

# WEST COAST VETERINARIAN

SEPTEMBER 2012 | N° 8

## SLED DOGS

PROVIDING CARE TO THE  
ELITE ATHLETES OF THE NORTH

## THE CASE OF HOBBS

MANAGING NOISE PHOBIAS IN DOGS

BC SPCA'S

## VETERINARIAN OF THE YEAR

## ODONTOMAS

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## from the editor



COREY VAN'T HAAFF  
EDITOR

**A**nyone who knows me knows well my love for dogs. I often wish there was a stronger word than love to properly demonstrate my feelings. I am truly, madly, deeply devoted to my three dogs and am always willing to stop anywhere I am to pat a passing-by pup.

I know I could never own a working dog. Work is their raison d'être, not being pampered. Although I totally understand and respect the skill and dedication of working dogs, as well as the importance of the services working dogs provide, it breaks my selfish heart that I cannot stoop and plant a kiss on their noses each time we cross paths.

So when I read Dr. MacGregor's piece on her wonderful experiences as a trail vet working sled dog races up North, I was surprised to read of the love and devotion the mushers exhibited toward their own canine athletes, albeit a different expression of love than what my girls get.

It is that same devotion that led the owner of a large dog to seek assistance in dealing with his fear of loud noises. Seeing Hobbes in his Thundershirt in a spacious crate covered with blankets warms my heart.

And as much as a lack of love was responsible (in my opinion) for so many dogs ending up in shelters, it is surely love that drives the volunteers and caretakers to provide food and support and training to abandoned dogs so they are better positioned to find forever homes.

Love and respect and true affection for these four-legged creatures apparently comes in as many varied forms as there are breeds of dogs. I am just thankful that dogs exist and that we can choose to share our homes and lives with such loyal and lovely creatures.

**Errata** In the summer issue of West Coast Veterinarian, an internal editing error resulted in the addition of DVM after Dr. Rebecca Ledger's name. Dr. Ledger is not a veterinarian, nor did she purport to be one. We regret our error and apologize for it.

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<sup>1</sup> Hess, et al. Intern J Appl Res Vet Med., Vol. 9, No. 3, 2011, pages 300-305.

## WCV CONTRIBUTORS



**KAREN FELSTED, CPA, MS, DVM, CVPM**, began her career as a CPA and later earned her Doctor of Veterinary Medicine degree from Texas A&M University. She spent three years with the National Commission on Veterinary Economic Issues as CEO before returning to business consulting, both with private practice and the animal health industry. In 2011, she was awarded the Western Veterinary Conference Practice Management Continuing Educator of the Year. In November she will present the Practice Management Seminar on Excellence in General Practice—How to get from good to GREAT, at the CVMA-SBCV Chapter Fall Conference.



**REBECCA LEDGER, BSc (Hons), MSc, MSB, PhD**, is a Vancouver-based animal behaviour and animal welfare scientist who provides expertise to humane organizations, the sled dog industry, pet food companies, government, pharmaceutical industries, and the military in Canada, the United States, and Europe. In addition, Rebecca sees cat and dog behaviour cases on referral from veterinarians across British Columbia. Somehow, she has time to raise three children under six years old and still makes her own curtains.



**LOÏC LEGENDRE, DVM, FAVD, DAVDC**, has been providing veterinary dental care around the Lower Mainland since 1995. He is the author of several articles and book chapters and a reviewer for the Journal of Veterinary Dentistry. In addition to daily practice, he enjoys teaching courses throughout Canada and lecturing at international conferences. His areas of interest are orthodontics and maxillofacial reconstructive surgery.



**EARLA DEEN MacGREGOR, DVM**, graduated from OVC in 2005 to begin practicing small and exotic animal medicine in Victoria, BC. She is now based in Vancouver while working as a locum throughout BC. She has been serving as a trail veterinarian and volunteer at long-distance dog sled races since she was a veterinary student. If you can catch her in her spare time, you'll find her travelling, hiking, snowboarding, cycling, running, and cooking.



**KATHRYN WELSMAN, DVM**, graduated from OVC in 2007 and practiced emergency medicine in the Lower Mainland until recently moving to Clinton, BC, where she works as a locum while taking advantage of the beautiful location for outdoor activities.

# WCV

SEPTEMBER 2012

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### WEST COAST VETERINARIAN



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## ANIMAL RESCUE SHELTER GUIDELINES A STUDY OF BEST PRACTICES



# september

## SERVING THE NEEDS OF BC VETERINARIANS

BY JIM FAIRLES, DVM

### DR. JIM FAIRLES BECOMES CVMA PRESIDENT

The CVMA is pleased to welcome Dr. Jim Fairles as the 64th national President of the CVMA. Dr. Fairles succeeds Dr. Lloyd Keddie, whose term as president officially came to an end on July 15, 2012. The CVMA wishes to thank Dr. Keddie for all his work in support of Canadian veterinarians and the CVMA.

### YOUR 2012-13 CVMA EXECUTIVE MEMBERS

We are pleased to introduce your 2012-13 CVMA Executive Officers, as approved by the CVMA Council on July 11, 2012:

- Dr. Jim Fairles, President
- Dr. Jim Berry, President-Elect
- Dr. Jean Gauvin, Vice-President
- Dr. Nicole Gallant, CVMA Executive Member (new on Executive)
- Dr. Lloyd Keddie, Immediate Past-President
- Dr. Barry Stemshorn, Treasurer
- Mr. Jost am Rhyn, Ex-officio member/Executive Director

**T**his affiliation between the Canadian Veterinary Medical Association and the Society of British Columbia Veterinarians to create the CVMA-SBCV Chapter has allowed for the delivery of the best possible value to veterinarians in the province of British Columbia. The CVMA-SBCV Chapter enhances the provision of both national and provincial services in the most cost-effective way, increases the group purchasing power of our members in BC, and eliminates overlaps and redundancy in the offer of services.

At the national level, here are just a few initiatives the CVMA has been working on for you lately:

### ANIMAL HEALTH WEEK 2012 PROMOTES PREVENTIVE VETERINARY CARE

The CVMA's Animal Health Week campaign is from September 30 to October 6, 2012, with the theme "Preventive Veterinary Care...for the Health of it!" For more information, visit the Events section of the CVMA website, or contact Tanya Frye at [tfrye@cvma-acmv.org](mailto:tfrye@cvma-acmv.org).

### NATIONAL STUDY ON THE WELLNESS OF VETERINARIANS

The CVMA has undertaken a study of its members across the country to compile national data on the current situation of veterinarians in Canada with regard to professional burnout and suicide. Highlights from this study were presented at the Summit of Veterinary Leaders 2012 with the theme "Member Wellness - The Art of Maintaining your Sanity" during the CVMA convention. A summary report will be published in the fall issue of *The Canadian Veterinary Journal*.

### 2012 CVMA AWARDS

Several individuals were honoured for their extraordinary contributions to the veterinary profession and to animal health and welfare, during the annual CVMA Awards Ceremony in Montreal on July 11. Congratulations to the following CVMA members who were recognized:

- Dr. Hans Gelens, Small Animal Practitioner Award (Charlottetown, PEI)
- Dr. Todd Duffield, Merck Veterinary Award (Ariss, ON)
- Dr. Carol Morgan, CVMA Humane Award (Victoria, BC)
- Dr. R.J. (Bob) Sanderson, CVMA Industry Award (Grafton, ON)
- Dr. Duane Landals, CVMA President's Award (Onoway, AB)
- Ms. Crystal Riczu, R.V.L. Walker Award

### 2011 BRITISH COLUMBIA NON-DVM WAGE REPORT NOW AVAILABLE

The 2011 Non-DVM Wage Report for British Columbia is now online in the CVMA National Veterinary Economic Hub. Information for non-DVM salaries comes from the 2011 Economic Survey conducted by the CVMA Business Management Program. Thank you to the practice owners who participated in the survey and to the provincial VMAs and Program co-partners for their collaboration and support.

### CVMA 2012-2013 SOURCE GUIDE

As an exclusive benefit of your CVMA membership, you will soon receive your personal copy of the 2012-13 CVMA Source Guide. Use yours to keep in touch with your national association, your peers, classmates and colleagues, veterinary specialty groups, and Canadian and international organizations of interest. If you have suggestions on how to improve our annual Source Guide, please email Alexandra Schlesiger ([aschlesiger@cvma-acmv.org](mailto:aschlesiger@cvma-acmv.org)) or call 1-800-567-2862, ext.119.

### CARE FOR CATS ANNOUNCES NATIONAL CAT ID WEEK - SEPTEMBER 22 TO 30

Care for Cats will focus on permanent identification, licensing, and registration during the last week of September as it announces that September 22 to 30 is National Cat ID Week!

Care for Cats is in its second year with their 2012 campaign theme *Preventive Healthcare for Cats*. "Focusing on identifying and registering felines should be part of every veterinary care routine as it increases the chances to get them back home should they go missing," explains Dr. Elizabeth O'Brien, Care for Cats spokesperson. Care for Cats is a long-term project that will increase the value of owned, homeless, and feral cats in Canadian communities.

Your feedback is extremely valuable to us. If you have an inquiry or a comment to share, please contact the CVMA office at [admin@cvma-acmv.org](mailto:admin@cvma-acmv.org) or 1-800-567-2862. Our Member Services Department will gladly assist you. 



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



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1. Vétoquinol study number 208NP2F2  
2. Filburn CR, Kettenacker R, and Griffin DW. Bioavailability of a silybin-phosphatidylcholine complex in dogs. *J. Vet. Pharmacol. Therap.*, 2007; 30: 132-138.  
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# cvma-sbcv chapter president's report

BY MARCO VEENIS, DVM

I would like to start by saying I am happy to report we are a financially healthy organization fighting for your interests in our province.

I just returned from the CVMA's annual conference in Montreal where I represented the BC veterinary community. I attended the President's meeting where all the presidents of the provincial organizations meet and discuss the issues facing them. Common issues affecting all provinces are regulating veterinary technicians and fighting unauthorized practice by human health care practitioners and other non-licensed lay people. In this regard we are disappointed by the CVBC's decision to give unauthorized practice a low priority.

I am often asked what the CVMA and the CVMA-SBCV chapter do for their membership. The CVMA has been working hard on updating practice standards for large and small animals alike. Examples are new codes of practice, updated anesthesia protocols, and revision of position statements. The newest addition is a position statement on small mammal care.

A big issue facing the profession worldwide is increasing antibiotic resistance. Do not make the mistake of thinking this is a large animal problem only. Small animal clinicians will be affected by it as well. In Europe there is already a discussion under way that might strip veterinarians of their rights to have their own pharmacies, and this could very well happen here as well. The CVMA is responding to this threat by creating guidelines for the prudent use of antibiotics and is coordinating with international groups in this regard.

The CVMA was the first to inform its members about the impending drug shortages due to the problems at Sandoz and has created the Canadian Veterinary Reserve—a group of veterinarians that are trained to spring into action in the event of major disease outbreaks or other natural disasters.

As the CVMA-SBCV chapter we are responsible for provincial matters. This magazine and our website are the most visible examples of our presence. Our CE committee has done a great job planning our fall conference with great speakers, and the industry has shown a strong interest in our trade show. Just like last year, the CVBC will hold an informative meeting for its registrants at the same time.

Behind the scenes we are working on brochures on

responsible pet ownership and other client information brochures. We have been contacted by a representative of the pet cremation industry to create industry standards in response to recent media attention and are working with the CVMA and other stakeholders in this regard.

We want to give our members a better understanding of the consequences of the disciplinary system and you will find articles touching on legal matters in coming issues. We plan to create a group of network veterinarians to assist members with the stress of disciplinary complaints, burnout, or inter-veterinary relations. Sometimes you just need another veterinarian to understand your problems and lend a listening ear.

We hope to assist our members with the Practice Inspection process by creating a database of commonly used documents, protocols, and contact information.

We are trying to work with the CVBC to create an updated printed directory for BC veterinarians and expect to receive a positive response from the CVBC about sharing information soon.

We have expressed concern about the rising cost for the CVBC's registrants. The CVMA has yet again come to our aid by extending the loan given to the former BCVMA. We would like to see the CVBC create a pro-rated fee for BC part-time registrants similar to the pro-rated fee for Alberta.

These are just some highlights of the things that the CVMA and the CVMA-SBCV chapter are doing on your behalf. If you have ideas or need more information, you can always contact any of the Directors. We are here for you. 



Marco Veenis, DVM, graduated with distinction from Utrecht University in the Netherlands and practiced in Holland for nine years before moving to Canada in 1998. For the past 10 years he has raised his family and run a successful small animal clinic in Kelowna. Marco enjoys the daily chal-

lenges that practice presents him with and is proud to be a member of BC's veterinary community. As an immigrant and newly minted Canadian, he is grateful for the opportunities Canada has offered him and likes give back to his community by volunteering his time for organizations like the CVMA-SBCV Chapter.

# veterinary continuing education

OCTOBER 14–16, 2012  
**CANWEST VETERINARY CONFERENCE**  
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OCTOBER 17–21, 2012  
**WILD WEST VETERINARY CONFERENCE**  
Reno, NV  
[www.wildwestvc.com](http://www.wildwestvc.com)

OCTOBER 18–21, 2012  
**VETERINARY HOSPITAL MANAGERS ASSN  
LEGAL SYMPOSIUM & CONFERENCE**  
Vancouver, BC  
[www.vhma.org](http://www.vhma.org)

\* OCTOBER 22–23, 2012  
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Dr. Sue MacDonnell, U Penn: Equine  
Problem Behaviours  
Registration packages were mailed in August.  
For additional information, contact seminar  
organizer Dr. John Twidale, [horsedoctor@telus.net](mailto:horsedoctor@telus.net),  
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OCTOBER 27, 2012  
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JANUARY 19–23, 2013  
**NORTH AMERICAN VETERINARY CONFERENCE**  
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[www.navc.com](http://www.navc.com)

JANUARY 24–26, 2013  
**ONTARIO VMA CONFERENCE**  
Toronto, ON  
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FEBRUARY 17–21, 2013  
**WESTERN VETERINARY CONFERENCE**  
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MARCH 14–17, 2013  
**AAHA ANNUAL CONFERENCE**  
Phoenix, AZ  
[www.aahanet.org](http://www.aahanet.org)

JULY 10–13, 2013  
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WE WELCOME SUBMISSIONS OF OTHER OPPORTUNITIES IN FUTURE ISSUES OF WEST COAST VETERINARIAN MAGAZINE.



OUR PASSION  
ANIMALS  
OUR STRENGTH  
PEOPLE



VETERINARIANS WITHOUT BORDERS  
VÉTÉRINAIRES SANS FRONTIÈRES

### PAHWS FOR THOUGHT

PAHWS is a community-based project created by **Veterinarians Without Borders** to train Primary Animal Health Workers in remote villages in Laos. By increasing skills and teaching awareness of animal health care, nutrition, and disease control, PAHWS also demonstrate that healthier, more productive livestock can improve health, education and livelihoods. Helping animals and empowering people in communities around the world: it's a vision that benefits everyone.

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## A SUMMER'S WINTER

### VOLUNTEERING FOR VETERINARIANS WITHOUT BORDERS

BY ANDREA PELLEGRINO

**I**t's late July in Puerto Natales, Chile, and snow stretches as far as the eye can see. To our east, the steep slopes of the Andes rise in the harsh Patagonian wind and brilliant sun. I'm wearing three pairs of pants, five shirts, heavy boots, and a parka donated by Helly Hansen. Along with three other vet students, I've been tracking, watching, and running after free-roaming dogs for six hours now, and the day is not yet done. Despite the cold and our exhaustion, it's a glorious life and an amazing experience. But what would possess me to be here during Chile's winter?

This summer, I was accepted into a student internship program with Veterinarians without Borders (VWB), which allows vet students from across Canada to work on a development project in one of many countries around the world. In January, I found out that I would be travelling to Patagonia to research and record the behaviour of free-roaming dogs and the effects of Esterilsol in the small, lively community of Puerto Natales, a seven-hour plane ride south of Santiago.



In Chile, dogs are owned but seldom kept at home. Instead, they roam the streets of villages freely, often without medical care, adequate food, or sterilization. Veterinary services in rural Chile are scarce and often too expensive for the average dog owner. Dog health and overpopulation is a growing challenge, along with aggression incidents and zoonoses (such as Hydatid diseases). VWB is working in Chile to research the effects of a chemical sterilizer, Esterisol, to see if aggression can be reduced. They also hold spay and neuter and vaccination clinics around the area, helping pet owners to better care for their animals. Along with vet students Graham, Corinne, and Rebecca, I've been videotaping and taking notes on dogs around the Puerto Natales area. We've also volunteered on weekends with the Chilean version of the Canadian Food Inspection Agency, called SAG (Servicio Agrícola Ganadero), helping to test cattle for tuberculosis and monitor sheep flocks.

Volunteering with Veterinarians without Borders isn't your average summer experience for a vet student in Canada. I'll leave this internship for another long winter at the University of Saskatchewan. I haven't had the months of swimming at the lakes, working in the comfort of a small animal clinic, or waiting tables that my classmates have had. And winter in Chile certainly isn't where I pictured myself, even five years ago.

Growing up in Penticton and Langley, BC, surrounded by animals, I always wanted to be a vet. There wasn't a time in my life when I thought I would do something else; being a vet is just what I am meant to do. As well as working in small animal medicine and surgery, however, I always knew I wanted to play a part in helping to develop more sustainable animal and human communities not just at home, but around the world.

In Chile, my horizons have broadened immeasurably. I'm learning how a different culture views its pets, and how

important it is to work with local customs and cultures to find sustainable answers to dog health. This internship isn't just about parachuting in and imposing a solution. I can't even count the number of times we've found ourselves on someone's front lawn or back walkway videotaping a dog, when a door will open and a woman will demand to know what we're doing. When we explain in broken Spanish what our goals are, her face will go from suspicion to delight. We are regularly invited in for coffee, treats, even meals; people understand that we're working with communities to find solutions that will benefit everyone—dogs, people, and the environment.

Veterinarians without Borders is practicing this kind of holistic work all around the world—this year's students went to Chile, Nepal, Kenya, Tanzania, and Uganda, working with chickens, goats, cattle, and of course dogs—and next year's program promises to be just as spectacular. My time in Chile has enlarged my view of veterinary practice and what it means to be an animal medicine specialist. Next year, I'll be helping with recruitment for the VWB Student Program and acting as a resource for vet students who also want to go abroad. I'm so fortunate to have had this experience; it's even worth three seasons of winter in a row. [WCV](#)



Andrea Pellegrino is a second-year veterinary student at the University of Saskatchewan's WCV.

To read more of Andrea's adventures in Chile, as well as other student blogs, and to find out more about the VWB Student Program, visit [vetswithoutborders.ca](http://vetswithoutborders.ca). Applications are now being accepted for the 2013 Student Program—deadline October 15, 2012.

## VETERINARIANS WITHOUT BORDERS

- Healthy animals support healthy communities.
- Healthy communities can better care for kids, animals, and the environment.
- Making small improvements to animal, human, and environmental well-being is the core of ecohealth, our underlying philosophy.

Founded in 2005 by a group of passionate veterinarians over a cup of coffee, Veterinarians without Borders (VWB) has worked in over 25 countries around the world helping communities in need.

Veterinarians without Borders is working to foster the health of animals, people, and the environments that sustain us—improving goat production and empowering AIDS/HIV affected families in Uganda, managing free-roaming dogs in Chile and Guatemala and enhancing community awareness of animal health care in Laos. Our work promotes long-term sustainability and community independence and works toward a global solution to better health and livelihoods for the world's poorest people.

Sometimes it starts with just one chicken, in Ilima, Tanzania, or one goat in the tiny rural community of Mbarara in Uganda. Or the vaccination and sterilization of free-roaming dogs in a remote village in Guatemala. But the effects of VWB's work—better nutrition for families, improved livelihoods, a greater number of kids attending school, and lower incidence of disease—can make a big difference for the entire world.

For more information, please visit [vetswithoutborders.ca](http://vetswithoutborders.ca).

## THE VWB/VSF STUDENT PROGRAM

The VWB/VSF Student Program is focused on training the next generation of animal health workers so that they will be better prepared to address complex public health issues and work in cross-disciplinary settings.

In this program, we select veterinary students who are motivated and suited to working on global animal/public health challenges such as emerging diseases, poverty-reduction, and sustainable livelihoods.

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# HOW TO GET FROM GOOD TO GREAT

BY KAREN E. FELSTED, CPA, MS, DVM, CVPM

**D**r. Karen Felsted is the keynote speaker at the CVMA-SBCV Chapter's Fall Conference on November 3, 2012. She will speak about practice management. See opposite page for more details on the conference.

**Q** Is profit a dirty word for veterinarians?

**A** NO, NO, NO. Profits are essential to ultimately providing good quality patient care and client service. Without profits, you can't invest in the people, facilities, drugs, and equipment necessary to provide this care. You can't take care of the people you care about or of yourself, now and in retirement.

**Q** What three easy steps can help increase my productivity?

**A** Invest in staff training; use technicians and assistants to their fullest capabilities; and systemize everything you can—protocols, checklists, pop-up messages in your computer system.

**Q** How and why does doctor-speak differ from client-speak?

**A** Doctor-speak tends to be medically oriented and contain much more information than clients can absorb. Additionally, doctors (and team members) often don't give clear recommendations to clients—they make suggestions ("you might want to think about this ...") instead of making it clear that this recommendation is critical to the pet's health and well-being.

**Q** Is there an easy way to get more clients to say yes?

**A** Make clear recommendations, use benefit-oriented language, and offer payment alternatives.

**Q** Price pushback—how can we resist?

**A** I think the issue is more complicated than just resisting. We can't just give stuff away, but if clients are pushing back, we need to understand why—some of the pushback is about the absolute cost of the service, some is about the lack of value related to the price, and some is about a client's ability to pay. We have to look at all of these factors and figure out how to keep our practices financially viable as well as making our services affordable for clients.

**Q** How important are good employees, and how do we find and keep them?

**A** Good employees are critical; without them it's not possible to provide good quality care and service. Finding them is part of the issue, but training them and making your practice a place they want to work in is another key aspect.

**Q** What are the biggest changes you have seen in the veterinary profession?

**A** I think pet owners are less committed to veterinary care and to individual practices than before the recent recession. And I think it's harder to make a practice economically viable. The recession didn't cause these changes; they've been coming on for several years, but the recession clearly exacerbated what was going on previously. [WCV](#)

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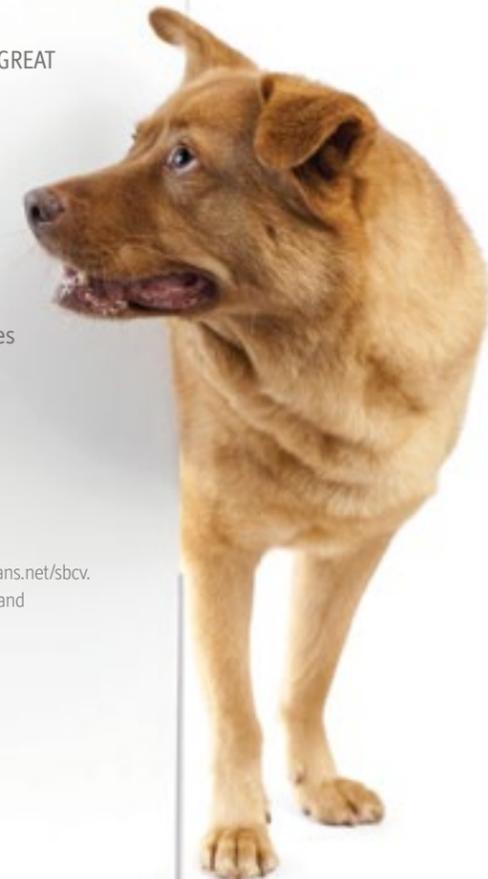
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DR. TRISH REEVES AND "TITUS" (SPCA ADOPTEE)

# DR. TRISH REEVES

## BC SPCA VETERINARIAN OF THE YEAR

BY COREY VAN'T HAAFF

**W**hen the BC SPCA announced its distinguished winner of the Veterinarian of the Year award, the person who was probably more surprised than anyone else was the recipient, Dr. Trish Reeves.

"We do what we can," Dr. Reeves says of the contributions she, her staff, and clinic make toward the health and welfare of small animals mostly, sometimes at a reduced fee or no fee when the SPCA is involved. "It's not really that different from what many vets would do," she says. "Trevor [her husband, veterinarian Trevor Reeves] and I have a philosophy to help when we can. Our staff is just as involved if the SPCA brings in animals." The family-owned clinic, South Peace Animal Hospital in

Dawson Creek, tries to keep the costs of spays and neuters low, and has been known to take in animals when the SPCA runs short of space.

Once, the RCMP brought in Biscuit, a little terrier-spaniel cross that had been stabbed in the neck. "It was a little blond thing, cute with a nice personality," says Dr. Reeves. "The knife was still in the neck. I took him in, anesthetized him, X-rayed him, removed the knife, and cleaned the wound. He went on to become the BC SPCA's mascot and he got adopted."

The BC SPCA has a lot more to say about Dr. Reeves' care of Biscuit. The BC SPCA Awards Program honours both people and animals making outstanding contributions to animal welfare during the previous year. To the staff at the BC SPCA's South

# “THE PASSION AND AFFECTION FOR ANIMALS LIKELY HASN'T CHANGED, BUT TECHNOLOGY SURE HAS”

Peace Branch, Dr. Reeves is a hero, through and through.

"Helping animals is second nature to Dr. Reeves, as displayed when she applied her talent and skills to save the life of Biscuit," says Wendy Davies, manager of the BC SPCA South Peace Branch. "Thankfully, a very special veterinarian quickly responded and remarkably managed to save Biscuit from certain death."

"When I asked Dr. Reeves about it, she blushed and waved it off," says Davies, adding that Dr. Reeves never sought recognition. "This sincere modesty is what Dr. Reeves is known for. During the time that I've been managing the South Peace Branch, never have I had to worry about the outcome for an animal due to inadequate medical funding," says Davies. "Dr. Reeves always puts the animal first."

In addition to offering generous discounts on medical care, Dr. Reeves also facilitates low-income spay and neuter programs in the area by providing 50% off the cost of surgery, vaccinations, and tattoos. Shelter animals are always squeezed in for an appointment, even on the busiest day, and both the Reeves frequently respond to after-hours emergency calls. In 2009 alone, South Peace Animal Hospital housed 18 cats who were seized from a hoarder. Each was lovingly cared for until they were adopted.

When she's not working or volunteering, Dr. Reeves tries to spend as much time as possible with her three grandchildren all under the age of six. She says she doesn't often get the chance to get away with her husband (who has previously won the same award), but the two did visit China last year.

"The people were so welcoming and we went to amazing places like Shanghai and Beijing, You could see someone standing in a silk suit next to someone in rags; it's so different with a really interesting history," she says. It was heartening, she adds, that there were so many healthy dogs in that country. "There were Pomeranians and Yorkshire terriers everywhere. In the city they take good care of their pets, and rurally, I saw a lot of dogs well taken care of and well groomed."

For Dr. Reeves, who graduated from WCV in 1983, veterinary medicine has undergone some huge changes. The passion and affection for animals likely hasn't changed, but technology, she says, sure has. Scans, ultrasounds, bone plating, lasers; all the changes with the arrival of the Internet and all the readily available information has allowed people to feel freer to admit their attachment to animals, she says.

"Maybe it's just men from the North who try to hide the fact that they cry over losing a pet, but now it's much more open. I think it's good for the care of animals. People are more informed and better educated about care and about their pets." **WCV**

## NEW SPAY/NEUTER INITIATIVE AVAILABLE THROUGH BC SPCA

The BC SPCA is launching a new spay/neuter grant competition that will help communities across British Columbia address cat overpopulation. Successful applicants will receive up to \$7,500 of funding for spay/neuter initiatives, made possible through a \$75,000 legacy from a compassionate BC SPCA donor. The grants are available to registered animal charities, municipalities, veterinarians, First Nations governments and tribal councils, and BC SPCA branches.

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BY EARLADEEN MacGREGOR, DVM

# SLED DOGS

## PROVIDING MEDICAL CARE TO THE ELITE ATHLETES OF THE NORTH

**W**orking under the Northern Lights among canine athletes, joined by veterinarians from around the world, I practice sled dog medicine. At least once a year, more often if I can, I eagerly swap my small animal clinic smock and scrubs for my Canada goose parka and insulated coveralls and head into the frigid, snowy wilderness to work as a trail veterinarian.

I've come to look upon this type of work as a union of three distinct areas of practice: small animal emergency medicine on a light overnight shift, large animal field medicine, and sports medicine. There are very few cases that can't be handled on the trail. It's a pleasant reminder that good, necessary medicine—once you accept the lack of perfect sterility—can still be

practiced, using the fundamentals of our medical training and supplies that all fit in a tackle box.

Thankfully, the basic supplies needed to treat the majority of cases are brought in mass quantities by sled, snowmobile, or truck to each checkpoint. Any sled dog that requires further treatment can be stabilized and gets first priority on the next available mode of transport. Treatment protocols find their basis in extensive research and years of collaborative veterinary and mushing experience. Data, in the form of complete blood cell counts, chemistry screens, fecal analyses, ECGs, and more, is collected, and research is performed yearly at Alaska's Iditarod and other races. The International Sled Dog Veterinary Medical Association publishes *The Musher & Veterinary Handbook* which is the backbone of many protocols.

# “MUSHERS KNOW EACH OF THEIR TEAM MEMBERS SO WELL THEY CATER TO THESE PREDISPOSITIONS”

The racing sled dog sets itself apart from other canine patients, just as an Olympian does from an avid sports enthusiast. They are elite endurance athletes. Well over half of the athletes are intact. A body condition score of 2 to 2.5 out of 5 with a very low resting heart rate is expected. Athletic heart murmurs are not uncommon. The majority are first generation or further removed from a cross of any of the Northern breeds and a spaniel, hound, or many others. Pure-bred teams are more common in Europe and the northern territories where thicker coats and larger builds are needed.

Mushers, or sled drivers, may come from all walks of life but are bound together in their passion for their dogs. It is a love that extends into a realm outside the pet-human bond. In the frigid wilderness these mushers survive and drive themselves forward for their dogs as much as their dogs do for them. They each have distinct, often secret, dog care regimens. All carry out a regular routine upon arriving at a checkpoint of removing booties, providing straw bedding, feeding, checking paws, and massaging joints, before taking care of their own bodies and needs. It's not uncommon to find a musher sleeping among their dogs instead of in the checkpoint sleeping quarters.

Trail hospital architecture is simple. All hospitals have a dropped dog line and a treatment area. The dropped dog line is a chain outdoors where dogs that are no longer racing will be secured while nestling in straw. They have been withdrawn either for medical reasons or because the musher elected to do so. The treatment area varies greatly and depends on the checkpoint's location and resources. Treatments have been carried out in idling trucks, logging truck garages, small town community centres, old hunting cabins, canvas tents, and sheltered snow dugouts.

Rules vary among races but all aim to ensure team members have the best chance at finishing happy and healthy. Long distance races mandate that full physical examinations be performed on all dogs by a race veterinarian the day of, or the day before, the race. Mandatory full physicals are also done at designated points en route. However, veterinary care is available, around the clock, at every checkpoint. All veterinary findings, recommendations, and treatments are recorded in a veterinary logbook carried by the musher. Typically, no sled dog can continue racing once any type of needle has been used. This is usually in the form of an IV catheter for fluids, pain control, antibiotics, or muscle relaxants. At any time, a dog can be removed from the race by a veterinarian if deemed necessary.

Diarrhea and soft tissue injuries are two more common complaints seen in my long distance race experiences.

The commonality of rhabdomyolysis tends to fluctuate with the

race conditions and each dog's recent training history. Research suggests that most cases of race-day diarrhea are not associated with common enteropathogens but are more likely stress-induced. It ranges in presentation from loose stool to liquid diarrhea with a small amount of blood.

Soft tissue injuries typically reflect the conditions of the race and the individual sled dog. If the trail is very icy and slippery, more strain is put on the adductor muscles. A hard-packed crust on the snow's surface can cause carpal strain.

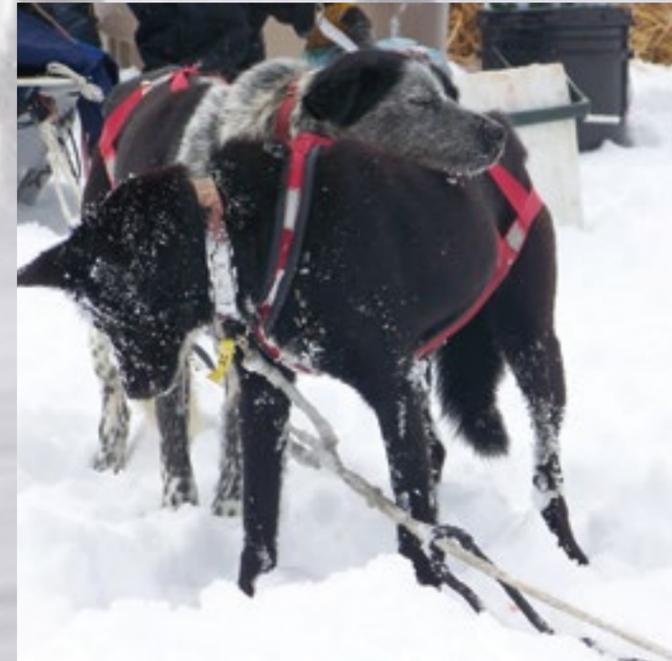
Each team member is predisposed to soft tissue and joint injury based on their history of trauma and anatomic conformation. Mushers know each of their team members so well they cater to these predispositions through joint-specific hot or cold or pressure wraps and massage or physiotherapy along the trail.

For me, this yearly escape into the wilderness has become a fundamental part of my life balance. It gives me a chance to reconnect to the fundamentals of veterinary medicine but also to incorporate a newer aspect—endurance sports medicine, which I relate to on a personal level.

Sharing knowledge with clients—the mushers—and knowing they will then take better care of their dogs, where possible, or make changes to improve the health, quality of life, and athletic potential of all their dogs is part of the drive behind my career choice. The exchange of ideas and problem-solving with colleagues from around the world strengthens my day-to-day practice.

Despite the lack of sleep, I eagerly return, year after year, to spend my vacation time among these awe-inspiring athletes. I tide myself over between races with the memories of a chorus of excited howls from a team eagerly preparing for another run on the trails or the vision of a healthy sled dog team crossing a lake, guided by the light of the moon.

Is it the call of the North or the call of the wild? Admittedly, a few colleagues have called it a crazy vacation style. Call it what you will, my flight's already booked for the next racing destination. [WCV](#)



SLED DOGS: (clockwise from top left) cuddling, getting medical treatment, the dog team resting, and a sled dog taking a break.

# SLED DOG CASE STUDIES

## CASE STUDY 1 BANDIT, FROM A 250-MILE RACE

Bandit (name changed for privacy), a three-year-old intact female Malamute cross, ran smoothly into the checkpoint with her team at 3 am. Their fluid gaits and bright attitudes suggested they all were faring very well for 110 miles into the race. The sun had been out in full force the day before so the musher, like many others, had waited until the cool of the evening to run his team. Bandit had lucked out in her colouring. Her black face and muzzle decreased her chances of sunburn on the nasal planum and around the eyes. Her neck, body, and limbs were a peppered mix of mostly white and black. Her coat was average thickness. The musher reported all his team had snacked well on the trail and he had no concerns with any of them.

Twenty minutes later, the call for veterinary help came. Bandit had just produced deep brown to red coloured urine. The musher also reported that instead of her usual growling in defence of her second piece of frozen hamburger, she had stood back allowing her pulling partner to enjoy it. There had been very dark yellow urine from a few members of the team while on the trail but nothing that concerned the musher. Bandit's most recent heat had ended a few weeks ago.

Bandit's physical exam findings of concern included only a moderate skin tent, very mildly tacky mucous membranes, and a mild resistance to full right carpal flexion. Her heart rate was a normal 80bpm and showed no signs of discomfort on abdominal palpation. The dark brown to red stain of her urine was obvious in the snow.

Bandit was immediately dropped from the race and treated for exertional rhabdomyolysis. One litre of Lactated Ringer's Solution was administered through a 20 gauge IV catheter. The fluids were not restricted in rate. Her right carpus was wrapped

with a pressure wrap after being massaged with Algyval. Although a significant improvement was noted in her urine, it still remained red coloured. A second litre of LRS was administered at half the original rate. Her urine now ran yellow, and she was interested in eating. At this point, Rimadyl was administered orally.

## CASE STUDY 2 MOOSE, FROM A 250-MILE RACE

Moose (name changed for privacy), a one-year-old intact Husky cross, arrived at the 210-mile checkpoint riding in the sled bag. Two checkpoints and 100 miles before, he had been started on metronidazole for bloody diarrhea. He had now received three doses. No further blood had been noted, and the last bowel movement had been relatively firm. During this last leg, the musher had noticed a mild head bob on the hills. He had periodically been allowing Moose to ride in the bag for rest. A few miles out of the checkpoint, Moose refused to pull any further.

On examination, he remained bright and alert with a great appetite despite a significant limp in his right forelimb. His mild skin tent was not abnormal for this point in the race and before having been fed and watered. Palpation of his right forelimb adductors elicited a sharp yelp. There was moderate resistance to cranial extension of the right shoulder and a mild resistance to caudal extension. Moose dropped slightly with palpation alongside multiple points along the spine.

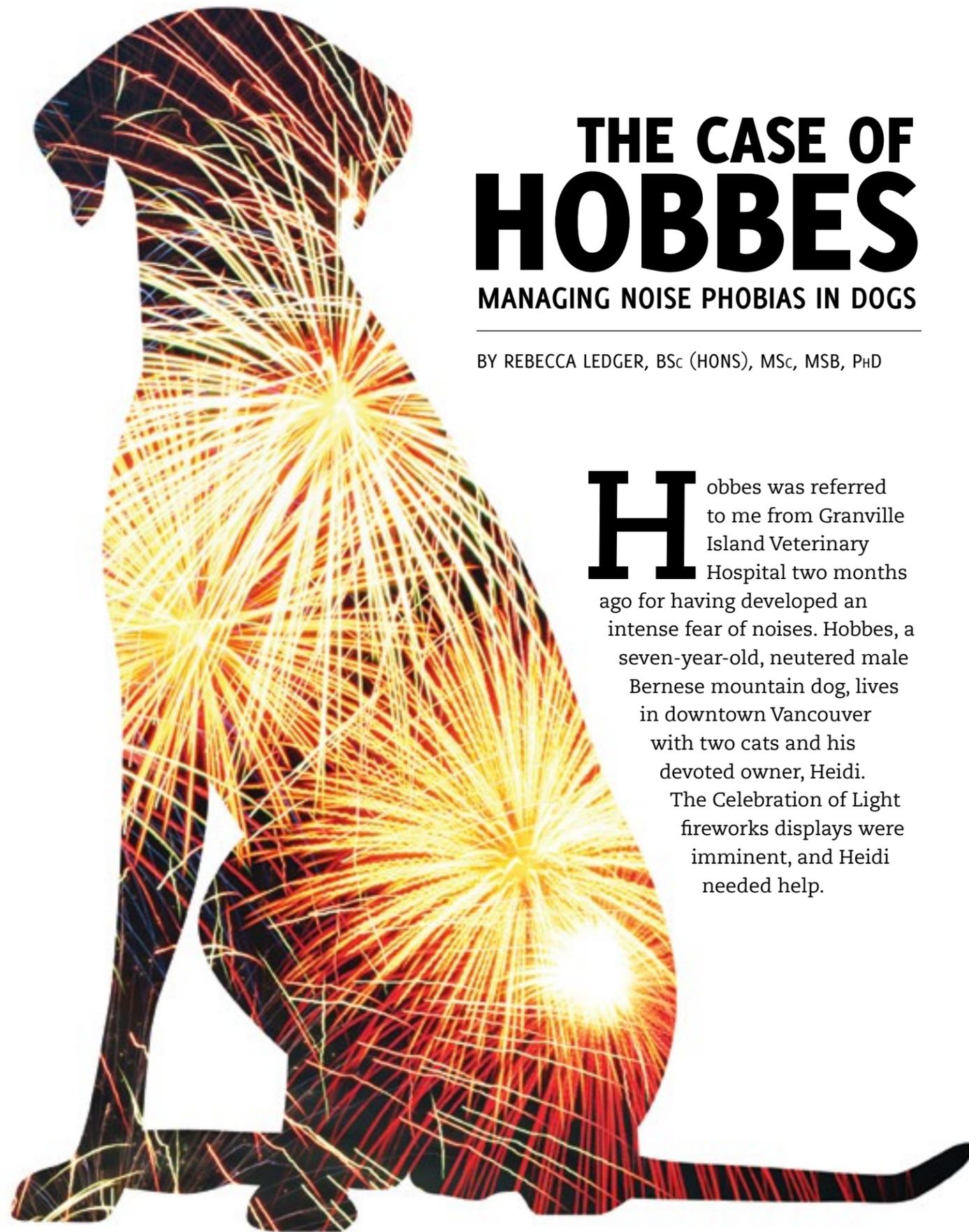
Moose was quickly admitted for significant soft tissue strain. Lactated Ringer's Solution was administered through a 20 gauge IV catheter at twice maintenance rate. Due to his high level of discomfort, butorphanol was administered right away. After eating, a regimen of daily oral Rimadyl was begun. Algyval was massaged into the area of the right adductors.

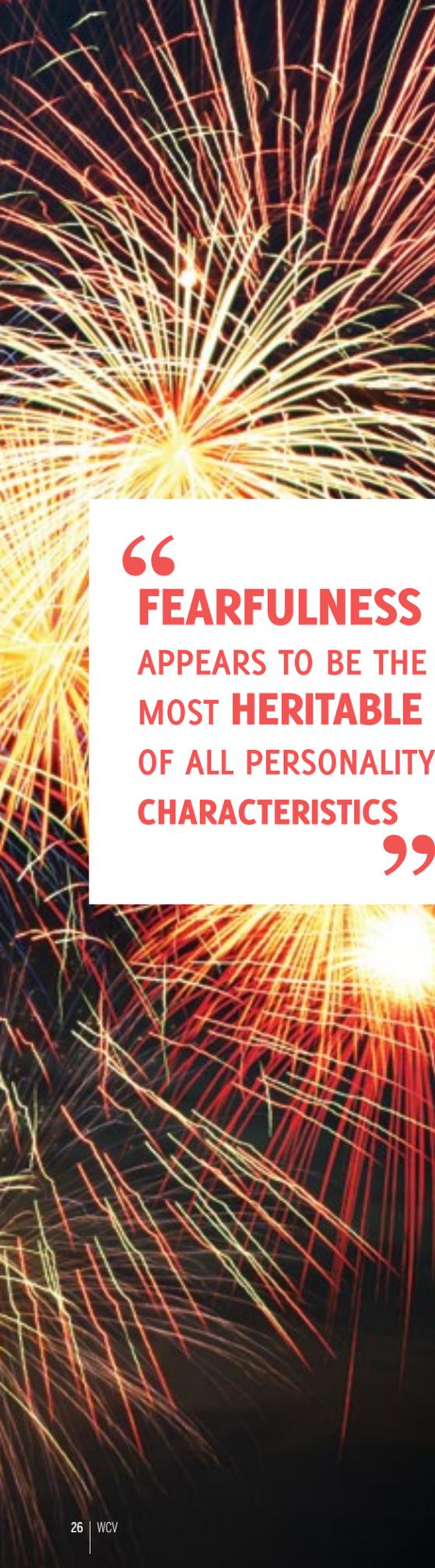
# THE CASE OF HOBBS

## MANAGING NOISE PHOBIAS IN DOGS

BY REBECCA LEDGER, BSc (HONS), MSc, MSB, PhD

**H**obbes was referred to me from Granville Island Veterinary Hospital two months ago for having developed an intense fear of noises. Hobbes, a seven-year-old, neutered male Bernese mountain dog, lives in downtown Vancouver with two cats and his devoted owner, Heidi. The Celebration of Light fireworks displays were imminent, and Heidi needed help.





“**FEARFULNESS APPEARS TO BE THE MOST HERITABLE OF ALL PERSONALITY CHARACTERISTICS**”

**H**obbes' problem started 18 months ago, when someone slammed shut a newspaper box next to where he was standing. The sudden, loud bang startled him, and ever since then, his fear of noises has escalated. Now, any noise that is either loud or sudden causes Hobbes to have a panic attack. Thunder, fireworks, even car doors slamming—all elicit an intense response. Even the sounds of playing cards being shuffled and a drinking glass placed on a tabletop cause Hobbes to startle and hide. This was becoming increasingly worrisome to Heidi, to the point that she would drive Hobbes out of town, once even spending an evening at Vancouver Airport, in order to avoid exposing Hobbes to the big bangs in the City.

Heidi's experiences are not that unusual—Hobbes shows an array of both physiological and behavioural responses common to many dogs with this disorder, including panting, trembling, salivation, increased heart rate, dilated pupils, widened eyes, and activation of the HPA and SAM axes. As well, Hobbes attempts to escape the noise as best he can. He paces, tries to hide, scratches intensely at the floor, and appears restless and agitated. His recent attempt to escape from the sound of a car door banging caused him to slip a cervical disc as he jumped into the bathtub to hide. In addition, what we can't see is the emotional effect that the noise is having on Hobbes—he feels anxious and afraid. These feelings or negative affective states are considered by many welfare scientists to be key to the determination of an individual's well-being.

Hobbes' increasing reactivity and the degree to which he is generalizing his fear to other noises is also common. Such problems do generally worsen over time, to the point that some clients I have met have panic attacks even when they hear eggs frying in a pan, or fridges clicking on and off. In terms of welfare, intervention is vital.

#### WHO IS AT RISK OF DEVELOPING A NOISE PHOBIA?

Anxiety, fears, and phobias often go together. A study by Karen Overall and Diane Frank (2001) found that in dogs that had noise phobias, 81% also have separation anxiety. Certainly, this is not surprising considering that serotonin levels are significant in both conditions. Furthermore, increased vigilance and heightened hearing is common to animals that are stressed.

Due to its strong physiological basis, fearfulness appears to be the most heritable of all personality characteristics; chances are that anxious individuals have at least one anxious or fearful parent, suggesting that noise sensitivity too may be somewhat heritable.

Many noise-sensitive dogs also exhibit signs of a more generalized anxiety disorder. If a dog comes to your clinic with a noise sensitivity issue, then this may open the door to further enquiry regarding broader mental health issues with which you can help.

But in Hobbes' case, he had always been a calm, relaxed dog, right up until the point when he was startled by the bang of the newspaper box—any predisposing anxiety disorder was certainly not apparent. So why else would he develop a noise phobia?

#### AGING

Hobbes' age is likely significant in the development of his late-onset noise sensitivity, as senior dogs are at risk of developing age-related cognitive decline. Symptoms may include change in sleep-wake cycles, social interactions, and forgetfulness, and most commonly, increased anxiety, which itself predisposes dogs to develop sensitivity to noise.

In addition, changes in hearing acuity in older dogs may also be a factor. One possibility is that as dogs start to lose their hearing, very loud and sudden sounds startle them all the more.

#### CAN HOBBS BE HELPED?

One month ago, Heidi and Hobbes embarked on a behavioural modification plan, which, for the best chances of success, included environmental management, training, and medications.

#### ENVIRONMENTAL MANAGEMENT

Heidi had already provided a den-like space for Hobbes to bolt to in times when he is afraid. The 4x4ft pen in her living room is draped in blankets to provide a dark, enclosed space (giving dogs the ability to escape the noise provides a sense of control

as well a naturally safe-feeling place). For smaller dogs, a training crate may be used.

Heidi runs a fan to create white noise and plays music during noisy events to mask the bangs.

Hobbes wears a Thundershirt™, which helps him to a certain degree during thunderstorms.

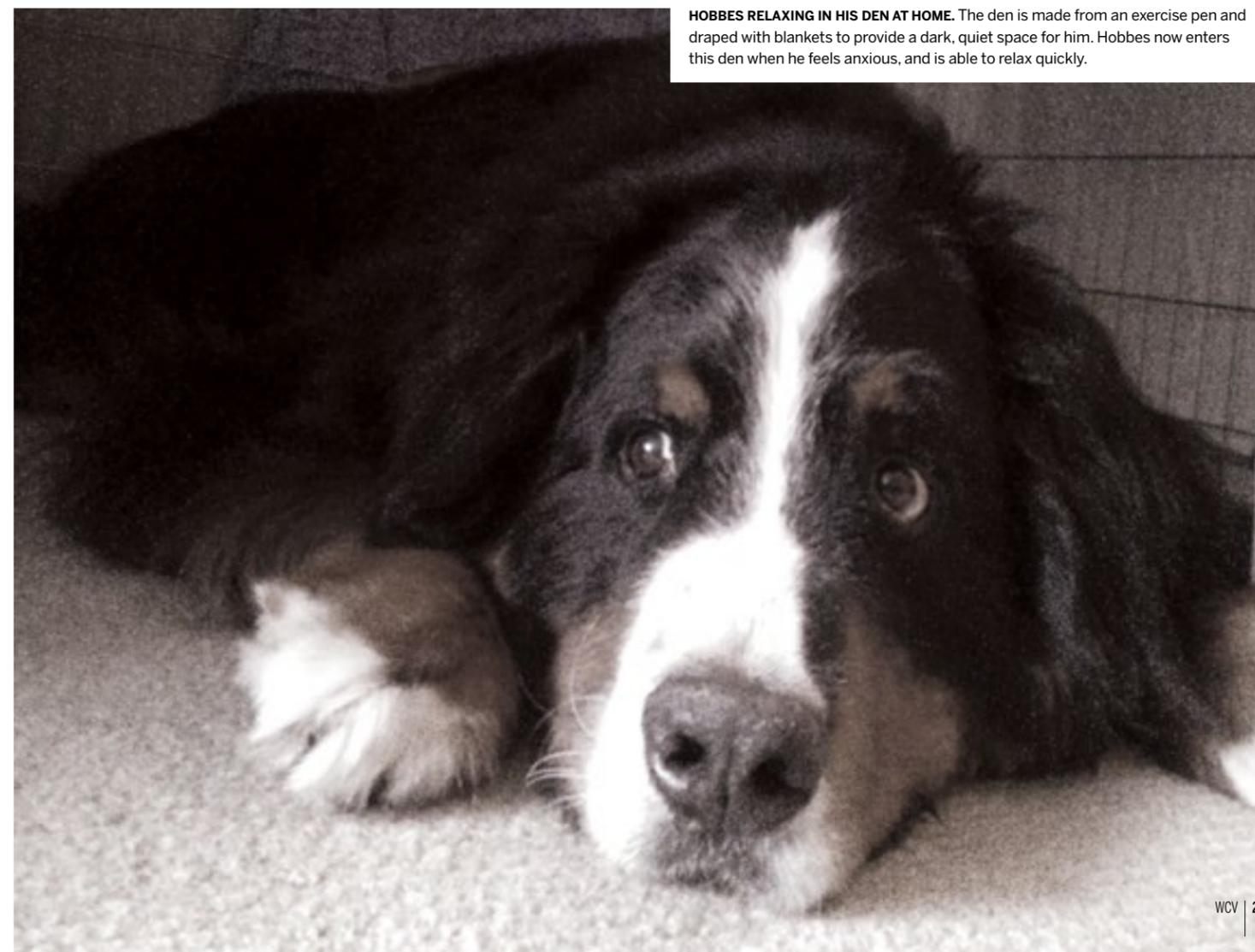
Heidi is considering ear protectors for Hobbes for sudden noisy events.

#### TRAINING

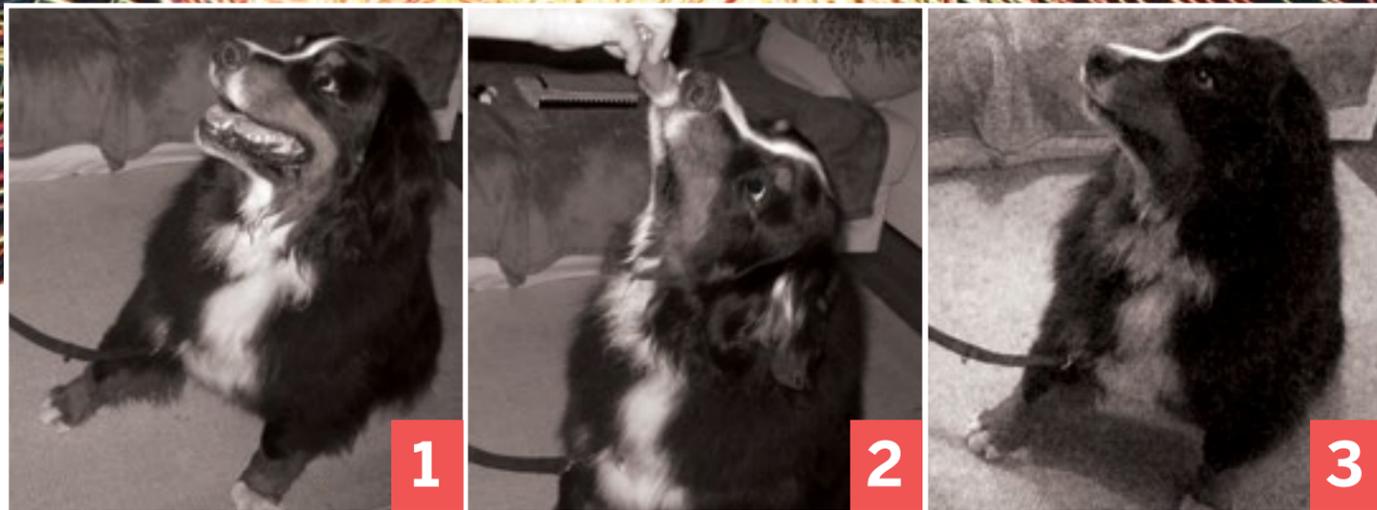
Heidi and Hobbes were taught a Protocol for Relaxation (Overall, 2012), an exercise in which dogs are taught to sit and relax on command. This exercise is to be used to calm Hobbes during stressful events.

Positive reinforcement-based training techniques were used exclusively. Heidi realized even before my visit that punishment would be counterproductive, and the importance of this was reiterated.

Hobbes embarked on a systematic desensitization/counter-conditioning program using desensitization CDs, whereby he was habituated to loud, sudden noises.



**HOBBS RELAXING IN HIS DEN AT HOME.** The den is made from an exercise pen and draped with blankets to provide a dark, quiet space for him. Hobbes now enters this den when he feels anxious, and is able to relax quickly.



**1** Initially, Hobbes shows signs of mild stress: ears back, panting, dilated pupils, vigilance, tense body. **2** Hobbes is asked to relax on command (something he has been trained to do with the Protocol for Relaxation) and rewarded using a food reward (in this case a Lickety Stick). **3** Now Hobbes knows what Heidi wants him to do, he starts to relax, his mouth closes, he breathes through his nose and is happily distracted by the food treat.

## MEDICATION

There are a variety of medications available to help address noise sensitivities and panic attacks in dogs. These typically include selective serotonin reuptake inhibitors (SSRIs) and tricyclic antidepressants (TCAs), clonidine (an alpha-2 adrenergic agonist), benzodiazepines, and other products that also lead to activation of GABA receptors (e.g., gabapentin, alpha-casozepine, L-theanine).

Traditionally, acepromazine has been prescribed for the treatment of noise phobias in dogs. This option has been largely abandoned, since it is now apparent that it exacerbates, rather than treats, noise sensitivity issues in dogs (Overall, 2012). Not only does acepromazine make animals more reactive to noise, but it also scrambles the dog's ability to cognitively make sense of the situation. This makes the dog feel confused as well as preventing it from attempting to avoid the noise—subsequently, rather than waning, anxiety actually increases over time. (Even though the rate at which acepromazine is prescribed has declined substantially, I still find that many dog owners have an old prescription in their cupboards that they still reach for when needed. It is worth checking with your clients to see if this is the case.)

After careful consideration of Hobbes' case, his veterinarians, Dr. Bill Ignacio and Dr. Janet Adam, prescribed medications that would help to reduce anxiety and increase calmness.

- L-theanine (Anxitane) and a DAP collar were tried initially but without sufficient effect
- Fluoxetine administered (recommended range 0.5–1 mg/kg q. 24 hrs, may be increased to 2 mg/kg q. 24 hrs) for anxiety
- Gabapentin (recommended range 10–20 mg/kg q. 8–12 hrs) for general calming and for reactivity
- Alprazolam PRN, initially at 1 mg q. 2–4 hrs, increased to 1.5 mg to avoid or intervene during panic attacks

- Omega 3 fatty acids were also recommended to help protect Hobbes from neurological damage that can occur in animals exposed to long-term stress.

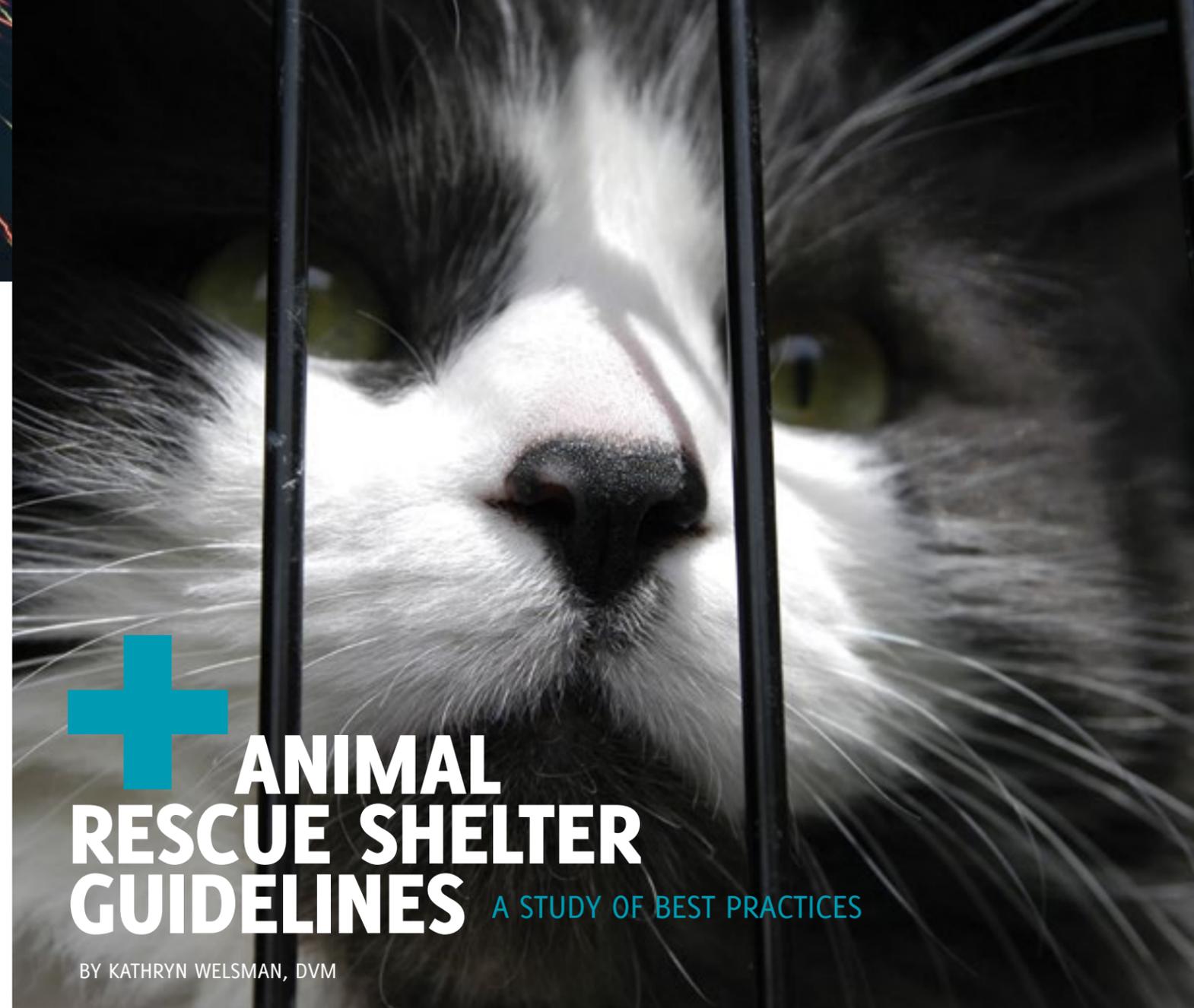
## HOW IS HOBBS DOING?

It has only been a month since Heidi and Hobbes started the program, but so far, the outcome has been very positive. They stayed in Vancouver for the last night of the Celebration of Light fireworks. Hobbes received 1.5 mg of alprazolam, followed by a second dose at 9.30 pm, the key being that this follow-up dose was given 30 minutes before the fireworks started. By 10 pm, Hobbes was considerably calmer than he had been on previous occasions. The hot, humid night was already causing him to pant, but he was calm, relaxed, and also very attentive to Heidi. Throughout the 30-minute firework display, Hobbes was distracted from the sudden bangs using the Protocol for Relaxation exercises, a series of obedience commands and food rewards, with no signs of anxiety or escape attempts.

Heidi and Hobbes are both feeling much better. Heidi is particularly glad to know that she has the tools and knowledge to intervene should Hobbes experience another panic attack. In addition, Hobbes is a much calmer dog in general, now startling significantly less often in response to normal daily events. And, in the long term, the ongoing desensitization program will eventually make Hobbes less reliant on medications to control his fear. With Halloween just around the corner, now is a good time to check with your clients to ensure they have the support they need to make it through another fireworks season. [WCV](#)

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# ANIMAL RESCUE SHELTER GUIDELINES

A STUDY OF BEST PRACTICES

BY KATHRYN WELSMAN, DVM

**A**nimal rescue is a sad fact of life. In BC, there are many great rescue organizations and shelters, from individuals working to make a difference on a smaller scale, to large societies who take on larger animal welfare issues. Rescue organizations exist in large cities and suburbs, and smaller communities, and in remote areas.

There is no doubt that all these groups are well-meaning, but many groups fail to run successful shelters for various reasons. Issues that plague shelters include overcrowding, poor adoption rates, high return rates, disease outbreaks, lengthy stays at the shelter, inadequate funding, and understaffing.

In response to a lack of guidelines and regulations for sheltering and rescuing animals, in 2010 the Association of Shelter Veterinarians (ASV) created a road map outlining the minimum standards of care for shelter animals. The Guidelines for Standards of Care in Animal Shelters address many of the difficulties that face shelters and were developed by shelter veterinarians and university professors working in shelter medicine, animal welfare, and public health. The guidelines can be found on the ASV website at [www.sheltervet.org](http://www.sheltervet.org).

## “CONSIDER GETTING INVOLVED WITH A SHELTER OR RESCUE GROUP AS YOUR KNOWLEDGE AND EXPERTISE ARE BOTH IN DEMAND”



I have volunteered on the board of directors with the Langley Animal Protection Society (LAPS) for the past two years, and recently I reviewed these guidelines. LAPS is a well-run shelter, but after reading the guidelines, I realized that it could be considered a model of best practices for other shelters to visit and learn from, as they adhere to many of the principles set out in the Guidelines.

LAPS' mandate is mainly to shelter and re-home dogs and cats from the Langley area. It usually accepts strays and occasionally will take drop-offs from families who can't accommodate a pet any more (Photo 1). The shelter cares for approximately 1,500 animals per year which might be considered quite low in volume by some standards, but it is likely this adherence to their maximum capacity that has allowed them to become such a successful shelter.

Some aspects of LAPS that highlight the goals set out in the Guidelines are worth sharing with the rest of the veterinary community interested in providing input to their local organizations.

### MANAGEMENT AND TRAINING

LAPS sends their dog trainers and kennel staff to behaviour and welfare conferences on a regular basis as well as conducting in-house training. Last year I provided basic first aid training to staff and volunteers, as well as refresher training on infection control. In addition we provided basic medical assessment skills to the staff who intake and care for the animals on a daily basis, to enhance their ability to recognize problems. We also reviewed some technical skills such as proper vaccine handling and medication administration. There is a clear management structure that is headed by two talented individuals with formal education in animal welfare and dog training. LAPS also has well-documented protocols for everything from isolation, euthanasia, intake, vaccination, parasite, and adoption procedures, which allows the shelter to operate smoothly.

### FACILITY DESIGN AND ENVIRONMENT

This is often a difficult area to address when a structure is already in place, however the Guidelines do review ways to alter current structures for better use. Some keys to housing involve using material that is easily disinfected, avoiding sharp edges, and providing enough padding to avoid pressure sores. At LAPS, all the dogs are provided with elevated beds for comfort, especially in their older years (Photo 2). For cats, it is recommended they have separate areas to defecate/urinate, to eat, and to sleep,

as well as having interesting vertical spaces since they prefer to spend time in raised places. At LAPS, vertical cat “condos” allow cats to have more perches (Photo 3). The condos also have litter boxes in a separate compartment at the bottom of the condo. Another aspect of the shelter design is to minimize sound. Excessive dog barking is problematic in many shelters—especially for cats housed nearby. LAPS ensures that no cats are housed in close proximity to the dogs, in fact they have a cat “cottage” as a separate building away from the dogs (Photo 4). LAPS also recently placed immense murals in their large entryway to cut down on carried sound, and the dog kennels have been designed to reduce sound by their height and choice of materials. The Guidelines indicate there is a debate about whether or not dogs who can see each other bark more or less; LAPS has chosen a design where the dogs can't see each other, and this does seem to reduce barking (Photo 5).

### POPULATION MANAGEMENT

LAPS has a very strict policy of enforcing their capacity-to-care limit as they recognize that going beyond this limit simply creates poor care for more animals, not good care. The Guidelines also recommend that shelters monitor statistics over time. LAPS provides a monthly report to its board of directors on how many animals are in the shelter, the month-to-month change in animals, and the change from the previous year. This allows shelter management to anticipate when the shelter will be the busiest and adjust staff accordingly.

### SANITATION

This is a crucial area in shelter medicine, and the first distinction that must be made is the difference between cleaning and disinfection, how each is accomplished, and for what purpose. Recently LAPS revamped its isolation protocol and reviewed all of its cleaning and disinfection procedures to ensure that the best practical system was being employed. The highlights at LAPS include a built-in “hose” system that allows disinfectant to be easily used in the dog run areas, and an industrial washer and dryer. Some of the changes implemented to the isolation protocol include an increase in hand-washing stations, staff training in how to properly put on and take off isolation gear, how to manage waste and equipment coming out of isolation areas, and when to isolate and remove animals from the isolation areas. LAPS is fortunate to have separate ringworm and URTI isolation rooms, as well as a dog isolation. LAPS also follows the recommended guidelines of staff accessing younger animals first, then healthy adults, then the sick animals last during their daily routine.

### MEDICAL AND PHYSICAL WELL-BEING

Shelter medical programs can only be effective with veterinary involvement, which is where many BC veterinarians already provide much expertise. LAPS has the support of several local Langley clinics that assist with all medical and surgical cases.

LAPS also has a policy to only administer medication under the direction of a veterinarian despite the fact that the staff is quite skilled at recognizing common shelter diseases. The staff is trained to check for problems on intake and to isolate any suspect cases of such diseases as feline upper respiratory tract infections or ringworm.

### BEHAVIOURAL AND MENTAL HEALTH

One of the keys to LAPS' successful adoption program is having well-trained staff who can take a good behavioural history from relinquished pets and perform consistent behavioural assessments. All dogs at LAPS receive obedience training. Any animal that fails the assessment will be required to undergo behavioural training, if possible, or they are deemed unfit to put up for adoption. Part of the adoption policy at LAPS is that adopting families must participate in obedience training with their newly adopted dog. These practices are key reasons for the low return rate of animals to the shelter. Enrichment programs assist in reducing stress and providing stimulation, and LAPS has several enrichment programs for cats, including access to screened outside areas and interesting structures in group play rooms (Photo 6). For dogs, there are large outdoor areas that are accessed on a daily basis by individuals or in groups (Photo 7-). LAPS has a huge force of volunteers who walk the dogs several times a day and socialize with the cats on a regular basis. These volunteers have training on animal welfare and behaviour and are screened prior to having access to the animals, thus ensuring a dedicated volunteer force.

### PUBLIC HEALTH

The last section of the Guidelines covers public health and suggests that shelters must bear in mind at all times the health and safety of not only the animals but also the staff and community. Recently WorkSafeBC required that LAPS update their Exposure Control Plan in which public health issues are addressed. I assisted in this update, which included topics such as exposure to zoonotic diseases and other animal-related injuries such as bites or needle sticks. Part of the plan is to provide ongoing staff training in public health and workplace-related hazards—something that all veterinary hospitals should undertake, not just shelters.

Sometimes the “herd” concept of shelter medicine can be a bit daunting for small animal veterinarians compared to our large animal counterparts who are used to managing a herd situation. However, consider getting involved with a shelter or rescue group as your knowledge and expertise are both in demand. Support is available to you in the form of reference material such as the Guidelines for Standards of Care in Animal Shelters, journal articles, university websites, and conferences. And if you are thinking of making changes to your organization's protocols and design, consider a visit to the Langley Animal Protection Society as an example of animal rescue best practices. [WCV](#)



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# ODONTOMAS

BY LOÏC LEGENDRE, DVM, FAVD, DAVDC

Odontomas belong to the odontogenic tumours. An odontogenic tumour is one that arises from the epithelium and/or the connective tissue of the enamel organ, from its precursors (i.e., dental lamina), or from the odontogenic tissues remaining after the tooth has formed. The odontogenic tumours (OT) are classified in three groups: epithelial OT, mesenchymal OT, and mixed OT. Odontomas are the only mixed OTs seen in dogs; they are fairly rare and can be puzzling. In cats they are “article publishing” rare.

## ETIOLOGY

Odontomas are non-neoplastic developmental tumours called hamartomas. They grow as the patient grows and stop growing when the patient matures. Two forms exist: complex odontoma and compound odontoma. A complex odontoma is an amorphous mass of dental hard tissues. A compound odontoma consists of tooth-like structures called denticles. Denticles are usually smaller than normal teeth and are often misshapen. Both types are encapsulated and not attached to existing teeth<sup>1</sup>. Complex odontomas are by far the rarest.

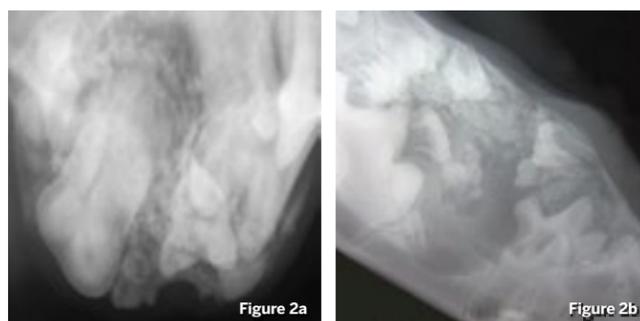
## PRESENTATION

These tumours are most common in young animals less than 18 months old. The masses grow among regular teeth, causing disruption by impeding eruption of deciduous and adult teeth or by displacing them. The growth, more commonly on the mandible, can be unilateral or bilateral. It is smooth walled and often fluctuant (Figures 1a and b).

Intraoral x-rays will reveal an intra-bony, soft tissue-filled cavity containing mineralized foci, with attendant cortical thinning<sup>2</sup> in the case of compound odontomas (Figures 2a and b), and a well-defined mineralized mass, surrounded by a narrow radioluscent band, in the case of complex odontomas<sup>3</sup> (Figure 3).

## TREATMENT

One could elect to wait until the patient stops growing, to be able to evaluate the full extent of the mass. The disadvantage with this approach is that the surgeon may have to deal with a very large mass. The patient usually presents between the age of three and six months with an already sizable swelling. Thus, rather than waiting, an immediate surgery is recommended. The goal is to remove the cyst in total. Two techniques have shown success: en bloc resection or enucleation. Resection is sometimes easier but can result in more complications in the long run. Often, removal of a section of mandible causes the remaining segment to deviate. This in turn



- Figure 1a** Shows a smooth fibrous swelling on the caudal maxilla of a dog.
- Figure 1b** Shows a fluctuant swelling on the caudal mandible of a dog.
- Figure 2a** Radiograph of mass in Figure 1a.
- Figure 2b** Radiograph of swelling in Figure 1b. Note the numerous denticles visible.
- Figure 3** Radiograph of a complex odontoma in the mandible of a cat; doubly rare.
- Figure 4a** Denticles removed from maxillary odontoma.
- Figure 4b** Denticles removed from a mandibular compound odontoma.
- Figure 5** Closure after removing odontoma seen in Figure 1b.

leads to malocclusion and all its associated problems. Enucleation is more complex and takes longer but minimizes complication. The odontoma and its capsule have to be removed in total to prevent recurrence (Figures 4a and b). Because of its convoluted shape, the curettage of such a mass is time-consuming and finicky. If the bone defect is large and the cortical bone left is thin, a bone implant should be placed, to promote bone deposition, before closing the soft tissues. Closure must be tension free, preferably using a 4-0 monofilament absorbable suture (Figure 5). Post-operative X-rays (Figures 6a and b) and six-month rechecks are strongly recommended (Figures 7 and 8). [WCV](#)

## ENDNOTES

- 1 Gardner, D. G., Odontogenic tumors in animals, with emphasis on dogs and cats. Proc. of the 11th EVD congress, Granada 2002; 16-27.
- 2 Smith, K. C., Bearley, M. J., Jeffery, N. D., Odontoma in a juvenile Boxer: clinical, radiographic and pathological findings. JSAP 1993, Vol 34 #3; 142-45.
- 3 Verstraete, J. M., & Lommer, M. J., (Ed.). Oral and maxillofacial surgery in dogs and cats. Saunders Elsevier, Philadelphia 2012, 408-09.



Figure 6a



Figure 6b

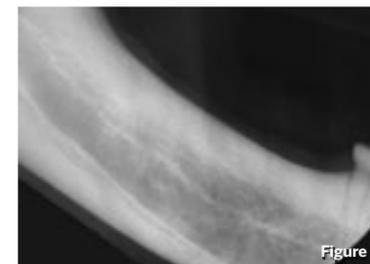


Figure 7

**Figure 6a** Post-operative X-ray of odontoma seen in Figure 2a. The density in the centre of the defect is a bulk osseous replacement material to assist with bone deposition.

**Figure 6b** Post-operative X-ray following removal of the odontoma seen in Figure 2b. There is a good thickness of cortical bone still present here, so no bone implant was used. Note the malformation of the central cusp of tooth 409. The malformation necessitated the extraction of tooth 409 a few months later.

**Figure 7** Radiograph of the right mandible six months post surgery and four months post extraction of tooth 409.

**Figure 8** Final examination of the mandible, six months post surgery.



Figure 8

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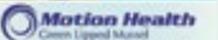
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