely intervention before they progress to more serious problems. Veterinarians may also reassure the pet owner that an eye examination is a painless, non-invasive procedure that can be easily incorporated into a routine wellness check. Every wellness check provides an opportunity to not only perform eye examinations but also for the owners to share any concerns they may have about their pet's vision.

The eye, being a small, closed space, is rarely affected by only one problem. In other words, one disruption (e.g., uveitis) often, without timely care, results in other changes that can be more difficult to correct (e.g., intraocular scarring, cataracts, or glaucoma). The many categories of eye conditions (inflammation, trauma, cataract, ulcer, dry eye, etc.) overlap like a complex Venn diagram. It is for this reason that eyes are tested so broadly. During the eye examination, veterinarians perform a series of tests to evaluate the pet's vision and eye health. The minimum data base, made up of the Schirmer tear test (STT), fluorescein stain, and measurement of intraocular pressure (IOP) will help to narrow down the nature of any current ocular changes. When performed routinely, these tests also help to identify trends in ocular changes that can be associated with an impending ocular disease. When practised, these three tests should take no

CLIENT EDUCATION AND THE IMPACT OF MEDICATION SHORTAGES ON PET TREATMENT

longer than 3-5 minutes in total. Following this, examination of the neurologic aspects of the eye (menace response, dazzle reflex, and palpebral reflexes) should take another two minutes. A tremendous amount of information can be obtained from these tests when performed routinely. Furthermore, this information will be required when calling an ophthalmologist for advice on a case.

MEDICATION SHORTAGES

When a medical problem is identified, medicated eye drops are often prescribed. Fortunately, most of these medications are human formulations carried by pharmacies. This provides advantages such as late-night availability, quick restocking from nearby pharmacies, and generally lower costs, particularly at large chain stores like Costco. However, despite these conveniences, shortages still occur due to manufacturing, regulatory, or supply chain issues. These challenges occurred with an irritatingly high frequency during the COVID-19 pandemic, and while the frequency has decreased, occasional disruptions still affect care. Today, supply issues for both human and veterinary products typically stem from manufacturing delays caused by technical problems, quality control issues, or limited production capacities. In some cases, delays can be exacerbated by the difficulty in obtaining the raw materials needed to produce these drugs. Regulatory challenges, such as lengthy approval processes for new drugs or changes in existing production standards, can also contribute. Additionally, many veterinary drugs are produced in smaller quantities compared to human medications, making them more vulnerable to supply chain disruptions.

Beyond supply chain problems, unique issues related to human drug availability can arise. For example, medications may no longer be manufactured if they are prescribed less frequently for human patients, or newer drugs may render older, yet proven, medications obsolete for human use, even though they remain safe and effective for veterinary care. When such shortages occur, what are veterinarians to do?

These shortages can have significant consequences for veterinary practices, particularly in specialities like ophthalmology, where specific medications are essential for managing chronic conditions such as glaucoma or dry eye. Similarly, when a tried-and-true medication routinely prescribed for systemic conditions becomes unavailable, alternatives may not only be inadequate but may cause unacceptable side effects. When trusted medications become unavailable, veterinarians may struggle to provide the best possible care for their patients, leading to delays in treatment,

reliance on less effective alternatives, and increased stress for both veterinarians and pet owners. In some cases, the lack of necessary medications can result in poorer outcomes for pets, especially for conditions requiring continuous treatment to maintain vision, control endocrine disorders, or manage pain.

COMPOUNDING TO THE RESCUE

To address the challenges posed by drug shortages, veterinarians must often be resourceful. One approach is to collaborate with compounding pharmacies to create custom formulations when commercial options are unavailable. Custom formulation depends on the pharmacist's expertise to create the best match. Although this process may take time and result in higher costs, the safety and efficacy for the patient should take priority.

In Canada, compounding is regulated by provincial authorities with guidance from the National Association of Pharmacy Regulatory Authorities (NAPRA). Each province independently enforces the NAPRA guidelines for sterile and non-sterile compounding, resulting in some enforcement variability across regions. In contrast, the US has more centralized regulation under the Food and Drug Administration, which oversees compounding through the Drug Quality and Security Act, with stricter federal oversight. Unlike the US, which distinguishes between 503A pharmacies (individual prescriptions) and 503B outsourcing facilities (bulk compounding), Canadian pharmacies tend to operate more generally, without these distinct categories. While both countries regulate the use of bulk substances, Canada places stricter restrictions, requiring specific permissions for certain ingredients. Veterinary compounding in Canada follows the same provincial guidelines as human compounding, although the US has clearer national guidance for veterinary practices. Overall, Canada's compounding standards are robust, but less centralized compared to the US's highly regulated and specialized system (1-4).

Compounding a medication when name-brand products are unavailable is not without potential problems. These include variability in quality and



Cornea with signs of chronic dry eye that requires daily application of a compounded tear stimulant.

potency between different pharmacies, lack of Health Canada approval, less stability and shorter shelf-life issues, inconsistent dosage between independent orders, risk of contamination, and limited availability of ingredients. Additionally, compounded drugs do not undergo the same clinical trials as name-brand medications, and the decentralized regulatory system may lead to variations in quality control. These challenges highlight the need to create a strong working relationship with a compounding pharmacy to not only work through these limitations and provide you with the best advice with respect to storage or difference in formulation, but that is trusted to adhere to strict sterility protocols and with a proven track record for producing both human and veterinary products. Pharmaceutical compounding is safe and essential, provided potential errors are anticipated and prevented by following the compounding regulatory framework. A list of well-established compounding pharmacies is available on the Chapter's website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine.

ALTERNATIVE SOLUTIONS

In addition to exploring drug compounding, veterinarians can stay informed about alternative therapies or drug substitutes that might be suitable for temporary use. For instance, during repeated shortages of Voltaren, a widely used non-steroidal anti-inflammatory (NSAID) medication, alternatives like diclofenac, the generic version of Voltaren, or a different NSAID drop, such as Acular (ketorolac), have been employed. Clear communication with pet owners about any changes to a medication is also essential to manage expectations and explain potential consequences.

Manufacturers of generic medications aim to closely match the rigorously tested name-brand medications. When considering generic versus name-brand eye drop formulations, you might not immediately think about factors like pH, particle size, solubility, and purity—but these can make a world of difference in the effectiveness, safety, comfort, and stability. For instance, a slight shift in the pH of eye drops might seem trivial, but to the eye, can lead to irritation resulting in extra tearing and consequently less time for the drops to absorb. Similarly, a larger particle size in suspensions can be like trying to swallow a pill that feels like gravel—larger particles can cause more discomfort and even impact how evenly the medication is distributed across the eye's surface. Stability and solubility are also critical, as they affect how long the drug remains effective and how well it is absorbed by the eye's tissues. While name-brand medications undergo rigorous testing to optimize these factors,

as a veterinarian, you're not expected to be a pharmaceutical chef. This is where working with a compounding pharmacist becomes essential. A compounding pharmacist will take these considerations into account when formulating an alternative medication, particularly when your patient's eye is throwing a tantrum over the generic.

Proper eye care for pets is not just about addressing immediate issues; it's also about supporting their overall health and quality of life. As veterinarians, it is our responsibility to educate pet owners on the importance of eye examinations, early detection of eye-related conditions, and the proactive steps they can take to maintain their pet's vision. Medication shortages, while frustrating, challenge us to be resourceful in finding alternative solutions, whether through compounded medications or alternative therapies. The decision between generic and name-brand eye drops must be made carefully, considering factors like pH, particle size, solubility, and purity. These subtle differences can have significant impacts, particularly for pets with sensitive or complex eye conditions. By staying informed and collaborating with owners, veterinarians can continue to provide high-quality care despite the obstacles posed by shortages, always striving to protect both the comfort and health of our patients. To save space, the references for this article are made available on the Chapter's website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. **WCV**

“TODAY, SUPPLY ISSUES FOR BOTH HUMAN AND VETERINARY PRODUCTS TYPICALLY STEM FROM MANUFACTURING DELAYS CAUSED BY TECHNICAL PROBLEMS, QUALITY CONTROL ISSUES, OR LIMITED PRODUCTION CAPACITIES.”

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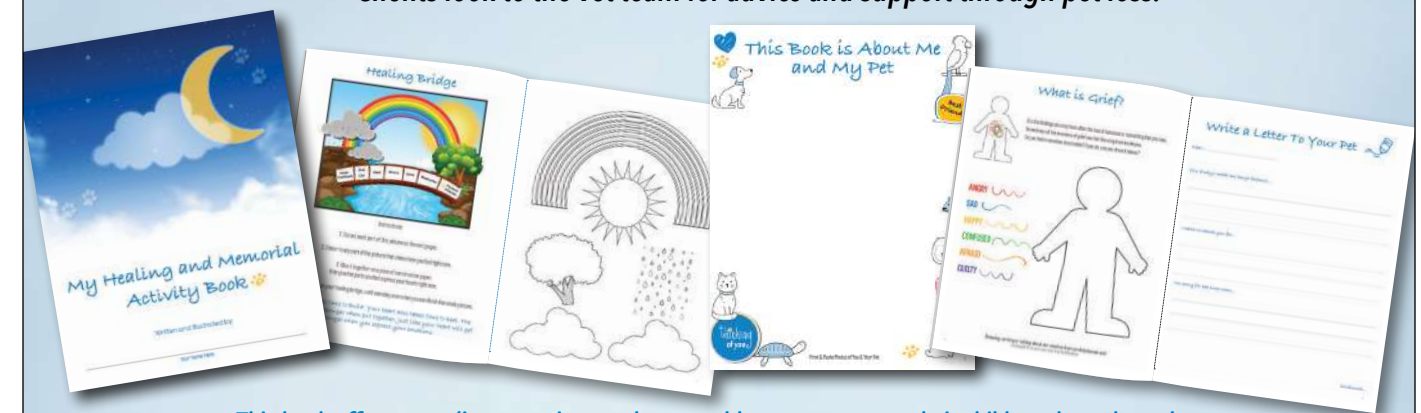
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PHOTO SUPPLIED BY DR. DODDS' FAMILY

DR. MICHAEL DODDS | 1971-2024

Provided by Dr. Dodds' family

Dr. Michael Dodds, beloved husband, dad, son, brother, uncle, and friend, passed away on September 1, 2024.

Dr. Dodds was born in Vancouver, BC, on November 12, 1971. He grew up in Vancouver.

He graduated from Point Grey Secondary School, attended the University of British Columbia, and then the University of Glasgow Veterinary School.

Dr. Dodds was married to his loving wife, Michaelanne, for 27 years. Together, they built a wonderful life with their son, Jesse. Dr. Dodds' family brought him so much joy and pride. He is survived by his wife, son, parents Carolyn and Jim, brothers James (Erin) and Will (Jarret), sister-in-law Jenna, brother-in-law Matt, niece Billie-Rose, and mother-in-law, Trisha.

Dr. Dodds devoted 24 years to his career as a veterinarian. He bought Kerrisdale Veterinary Hospital from his father, Dr. James Dodds, and continued his father's legacy of animal care in Vancouver. His compassion and expertise touched the lives of countless animals and their owners. He was a well-known and widely respected figure in the neighbourhood and veterinary community. Dr. Dodds led a life marked by dedication and love for animals.

Dr. Dodds will be dearly missed by all who knew him. He was a great benefactor of his time and money for causes that were near and dear to him. He volunteered his time for the BC SPCA and Charlie's Vet Clinic. He was a member of the Royal College of Veterinary Surgeons.

Dr. Dodds led a full and busy life. Beloved in his practice and wider network, he was a long-time hockey player, golfer, hiker, and biker, with a keen love of travel and adventure. In his spare time, Dr. Dodds could be found bike touring, hiking around the province, and hunting down microbreweries. He will be greatly missed by so many who knew and loved him. He leaves a legacy of service, humour, humility, and dedication.

Donations can be made in Dr. Dodds' memory to the BC SPCA and the B.C. Wildlife Federation.

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PHOTO SUPPLIED BY DR. HOLLING'S FAMILY

DR. NANCY ANNE HOLLING | 1963-2024

Provided by Chris Holling

In loving memory.

Dr. Nancy Anne Holling was born in Sault Ste. Marie on November 29, 1963, and passed away on September 9, 2024, in Duncan, BC. She was predeceased by her parents Crawford Stanley Holling and Beverly Joan Holling (Rowley). She is survived by her wife, Charity, who lives in the US; stepmother Ilse; brothers Chris (Grace) and Jamie; sisters of the heart Diane, Elaine, and Jeannine; nephews Lucas, Sam, Asher, Evan, and Dawson; and dogs Walter, Sabou, and Georgia.

From a young age, Dr. Holling had two passions: hospitality and animals. After finishing high school in Vancouver, she moved to Austria where she earned a two-year hotel and restaurant management diploma. After graduation, she worked for four years with Pan Pacific Hotels in Vancouver and Tokyo. Then, wanting to connect with more social meaning and her love of animals, Dr. Holling enrolled in the Western College of Veterinary Medicine and graduated as a Doctor of Veterinary Medicine at the age of 34. After working for two large veterinary hospitals in Florida for four years, where she met her wife, Charity, she spent six years at Prevost Veterinary Clinic in Duncan.

In 2009, Dr. Holling founded Sitka Veterinary Services to provide in-home treatment for dogs and cats. She wanted to provide a less stressful experience to her patients and clients. She attracted a team of compassionate professionals who will continue with her vision for the company.

Many thanks to Dr. Bains and the nurses and staff at Cowichan District Hospital.

A celebration of life was held on November 23, 2024, at The HUB at Cowichan Station in Duncan, BC. In lieu of flowers, consider a donation to the Vancouver Island chapter of the national dog rescue non-profit organization Extraordinary Galgos and Podencos. Donations can be made by e-transfer to egpwesterncanada@gmail.com, and please include your name and mailing address in the message.

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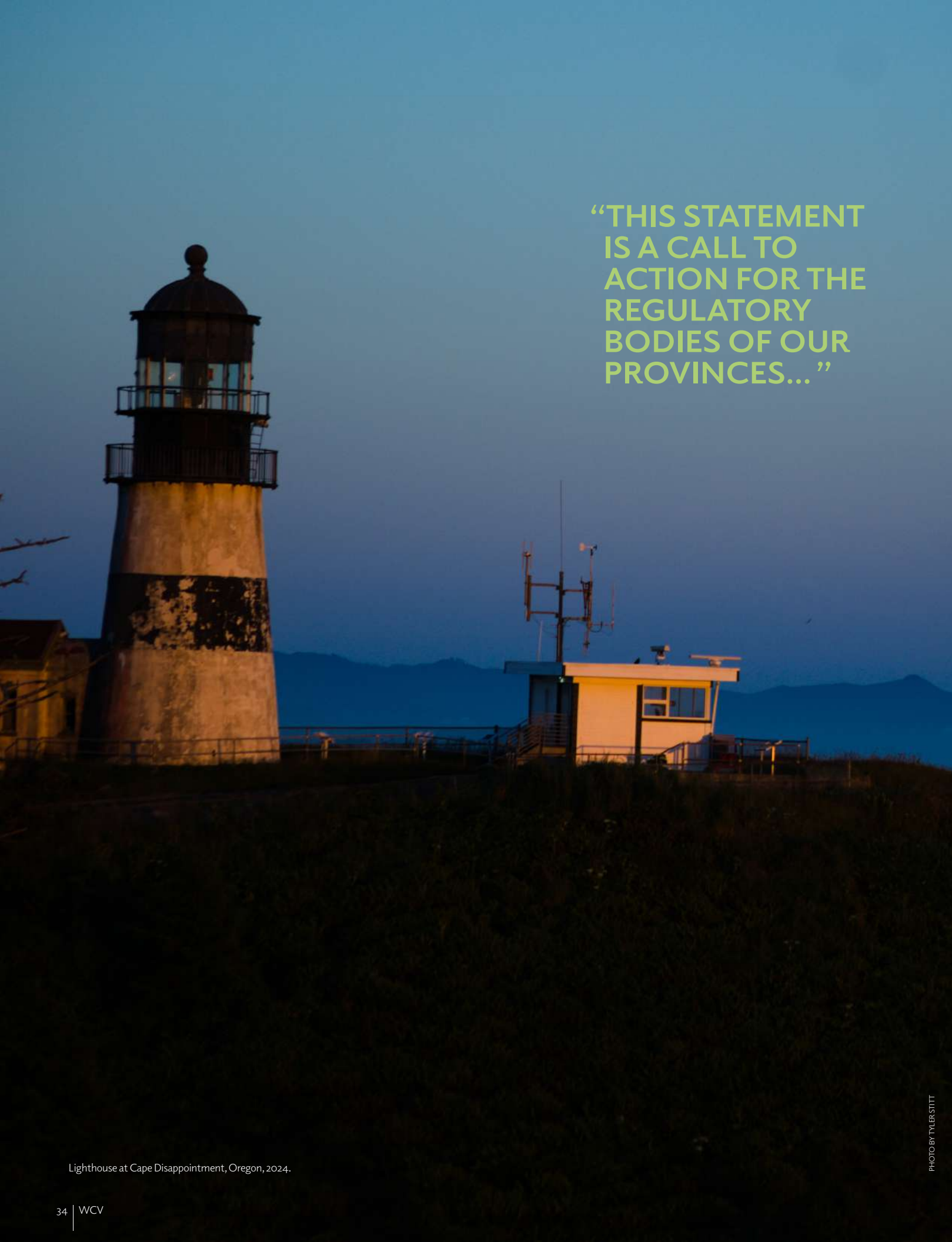


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“THIS STATEMENT IS A CALL TO ACTION FOR THE REGULATORY BODIES OF OUR PROVINCES...”

Lighthouse at Cape Disappointment, Oregon, 2024.

PHOTO BY TYLER STITT

VETERINARY MEDICINE AND THE LIFEBOAT TEST V.2.0

BY TYLER STITT, BSc, MPH&TM, DVM

Something changed in 2024. I've enjoyed a full and varied career working in veterinary public health at the Centre for Coastal Health and operating a mobile mixed-animal practice for horses, companion animals, small hobby farms, and aquaculture. I've collaborated with colleagues across Canada and internationally on farmed animal movement mapping and risk assessments, vector borne and emerging disease surveillance, food safety, and knowledge translation. Even with this variety of career experiences, I cannot say I was prepared for the challenges I've faced as a veterinary clinician in 2024.

This year, I contemplated leaving my veterinary career behind. Perhaps post-COVID-19 exhaustion and fatigue caught up to me; maybe I had one too many late-night emergencies or a few too many emotional euthanasias. I've certainly had to deal with numerous self-inflicted and externally applied professional expectations and responsibilities. I do not, for a moment, believe my experiences to be unique: the veterinary shortages, the growing disparity between companion animal and farmed animal practices, the rise of corporate medicine, and the frustrations of owners seeking timely and affordable veterinary care for their animals of all sizes, shapes, and colours, are often discussed within my own circle of veterinary colleagues.

In 2004, Dr. Frederick (Ted) Leighton published an opinion piece titled “Veterinary Medicine and the Lifeboat Test: A Perspective on the Social Relevance of the Veterinary Profession in the Twenty-First Century” (Canadian Veterinary Journal, 2004, Vol 45, pp 259-263). His thesis was that “over the past several decades, the veterinary profession in North America has become severely imbalanced and now serves society in a very lopsided way. What we do, we do very well. But what we do not do, or do too little, is a shameful disservice to society.” Dr. Leighton posited that the “narrow application of veterinary expertise also jeopardizes the veterinary profession itself,” and that society as a whole is poorly served, with fundamental social issues, such as public health, food safety, food supply, and environmental security, unaddressed by the animal health specialists society has educated at great expense. Can we reasonably state, 20 years later, that the veterinary profession has made improvements to better serve society as a whole?

Case in point, this summer the CVMA provided a draft Position Statement on Access to Veterinary Care for its members to review. The CVMA “holds that barriers to accessing veterinary care have created a crisis that is negatively impacting animal health and welfare and the well-being of Canadians. The crisis is expected to continue for years and may worsen unless decisive actions are taken. The CVMA strongly encourages the veterinary profession, veterinary regulatory bodies, governments, educational institutions, and other key stakeholders to act on an urgent basis to collaborate on the development of short, medium, and long-term strategies and then implement coordinated action plans to reduce barriers, improve access, and mitigate risk to humans and animals.” The background points that the CVMA provides in support of this position statement are illuminating. This statement is a call to action for the regulatory bodies of our provinces, as well as each of us working in academia, government, and all aspects of clinical medicine.

“THE LOSS OF EVEN ONE COLLEAGUE, EITHER TO RETIREMENT OR FOR FAMILY REASONS, HAS UNTOLD CONSEQUENCES ON INNUMERABLE ANIMALS AND THE COLLEAGUES LEFT STANDING.”

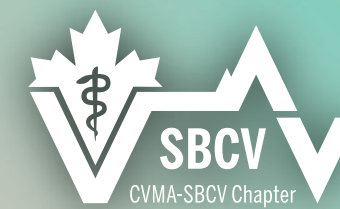
That action must address the issues in a collaborative and cohesive manner; we need to try as much for ourselves as for the clients and patients we serve. Here are some challenges:

1. Veterinarians are increasingly inundated with huge demands on our time and availability for patient care. This looks to be a societal change, given the challenges seen in our allied health fields (e.g., human medicine, dentistry, and nursing). Within our profession, veterinarians working in rural areas, and those who focus on mixed and large-animal medicine, appear to be disproportionately affected. Within my own network of mixed and large-animal veterinarians, there is a declining capacity to accept new clients or to attend emergencies for non-clients. The loss of even one colleague, either to retirement or for family reasons, has untold consequences on innumerable animals and the colleagues left standing.
2. There is a widening discrepancy and disconnect between in-hospital companion and mobile mixed and large-animal services, specifically as it relates to public access to routine and emergency veterinary care, access to qualified locums, and the hiring and utilization of RVTs.
3. Current locum rates effectively price large-animal practices out of the market for relief workers.
4. Mixed and large-animal veterinarians do not have the luxury of referring to 24-hour hospitals. Telemedicine consults provide an intriguing opportunity for triage, although the reality is that for most farmed animals experiencing an emergency, a veterinarian will eventually need to attend to that animal. The alternative might have to be a well-placed bullet by a skilled marksman.
5. Call-share opportunities for solo practitioners are not always possible. Consider that some practices are equine only, while others may cater to a variety of species; for some clinics, the distance travelled to attend to a colleague's client on their behalf could very well be untenable.
6. Scope of practice is mentioned in the CVMA Position Statement as a significant factor in access to veterinary care. Without strong guidance, veterinarians might feel unsure of when they can take action for the health of an animal without attracting scrutiny of the regulator.
7. We need to speak to fees. How is it that the fees charged in small-animal clinics have surged past the fees deemed acceptable in mixed-animal practice? My current examination fees are seen as below those of my companion animal colleagues, on par with my equine colleagues, and too expensive for my hobby-farm clients. Anyone looking for farmed animal assistance generally scoffs and hangs up the phone on me. In 2018, just before COVID-19, my fees were on par with both my small-animal and my large-animal colleagues.

To reclaim our social relevance, Dr. Leighton argued, the veterinary profession would have to redefine the fundamental nature of a veterinarian at all levels, from university intake and admissions through to the core curriculum and the types of nonpractice careers that graduating veterinarians could pursue. Dr. Leighton believed our profession had years, not decades, in which to expand veterinary involvement (e.g., in addition to the human resources needed for clinical practice) in the fields of food production and safety, public health, health and disease ecology, environmental management, and disease surveillance and response. His position statement was backgrounded against “the challenges of emerging human and animal diseases, health as an integrated ecological construct, effective disease surveillance and disease control, and food safety and security” for the growing global population in a pre-COVID-19 world. One could make a strong case that, at the close of 2024, there are insufficient clinical veterinarians to meet the needs of a society that increasingly values pets for social wellbeing and mental health and that has the resources to pay for premium pet care, let alone to be at the forefront of identifying and responding to the next food security or emerging disease crisis. The long-term goals of increasing seats at the university level are and always will be part of the solution—more immediately, current work force challenges in underserved geographic regions and practices may require a wider diversity of creative solutions, redeployments of human resources, and reimagining of our collective and individual relationship to this profession.

I see and hear about the crisis in veterinary medicine daily; it is very much my lived reality. The reality is, we are all trying to make a difference in our communities—whether it be saving an animal's life, improving a patient's quality of life, counselling a client through a difficult decision, inspiring the next generation of veterinary graduates, developing policies and programs to improve the profession and access to veterinary care, or safeguarding public health and food safety.

The veterinary profession within BC can also be likened to a community, connected through the governance of the CVBC and the professional and social networks we have each forged with our colleagues. The quality and fairness of governance, the infrastructure and services that support veterinarians, and the solutions to safeguard our collective and individual well-being will all impact our resilience to weather the challenges of the day. Unfortunately, the recent CVMA position statement on access to veterinary care suggests that our collective community resilience is failing; and arguably, the “Titanic” of Dr. Leighton's lifeboat allegory has long since hit an “iceberg” of complex and interacting societal, economic, and environmental challenges. Perhaps what is needed is a venue where difficulties can be voiced, discussed, and reflected on, so that solutions can be found and acted on in a unified and collaborative way. A link to Dr. Leighton's article is available on the Chapter's website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. WCV



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RENT A MINORITY: DIVERSITY ON DEMAND AND THE ILLUSION OF INCLUSION

BY MARINA JOHN, BSc, RVT

Imagine if solving complex issues like diversity and equity could be as simple as pushing a button. What if "diversity on demand" was just a call away?

The conversation around Diversity, Equity, Inclusion, and Belonging (DEIB) could be transformed if we could hire a token representative—perhaps the "intellectual Black man," the "smiling Muslim woman," or the "ethnically ambiguous" individual—simply for a fee. This absurdity was brought to light in 2016 by Arwa Mahdawi through her satirical website rentaminority.com, which exposed the uncomfortable reality that many major corporations were eager to embrace such a service. In her TEDx talk, Mahdawi shared how over a thousand ethnic minorities were willing to take on the role of the "diversity hire"—a figure paraded in front of others to showcase the company's supposed commitment to inclusivity.¹

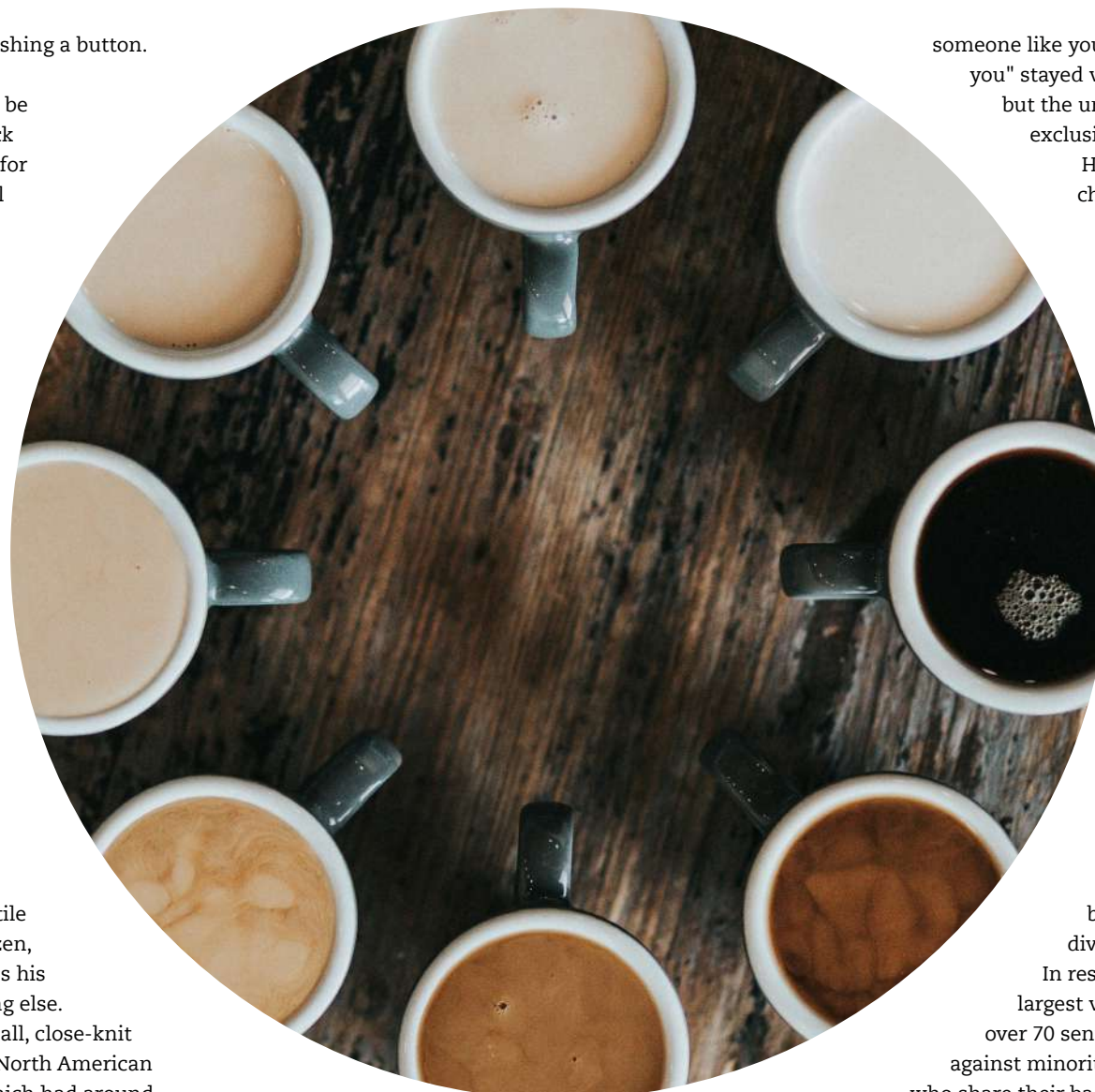
There's a misconception that being a minority guarantees an easy path to success in life and work. I'm brown, I'm a woman, and I'm neurodivergent. In terms of diversity hiring, I am a 3-for-1 bargain. Yet, my own personal and professional experiences have shown me otherwise—just how far from the truth this idea really is.

In fact, my first encounter with overt racism happened when I was just six years old. My family and I were expatriates in the Middle East, and one day, while walking home from the local bodega, my father and I were confronted by a group of angry young men. Their jeep had jumped the curb, and they jumped out, brandishing metal pipes and bats, yelling and spitting at us. One phrase that has unfortunately become all too familiar was shouted, "Go back to your own country." My father stood protectively in front of me, choosing to remain silent instead of retaliating. He waited for them to grow bored and leave us alone. Those words, sharp and dismissive, were some of the first I ever heard that made me feel like an outsider. I was just a child, standing by my father, when strangers spat hate at us. My father didn't respond. Instead, he stood in front of me like a shield, and his quiet strength spoke volumes. He waited for the moment to pass, for those people to grow bored and walk away. But even at that young age, I couldn't understand why he had to endure it, why his mere existence seemed to draw such hostile attention. My father is an accountant by profession, deeply religious, a law-abiding citizen, and a proud homeowner. Yet no matter how many titles or accomplishments he has, it's his skin colour and the assumptions made about him that often speak louder than anything else.

Many years later, my family migrated to Canada. I was suddenly uprooted from a small, close-knit group of expatriates living in designated housing in a Middle Eastern city to a bustling North American metropolitan town predominantly populated by Caucasians. In my new high school, which had around 1,300 students, there were only a few of us who identified as visible minorities. Like many immigrant children, I quickly adapted to my surroundings. I mimicked the accents I heard around me, changed my style of dress, and, almost overnight, my lunches shifted from home-cooked desi tiffins to peanut butter and jam sandwiches. Despite these changes, I still didn't quite fit in with those around me, and because of them, I no longer felt at home with the community I had come from.

"You've changed" became a frequent phrase my mother used during her disciplinary talks. To me, change felt like an insult, and it was demoralizing for a teenage girl who was struggling to find her place in a new community. It only deepened my sense of isolation. My uncertainty about where I fit in only intensified when I entered the veterinary profession. At veterinary technologist school, there were no instructors who looked like me, and in most practices I worked at, the management staff rarely resembled me either. I struggled to envision where my life and career were headed.

Earlier in my career as an RVT at a busy emergency practice, a coveted supervisory position became available. I had the qualifications, stellar performance reviews, and the support of my colleagues. Yet, despite multiple inquiries on my end, weeks passed without feedback, only for me to later discover that the hiring manager chose a recent graduate—who happened to be white and connected to her through family ties. When I sought clarity in a private meeting, the hiring manager's response was disheartening: "I didn't think



“REAL PROGRESS REQUIRES MORE THAN MERE TOKEN GESTURES.”

someone like you would seriously be interested in a supervisory position.” Those words "someone like you" stayed with me for a long time. They echoed in my mind. It wasn't just the words themselves, but the underlying message, which was a constant reminder of the subtle yet powerful ways that exclusion and bias can manifest.

Her comment left me feeling defeated as I knew I had encountered a glass ceiling. My choices were stark—stay in my current role indefinitely or leave in pursuit of advancement elsewhere. Setting aside my years of seniority, I chose to move on from that practice. My story is not unique; it resonates with many in veterinary medicine. Employees who have been disengaged over a long period of time eventually seek out employment opportunities on their own in which they feel they will be able to add value. High turnover rates serve as an indication that there is a lack of inclusion or utilization of talent within an organization.² Turnover has a significant cost for organizations, considering recruitment and on-boarding expenses in addition to the loss of skills, competencies, and experiences of previous talent. It's estimated to cost an average of six to nine months of an employee's salary to replace them.³

As we move further into 2024, the communities we live in, work in, and serve are more diverse than ever, yet leadership continues to lag in truly reflecting the demographic shifts we are witnessing in society. Despite the focus on hiring minorities as a solution to the diversity crisis, the reality in veterinary corporate leadership remains far from inclusive. Boardrooms are still predominantly male and overwhelmingly white, revealing a persistent gap between the diversity of the workforce and the persons who shape organizational decisions. This disconnect highlights the limitations of superficial diversity initiatives, which, at their core, often miss the mark when it comes to creating meaningful, lasting change in both organizational culture and decision-making power. Without true representation at the highest levels, DEI initiatives risk becoming little more than a token gesture rather than a catalyst for real transformation.

You may be wondering, "Why does any of this matter as long as the job gets done?"

The answer is simple. Without diverse representation, fostering a sense of belonging becomes nearly impossible. Diversity should extend beyond stock photos of racially diverse individuals on company websites; it should permeate every level of an organization.

In researching this article, I examined the composition of upper management teams at the largest veterinary corporations. At one company alone, there was just one woman of color among over 70 senior management positions. Such statistics illustrate how heavily the odds are stacked against minorities in this field. When aspiring professionals from minority backgrounds lack role models who share their backgrounds and experiences, reaching for leadership roles feels unattainable. If minorities are denied a voice in the spaces where decisions are made, how can we expect meaningful change? How do we trust that our values, our voices, and our concerns are receiving equal consideration behind those closed doors? How can we remain optimistic about a future where diverse perspectives are genuinely valued in shaping our work lives?

Real progress requires more than mere token gestures. Inclusion and the utilization of diversity has been linked to metrics such as increased brand quality, talent retention, business expansion, improved perceptions of culture and organic attraction of more diverse talent.⁴ Rather than focusing solely on representation or the promotion of diverse talent, the key to successful sustainable collaboration lies in simply getting out of our own way and including and maximizing the potential of the qualified talent currently present within our industry on a consistent basis by confronting biases and eliminating systemic barriers. In a world that thrives on diversity, equity, and belonging, it's crucial to recognize that our differences are not just statistics but stories waiting to be told. True progress means creating spaces where everyone's voice is heard, valued, and empowered—because when we all belong, we all rise together.

To save space, the references for this article are made available on the Chapter's website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. **WCV**

PHOTO BY NATHAN DUMLAQUIN@FLASH.COM

COLLABORATION

BY KATHERINE KORALESKY, PhD

IN PURPOSE AND IN PRACTICE

The UBC Animal Welfare Program (UBC AWP) has a long history of collaborating with veterinarians through research, teaching, and outreach. Some AWP graduates have gone on to become veterinarians, and some veterinarians have joined the AWP to pursue graduate degrees like two of our current AWP PhD students who are also veterinarians: Dr. Amin Azadian and Dr. Bianca Vandresen.

Growing up, Dr. Azadian and Dr. Vandresen both shared a love of animals. Dr. Azadian studied at the University of Tabriz in Iran; a relatively new veterinary medicine program, he was admitted in 2011 and graduated in 2017. During his studies, he worked as a veterinary assistant with companion animals. After graduation, Dr. Azadian joined the Darkoob Veterinary Clinic in Northern Iran. This clinic was one of the first to practise rabbit medicine and apply fear free practices for dogs and cats.

During Dr. Azadian's DVM studies, he wanted to engage in scientific research to increase his chances of entering specialty training. Research opportunities were limited, but he managed to join the veterinary histology lab at the University of Tabriz. Later, Dr. Azadian ventured into molecular biology, studying Feline Immunodeficiency Virus (FIV) and the behavioural effects of this disease. This sparked his interest in animal cognition. After graduation, he continued researching FIV and collaborated with Prof. Danielle Gunn-Moore from the University of Edinburgh, studying dementia in cats. By then, research had become a central part of Dr. Azadian's life and pursuing graduate research became his main goal. However, limited animal welfare education and research opportunities in Iran motivated him to pursue a PhD abroad. In 2021, he connected with Dr. Sasha Protopopova at UBC, who provided the opportunity to continue his academic journey.


At UBC, Dr. Azadian's research focuses on how dogs learn. He is interested in how dogs' genetic backgrounds and life experiences inform the development of their unique personalities. He and his colleagues study differences in learning abilities across breeds and explore what psychological and biological factors contribute to the behaviour of individuals, leading to variations in the way each dog perceives and acts towards stimuli in their environment. Currently, they are conducting a study that targets how genetic and biological processes, such as energy states, contribute to dogs' motivation towards food and willingness to work for a food reward. This research aims to enhance training practices by identifying the optimal times and methods for using rewards, ultimately improving training outcomes for dogs.

Dr. Azadian's research will help veterinarians understand the factors that influence dogs' learning abilities and behavioural responses; in turn, this can help veterinarians tailor more effective behaviour modification and treatment strategies. If veterinarians understand a dog's learning style and how they respond to environmental stress, they can offer more personalized care. Dr. Azadian's research also highlights the importance of using the right reinforcers at the right time. For instance, understanding when and how to use food rewards during examinations or procedures could reduce stress and make veterinary visits smoother. It also helps in rehabilitation cases, where keeping dogs engaged and motivated is crucial for recovery and long-term well-being.

Dr. Vandresen brings a different background and distinct research interests to the AWP. She studied at the Universidade Federal de Santa Maria, one of the top 3% veterinary medicine programs in Brazil and received her degree in 2019. Although her initial dream was to work with companion animals, Dr. Vandresen's perspective shifted when she volunteered at a non-profit organization that provided low-cost veterinary services to local farmers. She built strong connections with the farmers and gained insight into their lives. This inspired Dr. Vandresen to learn more about farmed animal health and welfare, and she then transitioned her degree to focus on animal welfare in production systems.

During Dr. Vandresen's DVM studies, the Universidade Federal de Santa Maria was not involved in animal welfare research. Therefore, she reached out to Dr. Maria José Hötzel, one of Brazil's leading researchers in the field, about internship opportunities. Dr. Vandresen completed an internship with Dr. Hötzel's team, the Laboratory for Applied Ethology and Animal Welfare (LETA) at the Universidade Federal de Santa Catarina and began a master's program soon after graduating. The UBC AWP has a long-term collaboration with LETA, and through this connection, she met Dr. Marina von Keyserlingk. Dr. Vandresen was invited to visit UBC twice—first at the end of her veterinary studies and again, when she received an award from the Universities Federation for Animal Welfare (UFAW) to conduct research on dairy cattle dominance behaviour at the UBC Dairy Education and Research Centre. Following this experience, Dr. Vandresen was invited by Dr. von Keyserlingk to pursue a PhD under her supervision.

Dr. Vandresen has a strong interest in the relationship between animals and society. Her work has primarily focused on the attitudes of people involved in animal production. She is now addressing the social sustainability of the dairy industry by examining a contentious practice—the management of surplus calves. Dairy cows give birth to a calf about once a year to maintain milk production on commercial farms. As a result, farms often produce more calves than they need to replace their milking herd. Male and excess female calves are considered “surplus” because they have low value in dairy production. These surplus calves can face significant welfare challenges. Dr. Vandresen's research aims to collaborate with farmers and the public to develop sustainable solutions for managing surplus dairy calves—solutions that are both economically viable and aligned with public values.

Dr. Vandresen's research is beneficial to veterinarians as they are trusted advisors to farmers and thus, play a crucial role in improving farm practices. One of the barriers to enhancing the welfare of surplus dairy calves is that farmers may be unaware of the long-term benefits of improved calf care or may lack the knowledge needed to implement such improvements effectively. Her research aims to identify sustainable alternatives for raising surplus dairy calves, and veterinarians will be instrumental in sharing this knowledge with farmers. By staying informed about these practices, veterinarians can help bridge the gap between scientific research and practical application, ultimately improving animal welfare on farms. To learn more about Dr. Azadian and Dr. Vandresen, as well as all of the graduate students in the UBC AWP, please visit <https://awp.landfood.ubc.ca/>. 



PHOTOS SUPPLIED BY BIANCA VANDRESEN AND AMIN AZADIAN

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ENSURING EXCELLENCE: HOW THE BCVTA FACILITATES CONTINUING EDUCATION FOR RVTs

BY AMBER GREGG, RVT

Registered Veterinary Technologists (RVTs) in British Columbia play a vital role in maintaining high standards of animal care. To keep their credentials current and stay up to date with industry developments, RVTs in BC must meet specific CE requirements set by the British Columbia Veterinary Technologists Association (BCVTA). RVTs in BC are required to complete 15 hours of CE annually to maintain their active status, which is similar to the requirements for BC veterinarians. The BCVTA is tasked with ensuring that any educational or volunteer activities undertaken by members are relevant to their professional work and achieves this through its CE assessment protocol and audit procedures.

The BCVTA supports RVTs in meeting their CE requirements by offering a variety of educational opportunities throughout the year.

FALL/WINTER CE SERIES

The BCVTA's Fall/Winter CE Series is a new initiative this year, replacing the previous full-day Fall Conference. This series consists of engaging and informative sessions led by experts in various areas of veterinary care, focusing on topics essential for professional growth. Coming sessions include:


- December 11, 2024: Mastering Controlled Drug Logs for RVTs with Leanne Hillis-Schmidt, RVT. This session will cover log and audit requirements, current CVBC bylaws, and best practices for conducting controlled drug audits.
- January 22, 2025: Gut Instincts: Navigating Gastrointestinal Nutrition for Cats and Dogs with Robin Saar, RVT, VTS (Nutrition). Learn how core nutrients can benefit pets with gastrointestinal issues and gain confidence in making informed nutrition recommendations.
- February 5, 2025: Because I'm Worth It with Senani Ratnayake, RVT, BSc. This session will help you assess your current compensation and provide strategies for negotiating compensation in a meaningful and strategic way.

BCVTA SPRING CONFERENCE

The BCVTA Spring Conference remains a hallmark event for RVTs, offering diverse educational sessions like teamwork, communication, anesthesia, and dentistry. The conference has grown significantly since its inception and offers both in-person and virtual options.

- Virtual attendees can enjoy the educational content without the costs or logistics of travel.
- In-person attendees benefit from networking opportunities, including the popular Sponsor Trade Show and the Awards and Appreciation Dinner.

EASY ACCESS TO YEAR-ROUND LEARNING

Beyond specific events, the BCVTA maintains an updated list of CE opportunities on its website, offering RVTs a centralized resource for finding relevant courses and events, delivered on-demand and live, providing flexibility and convenience. This year-round support reflects the BCVTA's commitment to fostering the ongoing professional development of RVTs in BC. For more information on these opportunities or RVT CE assessment, please visit our website at www.bcvta.com/. 



Amber Gregg, RVT, is the Executive Director and past President of the BCVTA. She graduated from the Thompson Rivers University veterinary technology program in 2007 and spent eight years in mixed-animal practice before gaining experience in not-for-profit management. She joined the BCVTA board of directors as Vice-President in 2020 and served a one-year term as President in 2021 before being appointed to the Executive Director position in 2022. Amber is grateful for everyone who made the BCVTA the strong and healthy organization it is today, and she is proud to work with the board of directors and members of the BCVTA to continue to advance the veterinary technology profession.

**“THIS SERIES
CONSISTS OF
ENGAGING AND
INFORMATIVE
SESSIONS LED
BY EXPERTS IN
VARIOUS AREAS
OF VETERINARY
CARE...”**

SETTING FLUID YET HEALTHY BOUNDARIES IN VETERINARY CARE

BY MATT TREBLE, MC

Work is integral to mental health. For many, it is a primary source of well-being and community, crucial for financial and emotional security. Unfortunately, work can also be a source of stress for an increasing number of individuals in BC. From 2019 to 2023, the number of psychological injuries claims reported to WorkSafeBC increased 51%.¹

The team at AgSafe recognizes psychological health and safety at work as a fundamental part of physical health and safety. In addition to increasing their resources and training in mental health, they have formed the AgSafe Cares Foundation, which provides free counselling to British Columbia's agriculture community members. In AgSafe's AgLife program, I train “connectors” in the agriculture sector to initiate discussions about mental health, which often includes talking about boundaries.

Promoting work-life balance is one practice that can help protect employees' psychological health and safety. For those working in veterinary medicine, that may feel like an impossible task as you balance high demand at work with trying to reserve enough energy to enjoy your personal life. People often consider setting boundaries one of the key strategies to find a work-life balance, but how do you set healthy boundaries that promote a work-life balance while also meeting the demands of your work?

Let's first start with what precisely boundaries are. Boundaries are guidelines or rules you set that help you complete your work tasks while not overstretching yourself. Boundaries are not intended to get out of doing your work tasks but rather to help find a healthy balance. To start setting boundaries that promote balance, it is essential to first identify areas in your work that may be causing feelings of compassion fatigue or burnout.


I talked with Dr. Rebecca Stewart of Kamloops Veterinary Clinic to learn more about setting realistic boundaries that acknowledge one's personal needs and job demands. We start our conversation by discussing how boundary setting directly relates to compassion fatigue and burnout. The general perception is that solid boundary setting can help prevent compassion fatigue and burnout. Dr. Stewart immediately acknowledges that boundary setting is an essential skill for all roles in veterinary work, ranging from the veterinarians to the administration staff. While exploring this more, Dr. Stewart brings forward the idea of the importance of fluid boundaries, which may seem counterintuitive to what we are often taught. “Veterinarian work may require certain boundaries on some days and flexibility on others,” states Dr. Stewart. “Fluid boundaries allow for a natural ebb and flow that reflects the demands of veterinary work while allowing us to prioritize our energy and time when needed.”

But what does this look like in practice? Boundary setting can be a very challenging skill to learn as it requires us to be assertive in our needs, often by saying no to tasks. Fluid boundaries will require a level of confidence, comfort, and assertiveness to set boundaries that reflect the realities of the workday. This may be a challenging place to start when setting boundaries for work-life balance, as people may unintentionally try to utilize our fluidity and flexibility in ways that feel counteractive to the boundaries we are trying to set.

For example, you may find yourself consistently sacrificing your lunch break for last-minute appointments; this may mean you are missing both a meal and a chance to recharge. An example of a firm boundary to counteract this would be to never accept appointments during your scheduled lunch breaks. Once comfortable setting firm boundaries, you can start exploring fluid boundaries. Using the same example, a fluid boundary may be that today the clinic is extra busy, and you can see a patient during your lunch break, but tomorrow, you will not accept any appointments during your lunch break to ensure you get a chance to recharge.

Successful workplaces rely on the health of their employees. Psychologically healthy workers are more productive, whereas psychologically ill health can lead to burnout, staff turnover, reduced productivity, and increased workers' compensation claims. Employers are responsible for creating and maintaining a workplace that promotes mental well-being and prevents psychological harm. The use of boundaries is one of many tools that can be used to help promote a healthy work-life balance. At the end of the day, your boundaries are yours. You want to show up as your best self at work and home. I encourage everyone reading this to reflect on what boundaries might benefit their work life and how they can start to set them.

AgSafe is the COR Certifying Partner for BC's agricultural and veterinary industries. It offers employers a Certificate of Recognition (COR) for their health and safety programs. For more information about AgSafe services or to contact one of our health and safety representatives, visit www.AgSafeBC.ca.

To save space, the references for this article are made available on the Chapter's website at www.canadianveterinarians.net/sbcu/west-coast-veterinarian-magazine. 

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SACRIFICING
YOUR LUNCH
BREAK FOR
LAST-MINUTE
APPOINTMENTS...”**

The image shows a mobile app interface for 'The Dirt on Ag!'. It features a form with fields for 'Email Address', 'First Name', 'Last Name', and 'Company'. Below the form is a question: 'Have you used AgLife services before?' with a 'Yes' button. At the bottom, there is a green 'SUBSCRIBE' button with a hand cursor icon. The AgSafe logo is visible at the bottom of the screen.



Matt Treble (he/him), MC, is the Manager of Suicide Prevention and Life Promotion at the Canadian Mental Health Association—BC Division (CMHA BC) and Facilitator for British Columbia's AgLife Network Connector Training. The AgLife Network is a suicide prevention and life promotion initiative developed in collaboration and partnership between AgSafe and the CMHA BC. Matt has a Master of Counselling from Athabasca University and is passionate about increasing accessibility to mental health resources and support.



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DISMISSAL WITHOUT CAUSE: KEY CONSIDERATIONS

BY SCOTT NICOLL, BA, MA, LLB, AND GURINDER CHEEMA, BA, LLB

In my last column, I discussed key considerations as they relate to just cause. The importance of understanding just cause, as a business owner and employer, cannot be understated. Similarly, it is also essential to understand dismissal without cause. A thorough understanding of this concept will help you navigate your legal obligations, recognize minimum termination requirements and, as avid readers of this column may have guessed, mitigate the risk of wrongful dismissal claims. Being well-informed in these areas not only protects your business but also fosters a fair and respectful workplace environment.

THE BASICS

Dismissal without cause refers to the termination of an employee for reasons unrelated to their performance or conduct. As an employer, you do not need to provide a specific reason when terminating an employee without cause. However, you must ensure that you adhere to legal requirements and obligations when doing so.

If you wish to dismiss an employee without cause, you should review the employment contract to ascertain whether it contains explicit termination terms. If the employment contract lacks such provisions, you must provide the employee with reasonable notice. The British Columbia Employment Standards Act establishes minimum termination requirements, but these are often lower than what is considered reasonable notice under common law—law that is judge made and based on court decisions. Understanding these differences is crucial to ensure compliance and minimize the risk of wrongful dismissal claims.

NOTICE AND PAY

In British Columbia, employees who have worked for three months or longer are entitled to notice of termination or compensation in lieu based on their length of service. Employers can opt to provide either notice, pay, or a combination of both. Importantly, the terms and conditions of employment cannot be altered once notice is provided.

Notice or pay is not necessary for temporary layoffs, when permitted. Employers do not have an automatic right to lay off employees. A temporary layoff is permissible only if the employment contract explicitly allows it, the employee agrees, or if it is a common practice in the relevant industry. Weeks during which an employee earns less than half of their usual salary are identified as layoff weeks. If a layoff lasts longer than 13 weeks within a 20-week span, it will be regarded as a termination, with the termination date set as the start of the layoff.

There are specific legal requirements for providing notice of termination. The notice must be in writing and directed to the employee, and it can be delivered either in person or via mail, fax, or email, as long as there is proof of delivery. Employers are not permitted to lower the employee's pay during the notice period; instead, they must pay the employee their usual wages for the duration of the notice when working notice is given rather than pay in lieu of notice.

THE EMPLOYMENT STANDARDS ACT¹

The Employment Standards Act addresses the requirements for providing notice of termination or compensation in lieu of notice. It requires employers to give written notice to employees or provide pay equivalent to their wages for the notice period. The length of the required notice period or pay depends on the employee's length of service. An employer is not required to give an employee who is employed for less than three months notice or compensation in lieu of notice. An employee who has more than three consecutive months of service but less than one year of service is entitled to one week of notice or pay. An employee who has more than one consecutive year of service, but less than three years of consecutive service is entitled to two weeks of notice or pay. An employee who has more than three consecutive years of service, but less than four consecutive years is entitled to three weeks of notice or pay, plus an additional week of notice or pay after each additional consecutive year of employment to a maximum of eight weeks.

REASONABLE NOTICE UNDER THE COMMON LAW

Under the common law in British Columbia, reasonable notice is determined on a case-by-case basis. These cases involve claims of wrongful dismissal in which an individual sues their employer for breach of their obligation to give reasonable notice or pay in lieu. Reasonable notice under the common law is longer than the minimum requirements established by the Employment Standards Act.

The courts consider various factors when determining the reasonable notice period for wrongful dismissal under the common law. These factors were established in the case of *Bardal v. Globe & Mail Ltd.*² The factors are the character of the employment, the length of service, the employee's age, and the availability of similar employment, with regard to the experience, training, and qualifications of the employee. The character of the employment can influence notice requirements as specialized roles may warrant longer notice periods due to limited job availability. Highly skilled positions in niche industries may necessitate extended notice due to the availability of fewer candidates. Employees

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who have longer tenures of service generally receive more notice. With respect to age, older employees may have a harder time finding new employment, which generally leads to a longer notice period. This consideration acknowledges the potential biases that older workers might face in the job market. Finally, the ease or difficulty of finding a similar job in the market also impacts the length of notice. Generally, the more difficult it is for an employee to find a similar job, the more notice they are entitled to.

Under the common law, employees have a duty to mitigate their financial losses arising from termination. This means employees must take reasonable steps to find comparable employment to lessen the damages owed by their former employer. The onus is on the employer to prove that their former employee failed to mitigate. This involves proving that there were comparable jobs available, and that the employee did not take reasonable steps to get such jobs.

The Bardal factors do not apply to dismissal cases where the employment is for a fixed term, the employment contract specifies a particular notice period for termination, or the employee is terminated for cause. While parties can contract out of the common law requirements in employment contracts, any contractual terms must meet or exceed the minimum standards set by the Employment Standards Act.

As an employer, it is critical that you handle employee terminations, whether with cause or

without, carefully and in adherence with your legal obligations. Treating employees respectfully and fairly during termination is crucial for maintaining a positive workplace culture and reputation. It also helps mitigate potential legal issues, fosters goodwill, and can reduce the likelihood of wrongful dismissal claims. A respectful approach also demonstrates professionalism and care for the individuals who contributed to your organization.

FINAL THOUGHTS

A thorough understanding of dismissal without cause is essential for employers to navigate the complexities of termination. By familiarizing yourself with legal obligations, including the requirements set out in the Employment Standards Act and the common law principles, you can significantly reduce the risk of wrongful dismissal claims as an employer. Adhering to these requirements fosters a culture of respect and fairness, which is vital for maintaining employee morale and trust. When you handle dismissals with care and professionalism, you protect your business interests and also demonstrate a commitment to your workforce. This type of approach can lead to an improved organizational reputation and stronger relationships with your remaining employees. Ultimately, informed decision-making regarding employee dismissals not only safeguards legal compliance, but it also contributes to a healthier and more positive work environment for those involved. As always, it is advisable to consult a lawyer if you require assistance with drafting termination and notice clauses in your employment contracts or with determining an appropriate severance package for a dismissed employee.

To save space, the references for this article are made available on the Chapter's website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. WCV



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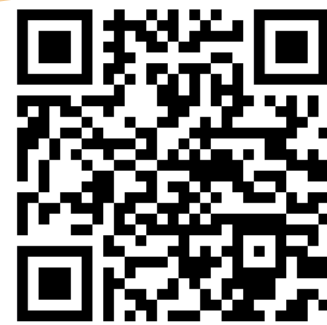
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