

SVMA NEWS

AUGUST 2014



SASKATCHEWAN
VETERINARY MEDICAL
ASSOCIATION

MENTORSHIP AT WORK

Animal Abuse
**Know what it is and
What to do about it**

Canada Anti-spam
Legislation 101

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SVMA MISSION
We are an organization dedicated to the protection of the public by ensuring the proficiency, competency and ethical behaviour of its members in the practice of veterinary medicine. Our association promotes veterinarians and veterinary medicine. We support the physical, personal, financial and professional well-being of our members through continuing education and professional interaction. We regulate our profession through the licensing of veterinarians, approval of practices and disciplining of members as required.

- THE SVMA BELIEVES IN**
- the personal responsibility of veterinarians to develop and maintain competency in their chosen area of veterinary medicine
 - fostering our profession by involvement in education of future and present veterinarians
 - quality veterinary practice, humane animal care and compassionate treatment of the client
 - providing for public protection and confidence through the fair and unbiased administration of The Veterinarians Act
 - enhancing the public's awareness of veterinary medicine and its contribution to society
 - the unbiased treatment of members and we expect members to treat each other fairly
 - supporting members by providing guidance and information

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President's Perspective

> **Dr Andrew Acton**

I can't believe I am already writing my last president's message. I guess time does fly when you are having fun. The excellent staff in our SVMA office have certainly made it easy to be on council and have helped us get our job done. As SVMA members, we are lucky to have them.

One issue I would like all of our members to be aware of is something that directly impacts our office staff and practice inspectors- that is the lackadaisical way that some SVMA members treat their interactions and business with the SVMA.

Notice that I said **SOME** members. That distinction is important. Generally I don't believe in using a forum like this to point to sins of the minority- we all make mistakes and it is better for office and council to deal with a few problems directly. The issue here is the level of disrespect shown by some for the time and efforts of your SVMA office and it is a very real threat to the association. We could soon be losing staff if things do not improve.

When our practice inspectors or registrar request certain documents of a member or practice, the wait for a reply amounts to months, in some cases. Does that member think the practice inspectors and Dr

Currie are not serious about needing that document? If a practice inspection reveals some level of deficiency, should a member behave as if the safe and legal operation of their clinic is as important as their other concerns, or just put it off and deal with it when they get around to it?

When members don't deal with the association in a timely fashion, PCC/DC cases take longer than they should, at a much higher cost in time, stress and potentially, legal bills. When a practice inspector's requests are ignored, the inspectors spend huge amounts of extra time chasing down documents at elevated costs to the association, and extra frustration for the staff involved. I expect most of us appreciate quick action from the SVMA staff when we need it: they deserve the same from us.

Since most people reading this are doing things properly, my goal is not for all of us to do all of our paperwork twice as fast. What

I want is support from the majority that this issue is important to us as an association, support for enforcing penalties where the registrar needs to impose them, and a reminder to all of us that being a self-governing profession comes with real and serious obligations. If you are in the habit of ignoring the business of our association, consider this fair warning that our office staff has the full support of council in enforcing penalties where needed and in future, increasing practice inspection costs for those members whose delays or inaction put needless time and financial stress on the SVMA.

Enough cajoling.... I hope everyone is having a great summer which has finally arrived (along with the monsoon rains). Enjoy the rest of the season, and be sure to take in the SVMA Conference in Saskatoon September 11, 12 and 13. The new online registration program is up and going, so you can register anytime. See you there!

Keep informed

of the decisions council is making and actions being taken on your behalf. The minutes from council meetings are posted on the website www.svma.sk.ca/members. Council welcomes comments and suggestions from the membership. Email your comments or questions to a councillor (addresses are on the website) or to the office and they will be passed on to council.

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From the Registrar's Desk

> Dr Judy Currie



SCIENTIFIC CE: WHAT ARE THE CRITERIA?

SVMA bylaws, while usually straightforward, can at times become a bit hard to pin down. One area always under the microscope, as it were, is continuing education. With all of the diverse and interesting scientific research and advancement taking place in the world today, education has many faces, many forms. The merits of new continuing education options must be continually assessed. However, there are a few requirements that are written in stone:

NUMBER OF HOURS

Among the mandatory conditions is the number of hours required. Each member must accrue thirty hours of CE in a predetermined two year block. The current block is 2013-2014. By the end of 2014, each practising member must report a minimum of 30 hours. [Bylaw 31.8] If you collected your 30 hours in 2013 you have already fulfilled your CE obligations and you don't need to attend CE in 2014. You do need to report the hours on your renewal form for 2015. Hours greater than 30 accumulated during the 2013-2014 block cannot be held over to the next block. Of those 30 hours, no more than fifteen may be earned by participating in online seminars or independent study. [Bylaw 31.8(d)]

ACCEPTABLE SUBJECT MATTER

Another element not open to interpretation is acceptable subject matter. Only veterinary science-based topics are eligible for credit. SVMA bylaws 31.8 (a) and (b) define acceptable science-based subject matter as that being offered at veterinary colleges accredited by the American Veterinary Medical Association (AVMA) and Canadian Veterinary Medical Association (CVMA) Council on Education (COE) or by nationally or internationally recognized veterinary academies.

The American Association of Veterinary State Boards (AAVSB), of which the SVMA is a member, developed the Registry of Approved Continuing Education (RACE) system. RACE approved continuing veterinary education (CE) consists of educational activities that serve to maintain, develop or increase the knowledge, skills and professional performance and relationships that a veterinary professional uses to provide services for patients, the public or the profession.

RACE criteria for approval include the following:

- that body of knowledge and skills recognized and accepted by the profession as within the basic veterinary sciences
- the discipline of veterinary medicine
- the provision of veterinary care to the public

All scientific information referred to, reported or used in RACE Program Applications in support or justification of an animal-care recommendation must conform to the medically accepted and scientifically supported standards of experimental design, data collection and analysis. 1

The SVMA will grant credit for RACE approved veterinary science-based continuing education. If a conference advertises RACE approved CE, you can be confident it will be accepted by the SVMA.

RECOGNIZED VETERINARY ORGANIZATIONS

Presently the SVMA recognizes specialist status or certification based on those awarded by the American Board of Veterinary Specialties (ABVS), a part of the American Veterinary Medical Association (AVMA). The ABVS imposes rigorous criteria for defining distinct and identifiable specialties of veterinary medicine whereby diplomats hold a common basis of knowledge founded on sound scientific evidence as to safety and efficacy.

Currently, there are 22 AVMA-recognized veterinary specialty organizations comprising 40 distinct specialties. More than 11,000 veterinarians have been awarded diplomat status in one or more of these 22 recognized veterinary specialty organizations by completing rigorous postgraduate training, education, and examination requirements. Continuing education offered by these colleges and boards and their members is very likely to be granted credit by the SVMA.

- American Board of Veterinary Practitioners
- American Board of Veterinary Toxicology
- American College of Animal Welfare
- American College of Laboratory Animal Medicine
- American College of Poultry Veterinarians
- American College of Theriogenologists
- American College of Veterinary Anesthesia and Analgesia
- American College of Veterinary Behaviorists
- American College of Veterinary

Clinical Pharmacology

- American College of Veterinary Dermatology
- American College of Veterinary Internal Medicine
- American College of Veterinary Microbiologists
- American College of Veterinary Nutrition
- American College of Veterinary Ophthalmologists
- American College of Veterinary Pathologists
- American College of Veterinary Preventive Medicine
- American College of Veterinary Radiology
- American College of Veterinary Surgeons
- American College of Zoological Medicine
- American Veterinary Dental College
- American College Veterinary Emergency & Critical Care
- American College of Veterinary Sports Medicine and Rehabilitation (provisional)

Other CE will be evaluated by the registrar, council or the continuing education committee using similar criteria. A list of approved CE is available on the members' side of the SVMA webpage www.svma.sk.ca. To find this list, log in to the members' side and click on '2013-2014 approved CE'. If you have attended a CE event you believe fits the criteria for credit but it does not appear on the website list, submit information about the event to the SVMA office for consideration. A form for recording your CE is available on the members' side of the website. This is not the form used for registering your CE credits at the end of a two year block; it is for your own use only. Continue to record your minimum of 30 hours on the licence renewal form.

1 Effective August 15, 2013
RACE Standards for Providers of Continuing Veterinary Medical Education
As approved by the AAVSB Board of Directors on 6/22/13

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Canada's Anti-Spam Legislation 101

> Collene Ferguson (reprinted from MVMA News & Views, summer 2014 issue)

On July 1, 2014, Canada's new anti-spam law took effect. In broad terms, the legislation aims to protect Canadians from unsolicited commercial electronic messages, and from electronic threats such as phishing and spyware. But the law is far reaching and affects your practice if you use electronic messages to communicate with your clients.

So what do you need to know about the law? Here is a short primer.

Two acronyms to know:

- **CASL** = Canada's Anti-Spam Legislation
- **CEM** = commercial electronic message.

So what constitutes a CEM?

- CEMs include email, text messages, sound, voice or image instant messaging and social media messages.
- Messages must be of a commercial nature to be considered CEMs (e.g. ads or promotions, offers to buy or sell goods.) An email to your clients about a new flea or tick product or a new service being offered at your clinic would be considered a CEM.
- Any message that contains a hyperlink is considered a

CEM. Even sending a message about a new medical advancement or a client satisfaction survey would be considered a CEM if it included a hyperlink to a website.

Consent – why you need it and how to get it!

Under CASL, you are legally obliged to get the consent of an individual in order to send them a CEM. CASL allows two kinds of consent – express and implied.

- **Express consent:** Express consent means that a person has given an oral or written statement specifying that they are giving their consent for you to send them CEMs. This is also known as 'opting-in'. To obtain someone's express consent you have to send them a request explaining your purpose, identifying who is requesting the consent, including your contact information, and finally, provide the recipient a way to withdraw their consent (an unsubscribe mechanism). Express consent only ends when a client withdraws consent.
- **Implied consent:** Implied consent is a bit trickier. Consent can be implied if you have an existing business relationship

with a CEM recipient that involved paying for a good or service, or if a prospective client has inquired about a good or service you provide. Implied consent also applies to some existing non-business relationships, such as being a member of an association. There are a number of consent exemptions as well – a family relationship for example.

It could be argued that as a veterinarian, you have an existing business relationship with your current clients, and if you have already been sending them CEMs, you've got their implied consent. However, some experts suggest that getting express consent from your clients is the better route because you then have a written record of having obtained that consent. The onus is on the sender to prove they have consent if there is a CASL violation complaint.

(Keep in mind that as of July 1, 2014, emails asking for consent are now also considered CEMs!) Another wrinkle with implied consent – unlike express consent, implied consent based on an existing business relationship expires two years after the last purchase of a good or service,

and six months after an inquiry about a good or service – once the new law's transitional period is over.

Consent also must be tracked. This means you need to keep a record of the date, time and way in which received written consent. In the case of an oral consent, you need either an audio recording or a witness to the oral consent.

CEM Regulations

CASL requires the following when sending CEMs:

- Sender must be clearly identified (name and contact information)
- Message must have a clearly identified 'opt-out' or unsubscribe mechanism
- Unsubscribe requests must be processed within 10 days of request.

Still confused?

The following are places you can look for more detailed information about the new anti-spam legislation.

CVMA website:

www.canadianveterinarians.net

Government of Canada

website: www.fightspam.gc.ca

Reveille

A Call for Wellness in Our Profession



> *Dr Jennifer Jinks, SVMA Professional Wellness Committee*

Let's put you back in southern Saskatchewan about twenty years ago. You are in a dimly lit shed owned by a client farmer. A tawny cow with a heavy abdomen just had a c-section, the first you ever saw as a volunteer. You help the veterinarian pack up his instruments and carry them back to the truck.

He asks, "Well, what did you think?" and you reply in all honesty, "It was like watching a miracle happen." As you remember the calf being pulled out you think, "I want to become a veterinarian."

So let's come back to present day when you have just finished an exam on a dog. The client has brought his eight-year-old daughter along to the exam room, and she puts her hand in the air, smiling and waiting for you to acknowledge her just like her teacher would at school. "Yes?" you say. The girl's eyes are bright as she says, "I want to be a veterinarian when I grow up!" Your first impulse is to say, "That's great!" but your next thought is, "For your sake, I hope you choose something else."

The truth is, a lot happens between the wanting to become a veterinarian and the realities of following through with it. It would be unusual for a veterinarian never to experience worries about a patient's well-being, an unhappy client or strained relationships in the workplace. Performing euthanasia can affect veterinarians' well-being on many levels. Personal struggles such as loss of a loved one, illness or marital discord can easily compound pre-existing work stressors. Let's add to that list some sleepless nights and long working hours and now we've got some issues to talk about.

Some interesting things happen when veterinarians, trained to study and observe, start to study themselves. One may argue with the difficulty of quantifying subjective material, or that most veterinarians appear to be coping, but one may not argue the fact that some of the studies' outcomes are

concerning. In 2012, an interview study was done with 21 UK veterinarians who had attempted suicide or who had recently reported suicidal thoughts.¹ Workplace relationships, career concerns, patient issues, number of hours, volume of work and responsibility were identified as contributory factors. In a 2012 survey of Alabama veterinarians, 66% of respondents relayed that they had been "clinically depressed" but nearly half of those with depression had not sought treatment.² This survey also identified that female veterinarians (15% versus 7%) were more likely than male veterinarians to indicate that they were "not sure they'd made the right career choice" and 4% of respondents reported being "definitely not being happy with their career."

The SVMA Professional Wellness Committee's aim is to provide support when veterinarians are in trouble with depression, burn-out, emotional problems or mental health issues. Wellness needs to start with the individual, and we will be encouraging you to practice wellness as an ongoing program in your workplace. When educational seminars and community events are offered we encourage you to participate. Take a vested interest in your own well-being and that of your colleagues. Veterinarians in Saskatchewan need to build a supportive atmosphere within the profession. Your Professional Wellness Committee recognizes the benefits of an interactive and supportive network of veterinarians. If veterinarians can cooperate for wellness, hopefully at the end of our careers we can say to one another that we would have done it all over again.

Your SVMA Professional Wellness Committee looks forward to a productive year. We thank you for your interest and welcome your feedback.

References

1. Crisis. 2012;33(5):280-9 Suicidality in the veterinary profession: interview study of veterinarians with a history of suicidal ideation or behavior.
2. J Vet Med Educ. 2012 Spring;39 (1) 79-82 Failure to acknowledge high suicide risk among veterinarians.

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> Lindsay Chapman  JOBIERYZAK, AHT

MENTORSHIP AT WORK

As the summer rolls onwards, work at the clinic shows no sign of slowing down. This last month has well-represented the challenges a mixed animal practitioner must deal with during their career. The veterinarians at TM'Z have not only been strong mentors diagnostically but also morally: I have gained a new-found appreciation for their strong character in difficult situations.

One such situation had myself and Dr Zemlak travelling south of Regina to assist the SPCA in a case they were building. With little knowledge of the situation, I was told to pack the truck for the worst-case scenario. This meant muzzles, snare poles, and several bottles of Euthansol solution. Escorted by the RCMP, we arrived at a dilapidated farm yard, home to several dozen dogs and eleven horses which included two foals.

During our inspection of the property, facilities and animals, the owner arrived to the scene.

My initial internal reaction was one of disgust and anger at how anyone could let a situation like this get so bad. I imagined in my mind the tongue-lashing I would give this man if I were the veterinarian assigned to this case. To my surprise, Dr Zemlak was calm and collected, introducing herself and asking the owner to walk us through this premise. It was during this time I came to realize he had a name for almost every animal on his property, could recount which litter each dog had come from and how he had come to own each horse. The situation was really more of overpopulation and less of

abuse or neglect. He disclosed details of his family life that had led to the farm becoming run-down. He showed us his make-shift plan to try and prevent re-breeding by penning up the in heat females and the fenced in area he had built for the dogs who liked to stray.

Dr Zemlak, sensing his cooperation, made recommendations and gave advice on how he could improve the living conditions for these animals. Recommendations such as moving the mares and their foals to pasture because of the air quality in the barn, vaccinating for Tetanus because of the debris in the corrals (as well as cleaning up the debris) and feeding pregnant dogs and puppies a high energy dog food as opposed to the ration he was formulating himself. We spent the majority of the day at his residence and I had some time to reflect on the situation while Dr Zemlak filled out her portion of the SSPCA report.

This situation was a reminder that not every animal owner is going to be ideal and that our job as veterinarians is to advocate on behalf of the animal. Originally, I would have thought that this meant giving the owner or producer a "piece of my mind," but that wouldn't have really gotten us anywhere, or been beneficial to the animal. Dr Zemlak's approach was first to listen and hear out the owner, then to offer recommendations and work with the owner to help improve the lives of these animals.

That same day, we had an equine farm call scheduled that required super-drip anesthetic for the procedure. We ate our lunch on the way back to Regina and picked up a veterinary technician from TM'Z on the outskirts of the city to assist us. The horse had suffered a nasty leg injury a week prior and had been seen by a different veterinary clinic as an after-hours emergency. The owner had contacted us to perform wound debridement and further care. However, it was a bit of a different situation once we arrived on the farm. The five year old horse was barely halter broke and only approached the owner for a head scratch or a treat. In conversation with the owner, we learned she had purchased the horse from a rescue organization with the intention of training and rehabilitating it but unfortunately that had taken a back seat to personal and relationship issues.

We figured our best plan of action would be to sedate the horse with acepromazine and xylazine and inspect the leg more closely in a controlled fashion. An hour later, we still had not managed to come close enough to

the horse to even hold off the jugular for a needle poke. Dr Marshall (via telephone) and Dr Zemlak talked in great lengths to the owner about her options. The idea of boarding her horse and letting the summer vet students tend to the healing wound was even discussed. The owner, having been able to offer little assistance in the control of her horse, and after consultation with her mother, determined euthanasia was the most practical option for treatment. This given the information that follow up care following the surgical procedure would be absolutely critical in the wound healing. The owner, recognizing her and the horse's limits, agreed that euthanasia was necessary.

And thus began our very long evening. The technician, having much more equine experience (having worked previously at a solely equine practice) than I and the veterinarian worked tirelessly trying to sedate the horse intramuscularly well enough to be able to access the jugular vein. I stayed with the owners at the site of the hole to be dug and waited.

Similar to the events of that morning, I gained a new perspective. It was another reminder to hold off judgment until you have heard out the reasons behind the owner's decision. In this case, the woman having recently split from her partner had been left the farm and animals. She could barely afford the surgery so additional follow up care, boarding or training was really not a feasible option. I spent most of my time that evening listening. It took two hours to sedate the horse enough to inject intravenous sedation, at which point Euthansol was administered and the horse was pronounced dead. While Dr Zemlak assisted the owner is collecting a lock of hair from the mane and tail, the mother turned to me and said "thank you all for caring so much. You've made this difficult decision easier on us." It was a rather somber ride back to the clinic given the day's events, but I did share those words with Dr Zemlak and the technician and I think it helped.

While those are two detailed examples, there have been several moral dilemmas in the small animal clinic as well. One was a dog that was scheduled for a convenience euthanasia because of a long-standing infected injury to its footpad. After almost an hour of counselling, the veterinarian assigned to the case convinced the owner to surrender the dog to the clinic instead of euthanizing. It became problematic a week later when the owner returned asking for the dog

back. Several employees, including myself were appalled that the veterinarian would consider re-homing this animal to its original owners, but what we failed to see was the situation the owner was in when she made the painful decision that putting her dog down was the best option. The veterinarian and I had quite a lengthy discussion about the case: it turned out the dog would not wear the cone that was sent home and so continually licked its injury, which lead to infection. The owner had treated that with antibiotics and had tried all sorts of extreme measures to prevent the dog from licking, which included bandages, socks (even tying herself to the dog's foot while they slept in hopes of waking up if the dog began to lick). When she brought her dog in that fateful night, she hadn't had a full night's sleep in almost two weeks and was convinced she could not care for her dog nor burden someone else with her. The veterinarian did ultimately return the dog to the owner, but not before a long and heartfelt discussion with her. The staff at TM'Z also worked hard on healing the injury and training the dog to wear a cone during her weeklong stay.

Another client refused to treat her suspected pyometra cat with anything other than an estimate reading "SPAY and ANESTHETIC." She refused pre-anesthetic bloodwork, antibiotics, pain medication, hospitalization fees, etc. and stated that if we would not spay her cat she would take the cat home with her. Given the history and past relationship with this client, we knew that was the truth. Dr Marshall assisted with the consult on this case and after making no further headway, decided to move forward with the spay but administer the necessary treatment pro-bono in the best interests of the animal. In a surprising turn of events, after the cat made a successful recovery from the surgery, the owner agreed to pay the invoice in full, including all medications and treatments administered.

While I know the majority of this report discussed situations that were not related to food animals, I chose to focus on them because I feel they were the cases that really pushed me to my limits this month. They had me examining myself and the veterinarian I want to be when I begin to practice. They reminded me of the dangers of jumping to conclusions or being unwilling to hear out a client. I believe this mentorship program is just as much about shaping strong, ethical and emotionally stable veterinarians as it is about creating diagnostically competent ones.

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Canadian Veterinary Medical Association (CVMA)

One Profession. One Strong Voice.

CVMA strives to address issues of relevance to veterinarians across the country.

We're pleased to provide you with an overview of what the CVMA has recently been working on for you, our valued members in Saskatchewan.

Dr. Jean Gauvin of Lachine, Québec, has been appointed the 66th national president of the CVMA. Dr. Gauvin has been the Québec representative on the CVMA Council for five years. He graduated from the Faculty of Veterinary Medicine at the University of Montreal in 1980. Fluent in both official languages, he taught in universities and colleges for several years before devoting himself exclusively to private practice. He also brings to the table 20 years of experience in the field of electronic (radio, television) and written media. He looks forward to serving the veterinary profession to provide one strong voice on veterinary issues at the national level.

Antimicrobial stewardship is a strategic priority for CVMA this year. We are highlighting this issue during Animal Health Week from September 28 to October 4, 2014 and promoting veterinarians as responsible stewards of the important medications that keep animals and humans healthy. Using the campaign slogan "Our Role, Our Responsibility," we will encourage animal owners to keep their pets healthy by trusting in their veterinarian's recommendations and administering antibiotics as prescribed. Visit www.canadianveterinarians.net for more information.

The U.S. Food and Drug Administration (FDA) recently posted an update on its ongoing investigation into pet illnesses and deaths in animals that ate jerky pet treats. This update includes the latest information about complaints of illnesses, FDA's collaboration with the Centre for Disease Control (CDC) on a new case control study, and new findings revealed through the agency's testing. Unfortunately, FDA has still not been able to identify a specific cause for the reported illnesses or deaths. To date, CVMA has received four reports from veterinarians in Saskatchewan of illnesses in dogs that are suspected to be connected to jerky treats.

CVMA's National Issues Committee has been collaborating with the Public Health Agency of Canada (PHAC) on the development of changes to the Human Pathogens and Toxins Act (HPTA) and regulations as they may apply to veterinarians performing diagnostic activities in their practice (e.g., bacterial culture). The intent of this consultation was

to ensure the regulations are structured in a way that protects the safety of veterinarians and their staff when performing such diagnostic activities, yet does not impinge on the practice of veterinary medicine. CVMA arranged for PHAC officials to visit large animal and companion animal practices so they could gain an understanding of the diagnostic activities that are part of veterinary medicine. PHAC carefully considered CVMA's feedback during this regulatory process and has structured the HPTA regulations to allow an exemption for diagnostic activities that practitioners perform as part of the routine practice of veterinary medicine.

A Telemedicine position statement was approved in March 2014 after a provincial regulatory body raised the issue regarding the need to have a national statement to address the growing field of veterinary telemedicine. CVMA's National Issues Committee did extensive background research into telemedicine positions in other jurisdictions in human and veterinary medicine. Given that this CVMA position may have implications for provincial regulatory bodies, CVMA consulted with them early in the development process to gain their input. The draft position statement was then sent to CVMA members for feedback to help shape the final position.

CVMA recently voiced support for MP Elizabeth May's Bill C-442 National Lyme Disease Strategy Act, which addresses the challenges of the recognition and timely diagnosis and treatment of Lyme disease in humans. The proposed action will form a cornerstone of dealing with this potentially very serious disease. As veterinarians, we actively engage in discussions about zoonotic diseases and work to promote public health, including the potential impact of animal health on human health. Dogs are more prone to getting ticks than humans, and there is evidence that shows that dogs can act as sentinels of regional Lyme disease activity and the risk for human exposure.

CVMA has voiced concerns to Health Minister Rona Ambrose on how Schedule F drugs are being referenced in recently revised federal legislation. Health Canada's Food and Drugs Regulations were amended during 2013, and Schedule F was repealed and replaced with

the Prescription Drug List (PDL). During the consultation process, CVMA provided input on this repeal, noting that the PDL would allow for improved efficiency, but would require an Appendix that clearly sets out the non-prescription veterinary drugs captured in the former Schedule F Part II of the regulations. Without an Appendix that clearly references the non-prescription veterinary drugs, a gap exists that does not allow for appropriate regulation, which also has implications for the enforcement of federal drug import regulations. CVMA will continue to monitor this issue and advocate for the necessary regulatory changes.

CVMA released a pet nutrition assessment video, which was developed to aid veterinarians in conducting pet nutrition assessments and discussing pet nutritional guidelines with their clients. Ottawa veterinarian and CVMA member, Dr. Susan Little, with the assistance of Dr. Bernard Pukay, Ontario's representative on CVMA Council, created the video to demonstrate the proper steps to conduct a nutrition assessment in feline and canine patients. CVMA is a member of the Pet Nutrition Alliance, which is comprised of a number of veterinary organizations that are working together to promote the importance of nutrition in the health of pets worldwide. Visit CVMA's YouTube Channel to view the video.

Dr. Shane Bateman represented CVMA on a Canadian panel that reviewed the Association of Shelter Veterinarians' Guidelines for Standards of Care in Animal Shelters. Various pieces of provincial legislation guide or direct animal sheltering activities, but there is no unified, Canadian shelter standard of care. The panel has recommended that these standards should be adopted by Canadian shelters along with the inclusion of a Canadian Forward and Reference Guide.



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Questions or Suggestions?

Contact your CVMA National Office at admin@cvma-acmv.org or **1.800.567.2862**. Contact your provincial Council Representative, Dr. Terri Chotowetz at tchotowetz@gmail.com.



Dean's Update

> **Dr Douglas Freeman**
Western College of Veterinary Medicine

Here are some news highlights from the past few months at the Western College of Veterinary Medicine:

New WCVM graduates: On June 6, the 76 graduates received their DVM degrees at the U of S Spring Convocation and later celebrated their achievements at the annual graduation banquet. It was wonderful to meet our graduates' families and friends!

A number of WCVM graduate students also received their advanced degrees, and one particular PhD student brought a special honour to the college. Matthew Links, who completed his graduate studies in veterinary microbiology, was a 2014 recipient of the Governor General's Gold Medal. Supervised by Dr. Janet Hill, Links developed and applied the concept of "microbial profiling using metagenomic assembly" for profiling microbial communities and discovering novel microorganisms.

WCVM students win ultrasound machine: A group of WCVM veterinary students has earned a large animal ultrasound machine – first prize in a North American university video contest sponsored by BCF Technology.

The WCVM students beat out

four U.S. finalists with their video – a magic school bus ride through a cow's reproductive system. The students drew inspiration from The Magic School Bus, a popular 1990s animated television series. WCVM students will specifically use the new Easi-Scan ultrasound machine in their third-year palpation class.

WCVM profs win third in tech venture challenge: Two WCVM faculty members are part of a new company that received third place for its horse lift system at the University of Saskatchewan's annual Tech Venture Challenge on May 22.

Dr. James Montgomery and his wife, Dr. Julia Montgomery, paired up with Jim Boire and Harley Olsen of RMD Engineering Inc. earlier this year to form One Health Medical Technologies Inc. (OHMT). The team received \$3,000 toward the startup of their company and further development of their product – a computerized hoist and lift system for the treatment and rehabilitation of horses with musculoskeletal or nervous system injuries.

The idea, which the OHMT partners pitched to Tech Ven-

ture Challenge judges during the preliminary round on May 15, earned the company a spot among the three finalists in the May 22 event.

New director, new name for CWHC: The Canadian Wildlife Health Cooperative (CWHC) has selected Dr. Craig Stephen, a wildlife health specialist and a WCVM graduate, as its new executive director. Stephen assumed his new role on July 1. He replaces the CWHC's current executive director and co-founder, Dr. Frederick A. (Ted) Leighton, who stepped down this summer. The CWHC, formerly known as the Canadian Cooperative Wildlife Health Centre, includes all five of Canada's veterinary colleges along with key partners in government and non-governmental organizations.

VMC Spring Equine Education day: More than 50 people participated in the WCVM Veterinary Medical Centre's spring equine education day on May 14. The event, which took place in the Ryan/Dubé Equine Performance Centre, included presentations on equine gastric ulcer syndrome (EGUS) and basic hoof health care. Participants also enjoyed

a barbecue lunch sponsored by Merial Canada and a tour of the VMC's Large Animal Clinic.

Researcher in the news: In June, WCVM assistant professor Dr. Joe Rubin conducted interviews with national and international media about his discovery of a carbapenemase-producing organism in a squid purchased at a Saskatoon grocery store. While these antibiotic-resistant organisms have been previously found in the environment and in animals used for food, this is the first time that researchers have found the bacteria in a food product. Rubin's exciting research was published in a recent issue of Emerging Infectious Diseases.

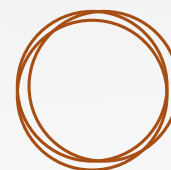
WCVM, 1965-2015: Plans for the veterinary college's 50th anniversary celebrations - June 12-14, 2015 - are well underway. Stay tuned for more details, and we hope you can join us next June!

For more WCVM news, visit www.wcvmtoday.com or follow @WCVMToday on Twitter. You can always contact me (306-966-7448; douglas.freeman@usask.ca) anytime.



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Animal Health Perspectives

PDS Update

By: Marilyn Jonas, CEO, PDS

LIMS launch.... Our new laboratory information management system (LIMS) was launched on June 2, 2014. One of the primary goals of the new system is to allow much better data retrieval from the tests performed at PDS in order for us to significantly enhance our ability to track and analyze disease data. This will be important, not only to our direct clients and members, but as a partner in the larger Canadian Animal Health Surveillance Network (CAHSN). You may have noted in recent articles that we are “stepping up our involvement” in surveillance with the hiring of a disease surveillance veterinarian, Anatoliy Trokhymchuk, and the initiation of a surveillance initiative with the CAHSN network. The new LIMS provides us with the platform to fully engage in this work.

As part of our enhancements to the LIMS system, we have adjusted some of the accessioning fields to better focus data collection. We have also expanded reporting to email and added web-based features which should provide a better experience for our clients. While we have built the base, we fully expect to continue to improve and enhance the system for our users within house (staff) and outside the house (clients) as we move forward. Feedback on your experiences (good and bad) would be greatly appreciated.

Areas of interest PDS veterinary diagnostic pathologists have identified areas

of interest by species, test methodology or subspecialty with the objective of creating an increased understanding of client requirements and proactively tracking new developments in these areas. Involvement in one or more areas of interest does not mean that the diagnostic staff will work exclusively in one specialty, but that they will work to provide leadership and focus in developing services and supports for clients and other diagnostic staff in the chosen areas of interest. Longer term, we will explore opportunities to build broader teams with both academia and industry.

Areas of interest identified include:

- Ryan Dickinson: clinical pathology/ undergraduate and graduate teaching
- Sherry Myers: dermatohistopathology
- Moira Kerr: surgical pathology
- Pritpal Malhi: bovine, bison, equine
- Chris Wojnarowicz: poultry, small ruminants (sheep/goat)
- Soraya Sayi: companion animals, camelids, cervids
- Yanyun Huang: swine
- Musangu Ngeleka: bacteriology, mycology, parasitology, molecular diagnostics (bacteria/parasites/fungi)
- Dale Godson: virology, serology, immunology, molecular diagnostics (viruses)
- Barry Blakely: toxicology

Looking Forward.... PDS is in the process of working with our members (the Province of Saskatchewan and the University of Saskatchewan) to renew our member funding agreements. A big component of the work

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currently being done is to evaluate how well we are meeting our member and client needs and what adjustments are needed to do this most effectively. As a component of this we are looking to how we need to position ourselves and our service for the future in order to continue to grow our ability to serve our clients and other stakeholders within Western Canada.

As part of the “look to the future”, PDS is involved in a broader process of examining opportunities for greater collaboration of the publically funded veterinary diagnostic services in Western Canada. This work, which is being done in conjunction with the four western provinces and the two veterinary schools in the western Canada, is examining how to enhance diagnostic testing and disease surveillance information and services while managing rising costs and funding pressures. Preliminary work shows some real opportunity to do this, so ‘stay tuned’!

New System – New Features: PDS Introduces the New Laboratory Information Management System (LIMS)

By: Arnie Berg, LIMS System Analyst and Programmer, PDS

PDS's new Laboratory Information Management System (LIMS) was launched on June 2, 2014. Although the software has been in incubation for an extended period of time, the transition from the old Casebook to the new Casebook has been reasonably smooth. In instances where adjustments have been required, we appreciate the patience and understanding of our clients.

The new LIMS offers several advantages

and changes in the way clients access their test reports. Although FAX distribution is still supported, **PDS is promoting the use of email distribution of test reports.** Most clients that use email these days prefer the speed, efficiency, and reliability of email over FAX. If you are a client still receiving FAX reports, please consider making the switch to email delivery of reports by calling the PDS office at 306-966-7316 or sending an email to pdsinfo@pds.usask.ca.

Complementing the email delivery mechanism is the capability of any client to access all their reports on the browser-based <http://pdsserver.usask.ca/webclient> web site, from any device ranging from a smartphone to a desktop. The web site offers different ways to search for selected reports and download reports in a PDF format. Future plans call for this web site to be a key

Continues Page 2

Descriptive Analysis of PDS Bovine Abortion

By: Anatoliy Trokhymchuk, Disease Surveillance Veterinarian, PDS

As part of the Growing Forward 2 strategy, federal and provincial resources have been combined to address challenges currently being faced in animal agriculture. One opportunity presented by this initiative is the in-depth analysis of years of diagnostic records at Prairie Diagnostic Services (PDS). Drawing conclusions from historical data is an important decision-making tool for all parties involved in planning and implementing herd health programs in Western Canada.

Cattle abortions are a small fraction of the PDS caseload (on average less than 5% of total bovine diagnostic submissions). However, the economic significance of abortions, especially for the beef cattle industry, makes these submissions a high priority.

From January 1, 2004 to December 31, 2013 PDS received 40,966 bovine submissions of which 1988 were requests to determine the cause of abortion. It should be noted that these submissions would only make up a proportion of the total abortions seen in the field due to a variety of factors (time, condition of the fetus, logistics, costs, etc.). Statistically the number of diagnostic requests for the diagnosis of abortions fluctuates and does not directly correlate with number of total bovine submissions. Identifying the cause of abortions is

challenging. A variety of agents and factors are involved – e.g. bacteria, viruses, fungi, toxic substances, malnutrition and vitamin and mineral deficiencies. It is well recognized, that in many cases the true cause of abortion cannot be identified because the period of time between the harmful action and its consequences is too long – i.e. evidence of the agent is gone by the time the abortion occurs. Between January 1, 2004 and December 31, 2013 successful diagnoses were established for 707 out of 1988 abortion submissions (35.5%) which is comparable to the success rate in North America of abortion diagnostic success. However, the observed success rate varies from year to year (Fig. 2) and it may be an important indicator of potential changes in the causes of cattle abortions, sample submission practices, or laboratory efficiency. It should be also noted that while there is not always a definitive diagnosis, “rule outs” can often be as valuable in helping narrow options and seek treatment plans.

On average, and as depicted in Fig 3, bacterial infections were the most frequent cause of diagnosed abortions identified in PDS submissions (53%) followed by viral infections (30%), mycotoxicoeses (8%), and protozoal infections (4%). All other causes of abortions (various nutrient deficiencies, toxins, parasites) comprised the rest (5%) of all

diagnosed abortions.

However, a closer look at the year-to-year distribution of diagnosed abortion causes shows that there were significant changes over time (Fig 4). For example, viral infections were the main cause of abortions in 2008 surpassing the bacterial causes. The most recent trend (2013) shows a decrease in the proportion of bacterial abortions as a proportion of the total and a marked increase in viral abortions as well as those caused by various nutritional deficiencies.

Success in diagnosing the cause of abortions depends on many factors – both inside the laboratory and outside. There are very important factors that define the diagnostic success even before the sample is delivered to the lab, including how fresh the sample is at collection, how well it was packaged for transportation, and how accurate the background history is that is provided to the lab. At the other side of the laboratory reception window challenges include obtaining and mastering the latest technological tools and techniques, maintaining the knowledge and skill set of the laboratory team and insuring the highest level of laboratory work quality. Team work is critical to ensure the best success and the highest rate of diagnosis.

From Page 1

connection point between PDS and its clients, not only in providing real-time information to clients, but also in accepting information such as accessioning information. Most clients with email addresses have already been connected to their reports on the PDS Client web site. For others wishing to take advantage of this service, you may contact the PDS office at 306-966-7316 or send your request via email to pdsinfo@pds.usask.ca.

Part of the new LIMS system is integration between the LIMS and the Dynamics Great Plains accounting system. This integration provides a greater amount of billing information to clients by way of creating invoices for each case in addition to detailed month-end statements.

PDS has initiated a change in how result reports are presented for cases where multiple tests are involved, so that all of the tests within the case are tied into one larger report. A cover page for the report shows which tests are tied to the case and what their “status” is. The **default** currently is that **clients will receive the full report when all of the tests are completed**, however; **if clients wish to see the results of each of the tests as they are completed, they need to request to see “preliminary results”** by emailing pdsinfo@pds.usask.ca or calling our receiving office at 306-966-7316. This will result in a full report, marked with the watermark “Interim”, being generated and faxed or emailed to the client each time one of the tests within the case is completed. As subsequent tests within the case are completed, a full report is again generated. The ‘Interim’ watermark on the background

of the report is removed when the last test in the case is complete.

We have moved to this approach as a result of feedback from clients that wanted a single report for cases with multiple tests. We are considering this change to be a trial and will be monitoring whether this is of benefit to clients or not. Please send any feedback that you have on this new approach, positive or negative, to pdsinfo@pds.usask.ca.

Anytime a significant change is made, such as the implementation of the new LIMS, some adjustments are required. Our goal is to provide a better service with potential for future growth. Please let us know how we are doing and what if anything you would like us to consider as improvements to the system. Please be assured that we will do our best to serve you in the best way possible.

Submissions from 2004 to 2013

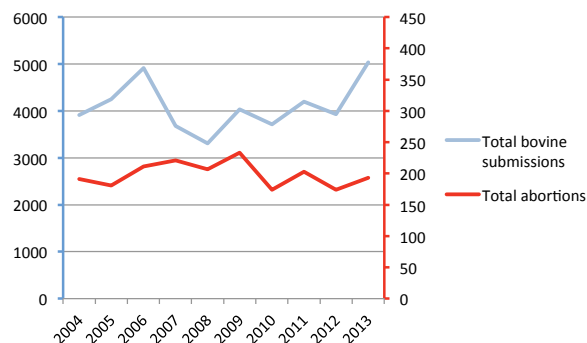


Figure 1: Trends in changes of total bovine submissions numbers and abortions diagnostic requests from 2004 to 2013

Figure 2: Rate of bovine abortions diagnostic success

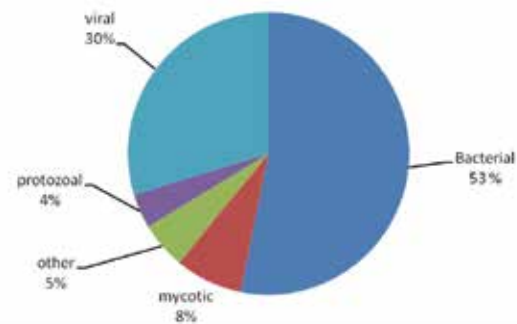
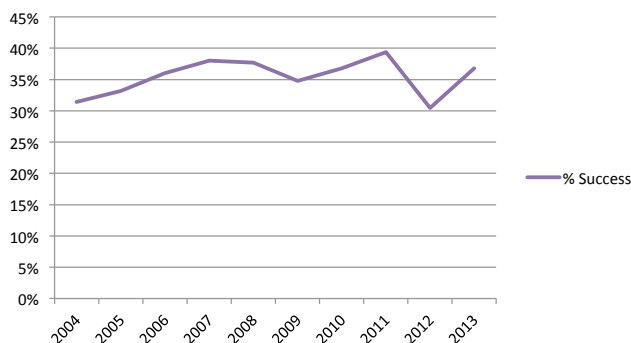
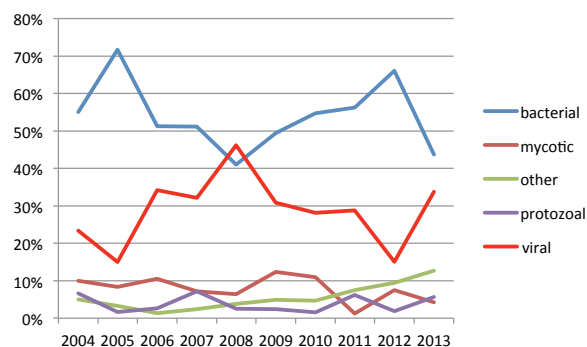


Figure 3: Main causes of cattle abortions identified at PDS from 2004 to 2013

Figure 4: Diagnosed abortion cause, changes in time from 2004 to 2013



Fusarium Mycotoxin Contamination in Livestock Feeds

By: Vanessa E. Cowan and Barry R. Blakley, Veterinary Biomedical Sciences, WCVN

Mycotoxins are bioactive secondary metabolites produced by multiple fungal species. Production of mycotoxins is worldwide, and depends on environmental conditions such as temperature and moisture. Historically in Western Canada, mycotoxin-induced disease in livestock was not considered to be a significant problem. Recently, the occurrence of disease and the extent of feed contamination have increased dramatically. These observations have led to increased concern in members of the academic community, livestock producers,

grain farmers, and veterinary clinicians. Many regions of Manitoba have encountered feed contamination and livestock diseases. Most Western provinces have been monitoring the extent and spread of the fungi. In the past four or five years, mold contamination has spread into the southeastern region of Saskatchewan.

Most mycotoxins are extremely potent and thus produce clinical manifestations at very low levels of feed contamination. This presents a problem from an analytical

perspective. In addition, rapid metabolism and elimination from tissues further compromises diagnostic options. In general, clinical manifestations of mycotoxin exposure are non-specific and present vaguely in the herd. The molds do not grow uniformly in the feed, making exposure largely intermittent through ingestion. An immunosuppressive, opportunistic infection which is unresponsive to antibiotic treatment is often observed. This is due to the widely accepted mechanism

Continues Page 4

From Page 3

of altered immune function by mycotoxins. A change of feed is often reported prior to the clinical signs and may aid in identifying mycotoxins as the cause. However, the extent of fungal growth or mold production in the feed is an unreliable indicator of mycotoxin content. Mycotoxins also can occur in mixtures in the feed and affect multiple organ systems. These diagnostic concerns highlight the need for sensitive analytical tests.

Mycotoxins produced by various *Fusarium* species have become a major problem. The most clinically significant mycotoxins are the tricothecene mycotoxins (deoxynivalenol, T-2 toxin, and diacetoxyscirpenol), fumonisin, and zearalenone.

The tricothecene mycotoxins are currently the major concern in Western Canada. T-2 toxin, diacetoxyscirpenol (DAS), and deoxynivalenon (DON), often in combination, are extremely irritating and cytotoxic. These properties result in feed refusal, dermal necrosis, gastroenteritis, immunosuppression, embryotoxicity (abortion), and generalized weakness or depression. Clinical manifestations in cattle may be observed when combined concentrations exceed 5-10 ppm. Horses and swine tolerate concentrations less than 1 ppm.

Deoxynivalenol (DON), also known as vomitoxin, has become the prominent mycotoxin identified in livestock feed grain and is often found at ppm concentrations. Swine are the most sensitive to DON exposure. Feed refusal, decreased weight gain, and emesis are the most common symptoms observed. Feed refusal may be seen at levels as low as 1 ppm in the feed, whereas vomiting may occur at concentrations above 20 ppm. Ruminants and poultry are generally insensitive to the emetic effect of DON, however feed refusal has been observed. Although DON is less

potent than T-2 and diacetoxyscirpenol, it is perhaps the most economically significant due to its ubiquitous nature in feed and widespread decreases in livestock performance.

Fumonisin affects the biosynthesis of sphingolipids and is indicated by increased free sphingoid bases in serum and urine. Exposure to fumonisin is most problematic in horses and swine. In contrast to other mycotoxins, fumonisin exposure manifests as species-specific diseases in horses and swine. Equine leukoencephalomalacia (ELEM) is a fatal disease associated with fumonisin exposure, and is the liquefaction of the white matter in the brain. ELEM can occur at levels between 15 and 22 mg/kg in feed. In swine, severe pulmonary edema and hydrothorax develop. Clinical disease associated with fumonisin has not been identified in Western Canada.

Zearalenone (ZEN) has been encountered in many regions in North America. Swine are the most sensitive species to ZEN exposure, particularly prepubertal gilts. Concentrations as low as 1 ppm in the feed may cause infertility, anestrus, stillbirth, vulvovaginitis, tenesmus, vaginal and rectal prolapse, and embryonic death. Cattle appear to be more resistant to ZEN exposure. ZEN is structurally similar to 17 β -estradiol, making a classification of a mycoestrogen more appropriate than a mycotoxin.

At the present time, **feed analysis is the only reliable approach to identify mycotoxin disease.** Gross and clinical pathology are useful, but lack specificity to confirm the diagnosis. Currently, **Prairie Diagnostic Services offers a 12 mycotoxin panel which includes most *Fusarium* mycotoxins or metabolites (with the exception of fumonisin), plus aflatoxin (a carcinogenic hepatotoxin) and ochratoxin (a renal toxin).** If components of the feed such as corn or other grains were imported from the USA,

mycotoxicosis related to the feed is a distinct possibility.

Depending on the severity of the disease, simple withdrawal of the feed will result in recovery in a relatively short period of time. Tissue residues, withdrawal times, and food safety related to contaminated milk or meat are not a major concern, due to the relatively short biological half-life of the mycotoxins. In some instances, grain may be sorted to eliminate mycotoxin-infected kernels, although the process may not be economically feasible and is not completely efficient. Many producers or feed companies are routinely evaluating ration components for mycotoxins prior to feeding. During the past year, *Fusarium*-contaminated feed has been identified in various feed sources. The vast majority of contaminated feeds contained mycotoxins well below concentrations considered to produce clinical disease. However, the potential for subclinical disease remains a possibility and requires further attention. This observation only applies to Saskatchewan grown feed. Feed imported from Manitoba or the USA may be contaminated to a greater extent.

With changing climate conditions that favour mold growth and mycotoxin production, it is anticipated that mycotoxicosis in livestock may be an emerging disease of concern.

For more information, contact Dr. Barry Blakley (Veterinary Toxicologist, WCVN; Telephone: 306-966-7350 or email: barry.blakley@usask.ca)

LITERATURE CITED:

Bennett JW and Klich M. Mycotoxins. Clinical Microbiology Reviews. 2003, 16(3):497-516.
Pestka JJ. Deoxynivalenol: Toxicity, mechanisms and animal health risks. Animal Feed Science and Technology. 2007, 137:283-298.

Morgavi DP and Riley RT. A historical overview of field disease outbreaks known or suspected to be caused by consumption of feeds contaminated with *Fusarium* toxins. Animal Feed Science and Technology. 2007, 137:201-212.

READERS' FEEDBACK

The **Animal Health Perspectives** editorial team (Dr. Moira Kerr, Crystal Wagner and Kathryn Tonita) invite readers' comment on any material published in the newsletter or questions on material submitted by contributors.

Submit your comments or concerns to Dr. Moira Kerr (email: moira.kerr@pds.usask.ca) and they will be forwarded appropriately.

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Animal Abuse

Know What It Is and What to Do About It

Lisa Bourazak, DVM, MPT
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University of Georgia

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Veterinary professionals must be aware that they may encounter animal abuse cases in their practices and they could be the first line of defense against animal abuse. It is important, therefore, that every team member knows how to recognize an abuse situation, can establish rapport with the client so they feel comfortable discussing the situation, and is familiar with action steps if abuse is suspected.

It is also important that veterinary professionals be aware of the studies that show a correlation between animal abuse and domestic violence, including child and elder abuse, so they understand that when they recognize and act regarding animal abuse cases, they are likely helping other members of the family in addition to the animal.¹⁻³

For example, 71% of women seeking shelter at a safe house for battered partners who reported owning a pet reported that their partner had threatened and/or actually hurt or killed one or more of their pets, although it was not easy for them to discuss.² In one study, 26 women who had been the subjects of domestic violence reported that their male partners had also verbally and/or physically abused the household pet(s), yet the majority of the women were unwilling to discuss it with their veterinarian.³

Always be aware of the family abuse correlation; after all, the veterinary healthcare team may be able to help not only the patient, but also the animal's human family.

Other studies have shown that children who live in violent households are more likely to be cruel to animals.⁴⁻⁶ In a survey of 860 college students regarding family violence and animal abuse, 60% of students who reported witnessing or perpetrating animal cruelty as a child also reported experiences with child maltreatment or domestic violence.⁷

DEFINING ABUSE

Animal cruelty, abuse, and neglect are defined differently, according to the intent of the perpetrator. According to the AVMA:⁸

- Animal cruelty is any deliberate act that, by intention or neglect, causes an animal unnecessary pain or suffering, including inflicting pain on an animal for the abuser's enjoyment or amusement.
- Animal abuse is the maltreatment of an animal regardless of the perpetrator's

intent, motivation, or mental condition. The perpetrator's deliberate intent distinguishes cruelty from abuse.

- Animal neglect is defined as the failure to provide an animal sufficient water, food, shelter, and/or veterinary care; lack of grooming; and lack of sanitation. These failures may be the result of ignorance, poverty, or other extenuating circumstances. This is the most commonly investigated situation.

IDENTIFYING POTENTIAL ABUSE

In the examination room:

- Compare the patient's injuries with the client's history.
- Take note if the client appears reluctant to provide a full history, or if the client changes the history when repeating it to other team members.

- Ask the client about his or her experiences when disciplining and housebreaking the patient.
- Listen to children's responses to questions about their pets.
- Ask about other household pets.
- Observe how family members interact.

Warning signs that could raise suspicion:

- Patients with chronic injuries or medical conditions that go untreated
- Other injuries that are healing, in addition to a new injury
- Clients who use the services of several veterinarians
- Clients who repeatedly bring in new puppies or kittens, but not adult or aging pets
- Injuries attributed to unknown causes—clients often admit to accidental injuries but blame intentional injuries on unknown causes
- Discrepancies in names and addresses
- Multiple injured animals presented from the same household.

REPORTING ABUSE

First, know the veterinarians' professional obligation. The AVMA policy states: The AVMA recognizes that veterinarians may observe cases of animal abuse or neglect as defined by federal or state laws or local ordinances. The AVMA considers it the responsibility of the veterinarian to report such cases to appropriate authorities, whether or not reporting is mandated by law.⁸

Second, all veterinarians and practice managers should be familiar with their state's laws concerning reporting of animal abuse or cruelty.

When abuse is suspected by any team member:

- Discuss the suspicion with practice management and senior colleagues and decide as a team any steps that should be taken.
- Collect evidence to support any case of animal cruelty, abuse, or neglect. All notes made in the medical record can be used as evidence; the notes should include information provided by the clients about the patient's housing, feeding, and care,

and all the physical examination findings, including vital signs, body weight, and body condition. If possible, document the physical examination with photographs and video as well as descriptions in the medical record.

- Report any suspected case to the appropriate authorities with the documented evidence. Every practice should be familiar with the local animal and human service agencies, including local animal control and law enforcement agencies, where animal cruelty, abuse, or neglect should be reported, because these agencies vary by state, and even by county.

Every practice should have policies in place so that the whole team understands the potential for animal abuse, recognizes the signs of possible abuse, and knows what steps to take when abuse is suspected. Always be aware of the family abuse correlation; after all, the veterinary healthcare team may be able to help not only the patient, but also the animal's human family.

References

1. **Battered pets and domestic violence: animal abuse reported by women experiencing intimate violence and by nonabused women.** Ascione FR, Weber CV, Thompson TM, Heath J, Maruyama M, Hayashi K. *Violence Against Women* 13(4):354-373, 2007.
2. **Battered women's reports of their partners' and their children's cruelty to animals.** Ascione FR. *J Emot Abuse* 1(1):119-133, 1996.
3. **Intimate partner violence and companion animal welfare.** Tiplady CM, Walsh DB, Phillips CJ. *Aust Vet J* 90(1-2):48-53, 2012.
4. **Exploring the link between corporal punishment and children's cruelty to animals.** Flynn CP. *J Marriage Fam* 61(4): 971-981, 1999.
5. **A study of firesetting and animal cruelty in children: family influences and adolescent outcomes.** Becker KD, Stuewig J, Herrera VM, McCloskey LA. *J Am Acad Child Adolesc Psych* 43(7):905-912, 2004.
6. **Animal cruelty by children exposed to domestic violence.** Currie CL. *Child Abuse Neglect* 36:425-435, 2006.
7. **Is animal cruelty a "red flag" for family violence?** DeGue S. *J Interpers Violence* 24(6):1036-1056, 2009.
8. **Practical Guidance for the Effective Response by Veterinarians to Suspected Animal Cruelty, Abuse and Neglect.** Arkow P, Boyden P, Patterson-Kane E; www.avma.org; accessed April 2013.
9. **Animal Abuse and Animal Neglect Policies.** AVMA; <https://www.avma.org/KB/Policies/Pages/Animal-Abuse-and-Animal-Neglect.aspx>; accessed April 2013.

SUGGESTED READING:

Examining the links between animal abuse and human violence. Flynn CP. *Crime Law and Social Change* 55(5):453-468, 2011.

Practical Guidance for the Effective Response by Veterinarians to Suspected Animal Cruelty, Abuse, and Neglect.; Arkow P, Boyden P, Patterson-Kane E. AMVA; <https://ebusiness.avma.org/Files/ProductDownloads/AVMA%20Suspected%20Animal%20Cruelty.pdf>; accessed May 2014.

Studies have shown that children who live in violent households are more likely to be cruel to animals.



BE PREPARED

Many resources are available to help practices be prepared for animal abuse cases, including;

- **Saskatchewan SPCA**
www.sspca.ca
- **Canadian Federation of Humane Societies**
www.cfhs.ca
- **Canadian Council on Animal Care**
www.ccac.ca
- **Livestock Welfare.Com**
www.livestockwelfare.com
- **National Farm Animal Care Council**
www.nfacc.ca

Note: Although this article is of American origin, the parameters for defining animal cruelty and abuse are analogous in Canada. For further details, see Canadian Criminal Code (444 to 447.1); Canadian Animal Protection Regulations 1999; Canadian Animal Protection Act 1999; Canadian Health of Animals Act.

Saskatchewan Rabies Program – The First Few Months

> Dr Clarence Bishop, SK AG RRAV

March 31, 2014 marked the end of CFIA involvement in collection and submission of samples for rabies testing in Saskatchewan. Starting April 1, 2014, the Ministry of Agriculture implemented a system to replace the work done by CFIA. The basics of the Ministry's Rabies Program are:

- A Rabies Hotline number 844-772-2437 (844-7-RABIES) which provides general information about rabies to the public, and, when appropriate, passes the caller's concern to the Rabies Risk Assessment Veterinarian (RRAV);
- The RRAV, who receives information about rabies suspect cases, authorizes and coordinates the submission of samples for rabies testing, distributes test results, and implements animal quarantines when appropriate. The RRAV can be contacted at RRAV@gov.sk.ca, phone 306-529-2190, or fax 844-666-3647
- Veterinarians and Veterinary Technicians, who are contracted on a fee-for-service basis to obtain and submit samples for rabies testing (samples go to the CFIA, Lethbridge Laboratory).

Instructions for confirmatory negative samples (rabies unlikely):

The veterinarian or vet tech side of the SK rabies program is relatively simple - my standard directions that are sent to vet clinics when providing the authorization to ship a sample for rabies testing are as follows:

- Attached to the fax or email will be - lab form (print page 1) and Lethbridge lab label
- Whenever possible, please use the TDG-approved packaging supplies provided to you; if you do not have these supplies, you can contact me to request them; OR
- If you do not have the shipping supplies provided by the program, you can use

tough Ziploc bags, or other strong, clear bags that can be sealed/secured to ship non-TDG samples:

- Bag #1 – Cat head inside, close, fold top, secure with duct tape;
 - Bag #2 - bag #1 inside, plus some absorbent material (paper towels), close same as bag #1, affix a label on bag #2 with the Sample Identification Number - SKAG-2014-xxxx-xxx;
 - Bag #3 - bag #2 inside, close as above, affix page 1 of the lab form to the outside. lab form should go into something waterproof (small Ziploc bag);
 - Place everything into a sturdy cardboard box, along with padding and cold packs;
 - Affix one of the Lethbridge lab labels to the outside of the cardboard box, include your return address.
- Sample can usually be sent as "Exempt Animal Specimen", as rabies is unlikely. Non-TDG shipments must use "EXEMPT ANIMAL SPECIMEN" label (preprinted label or the laboratory address label provided).
 - Please let me know when the courier has picked up the package or when it has gone out on the bus.
 - Remember to include the sample ID number on the invoice to SK AG.

Samples with a high suspicion of rabies:

If there is a high suspicion of rabies, TDG regulations need to be followed. For TDG shipments be sure to use the packaging supplies provided by the Ministry of Agriculture and make sure the label "UN3373 - Biological Substance Category B" is used. Please contact me for clarification if necessary.

Everything has gone relatively smoothly in the first few months of provincial programming. As the program is implemented and processes are being ironed out, I would like

to take this opportunity to remind veterinarians and technicians about some important points to remember when collecting and shipping samples for testing:

1. ACT QUICKLY WHEN SAMPLING AND SHIPPING

Most samples are being sent due to human contact. Public Health officials want the test results to decide on rabies post-exposure treatment, so time is of the essence. Have the sample prepared, packaged and picked up or delivered to the courier drop-off site as soon as possible. Note: samples can be shipped on Friday or Saturday by bus (if not Dangerous Goods designation) to arrive at the CFIA Lethbridge lab on Monday.

2. PACKAGING

Do not use Styrofoam packing material or containers. Use just enough frozen cold packs to ensure the sample remains testable.

3. BILLING

Include the sample identification number (SKAG-2014-xxxx-xxx) for each sample shipped on your invoice to the Ministry of Agriculture. Enclose a copy of the shipping invoice from the courier. (Do not separate out the GST on the invoice.)

4. CONTRACT

You can only get reimbursed for shipping samples for rabies testing if you have signed a contract with the Ministry of Agriculture for this purpose. Please sign up to submit samples for rabies testing in your area. Maximizing availability and distribution of participants speeds up getting samples to the lab, improving Public Health's ability to provide the best care for exposed patients. Please send two signed copies of the contract to Dr Betty Althouse, by fax at (306)787-5547, or email a color-scanned copy of the contract to betty.althouse@gov.sk.ca.

5. QUESTIONS?

Email RRAV@gov.sk.ca, phone 306-529-2190, or fax 844-666-3647 with any questions you may have on the rabies program or on a specific case.

“ Thought flows in terms of stories – stories about events, stories about people, and stories about intentions and achievements. The best teachers are the best story tellers. We learn in the form of stories. ”

- Frank Smith

In Memoriam

Dr Alex Livingston

B.Sc, B.Vet.Med., Ph.D., FRCVS, Diplomate, ECVPT

> Drs Trisha Dowling and Don Hamilton



Alex Livingston died on June 7, 2014; 10 days shy of his 74th birthday. He is survived by his wife of 38 years, Sue Livingston, four children and three grandchildren.

Alex grew up in Luton, just north of London during the Second World War. He said, “I often travelled with my Granddad who was a general dealer. He had a collection of shacks where he kept ferrets, dogs, chickens and other animals until he sold them. He also bred and competed racing pigeons that were used as messengers during the war. He exposed me to both the animal kingdom and to the delight of auctions.”

The first in his family to attend university, Alex received a bachelor's degree in physiology from London University in 1962, followed by his veterinary degree from the Royal Veterinary College in 1964, and a PhD from the University of Bristol in 1968. He continued at the University of Bristol teaching veterinary pharmacology and conducting research. His research career focused on the management of animal pain, specifically on drugs or synergistic combinations of drugs that manipulate pain messages to the brain.

In 1992, Alex and his family moved to Saskatoon, Saskatchewan, Canada, where he became the fourth Dean of the Western College of Veterinary Medicine (WCVN). Livingston was active in the scientific community as board member on the Canadian Council for Animal Care, as European editor for the *Journal of Veterinary Pharmacology and Therapeutics* and editor in chief for *Research in Veterinary Science*. He became a fellow of the Royal College of Veterinary Surgeons in 1993 and a diplomate of the European College of Veterinary Pharmacology and Toxicology in 1999.

During his career, he supervised 15 PhD students and contributed to veterinary medicine with over 100 publications in internationally-recognized, peer-reviewed journals, over 70 conference proceedings and abstracts, and over 20 book chapters. Even as Dean of the WCVN, Alex continued to supervise and mentor graduate students and clinical residents and teach in the undergraduate general pharmacology course, often commenting, “Helping students to make sense of a potentially boring subject is a challenge -but that's when you truly get to know students, in the classroom.”

Alex had a great ability to recognize potential in young investigators, and his mentorship helped launch many successful careers in research and teaching in veterinary medicine. In 2001, he was awarded the Merial Grand Prize Outstanding Research Program in Animal Pain, recognizing his ground-breaking research on animal pain and pain control. In 2007, Alex received the European Association for Veterinary Pharmacology and Toxicology's Lifetime Achievement Award for his contributions to the field of analgesia in veterinary medicine. After two terms as Dean, Alex returned to the WCVN's Department of Veterinary Biomedical Sciences to continue

teaching and research. He officially retired from the WCVN in 2007.

In his younger days, Alex was an avid rock climber and adventurer. As a new graduate without back up, he made the diagnosis of foot and mouth disease on a swine farm on Christmas Day. His decisive action helped limit the spread of the devastating disease.

But he also had many personal stories of what NOT to do in practice! He often regaled us with stories of life on the farm in Vonda: his beloved cows (“Thelma” and “Louise”) with their tendency to go walk about, his creative ways to get vehicles unstuck from snow banks, and egg collecting escapades of the farm dogs. On sabbatical in Calgary, he bought a used car and drove the family to Banff one weekend, driving at 100 – but not realizing that the car was old enough that the speedometer was in miles per hour, not kilometers per hour.

Alex did in fact have great mathematical skills, that he put to good use grilling graduate students over their statistics and also when he hit a deer on the Vonda highway that had a speed limit of 90 kph. The attending Mountie looked at the body of the deer and exclaimed, “Wow, from the damage to that deer, you must have been doing at least 120 kph!” Alex immediately responded, “Oh no, I was doing 90 km and that deer was running at me at 30 kph!”

His later years were spent attending auctions and acquiring antiques; Alex never missed a good auction and loved to tell us about his latest “finds”, such as the time he almost bought the historic Viscount hotel for \$300. So as friends and colleagues, we best remember Alex for his stories about the memorable moments in his life that brought such laughter into ours.



SAVT Update

> Jan Erickson RVT, RLAT

It's a smile. It's a kiss. It's a sip of wine. It's the summertime. Sweet summertime! More rain than I prefer but I'll take it after that brutal winter!

The Saskatchewan Association of Veterinary Technologists Board of Directors enjoyed summer just recently. A little rain didn't dampen our spirits at the June 22nd meeting. We met at Carolyn Cartwright's (our CAAHT rep) acreage for our monthly meeting and a BBQ. Thank you to Carolyn and Glen for the delicious pulled pork and to the rest of the board for all their contributions. Do you want your voice and opinions heard? Have an idea to improve our association and/or profession? Looking to make some professional contacts and friends to boot? Please come forward and volunteer for a position on our board at the next annual SAVT meeting which takes place at the conference in November. It's great being part of such an organized, professional and social association.

Veterinary technologists are recognized nationally on the third week in October. This year it is scheduled for the week of October 12th – 18th, 2014. National Vet Tech Week provides AHT's/ VT's across Canada and the United States the opportunity to celebrate their professional contributions to the animal health care field. SAVT sends out a promotional poster and vet tech merchandise.

I encourage you all to hang this in your clinic, exam room, and laboratory or anywhere it will provide an opportunity for public education and encouragement to fellow techs. Let's show our pride in this wonderful and fulfilling profession.

Details are moving right along for our 30th anniversary conference and tradeshow. The theme is "Honouring our Past, Treasuring the Present, Shaping the Future" and is scheduled for November 7-9 at the Radisson Hotel and WCVN. Our keynote speaker this year is Jodi Urquhart, a top motivational speaker who uses humour and perspective to inspire. The conference committee is working hard to make this a special and memorable event. You won't want to miss it!

For all current events, job opportunities, online CE or any info you need, remember to visit our website at www.savt.ca. As always, feel free to contact any board member with questions or comments about our association and profession, that's what we are here for. Have a great summer!!

CQM NOTICE OF CHANGE RELATED TO IMPORTATION OF DRUGS

The Canadian Quality Milk program has just issued a notice of change related to own-use imports.

The changes also affected their fact sheet on Veterinary Drug Requirements.

Please visit www.dairyfarmers.org/cqm for complete information.

ANIMAL HEALTH WEEK

This year, for the first time, the Saskatchewan Ministry of Agriculture is declaring

September 28 – October 4, 2014
ANIMAL HEALTH WEEK

in celebration of the exemplary work being done in science-based, on-farm animal health and welfare by Saskatchewan livestock producers.



"THE PHYSICAL": Practice inspections are like routine (and yes, invasive) check-ups.

> Dr Henry McCarthy

“Even though we only have to endure one every five years, no matter how you slice it, a practice inspection isn't fun. It's kind of like ripping off a band-aid. You know it is going to hurt. How much and for how long is up to you.”

When I think about going through my practice inspection, it makes me think of an annual physical. Everyone tells me that getting your prostate checked is a good idea but at the time I'm not so sure. When you hear the snap of the glove it's time to find a happy place - this is all going to be over soon.

Here is where the pre-inspection package comes in. Putting in the time to complete the pre-inspection forms ahead of the onsite inspection is worth it for individuals like me who don't particularly enjoy being inspected. Gathering information in advance is tedious, but it gets the whole information and records part of things out of the way before the inspector even shows up at the clinic. From there, things move quickly and are a lot less disruptive to my clinic and staff.

Even though we only have to endure one every five years, no matter how you slice it, a practice inspection isn't fun. It's kind of like ripping off a band-aid. You know it's going to hurt. How much and for how long is up to you.

So what am I going to do? I think I am going to look at the pre inspection package like the lube in the doctor's office and I am going to rip this band-aid off as quickly as possible. Hopefully when all is said and done, unlike when the annual visit to the doctor's office is over, the inspector and I can look one another in the eye and go our separate ways.

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A STACK OF
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> Sue Gauthier

COMMUNICATIONS Corner

Greetings everyone, and welcome to the summer issue of SVMA News!

What a beautiful summer we are having in Saskatchewan. With such gorgeous weather and so many great things to do in our province, I hope you have all had the opportunity to enjoy summer fun and relaxation in full measure. September is just around the corner, and with it our annual SVMA Conference.

You have probably noticed one or two emails about the conference in your inbox. These are invitations to visit www.svma.sk.ca for full details of the CE program and to register for the conference online. All the information is there—agenda, speakers, wet labs, receptions, the AGM, Awards Lunch, exhibitors and sponsors, everything (kind of like “one-stop” shopping!) Your SVMA’s staunch cost-recovery policy means conference registrations are priced very modestly to ensure you get the best value for your CE dollar.

The continuing education program offered this year is excellent and plentiful. Both companion and large animal tracks have a full 17.5 hours each of scientific CE credits, not including 3-hour wet labs. Attending the full LA or CA program, with wet lab, earns you 20.5 hours of CE.

This is an exciting year for the SVMA—there are important issues to discuss and progressive initiatives in development to serve our members and the public. Don’t forget to include the AGM on the morning of Sept 11th in your schedule. It’s the best opportunity of the year to exercise your most powerful right of membership—your vote.

Have a wonderful rest of the summer. See you in September!

www.svma.sk.ca



THE MEMBERS' SIDE

Having problems accessing the members' side of the website?

Go to www.svma.sk.ca and click the Members Page tab, front page, top right.

To log in, type “svmemb” (username) and “myvma” (password) for access to valuable member resources:

- 2014 SVMA Annual Report
- Wage reports & fee guides
- Disease control information and updates
- Bylaws and practice standards
- The Veterinarians Act
- Pharma regulations, manuals, registers and forms
- Council meeting minutes
- Approved CE for 2013/14
- Members' bulletin board, and more.

LOOKING for a veterinarian? An RVT? A new practice? Professional events? Our Web-Classifieds are updated continuously on the SVMA website, www.svma.sk.ca, where members can post free ads of up to 100 words for three months.

Thank you

to our
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Conference Centre**

• **GOLD**

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Zoetis Canada

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**Saskatchewan Ministry
of Agriculture**
PetPlan Pet Insurance
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WDDC

• **BRONZE**

Naylor (Canada) Inc
Nestlé Purina Vet Diets
Scil Vet Novations
Merial Canada Inc
Merck Animal Health



Student update

As the spring flies by with student clubs bringing in much-anticipated speakers, completing their final wet labs and hosting celebratory steak nights, I am happy for the chance to reflect on the past year at WCVM.

As we pass the half way mark of our summer break, I know many WCVM students have made excellent use of their summer opportunities so far. Many of my student colleagues are working in clinics, participating in volunteer opportunities, or working as summer researchers at the College. I hope all the SVMA members who hired students this summer are enjoying their mentorship experience.

The summer started out on an exciting note for WCVM students with the news that we won the first place prize of a brand new Easi-Scan Ultrasound in a competition put on by BCF Technology. As the public relations officer for the WCVM Production Animal Club, I found out about the competition through the Western Canadian Association of Bovine Practitioners. After getting some enthusiastic feedback on the competition from our third year palpation class, we decided to make a video parody of a Magic School Bus episode where we explore the cow's reproductive tract up close and personal. After a month of spreading the word with write-ups, Facebook posts, and interviews with local media, we

found out that our Magic School Bus video received over 2,800 votes which was 1,200 more than the next highest team. It was especially fun to win since our team was the only Canadian entry and we were up against some pretty big names like Cornell, Madison and Missouri.

In other news, the class of 2014 officially graduated on June 7, with the majority of new graduates returning to Saskatoon to celebrate their accomplishments.

Furthermore, there continue to be a lot of young students around WCVM participating in the popular vet med camps that run throughout the summer. New this year is a One Health Healthy Food Camp where students learned about healthy life choices for themselves and their pets. Lastly, the third year lecture hall is undergoing renovations – I know the incoming class is looking forward to having enough seats for everyone this year!

I hope everyone enjoys the rest of the summer! Look forward to hearing from the next WCVM student representative in the fall!

Have something to say to the Membership?

Letters to the editor are always welcome and encouraged! Email comments to sgauthier@svma.sk.ca, and they will be posted on the SVMA website bulletin board www.svma.sk.ca

The 2014 SVMA Annual Report is posted on the website as of Aug 10, 2014. Go to www.svma.sk.ca, Members Side, to view or download the complete report.



Save The Date For WDDC September 27, 2014

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Dr. Dylan Buss, MS - Ophthalmology CE
Penny Radostits, RAHT/CCRA - Canine Rehabilitation Techniques CE
Dr. Joel Parker - Veterinary Practice Solutions CE

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with WDDC at our Gala and Open House
Registration Form Is Now Available On www.WDDC.com



Bobowski, P.I.

After getting his feet wet for five years at Intercontinental, Orest married his wife Linda in 1973. Shortly after they started a family, Orest started inspecting for the Canadian Food Inspection Agency. His first posting was Crawford Foods, a large poultry slaughter and processing operation in Wynyard, for six years. He later broadened his inspection experience in Humboldt, working out of the Health of Animals District Office.

When the Humboldt District Office was moved to Wynyard in 1989, Orest decided to stay in Humboldt and join the ranks of professional commuters. In 1994, an opportunity in the Saskatoon District Office convinced Orest that five years of commuting was enough, and he stayed with the Saskatoon Office until he retired from the CFIA in 2011.

Over his many years with the CFIA, Orest worked on various disease eradication/control projects, including the anaplasmosis

outbreak in southern Saskatchewan, avian influenza outbreak in both Saskatchewan and British Columbia; CWD, BSE, EIA and anthrax outbreaks in Saskatchewan. He has also provided training and mentoring to junior employees, participating in the WCVI 580 rotation, where he demonstrated Brucellosis and TB testing of cattle to veterinary students.

Orest and his wife have 3 daughters and 2 grandchildren, none of whom live in Saskatchewan. They enjoy traveling, visiting their children and trying to get away for a few weeks to warmer climates during the winter.

The SVMA is very happy to have Orest on board as our new Practice Inspector. His experience and warmth are exemplary. When the time comes for your practice inspection, we know you will find Orest as kind and professional as we do.

Who is that Practice Inspector with the deep voice? No, it's not Darlene with a cold- it's the most recent addition to the SVMA staff, **Orest Bobowski**. A native of Saskatchewan, Orest grew up on a mixed farm near Kamsack. After graduating high school, he started working at Intercontinental Meat Packers, known today as Maple Leaf Foods. In those days, Intercontinental was one of the largest meat packing houses, slaughtering beef and hogs.



Veterinary caregivers *need caring too...*

The veterinary profession is by nature hectic, emotionally demanding, and downright draining. It is very difficult to see helpless creatures suffering when it is our passion for animals that brought us to the profession of veterinary care in the first place. Unlike practitioners of human medicine, veterinarians face constant scrutiny from our clients looking for justification for the costs of the medical services we provide to the animal community.

All of this pressure can build up and exact a toll on our “work-life balance”. It is therefore essential that we be mindful of the importance of self-care in the face of the often heavy demands of our professional lives before they get the better of us. But sometimes, we are already there, feeling overwhelmed and burnt out, without realizing how we got there, or worse, how to get back to feeling “normal”.

If you are feeling burned out, at your wits’ end or even

depressed, please consider taking advantage of the counselling that is provided by your Association free of charge.

SVMA offers professional counselling to all active general, life practising and educational members who have been licensed for at least six months. The wellness plan covers two hours of professional mental health services annually.

To make an appointment, call:

Professional Psychologists & Counsellors (PPC)
(306) 664-0000.

PPC will ask for your license number, and will provide sourcing, referral and direct payment to a registered mental health professional.

At no time will the SVMA staff or members know the identity of any persons using this service.

For more information and wellness resources, look under

Professional Wellness on the LINKS tab of the SVMA website.

For more information about the Professional Wellness Committee, contact:

Dr Jennifer Jinks,
PW committee chair
jinksjennifer@hotmail.com

or

Sue Gauthier, SVMA
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Membership changes

GENERAL

WATSON, Taija.....Jun 16

T-GENERAL

CHRISTIE, Kimberly.....May 5
EYFORD, Kelly D......May 5
FOSTER, Allison.....Jul 28
FUCHS, Maria.....May 12
HEBRON, Claude.....Jul 14
KERR, Tracy.....Jun 15
MCINTYRE, Katelyn M......May 6
MIRALLES WHITE, Jewellynn R......Jul 1
NORLEEN, Carla.....May 1
PARSONS, Elsie-Dawn.....Jun 9
ROBERTSON, Erica L......May 1
ROMANOW, Jessica.....May 20
SCHLEGEL, Benjamin J......Apr 28
SCHUTZ, Amanda.....Apr 28
VERHELST, Laura M......Apr 30

T-LIMITED GENERAL

DIEL DE AMORIM, Mariana.....Jun 9
HAWKINS, Nicholas.....May 14

MARLY, Charlotte.....Oct 1
MISUNO, Elzbieta.....Jul 2

SABBATICAL TO GENERAL

PINTO, Kathryn Romany.....Jul 1

SHORT TERM

ADAMS III, William M......Jun 2 – 13
CHAUDHARI, Prakashkumar.....30 day - Jul 9
DMYTRIW, Michelle.....60 day - Apr 30
GRAHAM, Lynelle F......Jul 7 – Jul 21
MCKUNE, Carolyn.....Jun 2 – 16
.....Jul 28 – Aug 11
REDFORD, Anthony D......90 day – May 12
ROLFE, Nicole G......Apr 28 – May 26
WOBESER, Gary A......Jun 1 - 30

T-EDUCATIONAL

ANDERSEN, Alaina M......Jul 1
JOSEPH, Heather.....Jul 7
KHOO, Alison.....Jul 15
NUTT, Laura K......Jul 15
TUSLER, Charlotte A......Jul 1

WIESE, Brittany I......May 1

DECEASED

JOHNSON, H. Don.....Feb 5
ROTHWELL, Byrnnie W. R......Jan 28
WILSON, George A......Dec 27

RESIGNED

DOUGHERTY, Christina.....Jul 14
KJAERGAARD, Astrid B......Jun 30
LEMETAYER, Julie.....Jul 14
NEVILLE-TOWLE, Jack.....Jun 30
WANAMAKER, Mason.....Jun 30
WILSON, Megan L......Jun 30
YANG, Wen-Jie.....Jun 30

Keep up-to-date with decisions
made on your behalf by council.
Visit the members' side of the
website for council minutes.

ON THE MOVE?

If you change employers, phone number, email or leave the province, you must notify the SVMA office in writing. Fax to 306.975.0623, email svma@svma.sk.ca, or snail mail 202-224 Pacific Ave, Saskatoon SK S7K 1N9.

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