



SASKATCHEWAN  
VETERINARY MEDICAL  
ASSOCIATION

# SVMA NEWS

MAY 2014



**Subsidized  
spay/neuter clinics:  
worth the cost?**

**Free roaming cats**  
Issues of feral  
overpopulation  
in Canada

**Learning from  
*PCC cases***

**Dealing with  
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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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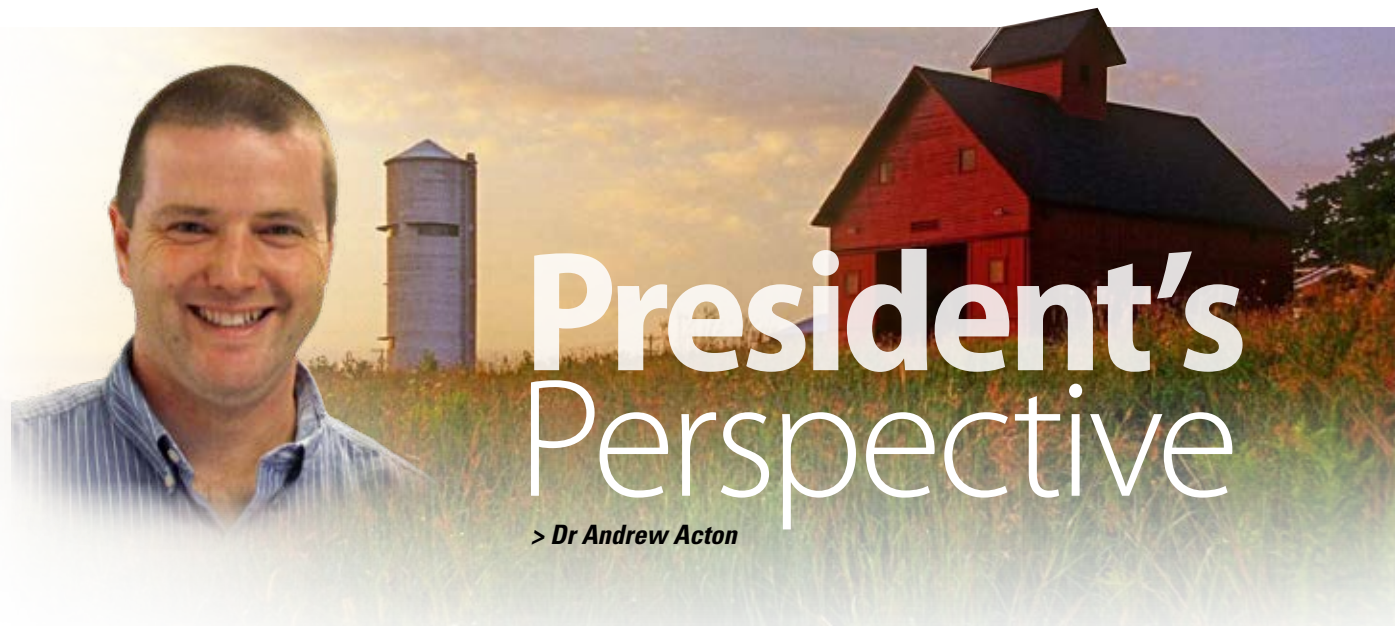
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# President's Perspective

> Dr Andrew Acton

It looks as though we may have actually survived the winter! The first few nice days felt like such a shock, I realized I had become resigned to an everlasting winter with visions of a new ice age on the horizon. But as always, thankfully, the sun wins out in the end. Hopefully everyone's spring season is going well.

My clinic has a number of students in the practice this spring, and they have all been helpful and diligent as well as just great to have around. My staff and I try our best to give them a rich experience, with lots of case discussions and hands-on opportunities. The mentorship relationship is very interesting and abundant with opportunity for growth on both sides. I hope the students learn as much as I do from our time together.

Some of the best mentorship experiences are the "aha" moments – the times when something really sticks, and students realize that they have just understood something in a deeper, more integrated way that will be meaningful in the future. As a mentor, it's so gratifying to have the opportunity to be part of that.

I had one of those moments myself as a fresh graduate, courtesy of Dr Ed McCall. He and I were chatting, I forget about what, when the subject of the SVMA Annual General Meeting came up. It was a year when I was unable to attend the SVMA conference, and I hadn't planned on getting to the meeting either. Ed said to me, "You're going to the meeting, right? It's your **responsibility** to be at that meeting."

To this day, I am grateful to Ed for that advice and for the push to go to the AGM. Not sitting on the council or any committees at that time, I didn't think my presence or opinions were important. But he was dead right- it was both my right and my responsibility to be at that AGM. There are many people who have put far more time into various SVMA responsibilities than I ever have or could do, but since that day, I have had close to perfect attendance at the AGM, whether I attended the conference or not. I can honestly say that attending yearly AGMs has given me a better understanding and ability to shape the direction of our Association, and of myself as part of the collective of veterinarians in Saskatchewan.

This year at our AGM, we are going to be addressing the idea of changing the way certain bylaws are voted upon and passed by the membership. (See the "From the Registrar's Desk" page in this issue for complete details.)

Back to the business at hand- I'm off to my 3rd calving of the morning. I wish you all a prosperous spring!

## 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](http://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.



“ In the end, whether it be in person or in cyberspace, member participation and input will always be essential to the success of our Association. ”

## From the Registrar's Desk

> Dr Judy Currie

Members have told me the current system of voting at the AGM does not allow enough opportunity for thoughtful discussion before a vote is taken. I must agree, three hours during an AGM does not always allow for everyone to be heard. When I served on council and the practice standards committee, there always seemed to be an urgency to get new bylaws, bylaw changes and practice standards revisions out to the membership for review prior to the AGM. As registrar, I feel similar pressure to get issues passed at the AGM.

With many members desiring to speak their minds and to ask questions (and rightfully so), it seems both discussing all the pertinent issues and voting on them in the space of a three-hour AGM just doesn't work. All members must be given the opportunity for input on changes to SVMA protocols and bylaws, but how?

Consulting a parliamentarian and limiting the amount of time for discussion have gone a long way to facilitating debate and enabling as many members as possible to stand before the microphone. These changes have resulted in a more organized meeting, but there continues to be concern reported by members that discussions are rushed and bylaw changes seem "pushed through". At times, members have reported, they feel a matter has been put to a vote before everyone has fully understood the issue.

Currently, a process for members to submit suggestions for new bylaws or changes to existing bylaws is being sought in order to allow ample time for review and discussion of issues prior to the AGM. Other associations have resolved this problem by implementing voting on bylaw changes by mail-in ballot. Proposed bylaws and changes to bylaws are posted on the Association website for several weeks before the AGM, providing time to view and consider suggested changes. As well, members have the opportunity to post suggestions and add commentary about Association business at their leisure. All of this has been proven effective in creating a more relaxed forum for discussion and helping alleviate the systemic stresses inherent in rushed decision-making.

Voting on other existing annual Association business items at the

AGM would continue as before, including council elections, life memberships, acceptance of the financial summary, the budget, the fee schedule and all committee and representative reports. Discussion of bylaw changes would still have a place on the AGM agenda: comments made during the meeting would be incorporated into a final rendering to be posted on the SVMA website, with hard copies mailed to all voting members. Included in the mailings would be individually numbered ballots for members to mail back for the vote. The voting would be 'all or none': **all proposals would be voted on as one motion** since all of the discussion and editing for each individual new bylaw or change would by that point be concluded.

Over the years, the SVMA's Annual General Meeting has seen many changes to its meeting structure. In our modern world of electronic communication, the importance of physical presence in a group discussion has become somewhat obscured. The SVMA has seen AGM member attendance lately becoming very low- possibly too low to effect adequate representation when it comes times to vote on bylaws and bylaw changes that affect the entire SVMA Membership. Online voting can be very effective, but it doesn't eliminate the need to participate in group discussions in person from time to time. In the end, whether it be in person or in cyberspace, member participation and input will always be essential to the success of our Association.

I am certain there are many brilliant ideas out there. Please join us at the AGM and let your colleagues hear your point of view, or send comments to the SVMA office by email so they can be placed on the Bulletin Board on the members' webpage for everyone's review.





# 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:

- **Interprovincial agreement:** In March, the WCVM celebrated the signing of the latest Interprovincial Agreement with our provincial partners in Alberta, B.C., Manitoba and Saskatchewan. The document outlines funding for the veterinary college — which is based on the WCVM's seat quotas in each province — through to the end of the 2016-2017 academic year.

Our leadership team has worked closely with the college's provincial partners to negotiate and plan for this agreement. We recognize that these are challenging fiscal times for governments and educational institutions everywhere in North America. We will continue to move our programs forward while we implement strategies for addressing a budget deficit and for generating additional revenue at the veterinary college.

The bottom line is that the future of the WCVM is very positive, and based on our outcomes assessment and other measures, we know that our veterinary college continues to offer a high-quality, low-cost DVM program that is one of the best in North America.

- **Combined DVM-MBA program:** The U of S Edwards School of Business and the WCVM have signed a five-year agreement that will help some of our college's top veterinary students pursue the Master of Business Administration (MBA) program. A maximum of five WCVM students will be admitted each year to study in the Edwards MBA program before the final year of their DVM degree. Under the agreement, Edwards and the WCVM will jointly provide funding to offset up to half of the MBA tuition for these students.
- **WCVM Veterinary Medical Centre (VMC) news:** Now that our new linear accelerator is fully operating, our radiation oncology service is accepting referral patients for pet radiation therapy. The new technology allows our radiation oncology team to perform more conformal treatments such as stereotactic radiation therapy (SRT) that can lead to better outcomes and less side effects for

patients. Besides pet radiation therapy, the VMC offers specialized medical oncology and surgical oncology services to referral veterinarians across Western Canada. Visit the VMC's new web site at [usask.ca/vmc](http://usask.ca/vmc) for more details.

Another welcome piece of news: Dr Allison Foster has accepted a position as the VMC's new clinical associate in veterinary dermatology. When Dr Foster completes her three-year residency in veterinary dermatology at the University of Tennessee's College of Veterinary Medicine in June, she will join us to establish a veterinary dermatology service in the VMC's Small Animal Clinic.

- **Dr Marvin Beeman visits WCVM:** In early March, members of the WCVM Equine Club spent nearly an entire day with Dr Marvin Beeman, a founding partner of Littleton Equine Medical Center in Colorado and a living legend in the equine veterinary profession. Dr Beeman gave a highly informative afternoon talk on conformation and its relation to form and function in the horse. After dinner, he conducted a detailed lameness examination on a local horse in the equine performance centre.

- **Equine airway disease CE event:** Equine specialists Drs Fernando Marqués and James Carmalt will host a one-day continuing education workshop at the WCVM on Saturday, May 3. The CE event is for western Canadian veterinarians who want to learn more about diagnosing upper and lower airway diseases as well as learning more about the latest medical and surgical therapies. The day also includes two afternoon wet labs where participants will perform a bronchoalveolar lavage (BAL) and an upper airway endoscopic exam as it would be done in the field. Visit our WCVM website or contact Dr Marqués ([fernando.marques@usask.ca](mailto:fernando.marques@usask.ca)) for more details.

For more WCVM news, visit [www.wcvmtoday.com](http://www.wcvmtoday.com) or follow @WCVMToday on Twitter. You can always contact me (306-966-7448; [douglas.freeman@usask.ca](mailto:douglas.freeman@usask.ca)) anytime if you have questions or concerns.

## PROVINCIAL VETERINARIAN | Update

> **Dr Betty Althouse, Chief Veterinary Officer**



# Anthrax RESPONSE

Veterinarians are reminded that the Canadian Food Inspection Agency (CFIA) withdrew from national anthrax programming as of April 1, 2013; however, anthrax remains a federally reportable disease and all suspect anthrax cases must be reported to the CFIA.

Additionally, all confirmed anthrax cases (defined as a positive carcass-side test or presumptive positive result from PDS) must be reported to the office of the provincial Chief Veterinary Officer at 306-787-5547 within 24 hours.

The Saskatchewan Ministry of Agriculture has established a provincial anthrax response strategy to assist affected producers so that animal and public health are protected. With respect to anthrax in Saskatchewan, the Ministry of Agriculture will do the following:

1. Provide carcass-side test kits to veterinary clinics serving high-risk areas; these kits will be distributed to interested clinics before the end of April;
2. Pay for all anthrax testing conducted at Prairie Diagnostic Services Laboratories in Saskatoon;
3. Order a 7 day quarantine, from the day of death, when a diagnosis of anthrax is confirmed;
4. Conduct an epidemiological investigation and trace animal movements on and off the farm for the 7 days before and after date of death;
5. Provide the owner with directions on how to dispose of the carcass and how to clean and disinfect (C&D) contaminated areas;
6. Confirm that carcass disposal and C&D has been satisfactorily completed.

The above activities will be carried out by Ministry of Agriculture inspectors or their designated representatives. In many cases, veterinarians will be asked to act as designated representatives on behalf of the Ministry to provide their clients with information on anthrax prevention and management, carcass disposal and C&D directions and confirmation that these activities have been adequately completed. Private veterinarians acting under the direction of the Ministry will be compensated for their time and mileage according to the Saskatchewan Veterinary Medical Association's suggested fee guide.

Costs related to carcass disposal, C&D and any other management procedure to control anthrax, such as vaccination, are the responsibility of the producer.

Vaccination effectively prevents anthrax. A single vaccination applied according to the manufacturer's label recommendations protects most animals for about one year. Colorado Serum Co. manufactures the Sterne non-encapsulated anthrax vaccine and markets it in Canada through CDMV.

If you have any questions, please contact the provincial Chief Veterinary Officer at 306-787-5547.



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# WCVM

> Devon Wilson

## 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.

There is a real air of excitement in the school with everyone looking forward to the end of finals and the start of new adventures. I know many SVMA members have graciously hired, or even just given the opportunity for some “right seat” time to students this summer, and for that we are all very grateful.

Some highlights for me this year include completing my first surgeries and other clinical procedures in the excellent third year labs. I think many of these procedures were a bit easier to learn this year since the school brought in specially-selected dogs for us to practice diagnostic techniques like joint taps and tracheal washes. I also enjoyed our “Happy Hour” events, and recently attended a karaoke night put on by the newly revitalized U of S student chapter of the Wildlife Disease Association. The evening

featured many great acts, including Drs Clark and Smart giving excellent renditions of “Piano Man” and “Diamonds are a Girl’s Best Friend”. Their participation was a big help in raising over \$500 towards getting the organization back up and running. A final highlight has been watching my friends in fourth year pass the NAVLE and put together exciting plans for entering practice “back home”, starting internships, or going on an adventure to practice veterinary medicine in another country. These hallmarks have made me both excited for the future and conscious of how quickly time passes.

This leads me to the last thing I want to mention, which is how grateful I am for the diversity of our program. We recently drafted our schedule for fourth year rotations and it is amazing how many

opportunities we have to pursue different avenues of veterinary medicine. This year, 6 students were selected to travel to Australia for a month of rotations and an additional 8 students will take part in a rotation called Remote Clinical Practice, which will involve a weekend trip to La Ronge to deliver spay/neuter services. We continue to have opportunities to learn more about small animal specialties such as ophthalmology, dentistry, and oncology, and/or can spend time out in the field learning about equine, dairy, feedlot, cow/calf and small ruminant practice. There really is something for every interest.

By way of farewell, I hope the members of the SVMA have enjoyed reading my updates as much as I have enjoyed writing them – thanks for the opportunity!

### Have something to say to the Membership?

Letters to the editor are always welcome and encouraged!  
Email comments to [sgauthier@svma.sk.ca](mailto:sgauthier@svma.sk.ca), and they will be posted on the SVMA website bulletin board [www.svma.sk.ca](http://www.svma.sk.ca)



# COMMUNICATIONS

> Sue Gauthier

## Corner

Greetings, and welcome to the spring 2014 edition of SVMA News!

Before I took over the Communications & Members Services desk at the end of 2013, I never would have guessed that the veterinary industry was so dynamic!

I can’t believe how much goes on here at the SVMA office and what a window it can be to the amazing things going on out there on the front lines of animal care, large and small.

Thanks to all who attended the new Provincial Rabies Response Program sessions in March. Hopefully most of you were able to find a session fairly close to you. The Ministry of Agriculture is very appreciative that so many Saskatchewan veterinarians and RVTs are on board to help carry out the new reporting program.

As you know, volunteer committees are essential to the SVMA’s ability to represent and serve the Membership, and all of the committees, including council, have never been more active. Look for a new shape to the Professional Wellness committee as it develops new partnerships and initiatives directed to your professional health and well-being. The Community Relations committee is investigating promotional initiatives that will serve the entire SK veterinary profession. Animal Welfare is targeting new educational outlets to get the word out about animal abuse recognition and the role the veterinarian plays in the abuse reporting process.

With all this going on, it’s easy to forget that the 2014 SVMA Conference is only five short

months away. Here at SVMA central, we are in the throes of conference planning, and are looking forward to some exciting new things this year. Thanks so much to the CE committee for all of their time and work selecting and locating so many great speakers.

There is more going on than I can ever hope to include in a short report (including augmenting the SVMA website and building a new conference registration site) but I would like to finish off by sharing how much I appreciate the warm welcome I continue to receive from all the practitioners and industry partners I am meeting in the Association. Thanks so much for your patience as I get established as your C&MSC.

Have a great summer!

**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](http://www.svma.sk.ca), where members can post free ads of up to 100 words for three months.





## Free roaming cats

### Issues of feral overpopulation in Canada

> Dr Terri L. Chotowetz 

Canada's free roaming cat crisis was a hot topic of discussion at this year's CVMA Conference in Victoria. From some jarring statistics came several ideas with the potential to make a significant difference.

The free roaming cat population has become a global problem with much discussion in the media. Because cats are small and good at hiding, it is easy to overlook their nearby presence but also, and more importantly, their considerable impact on wildlife and the environment. Although several aspects of this problem are of concern, the most worrisome

are public health, the impact on wildlife, and the welfare of other animals and the cats themselves.

There are an estimated 10 to 90 million free roaming cats in the world, with roughly 53 million in the U.S. and 100,000 in the city of Vancouver alone. Not surprisingly, fear-mongering and media sensationalism with regard to the zoonotic hazards that a cat population explosion would pose to humans are rising. While there is no significant relationship between toxoplasmosis and free roaming cats, rabies is, as always, a concern.

A troubling finding is the impact on wildlife. A Smithsonian study designed to look at the impact of cat population on the environment quoted between 1.4 and 3.7 billion birds and 6.9 to 20.7 billion mammals killed annually. In fact, cats are considered one of the world's most invasive species, natural predators who kill whether they are hungry or not. There has been much discussion around the most effective and humane ways to deal with this persistent issue. While much talked about, the process of trapping and relocating free-roaming cats would only amount to exporting the problem. Neither trapping

nor humane euthanasia are acceptable to the public, and not for reasons of public sympathy alone. In fact, attempting to balance populations in this way is just as likely to create a vacuum effect, with increased resources drawing more animals in. Adoption is not a practical solution on a large scale, and dedicated sanctuaries often result in deplorable living conditions for cats. Trap/neuter and vaccinate programs may seem to be the simplest answer, but currently there are not the resources to manage this on any large scale. Conservative estimates suggest a cost of \$20 per cat. When applied to a worldwide cat population in the multi-millions, the cost of this approach is not sustainable.

Gareth Morgan, an environmentalist from New Zealand, has begun a crusade to eradicate cats in his home country by campaigning to convince cat owners not to replace their pet when it dies and to consider euthanasia as an option to decrease cat numbers. These suggestions have been met with resistance and open disdain, as New Zealand boasts one of the highest rates of cat ownership in the world.

In their article "Pick One: Outdoor Cats or Conservation" [Wildlife Professional 2011, Vol 5, No.1] Drs Nico Dauphiné and Robert J. Cooper point out that cats are the most abundant carnivores in North America, and that in combination with habitat loss, cat predation has contributed to wildlife declines and extinctions worldwide. Unfortunately, they paint a less than positive picture of the effectiveness of TNR programs. The measured approach, I feel, is somewhere in the middle: there must be some compromise between environmental conservation and slaughter.



I attended the Canadian Federation of Humane Societies' Cat Conference in Saskatoon in September 2013. It is currently estimated that 50% of cats within the shelter system are euthanized annually, while less than 10% of dogs are euthanized. The relationship between owners and their pets can differ greatly based on species. Twice as many cats as dogs will be surrendered to shelters and, sadly, are much less likely to be adopted or reunited with their owners if they are picked up while lost or running free. This has resulted in a nationwide problem of all shelters running close to or at capacity for taking care of cats.

One of the more troublesome findings of a survey done by the CFHS was that 26% of Canadian veterinarians are unsure or do not believe that there is a problem. No single group or profession can be expected to solve this persistent crisis alone, but as veterinarians, we can contribute in some very important ways:

1. by educating our clients and the communities we live in about the hazards of cat overpopulation and about responsible pet ownership
2. by making spay/neuter surgeries more available/accessible for low income

owners and homeless cats

### 3. by improving adoption strategies

These are perhaps the most viable steps that we as veterinarians can begin to implement within our associations and our clinics to help with the problem of overpopulation.

Some innovative programs currently underway in the United States, such as **San Jose Feral Freedom** and **Feral Freedom Jacksonville**, have met with notable success and may offer useful direction in better ways to deal with our cat population problem in Canada. Everyone agrees that we need more science and more public education. A BBC documentary entitled "City of the Wild Cats" has set out to do this very thing. Discussions at the Outdoor Cat Conference in 2012 resulted in the Audubon Society and The Feral Cat Coalition pooling their resources to come up with a solution that protects both birds and cats. Most research is being directed towards sterilization of the cat population by means of immune-contraception, with hormone treatment for females and chemical castration of males currently being studied.

This complex, emotionally-charged subject requires clear heads and calm minds to produce a solution that is sustainable, humane and effective. It is important to consider that to some extent, public complacency on this issue is rooted in the close relationship between cats and humans, where the status of cats often gives them priority consideration over wildlife and makes control strategies highly controversial. I encourage all of you to stay informed and stay active within your communities so that we can help these animals in the real ways they need.

## Congratulations to

**Dr Andrea Ulmer  
and Dr Eric Potts  
on the arrival of  
their new daughter,  
February 10th, 2014.  
Vittoria Cadeaux Potts  
and family  
are all doing well.**



## When you need to know – consult a librarian

The Veterinary Medicine Library at the University of Saskatchewan provides service for veterinary practitioners in the four Western Canadian provinces for a nominal fee. A professional librarian with access to the most relevant databases and collections will ensure you get the best, most up-to-date, most pertinent information on your topic. Check out [www.tinyurl.com/USaskVet](http://www.tinyurl.com/USaskVet) or email [vetlib@library.usask.ca](mailto:vetlib@library.usask.ca).





“Puppies were almost four times more likely to be infected than adult dogs.”

# Deworming NORTHERN DOGS

> Janna Schurer

KELLY PHIPPS (CANINE ACTION PROJECT)



Figure 1: Toxocara canis eggs stored for 3 days at -80°C

LAURA DAVENPORT.

“If a dog is being adopted into a household with a person whose immunity is compromised or with young children who are less than five years of age, it is due diligence to recommend a complete fecal analysis.”

caught fish and deer meat exclusively to his German Shepherds. Before I could launch into my well-practiced tapeworm speech, he opened up a chest freezer and explained that he froze everything for several months first. Another owner explained to me that he only fed game to his dog but assured me that “no germ had ever survived his cooking.”

The point is that dogs can be kept healthy and parasite-free if their owners have some basic knowledge of pathogen exposure and good husbandry practices. Basic client messaging can go a long way: cook or freeze meat and fish before feeding it to dogs, regularly pooper-scoop the yard, and of course, deworm regularly.

Clearly the simplest course of action at remote spay/neuter clinics is to use a broad-spectrum dewormer. But, if the owners aren't present and the budget is tight, the next best bet might be to use inexpensive dewormers on adult dogs and puppies, and save the more comprehensive and expensive drugs for high-risk adult dogs such as strays. Having said that, zoonotic-type Giardia has been documented in free-roaming, client-owned and shelter pets alike (1,3,5) and Taenia eggs are indistinguishable from those of Echinococcus multilocularis or E. granulosus under the microscope. If a dog is being adopted into a household with a person whose immunity is compromised or with young children who are less than five years of age, it is due diligence to recommend a complete fecal analysis.

Janna Schurer is a PhD student in the Western College of Veterinary Medicine's Department of Veterinary Microbiology. She works with remote and Indigenous northern communities to determine prevalence of parasites in pets, wildlife and exposure risk to humans.

I am a regular volunteer at low-cost spay/neuter clinics in rural and Indigenous Saskatchewan communities. It's a great way to see new parts of Canada, to contribute to community outreach, and most importantly, to collect dog poop for the fecal surveillance chapter of my PhD thesis!

The most common question I am asked by clinic organizers is “What drug should we use to deworm?”

Tricky question... on the one hand, northern and remote dogs are likely to have a high prevalence and intensity of gastro-intestinal parasites. If they scavenge for food, regularly feed on wildlife carcasses, run around freely or have never been dewormed, it's a safe bet that these dogs are infected.

But even if you treat the dogs with a broad-spectrum dewormer (for example, praziquantel) and then repeat 10 days later to remove tenacious Diphylobothrium worms, you still haven't addressed any of the possible protozoans such as Giardia, Cryptosporidium, Isospora, or Sarcocystis.

On the other hand, if you opt for broad-spectrum deworming, which is a lot pricier

“Basic client messaging can go a long way: cook or freeze meat and fish before feeding it to dogs, regularly pooper-scoop the yard, and of course, regularly deworm.”

than the roundworm-only route (for example, pyrantel pamoate) you may waste a solid portion of your limited budget if the dogs weren't infected with tapeworms.

Companion animal parasite prevalence levels vary nationally, provincially, locally, even temporally (annually and seasonally). Parasite species that once were absent from an area can suddenly become quite prevalent for a whole host of reasons including climate change, animal tourism and changes in wildlife distribution. To make practical, cost-effective decisions about deworming, a veterinarian must know the distribution and diversity of parasites found in his or her locale.

Our work in northern Saskatchewan shows that dogs have levels of parasitism that are 5 - 16 times higher than in Saskatoon (1,2). This

has important health implications for wildlife, companion animals and people. Zoonotic parasite transmission often falls below the radar in Canada, but the recent occurrence of human echinococcosis in Saskatchewan is an important reminder that dogs can infect their owners with life-threatening pathogens when not managed correctly (3).

In 2013, we took a more detailed look at risk factors for canine endoparasitism that might allow veterinarians to make a more informed estimate of an animal's infection status (4). Between May and November, we collected fresh fecal samples from dogs upon arrival to the Regina Humane Society (RHS). We also collected basic information that would allow us to compare infection status by age, gender, reproductive status and geographic origin. We ran a double centrifugation sucrose flotation on all samples to identify and quantify helminth ova, and we completed a commercially available immunofluorescent assay to identify Giardia infections on a subset of samples.

Overall, 38 per cent of 58 rural origin dogs were infected with at least one gastrointestinal parasite species compared with 17 per cent of 172 urban origin dogs. To give some perspective on these levels, samples from

Saskatoon dog parks and client-owned dogs at the Western College of Veterinary Medicine's Veterinary Medical Centre had an approximate parasite prevalence of 4% in 2011 (2).

The most commonly observed parasite species in the RHS dogs included Isospora, Giardia, Toxocara canis, Alaria and Sarcocystis. Other species such as Dioctophyma renale, Metorchis, Taenia pisiformis, Toxascaris, Trichuris and Diphylobothrium occurred at far lower frequency. Puppies (less than one year) were almost four times more likely to be infected than adult dogs. This finding highlights the importance of preventing prenatal parasite transmission and regular anthelmintic treatment for breeding females and juveniles.

Our study showed that spayed/neutered dogs were as likely to come from big cities as small towns, suggesting that access and uptake of veterinary services is high in southeastern Saskatchewan. However, dogs that arrived from more remote areas of the province were sexually intact and had a high prevalence and intensity of parasitism, pointing once again to the problem of unequal veterinary access in Saskatchewan.

Why are there elevated levels of parasitism in rural and remote RHS dogs? It could be because of higher exposure or susceptibility, increased scavenging behaviour, large free-roaming dog populations that contaminate shared environments and/or differences in deworming attitudes. Giardia, although slightly more prevalent in rural dogs, was observed in approximately 10 per cent of urban dogs. This result reflects the ubiquitous distribution of this protozoan, the difficulty in controlling it under crowded conditions and the fact that dogs will still drink from puddles no matter where they live!

Let's go back to the question of how to deworm dogs that fall outside the realm of regular veterinary care such as dump dogs, strays, ferals, shelter surrenders and dogs owned by low-cost clinic patrons. In an ideal world, we would run fecal flotations on all dogs prior to and after deworming. But that's pretty unlikely to happen in high intake shelter settings, especially those that are staffed by volunteers or rely heavily on charitable donations.

If the owners are present, a detailed history can provide some important clues. For example, one owner told me he fed wild-

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# Dealing with unhappy clients

>Dr Cheryl Bellamy

The evolution of Social Media has changed the world in many ways. Information and misinformation can be spread at lightning speed. In his March 31 address to the veterinary and social work faculty and students of WCVN and University of Regina, Police Chief Clive Weighill discussed the inherent risks of communicating via social media and encouraged members of the veterinary and social work communities to be prepared to react quickly and decisively should the need arise.

Don't underestimate the public's reaction to animals. Animal injury or neglect stories seem to get more attention than human tragedy, explained Chief Weighill in his presentation entitled "Dealing with the Dissatisfied Client in the Age of Social Media".

It is an unfortunate truth that people will choose to say things anonymously on Social Media that they would not say face to face. Negative, damaging, or untrue messages can be posted with little or no legal recourse. Once a piece of information, regardless of validity, is "out there", it is hard to control and impossible to bring back. Fortunately, the Police Chief had some excellent tips to minimize damage and de-escalate the hype.

He suggests getting ahead of the game and addressing any complaints posted on social media websites immediately. To ignore a complaint fuels peoples' imaginations and they may suspect that you have something to

hide. Acknowledge there is an issue. Let the public know that you are investigating the complaint and that you will get back to them. We all know that sometimes bad things can happen. If something has gone wrong, admit it and assure people that you are taking it seriously and taking the necessary steps to prevent it from happening again. There is much more strength in facing the issue, addressing it and moving on.

The Chief of Police advised veterinarians and social workers who use Social Media to understand the purpose of their electronic messages and to pay attention to the tones they express, for the very important reason that the recipient cannot read the sender's facial expression or body language. Always be respectful and follow your profession's code of ethics.

In dealing with irate or mentally unstable people (for example, substance abusers), Chief Weighill explained, communication can be challenging and logical reasoning may be problematic. If that is the case, be cautious and careful. Patience and a level head are always the right strategy. More often than not, an emotionally charged situation can be resolved simply by listening. Most people are calmer when they feel their concerns are heard and respected.

However, if a threat is felt, you have the option to call the police. Police officers can often diffuse a charged situation by their mere presence, and they have quick access to

“To ignore a complaint fuels peoples' imaginations and they may suspect that you have something to hide.”

mental health care professionals if necessary. (It is worth saying that it is rare for police to be called to cases involving veterinarians.)

For more information about dealing with dissatisfied clients and social media implications, see the WCVN Veterinary Social Work Initiative Committee's podcast of Chief Weighill's presentation at <http://words.usask.ca/wcvn/2014/04/police-chief-addresses-cyberbullying>.

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## Animal Health Perspectives

MAY 2014 • VOLUME 10 • ISSUE 2

### Ergot Contamination in Livestock Feeds

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

Ergot contamination of livestock feed has become a major health problem in the agricultural industry worldwide. Ergot is a mixture of toxic tryptophan-derived alkaloids produced by the fungus *Claviceps purpurea* and occasionally, other *Claviceps species*. In the last 10 years, increased fungal infection has been observed in Europe and Canada. In Canada alone, ergot infection of grains and grasses has been detected in all of the provinces. All cultivated grains and grasses, and most native grasses, are vulnerable to ergot infection. In Saskatchewan, ergot alkaloids have been positively identified in a variety of cereals and grasses including rye, triticale, wheat, barley, brome grass, and sedge grass. Fungal infection in plants occurs during flowering. If environmental conditions during the flowering period are cloudy, wet, and perhaps cool, the infestation will be substantial; this results in delayed pollination of the plants and a prolonged window of susceptibility. In addition to changing environmental conditions, modern farming practices, including herbicide application, enhance fungal growth and ergot production. Low till or no till practices allow the fungus to remain on the soil surface and encourage further spread. Roadsides often contain extensive brome grass, and, if they are not cut on a regular basis, the fungus becomes established and will eventually invade cultivated crops in nearby fields. On pasture, most livestock graze feed on a constant basis and therefore the grasses rarely develop to the flowering or seed stage. Ergot production or sclerotia development does not occur. As a result, pasture grazing is not of great concern regarding ergot. Indeed, feeding of contaminated grain or grain components is the most common method of exposure for livestock.

In cereal grains or grasses, the fungal infestation invades the ovule of the plant

and prevents seed development. The characteristic sclerotia or ergot bodies replace the seeds. In many instances, the sclerotia are dark bodies that resemble the seeds in size and shape, although size is quite variable. In most grains, the darkly coloured sclerotia are readily detected upon visual inspection. In weed seed screenings that are often incorporated into livestock feeds detection of sclerotia is difficult. Once the contaminated feed has been ground and formulated into a pelleted ration, visual detection becomes impossible. **Chemical detection analysis is essential to determine the extent of ergot contamination in livestock feed and is available through Prairie Diagnostic Services.**

Anecdotal observations suggest that the pelleting process may increase the bioavailability of the ergot alkaloids in feeds resulting in a greater potential for adverse effects in the animals consuming the feed. Poor quality feed may be used for ethanol production, and the by-product of which is often fed to livestock. As a result, the ergot contamination remains and is concentrated by the production process. Storage of grain containing ergot does not reduce the level of contamination. The ergot alkaloids are stable and can overwinter.

Recent analyses for ergot alkaloids in feeds in Western Canada have identified a range of alkaloids. In most instances, the prominent alkaloid is ergocristine. This observation has been noted in other countries worldwide, although composition does vary with fungal strain, host plant, and region. Individual or relative alkaloids toxicity has not been established in livestock species. Other ergot alkaloids of concern include ergotamine, ergocornine, ergosine, ergocryptine, and ergometrine. It is assumed the effects are additive and that total alkaloid concentration represents a reasonable indicator of toxicity.

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The ergot alkaloids are extremely potent toxins producing a suite of clinically significant effects. The vasoconstrictive action of the alkaloids is well known, and can progress to loss of peripheral sensation, ischemia, and ultimately sloughing of appendages, including the hooves, snouts, waddles, combs, tails, and ears of livestock. This occurs over several days or weeks depending on the dose. At extremely high levels of exposure, animals will exhibit neurological excitation and behavioural disturbances, characterized by belligerence, ataxia, and convulsions. If the feed is removed, the animals usually recover. In addition, ergot is known to induce hyperthermia in animals. Lastly, ergot also has profound effects on prolactin production and subsequent milk ejection in lactating animals. Agalactia may result, which contributes to starvation of nursing animals. However, there is considerable species variation, where lactating dairy cattle, horses, and swine are particularly susceptible. The ergot alkaloids are rapidly metabolized and do not accumulate in meat, eggs, or milk. Therefore, the consumption of animal products does not constitute a major public health concern.

Historically, ergot contamination in the feed was assessed by visual inspection, i.e. the number of sclerotia per liter of feed. Estimates ranging from 5-20 sclerotia or more were deemed problematic. Variations in sclerotia size, weight, and/or alkaloid content make this estimate highly unreliable.



# Ergot Contamination in Livestock Feeds *continued...*

Another approach involves weighing the contaminated feed and sclerotia separately. Using this method of assessment is more reliable, but does not consider the alkaloid variability in the sclerotia. The variation may be as much as ten-fold. Using the weight assessment method, 0.1-0.3% is deemed dangerous. In several recent cases, clinical manifestations were associated with feeds containing alkaloid levels as low as 0.03%. The actual quantification of the alkaloids using chromatographic techniques is most desirable and is the method employed by Prairie Diagnostic Services. Many feed

companies and livestock producers are now routinely testing feed components to determine concentrations of ergot. Based on these measurements, the ration formulation or components of the ration can be altered accordingly. **At the present time, total ergot alkaloid concentrations exceeding 100-200 ppb, total ration, are viewed as potentially toxic.** This standard may vary based on species, age, and lactation. This standard is currently under review for Western Canadian conditions. Until safe limits are fully defined, extreme caution should be used if contaminated feeds are fed to lactating dairy animals or pregnant animals.

For more information, please contact Dr. Barry Blakley (Veterinary Toxicologist, WCVN) by telephone: 306-966-7350 or e-mail: barry.blakley@usask.ca.

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# Saskatchewan launches provincial rabies program

Pursuant to the Canadian Food Inspection Agency's (CFIA) withdrawal from national rabies programming as of April 1, 2014, the Saskatchewan Ministries of Agriculture and Health have collaborated to deliver a new Provincial Rabies Response Program.

This program relies on the veterinary community for the collection and submission of samples from suspect animals. In order to qualify as a submitter under this program, veterinarians and AHTs must have either attended one of the program information and training seminars held across the province in March or have completed the self-study modules. Additionally, veterinary clinics (or individual veterinarians) must have signed a contract with the province in order to be reimbursed for their services.

Similar to the CFIA program, samples will be submitted for rabies testing when there is evidence or suspicion of Category II (nibbling of uncovered skin; minor scratches or abrasions without bleeding) or III (transdermal bite(s) or scratches, licks on broken skin, mucous membrane contamination with

saliva) exposure in humans or domestic animals. The exposure assessment and the decision to test or not test is the responsibility of the Rabies Risk Assessment Veterinarian (RRAV). Once the decision to test has been made, the RRAV will contact the nearest contracted veterinary clinic with direction to collect and submit the appropriate sample (entire head for small animals, brains for large animals). The RRAV will also coordinate any response and follow-up activities necessary in the event of a positive rabies test result.

We recognize that clinics and their staff are very busy and in many cases may not have the time or personnel to travel to retrieve the animal for testing. For this reason, the animal owner/custodian is strongly encouraged to deliver the animal to the clinic to expedite the process. However, there may be times that this is not possible and in these situations the clinic may be asked to travel to collect the sample.

Beginning April 1, 2014, anyone who suspects that an animal may be carrying rabies should contact the Saskatchewan Provincial

Rabies Response Program at 1-844-7-RABIES (1-844-772-2437). If a domestic animal (pet or livestock) is suspected of having rabies the public should also contact their local veterinarian. If a wild animal is suspected of having rabies, the local conservation officer should be contacted for advice on animal control options. Whenever possible, the wild animal should be retained for testing. Conservation officers can be reached through the Ministry of Environment's toll-free line at 1-800-667-7561.

In the event that someone is scratched or bitten by the suspect animal, the affected area should be washed immediately with soap and warm water and the victim taken to their primary health care provider or local emergency room department as soon as possible. For more information on dealing with animal bites, please call the Saskatchewan HealthLine by dialing 811.

For more information on this program contact Dr. Clarence Bishop, Rabies Risk Assessment Veterinarian, at 306-529-2190 or by email at RRAV@gov.sk.ca.

# The Value of 'Normal' in Postmortem Specimens: My thoughts

*By: Yanyun Huang, Veterinary Pathologist, PDS*

As a veterinary pathologist, I work daily with diseases and gross and histologic lesions. I receive tissues that a submitting veterinarian considers 'abnormal' for further evaluation. If a veterinarian wants to know the etiology of a pneumonia, he/she may only submit the lung for histologic examination and further laboratory tests. Samples of other tissues may be considered irrelevant to the primary problem. I also tend to do so, especially on a day that many necropsies need to be performed. This approach is likely acceptable for most cases.

However, I would like to offer some points on why veterinarians and veterinary pathologists should examine normal tissues. These points are not likely new but I hope that they serve as a reminder to us all.

## 1. Grossly and histologically normal tissues can serve to rule out disease(s)

Knowing which disease an animal does not have is just as important as knowing which disease it has. Ruling out certain diseases should be an important goal of any diagnostic investigation. This is especially true in herd medicine, where knowing which diseases are absent guides the herd health plan just as much as knowing which diseases are present in the herd. We probably all recognize this point, but on a day when we feel overwhelmed with things that need to be done, our efforts may be more focused on achieving a positive diagnosis rather than a negative one.

## 2. Grossly normal ≠ histologically normal (i.e. false negatives on gross examination)

In most cases, grossly normal tissues are histologically so, but this is not always the case. The accuracies of gross pathology judgments are affected by additional training, personal experience and the physical and mental status of the person evaluating the

lesions. We can all improve our ability to recognize subtle changes grossly but it is prudent that normal-looking tissues be collected for microscopic examination. I can personally attest to times that I considered a tissue 'grossly normal' only to find out that there were histologically important lesions that were essential to the diagnosis.

## 3. Normal tissues are important resources for learning and improving our knowledge

This point actually stimulated some of my deepest thoughts and questions about what I do on a daily basis. Is pathology a science or a personal opinion? Truly a question without a black and white answer! Personally, I think pathology can be very 'scientific and objective' rather than being based on personal opinions and subjective assessments. How can scientific research provide more objective and reliable results? By careful experimental design which includes the implementation of controls! Similarly, control tissues can provide a more scientific approach in a disease investigation. We have quite good positive controls, in our textbooks and in our collective experiences. But what about negative controls? Of course, everyone recognizes it is impossible and unjustified to routinely sacrifice healthy animals for examination along with sick animals. So where will our knowledge about 'normal' come from? We begin the process with a basic histology course and relevant textbooks. However, if you remember learning histology in your first year of vet school, you might recognize that even if a veterinary pathologist were able to fully absorb and memorize by heart what was taught, this knowledge still only provides an essential baseline for veterinary pathologists. What we consider to be 'normal' can be very dynamic, as well. Environmental factors, feed ingredients, age, sex, species and other factors all contribute to tissue morphology. The influence of these factors cannot be addressed by a basic histology class (Note: this is not a criticism of the veterinary

curriculum, it is just the nature of the issue). One needs to continue learning about what is 'normal'. To illustrate my point, I spent the last five years doing a research project on Porcine Periweaning Failure-to-Thrive Syndrome (PFTS), a poorly understood clinical syndrome. My research was like an expanded diagnostic investigation. During those enjoyable years (not a joke!), I found it hard to interpret some microscopic observations, because we simply don't have a rigorous sense of the normal histology. Since this was a research project, I was fortunate enough to be able to include different control groups to help the task. But in regular diagnostic work, if what we learnt in histology class was not enough, where else can we learn about normal? From our cases! Grossly normal tissues, even if they are also histologically normal, even if they do not serve to rule out any other important diseases, can be a valuable resource to build our own knowledge! This knowledge may not immediately benefit the case in question, but will certainly benefit us – again, collectively referring to the whole veterinary profession – in a long run.

To conclude, it is prudent, important and beneficial to collect a complete set of tissues, whenever possible, for further histologic examination. This should not significantly increase the necropsy workload especially if the tissue samples are collected in a regimented manner (i.e. always collect the same set of tissues regardless of whether or not they are grossly abnormal). This will not increase the cost of the diagnostic evaluation, as necropsy cases at PDS allow a maximum of ten slides for histologic examination. This will also not significantly increase the cost of the shipping, as long as the samples collected are in appropriate sizes (3 cm<sup>3</sup> cubes of parenchymal tissues, 3 cm of tubular organs and one-half of a brain are sufficient).

Let's work together to improve the quality of our diagnostic work and knowledge through the examination of normal and diseased tissues!!



# Frustrated by thyroid testing?

By: Hilary Burgess, Veterinary Clinical Pathologist, Department of Veterinary Pathology, WCV

Evaluation of canine thyroid hormone is one of the most common endocrine tests performed in veterinary laboratories but differentiating low T4 results due to true hypothyroidism versus euthyroid sick syndrome due to concurrent illness or other factors (e.g. drug therapy), which can similarly cause altered hormone levels, can be very frustrating for the attending clinician. Evaluating total T4 in combination with free T4 (measured using equilibrium dialysis) and endogenous TSH can improve specificity. However, in many cases, the presence of concurrent disease or a history of drug therapy can still leave the diagnosis unclear. It is for this reason that interpreting the laboratory results in the context of the entire clinical picture, and with the thoughtful selection of patients for testing, is so important.

When selecting patients for any endocrine testing, the degree of clinical suspicion for the endocrinopathy and the likelihood of concurrent disease that may complicate interpretation of test results should be considered. Are the clinical signs and minimum laboratory database supportive of hypothyroidism? While not necessarily as dramatic as in other endocrinopathies, there are some common changes in the laboratory data that can augment the degree of clinical suspicion. The classic and most notable abnormality is a fasting hypercholesterolemia; present in the majority of hypothyroid dogs and often, reaching moderate to marked elevations. A mild normocytic, normochromic, non-regenerative anemia and increased numbers of codocytes may also be present, but are inconsistent findings. If there is concurrent disease or a history of drug therapy that

may complicate interpretation of endocrine testing (e.g. glucocorticoids, sulfonamides or tricyclic antidepressants) it is often preferable, when possible, to eliminate these confounding factors prior to the investigation for hypothyroidism. Before pursuing any diagnostic test, it is important to consider what information you require from the test. More specifically, what is your diagnostic question, and what information is the test realistically equipped to provide under the circumstances.

- Optimal circumstances for thyroid testing:
- Appropriate degree of clinical suspicion
  - Supportive clinical signs
  - Supportive laboratory data
  - Avoid the influence of concurrent illness and/or drug therapy

# 2013 Testing Results for Equine West Nile Virus Infections

By: Dale Godson, Microbiology Laboratory (Immunology/Virology), PDS

West Nile virus (WNV) is a flavivirus that is spread by mosquitoes and can infect and cause neurologic disease in horses. Detection of IgM antibodies to WNV (indicating a recent infection) in a horse with neurologic signs is considered diagnostic for West Nile virus disease in horses. In 2013 we saw a continuing increase in the number of WNV diagnoses in horses, with 32 positive cases from 78 submissions (41% positive rate), compared to the previous year with 17 positive cases (33% positive rate). Similar to 2012, the first positive case occurred in the week ending Aug 9, 2013, but cases were more concentrated in September this past year. Two cases in the first part of October completed the WNV season.

Most of the positive cases were submitted from Saskatchewan and Alberta.

West Nile virus infection is a notifiable disease and PDS reports positive results to the Canadian Food Inspection Agency. The Public Health Agency of Canada maintains a summary of surveillance data for West Nile virus infections on their website (<http://www.phac-aspc.gc.ca/wn-no/surveillance-eng.php>)

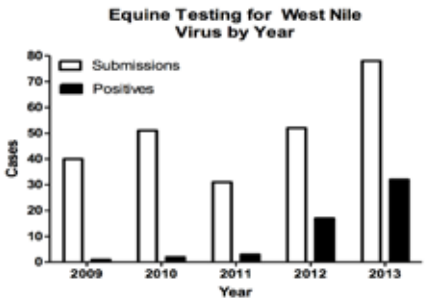
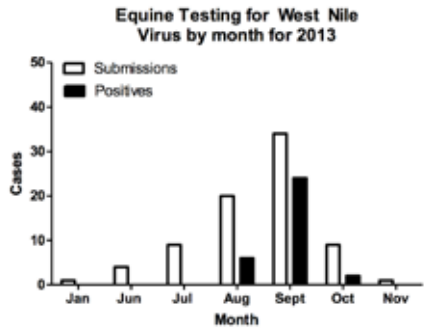


Table 1. WNV Submissions and Results by Province

Prov	Neg	Pos	Total
AB	18	13	31
MB	1	2	3
SK	27	17	44
Total	46	32	78

## 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](mailto:moira.kerr@pds.usask.ca)) and they will be forwarded appropriately.

To be added to the distribution list for the electronic link, email: [crystal.wagner@gov.sk.ca](mailto:crystal.wagner@gov.sk.ca)

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The Saskatchewan Veterinary Medical Association's 106th Annual General Meeting, Conference and Trade Show takes place at the Saskatoon Inn in beautiful Saskatoon, September 10 to 13, 2014.

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# Subsidized spay-neuter clinics ... worth the cost?

> Janna Schurer  
Lianne McLeod

KELLY PHIPPS (CANINE ACTION PROJECT)

In some northern and First Nations communities in Saskatchewan, packs of free-roaming dogs are harassing schoolchildren, foraging through garbage and becoming a hazard on the roads.

These semi-feral dogs can also be dangerous: the most recent report shows that 86 per cent of dog attacks occur in rural, remote and indigenous communities. Most of these incidences involve more than one dog (1).

Why do these attacks still happen? Dog populations become large because population management is complex, potentially expensive, and quite frankly, not a priority in many communities. For northern and remote communities, access to veterinary care may be limited or non-existent, and in southern communities, cost and distance are also barriers.

For some cultural groups, surgically altering animals is considered disrespectful and unacceptable. Several communities have opted to use "dog shoot days" — a hotly debated method of controlling dog populations. Proponents say they are inexpensive and practical, but for others, they are inhumane, emotionally unpalatable and only a short-term fix.

Subsidized spay-neuter clinics are a potential solution, but they're also contentious. Some clinicians believe that providing free or reduced-cost services steals away business, or that it isn't fair to other low-income clients who pay the full amount for veterinary care.

In my experience, most people who make use of subsidized clinics have never visited a veterinarian with their pet, and based on reports from the U.S., offering a temporary low-cost clinic appears to increase future use of veterinary services(2). Certainly the cost of running a single clinic that can require up to \$15,000 in supplies is an important



consideration in assessing the sustainability of subsidized care.

So what are the short- and long-term effects of offering low cost clinics in rural Saskatchewan? A joint initiative between the Canine Action Project (CAP) and the Battle River Treaty 6 Health Region is hoping to shed light on this question.

Over the past year, they have hosted community meetings, made door-to-door visits to count the number of dogs, consulted elders, collected dog blood and fecal samples, conducted surveys and hosted two low-cost spay/neuter clinics. All of these activities were done with the support of local veterinarians, researchers and animal rescue groups, and student volunteers from the Western College of Veterinary Medicine and the Saskatchewan Institute of Applied Technology. Their preliminary results showed that parasite levels, reports of dog packs, and dog bite incidents all dropped in the past year.

But to really understand the long-term effects, we need to continue monitoring changes in each community's dog population

demographics, the incidence of infectious disease in canine populations, and the incidence of dog bites and zoonotic diseases in the human population.

Other positive changes may be more difficult to quantify. Spay/neuter clinics provide an opportunity to educate clients, improve the health and welfare of canine populations and to enhance public health. But communities are unique and dynamic, so what works in one locale may not work in another. Long-term success is dependent on acceptance, uptake and what happens in the community after the spay/neuter clinic has wrapped up.

If you're interested in seeing the impact of these spay-neuter clinics firsthand, the Canine Action Project is recruiting veterinarians, animal health technicians and dog handlers for upcoming clinics that are scheduled for April 25-27, May 23-25 and July 4-7. Please email [cap@mcsnet.ca](mailto:cap@mcsnet.ca) for more information.

Janna Schurer is a PhD student in the Western College of Veterinary Medicine's Department of Veterinary Microbiology. She works with remote and Indigenous northern communities to determine prevalence of parasites in pets, wildlife and exposure risk to humans.

Lianne McLeod is a PhD student in Epidemiology at the Western College of Veterinary Medicine's Department of Large Animal Clinical Sciences. She is studying water quality and its impacts on chronic disease in people of rural and remote communities.

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## Animal Welfare Guidelines Codes of Practice

“ For veterinarians, Codes may serve as educational tools, reference material, and the foundation for animal care assessment programs. ”



Dr Bridget Gray

Canada's Codes of Practice are guidelines for the care and handling of farm animals and originated in 1980 through the Canadian Federation of Humane Societies. They promote good management and welfare practices in farmed species, including cattle, bison, horses, fox, mink, and deer. Since 2005,

some of these codes have been reviewed as part of the National Farm Animal Care Council initiative. The Codes were always intended to be 'living documents' that are reviewed and updated over time, as scientific research, production practices and societal expectations progress.

The development and revision of Codes of Practice is done in a collaborative manner. The process includes farmers/producers, transporters, processors, retail and food service organizations, veterinarians, animal welfare and enforcement agencies, researchers/scientists, technical experts and

government representatives. In the revision process these representatives are placed on Scientific and Code Development Committees and welfare priorities are identified, researched and reviewed. When a consensus on new recommendations is reached, new Codes of Practice are developed. Although the collaboration of such a large and varied number of representatives can make it difficult to reach a consensus, the result is a science-based national Codes of Practice that is practical and can be implemented to provide optimal well-being for farm animals in Canada.

Some of the most recently released revisions are those to the beef cattle and equine codes. These revised Codes of Practice use a slightly different terminology than in the past. The National Farm Animal Care Council website

defines recommended practices as those that "strive for continuous improvement and encourage a higher level of care" and requirements as either a "regulatory requirement, or an industry-imposed expectation for responsible farm animal care and welfare". Using the Beef Cattle Code for example, a recommended practice is testing the nutrient content of feed ingredients used in balanced rations, and a required practice is "taking prompt corrective action to improve the body condition score of cattle with a score of 2 or less (out of 5)."

For veterinarians, Codes may serve as educational tools, reference material, and the foundation for animal care assessment programs. They address aspects of animal care such as shelter and housing, feed and water requirements, management, handling, and transportation, and can thus be used to promote animal well-being standards to clients and offered as guidelines for producers and farmers. Veterinarians should also be familiar with Codes of Practice because they are referenced in welfare legislation such as the Animal Protection Act.

**Updated Codes of Practice are available on the National Farm Animal Care Council's website at [www.nfacc.ca/codes-of-practice](http://www.nfacc.ca/codes-of-practice)**



# 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.

**"Antimicrobial Stewardship"** has been established as a strategic priority for the CVMA in 2014, with a number of initiatives planned to boost awareness of this vitally important issue. CVMA recently released "Antimicrobial SmartVet", a smartphone app to assist veterinarians with the prudent use of antimicrobials when treating UTIs in companion animals. A new Active Pharmaceutical Ingredients position statement is in development and we're extending an open invitation for all CVMA Convention delegates to attend "Antimicrobial Stewardship: A New World Order", the 2014 edition of the Summit of Veterinary Leaders, where the issue of antimicrobial resistance will be closely examined by Canadian and international speakers from the veterinary and human health professions on July 9. Our Animal Health Week campaign will also follow the theme of antimicrobial stewardship in October.

CVMA's Animal Welfare Committee, the Canadian Food Inspection Agency (CFIA) and the Canadian Association of Bovine Veterinarians (CABV) are working together to address growing concerns over some animal welfare issues that are connected to the transportation of cull dairy cows and veal calves. CFIA inspectors are reporting an increased number of cases of cows and calves that are unfit for transport to auction markets, slaughter plants, or U.S. export. Cows that are severely emaciated, lame or are unable to rise or remain standing have been observed, as well as calves that are dehydrated, profoundly weak and non-ambulatory. CVMA, CFIA and the CABV seek to raise awareness of this issue amongst

dairy producers, in order to avoid the transportation of unfit cows and calves.

The National Farm Animal Care Council has released the NFACC Code of Practice for the Care and Handling of Pigs ( [http://www.nfacc.ca/pdfs/codes/pig\\_code\\_of\\_practice.pdf](http://www.nfacc.ca/pdfs/codes/pig_code_of_practice.pdf) ). Thank you to all members who provided us with feedback during the development of this code of practice. CVMA's input influenced the following requirements of the final code:

- Castration – CVMA recommended that all piglets castrated >10 days of age must have anesthesia and analgesia, and that by 2016, piglets castrated at any age must have appropriate pain control.
- Herd Health Management Plan – CVMA recommended that producers must establish a working relationship with a licensed veterinary practitioner (VCPR).
- Euthanasia – CVMA recommended a written euthanasia plan be developed in consultation with a licensed veterinarian.

During our recent communications audit, CVMA worked with a communications relations firm to survey members, non-members, student veterinarians and industry executives to find out if CVMA's current communications program is meeting the needs of the profession. Given the recommendations made by the communications firm, in 2014, CVMA's website will be further refined, the volume of information shared via our social media channels will increase and our eNewsletter will be redesigned.

Canada's new federal anti-spam legislation comes into force on July 1, 2014. Now is the time to consider how your practice will implement the changes that may be required in order to meet the regulations associated with this incoming legislation. CVMA's series of CASL information bulletins, available in the News & Events section of our website ([www.canadianveterinarians.net](http://www.canadianveterinarians.net)), can help you understand the impact of this new law and begin planning for compliance.

We invite you to join us in July for the 2014 CVMA Convention in St. John's, Newfoundland and Labrador, where we'll be waiting to welcome you to Canada's east coast with true Newfoundland hospitality. We're offering a thought-provoking convention with top-notch speakers, social and networking opportunities. You can earn up to 25 CE hours in just four days, efficiently updating your professional credentials.



### Questions or Suggestions?

Contact your CVMA National Office at [admin@cvma-acmv.org](mailto:admin@cvma-acmv.org) or

**1.800.567.2862.**

Contact your provincial Council Representative, Dr. Terri Chotowetz at [tchotowetz@gmail.com](mailto:tchotowetz@gmail.com).

MAY 2014 REGIONAL CONTINUING EDUCATION  
(2 hours of scientific CE)

The SVMA once again brings you evening talks on a timely and current topic, in one of four regional locations. This year's regional dinner & lecture presentation is:

## Recent Advances in NSAIDs Pharmacology

presented by Dr Alan Chicoine, (WCVN) ACVCP



<p><b>6-9 pm</b></p> <p><b>Wednesday May14</b></p> <p><b>Yorkton</b></p> <p>Yorkton Legion Hall, 380 Broadway St W</p>	<p><b>6-9 pm</b></p> <p><b>Thursday May 15</b></p> <p><b>Nipawin</b></p> <p>Northern Greens Resort, 222 Evergreen Drive</p>	<p><b>6-9 pm</b></p> <p><b>Wednesday May 21</b></p> <p><b>Swift Current</b></p> <p>Home Inn &amp; Suites, 1411 Battleford Trail</p>	<p><b>6-9 pm</b></p> <p><b>Thursday May 22</b></p> <p><b>North Battleford</b></p> <p>Western Development Museum, Hwy 16 &amp; 40, NB</p>
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Cost for dinner and 2 hour lecture is \$50/person. (MC, Visa, Chq)  
Talk qualifies for 2H of continuing education credit.

**TO REGISTER, PLEASE CALL:**  
Call 306-955-7868  
or email [sgauthier@svma.sk.ca](mailto:sgauthier@svma.sk.ca).

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# SAVT Update

> Jan Erickson RVT, RLAT



I hope that groundhog is nice and warm in the hole he crawled back into in February! I know my patience has definitely been tested this spring. My family and I couldn't wait it out and escaped to Cuba for a week. I highly recommend it!

This being SAVT's 30th anniversary, we'd really like to promote our profession as a whole and acknowledge individuals for their dedication and love of the job. We are focusing on public relations, community outreach and advertising. Please feel free to contact a board member with any idea,

question or concern. The more input we have from our members, the better support our association can provide.

In addition to recognizing our active members, SAVT would like to encourage and acknowledge students in RVT programs with the SAVT Student Award in the form of a \$500 bursary. This year's SAVT Student Award recipients were Sara Haddow (Lakeland College) and Joanne Vinden (SIAT). Congratulations to you both!

It is also time to start thinking about

nominations for SVMA Veterinary Technologist of the Year Award, the Appreciation Award, and the Veterinarian of the Year Award. Deadline for applications to all three award categories is August 1st, and will be presented at this year's SAVT conference. Nomination forms are also available on the SAVT website.

Get involved, get vocal and get active in your clinic, community and association. Let's make our 30th year the one to tell the world who we are and what we do!



## Save The Date For WDDC September 27, 2014

### OPEN HOUSE EVENTS

Trade Show With Over 50 Industry Supplier Booths  
Complimentary All Day Continuing Education (CE)  
Supplier Door Prizes & Trade Show Promotions  
Evening Banquet at Fantasyland Hotel (WEM)

### SPECIAL GUESTS INCLUDE

K9 Korruption Dog Agility Program ([www.k9korruption.ca](http://www.k9korruption.ca))  
Wildlife Rehabilitation Society of Edmonton ([www.wildlife-edm.ca](http://www.wildlife-edm.ca))  
UXR and Kwaliti Services Ltd - Digital X-rays (Dos & Don'ts)  
Dr. Dylan Buss, MS - Ophthalmology CE  
Penny Radostits, RAHT/CCRA - Canine Rehabilitation Techniques CE  
Dr. Joel Parker - Veterinary Practice Solutions CE

**Come Celebrate 30 Years of Success**  
with WDDC at our Gala and Open House  
Registration Form Is Now Available On [www.WDDC.com](http://www.WDDC.com)

## In Memoriam Dr Byrnne Rothwell 1936-2014

> Dr Ed McCall

The veterinary community has lost a much loved and respected member. Sadly, Dr Byrnne Rothwell passed away on January 28, 2014 at age 77 after a courageous struggle with Wegener's Immune Deficiency disease.

Byrnne's respect and care for everyone with whom he came in contact earned him friendship and love from many of his colleagues in our profession and the animal industries that he served. Those who were fortunate to call him friend or mentor will always remember his calm and measured approach to every situation.



Byrnne was born and attended high school in Nipawin. He joined the Air Cadets and a 4-H Beef Club during his high school years and later joined the Army Reserve in Prince Albert. He was a cattle buyer for Burns and Company. His affiliation with 4-H lasted a lifetime as a member, leader or member of the 4-H Council. He was a member of the winning 4-H beef judging team at the 1955 Toronto Royal Winter Fair. His team partner was Lynn Biggart who introduced his sister June to Byrnne. June was the love of his life and they were happily married for over 54 years.

In 1958 Byrnne pursued his dream of being a veterinarian, and graduated from the Ontario Veterinary College of the University of Toronto in 1964. For the next 22 years, he practiced in Mission BC, Wakaw, Birch Hills and Shellbrook, SK. He sold his practice in Shellbrook in 1987 and joined Agriculture Canada's Food Production and Inspection Branch, which later became the Canadian Food Inspection Agency (CFIA). In 2001, he received the CFIA President's National Service Award "for service to the livestock industry beyond the call of duty" for his work with

Chronic Wasting Disease. He retired from the federal public service in 2002.

Byrnne was active in and highly regarded by his professional Associations. He was a past President of the Saskatchewan Veterinary Medical Association (SVMA) and a hardworking and respected member of several Association committees. He represented the Association as a member of the University of Regina Senate. In 2000 he received the SVMA's Veterinarian of the Year Award and an SVMA Life Membership in 2002. In 2003 he received the Hill's Public Relations Award from the Canadian Veterinary Medical Association (CVMA). In 2004

he was named an Honorary Companion of the University of Guelph. In 2008 he was the recipient of a Life Membership in the CVMA "for outstanding contributions to the veterinary profession". He received over 20 major honors from professional and livestock organizations with which he was associated.

True to the experiences of his youth, he maintained a lifelong interest in cattle and both light and heavy horses. Byrnne and his family raised and showed Angus cattle and Morgan horses. He was a 4-H Leader for beef and light horse clubs, an active member of the Saskatchewan Horse Federation and a consulting veterinarian for the Saskatchewan Stock Growers Association. He built and sailed his own sailboat, wrote poetry and enjoyed water color painting.

Byrnne is survived by his wife June, sons Jeff (Wendy), grandchildren Chance and Shyla; Kevin (fiancée Darleen Breen), grandchildren Mikayla, Connor and Kolten; daughters Jocelyn (Myles) Williams, grandchildren Shelby and Morgan; and Karen (Chris) Clark. He was predeceased by infant children Alicea and sons Christopher and Kelsey, his parents Wilfred and Winowna and stepmother Dorine Rothwell.

A Celebration of Life will be held on June 28, 2014 at Jeff and Wendy Rothwell's farm at Shellbrook, SK.

## Celebration of Life for Dr. Byrnne Westley Rae Rothwell

June 28 2014 from 2:00pm - 6:00pm

Short Memorial at 3:00pm followed with Beef on a Bun  
Salad, Fruit or Dessert will be welcomed.

Hosted by his Family at Jeff & Wendy Rothwell's farm.  
Bring lawn chairs, rain or shine.

Come for a short visit or stay through the evening for more stories and memories.

Directions: from...  
Shellbrook - 3.7 km W to HWY 40, turn S 23.4 km, turn N 2.4 km to end of road  
Leask - 7 km E on HWY 40, N 2.4 km to end of road  
Sign will be placed by the approach





> *Dr Steve Kruzeniski,  
Associate Veterinarian,  
Animal Clinic of Regina*

In a village just outside of Mbarara, Uganda with the local paravets (and a beneficiary) during a goat vaccination campaign. (Vets without borders, Canada, 2012)

## One Veterinarian's Experience with the CVMA Emerging Leaders' Program

I had the privilege to attend the Emerging Leaders' Program as a part of the 2013 CVMA Conference. The program was facilitated by Dr Rick DeBowes, a Washington-based veterinarian who travels globally to speak about veterinary leadership. Dr DeBowes was an extremely engaging, innovative and humorous speaker. If nothing else, one could take away an example of first class public speaking. It can be difficult to hold my attention for an hour, let alone for an entire day, but Dr DeBowes had me thinking and laughing from morning until night. The all-day interactive program focused on personal development, effective team building, conflict resolution, client communication, and life balance. These are areas that everyone can improve upon, no matter what their chosen field or position.

Dr DeBowes emphasised the importance of creating personal and clinic mission statements. These mission statements can be just 3-4 lines, summarizing who you are as a veterinarian and how your practice sees itself. How can a clinic, let alone a practitioner, strive to perform at their best when their best has not been defined? As veterinarians we often find ourselves in difficult interpersonal, ethical, and financial situations that can be more effectively handled when we are able to be mindful of our personal principles by referring to our

“There are veterinarians all over our country involved in amazing projects and groups, and it is these veterinarians who are mobilizing the new generation of practitioners toward developing our provincial and national bodies into the cohesive network of Canadian veterinarians we desire.”



Dr Steve Kruzeniski

mission statement. It is by no means easy to summarize our values in a few sentences, but it is well worth the time and something I encourage everyone to undertake. (It doesn't have to be stressful- a mission statement naturally and gradually evolves with time and experience.)

One of the most beneficial parts of the program entailed splitting into small groups and discussing the future development of the CVMA with current and past CVMA members. I have always envisioned the CVMA as some undefined, amorphous entity from out east, that sends me journals and health insurance but never something I have been able to put a face to. The face-to-face discussions opened my eyes to the CVMA's sincere desire to engage all of its members. I realized my concept of the CVMA was shared by many others. Interestingly, we also shared a strong desire for the CVMA to be a cohesive network of Canadian veterinarians.

What I enjoyed most about this event was the opportunity to engage with veterinarians from across the country from different backgrounds, age groups and experience levels. There are veterinarians all over our country involved in amazing projects and groups, and it is these veterinarians who are mobilizing the new generation of practitioners toward developing our provincial and national bodies into the cohesive network of Canadian veterinarians we desire. I highly recommend to anyone attending next year's CVMA convention in St. John's, NF to attend the emerging leaders' program. Whether you have been working for three months or thirty years, you will have something to gain by attending this program. Thank you to the SVMA and CVMA for enabling me to attend the Emerging Leaders' Program. The experience was not only valuable for my own career- I intend to use what I have learned to become an effective veterinary leader in Saskatchewan and Canada.

## 2014 TAKE YOUR KNOWLEDGE TO NEW HEIGHTS IN THE CANADIAN ROCKIES!



### Hosted by the Alberta Veterinary Medical Association

The CanWest Conference is renowned as the most engaging and informative veterinary event in Western Canada. We offer an extensive educational program designed for the entire animal health care team that is presented in an exquisitely beautiful environment with down home Western hospitality. Veterinarians, animal health technologists, hospital managers and hospital staff are all invited...Don't miss this spectacular opportunity!

**EARLY BIRD DEADLINE!  
SEPTEMBER 22, 2014**

### Preliminary Program:

#### Keynote Presentation:

- Livestock as a Pathway Out of Poverty – Dr. Gregg BeVier, University of Pennsylvania

#### Companion Animal

- Small Animal Sports Medicine and Rehabilitation – Dr. Felix Duerr, Colorado State University
- Small Animal Gastroenterology – Dr. Todd Tams, VCA West Los Angeles Animal Hospital
- Surgical Radiographic Diagnostic Seminar – Dr. Randall Fitch, Pacific Veterinary Sports Medicine & Surgery, California and Dr. Phillip Steyn, Antech Imaging Services, Colorado
- Small Animal Neurology – Dr. Rick LeCouteur, UC Davis

#### Equine

- Equine Muscle Disorders – Dr. Stephanie Valberg, University of Minnesota
- Additional speakers to be announced

#### Food Animal

- Bovine Pulmonary Hypertension as a Cause of Mortality in Cattle – Dr. Joseph Neary, Colorado State University
- New World Boundaries – Dr. Gregg BeVier, University of Pennsylvania
- Leveraging Social Media in Practice – Dr. Cody Creelman, Veterinary Agri-Health Services Ltd., Airdrie, Alberta
- Social Media Strategy for Food Animal Practitioners – Mr. Kelly Cromwell, Parcom Online, Edmonton, Alberta
- Beef & Dairy Cattle Genomics – Dr. Melodie Chan, Zoetis, Canmore, Alberta
- Additional Speakers to be announced

#### Veterinary Team

- Nurturing The Bond – Providing Exceptional Preventative Care to Every Pet – Dr. Rick DeBowes, Washington State University
- Internet Marketing – The Basics From Soup to Nuts – Ms. Kelly Baltzell, Beyond Indigo Pets
- The Art of Veterinary Practice Management – Mr. Mark Opperman, VMC Inc., Colorado

#### Animal Health Technologists

- Let's Talk About Small Animal Anesthesia! – Dr. Matt Read, University of Calgary, Alberta
- Laboratory Topics – Hematology, Parasitology, Urinalysis etc. – Dr. Joel Pond, Lincoln Park Zoo Hospital, Chicago

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# Perillats named

## Duck Lake Citizens of the Year

Reprinted from the Saskatchewan Valley News, January 2014.  
Shirley (Mclean) Perillat is a non-practising life member of the SVMA.

Paul and Shirley Perillat are the recipients of the Duck Lake & District 2013 Citizen of the Year award.

Paul and Shirley reside on their farm south of Duck Lake and continue to conduct their operation full time as they have for the past 40 plus years. They raised two boys, Colin and Brian, who are pursuing their own careers.

When the boys were attending school at Stobart, much of the focus was directed around school activities. Shirley was on the Stobart District School Board for 10 years, and on the Sask Valley School Board for three years. Additional activities included supervision on school trips and parent leader for the 4-H Beef Club. Paul was involved with the curling, hockey and ball teams on which his children participated.

Paul and Shirley are founding members of the Duck Lake Stobart Scholarship Fund initiated in 1985. As well, Shirley has been director of the fund and at present is a trustee.

Over the years, Paul and Shirley have been members of the Duck Lake Historical Society and very involved with the operation of the Regional Interpretive Centre. Paul served on the Historical Society Board and Shirley is presently the chairperson of the current board.

Shirley was a committee member that planned and held the “Old Time Picnic” to celebrate the 100th anniversary of the RM of Duck Lake in August 2013.

Paul is a charter member of the Duck Lake & District Lions Club established in 1985. Both, Paul and Shirley spend many volunteer hours fundraising for the Lions Club, the Historical Society, Duck Lake Seniors, Curling Club and Duck Lake Community Association.

Paul and Shirley are members of the Blessed Sacrament Parish in Duck Lake. Over the years, volunteer hours were spent on church council, church committees and ministries and Shirley is a member of the church choir.

Since 1990, Shirley has also been *The Saskatchewan Valley News* correspondent for the area.

Paul and Shirley have always made time to participate in community activities and special projects. The Duck Lake community would like to congratulate and thank them for their dedication.



Paul and Shirley Perillat



A yearly visit to your family vet is as essential as food and love.  
Make an appointment for an annual checkup today.  
HealthyPetCheckup.org



# PCC case Reports

Complaint Case  
2013-01

The Professional Conduct committee of the SVMA received a complaint alleging that two veterinarians displayed unprofessional conduct in the treatment of a small breed dog which ultimately led to the dog's death.

Early one morning, Mr Owner called the emergency service of the clinic because his dog had been vomiting and not eating for the past 3 days. He spoke to Dr A. Possible causes and what diagnostics might be needed, including an exploratory laparotomy, were discussed. The dog was examined by Dr A in the clinic that morning and radiographs were recommended.

Mrs Owner called in the afternoon and was told the radiographs showed gas in the intestines and a suspicious area in the cranial abdomen. An exploratory surgery was discussed, but it was recommended that the dog be stabilized with IV fluids overnight. Dr A claimed she discussed the costs of the exploratory laparotomy and that clinic policy required that 50% must be paid before the surgery. Mrs Owner claims she was told 50% had to be paid only when the dog was picked up after the surgery. In any event, the Owners were unable to pay until they received their next pay cheque.

The following morning Dr A repeated the radiographs and found the gas had moved into the large intestine, but the suspicious area was still there. The dog was brighter and had not vomited since being hospitalized, however he had also not eaten or taken a drink. Dr A decided to send the pet home to see if he would eat or drink there. She explained this to Mrs Owner who brought up the exploratory surgery again. Dr A explained the payment policy again (50% down pre-surgery) but since the Owners would not be paid for a few more days, the exploratory couldn't be done.

The Owners reluctantly took the dog home around 2:00 pm. They paid half of the bill and said they would pay the rest once they were able. The dog continued to vomit and would not eat. They called Dr A, who told them to continue monitoring the pet, as it would take some time for the gas to work its way out. The dog's condition deteriorated throughout the afternoon and early evening so the Owners called the emergency line and spoke to Dr B, who agreed to meet them at the clinic. After examining the dog, Dr B recommended he be started on antibiotics and be placed back on IV fluids. The plan was to do an exploratory in the morning. Dr B did not think the dog's condition was severe enough to warrant an emergency exploratory surgery that night. No payment plan or fees were discussed that evening.

The dog was found dead in his kennel when the staff arrived the following morning. Dr A informed Mrs Owner over the phone. The Owners came to see their pet's body and eventually decided to have him privately cremated. A postmortem examination was declined. The Owners paid for the cremation, however when the ashes were returned, the clinic withheld them because of the balance still owing on the Owners' account.

This complaint was investigated by two members of the professional conduct committee (PCC) by teleconference interviews and reviewing written statements from Mrs. Owner and Drs A and B. The medical record for the case was also reviewed.

### Results of the investigation:

- There was clearly a misunderstanding between the Owners and Dr A in regard to the clinic's payment policy. The Owners claim they were told 50% had to be paid after the surgery when the pet was discharged. Dr A claims she told the Owners on more than one occasion 50% had to be paid before the surgery.

- The financial aspects of the case definitely influenced the adverse outcome in this situation. It was the most important factor that contributed to a delay in the exploratory which may have prevented the dog's death.
- There was inconsistency between the practice owner (Dr B) and associate (Dr A) in regard to the clinic's payment policy. Dr B was willing to do an exploratory with no money down, whereas Dr A was following the clinic policy of 50% down before a major surgery.
- The medical record was incomplete. For example, there was no list of differential diagnoses and no final diagnosis noted. Treatment details were poor (no IV fluid rate or volume of fluid received were noted.) There was no mention in the record of an exploratory being discussed until two days into the record and no mention of a possible foreign body. No notation of discussions with the Owners regarding the payment policy was made. Also, no record of a physical exam being done the second day of hospitalization and no details of what diagnostics were offered and declined were made. A veterinarian unfamiliar with the case would have had a difficult time determining what had taken place.

### Decision

It was the majority decision of the PCC not to forward this complaint to the Discipline Committee (DC). One member of the committee did feel there should have been referral to the DC.

The condition of requiring money down before a major surgery is a common reality of veterinary practice today. It is uncertain whether an exploratory would have prevented the dog's death, as no post mortem examination was done. An exploratory was however, the next logical step in

the management of this case.

### Recommendations from the PCC

- The clinic should investigate using the services of a third party financing company such as Mediacard. This may help prevent an adverse outcome in a case where finances are a problem.
- There need to be consistent recommendations made by the clinic owner and the associate with respect to the clinic's payment policy. Whether a client needs to put money down should not depend on the veterinarian with whom they are dealing.
- The clinic's medical records are to be subject to a practice inspection at the practice's expense. A more complete medical record in this case may have prevented such a lengthy and time-consuming investigation. Ultimately, a complete medical record better serves both the patient and veterinarian.

This case was resolved using alternative dispute resolution (ADR). The clinic in which Drs A and B work was required to undergo two medical records inspections at the expense of the clinic. A revision of the system used for medical record keeping was required and a proposed new protocol was submitted by the two doctors to the PCC and the practice standards committee (PSC) for approval. The time from date of receiving this complaint to completion was 21 months. A large number of hours were spent by SVMA office staff and the PCC during the investigation. In 2013 there were fourteen cases handled by the PCC, in 2012 there were 24 cases. Many of the cases investigated involved poor communication with clients and poor record keeping, ultimately costing your association several hundred to a few thousand dollars for each one.



# Membership changes

## SASKATCHEWAN VETERINARY MEDICAL ASSOCIATION

### T-GENERAL

<b>BABCHISHIN</b> , Kate .....	Feb 3
<b>FINLAY</b> , Donald R. ....	Feb 14
<b>MEACHEM</b> , Melissa D. ....	Mar 10
<b>RYMES</b> , Lisa N. ....	May 5
<b>SHWALUK</b> , Theodore .....	Feb 24

### SABBATICAL TO GENERAL

<b>GRAY</b> , Bridget .....	Jul 1
<b>MUIR</b> , Gillian D. ....	Jul 1

### SHORT TERM

<b>ANDERSON</b> , Stacy .....	30 day – Mar 24
<b>BAKER</b> , Larry .....	Mar 3 – Mar 14
<b>CHALMERS</b> , Heather .....	Mar 17 – Mar 31
<b>GAVIN</b> , Patrick Robert .....	Mar 31 – Apr 25
<b>HESS</b> , Jennifer .....	Mar 3 – Mar 16

<b>HOLOWAYCHUK</b> , Marie Kate	Mar 10 – Mar 21
<b>MACKAY</b> , Christopher .....	Mar 3 – Mar 14
<b>O'BRIEN</b> , Mauria .....	Apr 7 – 11

<b>ROWAN</b> , Jason T. ....	Apr 1 – Apr 30
<b>WOBESER</b> , Gary A. ....	Apr 4 – May 31

### GENERAL TO SHORT TERM

<b>BEGG</b> , Ashley .....	60 days – Jan 1
<b>SILVER</b> , Tawni .....	30 days – Jan 1
<b>WENKOFF</b> , Martin S. ....	Sep 1 – Nov 30

### GENERAL TO SABBATICAL

<b>GRAY</b> , Bridget .....	Jan 1
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### GENERAL TO EDUCATIONAL

### T-EDUCATIONAL

<b>BRITTON</b> , Kristin .....	Jul 1
<b>CARROZZO</b> , Marie Valentina .....	Apr 7
<b>CHROMOW</b> , Jarrad .....	Jul 1
<b>DADARWAL</b> , Dinesh .....	Jul 15
<b>DESANTI CONSOLI</b> , Helene Marie .....	Jul 1
<b>JONES</b> , Ciaran .....	Jul 1
<b>MELLETT</b> , Sinead .....	Jul 1

<b>WILLS</b> , Felicity Kaye .....	Jul 1
<b>WRIGHT</b> , Caitlin E. ....	Jul 1
<b>YEUNG</b> , Bosco .....	Jul 1

### RESIGNED

<b>BOWEN</b> , Gina I. ....	Jan 28
<b>GUDMUNDSON</b> , Jon .....	Feb 12
<b>HOUSE</b> , P. Daniel .....	Jan 17
<b>JIMENEZ</b> Lozano .....	Mar 28
<b>NIBBLETT</b> , Belle Marie .....	Jan 15
<b>SKUBA</b> , Elizabeth V. ....	Feb 3
<b>WARD</b> , David B. ....	Jan 8
<b>WILLIAMS</b> , Megan .....	Mar 6

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<sup>1</sup>Mehlhorn H. (2000). Mode of action of imidacloprid and comparison with other insecticides (i.e., fipronil and selamectin) during *in vivo* and *in vitro* experiments. *Suppl Compend Contin Educ Pract Vet.* 22(4A): 4-8.

<sup>2</sup>Mehlhorn H, Mencke N, Hansen O. (1999). Effects of imidacloprid on adult and larval stages of the flea *Ctenocephalides felis* after *in vivo* and *in vitro* application: a light and electron-microscopy study. *Parasitol Res.* 85(8-9): 625-637.

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