

SVMA NEWS

NOVEMBER 2014



SASKATCHEWAN
VETERINARY MEDICAL
ASSOCIATION

Break Down the Barriers

that keep clients from coming
through the door

Professional Wellness CHECK-UP

For the Love of ELEPHANTS

2014 SVMA
Conference REVIEW

Now you can speed the recovery of uncomplicated lower UTI.

Research¹ shows that in as few as three days, high dose short duration (HDSD) administration of Baytril[®] achieves similar results to longer conventional treatments like amoxicillin-clavulanic acid in dogs. And with decreased treatment times you can look forward to increased compliance.



Baytril[®] brings fast relief to pets. And their families. For urinary tract infections (UTI), respiratory tract infections or pyoderma in dogs and cats, Baytril[®] works.

Baytril[®] Treat with confidence.

¹ J.L. Westropp, J.E. Sykes, S. Irom, J.B. Daniels, A. Smith, D. Keil, T. Settje, Y. Wang and D.J. Chew. *Evaluation of the Efficacy and Safety of High Dose Short Duration Enrofloxacin Treatment Regimen for Uncomplicated Urinary Tract Infections in Dogs.* J Vet Intern Med. Published online April 2012. [®]Bayer, Bayer Cross and Baytril are trademarks of Bayer AG, used under license by Bayer Inc.

SVMA NEWS is a publication of:

**SASKATCHEWAN VETERINARY
MEDICAL ASSOCIATION**
202-224 Pacific Avenue,
Saskatoon, SK S7K 1N9
T: 306.955.7862 • F: 306.975.0623
E: svma@svma.sk.ca • www.svma.sk.ca
Editor: Sue Gauthier
T: 306.955.7868 • E: sgauthier@svma.sk.ca

Publications Mail Agreement No. 40016569
Return undeliverable Canadian addresses to:
Saskatchewan Veterinary Medical Association
202-224 Pacific Avenue, Saskatoon, SK S7K 1N9

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

2015 COMMERCIAL ADVERTISING RATES

	Single Issue	4 Issues
Outside back cover	1200	4400
Inside cover, front or back	1100	4000
Standard full page	1000	3600
Half page	525	2000
Quarter page	275	1000
Business Card	75	250
Insertions (8 x 11", supplied)	200	700

All advertising rates are subject to GST

Issue	Deadline
February	January 2
May	April 3
August	July 3
November	October 2

The material distributed in SVMA News does not necessarily reflect the opinion of the members or council of the Saskatchewan Veterinary Medical Association.

Cover photo: Shutterstock



Table of CONTENTS

NOVEMBER 2014, Volume 49, Issue 4



ARTICLES

For the love of elephants	10
Break down the barriers that keep clients from coming	12
Professional wellness check-up	20
Connecting consumers with food and farming	24

REPORTS

President's perspective	4
Dean's update	5
From the registrar's desk	6
WCVm student update	8
CVMA report	9
Animal health perspectives - PDS	centre spread
SAVT update	15
Provincial veterinarian's update	23

ALSO IN THIS ISSUE

2014 – 2015 SVMA Council	7
Looking for codes of practice?	7
SVMA membership changes and renewal time	7
Results of discipline case 2013-10	14
Conference corner	16
Awards of distinction recipients	18
We sadly announce - Adrienne Lotton	25



President's Perspective

> **Dr Cheryl Bellamy**

Fall has arrived too quickly and harvest is in full swing as I write my first report as your new president. For those whose lives revolve around the reproductive cycle of cows, it is time to work out your palpation arm.

Seasons change and so do council members. I would like to thank Dr Andy Acton for his leadership over the past year as president as well as acknowledge Drs Chris Clark and Andrea Ulmer for their valuable contribution to council. Welcome to the new council members Dr Charlotte Williams from Elrose, SK and Dr Corin Berg from Lloydminster, AB. Council is here to serve and we look forward to comments and suggestions from our membership.

The Canadian Government has spent significant funds developing a livestock traceability system in response to a request from the livestock industries. The Saskatchewan Premises Identification (PID) Program is an integral part of Canada's traceability system. A database is imperative in order to plan and respond to animal health issues and emergency response. Saskatchewan Agriculture is asking mixed and large animal veterinarians to get a PID number. Veterinarians need to realize the importance of this project and get on the band wagon. Visit www.agriculture.gov.sk.ca/PID for more specific information and/or to register for the PID program.

My husband Bob and I had the pleasure of attending the WCVMA Awards Banquet and White Coat Ceremony in September. The impressive group of first year Saskatchewan students were given a stethoscope on behalf of the SVMA. Each year the SVMA presents a \$1000 scholarship to a student who has completed their 3rd year of study in the DVM program. Selection is based on academic achievement and/or leadership and participation in student affairs and government within WCVMA. The deserving recipient was Else Dedden of Wakaw, Saskatchewan. Else took part in a goat pass-on project as a volunteer for **Veterinarians without Borders** in Uganda this past summer.

We have heard nothing but good reviews about the conference despite the minor inconvenience of the hotel being under construction. Thanks to the SVMA office staff and the CE committee, for their efforts are responsible for the success of the event. The AGM was well attended. We are interested in knowing if you liked having the awards ceremony as a lunch or if you prefer the evening banquet?

The SVMA Social Media Campaign was launched at the conference. The aim of the campaign is to create a positive image of the veterinary profession through public education. The social media platform has a landing page on the SVMA website, www.saskvets.ca. Be sure to "like" **saskvets** on whatever social media feed you use. From **saskvets.ca** you can quickly open your Facebook, Twitter or Google+ feeds. If you have a clinic Facebook page, feel free to share any posts.

There has been an impressive amount of public interest in **saskvets.ca** already. If you have any ideas that you would like to contribute, please let us know. There will be two promotional videos in production soon. The campaign is evolving and I am told to expect these promo videos to have a significant impact on elevating the image of veterinarians in the media as well as getting the message out that routine veterinary care is important.

Well, our two Border Collies are anxious to get out for a run, so I will wrap it up. Besides, I'd best get outside and try to convert as much vitamin D as I can while the nice weather lasts! As I soak in the sun I'm still soaking in my new role... It is an honour to be of service to the association, and I am grateful to be surrounded by capable people who can be counted on as I take the gavel and make the "big jump" into the president's chair.

Dean's Update

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



I hope everyone has had a chance to enjoy the beautiful fall weather! Here are some recent highlights from the Western College of Veterinary Medicine:

■ **Celebrating students:** We welcomed 78 new students during our annual White Coat Ceremony on September 19. The evening also included the fall awards program where our presenters were busy giving out nearly \$125,000 in awards to veterinary undergrads and graduate students.

■ **Renovations:** This summer, contractors renovated one of our two smaller lecture theatres so it can now seat a full class of students. Eventually, the same process will be repeated next door in Room 2104. We're also converting the Veterinary Medicine Library's fourth floor into a student-centered study commons. The project includes the creation of eight new multi-purpose rooms and more study areas on the third and fourth floors that students will have access to around the clock.

■ **Service Learning Initiative:** Eight senior students travelled to La Ronge, SK, to participate in a remote spay-neuter clinic in September. During the three-day event, the students worked alongside veterinarians and veterinary technologists as well as members of the Northern Animal Rescue (NAR) group.

The experience is part of the college's new Service Learning Initiative — a two-week rotation that includes a remote spay-neuter clinic and cultural awareness training. In 2014, the program offered two wellness clinics in the communities of La Ronge, Air Ronge and the Lac La Ronge Indian Band. During the second clinic, the veterinary students and volunteers also had access to the college's new mobile clinic and research trailer.

The Service Learning Initiative is funded and supported by the U of S, WCVM and our industry partners with provisional support from La Ronge, Air Ronge and the Lac La Ronge Indian Band. NAR is also providing organization, community liaison and funding support.

■ **Veterinary social work:** This fall, social work graduate student Erin Wasson moved into an office at the WCVM Veterinary Medical Centre — her temporary home for four months. Wasson responds to any requests from VMC clients for

counselling, and she is also available as a resource and a support service for WCVM students, faculty and staff during her stay.

Wasson's role is the latest step in a partnership between the WCVM and the University of Regina's Faculty of Social Work. Embedding a graduate student in the VMC is a great way to explore how our two professions might work together, and our committee looks forward to creating other opportunities for students in veterinary medicine and social work.

■ **Veterinary dermatology:** Dr Allison Foster has joined the WCVM Veterinary Medical Centre as its new clinical associate in veterinary dermatology and is establishing a clinical service in that discipline. Foster recently completed a three-year residency in veterinary dermatology at the University of Tennessee's College of Veterinary Medicine and will write her board examinations with the American College of Veterinary Dermatology (ACVD) later this fall.

■ **One Health student conference:** More than 150 health science students attended the annual U of S One Health Leadership Experience that took place in late August. During the three-day conference, the students met some of North America's top experts in One Health and worked together on case studies and leadership questions.

Now in its third year, the conference has helped to spark students' interest in the concepts of One Health. It has led to the development of the university's One Health Club and partnerships involving students from different health science colleges and schools. The One Health Leadership Experience is a WCVM-led initiative that is sponsored by Zoetis Canada, the U of S Council of Health Science Deans and the veterinary college.

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

Have something to say to the Membership?

Letters to the editor are always welcome and encouraged! Send your letter via email to sgauthier@svnma.sk.ca and look for it on the Members' Side Bulletin Board.



From the Registrar's Desk

> Dr Judy Currie

THE VETERINARIANS ACT, 1987 vs THE SVMA BYLAWS *What do they mean and what are the differences?*

The Veterinarians Act, 1987 is the formal written enactment of the legislative authority of the province of Saskatchewan under which the regulatory section of the SVMA operates. The Act is the document that allows veterinarians in Saskatchewan to regulate themselves.

Our Act is the final authority with regard to the regulation of veterinary medicine in the province. It is a provincial mandate that requires all practicing veterinarians to be licensed, defines the legal practice of veterinary medicine in Saskatchewan and specific roles therein (ie "veterinarian", "veterinary technologist", "animal" and "member") and sets out the powers of the association for such actions as granting annual practise licenses to SVMA members and imposition of fees, fines and penalties.

The Act stipulates functional criteria for various committees. For example, this is where the use of a 'lien' (should a client owe for the care of an animal) is defined, as well as both 'professional incompetence' and 'professional misconduct'. Professional Conduct and Discipline committees in particular must refer to and follow *The Act* in investigating and deciding on all complaints they review.

The Act is essentially written in stone. It consists of long list of parameters detailing what the association must achieve through its operation. Among these parameters are: management of the financial affairs of the association, prescribing the duties of the council, setting standards regarding the manner and method of practice of members, prescribing the qualifications, standards and tests of competency of members and prescribing procedures for the investigation of complaints.

The Act determines the policies and purpose underlying the way the entire veterinary profession in Saskatchewan is to run. Any changes would require "opening *The Act*", and doing so is a serious matter. "Opening *The Act*" is not taken lightly and is largely the reason why the current version, dating back to 1987, is still in use.

What *The Act* states in broad terms is expressed and applied specifically through the bylaws. The bylaws flesh out *The Act* with implementation guidelines such as the Code of Ethics, different

licensing categories, what students and technologists may and may not do as members of the profession, etc.

“***The Act and the bylaws are both essential to our professional self-regulation.***”

Where *The Act* is more "fixed", the bylaws are always open to amendments or additions in pursuit of the effective application of *The Act*: council may pass bylaws at any time, for any purpose permitted by *The Act* with the approval of three-quarters of its members - permanent status of any change conditional upon approval by a majority vote of the members present at the next general meeting. Non-council members may also propose bylaw changes, but in the same way, proposed bylaw changes must be reviewed and voted on by the membership (represented by all members present) at an annual general meeting. [Any proposed amendments or additions to the bylaws must be submitted in writing to the registrar at least six weeks prior to that meeting. The general meeting could be the annual meeting held by the association each September or a special general meeting held on a resolution of council or on the request in writing by at least twenty-five SVMA members.] The SVMA Legislation committee reviews and comments on all proposed amendments or additions, and may at times seek a legal opinion for support in doing so.

The Act and the bylaws are both essential to our professional self-regulation. *The Act* endows the Saskatchewan veterinary profession with the power and functional parameters for self-regulation: the bylaws are a working handbook for applying these parameters legally and effectively at the current time. As such, both documents are extensive and require an effective understanding of their workings to apply them properly. Anyone who has questions or comments about *The Act* or the bylaws is welcome to contact me at any time.

**ON THE
MOVE?**

**Changing employers? Closing down a practice?
Changing your contact information?**

You must let the SVMA office know. Email svma@svma.sk.ca or fax 306.975.0623

2014 – 2015 SVMA Council

PRESIDENT

Dr Cheryl Bellamy (2013)

790 Lillooet St W
Moose Jaw SK S6H 8B5
T| 306.694.1639
F| 306.694.1920
E| c.harrison@sasktel.net

VICE- PRESIDENT

Dr Debbie Hupka-Butz (2013)

Box 51
Earl Grey SK S0G 1J0
T| 306.939.2264
F| 306.939.4446
E| egvets@sasktel.net

PAST PRESIDENT

Dr Andrew Acton (2013)

Box 387
Ogema SK S0C 1Y0
T| 306.459.2422
F| 306.459.2880
E| dsac@sasktel.net

Dr Miles Johnson (2013)

Box 328
Turtleford SK S0M 2Y0
T| 306.845.2870
F| 306.845.2200
E| mbjohnson80@msn.com

Dr Tanya Marshall (2013)

Box 1173
Lumsden SK S0G
T| 306.731.3266
F| 306.731.3264
E| tmzvclinic@sasktel.net

Dr Corin Berg

RR 5
Lloydminster AB T9V 3A1
T| 780-875-5733
F| 780-875-5799
E| cberg@lah.ca

Dr Charlotte Williams

Box 189
Elrose SK S0L 0Z0
T| 306-378-2252
F| 306-378-2304
E| elrosevetservices@sasktel.net

PUBLIC MEMBER

Brian Braun (2012)

Box 175
Beechy SK S0L 0C0
T| 306.859.4820
E| braun.ranch@sasktel.net

EX-OFFICIO MEMBERS

CVMA Representative

Dr Terri Chotowetz (2012)

36 Rolling Hills Lane
Casa Rio SK S7T 1B8
T| 306.373.3500
F| 306.373.3504
E| tchotowetz@gmail.com

CFIA Representative

Dr Alex McIsaac (2012)

301-421 Downey Road
Saskatoon SK S7N 4L8
T| 306.975.5010
F| 306.975.6613
E| alex.mcisaac@inspection.gc.ca

Ministry of Agriculture Representative

Dr Betty Althouse - CVO

Rm. 202 3085 Albert Street
Regina SK S4S 0B1
T| 306.787.5547
F| 306.787.1315
E| betty.althouse@gov.sk.ca

WCVN Representative

Dr Doug Freeman, Dean

52 Campus Drive
Saskatoon SK S7N 5B4
T| 306-966-7448
E| douglas.freeman@usask.ca



LOOKING FOR CODES OF PRACTICE?

Codes of Practice are nationally developed guidelines for the care and handling of farm animals. The **Codes** serve as our national understanding of animal care requirements and recommended practices.

Visit National Farm Animal Care Council www.nfacc.ca/codes-of-practice for complete listings of all Canadian **Codes of Practice**.

Regardless of what species you work with, it's your responsibility to familiarize yourself with the applicable care & welfare Codes.

Canada

It's fall again, and that means it's SVMA MEMBERSHIP RENEWAL TIME

You will have received your SVMA membership renewal package by now. Please note:



NOVEMBER 30, 2014 is the return deadline for:

- ☐ Complete/signed practice declaration (membership renewal form)
- ☐ Registration fees
- ☐ Practice inspection fee

DECEMBER 15, 2014 is the return deadline for:

- ☐ Professional corporation renewal forms and fees
- ☐ Current profile reports

Renewals can be submitted by fax, email or regular mail. Payment can be made by cheque, Visa or MC. Failure to submit completed forms or fees will result in a \$75 late payment penalty.

Because current and archived issues of **SVMA News** can be viewed/downloaded from our website, members can now choose not to receive a printed copy through the mail. Please indicate on your membership renewal form if you would like to receive your newsletter by email rather than print. (Where not indicated, members will still be sent print copies.)



WCVM

> Lindsay Chapman

Student update

As a third year veterinary student, I am excited to share my student experiences at the WCVM with my future colleagues.

I was born and raised in Regina, SK and spent several years working in a small animal practice prior to vet school. In the summer between first and second year, I worked on a dairy barn, which was my first exposure to the food animal industry. I spent this past summer working at a busy mixed animal practice, which provided me with "a little bit of everything" related to veterinary medicine.

As was expected, this fall was busy with welcome back activities, which included BBQs, clubs week, Awards Night and the White Coat Ceremony for the Class of 2018. The beautiful, unseasonal weather has allowed many students to take advantage of the sunshine with lunch breaks and labs spent outside.

There are wonderful programs being headed by the clubs within WCVM this year. For their first major initiative, the Animal Behaviour Club has begun a program where students work with the WCVM's ten teaching dogs. Using positive reinforcement and clicker training, the 35 students involved aim to develop their own training skills, while teaching the dogs basic skills any household dog should have. The Equine Club has also launched a new program, the Adopt-a-Mare Program. Students have access to the equine teaching herd, providing the mares with a little "TLC" as well as benefitting from some additional handling experience outside of a lab setting.

Lastly, the third year class is currently enjoying the newly renovated classroom 2105, which now houses table-style seating, soft comfortable chairs and outlet plug-ins at every seat. The student body anxiously awaits the completion of

renovations to the WCVM library. The third floor Reserve Room will be repurposed to a Quiet Study Room with nine private study carrels. The fourth floor will have study carrels and bookable team rooms to provide individual and group student study space. These changes will allow the fourth floor area to remain open for Veterinary Medicine students to access after the library has closed.

The Equine Club has also launched a new program, the Adopt-a-Mare Program.

With all this going on, one thing is for sure: WCVM veterinary students are already getting big helpings of the type of busy schedule we know awaits us when we graduate into practice!



PAUL RYAN
Western Canada Regional Manager

T 1 877 440 4494 F 514 631 3643 C 403 615 7213

E paul@uxr.ca W www.uxr.ca
Calgary, AB Lachine, QC

Bayer HealthCare



Dana Ball, MSc
Senior Sales Representative
Animal Health
Bayer Inc.
77 Belfield Road
Toronto, ON M9W 1G6
Tel. +1 306 491-0549
Fax +1 306 254-0036
dana.ball@bayer.com
www.animalhealth.bayer.ca

■■■ LARGE ANIMAL PRACTITIONERS MUST BE AWARE ■■■

In 2014, Veterinary Practice Standards were updated. One notable change regards the withdrawal times for all drugs administered to large animals, which must now be included in the large animal medical record, as outlined in Practice Standard 5Bb7. Large animal medical records include equine, ruminant and swine medical records.

In addition, the owner must be advised of the withdrawal times for drugs administered. A record that the owner has been informed, either verbally or in writing, must be included in the medical record. The standard that applies to this communication is Practice Standard 5 f. which states "Where relevant medical records indicate verbal and written communication with the owner."

Canadian Veterinary Medical Association (CVMA)

One Profession. One Strong Voice.

CVMA strives to address issues of relevance to veterinarians across the country. We're pleased to provide you with an overview of what the CVMA has recently been working on for you, our valued members in Saskatchewan.



Dr Jean Gauvin of Lachine, Québec, has been appointed the **66th national president of the CVMA**.

Dr Gauvin has been the Québec representative to the CVMA Council

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

CVMA has recently developed a position statement on **Active Pharmaceutical Ingredients (APIs)** for veterinary use. The key element of this position is that CVMA does not support the direct administration of APIs to animals as it carries inherent risks to animal health and food safety as well as trade risks for food animal products. The API position recognizes that the legitimate compounding of veterinary products pursuant to a veterinary prescription with appropriate veterinary oversight is an important part of the practice of veterinary medicine.

CVMA and the Canadian Association of Animal Health Technologists and Technicians (CAAHTT) have teamed up to strengthen the ties between veterinarians, registered veterinary technicians/technologists and registered animal health technicians/technologists. Overall, CVMA and CAAHTT will be focused on enhancing communication, advocacy and continuing education opportunities for all members of the veterinary team. CVMA's new online profile management system allows you 24/7 access to review and update your information the national

veterinary database. Use this new web-based tool to change your contact information, employment information, reset your password and manage your email subscriptions. To review your personal profile, log into your account at www.canadianveterinarians.net.

A private member's **Bill C-592 to amend the Criminal Code animal cruelty section** was tabled in April 2014, by Member of Parliament Isabelle Morin. Although CVMA is pleased to see that MP Morin's bill addresses many of the weaknesses in the current animal cruelty legislation, CVMA is unable to support the bill in its entirety. Bill C-592 provides an exemption for animal cruelty offences for specific activities (i.e., pest control, rodeo, hunting and fishing, livestock raising/slaughter). CVMA has offered to work with MP Morin to develop an amendment to the animal cruelty section of the Criminal Code that addresses the weaknesses in the current legislation.

CVMA and the provincial veterinary regulatory bodies recently finalized the Terms of Reference for the **Canadian Council of Veterinary Registrars (CCVR)**, which provides a forum for more formal collaboration among the veterinary regulatory bodies and with CVMA. The CCVR will provide a single voice on national and international issues where veterinarians and the regulatory bodies can best serve the public. CVMA holds a non-voting position and is responsible for the CCVR's secretariat services.

CVMA recently released a **pet nutrition assessment video** to help veterinarians conduct pet nutrition assessments and discuss nutritional guidelines with clients. Ottawa veterinarians Dr. Susan Little and Dr. Bernard Pukay, created the video to demonstrate the proper steps to conduct a nutrition assessment in feline and canine patients. Visit CVMA's YouTube Channel to view the video. Support for the video was provided by Hill's Pet Nutrition Canada Inc., P & G Pet Care and Nestle Purina.

CVMA is pleased to support **Cat Healthy** (cathealthy.ca), an initiative created by Canada's veterinary feline specialists to help more cats receive the preventive healthcare they need to live longer, healthier lives. Cat Healthy's website showcases a number of preventive healthcare protocols designed to provide practical recommendations to raise the standard of care for cats all across Canada.

Dogs under the age of four months are no longer able to travel into the United States, according to a new policy from the Centres for Disease Control and Prevention (CDC). Rabies vaccination is required for all dogs entering the United States from a country where rabies is present. Puppies must not be vaccinated against rabies before three months of age, so the youngest that a puppy can now be imported into the United States is four months of age. The CDC has removed a form that used to be available for pet owners and breeders to fill out if their puppies did not meet the rabies vaccination requirement. Details of the CDC's Dog Import Policy are available from: www.cdc.gov/animalimportation/dogs.html

Nominations for the **2015 CVMA Awards** opens on **November 1**. Each year, through its awards program, the CVMA honours selected individuals and groups in recognition of their contributions to veterinary medicine and to the health and welfare of animals. Nominations are being accepted until January 31, 2015. All CVMA members are invited to nominate deserving candidates. Visit the CVMA website under the CVMA Awards section.



CANADIAN VETERINARY
MEDICAL ASSOCIATION
L'ASSOCIATION CANADIENNE
DES MÉDECINS VÉTÉRIAIRES

Questions or Suggestions?

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



For the Love of ELEPHANTS

 RUTH HALYK

I was five years old when I first saw the movie Dumbo. I was horrified to see how humans and the other elephants made fun of him. His strength to become the best elephant made me smile and cheer. My love for these magnificent animals was ignited.

Earlier this year, my mother and I took a trip to Thailand to visit an elephant sanctuary. After learning of great things going on at Boon Lott's Elephant Sanctuary (BLES) in Sukhothai, Thailand, we chose to volunteer there.

A young British woman, Katherine Connor, was on a trip to Thailand, where she volunteered at the elephant hospital. Here she was introduced to Boon Lott. She fell

in love with this little elephant and stayed for another two years to care for him (read her story at www.blesele.org).

Her time with Boon Lott inspired Katherine so much that she founded BLES in his memory. BLES strives to rescue and protect the elephants of Thailand from abuse and potential extinction. The 540-acre reserve provides a safe, stress-free home for the elephants to

be just elephants: no rides, work or performances.

BLES will accept only 6 volunteers at a time. Over the course of seven glorious days there, we learned the importance of educating the Thai people about proper care for their elephants.

Living amongst these gentle giants was so inspiring. Katherine has eleven

“ BLES strives to rescue and protect the elephants of Thailand from abuse and potential extinction. The 540-acre reserve provides a safe, stress-free home for the elephants to be just elephants: no rides, work or performances.

TS > Ruth Halyk

rescued elephants at this time. All have had very abusive pasts where they were either forced to beg in the streets, were chained by the side of the road as a tourist attraction, or were exploited for illegal logging, trekking or shows. When rescued, the elephants were universally malnourished. Some suffered from foot rot or had been injured by stepping on land mines, or even injected with amphetamines to work longer hours. Unfortunately, the list of abuses goes on.

Elephants are extremely intelligent, compassionate and family oriented. Each new rescue is introduced into BLES at his or her own pace. Each elephant is carefully paired with a full-time caregiver (or “mahout”) who is on call 24 hours a day, 365 days a year.



Ruth Halyk is befriended by a trio of elephants known affectionately as “the gossip girls”.

When they are ready, rescues eventually find an elephant family to join. I worked with three elephant families; Lotus, Wassana, and Pang Dow (aka “the gossip girls”), Lom, Mee Chok, Pang Tong and Somai, and finally Pang Suai and Pang Noi.

As we walked every morning with the “girls” to either the river or the forest, we saw their affection for each other. They would chatter excitedly over the banana box, wait for each other to catch up and stand as close as possible while enjoying a swim or a good snack of leaves and corn. Every afternoon, elephants requiring treatment were taken to the medical hut for debridement of an injured foot, drainage of an abscess, dental or eye care, etc. All the treatments were performed by a visiting veterinarian or by Katherine.

BLES plans on creating a medical facility to offer opportunities for veterinary students to study elephant care and medicine; such a unique, hands-on opportunity is rare, but BLES must **purchase** land and the elephants they rescue in order to give them the medical attention and freedom they need. Not only does BLES rescue elephants, but it is also a cat and dog home. Katherine

has recently built a small animal clinic which provides free education to the villagers and medical care for their pets. On opening day of the new clinic, 142 animals were spayed or neutered with help from worldwide veterinary services. BLES was awarded the world’s first Animal Champion Award in March of 2014.

All the rescued animals, whether elephant, cat, dog, pig, cow or tortoise, have suffered from abusive situations. For more in-depth information about BLES and how you can help, volunteer or donate to this important cause, please visit www.blesele.org. Read the stories behind each rescued animal to learn the importance of helping to educate and provide medical services for all our four legged friends.

I offer special gratitude and appreciation to Katherine Connor, founder of Boon Lott’s Elephant Sanctuary and Cat and Dog Home, and for her strength, courage and perseverance in bringing BLES to life. Her vision is to grow world-wide awareness of the current threats facing elephants in the hope of safely returning as many elephants as possible to their natural habitat.



Break Down

the barriers that keep clients
from coming through the door

> **Bill Kearley, DVM, MBA**

The decline in average annual client visits over the past 10 years is a great concern to both individual practices and the veterinary profession as a whole. It is easy to blame the bad economy and increased competition. But in fact, the veterinary hospital down the street, the big-box store selling veterinary drugs, and the local nonprofit clinic charging lower fees are not our most formidable barriers. Rather, the biggest competitive challenges we face today are pet owners who choose to wait and fail to contact us for help and advice.

First, we have to identify the barriers that keep our own clients, as well as prospective clients, from coming through the door. Anything that causes a client to hesitate in making an appointment increases

the chance that we will never see them, resulting in a missed opportunity to provide services, sell products, create enduring client relationships, and grow our practices. We need to break down these barriers to client visits.

Here are five time-tested strategies that can't be overlooked. They can be customized for your own practice and become an important part of the discussion that occurs during team meetings and staff training sessions.

1 Let prospective clients know who you are

Traditionally, we have made initial contact with potential clients through the Yellow Pages, but today most customers use the Internet to shop for a new service. Even if potential clients have heard of you, they may want to know more about your practice before making the call. They will likely consult your website for additional information. As a result, the ability of your website to establish trust and rapport is a critical driving force for client engagement.

To be effective, your website must be attractive, client-centered, interactive, user-friendly, and fun. It's not so much about what you do that draws clients in, they want to know who you are. When choosing a veterinarian, pet owners are often looking for answers to these questions:



- What are the core values of your practice?
- How dedicated are you in answering client questions and providing trustworthy health information?
- How do you show compassionate care to your patients?

Be sure the answers to these questions are readily visible when prospective clients visit your website. Often, this information can be portrayed in pictures.

Make your message personal by using a conversational style in explaining the services and products you provide for clients and their pets. Set clients' minds at ease. Use language that instills confidence such as, "Our health care team is always here to help." In discovering your practice, owners have found the best place to address ALL their pet health care needs!

3 Keep your practice visible

Many owners intend to make an appointment but just don't get around to making the call. Increase the probability that clients will take action by keeping your practice and its services fresh in their minds. At least once each month, every client should receive some form of communication from your team that will elevate your practice's services to a "top-of-the-mind" awareness level. We don't want clients to feel overloaded with information, so it is best to take advantage of a variety of "client touch" strategies. Options include practice newsletters, follow-up phone calls, reminder postcards, Facebook postings, targeted "emailings" (with prior client consent), and media advertisements.



Our goal is to serve clients by providing important pet health care information, not simply to "sell" something. To create the desired impact, all client contacts should be short, simple, straightforward, and convey concern.

...continued



2 Make it easy to schedule an appointment

When scheduling an appointment over the phone, the focus of the conversation needs to be centered on the clients' concerns and questions. Take the time necessary to skillfully develop a rapport with clients, and be careful to listen for understanding. This will let them know that they have called the right practice to meet all their pet health care needs.

Owners often call for assurance that their pet's signs are not concerning, hoping that a visit is unnecessary. However, because it is impossible to diagnose illness over the phone and we must keep the pet's best health interests in mind, it is important that we do not allow a phone call to substitute for a needed hospital visit. Receptionists who take the time to listen to the clients' descriptions of their pet's condition, and then express genuine concern on behalf of the practice are more likely to schedule an appointment. "Even though this may not indicate a serious problem for Cindy today, the only way we will know for sure is a thorough exam to make sure something more serious is not present. I am happy to help you schedule an appointment."

Some practices find it useful to provide online appointment scheduling for use outside normal office hours. Scheduling modules are available with most veterinary software programs or email requests can be acted on as soon as the practice reopens the next business day. In using either scheduling platform, clients must be encouraged to take action to make the appointment rather than waiting or seeking other options.

4 Provide payment options

A client's hesitancy to schedule a veterinary visit can be rooted in their current inability to pay for the visit and anticipated cost of needed medical services. One way to surpass this barrier is to provide options for payment. Most practices accept major credit cards as well as specialized medical credit cards that offer a specified interest-free period. It is also possible to have your bank set up an automated clearing house (ACH) account that will automatically deduct payments from a client's checking, credit card, or savings account. "Payment at the time of service" is always preferable, but knowing that there are other options and that a health care team is willing to offer them, will help clients break down their reluctance to seek health care for their pets. Any plan needs to be well executed, and follow-through with responsibility for implementation should be assigned to specific staff members.



5 Survey clients to identify visit barriers

Information gained by asking clients about their experience during their visits is foundational in refining and improving your service delivery. Surveys sent out to clients directly after a visit, as well as those tailored to former clients, can identify strengths and areas for improvement. Surveys can be given to clients via email, traditional

mail, or via phone. Timing is important, as feedback will be more valuable and trustworthy if it is acquired soon after the client's visit experience. To accurately track survey responses over time, use a numeric rating scale. Your survey might include such questions as, "How would you rate your experience in making an appointment here at City Animal Hospital?" Or, "Was the receptionist courteous and helpful when you called for an appointment?"

As client waiting time is always an important service indicator, you might ask, "Were our services provided in a timely manner during your recent visit?" Always provide clients with the opportunity to offer written comments with each question. If they take time to offer suggestions, make sure you take time to listen. You will be surprised at what you learn! When we use these five strategies to break down barriers that keep clients away, opportunities to serve your clients and patients will increase, and your practice will be better positioned to weather economic fluctuations. Establish YOUR practice as the ultimate destination for pet health care!

Reprinted from Sept/Oct 2011 **exceptional veterinary team** • myEVT.com

Results of Discipline Case 2013-10 > SVMA Discipline Committee

On August 26, 2014, the Discipline Committee of the SVMA convened a hearing to determine an outcome in case #2013-10: SVMA Professional Conduct Committee vs Dr Sylvia Wiebe. Prior to the commencement of the hearing the parties agreed on a joint submission in which Dr Wiebe pled guilty to two counts contained in a formal complaint dated July 2, 2014.

Specifically, that Dr Wiebe:

1. Between January 1, 2013 and December 31, 2013 did fail to perform a complete and accurate breeding soundness evaluation on a bull, namely bull 18Z, in accordance with generally accepted and current standards.
2. Between January 2, 2013 and December 31, 2013 did fail to maintain adequate medical records by not routinely recording full particulars regarding the bulls examined on the Western Canadian Association of Bovine Practitioners Breeding Soundness Evaluation forms.

Background:

Dr Wiebe was retained to perform a breeding soundness evaluation on a bull. Her initial test on February 22, 2013 was inconclusive and was marked as "decision deferred." After a subsequent test on March 6, 2013 the bull was graded as

satisfactory. The bull was subsequently sold and failed to settle any heifers. Subsequent semen analysis by the veterinarian retained by the bull's new owner showed the bull to be unsatisfactory. Review of Dr Wiebe's semen analysis slides by a board certified theriogenologist did not confirm the "satisfactory" rating she had given the bull but rather confirmed the finding of "unsatisfactory." Review of the Breeding Soundness Evaluation forms for bull 18Z and other such forms examined by the committee revealed that many were incomplete and lacked important pieces of information.

The Discipline Committee accepted the joint submission and the penalty recommendations contained therein, specifically that:

1. Dr Wiebe will receive a reprimand.
2. Dr Wiebe will engage in three (3) days of continuing education on slide preparation and reading, which will occur at the WCVB, or at another location approved by the SVMA, and shall be completed on or before June 30, 2015.
3. Dr Wiebe will submit to monitoring of her practice in the preparation of bull breeding soundness evaluation forms commencing on January 1, 2015 and concluding on December 31, 2015. The SVMA will examine a random sampling of forms and slides during this period.
4. All costs involved in executing the terms of this penalty plus costs of the hearing up to \$10,000 shall be borne by Dr Wiebe.

Diffuse colonic ganglioneuromatosis in a Mastiff dog

By: Moira Kerr, Veterinary Pathologist, PDS

A six year-old, castrated male, Mastiff dog presented to its primary care veterinary for melena and weight loss of unknown duration. A colonic mass was identified when the patient was placed under general anesthesia and a colonoscopy was attempted. The mass was removed per rectum and submitted for histologic examination.

A 1.5 x 4.0 tan tissue was received. The section of the colonic mass was extensively ulcerated with accompanying marked collections of neutrophils, small lymphocytes, plasma cells and hemosiderophages that also occurred as a diffuse infiltrate in the lamina propria. Singleton and small groupings of neuronal ganglion cells were present throughout the lamina propria (see Fig 1).

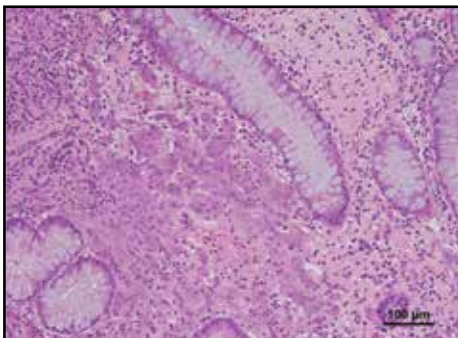


Figure 1: Hematoxylin and eosin-stained section of the colonic mass showing numerous ganglion cells in the lamina propria

The neuronal ganglion cells were polygonal with distinct cell borders and a moderate nuclear to cytoplasmic ratio. The nucleus was eccentric, round to oval with a finely stippled chromatin pattern and a single, prominent, round nucleus. The cytoplasm was moderate and there was a finely stippled to fibrillar, pale pink material (Nissl substance) placed eccentrically in the cytoplasm. There were accompanying haphazard to parallel arrays of spindled cells and thin collagen fibers within

the lamina propria that extended through the muscularis mucosa, interpreted to be a schwannian stroma. The cell borders were indistinct and the nuclear to cytoplasmic ratio was high. The nucleus was centric, oval to oblong with a finely stippled chromatin pattern and one to three, small nucleoli. The cytoplasm was scant and pink. Mitoses and cellular features of malignancy were not present in the neuronal ganglion cells and schwannian stroma. Profiles of submucosal plexuses were increased in number and size. The muscularis mucosa and serosa were not present in the sections examined.

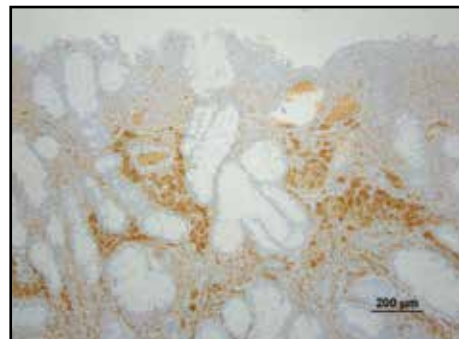


Figure 2: Neuron specific enolase (NSE)-positive neuronal ganglion cells in the colonic lamina propria.

The neuronal ganglion cells stained positively with the neuron specific enolase (NSE; see Fig. 2) while Luxol fast blue staining failed to reveal the presence of myelin. Immunohistochemical staining for S-100 and glial fibrillary acidic protein (GFAP) and electron microscopy were not pursued.

The presence of a diffuse infiltrate of ectopic neuronal ganglion cells, a schwannian stroma and hypertrophied and hyperplastic enteric plexuses coupled with the location of the mass warranted a diagnosis of diffuse colonic ganglioneuromatosis (GN) in this dog.

GN is a rare disorder characterized by the abnormal, intramural to transmural,

WHAT'S INSIDE

Diffuse colonic ganglioneuromatosis in a Mastiff dog	1
Antimicrobial use (AMU) in animals	2
Is it possible to get rid of Equine Infectious Anemia in Western Canada?	3
Tips for submission of portions from field necropsy cases	4

multinodular to diffuse, proliferation of nerve fibers and ganglion cells in a segment of the intestine.^{1,2} The affected segment of bowel is thickened and the lumen can be dilated or narrowed. Human GN can occur anywhere in the gastrointestinal tract but most reported cases involve the colon and rectum.^{1,2} Human GN may present as an acute gastrointestinal obstruction or motility disorder or incidentally, during investigations for other gastrointestinal diseases.^{1,2} Human hereditary intestinal GN commonly occurs in association with multiple endocrine neoplasia type IIb (MEN-IIb), neurofibromatosis 1 (NF1; von Recklinghausen's disease) and Cowden's disease.¹⁻³ The pathogenesis of human GN remains undetermined. Surgical resection is recommended in human GN when lesions are confined to one section of the intestine.³ When surgical resection is not an option, symptomatic management is advocated (may include one or more of the following: adjustments, laxatives or enemas, fibre supplementation and gastrointestinal motility modifiers).³

In the veterinary literature, reports of GN have been limited to juvenile and adult dogs, a horse and a steer.⁴⁻⁹ Affected animals may present with gastrointestinal signs (e.g. vomiting, diarrhea or constipation, hematochezia, melena, tenesmus and abdominal pain) or they can be asymptomatic.⁴⁻⁹ Abdominal ultrasonography may reveal thickening of the affected segment of the intestine and loss of the normal layers of the intestinal wall.^{7,8} Histopathologic examination of full-thickness biopsies from or the surgically resected affected segment of the intestine is needed to establish the diagnosis. Immunohistochemistry for neuron specific

Diffuse colonic ganglioneuromatosis in a Mastiff dog *continued...*

enolase, S-100 and glial fibrillary acidic protein (GFAP) will aid in the establishing the diagnosis.⁴⁻⁹ There are too few reports in the veterinary literature to comment on the prognosis or behaviour. In two of the reports the affected dogs were euthanized due to the development of a postoperative septic peritonitis.^{4,7} There is a single report of a successful outcome following surgical resection in a dog with small intestinal GN.⁸

The pathogenesis of GN in animals is also unknown. It has yet to be established if the genetic mutations that have been identified in human GN occur in animal cases of GN. There is a single report in the veterinary literature in which a duplication of phosphatase and tensin homologue deleted on chromosome 10 (PTEN) was demonstrated, using a quantitative

multiplex polymerase chain reaction, in a Great Dane puppy with concurrent colorectal hamartomatous polyposis and GN, implying a similar pathogenesis to human Cowden's disease.^{2,3,8}

GN should be included as a differential diagnosis in dogs with intestinal thickening and gastrointestinal signs.

REFERENCES:

1. d'Amore ESG, Manivel JC, Pettinato G, Neihans GA and Snover DC. Intestinal ganglioneuromatosis: mucosal and transmural types. A clinicopathological and immunohistochemical study of six cases. *Human Pathol* 1991;22:276-286
2. Thway K and Fisher C. Diffuse ganglioneuromatosis in small intestine associated with neurofibromatosis type 1. *Ann Diagn Path* 2009;13:50-54
3. Cohen MS, Phay JE, Albinson C, DeBenedetti MK and Skinner MA. Gastrointestinal manifestations of multiple endocrine neoplasia type. *Ann Surg* 2002; 235:648-654.
4. Fairley RA and McEntee MF. Colorectal ganglioneuromatosis in a young female dog (Lhasa Apso). *Vet Pathol* 1990;27:206-207
5. Cole DE, Migaki G and Leipold. Colonic ganglioneuromatosis in a steer. *Vet Pathol* 1990;27:461-462
6. Port BF, Starts RW, Payne HR and Edwards JF. Colonic ganglioneuromatosis in a horse. *Vet Path* 2007;44:207-210
7. Hazell KLA, Reeves MP and Swift IM. Small intestinal ganglioneuromatosis in a dog. *Austr Vet J* 2011;89:15-18
8. Bemelmans I, Küry S, Albaric O, Hordeaux J, Bertrand L, Nguyen et al. Colorectal hamartomatous polyposis and ganglioneuromatosis in a dog. *Vet Path* 2011;48:1012-1015
9. Paris JK, McCandlish AP, Schwarz T, Simpson JW and Smith SH. Small intestinal ganglioneuromatosis in a dog. *J Comp Path* 2013;148:323-328

Antimicrobial use (AMU) in animals —are you a good steward?

By: Dr. Betty Althouse, D.V.M., Saskatchewan Chief Veterinary Officer

Recently in the news there are reports of the global crisis with respect to antimicrobial resistance. The World Health Organisation (WHO) calls it "a problem so serious that it threatens the achievements of modern medicine" (WHO, 2014). In September, 2014, President Obama signed an Executive Order directing key Federal departments and agencies to take action to combat the rise of antibiotic-resistant bacteria. The order includes "taking steps to eliminate agricultural use of medically important antibiotics for growth-promotion purposes" and "develop alternatives to the use of antibiotics for some agricultural purposes". It also speaks to strengthening national surveillance efforts for resistant bacteria and promoting new and next generation antibiotics and diagnostics.

In Canada, several initiatives are underway, including reviews by Health Canada both through the Communicable and Infectious Disease Steering Committee (CIDSC) and the Veterinary Drug Directorate (VDD). They are looking at options such as stopping over-the-counter sales of antibiotics, requiring import permits for own-use importation and adding restrictions on Active Pharmaceutical Ingredients (API's). The Council of Chief Veterinary Officers is examining options to collect reliable antimicrobial use data

and looking at the possible effects of prescription-only antimicrobial use.

Use of antimicrobials for growth promotant purposes is being phased out in North America. The VDD announced earlier this year that, in harmony with similar changes in the US, and working with the Canadian Animal Health Institute (CAHI), there will be removal of growth promotion and/or production claims of medically-important antimicrobial drugs over the next three years. As well, they are looking at options to strengthen veterinary oversight, such that medically important antibiotics would be used in food animals only under the direction of a veterinarian for a specific disease challenges.

In many cases, voluntary stewardship actions are being taken by animal agriculture to limit use of antimicrobials to that required to protect animal health and welfare. In May, 2014, the Chicken Farmers of Canada (CFC) voluntarily banned injection of hatching eggs with ceftiofur. Other on-farm food safety programs stipulate that any extra-label drug use (ELDU) requires a veterinary prescription to assure proper dosage and withdrawal times.

Everyone involved with animal agriculture should be aware of initiatives that are

occurring in Canada. Currently the Canadian Veterinary Medical Association (CVMA) is having consultations on AMU. It would be beneficial to participate and keep current on the issues. Are you in favour of prescription-only antibiotic use? If that leads to decoupling of prescribing and dispensing as well, what effects would that have on your practice?

Agriculture is under pressure from many fronts to reduce or remove AMU in animals. Many times emotion trumps science. It is a good exercise to examine your own practices. Are you comfortable being open and transparent about prescribing and administering activities? Vets and producers should have nothing to hide and if it needs to be hidden perhaps you should re-think what you are doing.

Antimicrobial stewardship has been described as the practice of minimizing the emergence of antimicrobial resistance by using antibiotics only when necessary and, if needed, by selecting the appropriate antibiotic at the right dose, frequency and duration to optimize outcomes while minimizing adverse effects (Do bugs need drugs, 2014). We, as veterinarians, must be good stewards in order to maintain our social license to use these drugs.

Is it possible to get rid of Equine Infectious Anemia in Western Canada?

By: *Anatoliy Trokhymchuk, Disease Surveillance Veterinarian, PDS*

From January to October, 2014, twelve hundred and seventy one voluntary tests for Equine Infectious Anemia (EIA) were performed at Prairie Diagnostic Services. From the perspective of close to 600,000 horses in Western Canada, this is a very small number. Voluntary testing and Canadian Food Inspection Agency (CFIA) investigating positive cases have resulted in the detection of 60 positive animals across 11 rural municipalities in Saskatchewan and one jurisdiction in Alberta.

EIA is a viral disease of horses that is difficult to deal with. Although it is uncommon to see a horse become clinically ill and drop dead of EIA, this retrovirus is of concern for a variety of reasons. First of all, there is no cure nor is there a vaccine that will prevent an animal from becoming infected. Infection can take an acute fatal form, a recurring milder disease, or it can have no apparent clinical signs at all. As with all retroviruses, the immune system is the target of EIA, and this defines the danger of ignoring this disease. Animals with compromised immunity become very susceptible to any kind of infection and are not able to mount a good immune response to vaccines; death from secondary infections is a common sequela. The life-long carrier status of surviving horses poses a hazard for herd mates and other horses in its vicinity. EIA is on the list of important animal diseases of the World Animal Health Organization and it is federally reportable disease in Canada.

EIA status is a consideration for international trade and animal movement. To ensure the health of Canadian equines and to secure access to international markets, there is a national EIA control program administered by the CFIA. This program consists of two components: voluntary screening and mandatory response actions. Horse owners are free to choose whether they want their animals tested and must pay for testing. However, if a positive animal is detected in a herd, federal regulations mandate a full investigation, including complete herd testing and the removal of positive reactors.

EIA has been on the list of federally reportable diseases since 1971. At the beginning of the EIA control program, back in 1972 when the first accurate diagnostic test was developed by Dr. Leroy Coggins, a massive effort to remove positive reactors led to dramatic decrease in the virus prevalence in Canadian horse population (Figure 1).

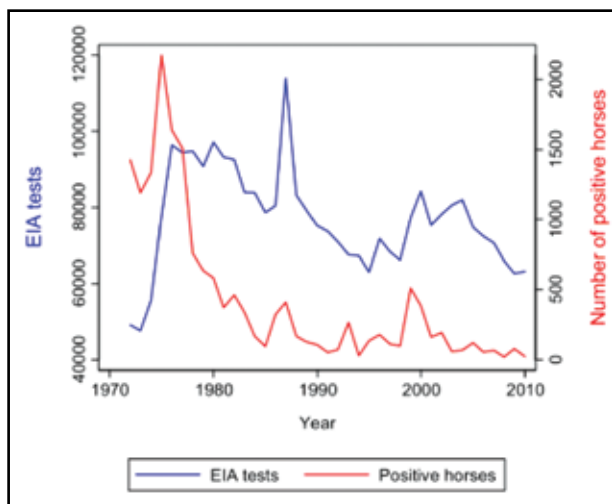


Figure 1: EIA tests and positive reactors in Canada, 1972-2010.

The aggressive testing and culling program appeared to be gaining success, with no positive animals found in Saskatchewan in 1993. The virus was detected again in 1994, with positive cases again found in Saskatchewan every year thereafter until 2005. Testing numbers increased, and EIA was brought under control with no positive horses detected from 2005 to 2009. Naturally, animal owners, boarding facilities, and veterinarians alike started to feel that EIA was a thing of the past. With the emergence of new horse diseases like West Nile and herpes viruses, priorities shifted and the number of EIA tests decreased significantly. Even the “Coggins certificate” requirement was dropped by most equestrian events organizers and boarding facilities operators. Unfortunately, the virus is present and well-established in some parts of the province. We are witnessing an outbreak in Western Canada which has been ongoing since 2010, with positive horses found mainly in northern parts of Saskatchewan, Alberta, British Columbia, and in the Yukon. This unwelcome comeback is partially explained by the nature of the virus. EIA is caused by a

retrovirus that belongs to Lentivirus family and is closely related to other lentiviruses such as human immunodeficiency virus and feline immunodeficiency virus, among others. All equines are susceptible. The virus, residing in lymphocytes, can be transmitted by contaminated needles, during breeding, from pregnant mare to her fetus and, most

importantly, by large blood sucking insects that tend to attack multiple animals within short periods of time. In many cases, infected animals may be asymptomatic. Once infected, horses become life-long carriers. Infection can spread unnoticed in a herd and can affect many animals if testing is not done in a timely and systematic fashion.

Unfortunately, there are no good options for a horse that tests positive for EIA: it either needs to be placed in a life-long quarantine or euthanized. It can be very hard for animal owners and veterinarians alike to cope with a situation where an intelligent companion animal must be euthanized despite showing no outward signs of illness. This may, in

many cases, explain an owner's reluctance to have their horses tested; however, choosing not to test is a precarious move. If present within a herd, and if not controlled, the virus will inevitably spread to other horses creating an even more devastating situation. There is still a fresh memory of a situation from 2011, where 40 out of 80 horses on a single farm in Clarksville, Arkansas, were euthanized as a result of prolonged reluctance to do EIA testing; similar situations have been found in the current outbreak on Saskatchewan farms. There are a number of factors that may be contributing to the current outbreak:

- decline in the horse meat trade has resulted in fewer animals crossing borders, and consequently, less EIA testing performed during the last 10 years;
- diminished awareness of EIA among horse owners, veterinarians, equestrian events organizers, and horse boarding facilities managers which has led to relaxed testing requirements; and
- the increased presence of semi-feral or abandoned horses, creating potential infection reservoirs.

Is it possible to get rid of Equine Infectious Anemia in Western Canada? *continued...*

EIA eradication is possible. Iceland and Japan are free from the infection, and eradication has been achieved in some North American jurisdictions – for example, the province of Ontario in Canada and the state of California in the USA. The key elements necessary for EIA eradication are:

- regular testing of all equines at risk (all animals participating in organized events, all animals travelling, all animals newly introduced into herd, animals

residing in a proximity to territories known to be affected by EIA);

- use of disposable needles and syringes;
- use of strict hygiene practices; and
- good insect control program for the stable and property.

Eradication of equine infectious anemia from Western Canada is a difficult but not impossible task. There are many things that need to be done, but most importantly, everyone involved in the equestrian

community must commit to the goal.

If you have any questions regarding EIA testing please contact Prairie Diagnostic Services either by telephone (306) 966-7316 or e-mail: pds.info@usask.ca.

If you require further assistance in advising your clients on issues related to EIA please contact Dr. Wendy Wilkins at the Saskatchewan Ministry of Agriculture either by telephone (306) 798-0253 or e-mail: wendy.wilkins@gov.sk.ca.

Tips for submission of portions from field necropsy cases

By: Yanyun Huang, Veterinary Pathologist, PDS

In a prior issue of the *Animal Health Perspectives* I encouraged the submission of a variety of tissues for histological examination from field necropsies, even when gross lesions were not evident (please see: The value of 'normal' in postmortem specimens: my thoughts; AHP, May 2014, Volume 10, Issue 2; available at www.pdsinc.ca). The work involved in preparing these samples for submission and the cost of shipping these specimens to the laboratory may be increased. So, I would like to provide some tips on the submission of fixed and fresh tissues for histologic examination and adjunct laboratory tests. Hopefully these will be useful to you and help in establishing a diagnosis.

1. Size of fixed tissues:

In most cases, 3cm³ or equivalent of parenchymal tissues (e.g. liver, spleen, kidney, etc.); 3-5 cm of tubular organs (e.g. intestines, esophagus, etc.) and half of the brain (should include cerebrum, cerebellum and brain stem) are sufficient for histologic examination. Multiple pieces of the same organ, from different sites, in the sizes indicated previously, are better than one big piece of the organ; this approach can increase the chance of identifying lesions and also improves the fixation of the tissues.

2. Size of fresh tissues:

The same sizes indicated above are also ideal for most of adjunct tests, including detection of minerals from the liver (2 -5 grams). Five grams of feces are recommended for parasitology.

3. Fixation of tissues:

It is generally recommended that tissue to formalin volume ratio be 1:10. However, if tissues are collected on one day and are to be shipped the following day, then the fixed tissues can be transferred to a smaller container, with less formalin, for shipment. Tissues, especially gastrointestinal tract, need to be fixed as soon as possible. Gastrointestinal tract begins to undergo autolysis in 15 minutes! This is particularly important in diarrhea cases. Optimal tissue preservation is one of the keys in the success of achieving a diagnosis.

4. Containers and bags:

For fixed tissues, leak-proof containers are to be used. Laboratory film (e.g. Parafilm, www.parafilm.com) can be used to seal the lids of containers. The use of tape (e.g. black electrician tape, clear plastic tape, zinc oxide tape and duct tape) to seal the lids should be discouraged for two reasons. First, the tape does not prevent leakage; and second, it is very time-consuming for people who receive

the samples to remove the tape. Fixed tissues can be pooled together and need not be put in many small containers, because pathologists are able to identify the tissues histologically. The exception is when there is need for identifying a specific location of the tissue. In that case, separate containers with clear labeling are needed.

For fresh tissue, separate whirl-pak bags for each tissue with a clear legible label on the bags are recommended. This can prevent cross contamination between tissues and facilitate quick identification of the tissue for adjunct tests.

5. Please don't hesitate to call us first, before you proceed with the field necropsy (1-306-966-7316)!

Communication is important. You can talk to our reception staff about how to properly ship specimens. You can also ask to talk to a pathologist before you plan to do a necropsy for advice on sample collection and things to look for during the necropsy.

All the above are meant to be helpful suggestions and not stringent rules. Diagnostic investigation requires teamwork. Mutual consideration and support is fundamental to the success of this teamwork. Let's work together!

READERS' FEEDBACK

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

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

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

SAVT



Update

> *Nicole Wood, RVT
President*

The Saskatchewan Association of Veterinary Technologists' 30th Annual Conference is fast approaching (November 7-9). It will be held at the Radisson Hotel Saskatoon and the Western College of Veterinary Medicine. The conference planning committee is working hard to put the finishing touches on speakers and the banquet entertainment before this grand event.

Our Canadian Association of Animal Health Technologists and Technicians (CAAHTT) directors, Carolyn Cartwright and Darlene Ford, represented the SAVT in the signing of the affiliation agreement and the MOU (Memorandum of Undertaking) with the CVMA at the CAAHTT AGM on July 12-13 2014, in St John's, Newfoundland.

On Thursday, September 11th, 2014, I visited Saskatchewan Polytechnic, Kelsey Campus to welcome the first and second year veterinary technology students. I find it is a really good time to introduce myself and the association to the first years and give the second years some more information about their profession. It is also a really good opportunity to recruit some student members and encourage them to attend the conference. We look forward to seeing these new professionals at future SAVT events throughout their careers.

National Veterinary Technicians Week was held October 12-18th this year. It was so nice seeing the posters hanging in clinics around town! Thanks again for promoting us in your clinics.

I am anxiously awaiting our conference celebration this year. What a milestone our 30th Anniversary is! I'm eagerly looking forward to seeing all of the familiar faces I have grown acquainted with over the years. Ensure you encourage your technologists to register for the conference. It is a great way for them to improve their skills, acquire some exceptional hands-on training, and be exposed to the newest technologies and innovations. Continue to visit our website www.savt.ca to read about the post-conference update, exciting online CE, and the brand new vet tech merchandise.

Lastly, I want to encourage all practising veterinarians to suggest to their employed technologists to consider applying for a Board of Director position at our annual general meeting during the conference this November. We are always looking for keen new minds to help improve our provincial association! You can assure them it would be a rewarding and fun experience.

NO TIME TO
SIFT THROUGH
A STACK OF
JOURNALS?



NO PROBLEM.



**Subscribe to the global
edition of *Clinician's Brief*
for **FREE*** to receive:**

- Essential tips for diagnosis and treatment
- Brief, concise formats for the practicing veterinarian
- The publication small animal veterinarians have ranked #1 most essential for 7 years!*

**SUBSCRIBE FOR FREE AT
CLINICIANSBRIEF.COM/SUBSCRIBE**

From the publisher of *Veterinary Team Brief*

*FREE to all AMVQ & CVMA members,
WSAVA Member Associations

**2007-2013 PERQ and Essential Media Studies





2014 Conference REVIEW

> **Sue Gauthier, Coordinator**
Communications and Members Services

Fall is upon us and what a beautiful one it has been here in Saskatchewan! The setting for our 106th SVMA Conference, AGM & Trade Show was as lovely and inviting as September always is in the prairies.

The newly-renovated Saskatoon Inn provided an excellent venue for lecturers, exhibitors and visitors alike over the course of three and a half days. Veterinarians from all over western Canada and even the United States converged on our lovely "City of Bridges" to share knowledge and partake of the excellent education and networking opportunities only our annual conference can provide.

Each year, the conference hosts the SVMA's annual general meeting and annual awards banquet. The morning AGM must have attracted a lot of early risers because this year's AGM attendance was the highest on record. Greetings were brought from across the west by visiting VMA dignitaries and guests, including CVMA president Dr Jean Gauvin, CVMA-SBCV president Dr Marco Veenis, ABVMA council member Dr Gordon Strick, MVMA president Dr Marg Seward, Dean of UCVM Dr Alastair Cribb, Dean of WCVM Dr Doug Freeman, and SAVT director Nadine Schueller. Thanks to all of them for joining with us in building bridges within our profession.

This year's awards banquet was held as a luncheon. Ninety members, guests and industry partners gathered for an elegant, "spirited" three-course meal. Dr Greg Harasen once again brought his significant speaking talents to the podium as emcee of the awards program. Drs Robert Laing, Don Pulfer, Henry Kucharski, Sidney Griffin and Dennis Will were present for their induction into SVMA Life Membership. Retiring committee members and representatives were also honoured. SVMA awards of distinction were presented to Dr Trisha Dowling, Dr Maria Just, Dr Greg Harasen, and Dr David Nairn. (See 2014 SVMA Awards of Distinction Recipients, pg 18-19).

Congratulations to all of this year's deserving winners!



Outgoing council president Dr Andy Acton passes the gavel to Dr Cheryl Bellamy.



Congratulations to SVMA's newest Life members.





SVMA Awards Luncheon



Dr Lesley Sawa presents the 2015 JJ Morrison Distinguished Veterinarian Award to Dr Greg Harasen.

Celebration of excellence is always on the conference menu, but while the excellent CE sessions presented as part of the **Back to Basics** theme delivered both knowledge and applicability to daily practice, the quest for great CE doesn't end here: the hunt is already on for new and exciting speakers for 2015.

2014 Conference Stats:

19 speakers from across Canada and the US
17.5 hours of practical CE, PLUS 2 x 3hour LA and CA wet labs
166 veterinarian network of registered DVMs sharing knowledge
35 sponsors and exhibitors
4 SVMA awards of distinction presented
5 life members honoured
+ our first online registration site

It all adds up to one terrific conference!

Of course, conferences can't be all work and no play...the end of each day brought practitioners, colleagues and exhibitors together to decompress with the aid of food, spirits and conversation in a relaxed, open setting. Thursday's wine bar offered a warm welcome for weary travelers. Friday evening's *Taste of Local Flavours* reception was a fun mixture of locally produced delicacies created with flair by talented chefs at the Saskatoon Inn. Locally inspired treats (saskatoonberry and brie en croûte, home spiced sausage flambé) a fabulous mashini bar and micro-brewed Prairie Sun beers were all on tap for an enjoyable evening. In making their way around the exhibit hall, Deb Hupka-Butz and Franziska Ruder gathered up all the vital information about our exhibitors, and won the SVMA's exhibit hall draw for an Asus Transformer Notebook and free registration for the 2015 conference in Regina, respectively. Congratulations!



Thank you

once again to our sponsors and exhibitors whose support made the SVMA Conference possible:

ABAXIS Inc
Bayer Animal Health
Benson Medical Industries
Boehringer-Ingelheim (Canada) Ltd
Champion Alstoe
Cytovetstat
EIDAP
Hill's Pet Nutrition Canada
IDEXX Laboratories
McCarthy & Sons Service
Merck Animal Health
Merial Canada Inc
Midwest Veterinary Sales
Modern Veterinary Therapeutics
National Leasing
Naylor Canada Inc
Nestle Purina Pet Care
Pacific Veterinary Sales
PetPlan Insurance
Petsecure Pet Health Insurance
Prairie Sun Brewery
ProNorth Solutions Inc
Rayne Clinical Nutrition
Royal Canin
Saskatchewan Pension Plan
Saskatoon Inn
Scil VetNovations Canada Inc
SK Ministry of Agriculture- Livestock Branch
Summit Veterinary Pharmacy
Tru-Test Ltd
UXR
Vet Strategy Canada
Vétoquinol
WDDC
Western College of Veterinary Medicine
Zoetis

Keep informed

of the decisions council is making and actions being taken on your behalf. The minutes from council meetings are posted on the Members' Side of the SVMA website www.svma.sk.ca.

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.

2014 SVMA

AWARDS OF DISTINCTION RECIPIENTS

Dr Trisha Dowling 2014 Meritorious Service Award



Dr Trisha Dowling

The *Meritorious Service Award(s)* recognizes a member in good standing who has made an outstanding single or long-term contribution to the quality of life in their community or province. This achievement may be in the area of youth or senior programs, philanthropic organizations or the arts. This award can be presented to more than one member in any year. This award may not be presented every year.

Patricia M. Dowling, DVM, MSc is board certified in large animal internal medicine and veterinary clinical pharmacology and is a professor of veterinary pharmacology. She is the founder and co-director of the **Canadian Global Food Animal Residue Avoidance Databank** and conducts research on drugs in food animals and horses. Dr Dowling has contributed significantly in the area of professional wellness by introducing a mindfulness class as part of the curriculum at the WCVN, and is involved in collaborative efforts towards the wellbeing of her colleagues with the U of S School of Social Work, the SVMA Professional Wellness Committee and the Veterinary Social Work Initiatives committee at the WCVN.

"Dr Trisha Dowling has been instrumental in establishing arguably one of the most important organizations and services for the food animal industries and veterinarians in the last several decades. Through her tireless dedication to the cGFARAD database and services, Trish has had a tremendously positive impact on the way we use antimicrobials, write prescriptions and interact with the regulatory bodies in Canada. Her professional work and dedication to her colleagues (and our pharmacological questions, challenges and emergencies) is impressive. The fact that this work has been done on a shoestring budget in combination with a busy academic career is remarkable.

When we speak about lifelong learning in the veterinary profession, Dr Dowling and her approach to veterinary medicine is a shining example of this

*concept. A professional inspiration to her colleagues and students, Trish has spearheaded a flagship program on **Mindful Veterinary Practice** and has brought forth a curriculum of high professional achievement integrated with work life balance of mental and physical health. Mindful Veterinary Practice, while seemingly intuitive for many of us, stills goes against the grain of some established practices and requires courage, dedication and commitment to keep afloat. Being on the leading edge of these programs must not have been an easy task, but the successful outcomes are impossible to argue in terms of positive impact and ongoing legacy. Long after the US GFARAD was abandoned due to lack of funding and political support, the cGFARAD continues."*

~ Dr Tom Inglis

Dr David Nairn Inaugural SVMA Mentorship/Leadership Award

The SVMA is instituting a new *Mentorship/Leadership Award* this year to recognize a member who makes an outstanding contribution as a leader or mentor in our profession. By fostering an interest in students, new grads or employees, and cultivating their veterinary aspirations, mentors play a vital role in assisting young veterinarians with their transition into practice.

Interestingly, a proposal for a Mentorship award was originally submitted prior to receiving the nominations



Dr David Nairn

for this year's awards. After reading the nominations that came in, the need for a dedicated Mentorship award was even more evident as all the nomination letters for one candidate (seven in total, that must be a record!) repeatedly referenced the immeasurable value of that nominee's mentorship in helping young veterinarians to pursue their career goals.

An ad-hoc motion to create a Mentorship/Leadership award was made and approved by council on Aug 7, 2014. Following that, with seven nominations in hand, the Awards committee voted to present the inaugural SVMA Mentorship/Leadership Award to Dr David Nairn.

Dr Nairn is a 1997 WCVN graduate, originally from Lucky Lake, SK. Dr Nairn has worked in companion animal and mixed animal practice in both Alberta and Saskatchewan and comes well recommended by several of his colleagues for his efforts in mentoring veterinary technologists, veterinary students and new graduates.

"There is an ever increasing desire for mentorship from new grads as well as the ever existing demand from those wishing to join our profession in a myriad of capacities. These individuals rely on someone fostering an interest in them and cultivating their veterinary aspirations. Over the years I have performed as both a mentee and a mentor and to this day I enjoy these dual roles and the benefits they afford me and others. Our national conference devotes a day to the "Emerging Leaders" program in efforts to recognize the vital yet ever changing face of leadership and mentorship.

~ Dr Vivienne Jones

2014 SVMA

AWARDS OF DISTINCTION RECIPIENTS

Dr Gregory Harasen

2014 JJ Murison Distinguished Veterinarian Award

The JJ Murison Distinguished Veterinarian Award represents the highest level of recognition the SVMA can bestow on a member. The criteria for selection include service to the SVMA, the profession and the public as well as competency, personality and character.

Dr Greg Harasen is a native of Saskatchewan, a 1983 WCVN graduate and a long time contributor to the benefit of the SVMA and the veterinary profession as a whole. Dr Harasen currently sits on the discipline committee, but his contributions and honours throughout his career are many:

- Past member and chair of the Public Relations Committee, Professional Conduct Committee and Discipline Committee
- Past member of Council and President 1999-2000
- Past Chair of CVMA Animal Health Week 1988, 1989
- 2002 CVMA Small Animal Practitioner Award
- 2006 SVMA Meritorious Service Award
- Past SVMA Representative to the CVMA Council
- Recipient of the Province of Saskatchewan Centennial Medal for involvement with the Remote Area Spay and Neuter Program
- Orthopedic Consultant for the Veterinary Orthopedic Network
- Assistant Editor of the Canadian Veterinary Journal
- Author of over 100 articles in referred journals including a bimonthly orthopedic column in the Canadian Veterinary Journal for 11 years

Outside of the veterinary profession, Dr Harasen is a past president of the Regina Chapter of the Multiple Sclerosis Society, vice-chairman of St Martin's Parish Council, board member for the South Saskatchewan Youth Orchestra, and has coached Regina Minor Football and Regina High School Football for over 15 seasons.

Dr Harasen's career is a study in generosity, vitality and joy. The SVMA is fortunate and proud to number Greg among its ranks.



Dr Greg Harasen on the 18th fairway of the world's first golf course at St Andrews, Scotland.

"Dr Harasen has worked tirelessly for our profession for many years. He has been a member of the CVMA council and has served the SVMA in many different capacities. He is a dedicated vet and surgeon, and helps many in the profession through mentoring, lecturing or responding to questions on the VIN network. He accepts surgical referrals from around Saskatchewan and Manitoba and is always happy to help out his colleagues. Greg is a dedicated public servant, whether as a volunteer football coach in Regina or performing spay/neuter work in the North. There are many more reasons than there is space to detail here, but I believe Greg Harasen is a very worthy candidate for this award."

~ Dr Lesley Sawa



Council president Andy Acton presents the Communications/Public Relations Award to Dr Maria Just.

Dr Maria Just

2014 Communications & Public Relations Award

The Communications & Public Relations Award recognizes a member's efforts to bring information, knowledge or advice related to veterinary medicine or the profession to the public. This award might recognize a member being repeatedly called upon by the media to be a spokesperson providing information regarding a specific situation, or for a member who participates in any form of public education.

Dr Maria Just is originally from Chile and is the holder of veterinary degrees from both the University of Chile and the WCVN here in Canada. Dr Just has worked in the areas of public service and companion animal practice and is the owner of the 24 Hour Animal Care Centre in Regina. Dr Just has been involved with the successful billboard advertising campaign launched by the Regina Veterinary Association in 2013.

This past year, Dr Just has taken her passion for the promoting the veterinary profession to the provincial level. Since almost single-handedly resurrecting the SVMA Community Relations committee, she has worked diligently to enable the creation of a strong message that highlights the value of veterinary care services in our province. Her dedication to the creation of this promotional campaign has been key in raising awareness of the importance of promoting the veterinary profession in Saskatchewan.

Professional Wellness Check-up

> Dr Kim Tryon

In light of the publicized suicides of a number of veterinarians in the past year, we are once again faced with an obvious need to improve wellness in our profession. It is something we still too frequently neglect, hoping things will just get better. Instead I believe we need to proactively support wellness for ourselves and each other in order to keep anyone else from going down that dark and very final road.

It is truly unfortunate that we have lost promising and caring members of our community and our hearts go out to the friends and family left behind. We wonder what 'made them do it' but we all have likely experienced dark periods of varying degrees. The veterinary profession is one that is highly stressful, highly emotional and often poorly understood by 'civilians'.

For many of us, veterinary medicine has been our goal and the passion that has driven us through school and onward. We love the challenges, the variety and, of course, the animals. What we did not know was how stressful and exhausting our chosen profession could be.

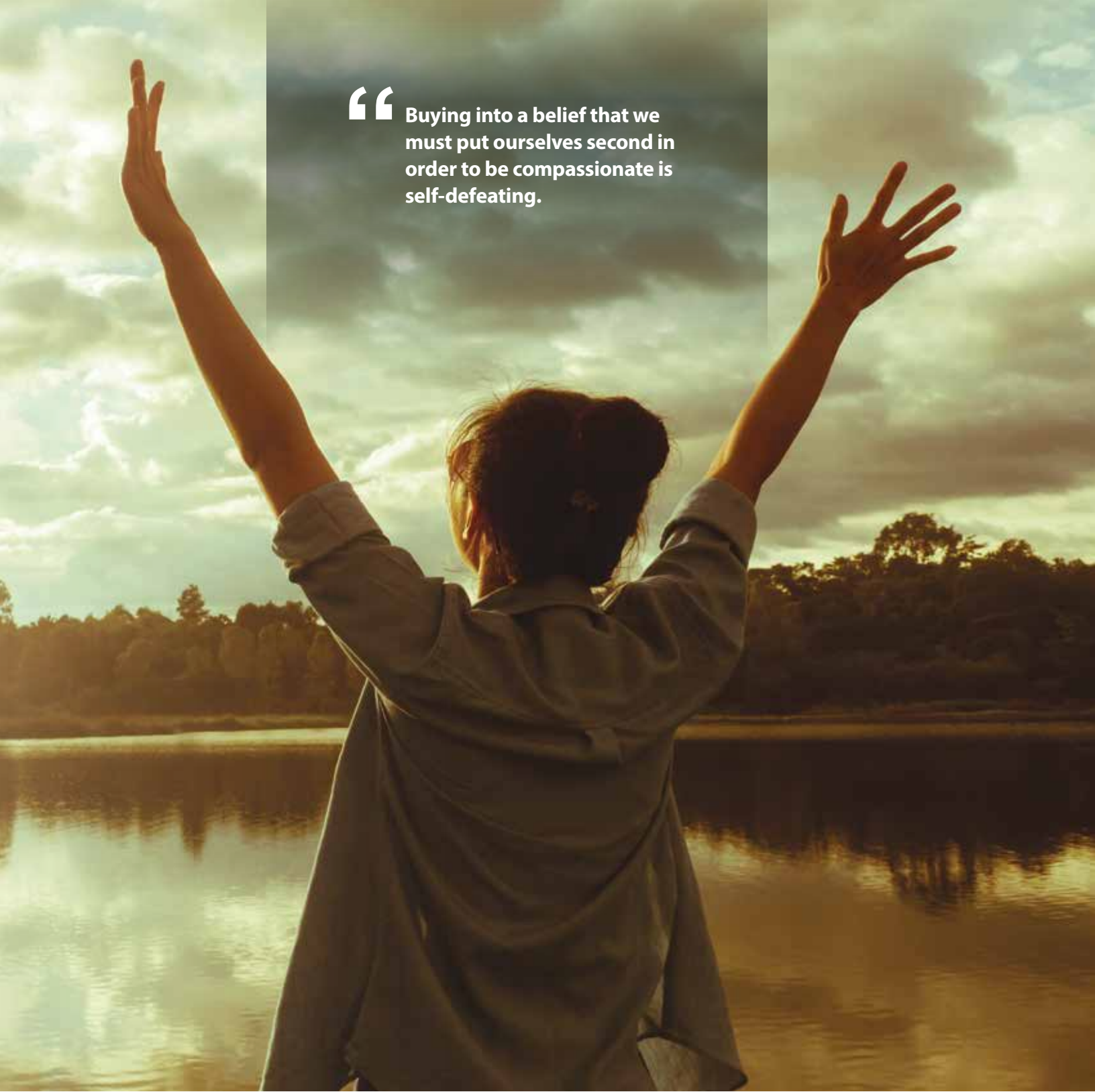
According to the World Health Organization, "mental health is a state of well-being in which every individual can realize his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." In other words, we feel good and comfortable dealing with challenges and are able to identify when we need to take action to restore balance. Even in the space of bad circumstances it is possible to restore a feeling of normalcy if we recognize our feelings, own them and take the necessary steps to restore balance.

Stress can build up when the balance between challenges and our state of self-care is tipped to the negative by outside circumstances. It's important to recognize that it is always a balance. Our foundation of health is weakened when outside stressors are allowed to pile up. It's very important to be willing to recognize when this is happening; when we strive to do so (as objectively as possible) we can better identify what we need to create equilibrium and decide on a plan of action.

Veterinary medicine has its own unique set of stressors. Many of us thought they would diminish once we graduated; instead they change and in some cases grow. Just a few sources of stress in our profession include long hours, client expectations,

ethical issues and pressures of continuing education, personal relationships and finances. We also experience death at **five times** the rate of human doctors and our patients are often animals that we have treated for a long time. Don't discount the self-imposed stresses either: high expectations we have for ourselves or fears of appearing less than perfect only add to the problem.

Mental health claims in all professions are the fastest growing category of disability in the workplace, and will soon rival cardiovascular disease. Depression, anxiety and burnout are the



“ Buying into a belief that we must put ourselves second in order to be compassionate is self-defeating.

three most common sources of mental distress leading to these claims. Medical professionals have a statistically higher incidence of suicide, drug and alcohol abuse. Studies have shown that health professionals have a 30% prevalence of substance abuse, mental illness and/or physical health problems during their lifetime. Even worse, people who could really benefit from support may not seek it because they fear a stigma attached to addiction or mental illness. Mental illnesses are recognized, medically diagnosable conditions that impair the thinking, mood or behavior of a person. There are many treatments and medications available from qualified professionals for assisting

those with mental illness. There is no benefit to leaving mental illness unaddressed.

The strategies different people use to relieve stress and maintain balanced health are as unique as they are. We must do what we know we need to do to return to a state of internal equilibrium. If we don't do those things, it doesn't take long for what could at the outset be a more easily addressed problem to worsen. If we haven't yet found a strategy that works for us, it's worthwhile to keep trying new things. This is where we can benefit so much from sharing our stories of handling the maelstrom that is veterinary practice.

...continued

Professional Wellness Check-up *continued...*

Here's something to think about: in our quest to show compassion to our patients, clients and staff, how often do we leave our own self-care requirements out of the formula? Buying into a belief that we must put ourselves second in order to be compassionate is self-defeating. At first it may seem ironic, but in truth it isn't - our personal health and balance are essential to our ability to extend compassion to others.

Another significant obstacle on the path of wellness is the belief that we are alone in our struggles. **THIS IS NOT THE CASE.** We are surrounded by colleagues often experiencing the very same things (and just as likely avoiding talking about them). Putting on a tough front, or worse, ignoring or denying a problem to ourselves, be it stress or something much worse, goes nowhere. We are much better off to recognize and accept our situation and take appropriate and non-judgmental action. Help and reassurance on the path to balanced wellness is more widely available all the time—in peoples' changing attitudes and in the many programs now existing to address the needs of all different professions.

Fortunately, the veterinary profession is answering the call for support from a growing wellness zeitgeist in our province with the creation of more programs and policies that recognize the ubiquity of professional stress. The SVMA shares this recognition and is invested in the promotion and support of the physical, mental and professional well-being of all of the members of the veterinary health care team and their families.

Support with financial management, stress management, work/life balance, mental illness, grief counseling, substance abuse and much more is available in multiple ways through your association. To start with, www.svma.sk.ca contains a long list of links for resources, programs and articles (See Links page, professional wellness resources).

Professional counselling support is available through the members' counselling service. Professional counselling can be particularly helpful when overwhelm has gone a bit too far and guidance in recognizing a problem and planning a course of action will help. (See Member's Side/ Programs/ **wellness program** for details.)

The SVMA's Professional Wellness Committee is dedicated solely to developing wellness supports and initiatives. Listen for news about wellness events presented by the Wellness committee in partnership with the USask Veterinary Social Work Initiatives committee, and look for articles about wellness issues and strategies in your quarterly *SVMA News*.

Finally, join us at Crave Kitchen & Wine Bar in Regina on Monday November 24th for an informal discussion about professional stresses and burnout in practice hosted by Dr Darlene Chalmers and Trisha Dowling. You won't want to miss this evening of delicious food, wine and conversation – a relaxing evening on all levels presented by VSWIC and the SVMA Professional Wellness Committee. If you would like to attend the Wellness evening, please RSVP to sgauthier@svma.sk.ca.



A night out? What's that?

Join your colleagues for a relaxing evening of delicious food, great company and "spirited" discussion....

Monday November 24, 6:30 pm

CRAVE Kitchen & Wine Bar

1925 Victoria Ave, Regina

6:30 pm Cocktails

7:00 Dinner & Discussion

"Building Resilience in Veterinary Practice"

Presenters:

Darlene Chalmers, PhD MSW RSW

Trisha Dowling, DVM, MSc, DACVIM (LAIM) & DACVCP

Tickets for dinner & wellness talk: \$20

RSVP by Thursday November 20

sgauthier@svma.sk.ca or 306-955-7868

Presented by the SVMA Professional Wellness and Uof S Veterinary Social Work Initiatives Committees.

PROVINCIAL VETERINARIAN | Update

> Dr Betty Althouse, Chief Veterinary Officer



Rabies PROGRAM

Here is a review of the first five months of the Saskatchewan Rabies Response Program.

From April 1, 2014 to August 31, 2014, 116 samples were submitted for testing under the Provincial Rabies Response Program, with most submitted through contracted veterinary clinics, and others through PDS. These samples were comprised of:

- 60% domestic animals (~33.6% dogs, 19.8% cats; 3.4% horses, 1.7% cows; 1.7% other)
- 40% wildlife (~24.1% bats, 11.2% skunks; 4.3% other)

It is important to note that three out of every four incidents involved human exposure; Public Health staff and those people who have been potentially exposed need to get the test results as soon as possible to determine if post-exposure rabies treatment is needed, as well as for peace of mind. ***While turnaround times have been improving, it is important that everyone involved do their best to ensure samples are submitted to the laboratory as quickly as possible.***

One part of the submission process that can be improved is the length of time that it takes to get the sample started on its way to the lab. In most cases, samples have been sent the same day that the animal is presented to the sampler, which is exactly how it should be. However, there have been some submissions in which test results have been delayed due to the sample not being sent in a timely manner. In some cases, the animal owner (or finder) or animal control staff have not delivered the animal promptly to the clinic, so that the animal is delivered too late in the day and the sample is instead submitted the next day, or even the day after that. In some cases, clinic staff have forgotten to send samples entirely, or have spent an extra day waiting for a carcass to thaw or until after the weekend. These delays cause multiple problems and considerable anxiety when there has been potential human exposure to rabies and Public Health staff are waiting on results.

Actions to reduce delays:

Submitters are required to notify the rabies Risk Assessment Veterinarian (RRAV), Dr Clarence Bishop, when a sample has been shipped, but many submitters fail to do so. Dr Bishop now calls the submitters to confirm that the sample has been sent if they have not confirmed shipment. If you are doing a submission, please remember to send conformation to the RRAV that it has been sent.

Do not delay sample submission until after weekends, unless the samples are very low risk and the contact with the rabies suspect animal has only just occurred. Submissions near the end of the week can be sent as long as adequately packed (enough cold packs to last the weekend). On long weekends, the exempt animal specimens can be sent by bus on the weekend to avoid unnecessary delays.

This said, I would like to thank those that have contracted to submit rabies samples, helping Public Health and the Ministry of Agriculture in dealing with suspect rabid animals that have had contact with people and/or domestic animals. Overall, the Saskatchewan Rabies Response Program has been running smoothly, largely in part to the support and assistance from our provincial veterinary community.

Rabies information, including risk maps and a link to monthly statistics can be found on line at:

<http://www.agriculture.gov.sk.ca/Rabies-Response-Program>

<http://www.agriculture.gov.sk.ca/rabies-report>

Premises Identification (or PID)

Premises Identification is a critical pillar for livestock traceability. The three pillars are animal identification, PID and movement recording.

PID information is essential to:

- Assist in tracing animals to effectively manage animal disease outbreaks;
- Respond to non-disease emergencies (tornadoes, floods, etc.);
- Facilitate disease control measures for animal health issues affecting more than one livestock species;
- Rapidly inform targeted producers of disease threats or control measures;
- Rapidly determine sites for carcass disposal in the event of an animal disease emergency;
- Dispatch emergency resources to appropriate targeted locations.

Saskatchewan is setting up a provincial PID system and hoping to have all livestock premises registered. This includes veterinary clinics. I encourage all veterinary clinics handling livestock species to register as premises. In addition, if producers ask questions about PID and why it is desirable, hopefully you can supply that information.

What information is collected when assigning a PID number?

- Applicant name and contact information (telephone number, address, email if applicable)
- Emergency 24/7 contact information for the premises
- Location of the premises (legal land description or civic address)
- Type of operation (e.g. farm, abattoir, etc.)
- Types of animals raised, kept, displayed, assembled, and disposed of on the premises
- Maximum capacity of the premises for each species of animal

To register your clinic, please call Paul Marciniak at 306-933-6888 or Joe Novak at 306-787-7702 and they will assist you. You can obtain more information on Saskatchewan PID, as well as the online registration form, at www.agriculture.gov.sk.ca/PID.

Connecting Consumers with food and farming...

> Adele Buettner, Executive Director, FACS

In December, 2014, the agriculture industry will see the launch of a new organization called Farm & Food Care Saskatchewan (FFC SK). This initiative grew out of the Farm Animal Council of Saskatchewan (FACS), an organization with a 22-year history of advancing animal care in the province. The new Farm & Food Care Saskatchewan will have an expanded mandate to help connect consumers with food and farming in Saskatchewan. It follows a similar transition made in Ontario's agriculture sector in 2012.

FFC SK is an organization that will represent livestock, poultry, crop and horticulture producers, and will work with agriculture partners, chefs and associated businesses—all those who are passionate about food and farming in Saskatchewan. Today, there's greater interest than ever in understanding how food is grown, especially since less than 2% of Canadians now have a direct link to the farm. The mandate of FFC SK is to help consumers make the connections between



“ Less than 2% of Canadians now have a direct link to the farm.

the food they eat, where it comes from and how it ends up on their plates.

Programming for FFC SK will focus on three pillars that reflect the needs of both producers and consumers. One of these pillars focuses on building public trust and reaching consumers, and the other two on educating members about best practices and communication, and responding to concerns about animal care and environmental sustainability.

Projects currently in the works include the development of a FFC SK website developing

a provincial Ag Ambassadors Speakers Bureau, networking with the culinary industry on farm tours, developing a social media strategy, and the list goes on.

FFC SK will officially kick off with its inaugural industry conference on December 10 and 11, 2014 at the Sheraton Cavalier Hotel in Saskatoon. This exciting two-day event features an industry skills-building workshop with Mike “Meshy” Klein on making the best use of digital tools; Dennis Prouse from CropLife Canada about establishing open, two-way communications with government officials; and Kelly Daynard, from Farm & Food Care Ontario with Speak Up Training on how to get the message of modern-day agriculture out to consumers. The second day features renowned speakers including Rob Saik, who will discuss topics such as non-science and food paranoia; Carrie Mess, aka “Dairy Carrie” on the importance of reaching out to consumers; Kelly Daynard on the ‘real dirt on farming’; and McGill University’s Dr. Joe Schwarz on demystifying food and science. For more information and to register, see www.farmfoodcaresk.org.

The Farm & Food Care Saskatchewan Advisory Committee has been working hard on behalf of producers to put together the new organization. Representatives on the advisory committee include: Chicken Farmers of Saskatchewan, the Saskatchewan

Bison Association, the Saskatchewan Cattlemen’s Association, Saskatchewan Egg Producers, Sask Barley, SaskCanola, SaskFlax, SaskMilk, Sask Pork, Sask Pulse, Sask Wheat, the Saskatchewan Ministry of Agriculture and FACS.

If you’re interested in getting involved in FFC SK, contact us at info@farmfoodcaresk.org.

benson

151 esna park drive unit #19
markham, ontario L3R 3B1

*When reliability and
long term support matter...*

Jodi Walchuk, RVT
Clinical Product Specialist
Saskatchewan & Manitoba

(800) 563.3859 x273
(888) 900.3131

jwalchuk@bensonmedical.ca
www.bensonmedical.ca



Masako Evans, R.V.T.

Territory Sales Manager - Saskatchewan

Virbac Canada Inc
231 Shearson Crescent, Suite 209
Cambridge, ON N1T 1J5
Phone 519.621.9119
Cell 204.990.9843
Fax 204.691.5332
Toll Free 1.866.458.3350

www.virbac.ca
masako.evans@virbac.ca
www.virbacuniversity.com

LOOKING for a veterinarian? An RVT? A new practice?

Check out the Classifieds pages on the SVMA website, www.svma.sk.ca, where members can post free ads of up to 100 words for three months.

We sadly announce...

With profound sorrow, we regret to announce that **Dr Adrienne Lotton** has succumbed to a long and courageous battle with melanoma on August 27, 2014.

> *Dr Maria Just, 24 HR Animal Care Centre*

Adrienne graduated from St. George's University School of Veterinary Medicine in Grenada, completed her clinical training at the Western College of Veterinary Medicine in Saskatoon, and began employment at 24 HR Animal Care Centre in late 2011.

Adrienne went far and beyond to become a veterinarian and indeed, in the short months she was able to practice, she did so with immense joy and positivity. She had a warm and uplifting effect on staff, colleagues, her furry patients, and their owners. It was abundantly clear that her chosen profession, one that she had worked so hard towards and was so passionate about, brought her great happiness. Adrienne had a natural and easy affinity for all living things, great and small. Always humble, she displayed extraordinary respect, compassion, and true kindness for her patients and their families. She quickly became the "other family doctor" to many Regina families.



Throughout her treatment, Adrienne maintained an inspirational blog. She documented many personal trials and tribulations with humour and biting wit. She shared her private thoughts and

emotions with the world, as well as details of her countless surgeries, procedures, transfusions, and drug trials. Despite her own struggles, Adrienne also managed to use her precious strength to bring attention to other people in need. She strived to raise awareness about melanoma, orchestrated and organized food drives in her hometown of Cobourg, and initiated a blood donation drive which resulted in 82 donated units. She selflessly wanted to ensure that she could contribute to the always present need for resources, many of which were being used for her. She was determined to leave this world a better place than she found it.

In the presence of her family, Adrienne passed away peacefully during the evening on Wednesday August 27. Adrienne will be terribly missed by all who knew her, for she was a beautiful person with an even more beautiful soul. She was interred in Cobourg, Ontario.



MR. TERRY JACKSON, C.G.A.

Tel: (604) 939-2323 Fax: (604) 939-2326
E-mail: info@jandacga.com

Veterinary Management Consultants
Consulting Coaching Valuations Negotiations Purchase/Sale



Karen Laventure, RVT
Client Services Representative
(Saskatchewan/Manitoba)

"Your Success is Our Business"

Cell: (306) 221-7681
Fax: (800) 329-9332
Toll Free 1-877-329-9332 ext. 1126
Email: klaventure@wdde.com
Website: www.wddc.com

17611 - 109A Avenue
Edmonton, Alberta
T5S 2W4



Feeling overwhelmed?

If you are feeling burned out, at your wits' end or even depressed, please consider taking advantage of the counselling services that are available to you free of charge through your association.

SVMA funds confidential professional counselling to all active general, life practising and educational members who have been licensed for at least six months. The wellness plan covers four hours of professional mental health services annually. This service is absolutely confidential: there is no identifying information given back to the SVMA.

To make a confidential appointment for counselling, call: **Professional Psychologists & Counsellors (PPC)** at (306) 664-0000. For more information about the counselling program and other wellness resources, look under Professional Wellness on the LINKS tab of the SVMA website.

SASKATCHEWAN VETERINARY MEDICAL ASSOCIATION

Membership changes

GENERAL

ARROYAVE, Julian Aug 12

SHORT TERM TO GENERAL

DULL, Natasha Jan 1

T-GENERAL

CATHCART, Curtis Aug 11

JOHNSTON, Jennifer L Sep 1

THANAKKAN, Palanivel Aug 28

UEHLINGER, Fabienne Nov 1

WORTMAN, Marianne L Jul 24

GENERAL TO LIFE PRACTISING

BLAKELY, Barry R Sep 11

DESAUTELS, Louis A Sep 11

GRIFFIN, Sidney J Sep 11

KUCHARSKI, Henry G Sep 11

LAING, Robert J Sep 11

NITSCHHELM, Wendy A Sep 11

PULFER, Don M Sep 11

SHANTZ, Neil S Sep 11

WILL, Dennis Sep 11

NON-PRACTISING TO LIFE PRACTISING

WOBESER, Gary A Aug 26

SHORT TERM

BALL, Katherine 90 days, Aug 11

BROWN, Lawrence Sep 8 to Nov 30

HESS, Jennifer Aug 11 to 24

ROLFE, Nicole G Sep 27 to Oct 11

..... Nov 29 to Dec 14

..... Feb 1 to Feb 16 2015

SINGSANK COATS, Jill Sep 2 to 16

EDUCATIONAL

MUNASINGHE, Lilani Indika Aug 15

RESIGNED

DOBAK, Tetyda Aug 31

DOMBROWSKI, Elizabeth Jul 31

FURTH, Jenny Jul 31

KIAEI, Farshid Dec 31

MILLS, Steven W Oct 1

MUSIL, Kristyna Oct 31

PATTULLO, Kimberly Oct 1

REDFORD, Anthony D Aug 25

ROTHENBURGER, Jamie Lee Oct 1

STANSBERRY, Anna Sep 30

WOODS, Katharine S Aug 31

DECEASED

PRATT, David A Jul 24

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

McCarthy & Sons Service
A Division of THE RIOMAR CORPORATION

THERESA COLLINS-NELSON, AHT/VT
TERRITORY MANAGER - SOUTHERN SASK / MANITOBA

TOLL FREE: 1 800 461 8615
TOLL FREE FAX: 1 888 292 4548
Email: tcnelson@rafter8.ca

BUS: 403 291 3640 EXT. 23
FAX: 403 250 2703
CELL: 204 771 1497



87 SKYLINE CRESCENT NE
CALGARY, AB T2K 5X2



Kwality Services Ltd.

X-Ray Services & Sales

1-780-937-7976

Vince Kwiatkowski
33 Greenwood Drive
Spruce Grove, Alberta
T7X 1X1

kwalityxray@gmail.com
<http://www.kwalityxray.ca/>

**Licensed to perform Safety
and Preventative
Maintenance Inspections**

Advertising index

Thank you for supporting
the Saskatchewan Veterinary
Medical Association

Bayer Canada - Baytril inside front cover
Bayer - Dana Ball Page 8
Benson - Jodi Walchuk Page 24
Jackson & Associates Page 25

Kwality Services- Kwiatkowski Page 26
McCarthy & Sons Page 26
Merck Canada outside back cover
UXR Page 8

Veterinary Team Brief Page 15
Virbac Page 24
WDDC - Karen Laventure Page 25
Western Financial Group inside back cover

INVEST IN YOURSELF

Fulfilling your dream of caring for animals has taken an endless amount of time and money. Make sure you protect your investment.

Specializing in Veterinarian insurance:

- Professional Liability
- Commercial Coverage
- Employee Benefits

Call us today for a review of your current coverage.



ADD SAFE-GUARD™ ADD POUNDS



safe-guard™

Safe-Guard™ (*fenbendazole*) is a different class of dewormer than pour-ons and injectables. It works fast to stop internal parasites and the hidden damage they cause. These parasites suppress feed intake, reduce average daily gain, hurt nutrient absorption and immune function, reducing cattle's health and performance.^{1,2}

Include **Safe-Guard** in your clients' parasite control programs, for more pounds of high quality beef in the feedlot.^{3,4}

For more information, visit www.AddSafe-Guard.com or contact your Merck Animal Health representative.

¹Endoparasite control, L.R. Ballweber, Veterinary Clinics Food Animal, 2006, 22:451-461. ²Economic analysis of pharmaceutical technologies in modern beef production, J.D. Lawrence and M.A. Ibarburu, Iowa State University, 2007. ³Pasture deworming and (or) subsequent feedlot deworming with fenbendazole I. Effects of grazing performance, feedlot performance and carcass traits of yearling steers, R. Smith, et al., The Bovine Practitioner, 2000, 34:104-114. ⁴A fenbendazole oral drench in addition to an ivermectin pour-on reduces parasite burden and improves feedlot and carcass performance of finishing heifers compared with endectocides alone, C.D. Reinhardt, J.P. Hutcheson and W.T. Nichols, Journal of Animal Science, 2006, 84:2243-2250.

™Safe-Guard is a trademark of Intervet International B.V. Used under license. Merck Animal Health (known as MSD Animal Health outside the US and Canada), operating in Canada as Intervet Canada Corp., a subsidiary of Merck & Co., Inc., Whitehouse Station, NJ, USA. MERCK and MSD are trademarks of Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc., Whitehouse Station, NJ, USA. Copyright © 2012 Intervet International B.V., a subsidiary of Merck & Co., Inc., Whitehouse Station, NJ, USA. All rights reserved.

